# MEDICARE ADVANTAGE PRESCRIPTION DRUG PLANS

## Plan Communications User Guide

*Appendices*

August 31, 2017

**Version 11.2**

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# Change Log
## August 31, 2017 Updates

| Section | Changes |
|---|---|
| Global Changes | Updated the version to 11.2<br>Updated the publication date to August 31, 2017<br>Updated Table, Section, and Appendix references |
| Appendix A | No Change |
| Appendix B | No Change |
| Appendix C | No Change |
| Appendix D | No Change |
| Appendix E | No Change |
| Appendix F | Updated Late Enrollment Penalty (LEP) Data File Layout |
| Appendix G | No Change |
| Appendix H | No Change |
| Appendix I | No Change |
| Appendix J | No Change |
| Appendix K | No Change |
| Appendix L | No Change |
| Appendix M | No Change |

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# A: *Glossary and List of Abbreviations and Acronyms*

### *Table A-1: Glossary*

| Term | Definition |
|---|---|
| Accepted Transaction | The successful application of a requested action that was processed by MARx. |
| Account Number | A number obtained from the Resource Access Control Facility (RACF) or system administrator. |
| Application Date | The date that the beneficiary applies to enroll in a Plan. Enrollments submitted by CMS or its contractors, such as the Medicare Beneficiary Contact Center, do not need application dates. |
| Batch Transaction | An automated systems approach to processing in which data items to process must be grouped and processed in bulk. |
| Beneficiary Identification Code (BIC) | The portion of the Medicare health insurance claim number that identifies a specific beneficiary. |
| Benefit Stabilization Fund (BSF) | Established by CMS upon request of an HMO or CMP, when the HMO or CMP must provide its Medicare enrollees with additional benefits, to prevent excessive fluctuation in the provision of those benefits in subsequent contract periods. |
| Button | A rectangular icon on a screen which, when clicked, engages an action. The button is labeled with word(s) that describe the action, such as Find or Update. |
| Cancellation Transaction | A cancellation may result from an action by the beneficiary, CMS, or another Plan before the effective date of the election. A cancelled enrollment restores the beneficiary to his/her prior enrollment state. |
| Checkbox | A field that is part of a group of options, for which the user may select any number of options. Each option is represented with a small box, where 'x' means "on" and an empty box means "off." When a checkbox is clicked, an 'x' appears in the box. When the checkbox is clicked again, the 'x' is removed. |
| Connect:Direct | The proprietary software that transfers files between systems. |
| Correction | A record submitted by a Plan or CMS office to correct or update existing Beneficiary data. |
| Cost Plan | A type of contract under which a Plan is reimbursed by CMS for its reasonable costs. |
| Current Calendar Month (CCM) | Represents the calendar month and year at the time of transaction submission. For batch, the current month is derived from the batch file transmission date; for User Interface transactions, the current month is derived from the system data at the time of transaction submission. |
| Current Processing Month | The calendar month in which processing occurs to generate payments. The Current Processing Month is distinguished from the CPM, the month in which Plans receive payment from CMS. |
| Current Payment Month (CPM) | The month for which Plans receive payment from CMS, not the current calendar month. |
| Creditable Coverage | Prescription drug coverage, generally from an employer or union, that is equivalent to, or better than, Medicare standard prescription drug coverage. |
| Data entry field | A field that requires the user to enter information. |
| Date of Service (DOS) | Date of service |
| Deductible | The amount a Beneficiary must pay for medical services or prescription drugs before a Plan starts paying benefits. |

| Term | Definition |
|---|---|
| Disenrollment | A record submitted by a Plan, Social Security Administration District Office (SSA DO), Medicare Customer Service Center (MCSC), or CMS when a beneficiary discontinues membership in the Plan. |
| Dropdown list | A field that contains a list of values from which the user chooses. Clicking on the down arrow on the right of the field enables the user to view the list of values, and then click on a value to select it. |
| Dual Eligible | Individuals entitled to both Medicare and Medicaid benefits |
| Election Period | Time periods during which a Beneficiary may elect to join, change, or leave Medicare Part C and/or Part D Plans. These periods are fully defined in CMS Enrollment and Disenrollment guidance for Part C and D Plans available on the Web at: http://www.cms.gov/home/medicare.asp under "Eligibility and Enrollment." |
| Enrollment | A record submitted when a Beneficiary joins an MCO or a drug Plan. |
| Enrollment Process | A process in which a Plan submits a request to enroll in a Plan, change enrollment, or disenroll. |
| Exception | A transaction that is unprocessed due to errors or internal inconsistencies. |
| Failed Payment Reply Codes | Codes used for the Failed Payment Reply Report that identify incomplete payment calculations for a beneficiary. |
| Failed Transaction | A transaction that did not complete due to problems with the format of the transaction or internal system problems. |
| Formulary | The medications covered by an MA organization or Prescription Drug Plan. |
| Gentran | The Gentran servers provide Electronic Data Interchange (EDI) capabilities between CMS and CMS business partners. These servers provide MARx with transaction files from the Plans, and provide the Plans with MARx reports. |
| Hospice | A health facility for the terminally ill. |
| Logoff | The method of exiting an online system. |
| Logon | The method for gaining entry to an online system. |
| Lookup field | A field that provides a list of possible values. When the user clicks on the "binocular" button next to the field, a window pops up with a list of values for that field. Clicking on one of those values closes the pop-up window and the field is filled with the value chosen. |
| Medicaid | A jointly funded, Federal-State health insurance program for certain low-income and needy people. It covers approximately 36 million individuals including children, the aged, blind, and/or disabled, and people eligible to receive Federally assisted income maintenance payments. |
| Managed Care Organization (MCO) | A type of contract under which CMS pays for each member, based on demographic characteristics and health status; also referred to as Risk. In a Risk contract, the MCO accepts the risk if the payment does not cover the cost of services, but keeps the difference if the payment is greater than the cost of services. Risk is managed through a membership where the high costs for very sick members are balanced by the lower cost for a larger number of relatively healthy members. |
| Menu | A horizontal list of items at the top of a screen. Clicking on a menu item displays a screen and may display a submenu of items corresponding to the selected menu item. |
| Network Data Mover (NDM) | Software used for transmitting and receiving data; replaced by Connect: Direct. |
| MicroStrategy | A tool used for generating and viewing standard and ad hoc reports. |
| Nursing Home Certifiable (NHC) | A code that reflects the relative frailty of an individual. NHC Beneficiaries are those whose condition would ordinarily require nursing home care. The code is only acceptable for certain social health maintenance organization (SHMO)-type Plans. |

| Term | Definition |
|---|---|
| Off-cycle | A retroactive transaction awaiting CMS approval because its effective date is too old for automatic acceptance. |
| Online | An automated systems approach that processes data in an interactive manner, normally through computer input. |
| Premium | The monthly payment a Beneficiary makes to Medicare, an insurance company, or a healthcare Plan. |
| Premium Payment Option (PPO) | The method selected by the beneficiary to pay the premium owed to the Plan. PPO choices are: (1) withhold from SSA (S) or RRB (R) benefit check or (2) Direct self-pay (D) to the Plan. |
| Program for All Inclusive. Care for the Elderly (PACE) Plans | PACE is a unique capitated managed care benefit for the frail elderly provided by a not-for-profit or public entity that features a comprehensive medical and social service delivery system. It uses a multidisciplinary team approach in an adult day health center supplemented by in-home and referral service in accordance with participants' needs. |
| Radio button | A field that is part of a group of options, of which the user may only select one option. A radio button is represented with a small circle; a filled circle indicates the button is selected, and an empty circle means it is not selected. Clicking a radio button selects that option and deselects the existing selection. |
| Required field | A field that the user must complete before a button is clicked to engage an action. If the button is clicked and the field is not filled in, an error message displays and the action does not occur.<br>There are two types of required fields:<br>• Always required, which are marked with an asterisk (*)<br>• Conditionally required, where the user must fill in at least one or only one of the conditionally required fields. These are marked with a plus sign (+). |
| Risk | A contract under which Beneficiaries are “locked in” to network providers and a payment is received from CMS for each member, based on demographic characteristics and health status. In a Risk contract, the MCO accepts the risk if the payment does not cover the cost of services, but keeps the difference if the payment is greater than the cost of services. Risk is managed through a membership where the high costs for very sick members are balanced by the lower costs for a larger number of relatively healthy members. |
| Special Needs Plan (SNP) | A certain type of MA Plan that serves a limited population of individuals in CMS special-needs categories, as defined in CMS Part C Enrollment and Eligibility Guidance. This Plan is fully defined on the Web at: http://www.cms.gov/home/medicare.asp under “Health Plans.” |
| Submenu | A horizontal list of items below the screen’s menu. Clicking on a submenu item displays a screen. |
| TIBCO MFT Internet Server | The TIBCO MFT Internet Servers provide Electronic Data Interchange (EDI) capabilities between CMS and CMS business partners. These servers provide MARx and MBD with transaction files from the Plans, and provide the Plans with MARx and MBD reports. |
| Transaction Code (TC) | Identifies batch transactions submitted by the Plans or CMS. |
| Transaction Reply Code (TRC) | The code that explains the action taken by the system in response to new information from CMS systems or in response to input from MCOs, CMS, or other users. |
| User ID | Valid user identification code for accessing the CMS Data Center and the Medicare Data Communications Network. |
| User Interface | The screens, forms, and menus that display to a user logged on to an automated system. |

## *A.1 List of Abbreviations and Acronyms*

| Acronym | Definition |
|---|---|
| AAPCC | Adjusted Average Per Capita Cost |
| ADAP | AIDS Drug Assistance Program |
| AE-FE | Automated Enrollment-Facilitated Enrollment |
| AEP | Annual Enrollment Period |
| APPS | Automated Plan Payment System |
| BBA | Balanced Budget Act of 1997 |
| BCSS | Batch Completion Status Summary |
| BEQ | Beneficiary Eligibility Query |
| BIC | Beneficiary Identification Code |
| BIN | Beneficiary Identification Number |
| BIPA | Benefits Improvement & Protection Act of 2000 |
| BSF | Benefit Stabilization Fund |
| CAN | Claim Account Number |
| CCIP/FFS | Chronic Care Improvement Program/Fee-for-Service |
| CCM | Current Calendar Month |
| C: D | Connect:Direct |
| CHF | Congestive Heart Failure |
| CM | Center for Medicare |
| CMP | Competitive Medical Plan |
| CMS | Centers for Medicare & Medicaid Services |
| CO | Central Office |
| COB | Close of Business |
| COB | Coordination of Benefits |
| COBA | Coordination of Benefits Agreement |
| COBC | Coordination of Benefits Contractor |
| COM | Current Operation Month |
| CPM | Current Payment Month |
| CR | Change Request |
| CSR | Customer Service Representative |
| CWF | Common Working File database (CMS' beneficiary database) |
| DCG | Diagnostic Cost Group |
| DDPS | Drug Data Processing System |

| Acronym | Definition |
|---|---|
| DO | District Office |
| DOB | Date of Birth |
| DOD | Date of Death |
| DOS | Date of Service |
| DPO | Division of Payment Operations |
| DSA | Data Sharing Agreement |
| DTL | Detail |
| DTRR | Daily Transaction Reply Report |
| ECRS | Electronic Correspondence Referral System |
| EDB | Enrollment Database |
| EFT | Electronic File Transfer |
| EFT | Electronic Funds Transfer |
| EFT | Enterprise File Transfer |
| EGHP | Employer Group Health Plan |
| EIN | Employee Identification Number |
| EIDM | Enterprise Identity Management |
| EOY | End of Year |
| EPOC | External Point of Contact |
| ESRD | End Stage Renal Disease |
| FAQ | Frequently Asked Question |
| FEFD | Full Enrollment File Data |
| FERAS | Front End Risk Adjustment System |
| FFS | Fee-For-Service |
| FTR | Failed Transaction Report |
| GHP | Group Health Plan |
| GUIDE | Plan Communications User Guide |
| HCC | Hierarchical Condition Category |
| HCFA | Health Care Financing Administration (renamed to CMS) |
| HCPP | Health Care Prepayment Plan |
| HIC | Health Insurance Claim |
| HICN | Health Insurance Claim Number |
| HIPAA | Health Insurance Portability and Accountability Act |
| HMO | Health Maintenance Organization |

| Acronym | Definition |
|---|---|
| HPMS | Health Plan Management System |
| HTML | Hypertext Markup Language |
| HTTPS | Hypertext Transfer Protocol Secure ICD |
| ICD-9-CM | International Classification of Diseases, 9th Edition |
| ICEP | Initial Coverage Election Period |
| ID | Identification |
| IEP | Initial Enrollment Period |
| IPPR | Interim Plan Payment Report |
| IRMAA | Income-Related Monthly Adjustment Amount |
| IRS | Internal Revenue Service |
| IT | Information Technology |
| LEP | Late Enrollment Penalty |
| LICS | Low-Income Cost Sharing |
| LIPS | Low-Income Premium Subsidy |
| LIS | Low-Income Subsidy |
| LISHIST | LIS History Data File |
| LISPRM | LIS Premium Data File |
| LTC | Long-Term Care |
| LTI | Long-Term Institutional |
| MA | Medicare Advantage |
| MA BSF | Medicare Advantage Benefit Stabilization Fund |
| MADP | Medicare Advantage Disenrollment Period |
| MAPD | Medicare Advantage Prescription Drug |
| MARx | Medicare Advantage Prescription Drug System |
| MARx UI | Medicare Advantage Prescription Drug System User Interface |
| MBD | Medicare Beneficiary Database |
| MCO | Managed Care Organization |
| MDS | Minimum Data Set |
| MCSC | Medicare Customer Service Center (1-800-MEDICARE) |
| MMA | Medicare Modernization Act |
| MMCM | Medicare Managed Care Manual |
| MMDR | Monthly Membership Detail Report |
| MMP | Medicare and Medicaid Plan |

| Acronym | Definition |
|---|---|
| MMR | Monthly Membership Report |
| MMSR | Monthly Membership Summary Report |
| MPWE | Monthly Premium Withhold Extract |
| MPWR | Monthly Premium Withholding Report Data File |
| MSA | Medical Savings Account |
| MSHO | Minnesota Senior Health Options |
| MSP | Medicare Secondary Payer |
| NCPDP | National Council of Prescriptions Drug Programs |
| NDM | Network Data Mover |
| NMEC | National Medicare Education Campaign |
| NHC | Nursing Home Certifiable |
| NUNCMO | Number of Uncovered Months |
| OEPI | Open Enrollment Period for Institutionalized Individuals |
| OHI | Other Health Insurance |
| OMB | Office of Management and Budget |
| OPM | Office of Personnel Management |
| PACE | Program of All-Inclusive. Care for the Elderly |
| PAP | Patient Assistance Program |
| PBM | Pharmacy Benefit Manager |
| PBO | Payment Bill Option |
| PBP | Plan Benefit Package |
| PCN | Processor Control Number |
| PDE | Prescription Drug Event |
| PDP | Prescription Drug Plan |
| PFFS | Private Fee-for-Service |
| PIP | Principal Inpatient Diagnostic Cost Group |
| POS | Point-of-Sale |
| PPO | Premium Payment Option |
| PPR | Plan Payment Report |
| PPS | Prospective Payment System |
| PRM | Primary Record |
| PWS | Premium Withhold System |
| QMB | Qualified Medicare Beneficiary Program |

| Acronym | Definition |
|---|---|
| RA | Risk Adjustment/Risk Adjusted |
| RACF | Resource Access Control Facility |
| RAS | Risk Adjustment System |
| RDS | Retiree Drug Subsidy |
| REMIS | Renal Management Information System |
| RO | CMS Regional Office |
| RRB | Railroad Retirement Board |
| RRE | Responsible Reporting Entity |
| RxHCC | Prescription Drug Hierarchical Condition Category |
| SCC | State and County Code |
| SEP | Special Election Period |
| SFTP | Secure Shell File Transfer Protocol |
| SHMO | Social Health Maintenance Organization |
| SIMS | Standard Information Management System |
| SLMB | Specified Low-Income Medicare Beneficiary Program |
| SNP | Special Needs Plan |
| SPAP | State Pharmaceutical Assistance Program |
| SSA | Social Security Administration |
| SSA DO | Social Security Administration District Office |
| SSN | Social Security Number |
| SUP | Supplemental Record |
| TC | Transaction Code |
| TIN | Tax Identification Number |
| TRC | Transaction Reply Code |
| TrOOP | True Out-of-Pocket |
| TRR | Transaction Reply Report |
| UI | User Interface |
| WC | Workers Compensation |
| WCSA | Workers Compensation Set-Aside |
| WPP | Wisconsin Partnership Program |

# B: *CMS Payment Information*

## *B.1 Payment Information Form*

Plans receive monthly payments from CMS for the medical services and/or prescription drugs that they provide to Medicare beneficiaries. In order to receive payment, a Plan's bank account information and Employee Identification Number (EIN)/Tax Identification Number (TIN) must be submitted to CMS. The Payment Information Form is used to provide this information.

**ORGANIZATION INFORMATION**

NAME OF ORGANIZATION: _____
DBA, if any: _____

ADDRESS: _____
CITY: _____ STATE: ____ ZIP CODE:_____

CONTACT PERSON NAME: _____
TELEPHONE NUMBER: _____

CONTRACT NO's.: H _____; H _____; H _____; H _____
*(If known)*
EIN/TIN NAME of business for tax purposes (as registered with the IRS: a W-9 may be required) _____

EMPLOYER/TAX IDENTIFICATION NUMBER (EIN or TIN): _____

Mailing address for 1099 tax form:
STR1: _____
STR2: _____
CITY: _____
STATE: _____ ZIP: _____ - _____

**FINANCIAL INSTITUTION**

NAME OF BANK: _____
ADDRESS: _____
CITY: _____ STATE: __ ZIP CODE: _____ - _____

ACH/EFT COORDINATOR NAME: _____
TELEPHONE NUMBER: _____

NINE DIGIT ROUTING TRANSIT (ABA) NUMBER: _____
DEPOSITOR ACCOUNT TITLE: _____
DEPOSITOR ACCOUNT NUMBER: _____
CIRCLE ACCOUNT TYPE: CHECKING SAVINGS (Please attach a copy of a voided check)

**SIGNATURE & TITLE OF ORGANIZATION'S AUTHORIZED REPRESENTATIVE**:

_____DATE: _____

Signature Title

_____ _____

Print Name Phone Number

3/12/03

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# C: *Monthly Schedule*

The following pages contain the 2016 Plan Medicare Advantage Prescription Drug System (MARx) Monthly Schedule, which provides dates for the following:

- Plan Data Due
- Down Days
- Availability of Monthly Reports
- Due Date for Certification of Enrollment, Payment, and Premium Reports
- Payments Due to Plans
- Holidays

Note: The Daily Transaction Reply Report (DTRR) is not indicated on this schedule because it is a daily report.

This calendar is also available as a single document in the Medicare Advantage Prescription Drug (MAPD) Help Desk Web site downloads section: http://go.cms.gov/mapdhelpdesk.
Both color and text 508 compliant versions of this schedule are available at the above link.

## *C.1 MARx Plan Payment Processing Schedule Description - Calendar Year 2016 and 2017*

It is vital that everyone involved in the Medicare enrollment and payment operations of the contract is aware of target dates schedule attached to this description. The schedule includes:

**(1)** **PLAN DATA DUE** - This is the last day for Plans to transmit records to the CMS Data Center for processing in the month. Plans must complete the transmission by the close of business (8 p.m. ET) on the date noted.

**(2)** **PAYMENT DUE PLANS** - This is the date that CMS deposits the CMS monthly payment to the Plans; all deposits are made to arrive on the first calendar day of the month unless the first day falls on a weekend or a Federal holiday. In this case, the deposit arrives on the last workday prior to the first of the month.

**Note**: The January deposit is the first business day of the month.

**(3)** **MONTHLY REPORTS AVAIL** - This is the date all the CMS monthly reports are available for downloading from the mailbox or received in the system.

**Note**: These reports are not mailed; the Plan must download them to receive them!

**(3)** **ANNUAL ELECTION PERIOD BEGINS AND ENDS** - The Annual Election Period (AEP) is October 15 through December 7 every year. Elections made during the AEP are effective January 1 of the following year.

**(4)** **CERTIFICATION DUE** - This is the date by which Plans must certify the accuracy of the enrollment information of the MARx Report. Plans must send the Certification via the Health Plan Management System (HPMS).

**(5)** **APPROVED RETROS TO CMS** - Any records processed as batch retroactive files must arrive at CMS by noon on the date shown, along with the appropriate paperwork approved by CMS.

# 2017 MARx Monthly Calendar

## JANUARY

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | ~~6~~ | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |

## FEBRUARY

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | | | | |

## MARCH

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | ~~10~~ | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | |

## APRIL

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | ~~7~~ | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | | | | | | |

## MAY

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

## JUNE

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | |

## Legend

- CMS Holiday
- Payment to Plan
- Certification of Enrollment
- Monthly Reports Available
- Plan Data Cut-Off (8pm Eastern Time)
- Plan Data Cut-Off and Certification of Enrollment (on the same day)
- Plan Data Cut-Off and CMS Holiday (on the same day)
- Annual Elections: 10/15/17 through 12/07/17

# 2017 MARx Monthly Calendar

## JULY

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 | | | | | |

## AUGUST

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | | |

## SEPTEMBER

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | | | | | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |

## OCTOBER

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |

## NOVEMBER

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | | |

## DECEMBER

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | | | | | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | 1 | 2 | 3 | 4 | 5 | 6 |

## Legend

- CMS Holiday
- Payment to Plan
- Certification of Enrollment
- Monthly Reports Available
- Plan Data Cut-Off (8pm Eastern Time)
- Plan Data Cut-Off and Certification of Enrollment (on the same day)
- Plan Data Cut-Off and CMS Holiday (on the same day)
- Annual Elections: 10/15/17 through 12/07/17

Special Dates for January 2018 - Payment to Plan: 01/02/2018 & Plan Data Cut-off: 01/05/18

# D: *Enrollment Data Transmission Schedule*

The following is a recommendation for the best time to transmit data:

- Monday through Friday - 24 hours.
  Data **IS** received for monthly processing.

- Saturday, Sunday, and system down days.

  Data **IS RECEIVED AND HELD** for monthly processing.
  Refer to the Plan Monthly Schedule. (Appendix C)

- Enrollment Data Cutoff Day - Data is due by 8 p.m. ET.

The Plan Monthly Schedule in Appendix C lists cutoff dates for each month.

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# E: *ESRD Network Contact Information Table*

| Network | Region | States | Name & Address | Contact Information |
|---|---|---|---|---|
| 1 | 1 | Connecticut<br>Maine<br>Massachusetts<br>New Hampshire<br>Rhode Island<br>Vermont | ESRD Network of New England<br>Jaya Bhargava, Data Manager<br>30 Hazel Terrace.<br>Woodbridge, Connecticut 06525 | Phone: (203) 387-9332<br>Fax: (203) 389-9902 |
| 2 | 2 | New York | IPRO/CKD Network for New York<br>Bernadette Cobb, Data Manager<br>1979 Marcus Avenue<br>Lake Success, New York 11042-1002 | Phone: (516) 209-5619<br>Fax: (516) 326-8929 |
| 3 | 2 | New Jersey<br>Puerto Rico<br>Virgin Islands | Trans-Atlantic Renal Council<br>Chris Milkosky, Data Manager<br>Cranbury Gate Office Park<br>109 S. Main St., Suite 21<br>Cranbury, New Jersey 08512-9595 | Phone: (609) 490-0310<br>Fax: (609) 490-0835 |
| 4 | 3 | Delaware<br>Pennsylvania | ESRD Network 4 Inc.<br>Rhonda Lockett, Data Manager<br>40 24th Street, Suite 410<br>Pittsburgh, Pennsylvania 15222 | Phone: (412) 325-2250<br>Fax: (412) 325-1811 |
| 5 | 3 | D of Columbia<br>Maryland<br>Virginia<br>West Virginia | Mid-Atlantic Renal Coalition<br>Jason Robins, Data Manager<br>1527 Huguenot Road<br>Midlothian, Virginia 23113 | Phone: (804) 794-3757<br>Fax: (804) 794-3793 |
| 6 | 4 | Georgia<br>North Carolina<br>South Carolina | Southeastern Kidney Council, Inc.<br>Margo Clay, Data Manager<br>1000 St. Albans Drive, Suite 270<br>Raleigh, North Carolina 27609 | Phone: (919) 855-0882<br>Fax: (919) 855-0753 |
| 7 | 4 | Florida | ESRD Network of Florida, Inc.<br>LeChrystal Williams, Data Manager<br>5201 W Kennedy Boulevard, Suite 900<br>Tampa, Florida 33606 | Phone: (813) 383-1530<br>Fax: (813) 354-1514 |
| 8 | 4 | Alabama<br>Mississippi<br>Tennessee | ESRD Network Eight, Inc.<br>Robert Bain, Data Manager<br>1755 Lelia Drive, Suite 400<br>Jackson, Mississippi 39210 | Phone: (601) 936-9260<br>Fax: (601) 932-4446 |
| 9 | 5 | Kentucky<br>Indiana<br>Ohio | The Renal Network, Inc.<br>Christy Harper, Data Manager<br>911 East 86th Street, Suite 202<br>Indianapolis, Indiana 46240 | Phone: (317) 257-8265<br>Fax: (317) 257-8291 |
| 10 | 5 | Illinois | The Renal Network, Inc.<br>Christy Harper, Data Manager<br>911 E 86th Street, Suite 202<br>Indianapolis, Indiana 46240 | Phone: (317) 257-8265<br>Fax: (317) 257-8291 |
| 11 | 5 | Michigan<br>Minnesota<br>North Dakota<br>South Dakota<br>Wisconsin | Renal Network of the Upper Midwest<br>Tom Kysilko, Data Manager<br>1360 Energy Park Drive, Suite 200<br>St. Paul, Minnesota 55108 | Phone: (651) 644-9877<br>Fax: (651) 644-9853 |

| Network | Region | States | Name & Address | Contact Information |
|---|---|---|---|---|
| 12 | 7 | Iowa<br>Kansas<br>Missouri<br>Nebraska | ESRD Network 12<br>Jeff Arnell, Data Manager<br>7306 NW Tiffany Springs Parkway<br>Suite 230<br>Kansas City, Missouri 64153 | Phone: (816) 880-9990<br>Fax: (816) 880-9088 |
| 13 | 6 | Arkansas<br>Louisiana<br>Oklahoma | ESRD Network 13<br>Cindy Smith, Data Manager<br>4200 Perimeter Center Drive, Suite 102<br>Oklahoma City, Oklahoma 73112 | Phone: (405) 942-6000<br>Fax: (405) 942-6884 |
| 14 | 6 | Texas | ESRD Network of Texas, Inc.<br>Nathan Muzos, Data Manager<br>4040 McEwen, Suite 350<br>Dallas, Texas 75244 | Phone: (972) 503-3215<br>Fax: (972) 503-3219 |
| 15 | 10 | Arizona<br>Colorado<br>Nevada<br>New Mexico<br>Utah<br>Wyoming | Intermountain ESRD Network, Inc.<br>Matt Howard, Data Manager<br>165 S. Union Blvd<br>Suite 466<br>Lakewood, Colorado 80228 | Phone: (303) 831-8818<br>Fax: (303) 860-8392 |
| 16 | 10 | Alaska<br>Idaho<br>Montana<br>Oregon<br>Washington | Northwest Renal Network<br>Donna Swenson, Data Manager<br>4702 42nd Avenue, SW<br>Seattle, Washington 98116 | Phone: (206) 923-0714<br>Fax: (206) 923-0716 |
| 17 | 10 | Amer Samoa<br>Hawaii<br>N. California<br>Pacific Islands | Western Pacific Renal Network<br>Susan Tanner, Data Manager<br>505 San Marin Drive, Bldg A, Suite 300<br>Novata, California 94945 | Phone: (415) 897-2400<br>Fax: (415) 897-2422 |
| 18 | 10 | S. California | Southern California Renal Disease Council<br>Svetlana Lyulkin, Data Manager<br>6255 Sunset Boulevard, Suite 2211<br>Los Angeles, California 90028 | Phone: (323) 962-2020<br>Fax: (323) 962-2891 |

# F: *Record Layouts*

This appendix provides record layouts for data files exchanged with Plans. Field lengths, formats, and descriptions are included along with expected values where applicable. Table F-1 below lists the names of all the layouts and on which page of Appendix F to find them. Appendix K identifies the naming conventions of for all files exchanged between CMS and the Plans.

**Table F-1: Record Layouts Lookup Table**


| Section | Name | Page |
|---|---|---|
| Daily Record Layouts | | |
| F.1 | Batch Completion Status Summary (BCSS) Data File | F-3 |
| F.2 | Coordination of Benefits (COB); Validated Other Health Insurance (OHI) Data File | F-9 |
| F.3 | MARx Batch Input Transaction Data File | F-21 |
| F.3.1 | Header Record | F-22 |
| F.3.2 | Disenrollment Transaction (TC 51/54) | F-22 |
| F.3.3 | Enrollment Transaction (TC 61) | F-24 |
| F.3.4.1 | 4Rx Change (TC 72) | F-27 |
| F.3.4.2 | NUNCMO Change (TC 73) | F-28 |
| F.3.4.3 | EGHP Change (TC 74) | F-29 |
| F.3.4.4 | Premium Payment Option (PPO) Change (TC 75) | F-29 |
| F.3.4.5 | Residence Address Change (TC 76) | F-30 |
| F.3.4.6 | Segment ID Change (TC 77) | F-32 |
| F.3.4.7 | Part C Premium Change (TC 78) | F-32 |
| F.3.4.8 | Part D Opt-Out Change (TC 79) | F-33 |
| F.3.5.1 | Cancel Enrollment (TC 80) | F-34 |
| F.3.5.2 | Cancel Disenrollment (TC 81) | F-34 |
| F.3.5.3 | MMP Enrollment Cancellation (TC 82) Detail Record Layout | F-35 |
| F.3.5.4 | MMP Opt-Out Update (TC 83) Layout | F-35 |
| F.3.5.5 | POS Drug Edit (TC 90) Layout | F-37 |
| F.3.6 | Correction Record | F-39 |
| F.3.7 | Notes for All Plan-Submitted Transaction Types | F-40 |
| F.4 | Daily Transaction Reply Report (DTRR) Data File | F-44 |
| F.4.1 | DTRR Data File Detailed Record Layout | F-44 |
| F.4.2 | Verbatim Plan Submitted Transaction on Transaction Reply Report | F-57 |
| F.5 | Batch Eligibility Query (BEQ) Request File | F-59 |
| F.6 | Batch Eligibility Query (BEQ) Response File | F-65 |
| Weekly Record Layouts | | |
| F.7 | LIS/Part D Premium Data File | F-74 |
| Monthly Record Layouts | | |
| F.8 | 820 Format Payment Advice Data File | F-76 |
| F.9 | BIPA 606 Payment Reduction Data File | F-80 |
| F.10 | Monthly Membership Detail Data File | F-82 |
| F.11 | Monthly Membership Summary Data File | F-94 |

| Section | Name | Page |
|---|---|---|
| F.12 | Monthly Premium Withholding Report Data File (MPWR) | F-96 |
| F.13 | Part B Claims Data File | F-99 |
| F.14 | Part C Risk Adjustment Model Output Data File | F-101 |
| F.15 | RAS RxHCC Model Output Data File aka Part D Risk Adjustment Model Output Data File | F-134 |
| F.16 | Risk Adjustment System (RAS) Prescription Drug Hierarchical Condition Category (RxHCC) Model Output Data File Type 2 | F-146 |
| F.17 | Medicare Advantage Organization (MAO) 004 Report | F-158 |
| F.18 | Monthly Full Enrollment Data File | F-165 |
| F.19 | Late Enrollment Penalty (LEP) Data File | F-168 |
| F.20 | LIS History Data File (LISHIST) | F-172 |
| F.21 | NoRx File | F-176 |
| F.22 | MA Full Dual Auto Assignment Notification File/ | F-180 |
| F.23 | Auto Assignment PDP Address Notification File | F-183 |
| F.24 | Plan Payment Report (PPR) / Interim Plan Payment Report (IPRR) Data File | F-187 |
| F.25 | Agent Broker Compensation Report Data File | F-196 |
| F.26 | Monthly Medicare Secondary Payer (MSP) Information Data File | F-199 |
| F.27 | Failed Payment Reply Report Data File | F-209 |
| F.28 | MSA Deposit-Recovery Data File Layout | F-211 |
| F.29 | Medicare Advantage Medicaid Status Data File | F-215 |
| Yearly Record Layouts | | |
| F.30 | Loss of Subsidy Data File | F-218 |
| F.31 | Long-Term Institutionalized Resident Report Data File | F-220 |
| F.32 | No Premium Due Data File Layout | F-222 |
| Special Record Layouts | | |
| F.33 | HICN to MBI Crosswalk File Layout | F-225 |

# *Daily Record Layouts*

## *F.1 Batch Completion Status Summary (BCSS) Data File*

As of the April 2011 release, the Batch Completion Status Summary (BCSS) file is a hybrid file that communicates the status of file transmissions, as well as reporting on submitted transaction records that failed due to formatting issues. Note: The Enrollment Transmission Message File (STATUS) was discontinued as of the April 2011 Release.

This data file is sent to the submitter after a batch of submitted transactions is processed. It provides a count of all transactions within the batch and summarizes the number of rejected and accepted transactions. It also provides an image of the submitted transaction for each transaction that failed.

All BCSS records begin with a one-character record type identifier (H/C/P/F) that designates the type of data reported in that section. It is followed by one digit that identifies the sequence number of the record within that section.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| MARx | Data File | Once batch is processed | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.uuuuuuu.BCSSD.Annnnn.Bnnnnn.Thhmmss<br>**Connect:Direct [Mainframe]:**<br>zzzzzzzz.uuuuuuu.BCSSD.Annnnn.Bnnnnn.Thhmmss<br>**Connect:Direct [Non-mainframe]:**<br>[directory]uuuuuuu.BCSSD.Annnnn.Bnnnnn.Thhmmss |

### *F.1.1 Sample BCSS Report*

The example of a BCSS report below shows the format of the file. It incorporates:

- Header Records (H) that report information on the receipt, identification, and processing of the submitted batch file.
- Transaction Count Records (C) that report the total number of records that were submitted for each transaction type code (T51, T61, etc.). The first count on the C1 Tran CNTS1 record is not paired with a transaction type code and reports the total number of transactions received in the file. The transaction type 'TXX' reports the number of transactions that were submitted with invalid transaction type codes.
- Processing Results Records (P) that summarize the total transactions received, accepted, rejected, and failed.
- Failed Records (F) that return an exact image of the submitted transaction that failed.

*Beginning of Message Text*
**H1 TRANSACTIONS RECEIVED ON 2012-03-27 AT 16.59.49**
**H2 TRANSACTIONS PROCESSED ON 2012-03-27 AT 17.03.50**
**H3 ENROLLMENT PROCESSING COMPLETED**

**H4 HEADER CODE= AAAAAAHEADER**
**H5 HEADER DATE= 032012**
**H6 REQUEST ID =**
**H7 BATCH ID = 0123456789**
**H8 USER ID = X7YZ**
**C1 TRAN CNTS1 = 00000019 T01 0000000 T51 0000000 T61 0000000 T72 0000001**
**C2 TRAN CNTS2 = T73 0000002 T74 0000000 T75 0000000 T76 0000000**
**C3 TRAN CNTS3 = T77 0000000 T78 0000000 T79 0000002 T80 0000002**
**C4 TRAN CNTS4 = T81 0000003 T82 0000004 T83 0000005 T90 0000000**
**C5 TRAN CNTS5 =** T91 0000000 **TXX 0000000**
**P1 TOTAL TRANSACTIONS PROCESSED = 00000019**
**P2 TOTAL ACCEPTED TRANSACTIONS = 00000017**
**P3 TOTAL REJECTED TRANSACTIONS = 0000002**
**P4 TOTAL FAILED TRANSACTIONS = 0000000**
**F……failed transaction text image……**
*End of Message Text*

### *F.1.2 BCSS 'Failed Transaction' Layout*

Each record with record type 'F' reports one submitted transaction that failed. An exact image of the submitted transaction is returned along with up to five (5) Transaction Reply Codes (TRCs) that identify why the transaction failed.

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Record Type Identifier | 2 | 1-2 | Failed Record Type: "F " ('F' and space) |
| 2 | Filler | 1 | 3 | Spaces |
| 3 | Failed Input Transaction Record Text | 300 | 4-303 | Failed transaction text |
| 4 | Filler | 5 | 304-308 | Spaces |
| 5 | Transaction Reply Codes (TRCs) | 3 | 309-311 | First TRC |
| 6 | TRCs | 3 | 312- 314 | Second TRC; otherwise, spaces |
| 7 | TRCs | 3 | 315 - 317 | Third TRC; otherwise, spaces |
| 8 | TRCs | 3 | 318-320 | Fourth TRC; otherwise, spaces |
| 9 | TRCs | 3 | 321-323 | Fifth TRC; otherwise, spaces |

Total length = 323

### *F.1.3 BCSS Error Condition*

The following six STATUS file messages generate when an error condition prevents the submitted transaction file from processing:

**1. Invalid User Id**

********** Top of Data **********
H1 TRANSACTIONS RECEIVED ON 2006-01-27 AT 16.59.49

```
H2 PROCESSING STOPPED    ON 2006-01-27 AT 17.00.39
H3 USER ID (aaaa) NOT AUTHENTICATED: INACTIVE USER
H4 HEADER CODE= AAAAAAHEADER
H5 HEADER DATE= <MMCCYY>
H6 REQUEST ID =
H7 BATCH ID   = <nnnnnnnnn>
H8 USER ID    = <aaaa>
C1 TRAN CNTS1 = nnnnnnn T01 nnnnnnn T51 nnnnnnn T61 nnnnnnn T72 nnnnnnn
C2 TRAN CNTS2 =         T73 nnnnnnn T74 nnnnnnn T75 nnnnnnn T76 nnnnnnn
C3 TRAN CNTS3 =         T77 nnnnnnn T78 nnnnnnn T79 nnnnnnn T80 nnnnnnn
C4 TRAN CNTS4 =         T81 nnnnnnn T82 nnnnnnn T83 nnnnnnn T90 nnnnnnn
C5 TRAN CNTS5 = TXX nnnnnnn
******************************** Bottom of Data ***************************
```

OR

```
********************************* Top of Data ******************************
H1 TRANSACTIONS RECEIVED ON 2006-01-27 AT 16.59.49
H2 PROCESSING STOPPED    ON 2006-01-27 AT 17.00.39
H3 USER ID (aaaa) NOT AUTHENTICATED: USER ID NOT FOUND
H4 HEADER CODE= AAAAAAHEADER
H5 HEADER DATE= <MMCCYY>
H6 REQUEST ID =
H7 BATCH ID   = <nnnnnnnnn>
H8 USER ID    = <aaaa>
C1 TRAN CNTS1 = nnnnnnn T01 nnnnnnn T51 nnnnnnn T61 nnnnnnn T72 nnnnnnn
C2 TRAN CNTS2 =         T73 nnnnnnn T74 nnnnnnn T75 nnnnnnn T76 nnnnnnn
C3 TRAN CNTS3 =         T77 nnnnnnn T78 nnnnnnn T79 nnnnnnn T80 nnnnnnn
C4 TRAN CNTS4 =         T81 nnnnnnn T82 nnnnnnn T83 nnnnnnn T90 nnnnnnn
C5 TRAN CNTS5 = TXX nnnnnnn
******************************** Bottom of Data ***************************
```

**2. Invalid Header Date**

```
********************************* Top of Data******************************
H1 TRANSACTIONS RECEIVED ON 2006-01-27 AT 16.23.22
H2 PROCESSING STOPPED    ON 2006-01-27 AT 16.23.42
H3 HEADER RECORD IS MISSING OR INVALID
H4 HEADER CODE= AAAAAAHEADER
H5 HEADER DATE= <NNNNNN>
H6 REQUEST ID =
H7 BATCH ID   = <nnnnnnnnn>
H8 USER ID    = <aaaa>
C1 TRAN CNTS1 = nnnnnnn T01 nnnnnnn T51 nnnnnnn T61 nnnnnnn T72 nnnnnnn
C2 TRAN CNTS2 =         T73 nnnnnnn T74 nnnnnnn T75 nnnnnnn T76 nnnnnnn
C3 TRAN CNTS3 =         T77 nnnnnnn T78 nnnnnnn T79 nnnnnnn T80 nnnnnnn
C4 TRAN CNTS4 =         T81 nnnnnnn T82 nnnnnnn T83 nnnnnnn T90 nnnnnnn
C5 TRAN CNTS5 = TXX nnnnnnn
******************************** Bottom of Data ***************************
```

**3. Missing Header Record**

```
********************************* Top of Data ******************************
H1 TRANSACTIONS RECEIVED ON          AT
H2 PROCESSING STOPPED    ON 2006-01-25 AT 18.11.38
H3 HEADER RECORD IS MISSING OR INVALID
H4 HEADER CODE= XXXXXXXXXXXXXXXXXXXXX
```

H5 HEADER DATE= XXXXXX
H6 REQUEST ID = XXXXXXXXXX
H7 BATCH ID = XXXXXXXXXX
H8 USER ID = XXXXXX
C1 TRAN CNTS1 =
C2 TRAN CNTS2 =
C3 TRAN CNTS3 =
C4 TRAN CNTS4 =
C5 TRAN CNTS5 =
********** Bottom of Data **********

**4. Future Header Date**

********** Top of Data **********
H1 TRANSACTIONS RECEIVED ON 2006-01-30 AT 16.48.37
H2 PROCESSING STOPPED ON 2006-01-30 AT 16.48.55
H3 HEADER RECORD DATE IS A FUTURE CALENDAR MONTH
H4 HEADER CODE= AAAAAAHEADER
H5 HEADER DATE= <MMCCYY>
H6 REQUEST ID =
H7 BATCH ID = <nnnnnnnnn>
H8 USER ID = <aaaa>
C1 TRAN CNTS1 = nnnnnnn T01 nnnnnnn T51 nnnnnnn T61 nnnnnnn T72 nnnnnnn
C2 TRAN CNTS2 = T73 nnnnnnn T74 nnnnnnn T75 nnnnnnn T76 nnnnnnn
C3 TRAN CNTS3 = T77 nnnnnnn T78 nnnnnnn T79 nnnnnnn T80 nnnnnnn
C4 TRAN CNTS4 = T81 nnnnnnn T82 nnnnnnn T83 nnnnnnn T90 nnnnnnn
C5 TRAN CNTS5 = TXX nnnnnnn
********** Bottom of Data **********

**5. Header Date earlier than CCM**

********** Top of Data **********
H1 TRANSACTIONS RECEIVED ON 2013-09-25 AT 16.08.20
H2 PROCESSING STOPPED ON 2013-09-25 AT 16.08.22
H3 HEADER RECORD DATE IS EARLIER THAN CURRENT CALENDAR MONTH
H4 HEADER CODE= AAAAAAHEADER
H5 HEADER DATE= <MMCCYY>
H6 REQUEST ID =
H7 BATCH ID = <nnnnnnnnn>
H8 USER ID = <aaaa>
C1 TRAN CNTS1 = nnnnnnn T01 nnnnnnn T51 nnnnnnn T61 nnnnnnn T72 nnnnnnn
C2 TRAN CNTS2 = T73 nnnnnnn T74 nnnnnnn T75 nnnnnnn T76 nnnnnnn
C3 TRAN CNTS3 = T77 nnnnnnn T78 nnnnnnn T79 nnnnnnn T80 nnnnnnn
C4 TRAN CNTS4 = T81 nnnnnnn T82 nnnnnnn T83 nnnnnnn T90 nnnnnnn
C5 TRAN CNTS5 = TXX nnnnnnn
********** Bottom of Data **********

**6. Transaction File Rejection Reason**

When a submitted Special file (Retro, Rollover, Special) is reviewed by CMS and rejected, the following STATUS message is returned in the BCSS:

********** Top of Data **********
H1 TRANSACTIONS RECEIVED ON 2010-03-23 AT 13.55.15
H2 TRANSACTIONS REJECTED ON 24 Mar 2010 AT 14:39:33
H3 THIS <RETRO/ROLLOVER/REVIEW> FILE WAS REJECTED BY <CMS Approver Name>
REJECTION REASONS: <text of reason

H4 HEADER CODE= AAAAAAHEADER RETRO
H5 HEADER DATE= <MMCCYY>
H6 REQUEST ID =
H7 BATCH ID = <nnnnnnnnn>
H8 USER ID = <aaaa>
C1 TRAN CNTS1 = nnnnnnn T01 nnnnnnn T51 nnnnnnn T61 nnnnnnn T72 nnnnnnn
C2 TRAN CNTS2 = T73 nnnnnnn T74 nnnnnnn T75 nnnnnnn T76 nnnnnnn
C3 TRAN CNTS3 = T77 nnnnnnn T78 nnnnnnn T79 nnnnnnn T80 nnnnnnn
C4 TRAN CNTS4 = T81 nnnnnnn T82 nnnnnnn T83 nnnnnnn T90 nnnnnnn
C5 TRAN CNTS5 = TXX nnnnnnn

********** Bottom of Data **********

### *F.1.4 BCSS for Special Transaction Files*

When plans submit a special transaction file that requires CMS review and approval before processing, the following BCSS files are returned to the submitter to communicate the file status:

**Retro File Detected – Returned when a Retro File is received by CMS**

********** Top of Data **********
H1 TRANSACTIONS RECEIVED ON 2006-01-27 AT 14.23.05
H2 PROCESSING STOPPED ON 2006-01-27 AT 14:23:39
**H3 RETRO FILE DETECTED FOR USERID <aaaa>**
H4 HEADER CODE= AAAAAAHEADER RETRO
H5 HEADER DATE= <MMCCYY>
H6 REQUEST ID =
H7 BATCH ID = <nnnnnnnnn>
H8 USER ID = <aaaa>
C1 TRAN CNTS1 = nnnnnnn T01 nnnnnnn T51 nnnnnnn T61 nnnnnnn T72 nnnnnnn
C2 TRAN CNTS2 = T73 nnnnnnn T74 nnnnnnn T75 nnnnnnn T76 nnnnnnn
C3 TRAN CNTS3 = T77 nnnnnnn T78 nnnnnnn T79 nnnnnnn T80 nnnnnnn
C4 TRAN CNTS4 = T81 nnnnnnn T82 nnnnnnn T83 nnnnnnn T90 nnnnnnn
C5 TRAN CNTS5 = TXX nnnnnnn
********** Bottom of Data **********

**Rollover File Detected – Returned when a rollover file is received by CMS**

********** Top of Data **********
H1 TRANSACTIONS RECEIVED ON 2006-01-27 AT 14.23.05
H2 PROCESSING STOPPED ON 2006-01-27 AT 14:23:39
**H3 ROLLOVER FILE DETECTED FOR USERID <aaaa>**
H4 HEADER CODE= AAAAAAHEADER POVER
H5 HEADER DATE= <MMCCYY>
H6 REQUEST ID =
H7 BATCH ID = <nnnnnnnnn>
H8USER ID = <aaaa>
C1 TRAN CNTS1 = nnnnnnn T01 nnnnnnn T51 nnnnnnn T61 nnnnnnn T72 nnnnnnn
C2 TRAN CNTS2 = T73 nnnnnnn T74 nnnnnnn T75 nnnnnnn T76 nnnnnnn
C3 TRAN CNTS3 = T77 nnnnnnn T78 nnnnnnn T79 nnnnnnn T80 nnnnnnn
C4 TRAN CNTS4 = T81 nnnnnnn T82 nnnnnnn T83 nnnnnnn T90 nnnnnnn
C5 TRAN CNTS5 = TXX nnnnnnn
********** Bottom of Data **********

**Review File Detected – Returned when a transaction file requiring special review is received by CMS**

********** Top of Data **********
H1 TRANSACTIONS RECEIVED ON 2006-01-27 AT 14.23.05
H2 PROCESSING STOPPED ON 2006-01-27 AT 14:23:39
**H3 REVIEW FILE DETECTED FOR USERID <aaaa>**
H4 HEADER CODE= AAAAAAHEADER SVIEW
H5 HEADER DATE= <MMCCYY>
H6 REQUEST ID =
H7 BATCH ID = <nnnnnnnnn>
H8 USER ID = <aaaa>
C1 TRAN CNTS1 = nnnnnnn T01 nnnnnnn T51 nnnnnnn T61 nnnnnnn T72 nnnnnnn
C2 TRAN CNTS2 = T73 nnnnnnn T74 nnnnnnn T75 nnnnnnn T76 nnnnnnn
C3 TRAN CNTS3 = T77 nnnnnnn T78 nnnnnnn T79 nnnnnnn T80 nnnnnnn
C4 TRAN CNTS4 = T81 nnnnnnn T82 nnnnnnn T83 nnnnnnn T90 nnnnnnn
C5 TRAN CNTS5 = TXX nnnnnnn

********** Bottom of Data **********

## *F.2 Coordination of Benefits (COB); Validated Other Health Insurance (OHI) Data File (Part D Only)*

Note: This file is returned to Part D Plans and covers beneficiary other drug coverage. Part C Plans receive the Monthly MSP Information Data file that reports MA MSP.

This file contains members' primary and secondary drug coverage, validated through COB processing. MARx forwards this report to a Part D Plan whenever the Plan's enrollees are affected, which may occur as often as daily. The enrollees included on the report are those newly enrolled in the Part D Plan who have known Other Health Insurance (OHI) and existing Plan enrollees who have changes to their Drug OHI.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| MBD (MARx) | Data File | As Needed (can be daily) | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.MARXCOB.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.MARXCOB.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.MARXCOB.Dyymmdd.Thhmmsst |

The following records are included in this file:

- Detail Record
- Primary Record
- Supplemental Record

### *F.2.1 General Organization of Records*

| |
|---|
| Detail Record (DTL) Record 1 (Beneficiary A) |
| Primary (PRM) records associated with 'DTL' Record 1 (Beneficiary A) |
| Supplemental (SUP) records associated with 'DTL' Record 1 (Beneficiary A) |
| 'DTL' Record 2 (Beneficiary B) |
| 'PRM' records associated with 'DTL' Record 2 (Beneficiary B) |
| 'SUP' records associated with 'DTL' Record 2 (Beneficiary B) |
| 'DTL' Record 3 (Beneficiary C) |
| 'PRM' records associated with 'DTL' Record 3 (Beneficiary C) |
| 'SUP' records associated with 'DTL' Record 3 (Beneficiary C) |
| 'DTL Record n |
| 'PRM' records associated with 'DTL' Record n |
| 'SUP' records associated with 'DTL' Record n |

### *F.2.2 Detail Records: Indicates the Beginning of a Series of Beneficiary Subordinate Detail Records*

| Item | Field | Size | Position | Format | Valid Values/Description |
|---|---|---|---|---|---|
| 1 | Record Type | 3 | 1-3 | CHAR | "DTL" |
| 2 | HICN/RRB Number | 12 | 4-15 | CHAR | Spaces if unknown |
| 3 | SSN | 9 | 16-24 | ZD | 000000000 if unknown |
| 4 | Date of Birth (DOB) | 8 | 25-32 | CHAR | YYYYMMDD |
| 5 | Gender Code | 1 | 33 | CHAR | 0=unknown, 1 = male, 2 = female |
| 6 | Contract Number | 5 | 34-38 | CHAR | |
| 7 | Plan Benefit Package | 3 | 39-41 | CHAR | |
| 8 | Action Type | 1 | 42 | CHAR | 2 = Full replacement |
| 9 | Filler | 1058 | 43-1100 | CHAR | Spaces |

**Note:** Total Length = 1100

### F.2.3 *Primary Records: Subordinate to Detail Record (Unlimited Occurrences)*

| Item | Field | Size | Position | Format | Valid Values/Description |
|---|---|---|---|---|---|
| 1 | Record Type | 3 | 1-3 | CHAR | "PRM" |
| 2 | HICN/RRB Number | 12 | 4-15 | CHAR | Spaces if unknown |
| 3 | SSN | 9 | 16-24 | ZD | 000000000 if unknown |
| 4 | Date of Birth (DOB) | 8 | 25-32 | CHAR | YYYYMMDD |
| 5 | Gender Code | 1 | 33 | CHAR | 0=unknown, 1 = male, 2 = female |
| 6 | RxID Number* | 20 | 34-53 | CHAR | |
| 7 | RxGroup Number* | 15 | 54-68 | CHAR | |
| 8 | RxBIN Number* | 6 | 69-74 | ZD | |
| 9 | RxPCN Number* | 10 | 75-84 | CHAR | |
| 10 | Rx Plan Toll Free Number* | 18 | 85-102 | CHAR | |
| 11 | Sequence Number* | 3 | 103-105 | CHAR | |

| Item | Field | Size | Position | Format | Valid Values/Description |
|---|---|---|---|---|---|
| 12 | COB Source Code*<br><br>**Note:** There may be instances where an unknown COB Source Code will be provided. Plans should contact COBC for clarification on any unknown Source Codes. | 5 | 106-110 | CHAR | 11100 Non Payment/Payment Denial<br>11101 IEQ<br>11102 Data Match<br>11103 HMO<br>11104 Litigation Settlement BCBS<br>11105 Employer Voluntary Reporting<br>11106 Insurer Voluntary Reporting<br>11107 First Claim Development<br>11108 Trauma Code Development<br>11109 Secondary Claims Investigation<br>11110 Self Report<br>11111 411.25<br>11112 BCBS Voluntary Agreements<br>11113 Office of Personnel Management (OPM) Data Match<br>11114 Workers' Compensation Data Match<br>11118 Pharmacy Benefit Manager (PBM)<br>11120 COBA<br>11125 Recovery Audit Contractor (RAC) 1 (April Release)<br>11126 RAC 2 (April Release)<br>11127 RAC 3 (April Release)<br>P0000 PBM<br>S0000 Assistance Program<br>Note: Contractor numbers 11100 - 11199 are reserved for COB |
| 13 | MSP Reason (Entitlement Reason from COB) | 1 | 111 | CHAR | A=Working Aged<br>B=ESRD<br>C=Conditional Payment<br>D=Automobile Insurance, No fault<br>E=Workers Compensation<br>F=Federal (public)<br>G=Disabled<br>H=Black Lung<br>I=Veterans<br>L=Liability |

| Item | Field | Size | Position | Format | Valid Values/Description |
|---|---|---|---|---|---|
| 14 | Coverage Code* | 1 | 112 | CHAR | A=Hospital and Medical<br>U=Drug (network benefit)<br>V=Drug with Major Medical (non-network benefit)<br>W=Comprehensive, Hospital, Medical, Drug (network)<br>X=Hospital and Drug (network)<br>Y=Medical and Drug (network)<br>Z=Health Reimbursement Account (hospital, medical, and drug) |
| 15 | Insurer's Name* | 32 | 113-144 | CHAR | |
| 16 | Insurer's Address-1* | 32 | 145-176 | CHAR | |
| 17 | Insurer's Address-2* | 32 | 177-208 | CHAR | |
| 18 | Insurer's City* | 15 | 209-223 | CHAR | |
| 19 | Insurer's State* | 2 | 224-225 | CHAR | |
| 20 | Insurer's Zip Code* | 9 | 226-234 | CHAR | |
| 21 | Insurer TIN | 10 | 235-244 | CHAR | |
| 22 | Individual Policy Number* | 17 | 245-261 | CHAR | |
| 23 | Group Policy Number* | 20 | 262-281 | CHAR | |
| 24 | COB Effective Date* | 8 | 282-289 | ZD | YYYYMMDD. This date is a manipulated date and does not reflect the actual effective date of the other coverage and therefore should not be used for purposes of Part D coordination of benefits. Part D Sponsors should use the Effective Date of Other Drug Coverage (Position 1084-1091 in Primary records and position 516-523 in Supplemental records) for coordination of benefits. |
| 25 | Termination Date* | 8 | 290-297 | ZD | YYYYMMDD |
| 26 | Relationship Code* | 2 | 298-299 | CHAR | 01=Bene is Policy Holder<br>02=Spouse<br>03=Child<br>04=Other |
| 27 | Payer ID* | 10 | 300-309 | CHAR | *This is a future element.* |
| 28 | Person Code* | 3 | 310-312 | CHAR | |
| 29 | Payer Order* | 3 | 313-315 | ZD | |
| 30 | Policy Holder's First Name | 9 | 316-324 | CHAR | |
| 31 | Policy Holder's Last Name | 16 | 325-340 | CHAR | |
| 32 | Policy Holder's SSN | 12 | 341-352 | CHAR | |
| 33 | Employee Information Code | 1 | 353 | CHAR | P=Patient<br>S=Spouse<br>M=Mother<br>F=Father |
| 34 | Employer's Name | 32 | 354-385 | CHAR | |

| Item | Field | Size | Position | Format | Valid Values/Description |
|---|---|---|---|---|---|
| 35 | Employer's Address 1 | 32 | 386-417 | CHAR | |
| 36 | Employer's Address 2 | 32 | 418-449 | CHAR | |
| 37 | Employer's City | 15 | 450-464 | CHAR | |
| 38 | Employer's State | 2 | 465-466 | CHAR | |
| 39 | Employer's Zip Code | 9 | 467-475 | CHAR | |
| 40 | Filler | 20 | 476-495 | CHAR | |
| 41 | Employer TIN | 10 | 496-505 | CHAR | |
| 42 | Filler | 70 | 506-575 | CHAR | |
| 43 | Attorney's Name | 32 | 576-607 | CHAR | |
| 44 | Attorney's Address 1 | 32 | 608-639 | CHAR | |
| 45 | Attorney's Address 2 | 32 | 640-671 | CHAR | |
| 46 | Attorney's City | 15 | 672-686 | CHAR | |
| 47 | Attorney's State | 2 | 687-688 | CHAR | |
| 48 | Attorney's Zip | 9 | 689-697 | CHAR | |
| 49 | Lead Contractor | 9 | 698-706 | CHAR | |
| 50 | Class Action Type | 2 | 707-708 | CHAR | |
| 51 | Administrator Name | 32 | 709-740 | CHAR | |
| 52 | Administrator Address 1 | 32 | 741-772 | CHAR | |
| 53 | Administrator Address 2 | 32 | 773-804 | CHAR | |
| 54 | Administrator City | 15 | 805-819 | CHAR | |
| 55 | Administrator State | 2 | 820-821 | CHAR | |
| 56 | Administrator Zip | 9 | 822-830 | CHAR | |
| 57 | Workers Compensation Set Aside (WCSA) Amount | 12 | 831-842 | ZD | Integer value |
| 58 | WCSA Indicator | 2 | 843-844 | CHAR | |
| 59 | Workers Compensation Medical Set Aside (WCMSA) Settlement Date | 8 | 845-852 | ZD | YYYYMMDD |
| 60 | Administrator’s Telephone Number | 18 | 853-870 | CHAR | |
| 61 | Total Rx Settlement Amount | 12 | 871-882 | CHAR | Includes decimal point: 9999999999.99 |
| 62 | Rx $ included in the WCMSA Settlement Amount | 1 | 883 | CHAR | Y = Yes<br>N = No |
| 63 | Diagnosis Indicator 1 | 1 | 884 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 64 | Claim Diagnosis Code 1 | 7 | 885-891 | CHAR | |
| 65 | Diagnosis Indicator 2 | 1 | 892 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 66 | Claim Diagnosis Code 2 | 7 | 893-899 | CHAR | |
| 67 | Diagnosis Indicator 3 | 1 | 900 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 68 | Claim Diagnosis Code 3 | 7 | 901-907 | CHAR | |
| 69 | Diagnosis Indicator 4 | 1 | 908 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 70 | Claim Diagnosis Code 4 | 7 | 909-915 | CHAR | |
| 71 | Diagnosis Indicator 5 | 1 | 916 | CHAR | 9 = ICD-9; 0 = ICD-10 |

| Item | Field | Size | Position | Format | Valid Values/Description |
|---|---|---|---|---|---|
| 72 | Claim Diagnosis Code 5 | 7 | 917-923 | CHAR | |
| 73 | Diagnosis Indicator 6 | 1 | 924 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 74 | Claim Diagnosis Code 6 | 7 | 925-931 | CHAR | |
| 75 | Diagnosis Indicator 7 | 1 | 932 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 76 | Claim Diagnosis Code 7 | 7 | 933-939 | CHAR | |
| 77 | Diagnosis Indicator 8 | 1 | 940 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 78 | Claim Diagnosis Code 8 | 7 | 941-947 | CHAR | |
| 79 | Diagnosis Indicator 9 | 1 | 948 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 80 | Claim Diagnosis Code 9 | 7 | 949-955 | CHAR | |
| 81 | Diagnosis Indicator 10 | 1 | 956 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 82 | Claim Diagnosis Code 10 | 7 | 957-963 | CHAR | |
| 83 | Diagnosis Indicator 11 | 1 | 964 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 84 | Claim Diagnosis Code 11 | 7 | 965-971 | CHAR | |
| 85 | Diagnosis Indicator 12 | 1 | 972 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 86 | Claim Diagnosis Code 12 | 7 | 973-979 | CHAR | |
| 87 | Diagnosis Indicator 13 | 1 | 980 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 88 | Claim Diagnosis Code 13 | 7 | 981-987 | CHAR | |
| 89 | Diagnosis Indicator 14 | 1 | 988 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 90 | Claim Diagnosis Code 14 | 7 | 989-995 | CHAR | |
| 91 | Diagnosis Indicator 15 | 1 | 996 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 92 | Claim Diagnosis Code 15 | 7 | 997-1003 | CHAR | |
| 93 | Diagnosis Indicator 16 | 1 | 1004 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 94 | Claim Diagnosis Code 16 | 7 | 1005-1011 | CHAR | |
| 95 | Diagnosis Indicator 17 | 1 | 1012 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 96 | Claim Diagnosis Code 17 | 7 | 1013-1019 | CHAR | |
| 97 | Diagnosis Indicator 18 | 1 | 1020 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 98 | Claim Diagnosis Code 18 | 7 | 1021-1027 | CHAR | |
| 99 | Diagnosis Indicator 19 | 1 | 1028 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 100 | Claim Diagnosis Code 19 | 7 | 1029-1035 | CHAR | |
| 101 | Diagnosis Indicator 20 | 1 | 1036 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 102 | Claim Diagnosis Code 20 | 7 | 1037-1043 | CHAR | |
| 103 | Diagnosis Indicator 21 | 1 | 1044 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 104 | Claim Diagnosis Code 21 | 7 | 1045-1051 | CHAR | |
| 105 | Diagnosis Indicator 22 | 1 | 1052 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 106 | Claim Diagnosis Code 22 | 7 | 1053-1059 | CHAR | |
| 107 | Diagnosis Indicator 23 | 1 | 1060 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 108 | Claim Diagnosis Code 23 | 7 | 1061-1067 | CHAR | |
| 109 | Diagnosis Indicator 24 | 1 | 1068 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 110 | Claim Diagnosis Code 24 | 7 | 1069-1075 | CHAR | |
| 111 | Diagnosis Indicator 25 | 1 | 1076 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 112 | Claim Diagnosis Code 25 | 7 | 1077-1083 | CHAR | |

| Item | Field | Size | Position | Format | Valid Values/Description |
|---|---|---|---|---|---|
| 113 | Effective Date of Other Drug Coverage | 8 | 1084-1091 | CHAR | YYYYMMDD. This date is the actual effective date of other drug insurance coverage provided by the other insurance. This date should be used for coordination of benefits. The Part D Sponsor should compare Date of Service (DOS) to both the Part D effective period and the other coverage effective period to determine if coordination of benefits is necessary |
| 114 | Filler | 9 | 1092-1100 | CHAR | Spaces |

Total Length = 1100

*Indicates that these fields have same position in PRM and SUP record layouts.

## F.2.4 *Supplemental Records: Subordinate to DTL (Unlimited Occurrences)*

| Item | Field | Size | Position | Format | Valid Values/Description |
|---|---|---|---|---|---|
| 1 | Record Type | 3 | 1-3 | CHAR | "SUP" |
| 2 | HICN/RRB Number | 12 | 4-15 | CHAR | Spaces if unknown |
| 3 | SSN | 9 | 16-24 | ZD | 000000000 if unknown |
| 4 | Date of Birth (DOB) | 8 | 25-32 | CHAR | YYYYMMDD |
| 5 | Gender Code | 1 | 33 | CHAR | 0=unknown, 1 = male, 2 = female |
| 6 | RxID Number* | 20 | 34-53 | ZD | |
| 7 | RxGroup Number* | 15 | 54-68 | CHAR | |
| 8 | RxBIN Number* | 6 | 69-74 | ZD | |
| 9 | RxPCN Number* | 10 | 75-84 | CHAR | |
| 10 | Rx Plan Toll Free Number* | 18 | 85-102 | CHAR | |
| 11 | Sequence Number* | 3 | 103-105 | CHAR | |
| 12 | COB Source Code* | 5 | 106-110 | CHAR | 11100 Non Payment/Payment Denial<br>11101 IEQ<br>11102 Data Match<br>11103 HMO<br>11104 Litigation Settlement BCBS<br>11105 Employer Voluntary Reporting<br>11106 Insurer Voluntary Reporting<br>11107 First Claim Development<br>11108 Trauma Code Development<br>11109 Secondary Claims Investigation<br>11110 Self Report<br>11111 411.25<br>11112 BCBS Voluntary Agreements<br>11113 Office of Personnel Management (OPM) Data Match<br>11114 Workers' Compensation Data Match<br>11118 Pharmacy Benefit Manager (PBM)<br>11120 COBA<br>11125 Recovery Audit Contractor (RAC) 1 (April Release)<br>11126 RAC 2 (April Release)<br>11127 RAC 3 (April Release)<br>P0000 PBM<br>S0000 Assistance Program<br>Note: Contractor numbers 11100 - 11199 are reserved for COB |

| Item | Field | Size | Position | Format | Valid Values/Description |
|---|---|---|---|---|---|
| 13 | Supplemental Type Code | 1 | 111 | CHAR | L=Supplemental<br>M=Medigap<br>N=State Program (Non-Qualified SPAP)<br>O=Other<br>P=Patient Assistance Program<br>Q=Qualified State Pharmaceutical Assistance Program (SPAP)<br>R=Charity<br>S=AIDS Drug Assistance Program<br>T=Federal Health Program<br>1=Medicaid<br>2=Tricare<br>3 = Major Medical |
| 14 | Coverage Code* | 1 | 112 | CHAR | U=Drug (network benefit)<br>V=Drug with Major Medical (non-network benefit) |
| 15 | Insurer's Name* | 32 | 113-144 | CHAR | |
| 16 | Insurer's Address-1* | 32 | 145-176 | CHAR | |
| 17 | Insurer's Address-2* | 32 | 177-208 | CHAR | |
| 18 | Insurer's City* | 15 | 209-223 | CHAR | |
| 19 | Insurer's State* | 2 | 224-225 | CHAR | |
| 20 | Insurer's Zip Code* | 9 | 226-234 | CHAR | |
| 21 | Filler | 10 | 235-244 | CHAR | Spaces |
| 22 | Individual Policy Number* | 17 | 245-261 | CHAR | |
| 23 | Group Policy Number* | 20 | 262-281 | CHAR | |
| 24 | COB Effective Date* | 8 | 282-289 | ZD | YYYYMMDD. This date is a manipulated date and does not reflect the actual effective date of the other coverage and therefore should not be used for purposes of Part D coordination of benefits. Part D Sponsors should use the Effective Date of Other Drug Coverage (Position 1084-1091 in Primary records and position 516-523 in Supplemental records) for coordination of benefits. |
| 25 | Termination Date* | 8 | 290-297 | ZD | YYYYMMDD |
| 26 | Relationship Code* | 2 | 298-299 | CHAR | 01=Bene is Policy Holder<br>02=Spouse<br>03=Child<br>04=Other |
| 27 | Payer ID* | 10 | 300-309 | CHAR | |
| 28 | Person Code* | 3 | 310-312 | CHAR | |
| 29 | Payer Order* | 3 | 313-315 | ZD | |
| 30 | Diagnosis Indicator 1 | 1 | 316 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 31 | Claim Diagnosis Code 1 | 7 | 317-323 | CHAR | |
| 32 | Diagnosis Indicator 2 | 1 | 324 | CHAR | 9 = ICD-9; 0 = ICD-10 |

| Item | Field | Size | Position | Format | Valid Values/Description |
|---|---|---|---|---|---|
| 33 | Claim Diagnosis Code 2 | 7 | 325-331 | CHAR | |
| 34 | Diagnosis Indicator 3 | 1 | 332 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 35 | Claim Diagnosis Code 3 | 7 | 333-339 | CHAR | |
| 36 | Diagnosis Indicator 4 | 1 | 340 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 37 | Claim Diagnosis Code 4 | 7 | 341-347 | CHAR | |
| 38 | Diagnosis Indicator 5 | 1 | 348 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 39 | Claim Diagnosis Code 5 | 7 | 349-355 | CHAR | |
| 40 | Diagnosis Indicator 6 | 1 | 356 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 41 | Claim Diagnosis Code 6 | 7 | 357-363 | CHAR | |
| 42 | Diagnosis Indicator 7 | 1 | 364 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 43 | Claim Diagnosis Code 7 | 7 | 365-371 | CHAR | |
| 44 | Diagnosis Indicator 8 | 1 | 372 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 45 | Claim Diagnosis Code 8 | 7 | 373-379 | CHAR | |
| 46 | Diagnosis Indicator 9 | 1 | 380 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 47 | Claim Diagnosis Code 9 | 7 | 381-387 | CHAR | |
| 48 | Diagnosis Indicator 10 | 1 | 388 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 49 | Claim Diagnosis Code 10 | 7 | 389-395 | CHAR | |
| 50 | Diagnosis Indicator 11 | 1 | 396 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 51 | Claim Diagnosis Code 11 | 7 | 397-403 | CHAR | |
| 52 | Diagnosis Indicator 12 | 1 | 404 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 53 | Claim Diagnosis Code 12 | 7 | 405-411 | CHAR | |
| 54 | Diagnosis Indicator 13 | 1 | 412 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 55 | Claim Diagnosis Code 13 | 7 | 413-419 | CHAR | |
| 56 | Diagnosis Indicator 14 | 1 | 420 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 57 | Claim Diagnosis Code 14 | 7 | 421-427 | CHAR | |
| 58 | Diagnosis Indicator 15 | 1 | 428 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 59 | Claim Diagnosis Code 15 | 7 | 429-435 | CHAR | |
| 60 | Diagnosis Indicator 16 | 1 | 436 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 61 | Claim Diagnosis Code 16 | 7 | 437-443 | CHAR | |
| 62 | Diagnosis Indicator 17 | 1 | 444 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 63 | Claim Diagnosis Code 17 | 7 | 445-451 | CHAR | |
| 64 | Diagnosis Indicator 18 | 1 | 452 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 65 | Claim Diagnosis Code 18 | 7 | 453-459 | CHAR | |
| 66 | Diagnosis Indicator 19 | 1 | 460 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 67 | Claim Diagnosis Code 19 | 7 | 461-467 | CHAR | |
| 68 | Diagnosis Indicator 20 | 1 | 468 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 69 | Claim Diagnosis Code 20 | 7 | 469-475 | CHAR | |
| 70 | Diagnosis Indicator 21 | 1 | 476 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 71 | Claim Diagnosis Code 21 | 7 | 477-483 | CHAR | |
| 72 | Diagnosis Indicator 22 | 1 | 484 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 73 | Claim Diagnosis Code 22 | 7 | 485-491 | CHAR | |

| Item | Field | Size | Position | Format | Valid Values/Description |
|---|---|---|---|---|---|
| 74 | Diagnosis Indicator 23 | 1 | 492 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 75 | Claim Diagnosis Code 23 | 7 | 493-499 | CHAR | |
| 76 | Diagnosis Indicator 24 | 1 | 500 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 77 | Claim Diagnosis Code 24 | 7 | 501-507 | CHAR | |
| 78 | Diagnosis Indicator 25 | 1 | 508 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 79 | Claim Diagnosis Code 25 | 7 | 509-515 | CHAR | |
| 80 | Effective Date of Other Drug Coverage | 8 | 516-523 | CHAR | YYYYMMDD. This date is the actual effective date of other drug insurance coverage provided by the other insurance. This date should be used for coordination of benefits. The Part D Sponsor should compare DOS to both the Part D effective period and the other coverage effective period to determine if coordination of benefits is necessary. |
| 81 | Filler | 577 | 524-1100 | CHAR | Spaces |

Total Length = 1100

*Indicates that these fields have same position in PRM and SUP record layout

## *F.3 MARx Batch Input Transaction Data File*

A transaction file is submitted to CMS by a Plan, and consists of a header record followed by individual transaction records. The Transaction Code (TC) identifies the type of transaction record. This section details the contents and format that each record type may include in the transaction file.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| MARx | Data File | Batch - Daily PRN | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>[GUID].[RACFID].MARX.D.xxxxx.FUTURE.[P/T][.ZIP]<br>Note: FUTURE is part of the filename and does not change.<br>**Connect:Direct:**<br>P#EFT.IN.uuuuuuu.MARXTR.DYYMMDD.THHMMSST<br>Note: DYYMMDD.THHMMSST must be coded as shown, as it is a literal |

This file may include the following records:

- Header Record
- Disenrollment (51/54) Detail Record
- Enrollment (61) Detail Record
- Miscellaneous Change Detail Records:
  - Correction (01) Record
  - 4Rx Data Change (72)
  - Number of Uncovered Months (NUNCMO) Change (73)
  - Employer Group Health Plan (EGHP) Change (74)
  - Premium Payment Option (PPO) Change (75)
  - Residence Address Change (76)
  - Segment ID Change (77)
  - Part C Premium Change (78)
  - Part D Opt-Out (79)
  - MMP Opt-Out Update (TC83)
- Cancellation of Enrollment (80) and Cancellation of Disenrollment (81) Detail Records
  - MMP Enrollment Cancellation (TC82)
- POS Drug Edit (TC90)
- IC Model Participation (TC91)

### F.3.1 *Header Record*

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Header Message | 12 | 1-12 | "AAAAAAHEADER" |
| 2 | Filler | 1 | 13 | Spaces |
| 3 | Batch File Type | 5 | 14-18 | "Spaces" = used for batch files that do not require special approval for submission;<br>“RETRO” = retroactive batch file submission;<br>“POVER” = Plan rollover batch file submission;<br>“SVIEW” = Special organization review batch file submission. |
| 4 | Filler | 1 | 19 | Spaces |
| 5 | CMS Approval Request ID | 10 | 20-29 | "Spaces" when “Batch File Type,” field #3, contains spaces; otherwise, the right justified CMS pre-approval request ID from the special batch request utility. |
| 6 | Filler | 4 | 30-33 | Spaces |
| 7 | Current Calendar Month (CCM) | 6 | 34-39 | Reference month for enrollment processing formatted MMYYYY. The CCM date determines whether to accept a file and evaluates the appropriate effective date for submitted transactions. |
| 8 | Filler | 261 | 40-300 | Spaces |

Total Length = 300

### F.3.2 *Disenrollment Transaction (TC 51/54) Detailed Record Layout*

| Item | Field | Size | Position | Required/Optional |
|---|---|---|---|---|
| 1 | HICN | 12 | 1-12 | Required |
| 2 | Surname | 12 | 13-24 | Required |
| 3 | First Name | 7 | 25-31 | Required |
| 4 | M. Initial | 1 | 32 | Optional |
| 5 | Gender Code | 1 | 33 | Required |
| 6 | Birth Date (YYYYMMDD) | 8 | 34-41 | Required |
| 7 | Filler | 1 | 42 | Required |
| 8 | PBP | 3 | 43-45 | Required |
| 9 | Election Type | 1 | 46 | Required for all Plan types except HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demo, MDHO demo, MSHO demo, and PACE National Plans |
| 10 | Contract # | 5 | 47-51 | Required |
| 11 | Filler | 8 | 52-59 | N/A |
| 12 | Transaction Codes (TCs)* | 2 | 60-61 | “51” or “54” |
| 13 | DRC | 2 | 62-63 | Required for Involuntary Disenrollments. Optional for Voluntary Disenrollments. |
| 14 | Effective Date (YYYYMMDD) | 8 | 64-71 | Required |

| Item | Field | Size | Position | Required/Optional |
|---|---|---|---|---|
| 15 | Segment ID | 3 | 72-74 | Optional |
| 16 | Filler | 24 | 75-98 | N/A |
| 17 | Part D Opt-Out Flag | 1 | 99 | Optional for all Part D Plans; otherwise blank. |
| 18 | MMP Opt-Out Flag | 1 | 100 | Optional for all Plans. |
| 19 | Filler | 109 | 101-209 | N/A |
| 20 | Plan Transaction Tracking ID** | 15 | 210-224 | Optional |
| 21 | Filler | 76 | 225-300 | N/A |

Total Length = 300

*Plan Transaction Tracking ID field is not used by 1-800-Medicare.

### F.3.3 *Enrollment Transaction (TC 61) Detailed Record Layout*

| Item | Field | Size | Position | Enrollment (61) |
|---|---|---|---|---|
| 1 | HIC# | 12 | 1 – 12 | Required |
| 2 | Surname | 12 | 13 – 24 | Required |
| 3 | First Name | 7 | 25 – 31 | Required |
| 4 | M. Initial | 1 | 32 | Optional |
| 5 | Gender Code | 1 | 33 | Required |
| 6 | Birth Date (YYYYMMDD) | 8 | 34 – 41 | Required |
| 7 | EGHP Flag | 1 | 42 | Required |
| 8 | PBP # | 3 | 43 – 45 | Required |
| 9 | Election Type | 1 | 46 | Required<br>Optional for:<br>HCPP<br>COST 1 without drug<br>COST 2 without drug<br>CCIP/FFS demo<br>MDHO demo<br>MSHO demo<br>PACE National plans |
| 10 | Contract # | 5 | 47 – 51 | Required |
| 11 | Application Date | 8 | 52 – 59 | Required |
| 12 | Transaction Code | 2 | 60 – 61 | Required |
| 13 | Disenrollment Reason | 2 | 62 – 63 | Not populated on the enrollment transaction N/A |
| 14 | Effective Date (YYYYMMDD) | 8 | 64 – 71 | Required |
| 15 | Segment ID | 3 | 72 – 74 | Required<br>3 digits for segmented organizations otherwise blank |
| 16 | Filler | 5 | 75 – 79 | N/A |
| 17 | ESRD Override | 1 | 80 | Required |
| 18 | Premium Withhold Option/Parts C-D | 1 | 81 | Required for all plan types except HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demo, MSA/MA and MSA/demo plans |
| 19 | Part C Premium Amount (XXXXvXX) | 6 | 82 – 87 | Required for all plan types except HCPP, COST 1, COST 2, CCIP/FFS demo, MSA/MA and MSA/demo plans |
| 20 | Filler | 6 | 88 – 93 | N/A |
| 21 | Creditable Coverage Flag | 1 | 94 | Required for all Part D plans; otherwise blank |
| 22 | Number of Uncovered Months | 3 | 95 – 97 | Required for all Part D plans; otherwise blank. |
| 23 | Employer Subsidy Enrollment Override Flag | 1 | 98 | Required if beneficiary has Employer Subsidy status for Part D;<br>otherwise blank |

| Item | Field | Size | Position | Enrollment (61) |
|---|---|---|---|---|
| 24 | Part D Opt-Out Flag | 1 | 99 | Required when changing PBPs.<br>('Y' when Opting Out of Part D;<br>'N' when Opting In to Part D;<br>otherwise blank) |
| 25 | Filler | 35 | 100 – 134 | N/A |
| 26 | Secondary Drug Insurance Flag | 1 | 135 | Required for Part D plans.<br>For auto/facilitated enrollments and rollovers, value should be blank.<br>For non-Part D plans, value should be blank. |
| 27 | Secondary Rx ID | 20 | 136 – 155 | Required when the secondary drug insurance flag = Y;<br>otherwise blank. |
| 28 | Secondary Rx Group | 15 | 156 – 170 | Required when the secondary drug insurance flag = Y;<br>otherwise, blank. |
| 29 | Enrollment Source | 1 | 171 | Required for POS submitted enrollment transactions;<br>otherwise optional. |
| 30 | Rolled from Contract | 5 | 172-176 | Required for Rollover enrollment transactions submitted on a POVER special batch file;<br>otherwise blank |
| 31 | Rolled from PBP | 3 | 177-179 | Required for Rollover enrollment transactions submitted on a POVER special batch file;<br>otherwise blank |
| 32 | Filler | 30 | 180 – 209 | N/A |
| 33 | Plan Assigned Transaction Tracking ID | 15 | 210 – 224 | Optional |
| 34 | Part D Rx BIN | 6 | 225 – 230 | Required for all Part D plans except PACE National and MMP; otherwise blank. |
| 35 | Part D Rx PCN | 10 | 231 – 240 | Required for all Part D plans, otherwise blank. |
| 36 | Part D Rx Group | 15 | 241 – 255 | Required for all Part D plans, otherwise blank. |
| 37 | Part D Rx ID | 20 | 256 – 275 | Required for all Part D plans except PACE National and MMP; otherwise, blank. |
| 38 | Secondary Drug BIN | 6 | 276 – 281 | Required when the secondary drug insurance flag = Y;<br>otherwise blank. |
| 39 | Secondary Drug PCN | 10 | 282 – 291 | Required when the secondary drug insurance flag = Y;<br>otherwise blank. |
| 40 | Filler | 9 | 292 – 300 | N/A |

Total Length = 300

*The "51" transaction is Plan submitted. The "54" is submitted by 1-800-Medicare without a header record.
**Plan Transaction Tracking ID field is not used by 1-800-Medicare.

**Note**: Election type rules do apply to HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demos, MDHO demo, MSHO demo, and PACE National enrollments in cases where such an enrollment would cause an automatic disenrollment from another Plan requiring an election type. It is important that the election type for the Plan on the enrollment request is consistent with the election type required for automatic disenrollment.

**Note**: MA organizations and cost Plans that auto/facilitate enroll LIS Beneficiaries on behalf of CMS should use the appropriate newly-designated enrollment source code when submitting auto-enrollments or facilitated enrollments: E = Plan-submitted auto-enrollment, F = Plan-submitted facilitated enrollment, G = Point-of-Sale (POS) submitted enrollment; for use by POS contractor only, H = CMS reassignment enrollment, I = Assigned to Plan-submitted enrollment with enrollment source other than any of the following: B, E, F, G, H and blank.

## F.3.4 *Miscellaneous Change Transactions – Detailed Record Layouts*

### F.3.4.1 4Rx Change (TC 72) Detailed Record Layout

| Item | Field | Size | Position | Required/Optional |
|---|---|---|---|---|
| 1 | HICN | 12 | 1 – 12 | Required |
| 2 | Surname | 12 | 13 – 24 | Required |
| 3 | First Name | 7 | 25 – 31 | Required |
| 4 | M. Initial | 1 | 32 | Optional |
| 5 | Gender Code | 1 | 33 | Required |
| 6 | Birth Date (YYYYMMDD) | 8 | 34 – 41 | Required |
| 7 | Filler | 1 | 42 | N/A |
| 8 | PBP # | 3 | 43 – 45 | Required |
| 9 | Filler | 1 | 46 | N/A |
| 10 | Contract # | 5 | 47 – 51 | Required |
| 11 | Filler | 8 | 52 – 59 | N/A |
| 12 | Transaction Code (TC) | 2 | 60 – 61 | Required |
| 13 | Filler | 2 | 62 – 63 | N/A |
| 14 | Effective Date (YYYYMMDD) | 8 | 64 – 71 | Required |
| 15 | Filler | 63 | 72-134 | N/A |
| 16 | Secondary Drug Insurance Flag | 1 | 135 | Blank or new value. Blank does not remove or replace existing data. |
| 17 | Secondary Rx ID | 20 | 136-155 | Blank or new additional value. Blank does not remove or replace existing data. |
| 18 | Secondary Rx Group | 15 | 156-170 | Blank or new additional value. Blank does not remove or replace existing data. |
| 19 | Filler | 54 | 171-209 | N/A |
| 20 | Transaction Tracking ID | 15 | 210-224 | Optional |
| 21 | Part D Rx BIN | 6 | 225-230 | Required together with Part D Rx ID when changing 4Rx primary insurance information. Must include either the beneficiary's current field value or the change-to value. Blank is appropriate when not changing a beneficiary's 4Rx primary insurance information. |
| 22 | Part D Rx PCN | 10 | 231-240 | Change-to value, either a new value or a blank. Blank removes the beneficiary's existing value. |
| 23 | Part D Rx Group | 15 | 241-255 | Change-to value, either a new value or a blank. Blank removes the beneficiary's existing value. |
| 24 | Part D Rx ID | 20 | 256-275 | Required together with Part D Rx ID when changing 4Rx primary insurance information. Must include either the beneficiary's current field value or the change-to value. Blank is appropriate when not changing a beneficiary's 4Rx primary insurance information. |

| Item | Field | Size | Position | Required/Optional |
|---|---|---|---|---|
| 25 | Secondary Drug BIN | 6 | 276-281 | Blank or new additional value. Blank does not remove or replace existing data. |
| 26 | Secondary Drug PCN | 10 | 282-291 | Blank or new additional value. Blank does not remove or replace existing data. |
| 27 | Filler | 9 | 292-300 | N/A |

Total Length = 300

### F.3.4.2 NUNCMO Change (TC 73) Detailed Record Layout

| Item | Field | Size | Position | Required/Optional |
|---|---|---|---|---|
| 1 | HICN | 12 | 1-12 | Required |
| 2 | Surname | 12 | 13-24 | Required |
| 3 | First Name | 7 | 25-31 | Required |
| 4 | M. Initial | 1 | 32 | Optional |
| 5 | Gender Code | 1 | 33 | Required |
| 6 | Birth Date (YYYYMMDD) | 8 | 34-41 | Required |
| 7 | Filler | 1 | 42 | N/A |
| 8 | PBP # | 3 | 43-45 | Required |
| 9 | Filler | 1 | 46 | N/A |
| 10 | Contract # | 5 | 47-51 | Required |
| 11 | Filler | 8 | 52-59 | N/A |
| 12 | TC | 2 | 60-61 | Required |
| 13 | Filler | 2 | 62-63 | N/A |
| 14 | Effective Date (YYYYMMDD) | 8 | 64-71 | Required |
| 15 | Filler | 22 | 72-93 | N/A |
| 16 | Creditable Coverage Flag | 1 | 94 | Required |
| 17 | NUNCMO | 3 | 95-97 | Blank or change-to value |
| 18 | Filler | 112 | 98-209 | N/A |
| 19 | Transaction Tracking ID | 15 | 210-224 | Optional |
| 20 | Filler | 76 | 225-300 | N/A |

Total Length = 300

### F.3.4.3 EGHP Change (TC 74) Detailed Record Layout

| Item | Field | Size | Position | Required/Optional |
|---|---|---|---|---|
| 1 | HICN | 12 | 1-12 | Required |
| 2 | Surname | 12 | 13-24 | Required |
| 3 | First Name | 7 | 25-31 | Required |
| 4 | M. Initial | 1 | 32 | Optional |
| 5 | Gender Code | 1 | 33 | Required |
| 6 | Birth Date (YYYYMMDD) | 8 | 34-41 | Required |
| 7 | EGHP Flag | 1 | 42 | Required change-to value |
| 8 | PBP # | 3 | 43-45 | Required |
| 9 | Filler | 1 | 46 | N/A |
| 10 | Contract # | 5 | 47-51 | Required |
| 11 | Filler | 8 | 52-59 | N/A |
| 12 | TC | 2 | 60-61 | Required |
| 13 | Filler | 2 | 62-63 | N/A |
| 14 | Effective Date (YYYYMMDD) | 8 | 64-71 | Required |
| 15 | Filler | 138 | 72-209 | N/A |
| 16 | Transaction Tracking ID | 15 | 210-224 | Optional |
| 17 | Filler | 76 | 225-300 | N/A |

Total Length = 300

### F.3.4.4 Premium Payment Option (PPO) Change (TC 75) Detailed Record Layout

| Item | Field | Size | Position | Required/Optional |
|---|---|---|---|---|
| 1 | HICN | 12 | 1-12 | Required |
| 2 | Surname | 12 | 13-24 | Required |
| 3 | First Name | 7 | 25-31 | Required |
| 4 | M. Initial | 1 | 32 | Optional |
| 5 | Gender Code | 1 | 33 | Required |
| 6 | Birth Date (YYYYMMDD) | 8 | 34-41 | Required |
| 7 | Filler | 1 | 42 | N/A |
| 8 | PBP # | 3 | 43-45 | Required |
| 9 | Filler | 1 | 46 | N/A |
| 10 | Contract # | 5 | 47-51 | Required |
| 11 | Filler | 8 | 52-59 | N/A |
| 12 | TC | 2 | 60- 61 | Required |

| Item | Field | Size | Position | Required/Optional |
|---|---|---|---|---|
| 13 | Filler | 2 | 62- 63 | N/A |
| 14 | Effective Date (YYYYMMDD) | 8 | 64-71 | Required |
| 15 | Filler | 9 | 72-80 | N/A |
| 16 | PPO/ Parts C-D | 1 | 81 | Required change-to value |
| 17 | Filler | 128 | 82-209 | N/A |
| 18 | Transaction Tracking ID | 15 | 210-224 | Optional |
| 19 | Filler | 76 | 225- 300 | N/A |

Total Length = 300

### F.3.4.5 Residence Address Change (TC 76) Detailed Record Layout

| Item | Field | Size | Position | Required/Optional |
|---|---|---|---|---|
| 1 | HICN | 12 | 1-12 | Required |
| 2 | Surname | 12 | 13-24 | Required |
| 3 | First Name | 7 | 25-31 | Required |
| 4 | M. Initial | 1 | 32 | Optional |
| 5 | Gender Code | 1 | 33 | Required |
| 6 | Birth Date (YYYYMMDD) | 8 | 34-41 | Required |
| 7 | Filler | 5 | 42-46 | N/A |
| 8 | Contract # | 5 | 47-51 | Required |
| 9 | Filler | 8 | 52-59 | N/A |
| 10 | TC | 2 | 60-61 | 76 |
| 11 | Filler | 2 | 62-63 | N/A |
| 12 | Effective Date (YYYYMMDD) | 8 | 64-71 | Required |
| 13 | Filler | 3 | 72-74 | N/A |
| 14 | Residence Address Line 1 | 65 | 75-139 | Required when Address Update/Delete Flag indicates “Update” code |
| 15 | Residence Address Line 2 | 65 | 140-204 | Optional |
| 16 | Filler | 4 | 205-208 | N/A |
| 17 | Address Update/Delete Flag | 1 | 209-209 | Required |
| 18 | Transaction Tracking ID | 15 | 210-224 | Optional |
| 19 | Residence City | 57 | 225-281 | Required when Address Update/Delete Flag indicates “Update” code |
| 20 | Residence State | 2 | 282-283 | Required when Address Update/Delete Flag indicates “Update” code |

| Item | Field | Size | Position | Required/Optional |
|---|---|---|---|---|
| 21 | Residence Zip Code | 5 | 284-288 | Required when Address Update/Delete Flag indicates "Update" code |
| 22 | Residence Zip Code+4 | 4 | 289-292 | Optional |
| 23 | End Date | 8 | 293-300 | Optional |

Total Length = 300

### F.3.4.6 Segment ID Change (TC 77) Detailed Record Layout

| Item | Field | Size | Position | Required/Optional |
|---|---|---|---|---|
| 1 | HICN | 12 | 1-12 | Required |
| 2 | Surname | 12 | 13-24 | Required |
| 3 | First Name | 7 | 25-31 | Required |
| 4 | M. Initial | 1 | 32 | Optional |
| 5 | Gender Code | 1 | 33 | Required |
| 6 | Birth Date (YYYYMMDD) | 8 | 34-41 | Required |
| 7 | Filler | 1 | 42 | N/A |
| 8 | PBP # | 3 | 43-45 | Required |
| 9 | Filler | 1 | 46 | N/A |
| 10 | Contract # | 5 | 47-51 | Required |
| 11 | Filler | 8 | 52-59 | N/A |
| 12 | TC | 2 | 60-61 | Required |
| 13 | Filler | 2 | 62-63 | N/A |
| 14 | Effective Date (YYYYMMDD) | 8 | 64-71 | Required |
| 15 | Segment ID | 3 | 72-74 | Required |
| 16 | Filler | 135 | 75-209 | N/A |
| 17 | Transaction Tracking ID | 15 | 210-224 | Optional |
| 18 | Filler | 76 | 225-300 | N/A |

Total Length = 300

### F.3.4.7 Part C Premium Change (TC 78) Detailed Record Layout

| Item | Field | Size | Position | Required/Optional |
|---|---|---|---|---|
| 1 | HIC# | 12 | 1-12 | Required |
| 2 | Surname | 12 | 13-24 | Required |
| 3 | First Name | 7 | 25-31 | Required |
| 4 | M. Initial | 1 | 32 | Optional |
| 5 | Sex | 1 | 33 | Required |
| 6 | Birth Date (YYYYMMDD) | 8 | 34-41 | Required |
| 7 | Filler | 1 | 42 | N/A |
| 8 | PBP # | 3 | 43-45 | Required |
| 9 | Filler | 1 | 46 | N/A |
| 10 | Contract # | 5 | 47-51 | Required |
| 11 | Filler | 8 | 52-59 | N/A |

| Item | Field | Size | Position | Required/Optional |
|---|---|---|---|---|
| 12 | TC | 2 | 60-61 | Required |
| 13 | Filler | 2 | 62-63 | N/A |
| 14 | Effective Date (YYYYMMDD) | 8 | 64-71 | Required |
| 15 | Filler | 10 | 72-81 | N/A |
| 16 | Part C Premium Amount (XXXXvXX) | 6 | 82-87 | Required |
| 17 | Filler | 122 | 88-209 | N/A |
| 18 | Transaction Tracking ID | 15 | 210-224 | Optional |
| 19 | Filler | 76 | 225-300 | N/A |

Total Length = 300

### F.3.4.8 Part D Opt-Out Change (TC 79) Detailed Record Layout

| Item | Field | Size | Position | Required/Optional |
|---|---|---|---|---|
| 1 | HICN | 12 | 1-12 | Required |
| 2 | Surname | 12 | 13-24 | Required |
| 3 | First Name | 7 | 25-31 | Required |
| 4 | M. Initial | 1 | 32 | Optional |
| 5 | Gender Code | 1 | 33 | Required |
| 6 | Birth Date (YYYYMMDD) | 8 | 34-41 | Required |
| 7 | Filler | 1 | 42 | N/A |
| 8 | PBP # | 3 | 43-45 | Required |
| 9 | Filler | 1 | 46 | N/A |
| 10 | Contract # | 5 | 47-51 | Required |
| 11 | Filler | 8 | 52-59 | N/A |
| 12 | TC | 2 | 60-61 | Required |
| 13 | Filler | 2 | 62-63 | N/A |
| 14 | Effective Date (YYYYMMDD) | 8 | 64-71 | Required |
| 15 | Filler | 27 | 72-98 | N/A |
| 16 | Part D Opt-Out Flag | 1 | 99 | Required |
| 17 | Filler | 110 | 100-209 | N/A |
| 18 | Transaction Tracking ID | 15 | 210-224 | Optional |
| 19 | Filler | 76 | 225-300 | N/A |

Total Length = 300

## F.3.5 *Cancellation Transactions – Detailed Record Layouts*

### F.3.5.1 Cancel Enrollment (TC 80) Detailed Record Layout

| Item | Field | Size | Position | Required/Optional |
|---|---|---|---|---|
| 1 | HIC# | 12 | 1-12 | Required |
| 2 | Surname | 12 | 13-24 | Required |
| 3 | First Name | 7 | 25-31 | Required |
| 4 | M. Initial | 1 | 32 | Optional |
| 5 | Sex | 1 | 33 | Required |
| 6 | Birth Date (YYYYMMDD) | 8 | 34-41 | Required |
| 7 | Filler | 1 | 42 | N/A |
| 8 | PBP # | 3 | 43-45 | Required: if Plan has PBPs |
| 9 | Filler | 1 | | N/A |
| 10 | Contract # | 5 | 47-51 | Required |
| 11 | Filler | 8 | 52-59 | N/A |
| 12 | Transaction Code (TC) | 2 | 60-61 | Required |
| 13 | Filler | 2 | 62-63 | N/A |
| 14 | Effective Date (YYYYMMDD) | 8 | 64-71 | Required |
| 15 | Filler | 138 | 72-209 | N/A |
| 16 | Transaction Tracking ID | 15 | 210-224 | Optional |
| 17 | Filler | 76 | 225-300 | N/A |

Total Length = 300

### F.3.5.2 Cancel Disenrollment Transaction (TC 81) Detailed Record Layout

| Item | Field | Size | Position | Required/Optional |
|---|---|---|---|---|
| 1 | HICN | 12 | 1-12 | Required |
| 2 | Surname | 12 | 13-24 | Required |
| 3 | First Name | 7 | 25-31 | Required |
| 4 | M. Initial | 1 | 32 | Optional |
| 5 | Gender Code | 1 | 33 | Required |
| 6 | Birth Date (YYYYMMDD) | 8 | 34-41 | Required |
| 7 | Filler | 1 | 42 | N/A |
| 8 | PBP | 3 | 43-45 | Required |
| 9 | Filler | 1 | 46 | |
| 10 | Contract # | 5 | 47-51 | Required |
| 11 | Filler | 8 | 52-59 | N/A |

| Item | Field | Size | Position | Required/Optional |
|---|---|---|---|---|
| 12 | Transaction Code | 2 | 60-61 | Required |
| 13 | Filler | 2 | 62-63 | N/A |
| 14 | Effective Date (YYYYMMDD) | 8 | 64-71 | Required |
| 15 | Segment ID | 3 | 72-74 | Optional |
| 16 | Filler | 135 | 75-209 | N/A |
| 17 | Transaction Tracking ID | 15 | 210-224 | Optional |
| 18 | Filler | 76 | 225– 300 | N/A |

Total Length = 300

### F.3.5.3 MMP Enrollment Cancellation (TC 82) Detail Record Layout

| Item | Field | Size | Position | Required/Optional |
|---|---|---|---|---|
| 1 | HICN | 12 | 1-12 | Required |
| 2 | Surname | 12 | 13-24 | Required |
| 3 | First Name | 7 | 25-31 | Required |
| 4 | M. Initial | 1 | 32 | Optional |
| 5 | Gender Code | 1 | 33 | Required |
| 6 | Birth Date (YYYYMMDD) | 8 | 34-41 | Required |
| 7 | Filler | 1 | 42 | N/A |
| 8 | PBP | 3 | 43-45 | Required for PBP contracts; otherwise, spaces |
| 9 | Filler | 1 | 46 | N/A |
| 10 | Contract # | 5 | 47-51 | Required |
| 11 | Filler | 8 | 52-59 | N/A |
| 12 | Transaction Code (TC) | 2 | 60-61 | Required |
| 13 | DRC | 2 | 62-63 | Optional |
| 14 | Effective Date (YYYYMMDD) | 8 | 64-71 | Required (must equal the enrollment date) |
| 15 | Filler | 28 | 72-99 | N/A |
| 16 | MMP Opt-Out Flag | 1 | 100 | Optional |
| 17 | Filler | 109 | 101-209 | N/A |
| 18 | Plan Transaction Tracking ID | 15 | 210-224 | Optional |
| 19 | Filler | 76 | 225-300 | N/A |

Total Length = 300

### F.3.5.4 MMP Opt-Out Update (TC 83) Layout

| Item | Field | Size | Position | Required/Optional |
|---|---|---|---|---|
| 1 | HICN | 12 | 1-12 | Required |
| 2 | Surname | 12 | 13-24 | Required |
| 3 | First Name | 7 | 25-31 | Required |
| 4 | M. Initial | 1 | 32 | Optional |
| 5 | Gender Code | 1 | 33 | Required |

| Item | Field | Size | Position | Required/Optional |
|---|---|---|---|---|
| 6 | Birth Date (YYYYMMDD) | 8 | 34-41 | Required |
| 7 | Filler | 1 | 42 | N/A |
| 8 | PBP # | 3 | 43-45 | Required |
| 9 | Filler | 1 | 46 | N/A |
| 10 | Contract # | 5 | 47-51 | Required |
| 11 | Filler | 8 | 52-59 | N/A |
| 12 | TC | 2 | 60-61 | Required |
| 13 | Filler | 2 | 62-63 | N/A |
| 14 | Effective Date (YYYYMMDD) | 8 | 64-71 | Required |
| 15 | Filler | 28 | 72-99 | N/A |
| 16 | MMP Opt-Out Flag | 1 | 100 | Required |
| 17 | Filler | 109 | 101-209 | N/A |
| 18 | Plan Transaction Tracking ID | 15 | 210-224 | Optional |
| 19 | Filler | 76 | 225-300 | N/A |

Total Length = 300

### F.3.5.5 POS Drug Edit (TC 90) Layout

| Item | Field | Size | Position | Required/Optional |
|---|---|---|---|---|
| 1 | HIC# | 12 | 1 – 12 | Required |
| 2 | Surname | 12 | 13 – 24 | Required |
| 3 | First Name | 7 | 25 – 31 | Required |
| 4 | M. Initial | 1 | 32 | Optional |
| 5 | Gender Code | 1 | 33 | Required |
| 6 | Birth Date (YYYYMMDD) | 8 | 34 – 41 | Required |
| 7 | Filler | 5 | 42 - 46 | N/A |
| 8 | Contract # | 5 | 47 – 51 | Required |
| 9 | Filler | 8 | 52 – 59 | N/A |
| 10 | Transaction Code | 2 | 60 – 61 | Required |
| 11 | Filler | 13 | 62 – 74 | N/A |
| 12 | Update/Delete Flag | 1 | 75 | Required |
| 13 | POS Drug Edit Status | 1 | 76 | Required |
| 14 | POS Drug Edit Class | 3 | 77 - 79 | Required |
| 15 | POS Drug Edit Code | 3 | 80 - 82 | Required |
| 16 | Notification Date | 8 | 83 - 90 | Required |
| 17 | Implementation Date | 8 | 91 - 98 | Required if Status is I or Status is T and an Implementation record exists. |
| 18 | Termination Date | 8 | 99 - 106 | Required if Status is T |
| 19 | Filler | 103 | 107 - 209 | N/A |
| 20 | Plan Assigned Transaction Tracking ID | 15 | 210 - 224 | Optional |
| 21 | Filler | 76 | 225 - 300 | N/A |

Total Length = 300

### F.3.5.6 IC Model Participation (TC 91) Transaction Layout

| Item | Field | Size | Position | Required/Optional |
|---|---|---|---|---|
| 1 | HIC# | 12 | 1 – 12 | Required |
| 2 | Surname | 12 | 13 – 24 | Required |
| 3 | First Name | 7 | 25 – 31 | Required |
| 4 | M. Initial | 1 | 32 | Optional |
| 5 | Gender Code | 1 | 33 | Required |
| 6 | Birth Date (YYYYMMDD) | 8 | 34 – 41 | Required |
| 7 | Filler | 1 | 42 | N/A |
| 8 | PBP # | 3 | 43-45 | Required |
| 9 | Filler | 1 | 46 | N/A |
| 10 | Contract # | 5 | 47 – 51 | Required |
| 11 | Filler | 8 | 52 – 59 | N/A |
| 12 | Transaction Code | 2 | 60 – 61 | Required |
| 13 | Filler | 2 | 62 – 63 | N/A |
| 14 | IC Model Start Date (YYYYMMDD) | 8 | 64 – 71 | Required |
| 15 | Filler | 3 | 72 – 74 | N/A |
| 16 | IC Model Update/Delete Flag | 1 | 75 | Required |
| 17 | IC Model Type Indicator | 2 | 76 – 77 | Required |
| 18 | IC Model Benefit Status Code | 2 | 78 - 79 | Required if IC Model Type Indicator is ‘01’; N/A for other Type Indicator |
| 19 | IC Model End Date (YYYYMMDD) | 8 | 80 - 87 | Optional |
| 20 | IC Model End Date Reason Code | 2 | 88 – 89 | Required if IC Model End Date is present |
| 21 | Filler | 120 | 90 – 209 | N/A |
| 22 | Plan Assigned Transaction Tracking ID | 15 | 210 – 224 | Optional |
| 23 | Filler | 76 | 225 – 300 | N/A |

Total Length = 300

### F.3.6 *Correction Record*

**Note**: The effective date for '01' transactions comes from the file header.

| Item | Field | Size | Position | Correction | Description |
|---|---|---|---|---|---|
| 1 | HICN | 12 | 1-12 | R | Nine-byte SSN of primary Beneficiary Claim Account Number (CAN); two-byte Beneficiary Identification Code (BIC) one-byte filler (except RRB) |
| 2 | Surname | 12 | 13-24 | R | Beneficiary's last name |
| 3 | First Name | 7 | 25-31 | R | Beneficiary's first name |
| 4 | M. Initial | 1 | 32 | | Beneficiary's middle initial |
| 5 | Action Code | 1 | 33 | R | D = Institutional ON<br>E = Medicaid ON<br>F = Medicaid OFF<br>G = Nursing Home Certifiable (NHC) ON |
| 6 | Filler | 13 | 34-41 | N/A | Spaces |
| 7 | Contract # | 5 | 47-51 | R | Contract Number |
| 8 | Filler | 8 | 52-59 | N/A | Spaces |
| 9 | Transaction Code (TC) | 2 | 60-61 | R | '01' = Correction |
| 10 | Filler | 239 | 62-300 | N/A | Spaces |

Total Length = 300

## F.3.7 *Notes for All Plan-Submitted Transaction Types*

| Item | Field | Description |
|---|---|---|
| 1 | HICN | Health Insurance Claim Number - CAN plus BIC |
| 2 | Surname | Beneficiary's last name |
| 3 | First Name | Beneficiary's first name |
| 4 | M. Initial | Beneficiary's middle initial |
| 5 | Gender Code | • 1 = male<br>• 2 = female<br>• 0 = unknown |
| 6 | Birth Date (YYYYMMDD) | The date of the beneficiary's birth<br>• YYYYMMDD |
| 7 | EGHP Flag | This flag indicates whether the Plan associated with this transaction is an Employer Group Health Plan (EGHP).<br>For an Enrollment (TC 61) Transaction:<br>• Y = EGHP<br>• blank for all others<br><br>For an EGHP Change (TC 74) Transaction:<br>• Y = EGHP<br>• N = not EGHP<br>• blank = no change |
| 8 | PBP # | Three-character Plan Benefit Package (PBP) identifier, 001 – 999 (zero padded), for the Plan associated with this transaction.<br>PBP is required for all organizations except HCPP and CCIP/FFS demos. For these non-PBP organizations, populate with blanks. |
| 9 | Election Type | The election type associated with the enrollment or disenrollment associated with this transaction.<br>• A = AEP<br>• D = MADP<br>• E = IEP<br>• F = IEP2<br>• I = ICEP<br>• R = 5 Star Quality Rating SEP<br>• S = Other SEP<br>• T = OEPI<br>• U = Dual/LIS SEP<br>• V = Permanent Change in Residence SEP<br>• W = EGHP SEP<br>• X = Administrative SEP<br>• Y = CMS/Case Worker SEP.<br>I, A, D, O, S, N, U, V, W, X, Y and T are valid for MA only enrollments.<br>I, A, D, O, S, U, V, W, X, Y, E, F, N, and T are valid for MAPD enrollments.<br>A, S, U, V, W, X, Y, E and F are valid for PDP enrollments. |
| 10 | Contract # | The contract number associated with the transaction.<br>• Hxxxx = local Plans<br>• Rxxxx = regional Plans<br>• Sxxxx = PDPs<br>• Fxxxx = fallback Plans<br>• Exxxx = employer sponsored MA/MAPD and PDP Plans. |

| Item | Field | Description |
|---|---|---|
| 11 | Application Date | The application date associated with this enrollment transaction. The application date is generally the date the enrollment request was initially received by the Plan, as further defined in the CMS Plan enrollment manual guidance.<br>• YYYYMMDD |
| 12 | TC | This identifies the type of transaction submitted on this record.<br>• 01 = Internal corrections or cleanups<br>• 41 = Part D Opt-Out Change (Submitted by CMS)<br>• 42 = MMP Opt-Out Update<br>• 51 = Disenrollment (MCO or CMS)<br>• 54 = Disenrollment (Submitted by 1-800-MEDICARE)<br>• 61 = Single Enrollment<br>• 72 = 4Rx Record Update<br>• 73 = NUNCMO Update<br>• 74 = Employer Group Health Plan (EGHP) Update<br>• 75 = Premium Payment Option (PPO) Update<br>• 76 = Residence Address Update<br>• 77 = Segment ID Update<br>• 78 = Part C Premium Update<br>• 79 = Part D Opt-Out Update<br>• 80 = Cancellation of Enrollment<br>• 81= Cancellation of Disenrollment<br>• 82 = MMP Enrollment Cancellation<br>• 83 = MMP Opt-Out Update<br>• 90 = POS Drug Edit<br>• 91 = IC Model Participation |
| 13 | Disenrollment Reason | The reason the beneficiary is disenrolled from the Plan. This is required for all Plan submitted Disenrollment transactions. Refer to the published Disenrollment Reason Code (DRC) list and the appropriate CMS Plan enrollment manual instructions. |
| 14 | Effective Date (YYYYMMDD) | The effective date for the action taken by the submitted transaction.<br>• YYYYMMDD |
| 15 | Segment ID | The three character segment identifier, 001-999 (zero-padded), associated with this transaction. Only required for segmented Plans. Only local MA/MAPD Plans (Hxxxx) may have segments. For non-segmented Plans, this field is populated with blanks. |
| 16 | Filler | Blank |
| 17 | ESRD Override | This is populated to enroll an End Stage Renal Disease (ESRD) beneficiary into a non-PDP Plan.<br>• Any alpha-numeric value (1-9 and A-F) indicates an override.<br>• Zero (0) or blank indicates no override. |
| 18 | PPO/Parts C-D | This indicates the premium payment option (PPO) requested by the beneficiary on this transaction.<br>• D = Direct self-pay<br>• S = Deduct from SSA benefits<br>• N = No Premium<br>• R = RRB benefits<br>The option applies to both Part C and D premiums. |
| 19 | Part C Premium Amount (XXXXvXX) | The amount of the Part C Premium is formatted as six digits with leading zeroes. A decimal point is assumed 2-digits from right; XXXXvXX. Zero is interpreted as an actual value. If Part C premium does not apply to the transaction, this field is treated as blank. |
| 20 | Filler | Blank |

| Item | Field | Description |
|---|---|---|
| 21 | Creditable Coverage Flag | This indicates whether the beneficiary has creditable drug coverage in the period prior to this enrollment in a Part D Prescription Plan.<br>• For enrollment (TC 61) transactions, valid values are Y, N, and blank.<br>• For NUNCMO change (TC 73), valid values are Y, N.<br>• Y = the beneficiary has creditable coverage.<br>• N = the beneficiary does not have creditable coverage.<br>**Note:** R and U are not valid values for this field on submitted transactions. To set a beneficiary's NUNCMO to zero for a particular date, the plans should use Creditable Coverage Flag = Y and NUNCMO = 0. |
| 22 | Number of Uncovered Months (NUNCMO) | The number of months during which the beneficiary did not have creditable coverage in the period prior to this enrollment, as determined by the Plan according to the applicable CMS policy.<br>A NUNCMO may be greater than 0 only if the Creditable Coverage Flag is N.<br>This field is populated with zero if the Creditable Coverage Flag is Y. |
| 23 | Employer Subsidy Enrollment Override Flag | This flag indicates that the Beneficiary is currently in a Plan receiving an employer subsidy, but still wants to enroll in a Part D Plan.<br>• Y = override the employer subsidy check and enroll the beneficiary<br>• Blank = No override |
| 24 | Part D Opt-Out Flag | This flag indicates that the beneficiary does not want AE in a Part D Plan. It applies to LIS beneficiaries who are subject to AE-FE into Part D.<br>• Y = add the flag to opt-out of Part D AE-FE.<br>• N = remove the flag to opt-out of Part D AE-FE.<br>• Blank = no change to opt-out status |
| 25 | MMP Opt-Out Flag | This flag indicates the beneficiary does not want passive enrollment into an MMP.<br>• Y = add the flag to opt-out of passive enrollment into MMPs.<br>• N = remove the flag to opt-out of passive enrollment into an MMP.<br>• Blank = no change to opt-out status |
| 26 | Secondary Drug Insurance Flag | This flag indicates whether that beneficiary has secondary drug insurance.<br>• Y = beneficiary has secondary drug insurance<br>• N = beneficiary does not have secondary drug insurance<br>• blank = status of beneficiary's secondary drug insurance is unknown |
| 27 | Secondary Rx ID | Secondary insurance Plan's Identifier for a Beneficiary. It can consist of any combination of alphanumeric characters. |
| 28 | Secondary Rx Group | Secondary insurance Plan's Group ID for a Beneficiary. It can consist of any combination of alphanumeric characters. |
| 29 | Enrollment Source | Indicates the source of the enrollment.<br>'A' = Auto enrolled by CMS;<br>'B' = Beneficiary Election;<br>'C' = Facilitated enrollment by CMS;<br>'D' = CMS Annual Rollover;<br>'E' = Plan initiated auto-enrollment;<br>'F' = Plan initiated facilitated-enrollment;<br>'G' = Point-of-sale enrollment;<br>'H' = CMS or Plan reassignment;<br>'I' = Invalid submitted value (transaction is not rejected);<br>'J' = State-submitted passive enrollment<br>'K' = CMS-submitted passive enrollment<br>'L' = MMP beneficiary election<br>'N' = Rollover by Plan Transaction<br>Space = not applicable. |

| Item | Field | Description |
|---|---|---|
| 30 | Filler | Blank |
| 31 | Transaction Tracking ID | Optional value created and used by the Plan to track the replies of the transaction. |
| 32 | Part D Rx BIN | Part D insurance Plan's Beneficiary Identification Number (BIN)<br>• Numeric and right justified<br>• Example: If BIN is five-position numeric (12345), the submitted BIN is a six-position numeric with zero added in the first position (012345). |
| 33 | Part D Rx PCN | Part D insurance Plan's Pharmacy Control Number (PCN) for the Beneficiary.<br>• Alphanumeric (upper case and/or numeric) and left justified<br>• Default value = spaces |
| 34 | Part D Rx Group | Part D insurance Plan's group identifier for the Beneficiary.<br>• Alphanumeric (upper case and/or numeric) and left justified<br>• Default value = spaces |
| 35 | Part D Rx ID | Part D insurance Plan's ID for the Beneficiary.<br>• Alphanumeric (upper case and/or numeric) and left justified<br>• Default value = spaces |
| 36 | Secondary Rx BIN | Secondary insurance Plan's BIN number for the Beneficiary.<br>• Numeric and right justified |
| 37 | Secondary Rx PCN | Secondary insurance Plan's PCN identifier for a Beneficiary.<br>• Alphanumeric (upper case and/or numeric) and left justified<br>• Default value = spaces |
| 38 | Update/Delete Flag | This flag indicates whether the POS Drug Edit Record is an update or delete.<br>• U = Update (add)<br>• D = Delete |
| 39 | POS Drug Edit Status | The POS Drug Edit Status for the Beneficiary.<br>• N = Notification<br>• I = Implementation<br>• T = Termination |
| 40 | POS Drug Edit Class | The restricted class of drugs.<br>• OPI = Opioids |
| 41 | POS Drug Edit Code | The POS Drug Edit Code that details the level of drug usage allowed. The higher the number the less restrictive the allowance code.<br>• PS1 = No drugs allowed in the drug class (most restrictive drug allowance code)<br>• PS2 = One or more drugs in the class allowed (less restrictive drug allowance code) |
| 42 | Notification Date | The date of the POS Drug Edit Notification to the beneficiary.<br>• YYYYMMDD |
| 43 | Implementation Date | The date of the POS Drug Edit Implementation.<br>• YYYYMMDD |
| 44 | Termination Date | The date of the POS Drug Edit Termination.<br>• YYYYMMDD |
| 45 | Filler | Blank |

## *F.4 Daily Transaction Reply Report (DTRR) Data File*

The DTRR is created each evening, Monday through Saturday, and is available for Plans the following business day. All Plans receive a DTRR for all contracts whether the Plan has or has not submitted transactions for processing by MARx. The TRC of 000 indicates that there is no data within the DTRR for processing by the Plan. In turn, the Plan does not need to take any action and may discard this file.

The DTRR contains the following types of information:

- Acceptance TRCs – returned in response to a submitted transaction which was successfully processed. Most of these are in response to a transaction submitted by the Plan, but some are system-generated.
- Rejection TRCs – returned in response to a submitted transaction which was rejected. The TRC on the record explains the reason for rejection.
- Informational TRCs – these records accompany a reply for an accepted transaction. They give the plan additional information about the enrollment or beneficiary. For example, these may report Low Income Subsidy information, Out of Area status, etc.
- Maintenance TRCs – these records are sent to give the Plan information about a beneficiary who has an enrollment in their plan. These communicate changes to the beneficiary's status, address, etc. These are initiated by CMS.
- Verbatim records – These have a record type of 'P'. They return an exact copy of the transaction that was submitted by the Plan. The DTRR includes a Verbatim record for each plan-submitted transaction that was processed. These allow the Plan to review the information that they submitted when there is any question about the processing results.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| MARx | Data File | Daily | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.DTRRD.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.DTRRD.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.DTRRD.Dyymmdd.Thhmmsst |

### F.4.1 DTRR Data File Detailed Record Layout

| Item | 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 |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 5 | Gender Code | 1 | 33 | Beneficiary Gender Identification Code<br>‘0’ = Unknown;<br>‘1’ = Male; 2’ = Female. |
| 6 | Date of Birth | 8 | 34 – 41 | YYYYMMDD Format |
| 7 | Record Type | 1 | 42 | ‘T’ = TRC record |
| 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 | ‘0’ = No Disability;<br>‘1’ = Disabled without ESRD (disability insurance benefits (DIB);<br>‘2’ = ESRD Only (end stage renal disease (ESRD));<br>‘3’ = Disabled with ESRD (both DIB and ESRD);<br>Space = not applicable. |
| 12 | Hospice Indicator | 1 | 54 | ‘0’ = No Hospice;<br>‘1’ = Hospice;<br>Space = not applicable. |
| 13 | Institutional/NHC/HCBS Indicator | 1 | 55 | ‘0’ = No Institutional;<br>‘1’ = Institutional;<br>‘2’ = NHC;<br>‘3’ = HCBS;<br>Space = not applicable |
| 14 | ESRD Indicator | 1 | 56 | ‘0’ = No End-Stage Renal Disease;<br>‘1’ = End-Stage Renal Disease;<br>Space = not applicable. |
| 15 | Transaction Reply Code | 3 | 57 – 59 | TRC, see TRC list for values |
| 16 | Transaction Type Code | 2 | 60 – 61 | Transaction Type Code |
| 17 | Entitlement Type Code | 1 | 62 | Beneficiary Entitlement Type Code:<br>‘Y’ = Entitled to Part A and B,<br>‘Z’ = Entitled to Part A or B;<br>Space = not applicable<br>Space reported with TRCs 121, 194, and 223, has no meaning. |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 18 | Effective Date | 8 | 63 – 70 | YYYYMMDD Format;<br>Effective date is present for all TRCs unless listed below.<br>Field content is TRC dependent for the following TRCs:<br>071 & 072 – Effective date of the hospice period<br>090 – Current Calendar Month<br>091 – Previously reported incorrect death date<br>121, 194, and 223 – PBP enrollment effective date<br>245 – the date that payments will begin to be impacted due to the addition of the MSP period<br>280 – the date that payments will begin to be impacted due to the addition of the MSP period<br>293 – Enrollment End Date; Last day of the month<br>305 – New ZIP Code Start Date<br>366 – The effective date of the change in Medicaid status<br>368 – Beginning date of the period for which the Plan's payments are impacted by MSP, based on the MSP start date<br>701 – New enrollment period start date<br>702 – Fill-in enrollment period start date<br>703 – Start date of cancelled enrollment period<br>704 – Start date of enrollment period cancelled for PBP correction<br>705 – Start date of enrollment period for corrected PBP<br>706 – Start date of enrollment period cancelled for segment correction<br>707 – Start date of enrollment period for corrected segment<br>708 – Enrollment period end date assigned to existing opened ended enrollment<br>709 & 710 – New start date resulting from update<br>711 & 712 – New end date resulting from update<br>713 – "00000000" – End date removed. Original end date is in field 24.X |
| 19 | WA Indicator | 1 | 71 | '0' = Not Working Aged;<br>'1' = Working Aged;<br>Space = not applicable. |
| 20 | Plan Benefit Package ID | 3 | 72 – 74 | PBP number |
| 21 | Filler | 1 | 75 | Spaces |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 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 | '0' = transaction from source other than user interface;<br>'1' = transaction created through user interface;<br>Space = not applicable. |
| 24 | Positions 85 – 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for all codes except where indicated below. | 8 | 85 – 92 | YYYYMMDD Format;<br>Present only when the Transaction Reply Code is one of the following: 13, 14, 18 |
| 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, 293 |
| b | New Enrollment Effective Date | 8 | 85 – 92 | YYYYMMDD Format; Present only when Transaction Reply Code is 17 |
| c | Claim Number (old) | 12 | 85 – 96 | Present only when Transaction Reply Code is one of the following: 22, 25, 86, 301 |
| 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 End Date | 8 | 85 – 92 | YYYYMMDD Format; Present only when Transaction Reply Code is 71 or 72. If blank for TRC 71, then the Hospice Period is open ended. |
| f | ESRD Start Date | 8 | 85 – 92 | YYYYMMDD Format; Present only when Transaction Reply Code is 73 |
| g | ESRD End Date | 8 | 85 – 92 | YYYYMMDD Format; Present only when Transaction Reply Code is 74 |
| h | Institutional/<br>NHC Start Date | 8 | 85 – 92 | YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 48, 75, 158, 159 |
| i | Medicaid Start Date | 8 | 85 – 92 | YYYYMMDD Format; Present only when Transaction Reply Code is 77 |
| j | Medicaid End Date | 8 | 85 – 92 | YYYYMMDD Format; Present only when Transaction Reply Code is 78 |
| k | Part A End Date | 8 | 85 – 92 | YYYYMMDD Format; Present only when Transaction Reply Code is 79 |
| l | WA Start Date | 8 | 85 – 92 | YYYYMMDD Format; Present only when Transaction Reply Code is 66 |
| m | WA End Date | 8 | 85 – 92 | YYYYMMDD Format; Present only when Transaction Reply Code is 67 |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| n | Part A Reinstate Date | 8 | 85 – 92 | YYYYMMDD Format; Present only when Transaction Reply Code is 80 |
| o | Part B End Date | 8 | 85 – 92 | YYYYMMDD Format; Present only when Transaction Reply Code is 81 |
| p | Part B Reinstate Date | 8 | 85 – 92 | YYYYMMDD Format; Present only when Transaction Reply Code is 82 |
| q | Old State and County Codes | 5 | 85 – 89 | Beneficiary's prior state and county code; Present only when Transaction Reply Code is 85 |
| r | 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 |
| s | PBP Effective Date | 8 | 85 – 92 | YYYYMMDD Format. Effective date of a beneficiary's PBP change. Present only when Transaction Reply Code is 100. |
| t | 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. |
| u | Date Identifying Information Changed by UI User | 8 | 85 – 92 | YYYYMMDD Format;<br>Field content is dependent on Transaction Reply Code:<br>702 – Fill-in enrollment period end date,<br>705 – End date of enrollment period for corrected PBP, blank when end date not provided by user,<br>707 – End date of enrollment period for corrected segment, blank when end date not provided by user,<br>709 & 710 – Enrollment period start date prior to start date change,<br>711, 712, & 713 – Enrollment period end date prior to end date change. |
| v | 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. |
| w | Date of Death Removed | 8 | 85 – 92 | YYYYMMDD Format;<br>Previously reported erroneous date of death. Present only when Transaction Reply Code is 091. |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| x | Dialysis End Date | 8 | 85 – 92 | YYYYMMDD Format;<br>Will be present when Transaction Reply Code is 268 and the dialysis period has an end date. |
| y | Transplant Failure Date | 8 | 85 – 92 | YYYYMMDD Format;<br>Will be present when Transaction Reply Code is 269 and the transplant has an end date. |
| z | New ZIP Code | 10 | 85 - 94 | #####-#### Format;<br>Will be present when Transaction Reply Code is 305 |
| aa | Previous Contract for POS Drug Edit Active Indicator | 5 | 85-89 | Will be present when Transaction Reply Code is 322 |
| bb | MSP Period Start Date | 8 | 85 – 92 | YYYYMMDD Format:<br>Will be present when Transaction Reply Code is 245, 280, or 368 and will contain the MSP Period Start Date. |
| cc | Maximum NUNCMO Calculated | 3 | 85 – 87 | Maximum incremental number of uncovered months that can be submitted for the effective date; otherwise, spaces.<br>Present only when Transaction Reply Code is one of the following: 216, 300, 341 |
| dd | IC Model End Date | 8 | 85 – 92 | YYYYMMDD Format;<br>Will be present when Transaction Reply Code is 351 or 359 and the IC Model End Date is populated, or when Transaction Reply Code is 362. |
| 25 | District Office Code | 3 | 97 – 99 | Code of the originating district office;<br>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 | CCCCCPPP Format; Present only if previous enrollment exists within reporting year in Part D Contract. Otherwise, field will be spaces.<br>CCCCC = Contract Number;<br>PPP = Plan Benefit Package (PBP) Number. |
| 27 | Filler | 8 | 108 – 115 | Spaces |
| 28 | Source ID | 5 | 116 – 120 | Transaction Source Identifier |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 29 | Prior Plan Benefit Package ID | 3 | 121 – 123 | Prior PBP number for PBP change transaction; present only when transaction type code is 61; otherwise, spaces.<br>For files created prior to R2016.02, this field could contain the submitted LI-NET Plan PBP when it was changed to the PBP corresponding to enrollment processing date |
| 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 | '01' = Plan<br>'02' = Regional Office;<br>'03' = Central Office;<br>Spaces = not a UI transaction |
| 32 | Out of Area Flag | 1 | 134 – 134 | 'Y' = Out of area;<br>'N' = Not out of area;<br>Space = not applicable |
| 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. |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 36 | Election Type Code | 1 | 154 – 154 | ‘A’ = AEP;<br>‘C’ = Plan-submitted Rollover SEP;<br>‘D’ = MADP;<br>‘E’ = IEP;<br>‘F’ = IEP2;<br>‘I’ = ICEP;<br>‘N’ = OEPNEW;<br>‘O’ = OEP;<br>‘R’ = 5 Star SEP;<br>‘S’ = Other SEP;<br>‘T’ = OEPI;<br>‘U’ = Dual/LIS SEP;<br>‘V’ = Permanent Change in Residence SEP;<br>‘W’ = EGHP SEP;<br>‘X’ = Administrative Action SEP;<br>‘Y’ = CMS/Case Work SEP;<br>Space = not applicable.<br><br>(MAs use A, C, D, F, I, N, O, R, S, T, U, V, W, X, and Y.<br>MAPDs use A, C, E, F, I, N, O, R, S, T, U, V, W, X, and Y.<br>PDPs use A, C, E, F, R, S, U, V, W, X, and Y.) |
| 37 | Enrollment Source Code | 1 | 155 – 155 | ‘A’ = Auto enrolled by CMS;<br>‘B’ = Beneficiary Election;<br>‘C’ = Facilitated enrollment by CMS;<br>‘D’ = CMS Annual Rollover;<br>‘E’ = Plan initiated auto-enrollment;<br>‘F’ = Plan initiated facilitated-enrollment;<br>‘G’ = Point-of-sale enrollment;<br>‘H’ = CMS or Plan reassignment;<br>‘I’ = Invalid submitted value (transaction is not rejected);<br>‘J’ = State-submitted passive enrollment<br>‘K’ = CMS-submitted passive enrollment<br>‘L’ = MMP beneficiary election<br>‘N’ = Rollover by Plan Transaction<br>Space = not applicable. |
| 38 | Part D Opt-Out Flag | 1 | 156 – 156 | ‘Y’ = Opted out of Part D AE/FE;<br>‘N’ = Not opted out of Part D AE/FE;<br>Space = No change to opt-out status |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 39 | Premium Withhold Option/Parts C-D | 1 | 157 – 157 | 'D' = Direct self-pay;<br>'N' = No premium applicable;<br>'R' = Deduct from RRB benefits;<br>'S' = Deduct from SSA benefits;<br>Space = not applicable.<br>Option applies to both Part C and D Premiums and is populated only for TRCs related to enrollment acceptance, premium or premium withholding.<br>Rejection TRCs report the submitted PPO.<br>TRCs 120, 185 & 186 report the PPO involved with the communication with the Withholding Agency.<br>All others report the PPO in effect as of the Effective Date after the submitted transaction is processed. |
| 40 | Cumulative Number of Uncovered Months | 3 | 158 – 160 | Count of Total Months without drug coverage as of the effective date submitted; otherwise, spaces. Present with Enrollment Acceptance TRCs, or when Transaction Reply Code is the following: 141, 216, 300, 341 |
| 41 | Creditable Coverage Flag | 1 | 161 – 161 | 'Y' = Covered;<br>'N' = Not Covered;<br>'A' = Setting uncovered months reset to zero due to a new IEP;<br>'L' = Setting uncovered months reset to zero due to a beneficiary Low Income;<br>'R' = Setting uncovered months to zero (other);<br>'U' = Reset removed and uncovered month restored to previous value;<br>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;<br>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.<br>Format: HH.MM.SS.SSSSSS |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 44 | End Date | 8 | 178 - 185 | YYYYMMDD format<br>End Date associated with the Transaction Reply Code when applicable:<br>• TRCs that report a Premium Payment Option (PPO) value that is not open-ended<br>• MSP TRCs 245, 280, and 368 - contains the MSP period end date, if available |
| 45 | Submitted Number of Uncovered Months | 3 | 186 – 188 | Incremental Number of Uncovered Months submitted in the transaction; otherwise, spaces. Present with Enrollment Acceptance TRCs, or when Transaction Reply Code is the following: 141, 216, 300, 341 |
| 46 | Filler | 9 | 189 – 197 | Spaces |
| 47 | Secondary Drug Insurance Flag | 1 | 198-198 | Type 61 MAPD and PDP transactions:<br>'Y' = Beneficiary has secondary drug insurance;<br>'N' = Beneficiary does not have secondary drug insurance available;<br>Space = No flag submitted by Plan.<br>Type 72 MAPD and PDP transactions:<br>'Y' = Secondary drug insurance available<br>'N' = No secondary drug insurance available<br>Space = no change.<br>Space returned with any other transaction type has no meaning. |
| 48 | Secondary Rx ID | 20 | 199 – 218 | Beneficiary's secondary insurance Plan's ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type. |
| 49 | Secondary Rx Group | 15 | 219 – 233 | Beneficiary's secondary insurance Plan's Group ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type. |
| 50 | EGHP | 1 | 234 - 234 | Type 61 transactions:<br>'Y' = EGHP;<br>Space = not EGHP.<br>Type 74 transactions:<br>'Y' = EGHP;<br>'N' = Not EGHP;<br>Space = no change.<br>Space reported with any other transaction type has no meaning. |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 51 | Part D Low-Income Premium Subsidy Level | 3 | 235 – 237 | Part D LIPS percentage category:<br>‘000’ = No subsidy,<br>‘025’ = 25% subsidy level;<br>‘050’ = 50% subsidy level;<br>‘075’ = 75% subsidy level;<br>‘100’ = 100% subsidy level;<br>Spaces = not applicable. |
| 52 | Low-Income Co-Pay Category | 1 | 238 – 238 | Definitions of the co-payment categories:<br>‘0’ = none, not low-income<br>‘1’ = (High);<br>‘2’ = (Low);<br>‘3’ = (0);<br>‘4’ = 15%;<br>‘5’ = Unknown;<br>Space = not applicable. |
| 53 | Low-Income Period Effective Date | 8 | 239 - 246 | Date low income period starts.<br>Format: YYYYMMDD<br>Spaces if not applicable. |
| 54 | Part D Late Enrollment Penalty Amount | 8 | 247 - 254 | Calculated Part D late enrollment penalty, not including adjustments indicated by items (53) and (54).<br>Format: -9999.99; otherwise, spaces if not applicable. |
| 55 | Part D Late Enrollment Penalty Waived Amount | 8 | 255 - 262 | Amount of Part D late enrollment penalty waived.<br>Format: -9999.99; otherwise, spaces if not applicable. |
| 56 | Part D Late Enrollment Penalty Subsidy Amount | 8 | 263 - 270 | Amount of Part D late enrollment penalty low-income subsidy.<br>Format: -9999.99; otherwise, spaces if not applicable. |
| 57 | 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.<br>Format: -9999.99; otherwise, spaces if not applicable. |
| 58 | Part D Rx BIN | 6 | 279 - 284 | Beneficiary’s Part D Rx BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type. |
| 59 | Part D Rx PCN | 10 | 285 - 294 | Beneficiary’s Part D Rx PCN taken from the input transaction (61 or 72); otherwise, spaces if not provided via a transaction. |
| 60 | Part D Rx Group | 15 | 295 - 309 | Beneficiary’s Part D Rx Group taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type. |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 61 | Part D Rx ID | 20 | 310 - 329 | Beneficiary's Part D Rx ID taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type. |
| 62 | Secondary Rx BIN | 6 | 330 - 335 | Beneficiary's secondary insurance BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type. |
| 63 | Secondary Rx PCN | 10 | 336 - 345 | Beneficiary's secondary insurance PCN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type. |
| 64 | 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.<br>Format: -9999.99; otherwise, spaces if not applicable. |
| 65 | MSP Status Flag | 1 | 354 - 354 | 'P' = Medicare primary payor;<br>'S' = Medicare secondary payor;<br>'N' = Non-respondent beneficiary;<br>Space = not applicable. |
| 66 | Low Income Period End Date | 8 | 355 - 362 | Date low income period closes. The end date is either the last day of the PBP enrollment or the last day of the low income period itself, whichever is earlier. This field is blank for LIS applicants with an open ended award or when the TRC is not one of the LIS TRCs 121, 194, 223.<br>FORMAT: YYYYMMDD; otherwise, spaces if not applicable. |
| 67 | Low Income Subsidy Source Code | 1 | 363 - 363 | 'A' = Approved SSA applicant;<br>'D' = Deemed eligible by CMS;<br>Space = not applicable. |
| 68 | Enrollee Type Flag, PBP Level | 1 | 364 - 364 | Designation relative to the report generation date (Transaction Date, field #22)<br>'C' = Current PBP enrollee;<br>'P' = Prospective PBP enrollee;<br>'Y' = Previous PBP enrollee;<br>Spaces = not applicable. |
| 69 | Application Date Indicator | 1 | 365 – 365 | Identifies whether the application date associated with a UI submitted enrollment has a system generated default value:<br>'Y' = Default value for UI enrollment;<br>Space = Not applicable |
| 70 | TRC Short Name | 15 | 366 – 380 | TRC's short-name identifier |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 71 | Disenrollment Reason Code | 2 | 381 – 382 | DRC, see DRC list for values |
| 72 | MMP Opt Out Flag | 1 | 383 | 'Y' = Opted out of passive enrollment into MMP plan<br>'N' = Not opted out of passive enrollment into MMP plan<br>Space = Not applicable |
| 73 | Cleanup ID | 10 | 384 – 393 | Populated if there is a Cleanup ID associated with the transaction. Used to identify transactions that were created to correct payment data. Spaces if no value exists. |
| 74 | POS Drug Edit Update/Delete Flag | 1 | 394 | 'U' = Update (Add)<br>'D' = Delete<br>Space = Not applicable |
| 75 | POS Drug Edit Status | 1 | 395 | 'N' = Notification<br>'I' = Implementation<br>'T' = Termination<br>Space = Not applicable |
| 76 | POS Drug Edit Class | 3 | 396-398 | Three character drug class identifier.<br>Spaces = Not applicable<br>Present only when Transaction Type Code is 90 and POS Drug Edit Class is provided, otherwise blank |
| 77 | POS Drug Edit Code | 3 | 399-401 | Three character POS Drug Edit Code<br>Spaces = Not applicable<br>Present only when Transaction Type Code is 90 and POS Drug Edit Code is provided, otherwise blank |
| 78 | Notification Date | 8 | 402--409 | YYYYMMDD format,<br>Date beneficiary is notified of a POS Drug Edit<br>Present only when Transaction Type Code is 90 and notification date is provided, otherwise blank |
| 79 | Implementation Date | 8 | 410-417 | YYYYMMDD format<br>Date POS Drug Edit is implemented<br>Present only when Transaction Type Code is 90 and implementation date is provided, otherwise blank |
| 80 | Termination Date | 8 | 418-425 | YYYYMMDD format<br>Date POS Drug Edit is terminated<br>Present only when Transaction Type Code is 90 and termination date is provided, otherwise blank |
| 81 | Hospice Provider Number | 13 | 426 – 438 | Hospice Medicare Provider Number |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 82 | IC Model Type Indicator | 2 | 439-440 | Two character IC Model Type Indicator<br>'01' – Value Based Insurance Design (VBID)<br>'02' – Medication Therapy Management (MTM)<br>Spaces = Not applicable<br>Present only when Transaction Type Code is 91 |
| 83 | IC Model End Date Reason Code | 2 | 441-442 | Two character IC Model End Date Reason Code<br>'01' – No longer Eligible<br>'02' – Opted out of program<br>'03' – Benefit Status Change<br>'04' – CMS Auto Dis<br>Spaces – Not applicable<br>Present only when Transaction Type Code is 91 and the IC Model End Date is provided. |
| 84 | IC Model Benefit Status | 2 | 443-444 | Two character IC Model Benefit Status<br>'01' – Full Status<br>'02' – Unearned Status<br>Spaces – Not Applicable<br>Present only when Transaction Type Code is 91 |
| 85 | Updated Medicaid Status for Community RAF beneficiary | 1 | 445 | The new Medicaid Status of a beneficiary whose payments are calculated using a Community Risk Adjustment Factor:<br>'F' – Full Dual<br>'P' – Partial Dual<br>'N' – Non-dual |
| 86 | Filler | 29 | 446 - 474 | Spaces |
| 87 | System Assigned Transaction Tracking ID | 11 | 475 – 485 | System assigned transaction tracking ID. |
| 88 | Plan Assigned Transaction Tracking ID | 15 | 486 – 500 | Plan submitted batch input transaction tracking ID. |

Total Length = 500

### F.4.2 Verbatim Plan Submitted Transaction on DTRR

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | HICN | 12 | 1-12 | HICN |
| 2 | Surname | 12 | 13-24 | Beneficiary Surname |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 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<br>‘0’ = Unknown;<br>‘1’ = Male;<br>‘2’ = Female. |
| 6 | Date of Birth | 8 | 34-41 | YYYYMMDD Format |
| 7 | Record Type | 1 | 42 | ‘P’ = Plan submitted transaction text. |
| 8 | Contract Number | 5 | 43-47 | Plan Contract Number |
| 9 | Plan Transaction Text | 300 | 48-347 | Copy of Plan submitted transaction. |
| 10 | Filler | 126 | 348-473 | Spaces |
| 11 | Transaction Accept/Reject Status Flag | 1 | 474 | ‘A’ = System accepted transaction or<br>‘R’ = System Rejected transaction. |
| 12 | System Assigned Transaction Tracking ID | 11 | 475-485 | System assigned request tracking ID. |
| 13 | Plan Assigned Transaction Tracking ID | 15 | 486-500 | Plan submitted batch input transaction tracking ID. |

Total Length = 500

## *F.5 Batch Eligibility Query (BEQ) Request File*

The BEQ Request File includes transactions submitted by Plans to request eligibility information for prospective Plan enrollees. The file is used to conduct initial eligibility checks against CMS MBD system to verify member is Part A / B eligible.

Note: The date in the file name defaults to "01" denoting the first day of the CCM.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| MBD | Data File | PRN (Plans can send multiple files in a day) | **Gentran Mailbox/TIBCO MFT Internet Server: **** [GUID].[RACFID].MBD.D.xxxxx.BEQ.[P/T][.ZIP] **Connect:Direct:** P#EFT.IN.PLxxxxx.BEQ4RX.DYYMMDD.THHMMSST Note: DYYMMDD.THHMMSST must be coded as shown, as it is a literal |

This file includes the following records:

- Header Record
- Detail Record
- Trailer Record

### F.5.1 *Header Record*

| Item | Field | Size | Position | Format | Valid Values | Description |
|---|---|---|---|---|---|---|
| 1 | File ID Name | 8 | 1- 8 | X(8) | "MMABEQRH" | Critical Field: This field is always set to the value "MMABEQRH." This code identifies the file as a BEQ Request File and this record as the Header Record of the file. |
| 2 | Sending Entity: CMS | 8 | 9-16 | X(8) | Sending Organization (left justified space filled) Acceptable Values: 5-position Contract. (3 Spaces are for Future use) | Critical Field: This field provides CMS with the identification of the entity that is sending the BEQ Request File. The value for this field is provided to CMS and used in connection with CMS electronic routing and mailbox functions. The value in this field should agree with the corresponding value in the Trailer Record. The Sending Entity may participate in Part D. |

| Item | Field | Size | Position | Format | Valid Values | Description |
|---|---|---|---|---|---|---|
| 3 | File Creation Date | 8 | 17-24 | X(8) | YYYYMMDD | Critical Field: The date that the Sending Entity created the BEQ Request File. This value's format is YYYYMMDD. For example, January 3 2010 is the value 20100103. This value should agree with the corresponding value in the Trailer Record. CMS returns this information to the Sending Entity on all Transactions (Detail Records) of a BEQ Response File. |
| 4 | File Control Number | 9 | 25-33 | X(9) | Assigned by Sending Entity | Critical Field<br>The specific Control Number assigned by the Sending Entity to the BEQ Request File. CMS returns this information to the Sending Entity on all Transactions (Detail Records) of a BEQ Response File. This value should agree with the corresponding value in the Trailer Record. |
| 5 | Filler | 717 | 34-750 | X(717) | Spaces | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information. |

Total Length = 750

### F.5.2 *Detail Record (Transaction)*

| Item | Field | Size | Position | Format | Valid Values | Description |
|---|---|---|---|---|---|---|
| 1 | Record Type | 5 | 1-5 | X(5) | "DTL01" = BEQ Transaction<br>Note: The value above is DTL-zero-one. | Critical Field<br>This field is set to the value "DTL01," which indicates that this detail record is a BEQ Transaction. This code identifies the record as a detail record for processing specifically for BEQ Service. |
| 2 | HICN/RRB Number | 12 | 6-17 | X(12) | HICN<br>Or<br>RRB | Critical Field<br>This field provides either the HICN or the RRB Number for identification of the individual. The Plan should provide either the HICN or the RRB Number, whichever the Plan has available and active for the individual. The value is left justified in the field and does not include dashes, decimals, or commas. |
| 3 | Filler | 9 | 18-26 | X(9) | Spaces | |
| 4 | DOB | 8 | 27-34 | X(8) | YYYYMMDD | Critical Field<br>The date of the individual's birth; value format is YYYYMMDD. The value should not include dashes, decimals, or commas. The value should include only numbers. |

| Item | Field | Size | Position | Format | Valid Values | Description |
|---|---|---|---|---|---|---|
| 5 | Gender Code | 1 | 35 | X(1) | 0 (Zero) = Unknown;<br>1 = Male;<br>2 = Female | Not Critical Field<br>The gender of the individual. The acceptable values include<br>0 (Zero) = Unknown, 1 = Male, 2 = Female. |
| 6 | Detail Record Sequence Number | 7 | 36-42 | 9(7) | Seven-byte number unique within the BEQ Request File | Critical Field<br>A unique number assigned by the Sending Entity to the Transaction (Detail Record). This number should uniquely identify the Transactions (Detail Record) within the BEQ Request File. |
| 7 | Filler | 708 | 43-750 | X(708) | Spaces | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for or used to store meaningful information, unless specifically documented otherwise. |

Total Length = 750

### F.5.3 *Trailer Record*

| Item | Field | Size | Position | Format | Valid Values | Description |
|---|---|---|---|---|---|---|
| 1 | File ID Name | 8 | 1-8 | X(8) | "MMABEQRT" | Critical Field<br>This field is always set to the value "MMABEQRT." This code identifies the record as the Trailer Record of a BEQ Request File. |
| 2 | Sending Entity (CMS) | 8 | 9-16 | X(8) | Sending Organization (left justified space filled)<br>Acceptable Values:<br>5-position Contract Identifier + 3 Spaces<br>(3 Spaces for Future use) | Critical Field<br>This field provides CMS with the identification of the entity that is sending the BEQ Request File. The value for this field is provided to CMS and used in connection with CMS electronic routing and mailbox functions. The value in this field should agree with the corresponding value in the Header Record.<br>The Sending Entity may participate in Part D. |
| 3 | File Creation Date | 8 | 17-24 | X(8) | YYYYMMDD | Critical Field<br>The date when the Sending Entity created the BEQ Request File. This value's format is YYYYMMDD. For example, January 3, 2010 is the value 20100103. This value should agree with the corresponding value in the Header Record. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a BEQ Response File. |
| 4 | File Control Number | 9 | 25-33 | X(9) | Assigned by Sending Entity | Critical Field<br>The specific Control Number assigned by the Sending Entity to the BEQ Request File. CMS will return this information to the Sending Entity on all Transactions (Detail Records) of a BEQ Response File. This value should agree with the corresponding value in the Header Record. |
| 5 | Record Count | 7 | 34-40 | 9(7) | Numeric value greater than Zero. | Critical Field<br>The total number of Transactions (Detail Records) supplied on the BEQ Request File. This value is right-justified in the field, with leading zeroes. This value should not include non-numeric characters, such as commas, spaces, dashes, decimals. |
| 6 | Filler | 710 | 41-750 | X(710) | Spaces | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise. |

Total Length = 750

## F.5.4 Sample BEQ Request File Pass and Fail Acknowledgments

### *Description*

The Enrollment Processing System issues an e-mail acknowledgment of receipt and status to the Sending Entity. If the status is accepted, the file is processed. If the status is rejected, the e-mail informs the Sending Entity of the first File Error Condition that caused the BEQ Request File's rejection. A rejected file is not returned.

### *Example*

Sample e-mail notifications showing a Pass Acknowledgement and a Fail Acknowledgement appear below:

**Example of BEQ Request File "Pass" Acknowledgment**

TO: Jim.Doe@xxs.net

TO: Chris.Doe@dxxx.org

TO: Falcon.Doe@xxxx.org

TO: eevs.helpdesk@ngc.com

FROM: MBD#BQ94.HCFJES@cms.hhs.gov

Subject: CMS MMA DATA EXCHANGE FOR MMABTCH

MMABTCH file has been received and passed surface edits by CMS.

QUESTIONS? Contact 1-800-927-8069 or E-mail mapdhelp@cms.hhs.gov

INPUT HEADER RECORD

MMABEQRHS0094 20070306F20070306

INPUT TRAILER RECORD

MMABEQRTS0094 20070306F200703060000074

**Example of BEQ Request File "Fail" Acknowledgment**

TO: Jim.Doe@xxs.net

TO: Chris.Doe@dxxx.org

TO: Falcon.Doe@xxxx.org

TO: eevs.helpdesk@ngc.com

FROM: MBD#BQ30.HCFJES@cms.hhs.gov

Subject: CMS MMA DATA EXCHANGE FOR MMABTCH

MMABTCH file has been received and failed surface edits by CMS.

QUESTIONS? Contact 1-800-927-8069 or E-mail mapdhelp@cms.hhs.gov

INPUT HEADER RECORD

MMABEQRHH0030 20070228 84433346

INPUT TRAILER RECORD

MMABEQRTH0030 20070221 844333460074065

THE TRAILER RECORD IS INVALID

## *F.6 BEQ Response File*

The BEQ Response File contains records produced from processing the transactions of accepted BEQ Request files. Detail records for all submitted records that are successfully processed contain Processed Flag = Y. Detail records for all submitted records that are not successfully processed contain Processed Flag = N.

CMS sends BEQ Response Files to Plans in the following format. The BEQ Response Files are flat files created as a result of processing the Transactions, i.e., Detail Records, of Accepted BEQ Request Files.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| MBD | Data File | Response to BEQ | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.#BQN4.Dyymmdd.Thhmmsst<br>**Connect:Direct [Mainframe]:**<br>zzzzzzzz.Rxxxxx.#BQN4.Dyymmdd.Thhmmsst<br>**Connect:Direct [Non-mainframe]:**<br>[directory]Rxxxxx.#BQN4.Dyymmdd.Thhmmsst |

The following records are included in this file:

- Header Record
- Detail Record
- Trailer Record

### F.6.1 *Header Record*

| Item | Field | Size | Position | Format | Valid Values |
|---|---|---|---|---|---|
| 1 | Header Code | 8 | 1 – 8 | CHAR | ‘CMSBEQRH’ |
| 2 | Sending Entity | 8 | 9 – 16 | CHAR | ‘MBD  ’ (MBD + five spaces) |
| 3 | File Creation Date | 8 | 17 – 24 | CHAR | CCYYMMDD |
| 4 | File Control Number | 9 | 25 – 33 | CHAR | |
| 5 | Filler | 1967 | 34 - 2000 | CHAR | Spaces |

Total Length = 2000

## F.6.2 *Detail Record (Transaction)*

| Item | Field | Size | Position | Format | Valid Values |
|---|---|---|---|---|---|
| 1 | Record Type | 3 | 1 – 3 | CHAR | 'DTL' |
| | **Start of Original Detail Record** | | | | |
| 2 | Record Type | 5 | 4 – 8 | CHAR | |
| 3 | Beneficiary's Health Insurance Claim/Railroad Board Number | 12 | 9 – 20 | CHAR | |
| 4 | Filler | 9 | 21 –29 | CHAR | |
| 5 | Beneficiary's Date of Birth | 8 | 30 – 37 | CHAR | |
| 6 | Beneficiary's Gender Code | 1 | 38 | CHAR | |
| 7 | Detail Record Sequence Number | 7 | 39 – 45 | ZD | |
| | **End of Original Detail Record** | | | | |
| 8 | Processed Flag | 1 | 46 | CHAR | 'Y' or 'N' |
| 9 | Beneficiary Match Flag | 1 | 47 | CHAR | 'Y' or 'N' |
| 10 | Medicare Part A Entitlement Start Date | 8 | 48 – 55 | CHAR | CCYYMMDD |
| 11 | Medicare Part A Entitlement End Date | 8 | 56 – 63 | CHAR | CCYYMMDD |
| 12 | Medicare Part B Entitlement Start Date | 8 | 64 – 71 | CHAR | CCYYMMDD |
| 13 | Medicare Part B Entitlement End Date | 8 | 72 – 79 | CHAR | CCYYMMDD |
| 14 | Medicaid Indicator | 1 | 80 | CHAR | '0' or '1' |
| 15 | Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence one) | 8 | 81 – 88 | CHAR | CCYYMMDD |
| 16 | Part D Disenrollment Date or Employer Subsidy End Date (occurrence one) | 8 | 89 – 96 | CHAR | CCYYMMDD |
| 17 | Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence two) | 8 | 97 – 104 | CHAR | CCYYMMDD |
| 18 | Part D Disenrollment Date or Employer Subsidy End Date (occurrence two) | 8 | 105 – 112 | CHAR | CCYYMMDD |
| 19 | Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence three) | 8 | 113 – 120 | CHAR | CCYYMMDD |
| 20 | Part D Disenrollment Date or Employer Subsidy End Date (occurrence three) | 8 | 121 – 128 | CHAR | CCYYMMDD |
| 21 | Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence four) | 8 | 129 – 136 | CHAR | CCYYMMDD |
| 22 | Part D Disenrollment Date or Employer Subsidy End Date (occurrence four) | 8 | 137 – 144 | CHAR | CCYYMMDD |
| 23 | Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence five) | 8 | 145 – 152 | CHAR | CCYYMMDD |
| 24 | Part D Disenrollment Date or Employer Subsidy End Date (occurrence five) | 8 | 153 – 160 | CHAR | CCYYMMDD |
| 25 | Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence six) | 8 | 161 – 168 | CHAR | CCYYMMDD |
| 26 | Part D Disenrollment Date or Employer Subsidy End Date (occurrence six) | 8 | 169 – 176 | CHAR | CCYYMMDD |
| 27 | Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence seven) | 8 | 177 – 184 | CHAR | CCYYMMDD |
| 28 | Part D Disenrollment Date or Employer Subsidy End Date (occurrence seven) | 8 | 185 – 192 | CHAR | CCYYMMDD |
| 29 | Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence eight) | 8 | 193 – 200 | CHAR | CCYYMMDD |

| Item | Field | Size | Position | Format | Valid Values |
|---|---|---|---|---|---|
| 30 | Part D Disenrollment Date or Employer Subsidy End Date (occurrence eight) | 8 | 201 – 208 | CHAR | CCYYMMDD |
| 31 | Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence nine) | 8 | 209 – 216 | CHAR | CCYYMMDD |
| 32 | Part D Disenrollment Date or Employer Subsidy End Date (occurrence nine) | 8 | 217 – 224 | CHAR | CCYYMMDD |
| 33 | Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence 10) | 8 | 225 – 232 | CHAR | CCYYMMDD |
| 34 | Part D Disenrollment Date or Employer Subsidy End Date (occurrence 10) | 8 | 233 – 240 | CHAR | CCYYMMDD |
| 35 | Sending Entity | 8 | 241 – 248 | CHAR | |
| 36 | File Control Number | 9 | 249 – 257 | CHAR | |
| 37 | File Creation Date | 8 | 258 – 265 | CHAR | CCYYMMDD |
| 38 | Part D Eligibility Start Date | 8 | 266 – 273 | CHAR | |
| -39 | Deemed / Low-Income Subsidy Effective Date (occurrence one) | 8 | 274 – 281 | CHAR | CCYYMMDD |
| 40 | Deemed / Low-Income Subsidy End Date (occurrence one) | 8 | 282 – 289 | CHAR | CCYYMMDD |
| 41 | Co-Payment Level Identifier (occurrence one) | 1 | 290 | CHAR | ‘1’, ‘2’, ‘3’, ‘4’ or ‘5’ |
| 42 | Part D Premium Subsidy Percent (occurrence one) | 3 | 291 – 293 | CHAR | ‘100’, ‘075’, ‘050’, or ‘025’ |
| 43 | Deemed / Low-Income Subsidy Effective Date (occurrence two) | 8 | 294 – 301 | CHAR | CCYYMMDD |
| 44 | Deemed / Low-Income Subsidy End Date (occurrence two) | 8 | 302 – 309 | CHAR | CCYYMMDD |
| 45 | Co-Payment Level Identifier (occurrence two) | 1 | 310 | CHAR | 1’, ‘2’, ‘3’, ‘4’ or ‘5’ |
| 46 | Part D Premium Subsidy Percent (occurrence two) | 3 | 311 – 313 | CHAR | ‘100’, ‘075’, ‘050’, or ‘025’ |
| | **Part D/RDS Indicator (10 occurrences)** | | | | |
| 47 | RDS/Part D Indicator (occurrence one) | 1 | 314 | CHAR | ‘D’ or ‘R’ |
| 48 | RDS/Part D Indicator (occurrence two) | 1 | 315 | CHAR | ‘D’ or ‘R’ |
| 49 | RDS/Part D Indicator (occurrence three) | 1 | 316 | CHAR | ‘D’ or ‘R’ |
| 50 | RDS/Part D Indicator (occurrence four) | 1 | 317 | CHAR | ‘D’ or ‘R’ |
| 51 | RDS/Part D Indicator (occurrence five) | 1 | 318 | CHAR | ‘D’ or ‘R’ |
| 52 | RDS/Part D Indicator (occurrence six) | 1 | 319 | CHAR | ‘D’ or ‘R’ |
| 53 | RDS/Part D Indicator (occurrence seven) | 1 | 320 | CHAR | ‘D’ or ‘R’ |
| 54 | RDS/Part D Indicator (occurrence eight) | 1 | 321 | CHAR | ‘D’ or ‘R’ |
| 55 | RDS/Part D Indicator (occurrence nine) | 1 | 322 | CHAR | ‘D’ or ‘R’ |
| 56 | RDS/Part D Indicator (occurrence 10) | 1 | 323 | CHAR | ‘D’ or ‘R’ |
| | **Uncovered Months Data (20 occurrences)** | | | | |
| 57 | Start Date (occurrence one) | 8 | 324 – 331 | CHAR | CCYYMMDD |
| 58 | Number of Uncovered Months (occurrence one) | 3 | 332 – 334 | ZD | |
| 59 | Number of Uncovered Months Status Indicator (occurrence one) | 1 | 335 | CHAR | |
| 60 | Total Number of Uncovered Months (occurrence one) | 3 | 336 – 338 | ZD | |
| 61 | Uncovered Months (occurrence two) | 15 | 339 – 353 | | |

| Item | Field | Size | Position | Format | Valid Values |
|---|---|---|---|---|---|
| 62 | Uncovered Months (occurrence three) | 15 | 354 – 368 | | |
| 63 | Uncovered Months (occurrence four) | 15 | 369 – 383 | | |
| 64 | Uncovered Months (occurrence five) | 15 | 384 – 398 | | |
| 65 | Uncovered Months (occurrence six) | 15 | 399 – 413 | | |
| 66 | Uncovered Months (occurrence seven) | 15 | 414 – 428 | | |
| 67 | Uncovered Months (occurrence eight) | 15 | 429 – 443 | | |
| 68 | Uncovered Months (occurrence nine) | 15 | 444 – 458 | | |
| 69 | Uncovered Months (occurrence 10) | 15 | 459 – 473 | | |
| 70 | Uncovered Months (occurrence 11) | 15 | 474 – 488 | | |
| 71 | Uncovered Months (occurrence 12) | 15 | 489 – 503 | | |
| 72 | Uncovered Months (occurrence 13) | 15 | 504 – 518 | | |
| 73 | Uncovered Months (occurrence 14) | 15 | 519 – 533 | | |
| 74 | Uncovered Months (occurrence 15) | 15 | 534 – 548 | | |
| 75 | Uncovered Months (occurrence 16) | 15 | 549 – 563 | | |
| 76 | Uncovered Months (occurrence 17) | 15 | 564 – 578 | | |
| 77 | Uncovered Months (occurrence 18) | 15 | 579 – 593 | | |
| 78 | Uncovered Months (occurrence 19) | 15 | 594 – 608 | | |
| 79 | Uncovered Months (occurrence 20) | 15 | 609 – 623 | | |
| 80 | Beneficiary's Retrieved Date of Birth (as retrieved from CMS database for matching beneficiary) | 8 | 624 – 631 | CHAR | CCYYMMDD |
| 81 | Beneficiary's Retrieved Gender Code (as retrieved from CMS database for matching beneficiary) | 1 | 632 | CHAR | 0 = Unknown<br>1 = Male<br>2 = Female |
| 82 | Last Name | 40 | 633 – 672 | CHAR | |
| 83 | First Name | 30 | 673 – 702 | CHAR | |
| 84 | Middle Initial | 1 | 703 | CHAR | |
| 85 | Current State Code | 2 | 704 – 705 | CHAR | |
| 86 | Current County Code | 3 | 706 – 708 | CHAR | |
| 87 | Date of Death | 8 | 709 – 716 | CHAR | CCYYMMDD |
| 88 | Part C/D Contract Number (if available) | 5 | 717 – 721 | CHAR | |
| 89 | Part C/D Enrollment Start Date (if available) | 8 | 722 – 729 | CHAR | CCYYMMDD |
| 90 | Part D Indicator (if available) | 1 | 730 | CHAR | Y = Yes,<br>N = No<br>Space |
| 91 | Part C Contract Number (if available) | 5 | 731 – 735 | CHAR | |
| 92 | Part C Enrollment Start Date (if available) | 8 | 736 – 743 | CHAR | |
| 93 | Part D Indicator (if available) | 1 | 744 | CHAR | N = No<br>Space |
| 94 | ESRD Indicator | 1 | 745 | CHAR | End Stage Renal Disease Indicator<br>0 = No ESRD<br>1 = ESRD |
| 95 | PBP Number (associated with contract number in positions 717 – 721) | 3 | 746 – 748 | CHAR | Plan Benefit Package number |

| Item | Field | Size | Position | Format | Valid Values |
|---|---|---|---|---|---|
| 96 | Plan Type Code<br>(associated with PBP number in positions 746 – 748) | 2 | 749 – 750 | CHAR | Type of plan<br>01 = HMO<br>02 = HMOPOS<br>04 = Local PPO<br>05 = PSO (State License)<br>07 = MSA<br>08 = RFB PFFS<br>09 = PFFS<br>18 = 1876 Cost<br>19 = HCPP 1833 Cost<br>20 = National PACE<br>28 = Chronic Care<br>29 = Medicare Prescription Drug Plan<br>30 = Employer/ Union Only Direct Contract PDP<br>31 = Regional PPO<br>32 = Fallback<br>40 = Employer/ Union Only Direct Contract PFFS<br>42 = RFB HMO<br>43 = RFB HMOPOS<br>44 = RFB Local PPO<br>45 = RFB PSO (State License)<br>46 = Point-of-Sale Contractor<br>47 = Employer/ Union Only Direct Contract PPO<br>48 = Medicare-Medicaid Plan HMO<br>49 = Medicare-Medicaid Plan HMOPOS<br>50 = Medicare-Medicaid Plan PPO<br>99 = Undefined Historical Data |
| 97 | EGHP Indicator<br>(associated with PBP number in positions 746 – 748) | 1 | 751 | CHAR | Employer Group Health Plan Switch<br>Y = EGHP<br>N = not EGHP |
| 98 | PBP Number (associated with contract number in positions 731 – 735) | 3 | 752 – 754 | CHAR | Plan Benefit Package number |

| Item | Field | Size | Position | Format | Valid Values |
|---|---|---|---|---|---|
| 99 | Plan Type Code<br>(associated with PBP number in positions 752 – 754) | 2 | 755 – 756 | CHAR | See values for positions 1167–1168. |
| 100 | EGHP Indicator<br>(associated with PBP number in positions 752 – 754) | 1 | 757 | CHAR | Employer Group Health Plan Switch<br>Y = EGHP<br>N = not EGHP |
| 101 | Mailing Address Line 1 | 40 | 758 – 797 | CHAR | |
| 102 | Mailing Address Line 2 | 40 | 798 – 837 | CHAR | |
| 103 | Mailing Address Line 3 | 40 | 838 – 877 | CHAR | |
| 104 | Mailing Address Line 4 | 40 | 878 – 917 | CHAR | |
| 105 | Mailing Address Line 5 | 40 | 918 – 957 | CHAR | |
| 106 | Mailing Address Line 6 | 40 | 958 – 997 | CHAR | |
| 107 | Mailing Address City | 40 | 998 – 1037 | CHAR | |
| 108 | Mailing Address Postal State Code | 2 | 1038 – 1039 | CHAR | |
| 109 | Mailing Address ZIP Code | 9 | 1040 – 1048 | CHAR | |
| 110 | Mailing Address Start Date | 8 | 1049 – 1056 | CHAR | CCYYMMDD |
| 111 | Residence Address Line 1 | 60 | 1057 – 1116 | CHAR | |
| 112 | Residence Address City | 40 | 1117 – 1156 | CHAR | |
| 113 | Residence Address Postal State Code | 2 | 1157 – 1158 | CHAR | |
| 114 | Residence Address ZIP Code | 9 | 1159 – 1167 | CHAR | |
| 115 | Residence Address Start Date | 8 | 1168 – 1175 | CHAR | CCYYMMDD |
| 116 | Medicare Plan Ineligibility Due to Incarceration Start Date(1) | 8 | 1176 – 1183 | CHAR | CCYYMMDD |
| 117 | Medicare Plan Ineligibility Due to Incarceration End Date(1) | 8 | 1184 – 1191 | CHAR | CCYYMMDD |
| 118 | Medicare Plan Ineligibility Due to Incarceration Start Date(2) | 8 | 1192 – 1199 | CHAR | CCYYMMDD |
| 119 | Medicare Plan Ineligibility Due to Incarceration End Date(2) | 8 | 1200 – 1207 | CHAR | CCYYMMDD |
| 120 | Medicare Plan Ineligibility Due to Incarceration Start Date(3) | 8 | 1208 – 1215 | CHAR | CCYYMMDD |
| 121 | Medicare Plan Ineligibility Due to Incarceration End Date(3) | 8 | 1216 – 1223 | CHAR | CCYYMMDD |
| 122 | Medicare Plan Ineligibility Due to Incarceration Start Date(4) | 8 | 1224 – 1231 | CHAR | CCYYMMDD |
| 123 | Medicare Plan Ineligibility Due to Incarceration End Date(4) | 8 | 1232 – 1239 | CHAR | CCYYMMDD |
| 124 | Medicare Plan Ineligibility Due to Incarceration Start Date(5) | 8 | 1240 – 1247 | CHAR | CCYYMMDD |
| 125 | Medicare Plan Ineligibility Due to Incarceration End Date(5) | 8 | 1248 – 1255 | CHAR | CCYYMMDD |

| Item | Field | Size | Position | Format | Valid Values |
|---|---|---|---|---|---|
| 126 | Medicare Plan Ineligibility Due to Incarceration Start Date(6) | 8 | 1256 – 1263 | CHAR | CCYYMMDD |
| 127 | Medicare Plan Ineligibility Due to Incarceration End Date(6) | 8 | 1264 – 1271 | CHAR | CCYYMMDD |
| 128 | Medicare Plan Ineligibility Due to Incarceration Start Date(7) | 8 | 1272 – 1279 | CHAR | CCYYMMDD |
| 129 | Medicare Plan Ineligibility Due to Incarceration End Date(7) | 8 | 1280 – 1287 | CHAR | CCYYMMDD |
| 130 | Medicare Plan Ineligibility Due to Incarceration Start Date(8) | 8 | 1288 – 1295 | CHAR | CCYYMMDD |
| 131 | Medicare Plan Ineligibility Due to Incarceration End Date(8) | 8 | 1296 – 1303 | CHAR | CCYYMMDD |
| 132 | Medicare Plan Ineligibility Due to Incarceration Start Date(9) | 8 | 1304 – 1311 | CHAR | CCYYMMDD |
| 133 | Medicare Plan Ineligibility Due to Incarceration End Date(9) | 8 | 1312 – 1319 | CHAR | CCYYMMDD |
| 134 | Medicare Plan Ineligibility Due to Incarceration Start Date(10) | 8 | 1320 – 1327 | CHAR | CCYYMMDD |
| 135 | Medicare Plan Ineligibility Due to Incarceration End Date(10) | 8 | 1328 – 1335 | CHAR | CCYYMMDD |
| 136 | Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(1) | 8 | 1336-1343 | CHAR | CCYYMMDD |
| 137 | Medicare Plan Ineligibility Due to Not Lawful Presence End Date (1) | 8 | 1344-1351 | CHAR | CCYYMMDD |
| 138 | Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(2) | 8 | 1352-1359 | CHAR | CCYYMMDD |
| 139 | Medicare Plan Ineligibility Due to Not Lawful Presence End Date (2) | 8 | 1360-1367 | CHAR | CCYYMMDD |
| 140 | Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(3) | 8 | 1368-1375 | CHAR | CCYYMMDD |
| 141 | Medicare Plan Ineligibility Due to Not Lawful Presence End Date (3) | 8 | 1376-1383 | CHAR | CCYYMMDD |
| 142 | Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(4) | 8 | 1384-1391 | CHAR | CCYYMMDD |
| 143 | Medicare Plan Ineligibility Due to Not Lawful Presence End Date (4) | 8 | 1392-1399 | CHAR | CCYYMMDD |
| 144 | Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(5) | 8 | 1400-1407 | CHAR | CCYYMMDD |
| 145 | Medicare Plan Ineligibility Due to Not Lawful Presence End Date (5) | 8 | 1408-1415 | CHAR | CCYYMMDD |
| 146 | Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(6) | 8 | 1416-1423 | CHAR | CCYYMMDD |
| 147 | Medicare Plan Ineligibility Due to Not Lawful Presence End Date (6) | 8 | 1424-1431 | CHAR | CCYYMMDD |
| 148 | Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(7) | 8 | 1432-1439 | CHAR | CCYYMMDD |
| 149 | Medicare Plan Ineligibility Due to Not Lawful Presence End Date (7) | 8 | 1440-1447 | CHAR | CCYYMMDD |
| 150 | Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(8) | 8 | 1448-1455 | CHAR | CCYYMMDD |
| 151 | Medicare Plan Ineligibility Due to Not Lawful Presence End Date (8) | 8 | 1456-1463 | CHAR | CCYYMMDD |

| Item | Field | Size | Position | Format | Valid Values |
|---|---|---|---|---|---|
| 152 | Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(9) | 8 | 1464-1471 | CHAR | CCYYMMDD |
| 153 | Medicare Plan Ineligibility Due to Not Lawful Presence End Date (9) | 8 | 1472-1479 | CHAR | CCYYMMDD |
| 154 | Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(10) | 8 | 1480-1487 | CHAR | CCYYMMDD |
| 155 | Medicare Plan Ineligibility Due to Not Lawful Presence End Date (10) | 8 | 1488-1495 | CHAR | CCYYMMDD |
| 156 | Current Enrollment Source Type Code (associated with PBP number in positions 746 – 748) | 1 | 1496 | CHAR | A=Part D Auto-Enrolled by CMS<br>B=Beneficiary Election<br>C=Part D Facilitated enrollment by CMS<br>D=System-Generated Enrollment(Rollover)<br>E=Plan-submitted auto-enrollments<br>F=Plan-submitted facilitated enrollments<br>G=Point of Sale (POS) submitted enrollments<br>H=CMS or Plan submitted re-assignment enrollments<br>I=Assigned to Plan-submitted transactions with enrollment source other than any of the following: B,E,F,G,H and blank<br>J=State-Submitted MMP Passive Enrollment<br>K=CMS-Submitted MMP Passive Enrollment<br>L=Beneficiary MMP Election |
| 157 | Current Enrollment Source Type Code (associated with PBP number in positions 752– 754) | 1 | 1497 | CHAR | See values for position 1496. |
| 158 | Prior Part C/D Contract Number | 5 | 1498-1502 | CHAR | |
| 159 | Prior Part C/D Enrollment Start Date (associated with PBP Number in positions 1520-1522) | 8 | 1503-1510 | CHAR | |
| 160 | Prior Part C/D Disenrollment Date (associated with PBP Number in positions 1520-1522) | 8 | 1511-1518 | CHAR | |

| Item | Field | Size | Position | Format | Valid Values |
|---|---|---|---|---|---|
| 161 | Prior Part D Indicator (associated with PBP Number in positions 1520-1522) | 1 | 1519 | CHAR | Y = Yes<br>N = No<br>Space |
| 162 | Prior PBP Number (associated with Contract Number in positions 1498-1502) | 3 | 1520-1522 | CHAR | Plan Benefit Package number |
| 163 | Prior Plan Type Code (associated with PBP Number in positions 1520-1522) | 2 | 1523-1524 | CHAR | See values for positions 749-750. |
| 164 | Prior EGHP Indicator (associated with PBP Number in positions 1520-1522) | 1 | 1525 | CHAR | Employer Group Health Plan Switch<br>Y = EGHP<br>N = not EGHP |
| 165 | Prior Enrollment Source Type Code (associated with PBP Number in positions 1520-1522) | 1 | 1526 | CHAR | See values for position 1496. |
| 166 | Prior Part C Contract Number | 5 | 1527-1531 | CHAR | |
| 167 | Prior Part C Enrollment Start Date (associated with PBP Number in positions 1549-1551) | 8 | 1532-1539 | CHAR | |
| 168 | Prior Part C Disenrollment Date (associated with PBP Number in positions 1549-1551) | 8 | 1540-1547 | CHAR | |
| 169 | Prior Part D Indicator (associated with PBP Number in positions 1549-1551) | 1 | 1548 | CHAR | N = No<br>Space |
| 170 | Prior PBP Number (associated with Contract Number in positions 1527-1531) | 3 | 1549-1551 | CHAR | Plan Benefit Package number |
| 171 | Prior Plan Type Code (associated with PBP Number in positions 1549-1551) | 2 | 1552-1553 | CHAR | See values for positions 749-750. |
| 172 | Prior EGHP Indicator (associated with PBP Number in positions 1549-1551) | 1 | 1554 | CHAR | Employer Group Health Plan Switch<br>Y = EGHP<br>N = not EGHP |
| 173 | Prior Enrollment Source Type Code (associated with PBP Number in positions 1549-1551) | 1 | 1555 | CHAR | See values for position 1496. |
| 174 | Filler | 455 | 1556-2000 | CHAR | |

Total Length = 2000

### F.6.3 *Trailer Record*

| Item | Field | Size | Position | Format | Valid Values |
|---|---|---|---|---|---|
| 1 | Trailer Code | 8 | 1 – 8 | CHAR | ‘CMSBEQRT’ |
| 2 | Sending Entity | 8 | 9 – 16 | CHAR | ‘MBD ‘ (MBD + five spaces) |
| 3 | File Creation Date | 8 | 17 – 24 | CHAR | CCYYMMDD |
| 4 | File Control Number | 9 | 25 – 33 | CHAR | |
| 5 | Record Count | 7 | 34 – 40 | ZD | Right justified |
| 6 | Filler | 1960 | 41 – 2000 | CHAR | Spaces |

Total Length = 2000

## *Weekly Record Layouts*

## *F.7 LIS/Part D Premium Data File*

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| MARx | Data File | Biweekly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.LISPRMD.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.LISPRMD.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.LISPRMD.Dyymmdd.Thhmmsst |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Claim Number | 12 | 1-12 | Beneficiary's CAN |
| 2 | Contract Number | 5 | 13-17 | Contract Identification Number |
| 3 | PBP Number | 3 | 18-20 | Beneficiary's PBP ID, blank if none |
| 4 | Segment Number | 3 | 21-23 | Beneficiary's Segment Identification Number, blank if none |
| 5 | Run Date | 8 | 24-31 | Data File Generation Date<br>YYYYMMDD – Format |
| 6 | Subsidy Start Date | 8 | 32-39 | Beneficiary's Subsidy Start Date<br>YYYYMMDD – Format |
| 7 | Subsidy End Date | 8 | 40-47 | Beneficiary's Subsidy End Date<br>YYYYMMDD – Format |
| 8 | Part D Premium Subsidy Percentage | 3 | 48-50 | Beneficiary's LIPS Percent<br>'100' = 100% Premium Subsidy<br>'075' = 75% Premium Subsidy<br>'050' = 50% Premium Subsidy<br>'025' = 25% Premium Subsidy |
| 9 | Low-Income Co-Payment Level ID | 1 | 51 | Co-Payment Category Definitions: '1'=High; '2'=Low; '3'=$0; '4'=15% |
| 10 | Beneficiary Enrollment Effective Date | 8 | 52-59 | Beneficiary's Enrollment effective date, YYYYMMDD – Format |
| 11 | Beneficiary Enrollment End Date | 8 | 60-67 | Beneficiary's Enrollment End Date<br>YYYYMMDD – Format Space can remain blank |
| 12 | Part C Premium Amount | 8 | 68-75 | Beneficiary's Part C Premium Amount<br>(----9.99) |
| 13 | Part D Premium Amount | 8 | 76-83 | Beneficiary's Part D Premium Amount Net of De Minimis if Applicable, (----9.99) |
| 14 | Part D Late Enrollment Penalty Amount | 8 | 84-91 | Beneficiary's Part D LEP Amount<br>(—9.99) |
| 15 | LIS Subsidy Amount | 8 | 92-99 | Beneficiary's LIS Subsidy Amount<br>(----9.99) |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 16 | LIS Penalty Subsidy Amount | 8 | 100-107 | Beneficiary's LIS Penalty Subsidy Amount, (----9.99) |
| 17 | Part D Penalty Waived Amount | 8 | 108-115 | Beneficiary's Part D Penalty Waived Amount, (----9.99) |
| 18 | Total Premium Amount | 8 | 116-123 | Total Calculated Premium for Beneficiary (----9.99) |
| 19 | De Minimis Differential Amount | 8 | 124-131 | Amount by which a Part D De Minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark. |
| 20 | Filler | 147 | 132- 278 | Filler |

Total Length = 278

## *Monthly Record Layouts*

## *F.8 820 Format Payment Advice Data File*

The 820 Format Payment Advice data file is a Health Insurance Portability & Accountability Act (HIPAA)-compliant version of the Plan Payment Report, which is also known as the Automated Plan Payment System (APPS) Payment Letter. The data file itemizes the final monthly payment to the Plan. It is produced by APPS when final payments are calculated, and is available to Plans as part of the month-end processing. This file is not available through Medicare Advantage Prescription Drug System (MARx).

Note:
The date in the file name defaults to "01" denoting the first day of the CCM.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| APPS | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.PLAN820D.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.PLAN820D.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.PLAN820D.Dyymm01.Thhmmsst |

The following records are included in this file:

- Header Record (numbers 1-6 below)
- Detail Record (numbers 7-10 below)
- Summary Record (number 11 below)

The segments are listed in a required order:

1. ST, 820 Header
2. BPR, Financial Information
3. TRN, Re-association Key
4. DTM, Coverage Period
5. N1, Premium Receiver's Name
6. N1, Premium Payer's Name
7. RMR, Organization Summary Remittance Detail
8. IT1, Summary Line Item
9. SLN, Member Count
10. ADX, Organization Summary Remittance Level Adjustment
11. SE, 820 Trailer

The physical layout of a segment is:

- Segment Identifier, an alphanumeric code, followed by
- Each selected field (data element) preceded by a data element separator ("*")
- And terminated by a segment terminator ("~").

Fields are mostly variable in length and do not contain leading/trailing spaces. If fields are empty,

they are skipped by inserting contiguous data element separators ("*****") unless they are at the end of the segment. Fields that are not selected are represented in the same way as fields that are selected, but as this particular iteration of the transaction set contain no data, they are skipped.

For example, in fictitious segment XXX, fields 2, 3, and 5 (the last field) are skipped:

**XXX*field 1 content***field 4 content~**

**BALANCING REQUIREMENTS[1]**

Following are two balancing rules:

1. BPR02 = total of all RMR04
2. RMR04 = RMR05 + ADX01

To comply with balancing rules, BPR02 and RMR04 are set equal to Net Payment (paid amount), RMR05 is set equal to Gross/Calculated Payment (billed amount), and ADX01 is set equal to Adjustment amount.

On Cost/Health Care Prepayment Plan (HCPP) contracts, Plans should enter the actual dollars billed, rather than the "risk equivalent" dollar amounts, into RMR05.

### *F.8.1 Header Record*

| Item | Segment | Data Element | Description | Size | Type | Contents |
|---|---|---|---|---|---|---|
| 1 | **820 Header Segment ID** | | | 2 | AN | "ST" |
| 2 | | ST01 | Transaction Set ID Code | 3/3 | ID | "820" |
| 3 | | ST02 | Transaction Set Control Number | 4/9 | AN | Begin with "00001" Increment each Run |
| 4 | **Beginning Segment For Payment Order/ Remittance Advice** | | | 3 | AN | "BPR" |
| 5 | BPR | BPR01 | Transaction Handling Code | 1/2 | ID | "I"(Remittance Information Only) |
| 6 | BPR | BPR02 | Total Premium Payment Amount | 1/18 | R | Payment Letter – Net Payment<br>See discussion on Balancing. |
| 7 | BPR | BPR03 | Credit/Debit Flag Code | 1/1 | ID | "C" (Credit) |
| 8 | BPR | BPR04 | Payment Method Code | 3/3 | ID | "BOP" (Financial Institution Option) |
| 9 | BPR | BPR16 | Check Issue or EFT Effective Date | 8/8 | DT | Use Payment Letter – Payment Date in YYYYMMDD format |
| 10 | **Re-Association Key** | | | 3 | AN | "TRN" |

[1] See pp.16 in National EDI Transaction Set Implementation Guide for 820, ASCX12N, 820 (004010X061), dated May 2000

| Item | Segment | Data Element | Description | Size | Type | Contents |
|---|---|---|---|---|---|---|
| 11 | TRN | TRN01 | Trace Type Code | 1/2 | ID | "3" (Financial Re-association Trace Number) |
| 12 | TRN | TRN02 | Check or EFT Trace Number | 1/30 | AN | "USTREASURY" |
| 13 | **Coverage Period** | | | 3 | AN | "DTM" |
| 14 | DTM | DTM01 | Date/Time Qualifier | 3/3 | ID | "582" (Report Period) |
| 15 | DTM | DTM05 | Date/Time Period Format Qualifier | 2/3 | ID | "RD8"(Range of dates expressed in format YYYYMMDD – YYYYMMDD) |
| 16 | DTM | DTM06 | Date/Time Period | 1/35 | AN | Range of Dates for Payment Month. See DTM05. |
| 17 | **Premium Receiver's Name** | | | 2 | AN | "N1" |
| 18 | 1000A | N101 | Entity Identifier Code | 2/3 | ID | "PE" (Payee) |
| 19 | 1000A | N102 | Name | 1/60 | AN | Contract Name |
| 20 | 1000A | N103 | Identification Code Qualifier | 1/2 | ID | "EQ" Insurance Company Assigned ID Number |
| 21 | 1000A | N104 | Identification Code | 2/80 | AN | Contract Number |
| 22 | **Premium Payer's Name** | | | 2 | AN | "N1" |
| 23 | 1000B | N101 | Entity Identifier Code | 2/3 | ID | "PR" (Payer) |
| 24 | 1000B | N102 | Name | 1/60 | AN | "CMS" |
| 25 | 1000B | N103 | Identification Code Qualifier | 1/2 | ID | "EQ" Insurance Company Assigned ID Number |
| 26 | 1000B | N104 | Identification Code | 2/80 | AN | "CMS" |

### *F.8.2 Detail Record*

| Item | Segment | Data Element | Description | Size | Type | Contents |
|---|---|---|---|---|---|---|
| 1 | **Organization Summary Remittance Detail** | | | 3 | AN | "RMR" |
| 2 | 2300A | RMR01 | Reference Identification Qualifier | 2/3 | ID | "CT" |
| 3 | 2300A | RMR02 | Contract Number | 1/30 | AN | Payment Letter – Contract # |
| 4 | 2300A | RMR04 | Detail Premium Payment Amount | 1/18 | R | Payment Letter – Net Payment<br>See discussion on Balancing. |
| 5 | 2300A | RMR05 | Billed Premium Amount | 1/18 | R | Payment Letter – Capitated Payment. See discussion on Balancing. |
| 6 | **Summary Line Item** | | | 3 | AN | "IT1" |
| 7 | 2310A | IT101 | Line Item Control Number | 1/20 | AN | "1" (Assigned for uniqueness) |
| 8 | **Member Count** | | | 3 | AN | "SLN" |
| 9 | 2315A | SLN01 | Line Item Control Number | 1/20 | AN | "1" (Assigned for uniqueness) |

| Item | Segment | Data Element | Description | Size | Type | Contents |
|---|---|---|---|---|---|---|
| 10 | 2315A | SLN03 | Information Only Indicator | 1/1 | ID | "O" (For Information only) |
| 11 | 2315A | SLN04 | Head Count | 1/15 | R | Payment Letter – Total Members |
| 12 | 2315A | SLN05-1 | Unit or Basis for Measurement Code | 2/2 | ID | "IE" - used to identify that the value of SLN04 represents the number of contract holders with individual coverage |
| 13 | **Organization Summary Remittance Level Adjustment** | | | 3 | AN | "ADX" |
| 14 | 2320A | ADX01 | Adjustment Amount | 1/18 | R | Payment Letter – Total Adjustments is the difference between Capitated Payment and Net Payment. See discussion on Balancing. |
| 15 | 2320A | ADX02 | Adjustment Reason Code | 2/2 | ID | "H1" - Information forthcoming – detailed information related to the adjustment is provided through a separate mechanism |

### *F.8.3 Trailer Record*

| Item | Segment | Data Element | Description | Size | Type | Contents |
|---|---|---|---|---|---|---|
| 1 | **820 Trailer** | | | 3 | AN | "SE" |
| 2 | | SE01 | Number of Included Segments | 1/10 | N0 | "11" |
| 3 | | SE02 | Transaction Set Control Number | 4/9 | AN | Use control number, same as in 820 Header. |

## *F.9 BIPA 606 Payment Reduction Data File*

Note: The date in the file name defaults to "01" denoting the first day of the current payment month.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| MARx | Data File | Monthly, if applicable | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.BIPA606D.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.BIPA606D.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.BIPA606D.Dyymm01.Thhmmsst |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Contract Number | 5 | 1-5 | Contract Number |
| 2 | PBP Number | 3 | 6-8 | 999 |
| 3 | Run Date | 8 | 9-16 | YYYYMMDD |
| 4 | Payment Month | 6 | 17-22 | YYYYMM |
| 5 | Adjustment Reason Code | 2 | 23-24 | 99; SPACES = Payment |
| 6 | Payment/Adjustment Start Month | 6 | 25-30 | YYYYMM |
| 7 | Payment/Adjustment End Month | 6 | 31-36 | YYYYMM |
| 8 | HIC | 12 | 37-48 | External Format |
| 9 | Surname First 7 | 7 | 49-55 | |
| 10 | First Initial | 1 | 56 | |
| 11 | Sex | 1 | 57 | M = Male; F = Female |
| 12 | Date of Birth | 8 | 58-65 | YYYYMMDD |
| 13 | BIPA606 Payment Reduction Rate | 6 | 66-71 | 999.99; must be GE ZERO |
| 14 | Total Net Blended Payment/Adjustment Excluding BIPA606 Reduction Amount | 9 | 72-80 | -99999.99 |
| 15 | BIPA606 Net Payment Reduction Amount | 8 | 81-88 | -9999.99; Normally negative, may include positive adjustments<br>Applies only to Part B amounts |
| 16 | Net Part A Blended Amount | 9 | 89-97 | -99999.99; Same as MMR amount |
| 17 | Net Part B Blended Amount plus BIPA606 Net Payment Reduction | 9 | 98-106 | -99999.99 |
| 18 | Total Net Blended Payment/Adjustment Including BIPA606 Reduction Amount | 9 | 107-115 | -99999.99 |
| 19 | Filler | 18 | 116-133 | Spaces |

Total Length = 133

## *F.10 Monthly Membership Detail Data File*

This is a data file version of the Monthly Membership Detail Report (MMDR). The report lists every Part C and Part D Medicare member of the contract and provides details about the payments and adjustments made for each. This file contains the data for both Part C and Part D members and is generated monthly.

Note: The date in the file name defaults to "01" denoting the first day of the current payment month.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Fxxxxx.MONMEMD.Dyymm01.Thhmmsst<br>P.Rxxxxx.MONMEMD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Fxxxxx.MONMEMD.Dyymm01.Thhmmsst<br>zzzzzzzz.Rxxxxx.MONMEMD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Fxxxxx.MONMEMD.Dyymm01.Thhmmsst<br>[directory]Rxxxxx.MONMEMD.Dyymm01.Thhmmsst |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Contract Number | 5 | 1-5 | Plan Contract Number |
| 2 | Run Date | 8 | 6 - 13 | Date the file was produced (YYYYMMDD) |
| 3 | Payment Date | 6 | 14 - 19 | Payment month for the report (YYYYMM) |
| 4 | HICN | 12 | 20 - 31 | Beneficiary's Health Insurance Claim Number |
| 5 | Surname | 7 | 32 - 38 | Beneficiary last name |
| 6 | First Initial | 1 | 39 | First initial of the beneficiary's first name |
| 7 | Gender Code | 1 | 40 | Beneficiary's Gender Code<br>M = Male<br>F = Female |
| 8 | Date of Birth | 8 | 41 - 48 | Beneficiary's date of birth (YYYYMMDD) |
| 9 | Age Group | 4 | 49 - 52 | Age group for the beneficiary for this payment month (BBEE)<br>BB = Beginning Age of range<br>EE = Ending Age of range |
| 10 | State & County Code | 5 | 53 - 57 | Beneficiary State and County Code |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 11 | Out of Area Indicator | 1 | 58 | Indicator that the beneficiary is Out of Area for the Plan<br>Y = Out of Contract-level service area<br>Space = Not out of area<br>Always Space on Adjustment rows |
| 12 | Part A Entitlement | 1 | 59 | Indicator that the beneficiary is entitled to Part A<br>Y = Entitled to Part A<br>Space = Not entitled to Part A |
| 13 | Part B Entitlement | 1 | 60 | Indicator that the beneficiary is entitled to Part B<br>Y = Entitled to Part B<br>Space = Not entitled to Part B |
| 14 | Hospice | 1 | 61 | Indicator that the beneficiary is in Hospice status<br>Y = Hospice<br>Space = Not in Hospice status |
| 15 | ESRD | 1 | 62 | Indicator that the beneficiary has ESRD<br>Y = ESRD<br>Space = Not ESRD |
| 16 | Aged/Disabled MSP | 1 | 63 | Indicator that Medicare is Secondary Payor<br>Y = aged/disabled factor applicable to beneficiary;<br>N = aged/disabled factor not applicable to beneficiary |
| 17 | Institutional | 1 | 64 | Indicator that the beneficiary is institutional<br>Y = Institutional (monthly)<br>Space = Not institutional |
| 18 | NHC | 1 | 65 | Indicator that the beneficiary is in Nursing Home Certifiable status<br>Y = Nursing Home Certifiable<br>Space = Beneficiary is not NHC |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 19 | New Medicare Beneficiary Medicaid Status Flag | 1 | 66 | Beneficiary's Medicaid Status used for the month being paid or adjusted.<br>**1. Calculated 2009 and later:**<br>• Prospective payments with effective date in 2008 or after:<br>  • Y = Medicaid and a default risk factor was used,<br>  • N = Not Medicaid and a default risk factor was used,<br>  • Space = No default risk factor or beneficiary is Part D only.<br>• Adjustments with effective date in 2007 or earlier:<br>  • Y = Medicaid and adjustment was made to the demographic component of a blended payment.<br>  • N = Not Medicaid and adjustment was made to the demographic component of a blended payment.<br>  • Blank = Either the adjusted payment had no demographic component, or only the risk portion of a blended payment was adjusted.<br>**2. Calculated during 2008:**<br>• Y = Medicaid and a default risk factor was used<br>• N = Not Medicaid and a default risk factor was used,<br>• Space = No default risk factor used or beneficiary is Part D only.<br>**3. Calculated prior to calendar year 2008:**<br>• Y = Medicaid<br>• Space = not Medicaid |
| 20 | LTI Flag | 1 | 67 | Indicator that beneficiary has Part C Long Term Institutional Status<br>Y = Part C Long Term Institutional<br>Space = Not LTI |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 21 | Medicaid Indicator | 1 | 68 | Indicator that the Medicaid Add-on was used for this payment or adjustment<br>When:<br>• A RAS-supplied factor is used instead of a Part C Default factor in the payment, and<br>• The beneficiary is enrolled in a PACE plan or has ESRD or LTI status.<br>Space = No Medicaid Add-on was used in payment for beneficiaires enrolled in a PACE plan or with ESRD or LTI status.<br>Space = This field is not applicable for NON-ESRD, Full risk, NON-PACE beneficiaries assigned a Community factor. |
| 22 | PIP-DCG | 2 | 69-70 | PIP-DCG Category - Only on pre-2004 adjustments |
| 23 | Default Risk Factor Code | 1 | 71 | Indicator that a Default Risk Adjustment Factor (RAF) was used for calculating this payment or adjustment.<br>**2009 and after**, for payments and payment adjustments and regardless of the effective date:<br>'1' = Default Enrollee- Aged/Disabled<br>'2' = Default Enrollee- ESRD dialysis<br>'3' = Default Enrollee- ESRD Kidney Transplant- Month 1<br>'4' = Default Enrollee- ESRD Kidney Transplant - Months 2-3<br>'5' = Default Enrollee- ESRD Post Graft - Months 4-9<br>'6' = Default Enrollee- ESRD Post Graft - 10+ Months<br>'7' = Default Enrollee Chronic Care SNP<br>Space = The beneficiary is not a default enrollee.<br>**For 2004 through 2008:**<br>'Y' Default factor was used due to lack of a RAF for the beneficiary<br>**Prior to 2004:**<br>'Y' = new enrollee default RAF was used. |
| 24 | Risk Adjustment Factor A | 7 | 72-78 | Part A Risk Adjustment Factor used for the Payment Calculation (NN.DDDD) |
| 25 | Risk Adjustment Factor B | 7 | 79-85 | Part B Risk Factor used for the Payment Calculation (NN.DDDD) |
| 26 | Number of Paymt/Adjustmt Months Part A | 2 | 86-87 | Number of months included in this payment or adjustment for Part A |
| 27 | Number of Paymt/Adjustmt Months Part B | 2 | 88-89 | Number of months included in this payment or adjustment for Part B |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 28 | Adjustment Reason Code | 2 | 90-91 | Code that indicates the reason for this adjustment<br>Always Spaces on Payments |
| 29 | Paymt/Adjustment/ Start Date | 8 | 92-99 | Earliest date covered by this payment or adjustment (YYYYMMDD) |
| 30 | Paymt/Adjustment/ End Date | 8 | 100-107 | Latest date covered by this payment or adjustment (YYYYMMDD) |
| 31 | Demographic Paymt/Adjustmt Rate A | 9 | 108-116 | Part A Demographic Rate used in this payment or adjustment calculation (-99999.99)<br>**2008 and later** = Always 0.00 because Demographic component is no longer part of the payment calculation<br>**Prior to 2008** = Demographic Paymt/Adjustmt Rate A |
| 32 | Demographic Paymt/Adjustmt Rate B | 9 | 117-125 | Part B Demographic Rate used in this payment or adjustment calculation (-99999.99)<br>**2008 and later** = Always 0.00 because Demographic component is no longer part of the payment calculation<br>**Prior to 2008** = Demographic Paymt/Adjustmt Rate B |
| 33 | Monthly Paymt/Adjustmt Amount Rate A | 9 | 126-134 | Part A portion of the payment or adjustment dollars (-99999.99).<br>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 |
| 34 | Monthly Paymt/Adjustmt Amount Rate B | 9 | 135-143 | Part B portion of the payment or adjustment dollars (-99999.99)<br>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. |
| 35 | LIS Premium Subsidy | 8 | 144-151 | Low Income Premium Subsidy Amount for the beneficiary (-9999.99) |
| 36 | ESRD MSP Flag | 1 | 152 | Indicator that Medicare is a Secondary Payer due to ESRD.<br>**As of January 2011:**<br>'T' = MSP due to Transplant/Dialysis<br>'P' = MSP due to Post Graft<br>Space = ESRD MSP not applicable<br>**Prior to 2011:**<br>'Y' = ESRD MSP<br>'N' = No ESRD MSP |
| 37 | Medication Therapy Management (MTM) Add On | 10 | 153-162 | The total Medication Therapy Management (MTM) Add-On for the member (999999.99) |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 38 | Filler | 8 | 163-170 | Spaces |
| 39 | Medicaid Status | 1 | 171 | The Medicaid status that is in effect for the month used to determine the appropriate community risk score for a NON-ESRD, Full-risk, NON-PACE beneficiary.<br><br>For all other risk scores, this field is informational. It is the Medicaid status that would be in effect if the beneficiary met the criteria for an aged/disabled community risk score.<br><br>'1' = Beneficiary is determined to be full or partial Medicaid<br>'0' = Beneficiary is not Medicaid<br>Blank = This is a retroactive adjustment for a month prior to January 2017. |
| 40 | Risk Adjustment Age Group (RAAG) | 4 | 172-175 | The Risk Adjustment Age Group for the beneficiary (BBEE)<br>BB = Beginning Age<br>EE = Ending Age<br>Beginning in 2011, if the risk adjustment factor is from RAS, the Risk Adjuster Age Group reported will be the one used by RAS in calculating the RAF. |
| 41 | Previous Disable Ratio (PRDIB) | 7 | 176-182 | Percentage of Year (in months) for Previous Disable Add-On (NN.DDDD)<br>Greater than 0.00 – Only on adjustments for pre-2004 periods.<br>0.00 – On adjustments beyond 2004<br>Spaces – On prospective payments |
| 42 | De Minimis | 1 | 183 | Indicates if de minimis applies for this row.<br>Prior to 2008, flag is spaces.<br>Beginning 2008:<br>'N' = "de minimis" does not apply,<br>'Y' = "de minimis" applies. |
| 43 | Beneficiary Dual and Part D Enrollment Status Flag | 1 | 184 | The beneficiary's dual enrollment status<br>'0' = Plan without drug benefit, beneficiary not dual enrolled<br>'1' = Plan with drug benefit, beneficiary not dual enrolled<br>'2' = Plan without drug benefit, beneficiary dual enrolled<br>'3' = Plan with drug benefit, beneficiary dual enrolled. |
| 44 | Plan Benefit Package ID | 3 | 185-187 | PBP Number |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 45 | Race Code | 1 | 188 | Beneficiary's Race<br>0 = Unknown<br>1 = White<br>2 = Black<br>3 = Other<br>4 = Asian<br>5 = Hispanic<br>6 = N. American Native |
| 46 | Risk Adjustment Factor Type Code | 2 | 189-190 | The type of Part C Risk Adjustment Factor used to calculate this payment or adjustment.<br>C = Community (Adjustments before 2017; PACE only beginning 1/2017)<br>C1 = Community Post-Graft I (ESRD)<br>C2 = Community Post-Graft II (ESRD)<br>CF = Community Full Dual<br>CP = Community Partial Dual<br>CN = Community Non-Dual<br>D = Dialysis (ESRD)<br>E = New Enrollee<br>ED = New Enrollee Dialysis (ESRD)<br>E1 = New Enrollee Post-Graft I (ESRD)<br>E2 = New Enrollee Post-Graft II (ESRD)<br>G1 = Graft I (ESRD)<br>G2 = Graft II (ESRD)<br>I = Institutional<br>I1 = Institutional Post-Graft I (ESRD)<br>I2 = Institutional Post-Graft II (ESRD)<br>SE = New Enrollee Chronic Care SNP<br>PA = PACE Dialysis Factor<br>PB = PACE New Enrollee Dialysis Factor<br>PC = PACE Community Post Graft 4-9<br>PD = PACE Institutional Post Graft 4-9<br>PE = PACE New Enrollee Post Graft 4-9<br>PF = PACE Community Post Graft 10+<br>PG = PACE Institutional Post Graft<br>PH = PACE New Enrollee Post Graft 10+<br>Note: The actual RAF values are in fields 24 – 25. |
| 47 | Frailty Indicator | 1 | 191 | Indicator that a Plan-level Frailty Factor was included in the calculation of the payment or adjustment<br>Y = Frailty Factor Included<br>N = No Frailty Factor |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 48 | Original Reason for Entitlement Code (OREC) | 1 | 192 | The original reason that the beneficiary was entitled to Medicare<br>0 = Beneficiary insured due to age<br>1 = Beneficiary insured due to disability<br>2 = Beneficiary insured due to ESRD<br>3 = Beneficiary insured due to disability and current ESRD<br>9 = None of the above |
| 49 | Lag Indicator | 1 | 193 | Indicator that there is a lag in the encounter data used to calculate RAF<br>Y = Lags payment year by 6 months<br>N = No lag |
| 50 | Segment Number | 3 | 194-196 | Segment number for the beneficiary's enrollment.<br>000 = Plan with no segments. |
| 51 | Enrollment Source | 1 | 197 | The source of the enrollment<br>A = Auto-enrolled by CMS<br>B = Beneficiary election<br>C = Facilitated enrollment by CMS<br>D = Systematic enrollment by CMS (rollover)<br>N = Plan-submitted rollover |
| 52 | EGHP Flag | 1 | 198 | Indicator that the Plan is an Employer Group Health Plan<br>Y = Employer Group Health Plan<br>N = Not an Employer Group Health Plan |
| 53 | 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) |
| 54 | 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) |
| 55 | 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) |
| 56 | 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) |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 57 | 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) |
| 58 | 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) |
| 59 | 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) |
| 60 | 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) |
| 61 | 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) |
| 62 | 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) |
| 63 | Total Part A MA Payment | 10 | 279–288 | The total Part A MA payment. . (-999999.99) |
| 64 | Total Part B MA Payment | 10 | 289–298 | The total Part B MA payment. ( -999999.99) |
| 65 | 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) |
| 66 | Part D RA Factor | 7 | 310-316 | Part D Risk Adjustment Factor used for the Payment Calculation (NN.DDDD) |
| 67 | Part D Low-Income Indicator | 1 | 317 | Indicator of beneficiary's Low Income status for the Part D payment or adjustment. Calculations for Low Income beneficiaries include a Part D Low-Income multiplier.<br>**For 2011 and later:**<br>'Y' = beneficiary is Low Income<br>'N' = beneficiary is not Low Income<br>**From 2006 through 2010:**<br>1 = Beneficiary is in subset 1<br>2 = Beneficiary is in subset 2<br>Spaces = Not applicable |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 68 | Part D Low-Income Multiplier | 7 | 318-324 | The Part D low-income multiplier used in the calculation of the payment or adjustment (NN.DDDD) |
| 69 | Part D Long Term Institutional Indicator | 1 | 325 | Indicator of beneficiary's Long Term Institutional (LTI) status for the Part D payment or adjustment. Calculations for Low Income beneficiaries include a Part D LTI multiplier.<br>A = LTI (aged)<br>D = LTI (disabled)<br>Space = No LTI |
| 70 | Part D Long Term Institutional Multiplier | 7 | 326-332 | Part D LTI multiplier used in the calculation of the payment or adjustment (NN.DDDD)<br><br>For payment months 2011 and beyond, this field will be zero. |
| 71 | 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) |
| 72 | Part D Basic Premium Amount | 8 | 341-348 | Plan's Part D premium amount. (-9999.99) |
| 73 | Part D Direct Subsidy Monthly Payment Amount | 10 | 349-358 | Total Part D Direct subsidy payment for the member.<br>For the LINET plan (X is first character of contract number) this is the total LINET Direct Subsidy for the beneficiary. (-999999.99) |
| 74 | Reinsurance Subsidy Amount | 10 | 359-368 | The amount of reinsurance subsidy included in the payment (-999999.99) |
| 75 | Low-Income Subsidy Cost-Sharing Amount | 10 | 369-378 | The amount low-income subsidy cost-sharing amount included in the payment. (-999999.99) |
| 76 | Total Part D Payment | 11 | 379-389 | The total Part D payment for the member (-9999999.99) |
| 77 | Number of Paymt/Adjustmt Months Part D | 2 | 390-391 | Number of months included in this payment or adjustment. |
| 78 | PACE Premium Add On | 10 | 392-401 | Total Part D Pace Premium Add-on amount (-999999.99) |
| 79 | PACE Cost Sharing Add-on | 10 | 402-411 | Total Part D Pace Cost Sharing Add-on amount (-999999.99) |
| 80 | Part C Frailty Score Factor | 7 | 412-418 | Part C frailty score factor used in this payment or adjustment calculation, (NN.DDDD)<br><br>Spaces = Not applicable |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 81 | MSP Factor | 7 | 419-425 | MSP secondary payer reduction factor used in this payment or adjustment calculation(NN.DDDD)<br>Spaces = Not applicable |
| 82 | MSP Reduction/Reduction Adjustment Amount – Part A | 10 | 426-435 | Net MSP reduction or reduction adjustment dollar amount– Part A (SSSSSS9.99) |
| 83 | MSP Reduction/Reduction Adjustment Amount – Part B | 10 | 436-445 | Net MSP reduction or reduction adjustment dollar amount – Part B (SSSSSS9.99) |
| 84 | Medicaid Dual Status Code | 2 | 446-447 | This field reports the Medicaid dual status code that is in effect for the month used to determine the appropriate community risk score for a NON-ESRD, Full-risk, NON-PACE beneficiary (Field 46 is CF, CP or CN).<br>For all other risk scores, this field is informational. It is the dual status code that would be in effect if the beneficiary met the criteria for an aged/disabled community score.<br>00 = No Medicaid status<br>01 = Eligible - entitled to Medicare- QMB only (Partial Dual)<br>02 = Eligible - entitled to Medicare- QMB AND Medicaid coverage (Full Dual)<br>03 = Eligible - entitled to Medicare- SLMB only (Partial Dual)<br>04 = Eligible - entitled to Medicare- SLMB AND Medicaid coverage (Full Dual)<br>05 = Eligible - entitled to Medicare- QDWI (Partial Dual)<br>06 = Eligible - entitled to Medicare- Qualifying individuals (Partial Dual)<br>08 = Eligible - entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB, QDWI or QI) with Medicaid coverage (Full Dual)<br>09 = Eligible - entitled to Medicare – Other Dual Eligibles but without Medicaid coverage (Non-Dual)<br>10 = Other Full Dual<br>99 = Unknown |
| 85 | Part D Coverage Gap Discount Amount | 8 | 448-455 | Amount of the Coverage Gap Discount Amount included in the payment (-9999.99) |

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

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 87 | Default Part D Risk Adjustment Factor Code | 1 | 458 | Beginning with January 2011 payment, the code that further breaks down the Part D RAF type. :<br>1 = Not ESRD, Not Low Income, Not Originally Disabled,<br>2 = Not ESRD, Not Low Income, Originally Disabled,<br>3 = Not ESRD, Low Income, Not Originally Disabled,<br>4 = Not ESRD, Low Income, Originally Disabled,<br>5 = ESRD, Not Low Income, Not Originally Disabled,<br>6 = ESRD, Low Income, Not Originally Disabled,<br>7 = ESRD, Not Low Income, Originally Disabled,<br>8 = ESRD, Low Income, Originally Disabled,<br>Spaces = Not applicable |
| 88 | Part A Risk Adjusted Monthly Rate Amount for Pymt/Adj | 9 | 459-467 | Beginning August 2011, the Part A Risk Adjusted amount used in the payment or adjustment calculation (-99999.99)<br>Payments = Rate amount in effect for payment period<br>Adjustments = Rate amount in effect for adjustment period |
| 89 | Part B Risk Adjusted Monthly Rate Amount for Pymt/Adj | 9 | 468-476 | Beginning August 2011, the Part B Risk Adjusted amount used in the payment or adjustment calculation (-99999.99)<br>Payments = Rate amount in effect for payment period<br>Adjustments = Rate amount in effect for adjustment period |
| 90 | Part D Direct Subsidy Monthly Rate Amount for Pymt/Adj | 9 | 477-485 | Beginning August 2011, the Part D Direct Subsidy amount used in the payment or adjustment calculation (-99999.99)<br>Payments = Rate amount in effect for payment period<br>Adjustments = Rate amount in effect for adjustment period |
| 91 | Cleanup ID | 10 | 486-495 | The Cleanup ID field is used in the event of a cleanup or a RAS overpayment run. It is used to uniquely identify the cleanup with which the record is associated. It is usually the Remedy Ticket number for the cleanup or overpayment run.<br>RAS overpayment runs are associated with an ARC 60 or ARC 61 in Field 28.<br>ARC 94 in Field 28 is used to identify clean-ups when no other ARC codes apply.<br>The field will be blank when the record reports:<br>• A prospective payment<br>• A non-cleanup adjustment<br>• Any payment or adjustment prior to August 2011. |

Total Length = 495

## *F.11 Monthly Membership Summary Data File*

This is a data file version of the Monthly Membership Summary Report (MMSR) for both Part C and Part D members, summarizing payments made to a Plan for the month, in several categories; and the adjustments, by all adjustment categories.

Note: The date in the file name defaults to "01" denoting the first day of the current payment month.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Fxxxxx.MONMEMSD.Dyymm01.Thhmmsst<br>P.Rxxxxx.MONMEMSD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Fxxxxx.MONMEMSD.Dyymm01.Thhmmsst<br>zzzzzzzz.Rxxxxx.MONMEMSD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Fxxxxx.MONMEMSD.Dyymm01.Thhmmsst<br>[directory]Rxxxxx.MONMEMSD.Dyymm01.Thhmmsst |

| Item | Field | Size | Position | 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 (ARC)<br>This is populated with a valid ARC for adjustments. For prospective payment components, it is populated with 00. |
| 5 | Record Description | 10 | 22-31 | This field is populated with a short description of the type of data reported in the record. See Appendix A for the table of record types for all possible values. |
| 6 | Payment Adjustment Count | 7 | 32-38 | Beneficiary Count |
| 7 | Month count | 7 | 39-45 | Payment Record: 1 for each member on the record<br>Adjustment record: spaces |
| 8 | Part A Member count | 7 | 46-52 | Payment Record: Beneficiary count for Part A;<br>Adjustment record: spaces |
| 9 | Part A Month count | 7 | 53-59 | Payment Record: 1 for each member with Part A<br>Adjustment record: The number of months adjusted for Part A |
| 10 | Part B Member count | 7 | 60-66 | Payment Record: Beneficiary count for Part B<br>Adjustment record: Spaces |
| 11 | Part B Month count | 7 | 67-73 | Payment Record: 1 for each member with Part B<br>Adjustment record: The number of months adjusted for Part B |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 12 | Part A Payment/Adjustment Amount | 15 | 74-88 | Part A Amount |
| 13 | Part B Payment/Adjustment Amount | 15 | 89-103 | Part B Amount |
| 14 | Total Amount | 15 | 104-118 | Total Payment/Adjustment Amount |
| 15 | Part A Average | 9 | 119-127 | Average Part A Amount per Part A Member |
| 16 | Part B Average | 9 | 128-136 | Average Part B Amount per Part B Member |
| 17 | Payment/Adjustment Indicator | 1 | 137-137 | 'P' for Payments and 'A' for Adjustments |
| 18 | PBP Number | 3 | 138-140 | Plan Benefit Package Number<br>On records in a Contract Level summarization, this will be set to "PBP". |
| 19 | Segment Number | 3 | 141-143 | Segment Number<br>On records in a PBP Level summarization, this will be set to "000".<br>On records in a Contract Level summarization, this will be set to "SEG". |
| 20 | Part D Member Count | 7 | 144-150 | Payment Record: Beneficiary count for Part D<br>Adjustment records: Spaces |
| 21 | Part D Month Count | 7 | 151-157 | Payment Record: 1 for each member with Part D<br>Adjustment record: The number of months adjusted for Part D |
| 22 | Part D Amount | 15 | 158-172 | Part D Amount |
| 23 | Part D Average | 9 | 173-181 | Average Part D Amount per Part D Member |
| 24 | LIS Band 25% member count | 7 | 182-188 | Count of Beneficiaries in the 25% LIS band |
| 25 | LIS Band 50% member count | 7 | 189-195 | Count of Beneficiaries in the 50% LIS band |
| 26 | LIS Band 75% member count | 7 | 196-202 | Count of Beneficiaries in the 75% LIS band |
| 27 | LIS Band 100% member count | 7 | 203-209 | Count of Beneficiaries in the 100% LIS band |
| 28 | Filler | 11 | 210-220 | Spaces |

Total Length = 220

## *F.12 Monthly Premium Withholding Report (MPWR) Data File*

This is a monthly reconciliation file of premiums withheld from Social Security Administration (SSA) or Railroad Retirement Board (RRB) checks. It includes Part C and Part D premiums and any Part D Late Enrollment Penalties (LEPs). This file is produced by the Premium Withhold System (PWS), which makes this report available to Plans as part of the month-end processing.

Note: The date in the file name defaults to "01" denoting the first day of the current payment month.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| PWS (MARx) | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.MPWRD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.MPWRD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.MPWRD.Dyymm01.Thhmmsst |

The file includes the following records:

- Header Record
- Detail Record
- Trailer Record

### F.12.1 *Header Record*

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Record Type | 2 | 1-2 | H = Header Record<br>PIC XX |
| 2 | MCO Contract Number | 5 | 3-7 | MCO Contract Number<br>PIC X(5) |
| 3 | Payment Date | 8 | 8-15 | YYYYMMDD<br>First 6 digits contain payment month<br>PIC 9(8) |
| 4 | Report Date | 8 | 16-23 | YYYYMMDD<br>Date this report created<br>PIC 9(8) |
| 5 | Filler | 142 | 24-165 | Spaces |

Total Length = 165

### F.12.2 *Detail Record*

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Record Type | 2 | 1-2 | D = Detail Record PIC XX |
| 2 | MCO Contract Number | 5 | 3-7 | MCO Contract Number PIC X(5) |
| 3 | Plan Benefit Package Id | 3 | 8-10 | Plan Benefit Package ID PIC X(3) |
| 4 | Plan Segment Id | 3 | 11-13 | PIC X(3) |
| 5 | HIC Number | 12 | 14-25 | Member's HIC # PIC X(12) |
| 6 | Surname | 7 | 26-32 | PIC X(7) |
| 7 | First Initial | 1 | 33 | PIC X |
| 8 | Sex | 1 | 34 | M = Male, F = Female PIC X |
| 9 | Date of Birth | 8 | 35-42 | YYYYMMDD PIC 9(8) |
| 10 | PPO | 3 | 43-45 | PPO in effect for this Pay Month<br>"SSA" = Withholding by SSA<br>"RRB" = Withholding by RRB<br>PIC X(3) |
| 11 | Filler | 1 | 46 | Space |
| 12 | Premium Period Start Date | 8 | 47-54 | Starting Date of Period Premium Payment Covers<br>YYYYMMDD PIC 9(8) |
| 13 | Premium Period End Date | 8 | 55-62 | Ending Date of Period Premium Payment Covers<br>YYYYMMDD PIC 9(8) |
| 14 | Number of Months in Premium Period | 2 | 63-64 | PIC 99 |
| 15 | Part C Premiums Collected | 8 | 65-72 | Part C Premiums Collected for this Beneficiary, Plan, and premium period. A negative amount indicates a refund by withholding agency to Beneficiary of premiums paid in a prior premium period. PIC -9999.99 |
| 16 | Part D Premiums Collected | 8 | 73-80 | Part D Premiums Collected (excluding LEP) for this Beneficiary, Plan, and premium period. A negative amount indicates a refund by withholding agency to Beneficiary of premiums paid in a prior premium period. PIC -9999.99 |
| 17 | Part D Late Enrollment Penalties Collected | 8 | 81-88 | Part D Late Enrollment Penalties Collected for this Beneficiary, Plan, and premium period. A negative amount indicates a refund by withholding agency to Beneficiary of penalties paid in a prior premium period. PIC -9999.99 |
| 18 | Filler | 77 | 89-165 | Spaces |

Total Length = 165

### F.12.3 *Trailer Record*

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Record Type | 2 | 1-2 | T1 = Trailer Record, withheld totals at segment level<br>T2 = Trailer Record, withheld totals at PBP level<br>T3 = Trailer record, withheld totals at contract level<br>PIC XX |
| 2 | MCO Contract Number | 5 | 3-7 | MCO contract number<br>PIC X(5) |
| 3 | Plan Benefit Package (PBP) ID | 3 | 8-10 | PBP ID, not populated on T3 records<br>PIC X(3) |
| 4 | Plan Segment Id | 3 | 11-13 | Not populated on T2 or T3 records<br>PIC X(3) |
| 5 | Total Part C Premiums Collected | 14 | 14-27 | Total withholding collections as specified by Trailer Record type, field (1)<br>PIC -9(10).99 |
| 6 | Total Part D Premiums Collected | 14 | 28-41 | Total withholding collections as specified by Trailer Record type, field (1)<br>PIC -9(10).99 |
| 7 | Total Part D LEPs Collected | 14 | 42-55 | Total withholding collections as specified by Trailer Record type, field (1)<br>PIC -9(10).99 |
| 8 | Total Premiums Collected | 14 | 56-69 | Total Premiums Collected =<br>+ Total Part C Premiums Collected<br>+ Total Part D Premiums Collected<br>+ Total Part D Penalties Collected<br>PIC -9(10).99 |
| 9 | Filler | 96 | 70-165 | Spaces |

Total Length = 165

## *F.13 Part B Claims Data File*

Note: The date in the file name defaults to "01" denoting the first day of the current payment month.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.CLAIMDAT.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.CLAIMDAT.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.CLAIMDAT.Dyymm01.Thhmmsst |

### F.13.1 *Record Type 1*

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Contract Number | 5 | 1-5 | MCO contract number |
| 2 | Record Type | 1 | 6 | Record Type Number 6 – Physician/Supplier<br>Record Type Number 7 – Durable Medical Equipment |
| 3 | CAN-BIC | 12 | 7-18 | HIC Number |
| 4 | Period From | 8 | 19-26 | Start Date – YYYYMMDD |
| 5 | Period To | 8 | 27-34 | End Date – YYYYMMDD |
| 6 | Date of Birth | 8 | 35-42 | Beneficiary's Date of Birth – YYYYMMDD |
| 7 | Surname | 6 | 43-48 | First six positions of Beneficiary's surname. |
| 8 | First Name | 1 | 49 | First letter of Beneficiary's first name. |
| 9 | Middle Initial | 1 | 50 | First letter of Beneficiary's middle name. |
| 10 | Reimbursement Amount | 11 | 51-61 | Reimbursement amount for claim. |
| 11 | Total Allowed Charges | 11 | 62-72 | Total allowed charges for claim. |
| 12 | Report Date | 6 | 73-78 | Claims processed through date – YYYYMM. Assigned by the system as it produces this file. This is the cut-off date for including a claim in this file. |
| 13 | Contractor identification number | 5 | 79-83 | Identification number of the contractor that processed claim. |
| 14 | Provider identification number | 10 | 84-93 | Provider's identification number. |
| 15 | Internal Control Number | 15 | 94-108 | Internal control number assigned by the Medicare contractor to claim. |
| 16 | Provider Payment Amount | 11 | 109-119 | Total amount paid to provider for this claim. |
| 17 | Beneficiary Payment Amount | 11 | 120-130 | Total amount paid to Beneficiary for this claim. |
| 18 | Filler | 57 | 131-187 | Spaces |

Total Length = 187

### F.13.2 *Record Type 2*

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Contract Number | 5 | 1-5 | MCO contract number |
| 2 | Record Type | 1 | 6 | Record Type Number 5 – Home Health Agency |
| 3 | CAN-BIC | 12 | 7-18 | HIC Number |
| 4 | Period From | 8 | 19-26 | Start Date – YYYYMMDD |
| 5 | Period To | 8 | 27-34 | End Date – YYYYMMDD |
| 6 | Date of Birth | 8 | 35-42 | Beneficiary's Date of Birth – YYYYMMDD |
| 7 | Surname | 6 | 43-48 | First six positions of Beneficiary's surname. |
| 8 | First Name | 1 | 49 | First letter of Beneficiary's first name. |
| 9 | Middle Name | 1 | 50 | First letter of Beneficiary's middle name. |
| 10 | Reimbursement Amount | 11 | 51-61 | Reimbursement amount for claim. |
| 11 | Total Charges | 11 | 62-72 | Total charges on the claim. |
| 12 | Report Date | 6 | 73-78 | Claims processed through date – YYYYMM. Assigned by the system when processing claims. This is the cut-off date for including a claim in this file. |
| 13 | Contractor identification number | 5 | 79-83 | Identification number of the contractor that processed the claim. |
| 14 | Provider identification number | 6 | 84-89 | Provider's identification number. |
| 15 | Filler | 98 | 90-187 | Spaces |

Total Length = 187

## *F.14 Part C Risk Adjustment Model Output Data File*

This is the data file version of the Part C Risk Adjustment Model Output Report, which shows the Hierarchical Condition Codes (HCCs) used by the RAS to calculate Part C risk adjustment factors for each Beneficiary. RAS produces the report, and MARx forwards it to Plans as part of the month-end processing.

Note: The date in the file name defaults to "01" denoting the first day of the current payment month.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| RAS (MARx) | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.HCCMODD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.HCCMODD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.HCCMODD.Dyymm01.Thhmmsst |

The following records are included in this file:

- Header Record
- Detail Record
- Trailer Record

### *F.14.1 Header Record*

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 1 | Record Type Code | Char(1) | 1 | 1 | Set to "1" | 1 = Header<br>B = Details for new V21 PTC MOR<br>C = Details for new V22 PTC MOR<br>D = Details for new 2017 PTC model MOR - non-PACE and non-ESRD benes<br>3 = Trailer |
| 2 | Contract Number | Char(5) | 5 | 2-6 | | Unique identification for a Medicare Advantage Contract |
| 3 | Run Date | Char(8) | 8 | 7-14 | Format as yyyymmdd | The run date when this file was created |
| 4 | Payment Year and Month | Char(6) | 6 | 15-20 | Format as yyyymm | This identifies the risk adjustment payment year and month for the model run. |
| 5 | Filler | Char(180) | 180 | 21-200 | Spaces | Filler |

Total Length = 200

### *F.14.2 Detail Record Type B*

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 1 | Record Type Code | Char(1) | 1 | 1 | Set to "B" | 1 = Header<br>B = Details for new V21 PTC MOR<br>C = Details for new V22 PTC MOR<br>D = Details for new 2017 PTC model MOR - non-PACE and non-ESRD Beneficiaries<br>3 = Trailer |
| 2 | Health Insurance Claim Account Number | Char(12) | 12 | 2-13 | 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, consisting 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) | 12 | 14-25 | First 12 bytes of the Bene Last Name | Beneficiary Last Name |
| 4 | Beneficiary First Name | Char(7) | 7 | 26-32 | First 7 bytes of the bene First Name | Beneficiary First Name |
| 5 | Beneficiary Initial | Char(1) | 1 | 33 | 1-byte Initial | Beneficiary Initial |
| 6 | Date of Birth | Char(8) | 8 | 34-41 | Formatted as yyyymmdd | The date of birth of the Medicare Beneficiary |
| 7 | Sex | Char(1) | 1 | 42 | 0=unknown, 1=male, 2=female | Represents the sex of the Medicare Beneficiary. Examples include Male and Female. |
| 8 | Social Security Number | Char(9) | 9 | 43-51 | Also known as SSN_NUM | The beneficiary's current identification number that was assigned by the Social Security Administration |
| 9 | RAS ESRD Indicator Switch | Char(1) | 1 | 52 | Y = ESRD<br>N = not ESRD | The beneficiary's ESRD status as of the model run. Also indicates if the beneficiary was processed by the ESRD models in the model run. |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 10 | Age Group Female0_34 | Char(1) | 1 | 53 | 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 0 and 34, inclusive |
| 11 | Age Group Female35_44 | Char(1) | 1 | 54 | 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 35 and 44, inclusive |
| 12 | Age Group Female45_54 | Char(1) | 1 | 55 | 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 45 and 54, inclusive |
| 13 | Age Group Female55_59 | Char(1) | 1 | 56 | 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 55 and 59, inclusive |
| 14 | Age Group Female60_64 | Char(1) | 1 | 57 | 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 60 and 64, inclusive |
| 15 | Age Group Female65_69 | Char(1) | 1 | 58 | 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 65 and 69, inclusive |
| 16 | Age Group Female70_74 | Char(1) | 1 | 59 | 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 70 and 74, inclusive |
| 17 | Age Group Female75_79 | Char(1) | 1 | 60 | 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 75 and 79, inclusive |
| 18 | Age Group Female80_84 | Char(1) | 1 | 61 | 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 and 84, inclusive |
| 19 | Age Group Female85_89 | Char(1) | 1 | 62 | 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 and 89, inclusive |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 20 | Age Group Female90_94 | Char(1) | 1 | 63 | 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 and 94, inclusive |
| 21 | Age Group Female95_GT | Char(1) | 1 | 64 | Set to "1" if applicable, otherwise "0" | The sex and age group for the beneficiary based on a given as of date: female, age 95 or greater |
| 22 | Age Group Male0_34 | Char(1) | 1 | 65 | 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 and 34, inclusive |
| 23 | Age Group Male35_44 | Char(1) | 1 | 66 | 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 and 44, inclusive |
| 24 | Age Group Male45_54 | Char(1) | 1 | 67 | 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 and 54, inclusive |
| 25 | Age Group Male55_59 | Char(1) | 1 | 68 | 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 and 59, inclusive |
| 26 | Age Group Male60_64 | Char(1) | 1 | 69 | 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 and 64, inclusive |
| 27 | Age Group Male65_69 | Char(1) | 1 | 70 | 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 and 69, inclusive |
| 28 | Age Group Male70_74 | Char(1) | 1 | 71 | 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 70 and 74, inclusive |
| 29 | Age Group Male75_79 | Char(1) | 1 | 72 | 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 and 79, inclusive |
| 30 | Age Group Male80_84 | Char(1) | 1 | 73 | 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 and 84, inclusive |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 31 | Age Group Male85_89 | Char(1) | 1 | 74 | 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 and 89, inclusive |
| 32 | Age Group Male90_94 | Char(1) | 1 | 75 | 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 and 94, inclusive |
| 33 | Age Group Male95_GT | Char(1) | 1 | 76 | Set to "1" if applicable, otherwise "0" | The sex and age group for the beneficiary based on a given as of date: male, age 95 or greater |
| 34 | Medicaid Female Disabled | Char(1) | 1 | 77 | Set to "1" if applicable, otherwise "0" | Beneficiary is a female disabled and also entitled to Medicaid. |
| 35 | Medicaid Female Aged | Char(1) | 1 | 78 | Set to "1" if applicable, otherwise "0" | Beneficiary is a female aged (> 64) and also entitled to Medicaid. |
| 36 | Medicaid Male Disabled | Char(1) | 1 | 79 | Set to "1" if applicable, otherwise "0" | Beneficiary is a male disabled and also entitled to Medicaid. |
| 37 | Medicaid Male Aged | Char(1) | 1 | 80 | Set to "1" if applicable, otherwise "0" | Beneficiary is a male aged (> 64) and also entitled to Medicaid. |
| 38 | Originally Disabled Female | Char(1) | 1 | 81 | Set to "1" if applicable, otherwise "0" | Beneficiary is a female and original Medicare entitlement was due to disability. |
| 39 | Originally Disabled Male | Char(1) | 1 | 82 | Set to "1" if applicable, otherwise "0" | Beneficiary is a male and original Medicare entitlement was due to disability. |
| 40 | HCC001 | Char(1) | 1 | 83 | Set to "1" if applicable, otherwise "0" | HIV/AIDS |
| 41 | HCC002 | Char(1) | 1 | 84 | Set to "1" if applicable, otherwise "0" | Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock |
| 42 | HCC006 | Char(1) | 1 | 85 | Set to "1" if applicable, otherwise "0" | Opportunistic Infections |
| 43 | HCC008 | Char(1) | 1 | 86 | Set to "1" if applicable, otherwise "0" | Metastatic Cancer and Acute Leukemia |
| 44 | HCC009 | Char(1) | 1 | 87 | Set to "1" if applicable, otherwise "0" | Lung and Other Severe Cancers |
| 45 | HCC010 | Char(1) | 1 | 88 | Set to "1" if applicable, otherwise "0" | Lymphoma and Other Cancers |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 46 | HCC011 | Char(1) | 1 | 89 | Set to "1" if applicable, otherwise "0" | Colorectal, Bladder, and Other Cancers |
| 47 | HCC012 | Char(1) | 1 | 90 | Set to "1" if applicable, otherwise "0" | Breast, Prostate, and Other Cancers and Tumors |
| 48 | HCC017 | Char(1) | 1 | 91 | Set to "1" if applicable, otherwise "0" | Diabetes with Acute Complications |
| 49 | HCC018 | Char(1) | 1 | 92 | Set to "1" if applicable, otherwise "0" | Diabetes with Chronic Complications |
| 50 | HCC019 | Char(1) | 1 | 93 | Set to "1" if applicable, otherwise "0" | Diabetes without Complication |
| 51 | HCC021 | Char(1) | 1 | 94 | Set to "1" if applicable, otherwise "0" | Protein-Calorie Malnutrition |
| 52 | HCC022 | Char(1) | 1 | 95 | Set to "1" if applicable, otherwise "0" | Morbid Obesity |
| 53 | HCC023 | Char(1) | 1 | 96 | Set to "1" if applicable, otherwise "0" | Other Significant Endocrine and Metabolic Disorders |
| 54 | HCC027 | Char(1) | 1 | 97 | Set to "1" if applicable, otherwise "0" | End-Stage Liver Disease |
| 55 | HCC028 | Char(1) | 1 | 98 | Set to "1" if applicable, otherwise "0" | Cirrhosis of Liver |
| 56 | HCC029 | Char(1) | 1 | 99 | Set to "1" if applicable, otherwise "0" | Chronic Hepatitis |
| 57 | HCC033 | Char(1) | 1 | 100 | Set to "1" if applicable, otherwise "0" | Intestinal Obstruction/Perforation |
| 58 | HCC034 | Char(1) | 1 | 101 | Set to "1" if applicable, otherwise "0" | Chronic Pancreatitis |
| 59 | HCC035 | Char(1) | 1 | 102 | Set to "1" if applicable, otherwise "0" | Inflammatory Bowel Disease |
| 60 | HCC039 | Char(1) | 1 | 103 | Set to "1" if applicable, otherwise "0" | Bone/Joint/Muscle Infections/Necrosis |
| 61 | HCC040 | Char(1) | 1 | 104 | Set to "1" if applicable, otherwise "0" | Rheumatoid Arthritis and Inflammatory Connective Tissue Disease |
| 62 | HCC046 | Char(1) | 1 | 105 | Set to "1" if applicable, otherwise "0" | Severe Hematological Disorders |
| 63 | HCC047 | Char(1) | 1 | 106 | Set to "1" if applicable, otherwise "0" | Disorders of Immunity |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 64 | HCC048 | Char(1) | 1 | 107 | Set to "1" if applicable, otherwise "0" | Coagulation Defects and Other Specified Hematological Disorders |
| 65 | HCC051 | Char(1) | 1 | 108 | Set to "1" if applicable, otherwise "0" | Dementia With Complications |
| 66 | HCC052 | Char(1) | 1 | 109 | Set to "1" if applicable, otherwise "0" | Dementia Without Complication |
| 67 | HCC054 | Char(1) | 1 | 110 | Set to "1" if applicable, otherwise "0" | Drug/Alcohol Psychosis |
| 68 | HCC055 | Char(1) | 1 | 111 | Set to "1" if applicable, otherwise "0" | Drug/Alcohol Dependence |
| 69 | HCC057 | Char(1) | 1 | 112 | Set to "1" if applicable, otherwise "0" | Schizophrenia |
| 70 | HCC058 | Char(1) | 1 | 113 | Set to "1" if applicable, otherwise "0" | Major Depressive, Bipolar, and Paranoid Disorders |
| 71 | HCC070 | Char(1) | 1 | 114 | Set to "1" if applicable, otherwise "0" | Quadriplegia |
| 72 | HCC071 | Char(1) | 1 | 115 | Set to "1" if applicable, otherwise "0" | Paraplegia |
| 73 | HCC072 | Char(1) | 1 | 116 | Set to "1" if applicable, otherwise "0" | Spinal Cord Disorders/Injuries |
| 74 | HCC073 | Char(1) | 1 | 117 | Set to "1" if applicable, otherwise "0" | Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease |
| 75 | HCC074 | Char(1) | 1 | 118 | Set to "1" if applicable, otherwise "0" | Cerebral Palsy |
| 76 | HCC075 | Char(1) | 1 | 119 | Set to "1" if applicable, otherwise "0" | Polyneuropathy |
| 77 | HCC076 | Char(1) | 1 | 120 | Set to "1" if applicable, otherwise "0" | Muscular Dystrophy |
| 78 | HCC077 | Char(1) | 1 | 121 | Set to "1" if applicable, otherwise "0" | Multiple Sclerosis |
| 79 | HCC078 | Char(1) | 1 | 122 | Set to "1" if applicable, otherwise "0" | Parkinsons and Huntingtons Diseases |
| 80 | HCC079 | Char(1) | 1 | 123 | Set to "1" if applicable, otherwise "0" | Seizure Disorders and Convulsions |
| 81 | HCC080 | Char(1) | 1 | 124 | Set to "1" if applicable, otherwise "0" | Coma, Brain Compression/Anoxic Damage |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 82 | HCC082 | Char(1) | 1 | 125 | Set to "1" if applicable, otherwise "0" | Respirator Dependence/Tracheostomy Status |
| 83 | HCC083 | Char(1) | 1 | 126 | Set to "1" if applicable, otherwise "0" | Respiratory Arrest |
| 84 | HCC084 | Char(1) | 1 | 127 | Set to "1" if applicable, otherwise "0" | Cardio-Respiratory Failure and Shock |
| 85 | HCC085 | Char(1) | 1 | 128 | Set to "1" if applicable, otherwise "0" | Congestive Heart Failure |
| 86 | HCC086 | Char(1) | 1 | 129 | Set to "1" if applicable, otherwise "0" | Acute Myocardial Infarction |
| 87 | HCC087 | Char(1) | 1 | 130 | Set to "1" if applicable, otherwise "0" | Unstable Angina and Other Acute Ischemic Heart Disease |
| 88 | HCC088 | Char(1) | 1 | 131 | Set to "1" if applicable, otherwise "0" | Angina Pectoris |
| 89 | HCC096 | Char(1) | 1 | 132 | Set to "1" if applicable, otherwise "0" | Specified Heart Arrhythmias |
| 90 | HCC099 | Char(1) | 1 | 133 | Set to "1" if applicable, otherwise "0" | Cerebral Hemorrhage |
| 91 | HCC100 | Char(1) | 1 | 134 | Set to "1" if applicable, otherwise "0" | Ischemic or Unspecified Stroke |
| 92 | HCC103 | Char(1) | 1 | 135 | Set to "1" if applicable, otherwise "0" | Hemiplegia/Hemiparesis |
| 93 | HCC104 | Char(1) | 1 | 136 | Set to "1" if applicable, otherwise "0" | Monoplegia, Other Paralytic Syndromes |
| 94 | HCC106 | Char(1) | 1 | 137 | Set to "1" if applicable, otherwise "0" | Atherosclerosis of the Extremities with Ulceration or Gangrene |
| 95 | HCC107 | Char(1) | 1 | 138 | Set to "1" if applicable, otherwise "0" | Vascular Disease with Complications |
| 96 | HCC108 | Char(1) | 1 | 139 | Set to "1" if applicable, otherwise "0" | Vascular Disease |
| 97 | HCC110 | Char(1) | 1 | 140 | Set to "1" if applicable, otherwise "0" | Cystic Fibrosis |
| 98 | HCC111 | Char(1) | 1 | 141 | Set to "1" if applicable, otherwise "0" | Chronic Obstructive Pulmonary Disease |
| 99 | HCC112 | Char(1) | 1 | 142 | Set to "1" if applicable, otherwise "0" | Fibrosis of Lung and Other Chronic Lung Disorders |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 100 | HCC114 | Char(1) | 1 | 143 | Set to "1" if applicable, otherwise "0" | Aspiration and Specified Bacterial Pneumonias |
| 101 | HCC115 | Char(1) | 1 | 144 | Set to "1" if applicable, otherwise "0" | Pneumococcal Pneumonia, Emphysema, Lung Abscess |
| 102 | HCC122 | Char(1) | 1 | 145 | Set to "1" if applicable, otherwise "0" | Proliferative Diabetic Retinopathy and Vitreous Hemorrhage |
| 103 | HCC124 | Char(1) | 1 | 146 | Set to "1" if applicable, otherwise "0" | Exudative Macular Degeneration |
| 104 | HCC134 | Char(1) | 1 | 147 | Set to "1" if applicable, otherwise "0" | Dialysis Status |
| 105 | HCC135 | Char(1) | 1 | 148 | Set to "1" if applicable, otherwise "0" | Acute Renal Failure |
| 106 | HCC136 | Char(1) | 1 | 149 | Set to "1" if applicable, otherwise "0" | Chronic Kidney Disease, Stage 5 |
| 107 | HCC137 | Char(1) | 1 | 150 | Set to "1" if applicable, otherwise "0" | Chronic Kidney Disease, Severe (Stage 4) |
| 108 | HCC138 | Char(1) | 1 | 151 | Set to "1" if applicable, otherwise "0" | Chronic Kidney Disease, Moderate (Stage 3) |
| 109 | HCC139 | Char(1) | 1 | 152 | Set to "1" if applicable, otherwise "0" | Chronic Kidney Disease, Mild or Unspecified (Stages 1-2 or Unspecified) |
| 110 | HCC140 | Char(1) | 1 | 153 | Set to "1" if applicable, otherwise "0" | Unspecified Renal Failure |
| 111 | HCC141 | Char(1) | 1 | 154 | Set to "1" if applicable, otherwise "0" | Nephritis |
| 112 | HCC157 | Char(1) | 1 | 155 | Set to "1" if applicable, otherwise "0" | Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone |
| 113 | HCC158 | Char(1) | 1 | 156 | Set to "1" if applicable, otherwise "0" | Pressure Ulcer of Skin with Full Thickness Skin Loss |
| 114 | HCC159 | Char(1) | 1 | 157 | Set to "1" if applicable, otherwise "0" | Pressure Ulcer of Skin with Partial Thickness Skin Loss |
| 115 | HCC160 | Char(1) | 1 | 158 | Set to "1" if applicable, otherwise "0" | Pressure Pre-Ulcer Skin Changes or Unspecified Stage |
| 116 | HCC161 | Char(1) | 1 | 159 | Set to "1" if applicable, otherwise "0" | Chronic Ulcer of Skin, Except Pressure |
| 117 | HCC162 | Char(1) | 1 | 160 | Set to "1" if applicable, otherwise "0" | Severe Skin Burn or Condition |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 118 | HCC166 | Char(1) | 1 | 161 | Set to "1" if applicable, otherwise "0" | Severe Head Injury |
| 119 | HCC167 | Char(1) | 1 | 162 | Set to "1" if applicable, otherwise "0" | Major Head Injury |
| 120 | HCC169 | Char(1) | 1 | 163 | Set to "1" if applicable, otherwise "0" | Vertebral Fractures without Spinal Cord Injury |
| 121 | HCC170 | Char(1) | 1 | 164 | Set to "1" if applicable, otherwise "0" | Hip Fracture/Dislocation |
| 122 | HCC173 | Char(1) | 1 | 165 | Set to "1" if applicable, otherwise "0" | Traumatic Amputations and Complications |
| 123 | HCC176 | Char(1) | 1 | 166 | Set to "1" if applicable, otherwise "0" | Complications of Specified Implanted Device or Graft |
| 124 | HCC186 | Char(1) | 1 | 167 | Set to "1" if applicable, otherwise "0" | Major Organ Transplant or Replacement Status |
| 125 | HCC188 | Char(1) | 1 | 168 | Set to "1" if applicable, otherwise "0" | Artificial Openings for Feeding or Elimination |
| 126 | HCC189 | Char(1) | 1 | 169 | Set to "1" if applicable, otherwise "0" | Amputation Status, Lower Limb/Amputation Complications |
| 127 | Disabled Disease HCC006 | Char(1) | 1 | 170 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS V21 HCC 006 Opportunistic Infections |
| 128 | Disabled Disease HCC034 | Char(1) | 1 | 171 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS V21 HCC 034 Chronic Pancreatitis |
| 129 | Disabled Disease HCC046 | Char(1) | 1 | 172 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS V21 HCC 046 Severe Hematological Disorders |
| 130 | Disabled Disease HCC054 | Char(1) | 1 | 173 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS V21 HCC 054 Drug/Alcohol Psychosis |
| 131 | Disabled Disease HCC055 | Char(1) | 1 | 174 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS V21 HCC 055 Drug/Alcohol Dependence |
| 132 | Disabled Disease HCC110 | Char(1) | 1 | 175 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS V21 HCC 110 Cystic Fibrosis |
| 133 | Disabled Disease HCC176 | Char(1) | 1 | 176 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS V21 HCC 176 Complications of Specified Implanted Device or Graft |
| 134 | CANCER_ IMMUNE | Char(1) | 1 | 177 | Set to "1" if applicable, otherwise "0" | CANCER_IMMUNE |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 135 | CHF_COPD | Char(1) | 1 | 178 | Set to "1" if applicable, otherwise "0" | CHF_COPD |
| 136 | CHF_RENAL | Char(1) | 1 | 179 | Set to "1" if applicable, otherwise "0" | CHF_RENAL |
| 137 | COPD_CARD _RESP_FAIL | Char(1) | 1 | 180 | Set to "1" if applicable, otherwise "0" | COPD_CARD_RESP_FAIL |
| 138 | DIABETES_ CHF | Char(1) | 1 | 181 | Set to "1" if applicable, otherwise "0" | DIABETES_CHF |
| 139 | SEPSIS_ CARD_RESP_ FAIL | Char(1) | 1 | 182 | Set to "1" if applicable, otherwise "0" | SEPSIS_CARD_RESP_FAI L |
| 140 | Medicaid | Char(1) | 1 | 183 | Set to "1" if applicable, otherwise "0" | Beneficiary is entitled to Medicaid. |
| 141 | Originally Disabled | Char(1) | 1 | 184 | Set to "1" if applicable, otherwise "0" | Beneficiary original Medicare entitlement was due to disability. |
| 142 | Disabled Disease HCC039 | Char(1) | 1 | 185 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS V21 HCC 039 Bone/Joint/Muscle Infections/Necrosis |
| 143 | Disabled Disease HCC077 | Char(1) | 1 | 186 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS V21 HCC 077 Multiple Sclerosis |
| 144 | Disabled Disease HCC085 | Char(1) | 1 | 187 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS V21 HCC 085 Congestive Heart Failure |
| 145 | Disabled Disease HCC161 | Char(1) | 1 | 188 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS V21 HCC 161 Chronic Ulcer of Skin, Except Pressure |
| 146 | ART_ OPENINGS_ PRESSURE_ ULCER | Char(1) | 1 | 189 | Set to "1" if applicable | ART_OPENINGS_PRESSU RE_ ULCER |
| 147 | ASP_SPEC_ BACT_ PNEUM_ PRES_ULC | Char(1) | 1 | 190 | Set to "1" if applicable | ASP_SPEC_BACT_PNEU M_ PRES_ULC |
| 148 | COPD_ASP_ SPEC_BACT_ PNEUM | Char(1) | 1 | 191 | Set to "1" if applicable | COPD_ASP_SPEC_BACT_ PNEUM |
| 149 | DISABLED_ PRESSURE_ ULCER | Char(1) | 1 | 192 | Set to "1" if applicable | DISABLED_PRESSURE_U LCER |
| 150 | SCHIZO- PHRENIA_ CHF | Char(1) | 1 | 193 | Set to "1" if applicable | SCHIZO-PHRENIA_CHF |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 151 | SCHIZO-PHRENIA_ COPD | Char(1) | 1 | 194 | Set to "1" if applicable | SCHIZO-PHRENIA_COPD |
| 152 | SCHIZO-PHRENIA_ SEIZURES | Char(1) | 1 | 195 | Set to "1" if applicable | SCHIZO-PHRENIA_SEIZURES |
| 153 | SEPSIS_ ARTIF_ OPENINGS | Char(1) | 1 | 196 | Set to "1" if applicable | SEPSIS_ARTIF_OPENINGS |
| 154 | SEPSIS_ ASP_SPEC_ BACT_ PNEUM | Char(1) | 1 | 197 | Set to "1" if applicable | SEPSIS_ASP_SPEC_BACT_ PNEUM |
| 155 | SEPSIS_ PRESSURE_ ULCER | Char(1) | 1 | 198 | Set to "1" if applicable | SEPSIS_PRESSURE_ULCER |
| 156 | Filler | Char(2) | 2 | 199-200 | Spaces | Filler |

Total Length = 200.
NOTE: Fields 140-155 are associated with the CMS HCC V21 Institutional Score only.

### *F.14.3 Detail Record Type C*

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 1 | Record Type Code | Char(1) | 1 | 1 | Set to "C" | 1 = Header,<br>B = Details for new V21 PTC MOR,<br>C = Details for new V22 PTC MOR<br>D = Details for new 2017 PTC model MOR - non-PACE and non-ESRD Beneficiaries<br>3 = Trailer |
| 2 | Health Insurance Claim Account Number | Char(12) | 12 | 2-13 | 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) | 12 | 14-25 | First 12 bytes of the Bene Last Name | Beneficiary Last Name |
| 4 | Beneficiary First Name | Char(7) | 7 | 26-32 | First 7 bytes of the bene First Name | Beneficiary First Name |
| 5 | Beneficiary Initial | Char(1) | 1 | 33 | 1-byte Initial | Beneficiary Initial |
| 6 | Date of Birth | Char(8) | 8 | 34-41 | Formatted as yyyymmdd | The date of birth of the Medicare Beneficiary |
| 7 | Sex | Char(1) | 1 | 42 | 0=unknown,<br>1=male,<br>2=female | Represents the sex of the Medicare Beneficiary. Examples include Male and Female. |
| 8 | Social Security Number | Char(9) | 9 | 43-51 | Also known as SSN_NUM | The beneficiary's current identification number that was assigned by the Social Security Administration. |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| Beneficiary Demographic Indicators: | | | | | | |
| 9 | Age Group Female0_34 | Char(1) | 1 | 52 | 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 0 and 34, inclusive. |
| 10 | Age Group Female35_44 | Char(1) | 1 | 53 | 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 35 and 44, inclusive. |
| 11 | Age Group Female45_54 | Char(1) | 1 | 54 | 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 45 and 54, inclusive. |
| 12 | Age Group Female55_59 | Char(1) | 1 | 55 | 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 55 and 59, inclusive. |
| 13 | Age Group Female60_64 | Char(1) | 1 | 56 | 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 60 and 64, inclusive. |
| 14 | Age Group Female65_69 | Char(1) | 1 | 57 | 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 65 and 69, inclusive. |
| 15 | Age Group Female70_74 | Char(1) | 1 | 58 | 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 70 and 74, inclusive. |
| 16 | Age Group Female75_79 | Char(1) | 1 | 59 | 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 75 and 79, inclusive. |
| 17 | Age Group Female80_84 | Char(1) | 1 | 60 | 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 and 84, inclusive. |
| 18 | Age Group Female85_89 | Char(1) | 1 | 61 | 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 and 89, inclusive. |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 19 | Age Group Female90_94 | Char(1) | 1 | 62 | 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 and 94, inclusive. |
| 20 | Age Group Female95_GT | Char(1) | 1 | 63 | Set to "1" if applicable, otherwise "0" | The sex and age group for the beneficiary based on a given as of date. Female, age 95 or greater. |
| 21 | Age Group Male0_34 | Char(1) | 1 | 64 | 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 and 34, inclusive. |
| 22 | Age Group Male35_44 | Char(1) | 1 | 65 | 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 and 44, inclusive. |
| 23 | Age Group Male45_54 | Char(1) | 1 | 66 | 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 and 54, inclusive. |
| 24 | Age Group Male55_59 | Char(1) | 1 | 67 | 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 and 59, inclusive. |
| 25 | Age Group Male60_64 | Char(1) | 1 | 68 | 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 and 64, inclusive. |
| 26 | Age Group Male65_69 | Char(1) | 1 | 69 | 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 and 69, inclusive. |
| 27 | Age Group Male70_74 | Char(1) | 1 | 70 | 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 70 and 74, inclusive. |
| 28 | Age Group Male75_79 | Char(1) | 1 | 71 | 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 and 79, inclusive. |
| 29 | Age Group Male80_84 | Char(1) | 1 | 72 | 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 and 84, inclusive. |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 30 | Age Group Male85_89 | Char(1) | 1 | 73 | 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 and 89, inclusive. |
| 31 | Age Group Male90_94 | Char(1) | 1 | 74 | 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 and 94, inclusive. |
| 32 | Age Group Male95_GT | Char(1) | 1 | 75 | Set to "1" if applicable, otherwise "0" | The sex and age group for the beneficiary based on a given as of date. Male, age 95 or greater. |
| 33 | Medicaid Female Disabled | Char(1) | 1 | 76 | Set to "1" if applicable, otherwise "0" | Beneficiary is a female disabled and also entitled to Medicaid. |
| 34 | Medicaid Female Aged | Char(1) | 1 | 77 | Set to "1" if applicable, otherwise "0" | Beneficiary is a female aged (> 64) and also entitled to Medicaid. |
| 35 | Medicaid Male Disabled | Char(1) | 1 | 78 | Set to "1" if applicable, otherwise "0" | Beneficiary is a male disabled and also entitled to Medicaid. |
| 36 | Medicaid Male Aged | Char(1) | 1 | 79 | Set to "1" if applicable, otherwise "0" | Beneficiary is a male aged (> 64) and also entitled to Medicaid. |
| 37 | Originally Disabled Female | Char(1) | 1 | 80 | Set to "1" if applicable, otherwise "0" | Beneficiary is a female and original Medicare entitlement was due to disability. |
| 38 | Originally Disabled Male | Char(1) | 1 | 81 | Set to "1" if applicable, otherwise "0" | Beneficiary is a male and original Medicare entitlement was due to disability. |
| HCC Indicators: | | | | | | |
| 39 | HCC001 | Char(1) | 1 | 82 | Set to "1" if applicable, otherwise "0" | HIV/AIDS |
| 40 | HCC002 | Char(1) | 1 | 83 | Set to "1" if applicable, otherwise "0" | Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock |
| 41 | HCC006 | Char(1) | 1 | 84 | Set to "1" if applicable, otherwise "0" | Opportunistic Infections |
| 42 | HCC008 | Char(1) | 1 | 85 | Set to "1" if applicable, otherwise "0" | Metastatic Cancer and Acute Leukemia |
| 43 | HCC009 | Char(1) | 1 | 86 | Set to "1" if applicable, otherwise "0" | Lung and Other Severe Cancers |
| 44 | HCC010 | Char(1) | 1 | 87 | Set to "1" if applicable, otherwise "0" | Lymphoma and Other Cancers |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 45 | HCC011 | Char(1) | 1 | 88 | Set to "1" if applicable, otherwise "0" | Colorectal, Bladder, and Other Cancers |
| 46 | HCC012 | Char(1) | 1 | 89 | Set to "1" if applicable, otherwise "0" | Breast, Prostate, and Other Cancers and Tumors |
| 47 | HCC017 | Char(1) | 1 | 90 | Set to "1" if applicable, otherwise "0" | Diabetes with Acute Complications |
| 48 | HCC018 | Char(1) | 1 | 91 | Set to "1" if applicable, otherwise "0" | Diabetes with Chronic Complications |
| 49 | HCC019 | Char(1) | 1 | 92 | Set to "1" if applicable, otherwise "0" | Diabetes without Complication |
| 50 | HCC021 | Char(1) | 1 | 93 | Set to "1" if applicable, otherwise "0" | Protein-Calorie Malnutrition |
| 51 | HCC022 | Char(1) | 1 | 94 | Set to "1" if applicable, otherwise "0" | Morbid Obesity |
| 52 | HCC023 | Char(1) | 1 | 95 | Set to "1" if applicable, otherwise "0" | Other Significant Endocrine and Metabolic Disorders |
| 53 | HCC027 | Char(1) | 1 | 96 | Set to "1" if applicable, otherwise "0" | End-Stage Liver Disease |
| 54 | HCC028 | Char(1) | 1 | 97 | Set to "1" if applicable, otherwise "0" | Cirrhosis of Liver |
| 55 | HCC029 | Char(1) | 1 | 98 | Set to "1" if applicable, otherwise "0" | Chronic Hepatitis |
| 56 | HCC033 | Char(1) | 1 | 99 | Set to "1" if applicable, otherwise "0" | Intestinal Obstruction/Perforation |
| 57 | HCC034 | Char(1) | 1 | 100 | Set to "1" if applicable, otherwise "0" | Chronic Pancreatitis |
| 58 | HCC035 | Char(1) | 1 | 101 | Set to "1" if applicable, otherwise "0" | Inflammatory Bowel Disease |
| 59 | HCC039 | Char(1) | 1 | 102 | Set to "1" if applicable, otherwise "0" | Bone/Joint/Muscle Infections/Necrosis |
| 60 | HCC040 | Char(1) | 1 | 103 | Set to "1" if applicable, otherwise "0" | Rheumatoid Arthritis and Inflammatory Connective Tissue Disease |
| 61 | HCC046 | Char(1) | 1 | 104 | Set to "1" if applicable, otherwise "0" | Severe Hematological Disorders |
| 62 | HCC047 | Char(1) | 1 | 105 | Set to "1" if applicable, otherwise "0" | Disorders of Immunity |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 63 | HCC048 | Char(1) | 1 | 106 | Set to "1" if applicable, otherwise "0" | Coagulation Defects and Other Specified Hematological Disorders |
| 64 | HCC054 | Char(1) | 1 | 107 | Set to "1" if applicable, otherwise "0" | Drug/Alcohol Psychosis |
| 65 | HCC055 | Char(1) | 1 | 108 | Set to "1" if applicable, otherwise "0" | Drug/Alcohol Dependence |
| 66 | HCC057 | Char(1) | 1 | 109 | Set to "1" if applicable, otherwise "0" | Schizophrenia |
| 67 | HCC058 | Char(1) | 1 | 110 | Set to "1" if applicable, otherwise "0" | Major Depressive, Bipolar, and Paranoid Disorders |
| 68 | HCC070 | Char(1) | 1 | 111 | Set to "1" if applicable, otherwise "0" | Quadriplegia |
| 69 | HCC071 | Char(1) | 1 | 112 | Set to "1" if applicable, otherwise "0" | Paraplegia |
| 70 | HCC072 | Char(1) | 1 | 113 | Set to "1" if applicable, otherwise "0" | Spinal Cord Disorders/Injuries |
| 71 | HCC073 | Char(1) | 1 | 114 | Set to "1" if applicable, otherwise "0" | Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease |
| 72 | HCC074 | Char(1) | 1 | 115 | Set to "1" if applicable, otherwise "0" | Cerebral Palsy |
| 73 | HCC075 | Char(1) | 1 | 116 | Set to "1" if applicable, otherwise "0" | Polyneuropathy |
| 74 | HCC076 | Char(1) | 1 | 117 | Set to "1" if applicable, otherwise "0" | Muscular Dystrophy |
| 75 | HCC077 | Char(1) | 1 | 118 | Set to "1" if applicable, otherwise "0" | Multiple Sclerosis |
| 76 | HCC078 | Char(1) | 1 | 119 | Set to "1" if applicable, otherwise "0" | Parkinsons and Huntingtons Diseases |
| 77 | HCC079 | Char(1) | 1 | 120 | Set to "1" if applicable, otherwise "0" | Seizure Disorders and Convulsions |
| 78 | HCC080 | Char(1) | 1 | 121 | Set to "1" if applicable, otherwise "0" | Coma, Brain Compression/Anoxic Damage |
| 79 | HCC082 | Char(1) | 1 | 122 | Set to "1" if applicable, otherwise "0" | Respirator Dependence/Tracheostomy Status |
| 80 | HCC083 | Char(1) | 1 | 123 | Set to "1" if applicable, otherwise "0" | Respiratory Arrest |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 81 | HCC084 | Char(1) | 1 | 124 | Set to "1" if applicable, otherwise "0" | Cardio-Respiratory Failure and Shock |
| 82 | HCC085 | Char(1) | 1 | 125 | Set to "1" if applicable, otherwise "0" | Congestive Heart Failure |
| 83 | HCC086 | Char(1) | 1 | 126 | Set to "1" if applicable, otherwise "0" | Acute Myocardial Infarction |
| 84 | HCC087 | Char(1) | 1 | 127 | Set to "1" if applicable, otherwise "0" | Unstable Angina and Other Acute Ischemic Heart Disease |
| 85 | HCC088 | Char(1) | 1 | 128 | Set to "1" if applicable, otherwise "0" | Angina Pectoris |
| 86 | HCC096 | Char(1) | 1 | 129 | Set to "1" if applicable, otherwise "0" | Specified Heart Arrhythmias |
| 87 | HCC099 | Char(1) | 1 | 130 | Set to "1" if applicable, otherwise "0" | Cerebral Hemorrhage |
| 88 | HCC100 | Char(1) | 1 | 131 | Set to "1" if applicable, otherwise "0" | Ischemic or Unspecified Stroke |
| 89 | HCC103 | Char(1) | 1 | 132 | Set to "1" if applicable, otherwise "0" | Hemiplegia/Hemiparesis |
| 90 | HCC104 | Char(1) | 1 | 133 | Set to "1" if applicable, otherwise "0" | Monoplegia, Other Paralytic Syndromes |
| 91 | HCC106 | Char(1) | 1 | 134 | Set to "1" if applicable, otherwise "0" | Atherosclerosis of the Extremities with Ulceration or Gangrene |
| 92 | HCC107 | Char(1) | 1 | 135 | Set to "1" if applicable, otherwise "0" | Vascular Disease with Complications |
| 93 | HCC108 | Char(1) | 1 | 136 | Set to "1" if applicable, otherwise "0" | Vascular Disease |
| 94 | HCC110 | Char(1) | 1 | 137 | Set to "1" if applicable, otherwise "0" | Cystic Fibrosis |
| 95 | HCC111 | Char(1) | 1 | 138 | Set to "1" if applicable, otherwise "0" | Chronic Obstructive Pulmonary Disease |
| 96 | HCC112 | Char(1) | 1 | 139 | Set to "1" if applicable, otherwise "0" | Fibrosis of Lung and Other Chronic Lung Disorders |
| 97 | HCC114 | Char(1) | 1 | 140 | Set to "1" if applicable, otherwise "0" | Aspiration and Specified Bacterial Pneumonias |
| 98 | HCC115 | Char(1) | 1 | 141 | Set to "1" if applicable, otherwise "0" | Pneumococcal Pneumonia, Emphysema, Lung Abscess |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 99 | HCC122 | Char(1) | 1 | 142 | Set to "1" if applicable, otherwise "0" | Proliferative Diabetic Retinopathy and Vitreous Hemorrhage |
| 100 | HCC124 | Char(1) | 1 | 143 | Set to "1" if applicable, otherwise "0" | Exudative Macular Degeneration |
| 101 | HCC134 | Char(1) | 1 | 144 | Set to "1" if applicable, otherwise "0" | Dialysis Status |
| 102 | HCC135 | Char(1) | 1 | 145 | Set to "1" if applicable, otherwise "0" | Acute Renal Failure |
| 103 | HCC136 | Char(1) | 1 | 146 | Set to "1" if applicable, otherwise "0" | Chronic Kidney Disease, Stage 5 |
| 104 | HCC137 | Char(1) | 1 | 147 | Set to "1" if applicable, otherwise "0" | Chronic Kidney Disease, Severe (Stage 4) |
| 105 | HCC157 | Char(1) | 1 | 148 | Set to "1" if applicable, otherwise "0" | Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone |
| 106 | HCC158 | Char(1) | 1 | 149 | Set to "1" if applicable, otherwise "0" | Pressure Ulcer of Skin with Full Thickness Skin Loss |
| 107 | HCC161 | Char(1) | 1 | 150 | Set to "1" if applicable, otherwise "0" | Chronic Ulcer of Skin, Except Pressure |
| 108 | HCC162 | Char(1) | 1 | 151 | Set to "1" if applicable, otherwise "0" | Severe Skin Burn or Condition |
| 109 | HCC166 | Char(1) | 1 | 152 | Set to "1" if applicable, otherwise "0" | Severe Head Injury |
| 110 | HCC167 | Char(1) | 1 | 153 | Set to "1" if applicable, otherwise "0" | Major Head Injury |
| 111 | HCC169 | Char(1) | 1 | 154 | Set to "1" if applicable, otherwise "0" | Vertebral Fractures without Spinal Cord Injury |
| 112 | HCC170 | Char(1) | 1 | 155 | Set to "1" if applicable, otherwise "0" | Hip Fracture/Dislocation |
| 113 | HCC173 | Char(1) | 1 | 156 | Set to "1" if applicable, otherwise "0" | Traumatic Amputations and Complications |
| 114 | HCC176 | Char(1) | 1 | 157 | Set to "1" if applicable, otherwise "0" | Complications of Specified Implanted Device or Graft |
| 115 | HCC186 | Char(1) | 1 | 158 | Set to "1" if applicable, otherwise "0" | Major Organ Transplant or Replacement Status |
| 116 | HCC188 | Char(1) | 1 | 159 | Set to "1" if applicable, otherwise "0" | Artificial Openings for Feeding or Elimination |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 117 | HCC189 | Char(1) | 1 | 160 | Set to "1" if applicable, otherwise "0" | Amputation Status, Lower Limb/Amputation Complications |
| Disabled HCCs | | | | | | |
| 118 | Disabled Disease HCC006 | Char(1) | 1 | 161 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS Ver 021 HCC 006 Opportunistic Infections |
| 119 | Disabled Disease HCC034 | Char(1) | 1 | 162 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS Ver 021 HCC 034 Chronic Pancreatitis |
| 120 | Disabled Disease HCC046 | Char(1) | 1 | 163 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS Ver 021 HCC 046 Severe Hematological Disorders |
| 121 | Disabled Disease HCC054 | Char(1) | 1 | 164 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS Ver 021 HCC 054 Drug/Alcohol Psychosis |
| 122 | Disabled Disease HCC055 | Char(1) | 1 | 165 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS Ver 021 HCC 055 Drug/Alcohol Dependence |
| 123 | Disabled Disease HCC110 | Char(1) | 1 | 166 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS Ver 021 HCC 110 Cystic Fibrosis |
| 124 | Disabled Disease HCC176 | Char(1) | 1 | 167 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS Ver 021 HCC 176 Complications of Specified Implanted Device or Graft |
| Disease Interactions: | | | | | | |
| 125 | CANCER_ IMMUNE | Char(1) | 1 | 168 | Set to "1" if applicable, otherwise "0" | CANCER_IMMUNE |
| 126 | CHF_COPD | Char(1) | 1 | 169 | Set to "1" if applicable, otherwise "0" | CHF_COPD |
| 127 | CHF_RENAL | Char(1) | 1 | 170 | Set to "1" if applicable, otherwise "0" | CHF_RENAL |
| 128 | COPD_CARD _RESP_FAIL | Char(1) | 1 | 171 | Set to "1" if applicable, otherwise "0" | COPD_CARD_RESP_ FAIL |
| 129 | DIABETES_ CHF | Char(1) | 1 | 172 | Set to "1" if applicable, otherwise "0" | DIABETES_CHF |
| 130 | SEPSIS_CARD _RESP_FAIL | Char(1) | 1 | 173 | Set to "1" if applicable, otherwise "0" | SEPSIS_CARD_ RESP_FAIL |
| Additional Institutional Coefficients | | | | | | |
| 131 | Medicaid | Char(1) | 1 | 174 | Set to "1" if applicable, otherwise "0" | Beneficiary is entitled to Medicaid. |
| 132 | Originally Disabled | Char(1) | 1 | 175 | Set to "1" if applicable, otherwise "0" | Beneficiary original Medicare entitlement was due to disability. |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| Disabled HCCs | | | | | | |
| 133 | Disabled Disease HCC039 | Char(1) | 1 | 176 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS Ver 021 HCC 039 Bone/Joint/Muscle Infections/Necrosis |
| 134 | Disabled Disease HCC077 | Char(1) | 1 | 177 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS Ver 021 HCC 077 Multiple Sclerosis |
| 135 | Disabled Disease HCC085 | Char(1) | 1 | 178 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS Ver 021 HCC 085 Congestive Heart Failure |
| 136 | Disabled Disease HCC161 | Char(1) | 1 | 179 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS Ver 021 HCC 161 Chronic Ulcer of Skin, Except Pressure |
| 137 | DISABLED_PRESSURE_ULCER | Char(1) | 1 | 180 | Set to "1" if applicable, otherwise "0" | DISABLED_PRESSURE_ULCER |
| Disease Interactions | | | | | | |
| 138 | ART_OPENINGS_PRESSURE_ULCER | Char(1) | 1 | 181 | Set to "1" if applicable | ART_OPENINGS_PRESSURE_ULCER |
| 139 | ASP_SPEC_BACT_PNEUM_PRES_ULC | Char(1) | 1 | 182 | Set to "1" if applicable | ASP_SPEC_BACT_PNEUM_PRES_ULC |
| 140 | COPD_ASP_SPEC_BACT_PNEUM | Char(1) | 1 | 183 | Set to "1" if applicable | COPD_ASP_SPEC_BACT_PNEUM |
| 141 | SCHIZO-PHRENIA_CHF | Char(1) | 1 | 184 | Set to "1" if applicable | SCHIZO-PHRENIA_CHF |
| 142 | SCHIZO-PHRENIA_COPD | Char(1) | 1 | 185 | Set to "1" if applicable | SCHIZO-PHRENIA_COPD |
| 143 | SCHIZO-PHRENIA_SEIZURES | Char(1) | 1 | 186 | Set to "1" if applicable | SCHIZO-PHRENIA_SEIZURES |
| 144 | SEPSIS_ARTIF_OPENINGS | Char(1) | 1 | 187 | Set to "1" if applicable | SEPSIS_ARTIF_OPENINGS |
| 145 | SEPSIS_ASP_SPEC_BACT_PNEUM | Char(1) | 1 | 188 | Set to "1" if applicable | SEPSIS_ASP_SPEC_BACT_PNEUM |
| 146 | SEPSIS_PRESSURE_ULCER | Char(1) | 1 | 189 | Set to "1" if applicable | SEPSIS_PRESSURE_ULCER |
| 147 | Filler | Char(11) | 11 | 190-200 | Spaces | Filler |

Total Length = 200.

### *F.14.4 Detail Record Type D*

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 1 | Record Type Code | Char(1) | 1 | 1 | Set to "D" | 1 = Header,<br>B = Details for new V21 PTC MOR,<br>C = Details for new V22 PTC MOR<br>3 = Trailer<br>D = Details for new 2017 PTC model MOR - non-PACE and non-ESRD Beneficiaries |
| 2 | Health Insurance Claim Account Number | Char(12) | 12 | 2-13 | Also known as HICAN | This is the Health Insurance Claim Number (known as HICN) identifying the primary Medicare Beneficiary under the SSA or RRB programs.<br>The HICN, consisting of Beneficiary Claim Number along with the Beneficiary Identification Code 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) | 12 | 14-25 | First 12 bytes of the Bene Last Name | Beneficiary Last Name |
| 4 | Beneficiary First Name | Char(7) | 7 | 26-32 | First 7 bytes of the bene First Name | Beneficiary First Name |
| 5 | Beneficiary Initial | Char(1) | 1 | 33 | 1-byte Initial | Beneficiary Initial |
| 6 | Date of Birth | Char(8) | 8 | 34-41 | Formatted as yyyymmdd | The date of birth of the Medicare Beneficiary |
| 7 | Sex | Char(1) | 1 | 42 | 0=unknown, 1=male, 2=female | Represents the sex of the Medicare Beneficiary. Examples include Male and Female. |
| 8 | Social Security Number | Char(9) | 9 | 43-51 | Also known as SSN_NUM | The beneficiary's current identification number that was assigned by the Social Security Administration. |
| Beneficiary Demographic Indicators: | | | | | | |
| 9 | Age Group Female0_34 | Char(1) | 1 | 52 | 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 0 and 34, inclusive. |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 10 | Age Group Female35_44 | Char(1) | 1 | 53 | 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 35 and 44, inclusive. |
| 11 | Age Group Female45_54 | Char(1) | 1 | 54 | 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 45 and 54, inclusive. |
| 12 | Age Group Female55_59 | Char(1) | 1 | 55 | 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 55 and 59, inclusive. |
| 13 | Age Group Female60_64 | Char(1) | 1 | 56 | 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 60 and 64, inclusive. |
| 14 | Age Group Female65_69 | Char(1) | 1 | 57 | 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 65 and 69, inclusive. |
| 15 | Age Group Female70_74 | Char(1) | 1 | 58 | 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 70 and 74, inclusive. |
| 16 | Age Group Female75_79 | Char(1) | 1 | 59 | 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 75 and 79, inclusive. |
| 17 | Age Group Female80_84 | Char(1) | 1 | 60 | 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 and 84, inclusive. |
| 18 | Age Group Female85_89 | Char(1) | 1 | 61 | 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 and 89, inclusive. |
| 19 | Age Group Female90_94 | Char(1) | 1 | 62 | 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 and 94, inclusive. |
| 20 | Age Group Female95_GT | Char(1) | 1 | 63 | Set to "1" if applicable, otherwise "0" | The sex and age group for the beneficiary based on a given as of date. Female, age 95 or greater. |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 21 | Age Group Male0_34 | Char(1) | 1 | 64 | 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 and 34, inclusive. |
| 22 | Age Group Male35_44 | Char(1) | 1 | 65 | 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 and 44, inclusive. |
| 23 | Age Group Male45_54 | Char(1) | 1 | 66 | 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 and 54, inclusive. |
| 24 | Age Group Male55_59 | Char(1) | 1 | 67 | 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 and 59, inclusive. |
| 25 | Age Group Male60_64 | Char(1) | 1 | 68 | 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 and 64, inclusive. |
| 26 | Age Group Male65_69 | Char(1) | 1 | 69 | 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 and 69, inclusive. |
| 27 | Age Group Male70_74 | Char(1) | 1 | 70 | 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 70 and 74, inclusive. |
| 28 | Age Group Male75_79 | Char(1) | 1 | 71 | 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 and 79, inclusive. |
| 29 | Age Group Male80_84 | Char(1) | 1 | 72 | 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 and 84, inclusive. |
| 30 | Age Group Male85_89 | Char(1) | 1 | 73 | 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 and 89, inclusive. |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 31 | Age Group Male90_94 | Char(1) | 1 | 74 | 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 and 94, inclusive. |
| 32 | Age Group Male95_GT | Char(1) | 1 | 75 | Set to "1" if applicable, otherwise "0" | The sex and age group for the beneficiary based on a given as of date. Male, age 95 or greater. |
| 33 | Originally Disabled Female | Char(1) | 1 | 76 | Set to "1" if applicable, otherwise "0" | Beneficiary is a female and original Medicare entitlement is due to disability. |
| 34 | Originally Disabled Male | Char(1) | 1 | 77 | Set to "1" if applicable, otherwise "0" | Beneficiary is a male and original Medicare entitlement is due to disability. |
| HCC Indicators: | | | | | | |
| 35 | HCC001 | Char(1) | 1 | 78 | Set to "1" if applicable, otherwise "0" | HIV/AIDS |
| 36 | HCC002 | Char(1) | 1 | 79 | Set to "1" if applicable, otherwise "0" | Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock |
| 37 | HCC006 | Char(1) | 1 | 80 | Set to "1" if applicable, otherwise "0" | Opportunistic Infections |
| 38 | HCC008 | Char(1) | 1 | 81 | Set to "1" if applicable, otherwise "0" | Metastatic Cancer and Acute Leukemia |
| 39 | HCC009 | Char(1) | 1 | 82 | Set to "1" if applicable, otherwise "0" | Lung and Other Severe Cancers |
| 40 | HCC010 | Char(1) | 1 | 83 | Set to "1" if applicable, otherwise "0" | Lymphoma and Other Cancers |
| 41 | HCC011 | Char(1) | 1 | 84 | Set to "1" if applicable, otherwise "0" | Colorectal, Bladder, and Other Cancers |
| 42 | HCC012 | Char(1) | 1 | 85 | Set to "1" if applicable, otherwise "0" | Breast, Prostate, and Other Cancers and Tumors |
| 43 | HCC017 | Char(1) | 1 | 86 | Set to "1" if applicable, otherwise "0" | Diabetes with Acute Complications |
| 44 | HCC018 | Char(1) | 1 | 87 | Set to "1" if applicable, otherwise "0" | Diabetes with Chronic Complications |
| 45 | HCC019 | Char(1) | 1 | 88 | Set to "1" if applicable, otherwise "0" | Diabetes without Complication |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 46 | HCC021 | Char(1) | 1 | 89 | Set to "1" if applicable, otherwise "0" | Protein-Calorie Malnutrition |
| 47 | HCC022 | Char(1) | 1 | 90 | Set to "1" if applicable, otherwise "0" | Morbid Obesity |
| 48 | HCC023 | Char(1) | 1 | 91 | Set to "1" if applicable, otherwise "0" | Other Significant Endocrine and Metabolic Disorders |
| 49 | HCC027 | Char(1) | 1 | 92 | Set to "1" if applicable, otherwise "0" | End-Stage Liver Disease |
| 50 | HCC028 | Char(1) | 1 | 93 | Set to "1" if applicable, otherwise "0" | Cirrhosis of Liver |
| 51 | HCC029 | Char(1) | 1 | 94 | Set to "1" if applicable, otherwise "0" | Chronic Hepatitis |
| 52 | HCC033 | Char(1) | 1 | 95 | Set to "1" if applicable, otherwise "0" | Intestinal Obstruction/Perforation |
| 53 | HCC034 | Char(1) | 1 | 96 | Set to "1" if applicable, otherwise "0" | Chronic Pancreatitis |
| 54 | HCC035 | Char(1) | 1 | 97 | Set to "1" if applicable, otherwise "0" | Inflammatory Bowel Disease |
| 55 | HCC039 | Char(1) | 1 | 98 | Set to "1" if applicable, otherwise "0" | Bone/Joint/Muscle Infections/Necrosis |
| 56 | HCC040 | Char(1) | 1 | 99 | Set to "1" if applicable, otherwise "0" | Rheumatoid Arthritis and Inflammatory Connective Tissue Disease |
| 57 | HCC046 | Char(1) | 1 | 100 | Set to "1" if applicable, otherwise "0" | Severe Hematological Disorders |
| 58 | HCC047 | Char(1) | 1 | 101 | Set to "1" if applicable, otherwise "0" | Disorders of Immunity |
| 59 | HCC048 | Char(1) | 1 | 102 | Set to "1" if applicable, otherwise "0" | Coagulation Defects and Other Specified Hematological Disorders |
| 60 | HCC054 | Char(1) | 1 | 103 | Set to "1" if applicable, otherwise "0" | Drug/Alcohol Psychosis |
| 61 | HCC055 | Char(1) | 1 | 104 | Set to "1" if applicable, otherwise "0" | Drug/Alcohol Dependence |
| 62 | HCC057 | Char(1) | 1 | 105 | Set to "1" if applicable, otherwise "0" | Schizophrenia |
| 63 | HCC058 | Char(1) | 1 | 106 | Set to "1" if applicable, otherwise "0" | Major Depressive, Bipolar, and Paranoid Disorders |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 64 | HCC070 | Char(1) | 1 | 107 | Set to "1" if applicable, otherwise "0" | Quadriplegia |
| 65 | HCC071 | Char(1) | 1 | 108 | Set to "1" if applicable, otherwise "0" | Paraplegia |
| 66 | HCC072 | Char(1) | 1 | 109 | Set to "1" if applicable, otherwise "0" | Spinal Cord Disorders/Injuries |
| 67 | HCC073 | Char(1) | 1 | 110 | Set to "1" if applicable, otherwise "0" | Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease |
| 68 | HCC074 | Char(1) | 1 | 111 | Set to "1" if applicable, otherwise "0" | Cerebral Palsy |
| 69 | HCC075 | Char(1) | 1 | 112 | Set to "1" if applicable, otherwise "0" | Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy |
| 70 | HCC076 | Char(1) | 1 | 113 | Set to "1" if applicable, otherwise "0" | Muscular Dystrophy |
| 71 | HCC077 | Char(1) | 1 | 114 | Set to "1" if applicable, otherwise "0" | Multiple Sclerosis |
| 72 | HCC078 | Char(1) | 1 | 115 | Set to "1" if applicable, otherwise "0" | Parkinsons and Huntingtons Diseases |
| 73 | HCC079 | Char(1) | 1 | 116 | Set to "1" if applicable, otherwise "0" | Seizure Disorders and Convulsions |
| 74 | HCC080 | Char(1) | 1 | 117 | Set to "1" if applicable, otherwise "0" | Coma, Brain Compression/Anoxic Damage |
| 75 | HCC082 | Char(1) | 1 | 118 | Set to "1" if applicable, otherwise "0" | Respirator Dependence/Tracheostomy Status |
| 76 | HCC083 | Char(1) | 1 | 119 | Set to "1" if applicable, otherwise "0" | Respiratory Arrest |
| 77 | HCC084 | Char(1) | 1 | 120 | Set to "1" if applicable, otherwise "0" | Cardio-Respiratory Failure and Shock |
| 78 | HCC085 | Char(1) | 1 | 121 | Set to "1" if applicable, otherwise "0" | Congestive Heart Failure |
| 79 | HCC086 | Char(1) | 1 | 122 | Set to "1" if applicable, otherwise "0" | Acute Myocardial Infarction |
| 80 | HCC087 | Char(1) | 1 | 123 | Set to "1" if applicable, otherwise "0" | Unstable Angina and Other Acute Ischemic Heart Disease |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 81 | HCC088 | Char(1) | 1 | 124 | Set to "1" if applicable, otherwise "0" | Angina Pectoris |
| 82 | HCC096 | Char(1) | 1 | 125 | Set to "1" if applicable, otherwise "0" | Specified Heart Arrhythmias |
| 83 | HCC099 | Char(1) | 1 | 126 | Set to "1" if applicable, otherwise "0" | Cerebral Hemorrhage |
| 84 | HCC100 | Char(1) | 1 | 127 | Set to "1" if applicable, otherwise "0" | Ischemic or Unspecified Stroke |
| 85 | HCC103 | Char(1) | 1 | 128 | Set to "1" if applicable, otherwise "0" | Hemiplegia/Hemiparesis |
| 86 | HCC104 | Char(1) | 1 | 129 | Set to "1" if applicable, otherwise "0" | Monoplegia, Other Paralytic Syndromes |
| 87 | HCC106 | Char(1) | 1 | 130 | Set to "1" if applicable, otherwise "0" | Atherosclerosis of the Extremities with Ulceration or Gangrene |
| 88 | HCC107 | Char(1) | 1 | 131 | Set to "1" if applicable, otherwise "0" | Vascular Disease with Complications |
| 89 | HCC108 | Char(1) | 1 | 132 | Set to "1" if applicable, otherwise "0" | Vascular Disease |
| 90 | HCC110 | Char(1) | 1 | 133 | Set to "1" if applicable, otherwise "0" | Cystic Fibrosis |
| 91 | HCC111 | Char(1) | 1 | 134 | Set to "1" if applicable, otherwise "0" | Chronic Obstructive Pulmonary Disease |
| 92 | HCC112 | Char(1) | 1 | 135 | Set to "1" if applicable, otherwise "0" | Fibrosis of Lung and Other Chronic Lung Disorders |
| 93 | HCC114 | Char(1) | 1 | 136 | Set to "1" if applicable, otherwise "0" | Aspiration and Specified Bacterial Pneumonias |
| 94 | HCC115 | Char(1) | 1 | 137 | Set to "1" if applicable, otherwise "0" | Pneumococcal Pneumonia, Emphysema, Lung Abscess |
| 95 | HCC122 | Char(1) | 1 | 138 | Set to "1" if applicable, otherwise "0" | Proliferative Diabetic Retinopathy and Vitreous Hemorrhage |
| 96 | HCC124 | Char(1) | 1 | 139 | Set to "1" if applicable, otherwise "0" | Exudative Macular Degeneration |
| 97 | HCC134 | Char(1) | 1 | 140 | Set to "1" if applicable, otherwise "0" | Dialysis Status |
| 98 | HCC135 | Char(1) | 1 | 141 | Set to "1" if applicable, otherwise "0" | Acute Renal Failure |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 99 | HCC136 | Char(1) | 1 | 142 | Set to "1" if applicable, otherwise "0" | Chronic Kidney Disease, Stage 5 |
| 100 | HCC137 | Char(1) | 1 | 143 | Set to "1" if applicable, otherwise "0" | Chronic Kidney Disease, Severe, Stage 4 |
| 101 | HCC157 | Char(1) | 1 | 144 | Set to "1" if applicable, otherwise "0" | Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone |
| 102 | HCC158 | Char(1) | 1 | 145 | Set to "1" if applicable, otherwise "0" | Pressure Ulcer of Skin with Full Thickness Skin Loss |
| 103 | HCC161 | Char(1) | 1 | 146 | Set to "1" if applicable, otherwise "0" | Chronic Ulcer of Skin, Except Pressure |
| 104 | HCC162 | Char(1) | 1 | 147 | Set to "1" if applicable, otherwise "0" | Severe Skin Burn or Condition |
| 105 | HCC166 | Char(1) | 1 | 148 | Set to "1" if applicable, otherwise "0" | Severe Head Injury |
| 106 | HCC167 | Char(1) | 1 | 149 | Set to "1" if applicable, otherwise "0" | Major Head Injury |
| 107 | HCC169 | Char(1) | 1 | 150 | Set to "1" if applicable, otherwise "0" | Vertebral Fractures without Spinal Cord Injury |
| 108 | HCC170 | Char(1) | 1 | 151 | Set to "1" if applicable, otherwise "0" | Hip Fracture/Dislocation |
| 109 | HCC173 | Char(1) | 1 | 152 | Set to "1" if applicable, otherwise "0" | Traumatic Amputations and Complications |
| 110 | HCC176 | Char(1) | 1 | 153 | Set to "1" if applicable, otherwise "0" | Complications of Specified Implanted Device or Graft |
| 111 | HCC186 | Char(1) | 1 | 154 | Set to "1" if applicable, otherwise "0" | Major Organ Transplant or Replacement Status |
| 112 | HCC188 | Char(1) | 1 | 155 | Set to "1" if applicable, otherwise "0" | Artificial Openings for Feeding or Elimination |
| 113 | HCC189 | Char(1) | 1 | 156 | Set to "1" if applicable, otherwise "0" | Amputation Status, Lower Limb/Amputation Complications |
| Disabled HCCs | | | | | | |
| 114 | Disabled Disease HCC6 | Char(1) | 1 | 157 | Set to "1" if applicable, otherwise "0" | Disabled, Opportunistic Infections |
| 115 | FILLER | Char(1) | 1 | 158 | Space | Not used |
| 116 | FILLER | Char(1) | 1 | 159 | Space | Not used |
| 117 | FILLER | Char(1) | 1 | 160 | Space | Not used |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| Disease Interactions | | | | | | |
| 118 | Disease Interactions HCC47_gCancer | Char(1) | 1 | 161 | Set to "1" if applicable, otherwise "0" | Immune Disorders and Cancer Group |
| 119 | Disease Interactions HCC85_gDiabet esM ellit | Char(1) | 1 | 162 | Set to "1" if applicable, otherwise "0" | Congestive Heart Failure and Diabetes Group |
| 120 | Disease Interactions HCC85_gCopdC F | Char(1) | 1 | 163 | Set to "1" if applicable, otherwise "0" | Congestive Heart Failure and Chronic Obstructive Pulmonary Disease Group |
| 121 | Disease Interactions HCC85_gRenal | Char(1) | 1 | 164 | Set to "1" if applicable, otherwise "0" | Congestive Heart Failure and Renal Group |
| 122 | Disease Interactions HCC85_HCC96 | Char(1) | 1 | 165 | Set to "1" if applicable, otherwise "0" | Congestive Heart Failure*Specified Heart Arrhythmias |
| 123 | Disease Interactions gRespDepandArr e_g CopdCF | Char(1) | 1 | 166 | Set to "1" if applicable, otherwise "0" | Cardiorespiratory Failure Group and Chronic Obstructive Pulmonary Disease Group |
| 124 | Disease Interactions gSubstanceAbus e_g Psychiatric | Char(1) | 1 | 167 | Set to "1" if applicable, otherwise "0" | Substance Abuse Group and Psychiatric Group |
| Additional Institutional Coefficients | | | | | | |
| 125 | Medicaid | Char(1) | 1 | 168 | Set to "1" if applicable, otherwise "0" | Beneficiary is entitled to Medicaid |
| 126 | Originally Disabled | Char(1) | 1 | 169 | Set to "1" if applicable, otherwise "0" | Beneficiary original Medicare entitlement is due to disability |
| Disabled HCCs | | | | | | |
| 127 | Disabled Disease DISABLED_HC C39 | Char(1) | 1 | 170 | Set to "1" if applicable, otherwise "0" | Disabled, Bone/Joint Muscle Infections/Necrosis |
| 128 | Disabled Disease DISABLED_HC C77 | Char(1) | 1 | 171 | Set to "1" if applicable, otherwise "0" | Disabled, Multiple Sclerosis |
| 129 | Disabled Disease DISABLED_HC C85 | Char(1) | 1 | 172 | Set to "1" if applicable, otherwise "0" | Disabled, Congestive Heart Failure |
| 130 | Disabled Disease HCC161 | Char(1) | 1 | 173 | Set to "1" if applicable, otherwise "0" | Disabled, Chronic Ulcer of the Skin, Except Pressure Ulcer |
| 131 | Disabled Disease e-DISABLED_PR ESS URE_ULCER | Char(1) | 1 | 174 | Set to "1" if applicable, otherwise "0" | Disabled and Pressure Ulcer |

| Item | Field | Format | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| Disease Interactions | | | | | | |
| 132 | Disease Interactions ART_OPENING S_PRESSURE_ ULCER | Char(1) | 1 | 175 | Set to "1" if applicable, otherwise "0" | Artificial Openings for Feeding or Eliminating and Pressure Ulcer |
| 133 | Disease Interactions ASP_SPEC_BA CT PNEUM_PRES_ ULC | Char(1) | 1 | 176 | Set to "1" if applicable, otherwise "0" | Aspiration and Specified Bacterial Pneumonias and Pressure Ulcer |
| 134 | Disease Interactions gCopdCF_ASP_ SPE C_BACT_PNEU M | Char(1) | 1 | 177 | Set to "1" if applicable, otherwise "0" | Chronic Obstructive Pulmonary Disease and Aspiration and Specified Bacterial Pneumonias |
| 135 | Disease Interactions SCHIZOPHREN IA_ CHF | Char(1) | 1 | 178 | Set to "1" if applicable, otherwise "0" | Schizophrenia and Congestive Heart Failure |
| 136 | Disease Interactions SCHIZOPHREN IA_g CopdCF | Char(1) | 1 | 179 | Set to "1" if applicable, otherwise "0" | Schizophrenia and Chronic Obstructive Pulmonary Disease |
| 137 | Disease Interactions SCHIZOPHREN IA_S EIZURES | Char(1) | 1 | 180 | Set to "1" if applicable, otherwise "0" | Schizophrenia and Seizure Disorders and Convulsions |
| 138 | Disease Interactions SEPSIS_ARTIF _OP ENINGS | Char(1) | 1 | 181 | Set to "1" if applicable, otherwise "0" | Sepsis and Artificial Openings for Feeding or Elimination |
| 139 | Disease Interactions SEPSIS_ASP_S PEC BACT_PNEUM | Char(1) | 1 | 182 | Set to "1" if applicable, otherwise "0" | Sepsis and Aspiration and Specified Bacterial Pneumonias |
| 140 | Disease Interactions SEPSIS_PRESS UR E_ULCER | Char(1) | 1 | 183 | Set to "1" if applicable, otherwise "0" | Sepsis and Pressure Ulcers |
| 141 | FILLER | Char(1) | 17 | 184 - 200 | Space | FILLER |

Total Length = 200.

NOTE: Fields 125-140 are associated with the CMS HCC 2017 model Institutional Score only.

### *F.14.5 Trailer Record*

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 1 | Record Type Code | Char(1) | 1 | 1 | Set to "3" | 1 = Header<br>B = Details for new V21 PTC MOR<br>C = Details for new V22 PTC MOR<br>D = Details for new 2017 PTC model MOR - non-PACE and non-ESRD benes<br>3 = Trailer |
| 2 | Contract Number | Char(5) | 5 | 2-6 | Also known as MCO plan number | Unique identification for a Managed Care Organization (MCO) enabling the MCO to provide coverage to eligible beneficiaries |
| 3 | Total Record Count | Char(9) | 9 | 7-15 | Includes all header and trailer records | Record count in display format |
| 4 | Filler | Char(185) | 185 | 16-200 | Spaces | Filler |

Total Length = 200

## *F.15 Risk Adjustment System (RAS) Prescription Drug Hierarchical Condition Category (RxHCC) Model Output Data File - aka Part D RA Model Output Data File*

Note: The date in the file name defaults to "01" denoting the first day of the current payment month.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| RAS (MARx) | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.PTDMODD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.PTDMODD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.PTDMODD.Dyymm01.Thhmmsst |

The following records are included in this file:

- Header Record
- Detail/Beneficiary Record Format
- Trailer Record

### F.15.1 *Header Record*

The Contract Header Record signals the beginning of the detail/Beneficiary records for a Medicare Advantage or stand-alone PDP contract.

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 1 | Record Type Code | Char(1) | 1 | 1 | Set to "1" | 1 = Header<br>2 = Details<br>3 = Trailer |
| 2 | Contract Number | Char(5) | 5 | 2-6 | Also known as MCO plan number | Unique identification for a Managed Care Organization (MCO) enabling the MCO to provide coverage to eligible beneficiaries. |
| 3 | Run Date | Char(8) | 8 | 7-14 | Format as yyyymmdd | The run date when this file was created. |
| 4 | Payment Year and Month | Char(6) | 6 | 15-20 | Format as yyyymm | This identifies the risk adjustment payment year and month for the model run. |
| 5 | Filler | Char(143) | 143 | 21-163 | Spaces | Filler |

Total Length = 163

### F.15.2 *Detail/Beneficiary Record*

Each Detail/Beneficiary Record contains information for an HCC beneficiary in a Medicare Prescription Drug Contract/Plan, as of the last RAS model run for the current calendar/payment year.

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 1 | Record Type Code | Char(1) | 1 | 1 | Set to "2" | 1 = Header<br>2 = Details<br>3 = Trailer |
| 2 | Health Insurance Claim Account Number | Char(12) | 12 | 2-13 | 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, consisting 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) | 12 | 14-25 | First 12 bytes of the Bene Last Name | Beneficiary Last Name |
| 4 | Beneficiary First Name | Char(7) | 7 | 26-32 | First 7 bytes of the bene First Name | Beneficiary First Name |
| 5 | Beneficiary Initial | Char(1) | 1 | 33 | 1 byte Initial | Beneficiary Initial |
| 6 | Date of Birth | Char(8) | 8 | 34-41 | Formatted as yyyymmdd | The date of birth of the Medicare Beneficiary |
| 7 | Sex | Char(1) | 1 | 42 | 0=unknown, 1=male, 2=female | Represents the sex of the Medicare Beneficiary. |
| 8 | Social Security Number | Char(9) | 9 | 43-51 | 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) | 1 | 52 | 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 and 34. |

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 10 | Age Group Female35_44 | Char(1) | 1 | 53 | 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 and 44, inclusive. |
| 11 | Age Group Female45_54 | Char(1) | 1 | 54 | 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 and 54, inclusive. |
| 12 | Age Group Female55_59 | Char(1) | 1 | 55 | 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 and 59, inclusive. |
| 13 | Age Group Female60_64 | Char(1) | 1 | 56 | 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 and 64, inclusive. |
| 14 | Age Group Female65_69 | Char(1) | 1 | 57 | 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 and 69, inclusive. |
| 15 | Age Group Female70_74 | Char(1) | 1 | 58 | 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 and 74, inclusive. |
| 16 | Age Group Female75_79 | Char(1) | 1 | 59 | 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 and 79, inclusive. |
| 17 | Age Group Female80_84 | Char(1) | 1 | 60 | 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 and 84, inclusive. |
| 18 | Age Group Female85_89 | Char(1) | 1 | 61 | 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 and 89, inclusive. |
| 19 | Age Group Female90_94 | Char(1) | 1 | 62 | 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 and 94, inclusive. |
| 20 | Age Group Female95_GT | Char(1) | 1 | 63 | Set to "1" if applicable, otherwise "0" | The sex and age group for the beneficiary based on a given as of date. Female, age 95 and greater. |

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 21 | Age Group Male0_34 | Char(1) | 1 | 64 | 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 and 34, inclusive. |
| 22 | Age Group Male35_44 | Char(1) | 1 | 65 | 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 and 44, inclusive. |
| 23 | Age Group Male45_54 | Char(1) | 1 | 66 | 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 and 54, inclusive. |
| 24 | Age Group Male55_59 | Char(1) | 1 | 67 | 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 and 59, inclusive. |
| 25 | Age Group Male60_64 | Char(1) | 1 | 68 | 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 and 64, inclusive. |
| 26 | Age Group Male65_69 | Char(1) | 1 | 69 | 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 and 69, inclusive. |
| 27 | Age Group Male70_74 | Char(1) | 1 | 70 | 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 70 and 74, inclusive. |
| 28 | Age Group Male75_79 | Char(1) | 1 | 71 | 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 and 79, inclusive. |
| 29 | Age Group Male80_84 | Char(1) | 1 | 72 | 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 and 84, inclusive. |
| 30 | Age Group Male85_89 | Char(1) | 1 | 73 | 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 and 89, inclusive. |

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 31 | Age Group Male90_94 | Char(1) | 1 | 74 | 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 and 94, inclusive. |
| 32 | Age Group Male95_GT | Char(1) | 1 | 75 | Set to "1" if applicable, otherwise "0" | The sex and age group for the beneficiary based on a given as of date. Male, age 95 and greater. |
| 33 | Originally Disabled Female | Char(1) | 1 | 76 | Set to "1" if applicable, otherwise "0" | Beneficiary is a female and original Medicare entitlement was due to disability. |
| 34 | Originally Disabled Male | Char(1) | 1 | 77 | Set to "1" if applicable, otherwise "0" | Beneficiary is a male and original Medicare entitlement was due to disability. |
| 35 | Disease Coefficients RXHCC1 | Char(1) | 1 | 78 | Set to "1" if applicable, otherwise "0" | HIV/AIDS |
| 36 | Disease Coefficients RXHCC5 | Char(1) | 1 | 79 | Set to "1" if applicable, otherwise "0" | Opportunistic Infections |
| 37 | Disease Coefficients RXHCC15 | Char(1) | 1 | 80 | Set to "1" if applicable, otherwise "0" | Chronic Myeloid Leukemia |
| 38 | Disease Coefficients RXHCC16 | Char(1) | 1 | 81 | Set to "1" if applicable, otherwise "0" | Multiple Myeloma and Other Neoplastic Disorders |
| 39 | Disease Coefficients RXHCC17 | Char(1) | 1 | 82 | Set to "1" if applicable, otherwise "0" | Secondary Cancers of Bone, Lung, Brain, and Other Specified Sites; Liver Cancer |
| 40 | Disease Coefficients RXHCC18 | Char(1) | 1 | 83 | Set to "1" if applicable, otherwise "0" | Lung, Kidney, and Other Cancers |
| 41 | Disease Coefficients RXHCC19 | Char(1) | 1 | 84 | Set to "1" if applicable, otherwise "0" | Breast and Other Cancers and Tumors |
| 42 | Disease Coefficients RXHCC30 | Char(1) | 1 | 85 | Set to "1" if applicable, otherwise "0" | Diabetes with Complications |
| 43 | Disease Coefficients RXHCC31 | Char(1) | 1 | 86 | Set to "1" if applicable, otherwise "0" | Diabetes without Complication |

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 44 | Disease Coefficients RXHCC40 | Char(1) | 1 | 87 | Set to "1" if applicable, otherwise "0" | Specified Hereditary Metabolic/Immune Disorders |
| 45 | Disease Coefficients RXHCC41 | Char(1) | 1 | 88 | Set to "1" if applicable, otherwise "0" | Pituitary, Adrenal Gland, and Other Endocrine and Metabolic Disorders |
| 46 | Disease Coefficients RXHCC42 | Char(1) | 1 | 89 | Set to "1" if applicable, otherwise "0" | Thyroid Disorders |
| 47 | Disease Coefficients RXHCC43 | Char(1) | 1 | 90 | Set to "1" if applicable, otherwise "0" | Morbid Obesity |
| 48 | Disease Coefficients RXHCC45 | Char(1) | 1 | 91 | Set to "1" if applicable, otherwise "0" | Disorders of Lipoid Metabolism |
| 49 | Disease Coefficients RXHCC54 | Char(1) | 1 | 92 | Set to "1" if applicable, otherwise "0" | Chronic Viral Hepatitis C |
| 50 | Disease Coefficients RXHCC55 | Char(1) | 1 | 93 | Set to "1" if applicable, otherwise "0" | Chronic Viral Hepatitis, Except Hepatitis C |
| 51 | Disease Coefficients RXHCC65 | Char(1) | 1 | 94 | Set to "1" if applicable, otherwise "0" | Chronic Pancreatitis |
| 52 | Disease Coefficients RXHCC66 | Char(1) | 1 | 95 | Set to "1" if applicable, otherwise "0" | Pancreatic Disorders and Intestinal Malabsorption, Except Pancreatitis |
| 53 | Disease Coefficients RXHCC67 | Char(1) | 1 | 96 | Set to "1" if applicable, otherwise "0" | Inflammatory Bowel Disease |
| 54 | Disease Coefficients RXHCC68 | Char(1) | 1 | 97 | Set to "1" if applicable, otherwise "0" | Esophageal Reflux and Other Disorders of Esophagus |
| 55 | Disease Coefficients RXHCC80 | Char(1) | 1 | 98 | Set to "1" if applicable, otherwise "0" | Aseptic Necrosis of Bone |
| 56 | Disease Coefficients RXHCC82 | Char(1) | 1 | 99 | Set to "1" if applicable, otherwise "0" | Psoriatic Arthropathy and Systemic Sclerosis |

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 57 | Disease Coefficients RXHCC83 | Char(1) | 1 | 100 | Set to "1" if applicable, otherwise "0" | Rheumatoid Arthritis and Other Inflammatory Polyarthropathy |
| 58 | Disease Coefficients RXHCC84 | Char(1) | 1 | 101 | Set to "1" if applicable, otherwise "0" | Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies |
| 59 | Disease Coefficients RXHCC87 | Char(1) | 1 | 102 | Set to "1" if applicable, otherwise "0" | Osteoporosis, Vertebral and Pathological Fractures |
| 60 | Disease Coefficients RXHCC95 | Char(1) | 1 | 103 | Set to "1" if applicable, otherwise "0" | Sickle Cell Anemia |
| 61 | Disease Coefficients RXHCC96 | Char(1) | 1 | 104 | Set to "1" if applicable, otherwise "0" | Myelodysplastic Syndromes and Myelofibrosis |
| 62 | Disease Coefficients RXHCC97 | Char(1) | 1 | 105 | Set to "1" if applicable, otherwise "0" | Immune Disorders |
| 63 | Disease Coefficients RXHCC98 | Char(1) | 1 | 106 | Set to "1" if applicable, otherwise "0" | Aplastic Anemia and Other Significant Blood Disorders |
| 64 | Disease Coefficients RXHCC111 | Char(1) | 1 | 107 | Set to "1" if applicable, otherwise "0" | Alzheimer's Disease |
| 65 | Disease Coefficients RXHCC112 | Char(1) | 1 | 108 | Set to "1" if applicable, otherwise "0" | Dementia, Except Alzheimer's Disease |
| 66 | Disease Coefficients RXHCC130 | Char(1) | 1 | 109 | Set to "1" if applicable, otherwise "0" | Schizophrenia |
| 67 | Disease Coefficients RXHCC131 | Char(1) | 1 | 110 | Set to "1" if applicable, otherwise "0" | Bipolar Disorders |
| 68 | Disease Coefficients RXHCC132 | Char(1) | 1 | 111 | Set to "1" if applicable, otherwise "0" | Major Depression |
| 69 | Disease Coefficients RXHCC133 | Char(1) | 1 | 112 | Set to "1" if applicable, otherwise "0" | Specified Anxiety, Personality, and Behavior Disorders |

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 70 | Disease Coefficients RXHCC134 | Char(1) | 1 | 113 | Set to "1" if applicable, otherwise "0" | Depression |
| 71 | Disease Coefficients RXHCC135 | Char(1) | 1 | 114 | Set to "1" if applicable, otherwise "0" | Anxiety Disorders |
| 72 | Disease Coefficients RXHCC145 | Char(1) | 1 | 115 | Set to "1" if applicable, otherwise "0" | Autism |
| 73 | Disease Coefficients RXHCC146 | Char(1) | 1 | 116 | Set to "1" if applicable, otherwise "0" | Profound or Severe Intellectual Disability/Developmental Disorder |
| 74 | Disease Coefficients RXHCC147 | Char(1) | 1 | 117 | Set to "1" if applicable, otherwise "0" | Moderate Intellectual Disability/Developmental Disorder |
| 75 | Disease Coefficients RXHCC148 | Char(1) | 1 | 118 | Set to "1" if applicable, otherwise "0" | Mild or Unspecified Intellectual Disability/Developmental Disorder |
| 76 | Disease Coefficients RXHCC156 | Char(1) | 1 | 119 | Set to "1" if applicable, otherwise "0" | Myasthenia Gravis, Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease |
| 77 | Disease Coefficients RXHCC157 | Char(1) | 1 | 120 | Set to "1" if applicable, otherwise "0" | Spinal Cord Disorders |
| 78 | Disease Coefficients RXHCC159 | Char(1) | 1 | 121 | Set to "1" if applicable, otherwise "0" | Inflammatory and Toxic Neuropathy |
| 79 | Disease Coefficients RXHCC160 | Char(1) | 1 | 122 | Set to "1" if applicable, otherwise "0" | Multiple Sclerosis |
| 80 | Disease Coefficients RXHCC161 | Char(1) | 1 | 123 | Set to "1" if applicable, otherwise "0" | Parkinson's and Huntington's Diseases |
| 81 | Disease Coefficients RXHCC163 | Char(1) | 1 | 124 | Set to "1" if applicable, otherwise "0" | Intractable Epilepsy |
| 82 | Disease Coefficients RXHCC164 | Char(1) | 1 | 125 | Set to "1" if applicable, otherwise "0" | Epilepsy and Other Seizure Disorders, Except Intractable Epilepsy |

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 83 | Disease Coefficients RXHCC165 | Char(1) | 1 | 126 | Set to "1" if applicable, otherwise "0" | Convulsions |
| 84 | Disease Coefficients RXHCC166 | Char(1) | 1 | 127 | Set to "1" if applicable, otherwise "0" | Migraine Headaches |
| 85 | Disease Coefficients RXHCC168 | Char(1) | 1 | 128 | Set to "1" if applicable, otherwise "0" | Trigeminal and Postherpetic Neuralgia |
| 86 | Disease Coefficients RXHCC185 | Char(1) | 1 | 129 | Set to "1" if applicable, otherwise "0" | Primary Pulmonary Hypertension |
| 87 | Disease Coefficients RXHCC186 | Char(1) | 1 | 130 | Set to "1" if applicable, otherwise "0" | Congestive Heart Failure |
| 88 | Disease Coefficients RXHCC187 | Char(1) | 1 | 131 | Set to "1" if applicable, otherwise "0" | Hypertension |
| 89 | Disease Coefficients RXHCC188 | Char(1) | 1 | 132 | Set to "1" if applicable, otherwise "0" | Coronary Artery Disease |
| 90 | Disease Coefficients RXHCC193 | Char(1) | 1 | 133 | Set to "1" if applicable, otherwise "0" | Atrial Arrhythmias |
| 91 | Disease Coefficients RXHCC206 | Char(1) | 1 | 134 | Set to "1" if applicable, otherwise "0" | Cerebrovascular Disease, Except Hemorrhage or Aneurysm |
| 92 | Disease Coefficients RXHCC207 | Char(1) | 1 | 135 | Set to "1" if applicable, otherwise "0" | Spastic Hemiplegia |
| 93 | Disease Coefficients RXHCC215 | Char(1) | 1 | 136 | Set to "1" if applicable, otherwise "0" | Venous Thromboembolism |
| 94 | Disease Coefficients RXHCC216 | Char(1) | 1 | 137 | Set to "1" if applicable, otherwise "0" | Peripheral Vascular Disease |
| 95 | Disease Coefficients RXHCC225 | Char(1) | 1 | 138 | Set to "1" if applicable, otherwise "0" | Cystic Fibrosis |

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 96 | Disease Coefficients RXHCC226 | Char(1) | 1 | 139 | Set to "1" if applicable, otherwise "0" | Chronic Obstructive Pulmonary Disease and Asthma |
| 97 | Disease Coefficients RXHCC227 | Char(1) | 1 | 140 | Set to "1" if applicable, otherwise "0" | Pulmonary Fibrosis and Other Chronic Lung Disorders |
| 98 | Disease Coefficients RXHCC241 | Char(1) | 1 | 141 | Set to "1" if applicable, otherwise "0" | Diabetic Retinopathy |
| 99 | Disease Coefficients RXHCC243 | Char(1) | 1 | 142 | Set to "1" if applicable, otherwise "0" | Open-Angle Glaucoma |
| 100 | Disease Coefficients RXHCC260 | Char(1) | 1 | 143 | Set to "1" if applicable, otherwise "0" | Kidney Transplant Status |
| 101 | Disease Coefficients RXHCC261 | Char(1) | 1 | 144 | Set to "1" if applicable, otherwise "0" | Dialysis Status |
| 102 | Disease Coefficients RXHCC262 | Char(1) | 1 | 145 | Set to "1" if applicable, otherwise "0" | Chronic Kidney Disease Stage 5 |
| 103 | Disease Coefficients RXHCC263 | Char(1) | 1 | 146 | Set to "1" if applicable, otherwise "0" | Chronic Kidney Disease Stage 4 |
| 104 | Disease Coefficients RXHCC311 | Char(1) | 1 | 147 | Set to "1" if applicable, otherwise "0" | Chronic Ulcer of Skin, Except Pressure |
| 105 | Disease Coefficients RXHCC314 | Char(1) | 1 | 148 | Set to "1" if applicable, otherwise "0" | Pemphigus |
| 106 | Disease Coefficients RXHCC316 | Char(1) | 1 | 149 | Set to "1" if applicable, otherwise "0" | Psoriasis, Except with Arthropathy |
| 107 | Disease Coefficients RXHCC355 | Char(1) | 1 | 150 | Set to "1" if applicable, otherwise "0" | Narcolepsy and Cataplexy |
| 108 | Disease Coefficients RXHCC395 | Char(1) | 1 | 151 | Set to "1" if applicable, otherwise "0" | Lung Transplant Status |

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 109 | Disease Coefficients RXHCC396 | Char(1) | 1 | 152 | Set to "1" if applicable, otherwise "0" | Major Organ Transplant Status, Except Lung, Kidney, and Pancreas |
| 110 | Disease Coefficients RXHCC397 | Char(1) | 1 | 153 | Set to "1" if applicable, otherwise "0" | Pancreas Transplant Status |
| 111 | Originally Disabled | Char(1) | 1 | 154 | Set to "1" if applicable, otherwise "0" | The original reason for Medicare entitlement was due to disability. |
| 112 | NONAGED RXHCC1 | Char(1) | 1 | 155 | Set to "1" if applicable, otherwise "0" | Non-Aged and HIV/AIDS |
| 113 | NONAGED RXHCC130 | Char(1) | 1 | 156 | Set to "1" if applicable, otherwise "0" | Non-Aged and Schizophrenia |
| 114 | NONAGED RXHCC131 | Char(1) | 1 | 157 | Set to "1" if applicable, otherwise "0" | Non-Aged and Bipolar Disorders |
| 115 | NONAGED RXHCC132 | Char(1) | 1 | 158 | Set to "1" if applicable, otherwise "0" | Non-Aged and Major Depression |
| 116 | NONAGED RXHCC133 | Char(1) | 1 | 159 | Set to "1" if applicable, otherwise "0" | Non-Aged and Specified Anxiety, Personality, and Behavior Disorders |
| 117 | NONAGED RXHCC134 | Char(1) | 1 | 160 | Set to "1" if applicable, otherwise "0" | Non-Aged and Depression |
| 118 | NONAGED RXHCC135 | Char(1) | 1 | 161 | Set to "1" if applicable, otherwise "0" | Non-Aged and Anxiety Disorders |
| 119 | NONAGED RXHCC160 | Char(1) | 1 | 162 | Set to "1" if applicable, otherwise "0" | Non-Aged and Autism |
| 120 | NONAGED RXHCC163 | Char(1) | 1 | 163 | Set to "1" if applicable, otherwise "0" | Non-Aged and Multiple Sclerosis |

Total Length = 163

NOTE: Fields 111-120 are associated with the Rx HCC Continuing Enrollee Institutional Score only.

### F.15.3 *Trailer Record*

The Contract Trailer Record signals the end of the detail/Beneficiary records for a MA or stand-alone PDP contract. This record has a length of 163.

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 1 | Record Type Code | Char(1) | 1 | 1 | Set to "3" | 1 = Header<br>2 = Details<br>3 = Trailer |
| 2 | Contract Number | Char(5) | 5 | 2-6 | Also known as MCO plan number | Unique identification for a Managed Care Organization (MCO) enabling the MCO to provide coverage to eligible beneficiaries. |
| 3 | Total Record Count | Char(9) | 9 | 7-15 | Includes all header and trailer records | Record count in display format 9(9). |
| 4 | Filler | Char(153) | 153 | 16-163 | Spaces | Filler |

Total Length = 163

## *F.16 Risk Adjustment System (RAS) Prescription Drug Hierarchical Condition Category (RxHCC) Model Output Data File Type 2*

Note: The date in the file name defaults to "01" denoting the first day of the current payment month.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| RAS (MARx) | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.PTDMODD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.PTDMODD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.PTDMODD.Dyymm01.Thhmmsst |

The following records are included in this file:

- Header Record
- Detail Record
- Trailer Record

### F.16.1 *Header Record*

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 1 | Record Type Code | Char(1) | 1 | 1 | Set to "1" | 1 = Header<br>2 = Details<br>3 = Trailer |
| 2 | Contract Number | Char(5) | 5 | 2-6 | Also known as MCO plan number | Unique identification for a Managed Care Organization (MCO) enabling the MCO to provide coverage to eligible beneficiaries. |
| 3 | Run Date | Char(8) | 8 | 7-14 | Format as yyyymmdd | The run date when this file was created. |
| 4 | Payment Year and Month | Char(6) | 6 | 15-20 | Format as yyyymm | This identifies the risk adjustment payment year and month for the model run. |
| 5 | Filler | Char(143) | 160 | 21-180 | Spaces | Filler |

Total Length = 180

### F.16.2 *Detail Record*

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 1 | Record Type Code | Char(1) | 1 | 1 | Set to "2" | 1 = Header<br>2 = Details<br>3 = Trailer |
| 2 | Health Insurance Claim Number | Char(12) | 12 | 2-13 | Also known as HICN | This is the Health Insurance Claim Number (known as HICN) identifying the primary Medicare Beneficiary under the SSA or RRB programs.<br>The HICN, consisting of Beneficiary Claim Number along with the Beneficiary Identification Code uniquely identifies a Medicare Beneficiary.<br>For the RRB program, the claim account number is a 12-byte account number. |
| 3 | Beneficiary Last Name | Char(12) | 12 | 14-25 | First 12 bytes of the Bene Last Name | Beneficiary Last Name |
| 4 | Beneficiary First Name | Char(7) | 7 | 26-32 | First 7 bytes of the bene First Name | Beneficiary First Name |
| 5 | Beneficiary Initial | Char(1) | 1 | 33 | 1 byte Initial | Beneficiary Initial |
| 6 | Date of Birth | Char(8) | 8 | 34-41 | Formatted as yyyymmdd | The date of birth of the Medicare Beneficiary |
| 7 | Sex | Char(1) | 1 | 42 | 0=unknown, 1=male, 2=female | Represents the sex of the Medicare Beneficiary. |
| 8 | Social Security Number | Char(9) | 9 | 43-51 | 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) | 1 | 52 | 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 and 34. |
| 10 | Age Group Female35_44 | Char(1) | 1 | 53 | 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 and 44, inclusive. |
| 11 | Age Group Female45_54 | Char(1) | 1 | 54 | 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 and 54, inclusive. |

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 12 | Age Group Female55_59 | Char(1) | 1 | 55 | 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 and 59, inclusive. |
| 13 | Age Group Female60_64 | Char(1) | 1 | 56 | 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 and 64, inclusive. |
| 14 | Age Group Female65_69 | Char(1) | 1 | 57 | 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 and 69, inclusive. |
| 15 | Age Group Female70_74 | Char(1) | 1 | 58 | 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 and 74, inclusive. |
| 16 | Age Group Female75_79 | Char(1) | 1 | 59 | 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 and 79, inclusive. |
| 17 | Age Group Female80_84 | Char(1) | 1 | 60 | 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 and 84, inclusive. |
| 18 | Age Group Female85_89 | Char(1) | 1 | 61 | 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 and 89, inclusive. |
| 19 | Age Group Female90_94 | Char(1) | 1 | 62 | 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 and 94, inclusive. |
| 20 | Age Group Female95_GT | Char(1) | 1 | 63 | Set to "1" if applicable, otherwise "0" | The sex and age group for the beneficiary based on a given as of date. Female, age 95 and greater. |
| 21 | Age Group Male0_34 | Char(1) | 1 | 64 | 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 and 34, inclusive. |
| 22 | Age Group Male35_44 | Char(1) | 1 | 65 | 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 and 44, inclusive. |

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 23 | Age Group Male45_54 | Char(1) | 1 | 66 | 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 and 54, inclusive. |
| 24 | Age Group Male55_59 | Char(1) | 1 | 67 | 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 and 59, inclusive. |
| 25 | Age Group Male60_64 | Char(1) | 1 | 68 | 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 and 64, inclusive. |
| 26 | Age Group Male65_69 | Char(1) | 1 | 69 | 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 and 69, inclusive. |
| 27 | Age Group Male70_74 | Char(1) | 1 | 70 | 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 70 and 74, inclusive. |
| 28 | Age Group Male75_79 | Char(1) | 1 | 71 | 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 and 79, inclusive. |
| 29 | Age Group Male80_84 | Char(1) | 1 | 72 | 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 and 84, inclusive. |
| 30 | Age Group Male85_89 | Char(1) | 1 | 73 | 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 and 89, inclusive. |
| 31 | Age Group Male90_94 | Char(1) | 1 | 74 | 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 and 94, inclusive. |
| 32 | Age Group Male95_GT | Char(1) | 1 | 75 | Set to "1" if applicable, otherwise "0" | The sex and age group for the beneficiary based on a given as of date. Male, age 95 and greater. |
| 33 | Originally Disabled Female | Char(1) | 1 | 76 | Set to "1" if applicable, otherwise "0" | Beneficiary is a female and original Medicare entitlement was due to disability. |

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 34 | Originally Disabled Male | Char(1) | 1 | 77 | Set to "1" if applicable, otherwise "0" | Beneficiary is a male and original Medicare entitlement was due to disability. |
| 35 | Disease Coefficients RXHCC1 | Char(1) | 1 | 78 | Set to "1" if applicable, otherwise "0" | HIV/AIDS |
| 36 | Disease Coefficients RXHCC5 | Char(1) | 1 | 79 | Set to "1" if applicable, otherwise "0" | Opportunistic Infections |
| 37 | Disease Coefficients RXHCC15 | Char(1) | 1 | 80 | Set to "1" if applicable, otherwise "0" | Chronic Myeloid Leukemia |
| 38 | Disease Coefficients RXHCC16 | Char(1) | 1 | 81 | Set to "1" if applicable, otherwise "0" | Multiple Myeloma and Other Neoplastic Disorders |
| 39 | Disease Coefficients RXHCC17 | Char(1) | 1 | 82 | Set to "1" if applicable, otherwise "0" | Secondary Cancers of Bone, Lung, Brain, and Other Specified Sites; Liver Cancer |
| 40 | Disease Coefficients RXHCC18 | Char(1) | 1 | 83 | Set to "1" if applicable, otherwise "0" | Lung, Kidney, and Other Cancers |
| 41 | Disease Coefficients RXHCC19 | Char(1) | 1 | 84 | Set to "1" if applicable, otherwise "0" | Breast and Other Cancers and Tumors |
| 42 | Disease Coefficients RXHCC30 | Char(1) | 1 | 85 | Set to "1" if applicable, otherwise "0" | Diabetes with Complications |
| 43 | Disease Coefficients RXHCC31 | Char(1) | 1 | 86 | Set to "1" if applicable, otherwise "0" | Diabetes without Complication |
| 44 | Disease Coefficients RXHCC40 | Char(1) | 1 | 87 | Set to "1" if applicable, otherwise "0" | Specified Hereditary Metabolic/Immune Disorders |
| 45 | Disease Coefficients RXHCC41 | Char(1) | 1 | 88 | Set to "1" if applicable, otherwise "0" | Pituitary, Adrenal Gland, and Other Endocrine and Metabolic Disorders |
| 46 | Disease Coefficients RXHCC42 | Char(1) | 1 | 89 | Set to "1" if applicable, otherwise "0" | Thyroid Disorders |

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 47 | Disease Coefficients RXHCC43 | Char(1) | 1 | 90 | Set to "1" if applicable, otherwise "0" | Morbid Obesity |
| 48 | Disease Coefficients RXHCC45 | Char(1) | 1 | 91 | Set to "1" if applicable, otherwise "0" | Disorders of Lipoid Metabolism |
| 49 | Disease Coefficients RXHCC54 | Char(1) | 1 | 92 | Set to "1" if applicable, otherwise "0" | Chronic Viral Hepatitis C |
| 50 | Disease Coefficients RXHCC55 | Char(1) | 1 | 93 | Set to "1" if applicable, otherwise "0" | Chronic Viral Hepatitis, Except Hepatitis C |
| 51 | Disease Coefficients RXHCC65 | Char(1) | 1 | 94 | Set to "1" if applicable, otherwise "0" | Chronic Pancreatitis |
| 52 | Disease Coefficients RXHCC66 | Char(1) | 1 | 95 | Set to "1" if applicable, otherwise "0" | Pancreatic Disorders and Intestinal Malabsorption, Except Pancreatitis |
| 53 | Disease Coefficients RXHCC67 | Char(1) | 1 | 96 | Set to "1" if applicable, otherwise "0" | Inflammatory Bowel Disease |
| 54 | Disease Coefficients RXHCC68 | Char(1) | 1 | 97 | Set to "1" if applicable, otherwise "0" | Esophageal Reflux and Other Disorders of Esophagus |
| 55 | Disease Coefficients RXHCC80 | Char(1) | 1 | 98 | Set to "1" if applicable, otherwise "0" | Aseptic Necrosis of Bone |
| 56 | Disease Coefficients RXHCC82 | Char(1) | 1 | 99 | Set to "1" if applicable, otherwise "0" | Psoriatic Arthropathy and Systemic Sclerosis |
| 57 | Disease Coefficients RXHCC83 | Char(1) | 1 | 100 | Set to "1" if applicable, otherwise "0" | Rheumatoid Arthritis and Other Inflammatory Polyarthropathy |
| 58 | Disease Coefficients RXHCC84 | Char(1) | 1 | 101 | Set to "1" if applicable, otherwise "0" | Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies |
| 59 | Disease Coefficients RXHCC87 | Char(1) | 1 | 102 | Set to "1" if applicable, otherwise "0" | Osteoporosis, Vertebral and Pathological Fractures |

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 60 | Disease Coefficients RXHCC95 | Char(1) | 1 | 103 | Set to "1" if applicable, otherwise "0" | Sickle Cell Anemia |
| 61 | Disease Coefficients RXHCC96 | Char(1) | 1 | 104 | Set to "1" if applicable, otherwise "0" | Myelodysplastic Syndromes and Myelofibrosis |
| 62 | Disease Coefficients RXHCC97 | Char(1) | 1 | 105 | Set to "1" if applicable, otherwise "0" | Immune Disorders |
| 63 | Disease Coefficients RXHCC98 | Char(1) | 1 | 106 | Set to "1" if applicable, otherwise "0" | Aplastic Anemia and Other Significant Blood Disorders |
| 64 | Disease Coefficients RXHCC111 | Char(1) | 1 | 107 | Set to "1" if applicable, otherwise "0" | Alzheimer's Disease |
| 65 | Disease Coefficients RXHCC112 | Char(1) | 1 | 108 | Set to "1" if applicable, otherwise "0" | Dementia, Except Alzheimer's Disease |
| 66 | Disease Coefficients RXHCC130 | Char(1) | 1 | 109 | Set to "1" if applicable, otherwise "0" | Schizophrenia |
| 67 | Disease Coefficients RXHCC131 | Char(1) | 1 | 110 | Set to "1" if applicable, otherwise "0" | Bipolar Disorders |
| 68 | Disease Coefficients RXHCC132 | Char(1) | 1 | 111 | Set to "1" if applicable, otherwise "0" | Major Depression |
| 69 | Disease Coefficients RXHCC133 | Char(1) | 1 | 112 | Set to "1" if applicable, otherwise "0" | Specified Anxiety, Personality, and Behavior Disorders |
| 70 | Disease Coefficients RXHCC134 | Char(1) | 1 | 113 | Set to "1" if applicable, otherwise "0" | Depression |
| 71 | Disease Coefficients RXHCC135 | Char(1) | 1 | 114 | Set to "1" if applicable, otherwise "0" | Anxiety Disorders |
| 72 | Disease Coefficients RXHCC145 | Char(1) | 1 | 115 | Set to "1" if applicable, otherwise "0" | Autism |

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 73 | Disease Coefficients RXHCC146 | Char(1) | 1 | 116 | Set to "1" if applicable, otherwise "0" | Profound or Severe Intellectual Disability/Developmental Disorder |
| 74 | Disease Coefficients RXHCC147 | Char(1) | 1 | 117 | Set to "1" if applicable, otherwise "0" | Moderate Intellectual Disability/Developmental Disorder |
| 75 | Disease Coefficients RXHCC148 | Char(1) | 1 | 118 | Set to "1" if applicable, otherwise "0" | Mild or Unspecified Intellectual Disability/Developmental Disorder |
| 76 | Disease Coefficients RXHCC156 | Char(1) | 1 | 119 | Set to "1" if applicable, otherwise "0" | Myasthenia Gravis, Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease |
| 77 | Disease Coefficients RXHCC157 | Char(1) | 1 | 120 | Set to "1" if applicable, otherwise "0" | Spinal Cord Disorders |
| 78 | Disease Coefficients RXHCC159 | Char(1) | 1 | 121 | Set to "1" if applicable, otherwise "0" | Inflammatory and Toxic Neuropathy |
| 79 | Disease Coefficients RXHCC160 | Char(1) | 1 | 122 | Set to "1" if applicable, otherwise "0" | Multiple Sclerosis |
| 80 | Disease Coefficients RXHCC161 | Char(1) | 1 | 123 | Set to "1" if applicable, otherwise "0" | Parkinson's and Huntington's Diseases |
| 81 | Disease Coefficients RXHCC163 | Char(1) | 1 | 124 | Set to "1" if applicable, otherwise "0" | Intractable Epilepsy |
| 82 | Disease Coefficients RXHCC164 | Char(1) | 1 | 125 | Set to "1" if applicable, otherwise "0" | Epilepsy and Other Seizure Disorders, Except Intractable Epilepsy |
| 83 | Disease Coefficients RXHCC165 | Char(1) | 1 | 126 | Set to "1" if applicable, otherwise "0" | Convulsions |
| 84 | Disease Coefficients RXHCC166 | Char(1) | 1 | 127 | Set to "1" if applicable, otherwise "0" | Migraine Headaches |
| 85 | Disease Coefficients RXHCC168 | Char(1) | 1 | 128 | Set to "1" if applicable, otherwise "0" | Trigeminal and Postherpetic Neuralgia |

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 86 | Disease Coefficients RXHCC185 | Char(1) | 1 | 129 | Set to "1" if applicable, otherwise "0" | Primary Pulmonary Hypertension |
| 87 | Disease Coefficients RXHCC186 | Char(1) | 1 | 130 | Set to "1" if applicable, otherwise "0" | Congestive Heart Failure |
| 88 | Disease Coefficients RXHCC187 | Char(1) | 1 | 131 | Set to "1" if applicable, otherwise "0" | Hypertension |
| 89 | Disease Coefficients RXHCC188 | Char(1) | 1 | 132 | Set to "1" if applicable, otherwise "0" | Coronary Artery Disease |
| 90 | Disease Coefficients RXHCC193 | Char(1) | 1 | 133 | Set to "1" if applicable, otherwise "0" | Atrial Arrhythmias |
| 91 | Disease Coefficients RXHCC206 | Char(1) | 1 | 134 | Set to "1" if applicable, otherwise "0" | Cerebrovascular Disease, Except Hemorrhage or Aneurysm |
| 92 | Disease Coefficients RXHCC207 | Char(1) | 1 | 135 | Set to "1" if applicable, otherwise "0" | Spastic Hemiplegia |
| 93 | Disease Coefficients RXHCC215 | Char(1) | 1 | 136 | Set to "1" if applicable, otherwise "0" | Venous Thromboembolism |
| 94 | Disease Coefficients RXHCC216 | Char(1) | 1 | 137 | Set to "1" if applicable, otherwise "0" | Peripheral Vascular Disease |
| 95 | Disease Coefficients RXHCC225 | Char(1) | 1 | 138 | Set to "1" if applicable, otherwise "0" | Cystic Fibrosis |
| 96 | Disease Coefficients RXHCC226 | Char(1) | 1 | 139 | Set to "1" if applicable, otherwise "0" | Chronic Obstructive Pulmonary Disease and Asthma |
| 97 | Disease Coefficients RXHCC227 | Char(1) | 1 | 140 | Set to "1" if applicable, otherwise "0" | Pulmonary Fibrosis and Other Chronic Lung Disorders |
| 98 | Disease Coefficients RXHCC241 | Char(1) | 1 | 141 | Set to "1" if applicable, otherwise "0" | Diabetic Retinopathy |

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 99 | Disease Coefficients RXHCC243 | Char(1) | 1 | 142 | Set to "1" if applicable, otherwise "0" | Open-Angle Glaucoma |
| 100 | Disease Coefficients RXHCC260 | Char(1) | 1 | 143 | Set to "1" if applicable, otherwise "0" | Kidney Transplant Status |
| 101 | Disease Coefficients RXHCC261 | Char(1) | 1 | 144 | Set to "1" if applicable, otherwise "0" | Dialysis Status |
| 102 | Disease Coefficients RXHCC262 | Char(1) | 1 | 145 | Set to "1" if applicable, otherwise "0" | Chronic Kidney Disease Stage 5 |
| 103 | Disease Coefficients RXHCC263 | Char(1) | 1 | 146 | Set to "1" if applicable, otherwise "0" | Chronic Kidney Disease Stage 4 |
| 104 | Disease Coefficients RXHCC311 | Char(1) | 1 | 147 | Set to "1" if applicable, otherwise "0" | Chronic Ulcer of Skin, Except Pressure |
| 105 | Disease Coefficients RXHCC314 | Char(1) | 1 | 148 | Set to "1" if applicable, otherwise "0" | Pemphigus |
| 106 | Disease Coefficients RXHCC316 | Char(1) | 1 | 149 | Set to "1" if applicable, otherwise "0" | Psoriasis, Except with Arthropathy |
| 107 | Disease Coefficients RXHCC355 | Char(1) | 1 | 150 | Set to "1" if applicable, otherwise "0" | Narcolepsy and Cataplexy |
| 108 | Disease Coefficients RXHCC395 | Char(1) | 1 | 151 | Set to "1" if applicable, otherwise "0" | Lung Transplant Status |
| 109 | Disease Coefficients RXHCC396 | Char(1) | 1 | 152 | Set to "1" if applicable, otherwise "0" | Major Organ Transplant Status, Except Lung, Kidney, and Pancreas |
| 110 | Disease Coefficients RXHCC397 | Char(1) | 1 | 153 | Set to "1" if applicable, otherwise "0" | Pancreas Transplant Status |
| 111 | Originally Disabled | Char(1) | 1 | 154 | Set to "1" if applicable, otherwise "0" | The original reason for Medicare entitlement was due to disability. |

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 112 | NONAGED RXHCC1 | Char(1) | 1 | 155 | Set to "1" if applicable, otherwise "0" | Non-Aged and HIV/AIDS |
| 113 | NONAGED RXHCC130 | Char(1) | 1 | 156 | Set to "1" if applicable, otherwise "0" | Non-Aged and Schizophrenia |
| 114 | NONAGED RXHCC131 | Char(1) | 1 | 157 | Set to "1" if applicable, otherwise "0" | Non-Aged and Bipolar Disorders |
| 115 | NONAGED RXHCC132 | Char(1) | 1 | 158 | Set to "1" if applicable, otherwise "0" | Non-Aged and Major Depression |
| 116 | NONAGED RXHCC133 | Char(1) | 1 | 159 | Set to "1" if applicable, otherwise "0" | Non-Aged and Specified Anxiety, Personality, and Behavior Disorders |
| 117 | NONAGED RXHCC134 | Char(1) | 1 | 160 | Set to "1" if applicable, otherwise "0" | Non-Aged and Depression |
| 118 | NONAGED RXHCC135 | Char(1) | 1 | 161 | Set to "1" if applicable, otherwise "0" | Non-Aged and Anxiety Disorders |
| 119 | NONAGED RXHCC160 | Char(1) | 1 | 162 | Set to "1" if applicable, otherwise "0" | Non-Aged and Multiple Sclerosis |
| 120 | NONAGED RXHCC163 | Char(1) | 1 | 163 | Set to "1" if applicable, otherwise "0" | Non-Aged and Intractable Epilepsy |
| 121 | NONAGED RXHCC145 | Char(1) | 1 | 164 | Set to "1" if applicable, otherwise "0" | Non-Aged and Autism |
| 122 | NONAGED RXHCC164 | Char(1) | 1 | 165 | Set to "1" if applicable, otherwise "0" | Non-Aged and Epilepsy and Other Seizure Disorders, Except Intractable Epilepsy |
| 123 | NONAGED RXHCC165 | Char(1) | 1 | 166 | Set to "1" if applicable, otherwise "0" | Non-Aged and Convulsions |
| 124 | FILLER | Char(1) | 14 | 167-180 | Spaces | FILLER |

Total Length = 180

NOTE: Fields 111-120 are associated with the Rx HCC Continuing Enrollee Institutional Score only.

### F.16.3 *Trailer Record*

| Item | Field | Data Type | Size | Position | Comment | Description |
|---|---|---|---|---|---|---|
| 1 | Record Type Code | Char(1) | 1 | 1 | Set to "3" | 1 = Header<br>2 = Details<br>3 = Trailer |
| 2 | Contract Number | Char(5) | 5 | 2-6 | Also known as MCO plan number | Unique identification for a Managed Care Organization (MCO) enabling the MCO to provide coverage to eligible beneficiaries. |
| 3 | Total Record Count | Char(9) | 9 | 7-15 | Includes all header and trailer records | Record count in display format 9(9). |
| 4 | Filler | Char(153) | 165 | 16-180 | Spaces | Filler |

Total Length = 180

## *F.17 Medicare Advantage Organization (MAO) 004 Report – Encounter Data Diagnosis Eligible for Risk Adjustment*

Beginning with Payment Year (PY) 2015, encounter data based diagnoses with 2014 dates of service that are valid for risk adjustment will be added as another source of data when calculating risk scores, in addition to diagnoses from the Risk Adjustment Processing System (RAPS) and from fee-for-service (FFS) claims. For PY 2016 (2015 dates of service), CMS will use a blended risk score, adding 10% of the risk score calculated using diagnoses from encounter data records and FFS claims with 90% of the risk score calculated using diagnoses submitted to RAPS and FFS claims. In order to report which diagnoses CMS has extracted from the encounter data system to use in the calculation of risk scores, CMS will send a flat file report to Plan sponsors (MAOs, PACE Organizations, entities under contract to offer cost plans, and certain demonstration projects). The report will contain the diagnoses that meet the risk adjustment rules and are, therefore, eligible for risk adjustment.

This report will be distributed to MAOs by Contract Identification Number on a monthly basis via MARx. CMS will start sending the reports in December 2015, beginning with diagnoses from 2014 dates of service.

If you have any questions about the report, please email RiskAdjustment@cms.hhs.gov with the subject line of "MAO-004 report, Contract XXXX.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| RAS (MARx) | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.MAO004PV.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.MAO004PV.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.MAO004PV.Dyymmdd.Thhmmsst |

### F.17.1 *Header Record*

| Item | Field | Size | Position | Format and Comments |
|---|---|---|---|---|
| 1 | Record Type | 1 | 1 | • Numeric, no commas and/or decimals<br>• 0=Header |
| 2 | Delimiter | 1 | 2 | • Alphanumeric<br>• Uses the * character |
| 3 | Report ID | 7 | 3-9 | • Alphanumeric<br>• Value is 'MAO-004' |
| 4 | Delimiter | 1 | 10 | • Alphanumeric<br>• Uses the * character |
| 5 | Medicare Advantage Contract ID | 5 | 11-15 | • Alphanumeric<br>• Medicare Contract ID assigned to the submitting contract |

| Item | Field | Size | Position | Format and Comments |
|---|---|---|---|---|
| 6 | Delimiter | 1 | 16 | • Alphanumeric<br>• Uses the * character |
| 7 | Report Date | 8 | 17-24 | • Numeric<br>• Format CCYYMMDD<br>• Date of report creation |
| 8 | Delimiter | 1 | 25 | • Alphanumeric<br>• Uses the * character |
| 9 | Report Description | 53 | 26-78 | • Alphanumeric,<br>• Left justify, blank fill<br>• Value is "Encounter Data Diagnosis Eligible for Risk Adjustment" |
| 10 | Delimiter | 1 | 79 | • Alphanumeric<br>• Uses the * character |
| 11 | Filler | 30 | 80-109 | • Spaces |
| 12 | Delimiter | 1 | 110 | • Alphanumeric<br>• Uses the * character |
| 13 | Submission File Type | 4 | 111-114 | • Alphanumeric<br>• Value of 'PROD,' for production and 'TEST' for test files |
| 14 | Delimiter | 1 | 115 | • Alphanumeric<br>• Uses the * character |
| 15 | Phase | 1 | 116 | • Alphanumeric |
| 16 | Delimiter | 1 | 117 | • Alphanumeric<br>• Uses the * character |
| 17 | Version | 1 | 118 | • Alphanumeric<br>• This field will designate which version within the phase |
| 18 | Delimiter | 1 | 119 | • Alphanumeric<br>• Uses the * character |
| 19 | Filler | 381 | 120-500 | • |

Total Length = 500

### F.17.2 *Detail Record*

| Item | Field | Size | Position | Format and Comments |
|---|---|---|---|---|
| 1 | Record Type | 1 | 1 | • Numeric<br>• 1=Detail |
| 2 | Delimiter | 1 | 2 | • Alphanumeric<br>• Uses the * character |
| 3 | Report ID | 7 | 3-9 | • Alphanumeric<br>• Value is 'MAO-004' |
| 4 | Delimiter | 1 | 10 | • Alphanumeric<br>• Uses the * character |
| 5 | Medicare Advantage Contract ID | 5 | 11-15 | • Alphanumeric<br>• Medicare Contract ID assigned to the submitting contract |

| Item | Field | Size | Position | Format and Comments |
|---|---|---|---|---|
| 6 | Delimiter | 1 | 16 | • Alphanumeric<br>• Uses the * character |
| 7 | Beneficiary HICN | 12 | 17-28 | • Alphanumeric<br>• Beneficiary Health Insurance Claim Number |
| 8 | Delimiter | 1 | 29 | • Alphanumeric<br>• Uses the * character |
| 9 | Encounter ICN | 20 | 30-49 | • Numeric<br>• Encounter Data System (EDS) Internal Control Number. In encounter data, only 13 spaces represent the ICN; however, there are 20 spaces on the records to allow enhancement of the ICN. |
| 10 | Delimiter | 1 | 50 | • Alphanumeric<br>• Uses the * character |
| 11 | Encounter Type Switch | 1 | 51 | • Alpha Numeric<br>• This field can take on 9 different values:<br>“1” = Encounter,<br>“2” = Void to an Encounter,<br>“3”= Replacement to an Encounter,<br>"4" = Chart Review Add,<br>“5” = Void to a Chart Review Add,<br>“6” = Replacement to a Chart Review Add,<br>“7” = Chart Review Delete,<br>“8” = Void to a chart review delete,<br>“9” = Replacement to a chart review delete |
| 12 | Delimiter | 1 | 52 | • Alphanumeric<br>• Uses the * character |
| 13 | ICN of Encounter Linked To | 20 | 53-72 | • Alphanumeric<br>• Encounter Data System (EDS) Internal Control Number. This field reports the ICN of the record an adjustment, void, linked chart review add, or linked chart review delete is linked to. It will be blank for original encounters and unlinked chart reviews. |
| 14 | Delimiter | 1 | 73 | • Alphanumeric<br>• Uses the * character |

| Item | Field | Size | Position | Format and Comments |
|---|---|---|---|---|
| 15 | Allowed/ Disallowed Status of Encounter Linked To | 1 | 74 | • Alphanumeric<br>• This field indicates if the diagnoses on the encounter data record or chart review record that is referenced in Field 13 were allowed or disallowed for risk adjustment.<br><br>'A' = Diagnoses on previous record were allowed.<br>'D' = Diagnoses on previous record were disallowed.<br>Blank = (1) if the current record is an original encounter data record, or (2) if the current record is an unlinked chart review record and no record is referenced in Field #13, or (3) if the record is a linked chart review with an invalid ICN in Field #13, or (4) if the diagnoses on the record whose ICN is in Field 13 did not pass the filtering logic and were not previously reported on a MAO-004 report. |
| 16 | Delimiter | 1 | 75 | • Alphanumeric<br>• Uses the * character |
| 17 | Encounter Submission Date | 8 | 76-83 | • Numeric, format CCYYMMDD<br>• Identifies the date the MAO submitted the encounter. |
| 18 | Delimiter | 1 | 84 | • Alphanumeric<br>• Uses the * character |
| 19 | "From" Date of Service | 8 | 85-92 | • Numeric<br>• Format CCYYMMDD<br>• The start date for a provided service |
| 20 | Delimiter | 1 | 93 | • Alphanumeric<br>• Uses the * character |
| 21 | "Through" Date of Service | 8 | 94-101 | • Numeric,<br>• Format CCYYMMDD<br>• The end date for a provided service. |
| 22 | Delimiter | 1 | 102 | • Alphanumeric<br>• Uses the * character |
| 23 | Claim Type | 1 | 103 | • Alphanumeric<br>• Type of Claim: Professional, Inpatient, or Outpatient (Values: P, I, O) |
| 24 | Delimiter | 1 | 104 | • Alphanumeric<br>• Uses the * character |

| Item | Field | Size | Position | Format and Comments |
|---|---|---|---|---|
| 25 | Allowed/ Disallowed flag | 1 | 105 | • Alphanumeric<br>• This field indicates if diagnoses on the current encounter data record (Field #9) are allowed or disallowed for risk adjustment.<br>'A' = Diagnoses are allowed for risk adjustment.<br>'D' = Diagnoses are disallowed for risk adjustment.<br>Blank = Voids and chart review deletes, since allowed and disallowed status do not apply. |
| 26 | Delimiter | 1 | 106 | • Alphanumeric<br>• Uses the * character |
| 27 | Allowed/ Disallowed Reason Code | 1 | 107 | • Alphanumeric<br>• If applicable, this field will indicate why diagnoses on the current record are disallowed, or will indicate that diagnoses which previously did not pass the CMS filtering logic are now allowed based on an updated CPT/HCPCS list.<br>'H' = CPT/HCPCS code is not acceptable for risk adjustment. This value is applicable to only outpatient and professional encounters, not to inpatient encounters.<br>'T'= Type of Bill is not acceptable for risk adjustment. This value is applicable to only outpatient and inpatient encounters, not to professional encounters.<br>'Q'= the diagnoses on the current encounter are now allowed due to CPT/HCPCS quarterly update. This value is only applicable to reprocessed outpatient and professional encounters, not to inpatient encounters.<br>Blank = the diagnoses on the current record have passed CMS filtering criteria and are allowed.<br>• If the diagnoses on the record is disallowed for both type of bill and CPT/HCPCS code, reason code 'T' will be reported. This is only applicable to outpatient encounters. |
| 28 | Delimiter | 1 | 108 | • Alphanumeric<br>• Uses the * character |
| 29 | Diagnoses ICD | 1 | 109 | • Alphanumeric<br>• ICD code for All the diagnoses (9 or 0). 9=ICD-9 and 0=ICD-10 |
| 30 | Delimiter | 1 | 110 | • Uses the * character |

| Item | Field | Size | Position | Format and Comments |
|---|---|---|---|---|
| 31 | Diagnosis Codes | 7 | 111-117 | • Alphanumeric<br>• ICD-9 codes will be accepted prior to the ICD-10 implementation date. Only ICD-10 codes will be accepted starting with ICD-10 implementation date. |
| 32 | Delimiter | 1 | 118 | • Alphanumeric<br>• Uses the * character |
| 33 | Add or Delete flag | 1 | 119 | • Alphanumeric<br>• This field will indicate if a diagnosis is an Add or Delete. Diagnoses added on original and replacement encounters (including chart reviews) for the first time in that encounter family, will be marked as "A." Diagnoses deleted on replacements, voids, and chart review deletes will be marked as "D". Diagnoses reported before in the encounter family are reported with a blank.<br>'A' = Add,<br>'D' = Delete<br>Blank = diagnosis has been reported before in the encounter family. |
| 34 | Delimiter | 1 | 120 | • Alphanumeric<br>• Uses the * character |
| 35 | Diagnosis Codes & Delimiters & Add/Delete flags for 37 diagnoses | 370 | 121-490 | • Alphanumeric<br>• This field includes up to 37 additional diagnoses, for a total of 38 diagnoses per transaction line. When there are more than 38 diagnoses on a record, the remaining diagnoses will wrap around in the next line of the report with all elements of the detail line repeated except the diagnoses. |
| 36 | Filler | 10 | 491-500 | • Spaces |

Total Length = 500

[1] **Definition of an Encounter Family:** A group of encounter data records that are linked by an ICN(s) (can include original encounter data records, original chart review records, replacements, and voids) to an original encounter data record, either non-chart review or chart review.

### F.17.3 *Trailer Record*

| Item | Field | Size | Position | Format and Comments |
|---|---|---|---|---|
| 1 | Record Type | 1 | 1 | • Numeric<br>• 9 = Trailer |
| 2 | Delimiter | 1 | 2 | • Alphanumeric<br>• Uses the * character |
| 3 | Report ID | 7 | 3-9 | • Alphanumeric<br>• Value is 'MAO-004' |
| 4 | Delimiter | 1 | 10 | • Alphanumeric<br>• Uses the * character |
| 5 | Medicare Advantage Contract ID | 5 | 11-15 | • Alphanumeric<br>• Medicare Contract ID assigned to the submitting contract |
| 6 | Delimiter | 1 | 16 | • Alphanumeric<br>• Uses the * character |
| 7 | Total Number of Records | 18 | 17-34 | • Numeric<br>• Count of detail records on this report |
| 8 | Delimiter | 1 | 35 | • Alphanumeric<br>• Uses the * character |
| 9 | Filler | 465 | 36-500 | • Alphanumeric<br>• Spaces |

Total Length = 500

## *F.18 Monthly Full Enrollment Data File*

This file includes all active Plan membership for the date that the file published. This file is considered a definitive statement of current Plan enrollment. CMS announces the availability of each month's file with the proper dataset name and file transfer date. To distinguish this file from other TRRs, the TRC on all records is 999.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.FEFD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.FEFD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.FEFD.Dyymm01.Thhmmsst |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | HICN | 12 | 1 – 12 | HICN |
| 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<br>0 = Unknown<br>1 = Male<br>2 = Female |
| 6 | Date of Birth | 8 | 34 – 41 | YYYYMMDD – Format |
| 7 | Medicaid Indicator | 1 | 42 | Spaces |
| 8 | Contract Number | 5 | 43 – 47 | Plan Contract Number |
| 9 | State Code | 2 | 48 – 49 | Beneficiary State Code |
| 10 | County Code | 3 | 50 – 52 | Beneficiary County Code |
| 11 | Disability Indicator | 1 | 53 | Spaces |
| 12 | Hospice Indicator | 1 | 54 | Spaces |
| 13 | Institutional/NHC/HCBS Indicator | 1 | 55 | Spaces |
| 14 | ESRD Indicator | 1 | 56 | Spaces |
| 15 | TRC | 3 | 57 – 59 | TRC; Defaulted to '999' |
| 16 | TC | 2 | 60 – 61 | TC; Defaulted to '01' for special reports |
| 17 | Entitlement Type Code | 1 | 62 | Spaces |
| 18 | Effective Date | 8 | 63 – 70 | YYYYMMDD – Format |
| 19 | WA Indicator | 1 | 71 | Spaces |
| 20 | Plan Benefit Package (PBP) ID | 3 | 72 – 74 | PBP number |
| 21 | Filler | 1 | 75 | Spaces |
| 22 | Transaction Date | 8 | 76 – 83 | Set to Current Date (YYYYMMDD ) |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 23 | Filler | 1 | 84 | Spaces |
| 24 | Subsidy End Date | 12 | 85 – 96 | End date of LIS Period (Present if Bene is deemed for the full year, or if the Bene is losing Low Income status before the end of the current year.) |
| 25 | District Office Code | 3 | 97 – 99 | Spaces |
| 26 | Filler | 8 | 100 – 107 | Spaces |
| 27 | Filler | 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 | Filler | 2 | 132 – 133 | Spaces |
| 32 | Out of Area Flag | 1 | 134 – 134 | Spaces |
| 33 | Segment Number | 3 | 135 – 137 | Default to '000' if blank |
| 34 | Part C Beneficiary Premium | 8 | 138 – 145 | Part C Premium Amount; the amount submitted on the enrollment record for Part C premium |
| 35 | Part D Beneficiary Premium | 8 | 146 – 153 | Part D Premium Amount: the Part D Total Premium Net of Rebate from the HPMS file.) |
| 36 | Election Type | 1 | 154 – 154 | Spaces |
| 37 | Enrollment Source Code | 1 | 155 – 155 | 'A' = Auto enrolled by CMS;<br>'B' = Beneficiary Election;<br>'C' = Facilitated enrollment by CMS;<br>'D' = CMS Annual Rollover;<br>'E' = Plan initiated auto-enrollment;<br>'F' = Plan initiated facilitated-enrollment;<br>'G' = Point-of-sale enrollment;<br>'H' = CMS or Plan reassignment;<br>'I' = Invalid submitted value (transaction is not rejected);<br>'J' = State-submitted passive enrollment<br>'K' = CMS-submitted passive enrollment<br>'L' = MMP beneficiary election<br>'N' = Rollover by Plan Transaction |
| 38 | Part D Opt-Out Flag | 1 | 156 – 156 | Spaces |
| 39 | Filler | 1 | 157 – 157 | Spaces |
| 40 | Number of Uncovered Months | 3 | 158 – 160 | Spaces |
| 41 | Creditable Coverage Flag | 1 | 161 – 161 | Spaces |
| 42 | Employer Subsidy Override Flag | 1 | 162 – 162 | Spaces |
| 43 | Rx ID | 20 | 163 – 182 | Spaces |
| 44 | Rx Group | 15 | 183 – 197 | Spaces |
| 45 | Secondary Drug Insurance Flag | 1 | 198-198 | Spaces |
| 46 | Secondary Rx ID | 20 | 199 – 218 | Spaces |
| 47 | Secondary Rx Group | 15 | 219 – 233 | Spaces |
| 48 | EGHP | 1 | 234 – 234 | Spaces |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 49 | Part D LIPS Level | 3 | 235 – 237 | Part D LIPS category:<br>‘000’ = No subsidy (default for blank)<br>‘025’ = 25% subsidy level,<br>‘050’ = 50% subsidy level,<br>‘075’ = 75% subsidy level,<br>‘100’ = 100% subsidy level |
| 50 | Low-Income Co-Pay Category | 1 | 238 – 238 | Definitions of the co-payment categories:<br>‘0’ = none, not low-income (default for blank)<br>‘1’ = (High)<br>‘2’ = (Low)<br>‘3’ = $0 (0)<br>‘4’ = 15%<br>‘5’ = unknown |
| 51 | Low-Income Co-Pay Effective Date | 8 | 239 – 246 | YYYYMMDD – Format |
| 52 | Part D LEP Amount | 8 | 247 – 254 | Spaces |
| 53 | Part D LEP Waived Amount | 8 | 255 – 262 | Spaces |
| 54 | Part D LEP Subsidy Amount | 8 | 263 – 270 | Spaces |
| 55 | Low-Income Part D Premium Subsidy Amount | 8 | 271- 278 | Part D Low-Income Premium Subsidy Amount |

Total Length = 278

## *F.19 LEP Data File*

This report provides information on direct-billed Beneficiaries with late enrollment penalties.

Note: The date in the file name defaults to "01" denoting the first day of the current payment month.

| System | Type | Frequency | Dataset Naming Convention |
|---|---|---|---|
| MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Fxxxxx.LEPD.Dyymm01.Thhmmsst<br>P.Rxxxxx.LEPD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Fxxxxx.LEPD.Dyymm01.Thhmmsst<br>zzzzzzzz.Rxxxxx.LEPD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Fxxxxx.LEPD.Dyymm01.Thhmmsst<br>[directory]Rxxxxx.LEPD.Dyymm01.Thhmmsst |

### F.19.1 *Header Record*

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

Total Length = 165

## F.19.2 *Detail Record*

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Record Type | 3 | 1-3 | PD = Prospective Detail Record<br>"Prospective" means Premium Period equals Payment Month reflected in Header Record<br>AD = Adjustment Detail Record<br>"Adjustment" means all Premium Periods other than Prospective<br>HD = Harm Detail Record<br>"Harm" means the retroactive premium amount exceeds the allowed collection limitation established by the withholding agency but the beneficiary remains in withholding. |
| 2 | Contract Number | 5 | 4-8 | Contract Number |
| 3 | PBP Number | 3 | 9-11 | PBP Number |
| 4 | Plan Segment Number | 3 | 12-14 | Plan Segment Number |
| 5 | HIC Number | 12 | 15-26 | Member's HIC Number |
| 6 | Surname | 7 | 27-33 | Surname |
| 7 | First Initial | 1 | 34 | First Initial |
| 8 | Sex | 1 | 35 | M = Male<br>F = Female |
| 9 | DOB | 8 | 36-43 | YYYYMMDD |
| 10 | Filler | 1 | 44 | Space |
| 11 | Premium/Adjustment Period Start Date | 8 | 45-52 | PD: current processing start date<br>AD: adjustment period start date.<br>HD: harm adjustment period start date.YYYYMMDD |
| 12 | Premium/Adjustment Period End Date | 8 | 53-60 | PD: current processing end date<br>AD: adjustment period end date.<br>HD: harm adjustment period end date.YYYYMMDD |
| 13 | Number of Months in Premium/Adjustment Period | 2 | 61-62 | Number of Months between the Premium/Adjustment Period Start and End Date |
| 14 | Number of Uncovered Months (NUNCMO) | 3 | 63-65 | The number of months during which the beneficiary did not have creditable coverage |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 15 | LEP Amount for Direct Billed Members | 8 | 66-73 | PD: Prospective LEP Amount owed by the Direct Bill Beneficiary for the premium period.<br>AD: Computed adjustment for each month in the (affected) payment period (if the payment was already made).<br>HD: Computed adjustment for each month in the (affected) payment period (if retroactive LEP amounts cause the premium to exceed the collection limitation established by the withholding agency).<br>Format: -9999.99<br>**NOTE**: A refund will be reported as a negative amount. A charge will be reported as a positive amount |
| 16 | Cleanup ID | 10 | 74-83 | If LEP adjustment is the result of a cleanup = XXXXXXXXXX<br>All other records will = Blank. |
| 17 | Filler | 82 | 84-165 | Spaces |

Total Length = 165

### F.19.3 *Trailer Record*

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Record Type | 3 | 1-3 | Trailer Record<br>PT1 = Prospective total for contract/PBP/segment<br>AT1 = Adjustment total for contract/PBP/segment<br>HT1 = Harm total for contract/PBP/segment<br>CT1 = Total for contract/PBP/segment<br>PT2 = Prospective total for contract/PBP<br>AT2 = Adjustment total for contract/PBP<br>HT2 = Harm total for contract/PBP<br>CT2 = Total for contract/PBP<br>PT3 = Prospective total for contract<br>AT3 = Adjustment total for contract<br>HT3 = Harm total for contract<br>CT3 = Total for contract |
| 2 | Contract Number | 5 | 4-8 | Contract Number |
| 3 | PBP Number | 3 | 9-11 | PBP Number |
| 4 | Segment Number | 3 | 12-14 | Segment Number |
| 5 | Total LEP Amount | 14 | 15-28 | Total LEP Amount<br>Format: -9999999999.99 |
| 6 | Record Count | 14 | 29-42 | Count of records on the data file for combination of contract/PBP/segments |
| 7 | Filler | 123 | 43-165 | Spaces |

Total Length = 165

## *F.20 LIS History Data File (LISHIST)*

The Monthly LISHIST provides the most complete picture of LIS eligibility over a period not to exceed 36 months. This data file includes LIS activity for past, present, and future enrollees.

**Note**: The date in the file name defaults to "01" denoting the first day of the CCM.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.LISHIST.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.LISHIST.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.LISHIST.Dyymmdd.Thhmmsst |

Please note the following limitations:

- The LIS History Data File displays those LIS contract history changes during active, contiguous enrollment over a period of time not to exceed 36 months.

**Note**: This file was updated to include a Data Activity Flag in field 16 (position 80) of the Detail Record.

### F.20.2 *Header Record*

| Item | Field | Size | Position | Format | Description |
|---|---|---|---|---|---|
| 1 | Record Type | 1 | 1 | CHAR | 'H' = Header Record |
| 2 | MCO Contract Number | 5 | 2-6 | CHAR | Contract ID: 9xxxx, Exxxx, Fxxxx, Hxxxx, Rxxxx, or Sxxxx, where "xxxx" is the contract's numeric designation. |
| 3 | Data file Date | 8 | 7-14 | CHAR | Date this data file created<br>YYYYMMDD – Format |
| 4 | Calendar Month | 6 | 15-20 | CHAR | First six digits contain Calendar Month the report generated;<br>YYYYMM – Format |
| 5 | Filler | 145 | 21-165 | CHAR | SPACES |

Total Length = 165

## F.20.3 *Detail Record (Transaction)*

| Item | Field | Size | Position | Format | Description |
|---|---|---|---|---|---|
| 1 | Record Type | 1 | 1 | CHAR | 'D' = Detail Record |
| 2 | MCO Contract Number | 5 | 2-6 | CHAR | Contract ID: 9xxxx, Exxxx, Fxxxx, Hxxxx, Rxxxx, or Sxxxx, where "xxxx" is the contract's numeric designation. |
| 3 | PBP Number | 3 | 7-9 | CHAR | PBP Number, blank when Beneficiary premium profile is unavailable. |
| 4 | HIC Number | 12 | 10-21 | CHAR | Beneficiary's HIC # |
| 5 | Surname | 12 | 22-33 | CHAR | Beneficiary's Surname |
| 6 | First Name | 7 | 34-40 | CHAR | Beneficiary's First Initial |
| 7 | Middle Initial | 1 | 41 | CHAR | Beneficiary's Middle Initial |
| 8 | Sex | 1 | 42 | CHAR | M = Male, F = Female |
| 9 | Date of Birth | 8 | 43-50 | CHAR | Date of Birth YYYYMMDD – Format |
| 10 | Low Income Period Start Date | 8 | 51-58 | CHAR | Start date for beneficiary's Low Income Period Amount:<br>YYYYMMDD – Format |
| 11 | Low Income Period End Date | 8 | 59-66 | CHAR | End date for beneficiary's Low Income Period Amount:<br>YYYYMMDD – Format |
| 12 | LIPS Percentage | 3 | 67-69 | CHAR | Beneficiary's LIPS Percentage<br>'100' = 100% Premium subsidy<br>'075' = 75% Premium subsidy<br>'050' = 50% Premium subsidy<br>'025' = 25% Premium subsidy |
| 13 | Premium LIS Amount | 8 | 70-77 | CHAR | The portion of the Part D basic premium paid by the Government on behalf of a low-income individual. A zero dollar amount here represents several possibilities:<br>1. There is no Plan premium and therefore no premium subsidy.<br>2. Although the Beneficiary is enrolled and LIS eligible, a system error occurred making premium data unavailable.<br>Premium LIS Amount is entered in spaces when data is unavailable.<br><br>99999.99 – Format |
| 14 | Low Income Co-pay Level ID | 1 | 78 | CHAR | Co-Payment Category Definitions:<br>'1' = High<br>'2' = Low<br>'3' = $0<br>'4' = 15%<br>Co-pay level IDs 1 and 2 change each year.<br>In 2007, 1 = $2.15/$5.35 and 2 = $1/$3.10.<br>In 2006 1 = $2/$5 and 2 = $1/$3. |

| Item | Field | Size | Position | Format | Description |
|---|---|---|---|---|---|
| 15 | Beneficiary Source of Subsidy Code | 1 | 79 | CHAR | Source of beneficiary subsidy.<br>Valid values are:<br>A = Determined Eligible for LIS by the Social Security Administration or a State Medicaid Agency<br>D = Deemed Eligible for LIS |
| 16 | LIS Activity Flag | 1 | 80 | CHAR | 'N' = No change in reported LIS data since last month's data file<br>'Y' = One of the following may have changed since the last month's data file:<br>Co-payment level<br>Low-income premium subsidy level<br>Low-income period start or end date<br><br>Changes occur to low-income information that do not impact the Plan. The changes are not yet separable from variations in which the Plan is interested. Although it is possible that data records are flagged as representing a change, the data of interest to the Plan is unaffected. |
| 17 | PBP Start Date | 8 | 81-88 | CHAR | PBP enrollment effective start date:<br>YYYYMMDD – Format |
| 18 | Net Part D Premium Amount | 8 | 89-96 | CHAR | The total Part D premium net of any Part A/B rebates less the Beneficiary's premium subsidy amount. Spaces when the premium record is unavailable.<br>99999.99 – Format |
| 19 | Contract Year | 4 | 97-100 | CHAR | Calendar Year associated with the low income premium subsidy amount;<br>YYYY – Format |
| 20 | Institutional Status Indicator | 1 | 101 | CHAR | '1' (Institutionalized)<br>'2' (Non Institutionalized)<br>'3' (Home and Community- Based Services [HCBS])<br>'9' (Not applicable) |
| 21 | PBP Enrollment Termination Date | 8 | 102-109 | CHAR | PBP enrollment termination date:<br>YYYYMMDD – Format |
| 22 | Filler | 56 | 110-165 | CHAR | Spaces |

Total Length = 165

### F.20.4 *Trailer Record*

| Item | Field | Size | Position | Format | Description |
|---|---|---|---|---|---|
| 1 | Record Type | 1 | 1 | CHAR | 'T' = Trailer Record |
| 2 | MCO Contract Number | 5 | 2-6 | CHAR | Contract ID: 9xxxx, Exxxx, Fxxxx, Hxxxx, Rxxxx, or Sxxxx, where "xxxx" is the contract's numeric designation. |
| 3 | Totals | 8 | 7-14 | CHAR | Total number of Detail Records |
| 4 | Filler | 151 | 15-165 | CHAR | Spaces |

Total Length = 165

## *F.21 NoRx File*

This file contains records identifying those enrollees with no current 4Rx information stored in CMS files. A Detail Record Type containing a value of "NRX" in positions 1 – 3 of the file layout indicates that this record requests the organization to send CMS 4Rx information for the Beneficiary.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| MBD | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.#NORX.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.#NORX.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.#NORX.Dyymmdd.Thhmmsst |

The following records are included in this file:

- Header Record
- Detail Record
- Trailer Record

### F.21.1 *Header Record*

**Note:** A "Critical Field" must contain a value. A "Not Critical Field" may contain a value or all spaces.

| Item | Field | Size | Position | Format | Valid Values | Description |
|---|---|---|---|---|---|---|
| 1 | File ID Name | 8 | 1-8 | X(8) | "CMSNRX0H" | Critical Field<br>This field is always set to the value "CMSNRX0H." This code allows recognition of the record as the Header Record of a NoRx File. |
| 2 | Sending Entity | 8 | 9-16 | X(8) | "MBD" (MBD + 5 spaces) | Critical Field<br>This field is always set to the value "MBD". The value specifically is "MBD" followed by five spaces. |
| 3 | File Creation Date | 8 | 17-24 | X(8) | YYYYMMDD | Critical Field<br>The date on which the NoRx file was created by CMS. This value is formulated as YYYYMMDD. |
| 4 | File Control Number | 9 | 25-33 | X(9) | Spaces | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information. |
| 5 | Filler | 717 | 34-750 | X(717) | Spaces | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information. |

Total Length = 750

### F.21.3 *Detail Record*

**Note:** A "Critical Field" must contain a value. A "Not Critical Field" may contain a value or all spaces.

| Item | Field | Size | Position | Format | Valid Values | Description |
|---|---|---|---|---|---|---|
| 1 | Record Type | 3 | 1-3 | X(3) | "NRX" | Critical Field<br>This field is set to the value "NRX," indicating that this detail record is a NoRx record. This code allows recognition of the detail record as a No Rx record from CMS. |
| 2 | Record Type from Original Detail | 5 | 4-8 | X(5) | Filler | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information. |
| 3 | HICN or RRB Number | 12 | 9-20 | X(9) | HICN or RRB | Critical Field<br>This field contains either the HICN or the RRB Number of the Beneficiary without 4Rx data. |
| 4 | SSN | 9 | 21-29 | X(9) | SSN from CMS | Not a Critical Field<br>This field may contain the SSN of the Beneficiary that does not have 4Rx data. |
| 5 | Beneficiary Date of Birth from Original Detail | 8 | 30-37 | X(8) | Filler | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information. |
| 6- | Beneficiary Gender Code from Original Detail | 1 | 38 | X(1) | Filler | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information. |
| 7 | Rx BIN from Original Detail | 6 | 39-44 | X(6) | Filler | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information. |
| 8 | Rx PCN from Original Detail | 10 | 45-54 | X(10) | Filler | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information. |
| 9 | Rx ID Number from Original Detail | 20 | 55-74 | X(20) | Filler | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information. |
| 10 | Rx Group from Original Detail | 15 | 75-89 | X(15) | Filler | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information. |
| 11 | Contract Number | 5 | 90- 94 | X(5) | Contract Number from CMS | Critical Field<br>This field contains the Contract Number of the beneficiary that does not have 4Rx data. |

| Item | Field | Size | Position | Format | Valid Values | Description |
|---|---|---|---|---|---|---|
| 12 | PBP Number | 3 | 95- 97 | X(3) | PBP Number from CMS | Critical Field<br>This field contains the beneficiary PBP number but does not have 4Rx data. |
| 13 | PBP Enrollment Effective Date from Original Detail | 8 | 98-105 | X(8) | Filler | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information. |
| 14 | Record Sequence Number from Original Detail | 7 | 106-112 | X(7) | Filler | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information. |
| 15 | Processed Flags | 3 | 113-115 | X(3) | Filler | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information. |
| 16 | Error Return Codes | 36 | 116-151 | X(36) | Filler | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information. |
| 17 | Sending Entity from Original File | 8 | 152-159 | X(8) | Filler | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information. |
| 18 | File Control Number from Original File | 9 | 160-168 | X(9) | Filler | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information. |
| 19 | File Creation Date | 8 | 169-176 | X(8) | YYYYMMDD | Critical Field<br>This field contains the date the NoRx record was created. |
| 20 | Filler | 574 | 177-750 | X(574) | Spaces | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information. |

Total Length = 750

### F.21.4 *Trailer Record*

**Note:** A "Critical Field" must contain a value. A "Not Critical Field" may contain a value or all spaces.

| Item | Field | Size | Position | Format | Valid Values | Description |
|---|---|---|---|---|---|---|
| 1 | File ID Name | 8 | 1-8 | X(8) | "CMSNRX0T" | Critical Field<br>This field is always set to the value "CMSNRX0T." This code allows recognition of the record as the Trailer Record of a NoRx File. |
| 2 | Sending Entity | 8 | 9-16 | X(8) | "MBD  "<br>(MBD + 5 spaces) | Critical Field<br>This field is always set to the value "MBD  ". The value specifically is "MBD" followed by five spaces. |
| 3 | File Creation Date | 8 | 17-24 | X(8) | YYYYMMDD | Critical Field<br>The date that CMS created the NoRx file. This value is formulated as YYYYMMDD. |
| 4 | File Control Number | 9 | 25-33 | X(9) | Spaces | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information. |
| 5 | File Record Count | 7 | 34-40 | 9(7) | Numeric value greater than Zero. | Critical Field<br><br>The total number of NoRx records on this file. This value is right-justified in the field with leading zeroes. |
| 6 | Filler | 710 | 41-750 | X(710) | Spaces | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information. |

Total Length = 750

## *F.22 MA Full Dual Auto Assignment Notification File*

This cumulative monthly file identifies organizations' enrollees who are full-benefit dual eligible.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| MBD | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.#ADUA4.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.#ADUA4.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.#ADUA4.Dyymmdd.Thhmmsst |

The following records are included in this file:

- Header Record — This first record of the file only occurs once.
- Detail Record (Transaction) — This record contains Beneficiary information and may occur multiple times.
- Trailer Record — This last record of the file only occurs once.

### F.22.1 *Header Record*

| Item | Field | Size | Position | Format | Valid Values | Description |
|---|---|---|---|---|---|---|
| 1 | File ID Name | 8 | 1-8 | X(8) | "MMAADUAH" | This field is always set to the value "MMAADUAH." This code identifies the record as the Header Record of an Auto Assignment Full Dual Notification File. |
| 2 | Sending Entity: MBD | 8 | 9-16 | X(8) | "MBD  " (MBD + 5 Spaces) | This is always set to the value "MBD  ." The value specifically is MBD + 5 following Spaces. This value agrees with the corresponding value in the Trailer Record. |
| 3 | File Creation Date | 8 | 17-24 | X(8) | YYYYMMDD | The date on which the Full Dual File was created by CMS. This value is in the format of YYYYMMDD. For example, January 3, 2010 is the value 20100103. This value agrees with the corresponding value in the Trailer Record. |
| 4 | File Control Number | 9 | 25-33 | X(9) | Assigned by Sending Entity (MBD) | The specific Control Number assigned by CMS to the Full Dual Notification File. CMS utilizes this value to track the Full Dual Notification File through CMS processing and archive. This value agrees with the corresponding value in the Trailer Record. |

| Item | Field | Size | Position | Format | Valid Values | Description |
|---|---|---|---|---|---|---|
| 5 | Filler | 67 | 34-100 | X(67) | Spaces | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for or used to store meaningful information, unless specifically documented otherwise. |

Total Length = 100

### F.22.2 *Detail Record (Transaction)*

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Contract Number | 5 | 1-5 | This field provides the Contract assigned to the beneficiary; CNTRCT_NUM in CME_SRVC_DEL_ELCT. |
| 2 | Run Date | 8 | 6-13 | This field provides the creation date of the file in YYYYMMDD format. |
| 3 | Filler | 6 | 14-19 | This field is all spaces. |
| 4 | Beneficiary's HICN/RRB | 12 | 20-31 | This field provides either the HICN or the RRB Number for identification of the individual; BENE_CAN_NUM and BIC_CD or RRB_HIC_NUM in CME_BENE. |
| 5 | Beneficiary's Surname | 12 | 32-43 | This field provides the last name of the individual; BENE_LAST_NAME in CME_BENE_NAME. |
| 6 | Initial of Beneficiary's First Name | 1 | 44 | This field provides the initial of the first name of the individual; BENE_1$^{ST}$_NAME in CME_BENE_NAME. |
| 7 | Beneficiary's Gender | 1 | 45 | This field provides the gender of the individual; BENE_SEX_CD in MBD_BENE; '0', '1', or '2'. |
| 8 | Beneficiary's Date of Birth | 8 | 46-53 | This field provides the date of birth of the individual in YYYYMMDD format; BENE_BIRTH_DT in CME_BENE. |
| 9 | Filler | 47 | 54-100 | This field is all spaces. |

Total Length = 100

### F.22.3 *Trailer Record*

| Item | Field | Size | Position | Format | Valid Values | Definition |
|---|---|---|---|---|---|---|
| 1 | File ID Name | 8 | 1- 8 | X(8) | "MMAADUAT" | This field is always set to the value "MMAADUAT." This code identifies the record as the Trailer Record of an Auto Assignment Full Dual Notification File. |
| 2 | Sending Entity MBD | 8 | 9-16 | X(8) | "MBD  " (MBD + 5 Spaces) | This field is always set to the value "MBD  ." The value specifically is MBD + 5 following Spaces. This value agrees with the corresponding value in the Header Record. |
| 3 | File Creation Date | 8 | 17-24 | X(8) | YYYYMMDD | The date on which the Full Dual Notification File was created by CMS. This value is formatted as YYYYMMDD. For example, January 3, 2010 is the value 20100103. This value agrees with the corresponding value in the Header Record. |
| 4 | File Control Number | 9 | 25-33 | X(9) | Assigned by Sending Entity (MBD) | The specific Control Number assigned by CMS to the Full Dual Notification File. CMS utilizes this value to track the Full Dual Notification File through CMS processing and archive. This value agrees with the corresponding value in the Header Record. |
| 5 | Record Count | 9 | 34-42 | 9(9) | Numeric value greater than Zero. | The total number of Transactions or Detail Records on the Full Dual Notification File. This value is right justified in the field, with leading zeroes. This value does not include non-numeric characters, such as commas, spaces, dashes, decimals. |
| 6 | Filler | 58 | 43-100 | X(58) | Spaces | No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for or used to store meaningful information, unless specifically documented otherwise. |

Total Length = 100

## *F.23 Auto Assignment Address Notification File*

This file contains monthly addresses of Beneficiaries that are either AE, FE, or reassigned to PDPs. This file contains a header record, detail records, and a trailer record. Please see the Main Guide section 4.4.5 for details on its use.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| MBD | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.#APDP4.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.#APDP4.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.#APDP4.Dyymmdd.Thhmmsst |

- Header Record — This first record of the file only occurs once.
- Detail Record — This record contains Beneficiary information and may occur multiple times.
- Trailer Record — This last record of the file only occurs once.

The full address, including city/state/zip code, is "wrapped" in the fields "Beneficiary Address Line 1" through "Beneficiary Address Line 6," with the result that street address, city, and state may appear on different lines for different beneficiaries. Different parts of the address appear only on certain lines, as follows:

- Beneficiary Address Lines 1-6 is limited to Representative Payee Name (if applicable), and street address, and these elements "wrap."
- When a Beneficiary has a Representative Payee, the Beneficiary Representative Payee Name prints on Address Line 1, and may use more Address Lines.
- The actual street address in such cases is printed on the line after the name concludes.
- Address Lines print on fewer than six lines with the remainder of the lines padded with space prior to printing.
- City/State/Zip Code data only appear in the fields labeled as City/State/Zip Code data fields.

### F.23.1 *Header Record*

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Header Code | 9 | 1-9 | Used for file/record identification purposes, 'MMAAPDPGH'. |
| 2 | Sending Entity | 8 | 10-17 | Identifies the sending entity, 'MBD '(MBD + 5 spaces). |
| 3 | File Creation Date | 8 | 18-25 | The date the file was created in YYYYMMDD format. |
| 4 | File Control Number | 9 | 26-34 | Unique file identifier created by Sending Entity. |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 5 | Filler | 581 | 35-615 | This field is all spaces. |

Total Length = 615

### F.23.2 *Detail Record*

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Beneficiary's HICN | 12 | 1-12 | This field provides the HICN for identification of the individual. |
| 2 | Beneficiary's Last Name | 12 | 13-24 | This field provides the first twelve characters of the last name of the individual. |
| 3 | Beneficiary's First name | 7 | 25-31 | This field provides the first seven characters of the first name of the individual. |
| 4 | Beneficiary's Middle Initial | 1 | 32 | This field provides the middle initial of the individual. |
| 5 | Beneficiary's Gender | 1 | 33 | This field provides the gender of the individual; '0', '1', or '2'. |
| 6 | Beneficiary's DOB | 8 | 34-41 | This field provides the date of birth of the individual in YYYYMMDD format. |
| 7 | Medicaid Indicator | 1 | 42 | This field indicates the beneficiary's Medicaid eligibility; this field will always contain the value of '1' to indicate 'Yes'. |
| 8 | Contract Number | 5 | 43-47 | This field provides the Contract assigned to the beneficiary. |
| 9 | State Code | 2 | 48-49 | This field provides the beneficiary's state of residency. |
| 10 | County Code | 3 | 50-52 | This field provides the beneficiary's county of residency. |
| 11 | Filler | 7 | 53-59 | This field is all spaces. |
| 12 | TC | 2 | 60-61 | This field identifies the type of record; '61'. |
| 13 | Filler | 1 | 62 | This field is all spaces. |
| 14 | Effective Date | 8 | 63-70 | The effective date of the assignment in YYYYMMDD format. |
| 15 | Filler | 1 | 71 | This field is all spaces. |
| 16 | PBP | 3 | 72-74 | This field notes the PBP of the auto-assigned contract. |
| 17 | Filler | 49 | 75-123 | This field is all spaces. |
| 18 | Application Date | 8 | 124-131 | The date of the application in YYYYMMDD format. |
| 19 | Filler | 30 | 132-161 | This field is all spaces. |
| 20 | Election Type | 1 | 162 | This field indicates the type of election; 'Z'. |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 21 | Enrollment Source | 1 | 163 | This field indicates the source of the enrollment; ‘A’ or ‘C’. |
| 22 | Filler | 1 | 164 | This field is all spaces. |
| 23 | Premium Withhold Option/Parts C-D | 1 | 165 | This field indicates the payment option for payment of Part C and D premiums; ‘D’. |
| 24 | Filler | 76 | 166-242 | This field is all spaces. |
| 25 | Part D Subsidy Level | 3 | 243-245 | This field identifies the portion of the Part D Premium subsidized; For monthly, value is always ‘100’; For Facilitated, values are either ‘100’, ‘075’, ‘050’, or ‘025’. |
| 26 | Co-Payment Category | 1 | 246 | This field indicates the Subsidy Co-Payment level for the beneficiary; ‘1’ or ‘4’. |
| 27 | Co-Payment Effective Date | 8 | 247-254 | This field is filler and is filled with zeroes. |
| 28 | Beneficiary Address Line 1 | 40 | 255-294 | First line in the mailing address. |
| 29 | Beneficiary Address Line 2 | 40 | 295-334 | Second line in the mailing address. |
| 30 | Beneficiary Address Line 3 | 40 | 335-374 | Third line in the mailing address. |
| 31 | Beneficiary Address Line 4 | 40 | 375-414 | Fourth line in the mailing address. |
| 32 | Beneficiary Address Line 5 | 40 | 415-454 | Fifth line in the mailing address. |
| 33 | Beneficiary Address Line 6 | 40 | 455-494 | Sixth line in the mailing address. |
| 34 | Beneficiary Address City | 40 | 495-534 | The city in the mailing address. |
| 35 | Beneficiary Address State | 2 | 535-536 | The state in the mailing address. |
| 36 | Beneficiary Zip Code | 9 | 537-545 | The zip code in the mailing address. |
| 37 | Full Last Name | 40 | 546-585 | This field provides the last name of the individual. |
| 38 | Full First Name | 30 | 586-615 | This field provides the first name of the individual. |

Total Length = 615

### F.23.3 *Trailer Record*

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Trailer Code | 9 | 1-9 | This field used for file/record identification purposes, 'MMAAPDPGT'. |
| 2 | Sending Entity | 8 | 10-17 | This field used to identify the sending entity, 'MBD' (MBD + 5 spaces). |
| 3 | File Creation Date | 8 | 18-25 | The date the file was created in YYYYMMDD format. |
| 4 | File Control Number | 9 | 26-34 | Unique file identifier created by Sending Entity. |
| 5 | Record Count | 9 | 35-43 | Number of Detail Records, right justified with leading zeroes. |
| 6 | Filler | 572 | 44-615 | This field is all spaces. |

Total Length = 615

## *F.24 Plan Payment Report (PPR)/Interim Plan Payment Report (IPPR) Data File*

Also known as the Plan Payment Letter, this data file itemizes the final monthly payment to the Plan. CMS makes this report available to the Plans as part of month-end processing.

The IPPR is provided when a Plan is approved for an interim payment outside of the normal monthly process. The data file/report contains the amount and reason for the interim payment to the Plan.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| APPS | Data File | As needed | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.PPRID.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.PPRID.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory].Rxxxxx.PPRID.Dyymmdd.Thhmmsst |

### F.24.1 *Header Record*

| Item | Field | Size | Position | Format | Definition |
|---|---|---|---|---|---|
| 1 | Contract Number | 5 | 1-5 | CHAR | Contract Number |
| 2 | Record Identification Code | 1 | 6 | CHAR | Record Type Identifier<br>H = Header Record |
| 3 | Contract Name | 50 | 7-56 | CHAR | Name of the Contract |
| 4 | Payment Cycle Date | 6 | 57-62 | CHAR | Identified the month and year of payment.<br>Format = YYYYMM |
| 5 | Run Date | 8 | 63-70 | CHAR | Identifies the date file was created.<br>Format = YYYYMMDD |
| 6 | Filler | 180 | 71-250 | CHAR | Spaces |

Total Length = 250

## F.24.2 *Capitated Payment – Current Activity*

| Item | Field | Size | Position | Format | Description |
|---|---|---|---|---|---|
| 1 | Contract Number | 5 | 1-5 | CHAR | Contract Number |
| 2 | Record Identification Code | 1 | 6 | CHAR | Record Type Identifier<br>C = Capitated Payment |
| 3 | Table ID Number | 1 | 7 | CHAR | 1 |
| 4 | Adjustment Reason Code | 2 | 8-9 | CHAR | Blank = for prospective pay<br>See Appendix D for the list of Adjustment Reason Codes. |
| 5 | Part A Total Members | 9 | 10-18 | NUM | Number of beneficiaries for whom Part A payments is being made prospectively.<br>For adjustment records this will hold the total number of transactions.<br>Format: ZZZZZZZZ9 |
| 6 | Part B Total Members | 9 | 19-27 | NUM | Number of beneficiaries for whom Part B payments is being made prospectively.<br>Blank for adjustment records.<br>Format: ZZZZZZZZ9 |
| 7 | Part D Total Members | 9 | 28-36 | NUM | Number of beneficiaries for whom Part D payments is being made prospectively.<br>Blank for Adjustment records.<br>Format: ZZZZZZZZ9 |
| 8 | Part A Payment Amount | 15 | 37-51 | NUM | Total Part A Amount<br>Format: SSSSSSSSSSS9.99 |
| 9 | Part B Payment Amount | 15 | 52-66 | NUM | Total Part B Amount<br>Format: SSSSSSSSSSS9.99 |
| 10 | Part D Payment Amount | 15 | 67-81 | NUM | Total Part D Amount<br>Format: SSSSSSSSSSS9.99 |
| 11 | Coverage Gap Discount Amount | 15 | 82 – 96 | NUM | The Coverage Gap Discount Amount included in Part D Payment.<br>Format: SSSSSSSSSSS9.99 |
| 12 | Total Payment | 15 | 97- 111 | NUM | Total Payment<br>Format: SSSSSSSSSSS9.99 |
| 13 | Filler | 139 | 112 – 250 | CHAR | Spaces |

Total Length = 250

### F.24.3 *Premium Settlement*

| Item | Field | Size | Position | Format | Description |
|---|---|---|---|---|---|
| 1 | Contract Number | 5 | 1 – 5 | CHAR | Contract Number |
| 2 | Record Identification Code | 1 | 6 | CHAR | Record Type Identifier<br>P = Premium Settlement |
| 3 | Table ID Number | 1 | 7 | CHAR | 2 |
| 4 | Part C Premium Withholding Amount | 15 | 8 – 22 | NUM | Total Part C Premium Amount<br>Format: SSSSSSSSSSS9.99 |
| 5 | Part D Premium Withholding Amount | 15 | 23 – 37 | NUM | Total Part D Premium Amount<br>Format: SSSSSSSSSSS9.99 |
| 6 | Part D Low Income Premium Subsidy | 15 | 38 – 52 | NUM | Total Low Income Premium Subsidy<br>Format: SSSSSSSSSSS9.99 |
| 7 | Part D Late Enrollment Penalty | 15 | 53 – 67 | NUM | Total Late Enrollment Penalty<br>Format: SSSSSSSSSSS9.99 |
| 8 | Total Premium Settlement Amount | 15 | 68 – 82 | NUM | Total Premium Settlement<br>Format: SSSSSSSSSSS9.99 |
| 9 | Filler | 168 | 83 – 250 | CHAR | Spaces |

Total Length = 250

### F.24.4 *Fees*

| Item | Field | Size | Position | Format | Description |
|---|---|---|---|---|---|
| 1 | Contract Number | 5 | 1 – 5 | CHAR | Contract Number |
| 2 | Record Identification Code | 1 | 6 | CHAR | Record Type Identifier<br>F = FEES |
| 3 | Table ID Number | 1 | 7 | CHAR | 3 |
| 4 | NMEC Part A Subject to Fee | 15 | 8 – 22 | NUM | Part A amount subject to National Medicare Educational Campaign fees.<br>Format:ZZZZZZZZZZZ9.99 |
| 5 | NMEC Part A Rate | 7 | 23 – 29 | NUM | Rate used to calculate the fees for Part A.<br>Format: 0.99999 |
| 6 | Part A Fee Amount | 15 | 30 – 44 | NUM | Fee Assessed for Part A<br>Format:SSSSSSSSSSS9.99 |

| Item | Field | Size | Position | Format | Description |
|---|---|---|---|---|---|
| 7 | NMEC Part B Subject to Fee | 15 | 45 – 59 | NUM | Part B amount subject to National Medicare Educational Campaign fees.<br>Format: ZZZZZZZZZZZ9.99 |
| 8 | NMEC Part B Rate | 7 | 60 – 66 | NUM | Rate used to calculate the fees for Part B.<br>Format: 0.99999 |
| 9 | Part B Fee Amount | 15 | 67 – 81 | NUM | Fee Assessed for Part B<br>Format:SSSSSSSSSSS9.99 |
| 10 | NMEC Part D Subject to Fee | 15 | 82 – 96 | NUM | Part D amount subject to National Medicare Educational Campaign fees.<br>Format: ZZZZZZZZZZZ9.99 |
| 11 | NMEC Part D Rate | 7 | 97 – 103 | NUM | Rate used to calculate the fees for Part D.<br>Format: 0.99999 |
| 12 | Part D Fee Amount | 15 | 104 – 118 | NUM | Fee Assessed for Part D<br>Format:SSSSSSSSSSS9.99 |
| 13 | Total NMEC Fee Assessed | 15 | 119 – 133 | NUM | Total NMEC Fee Assessed for Part A, B and D<br>Format:SSSSSSSSSSS9.99 |
| 14 | Total Prospective Part D Members | 9 | 134 – 142 | NUM | Total members for Part D<br>Format: ZZZZZZZZ9 |
| 15 | Rate for COB Fees | 4 | 143 – 146 | NUM | Rate used to calculate the COB fees.<br>Format: 0.99 |
| 16 | Amount of COB Fees | 15 | 147 – 161 | NUM | COB Fee<br>Format:SSSSSSSSSSS9.99 |
| 17 | Total of Assessed Fees | 15 | 162 – 176 | NUM | Total of all Fees Assessments<br>Format:SSSSSSSSSSS9.99 |
| 18 | Filler | 74 | 177 – 250 | CHAR | Spaces |

Total Length = 250

### F.24.5 *Special Adjustments*

| Item | Field | Size | Position | Format | Description |
|---|---|---|---|---|---|
| 1 | Contract Number | 5 | 1 – 5 | CHAR | Contract Number |
| 2 | Record Identification Code | 1 | 6 | CHAR | Record Type Identifier<br>S = Special Adjustments |
| 3 | Table ID Number | 1 | 7 | CHAR | 4 |

| Item | Field | Size | Position | Format | Description |
|---|---|---|---|---|---|
| 4 | Document ID | 8 | 8 – 15 | NUM | The document ID for identifying the adjustment. |
| 5 | Source | 5 | 16 – 20 | CHAR | The CMS division responsible for initiating the adjustments. |
| 6 | Description | 50 | 21 – 70 | CHAR | The reason the adjustment was made. |
| 7 | Adjustment Type | 3 | 71 – 73 | CHAR | The payment component the adjustment is for.<br>CMP-Civil Monetary Penalty<br>CST-Cost Plan Adjustment<br>PRS-Annual Part D Reconciliation<br>RSK-Risk Adjustment<br>CGD-Coverage Gap Invoice<br>OTH-Other – default non-specific group. |
| 8 | Adjustment to Part A | 15 | 74 – 88 | NUM | Adjustment amount for Part A<br>Format:SSSSSSSSSSS9.99 |
| 9 | Adjustment to Part B | 15 | 89 – 103 | NUM | Adjustment amount for Part B<br>Format:SSSSSSSSSSS9.99 |
| 10 | Adjustment to Part D | 15 | 104 – 118 | NUM | Adjustment amount for Part D.<br>Format:SSSSSSSSSSS9.99 |
| 11 | Premium C Withholding Part A | 15 | 119 – 133 | NUM | Adjustment amount for Premium Withholding Part A.<br>Format:SSSSSSSSSSS9.99 |
| 12 | Premium C Withholding Part B | 15 | 134 – 148 | NUM | Adjustment amount for Premium Withholding Part B.<br>Format:SSSSSSSSSSS9.99 |
| 13 | Premium D Withholding | 15 | 149 – 163 | NUM | Adjustment amount for Premium D Withholding.<br>Format:SSSSSSSSSSS9.99 |
| 14 | Part D Low Income Premium Subsidy | 15 | 164 – 178 | NUM | Adjustment amount for Low Income Subsidy.<br>Format:SSSSSSSSSSS9.99 |
| 15 | Total Adjustment Amount | 15 | 179 – 193 | NUM | Total Adjustments<br>Format:SSSSSSSSSSS9.99 |
| 16 | Filler | 57 | 194 – 250 | CHAR | Spaces |

Total Length = 250

### F.24.6 *Previous Cycle Balance Summary*

| Item | Field | Size | Position | Format | Description |
|---|---|---|---|---|---|
| 1 | Contract Number | 5 | 1 – 5 | CHAR | Contract Number |
| 2 | Record Identification Code | 1 | 6 | CHAR | Record Type Identifier<br>L = Last Period Carry Over<br>Amounts carried over to this month from previous months |
| 3 | Table ID Number | 1 | 7 | CHAR | 5 |
| 4 | Part A Carry Over Amount | 15 | 8 – 22 | NUM | Part A Carry Over Amount - Previous Balance Column.<br>Format:SSSSSSSSSSS9.99 |
| 5 | Part B Carry Over Amount | 15 | 23 – 37 | NUM | Part B Carry Over Amount - Previous Balance Column.<br>Format:SSSSSSSSSSS9.99 |
| 6 | Part D Carry Over Amount | 15 | 38 – 52 | NUM | Part D Carry Over Amount - Previous Balance Column.<br>Format:SSSSSSSSSSS9.99 |
| 7 | Part C Premium Withholding Carry Over Amount | 15 | 53 – 67 | NUM | Part C Premium Withholding Carry Over Amount - Previous Balance Column.<br>Format:SSSSSSSSSSS9.99 |
| 8 | Part D Premium Withholding Carry Over Amount | 15 | 68 – 82 | NUM | Part D Premium Withholding Carry Over Amount - Previous Balance Column.<br>Format:SSSSSSSSSSS9.99 |
| 9 | Part D Low Income Premium Subsidy Carry Over Amount | 15 | 83 – 97 | NUM | Part D Low Income Premium Subsidy Carry Over Amount - Previous Balance Column.<br>Format:SSSSSSSSSSS9.99 |
| 10 | Part D Late Enrollment Penalty Carry Over Amount | 15 | 98 – 112 | NUM | Part D Late Enrollment Penalty Carry Over Amount - Previous Balance Column.<br>Format:SSSSSSSSSSS9.99 |
| 11 | Education User Fee Carry Over Amount | 15 | 113 – 127 | NUM | Education User Fee Carry Over Amount - Previous Balance Column.<br>Format:SSSSSSSSSSS9.99 |
| 12 | Part D COB User Fee Carry Over Amount | 15 | 128 – 142 | NUM | Part D COB User Fee Carry Over Amount - Previous Balance Column.<br>Format:SSSSSSSSSSS9.99 |
| 13 | CMS Special Adjustments Carry Over Amount | 15 | 143 – 157 | NUM | CMS Special Adjustments Carry Over Amount - Previous Balance Column.<br>Format:SSSSSSSSSSS9.99 |

| Item | Field | Size | Position | Format | Description |
|---|---|---|---|---|---|
| 14 | Total Carry Over Amount | 15 | 158 – 172 | NUM | Sum of amounts in Previous Balance Column<br>Format:SSSSSSSSSSS9.99 |
| 15 | Filler | 78 | 173 – 250 | CHAR | Spaces |

Total Length = 250

### *F.24.7 Payment Balance Carried Forward*

| Item | Field | Size | Position | Format | Description |
|---|---|---|---|---|---|
| 1 | Contract Number | 5 | 1 – 5 | CHAR | Contract Number |
| 2 | Record Identification Code | 1 | 6 | CHAR | Record Type Identifier<br>N = Balance Carried Forward to Next Cycle.<br>Amounts carried forward (and not paid) to next month from this month |
| 3 | Table ID Number | 1 | 7 | CHAR | 5 |
| 4 | Part A Amount Carry Forward | 15 | 8 – 22 | NUM | Part A Amount Carry Forward - Balance Forward Column.<br>Format:SSSSSSSSSSS9.99 |
| 5 | Part B Amount Carry Forward | 15 | 23 – 37 | NUM | Part B Amount Carry Forward - Balance Forward Column.<br>Format:SSSSSSSSSSS9.99 |
| 6 | Part D Amount Carry Forward | 15 | 38 – 52 | NUM | Part D Amount Carry Forward - Balance Forward Column.<br>Format:SSSSSSSSSSS9.99 |
| 7 | Part C Premium Withholding Amount Carry Forward | 15 | 53 – 67 | NUM | Part C Premium Withholding Amount Carry Forward - Balance Forward Column.<br>Format:SSSSSSSSSSS9.99 |
| 8 | Part D Premium Withholding Amount Carry Forward | 15 | 68 – 82 | NUM | Part D Premium Withholding Amount Carry Forward - Balance Forward Column.<br>Format:SSSSSSSSSSS9.99 |
| 9 | Part D Low Income Premium Subsidy Amount Carry Forward | 15 | 83 – 97 | NUM | Part D Low Income Subsidy Amount Carry Forward - Balance Forward Column.<br>Format:SSSSSSSSSSS9.99 |

| Item | Field | Size | Position | Format | Description |
|---|---|---|---|---|---|
| 10 | Part D Late Enrollment Penalty Amount Carry Forward | 15 | 98 – 112 | NUM | Part D Late Enrollment Penalty Amount Carry Forward - Balance Forward Column.<br>Format:SSSSSSSSSSS9.99 |
| 11 | Education User Fee Amount Carry Forward | 15 | 113 – 127 | NUM | Education User Fee Amount Carry Forward - Balance Forward Column.<br>Format:SSSSSSSSSSS9.99 |
| 12 | Part D COB User Fee Amount Carry Forward | 15 | 128 – 142 | NUM | Part D COB User Fee Amount Carry Forward - Balance Forward Column.<br>Format:SSSSSSSSSSS9.99 |
| 13 | CMS Special Adjustments Amount Carry Forward | 15 | 143 – 157 | NUM | CMS Special Adjustments Amount Carry Forward - Balance Forward Column.<br>Format:SSSSSSSSSSS9.99 |
| 14 | Total Carry Forward Amount | 15 | 158 – 172 | NUM | Sum of amounts in Balance Forward Column<br>Format:SSSSSSSSSSS9.99 |
| 15 | Filler | 78 | 173 – 250 | CHAR | Spaces. |

Total Length = 250

### F.24.7 *Payment Summary*

| Item | Field | Size | Position | Format | Description |
|---|---|---|---|---|---|
| 1 | Contract Number | 5 | 1 – 5 | CHAR | Contract Number |
| 2 | Record Identification Code | 1 | 6 | CHAR | Record Type Identifier<br>A = Payment Summary<br>Amounts included in this month's payment from Tables 1 thru 4 plus Carry Over (from Previous Balance Column). |
| 3 | Table ID Number | 1 | 7 | CHAR | 5 |
| 4 | Part A Amount | 15 | 8 – 22 | NUM | Part A amount - Net Payment Column.<br>Format:ZZZZZZZZZZZ9.99 |
| 5 | Part B Amount | 15 | 23 – 37 | NUM | Part B amount - Net Payment Column.<br>Format:ZZZZZZZZZZZ9.99 |
| 6 | Part D Amount | 15 | 38 – 52 | NUM | Part D amount - Net Payment Column.<br>Format:ZZZZZZZZZZZ9.99 |

| Item | Field | Size | Position | Format | Description |
|---|---|---|---|---|---|
| 7 | Part C Premium Withholding Amount | 15 | 53 – 67 | NUM | Part C Premium Withholding Amount - Net Payment Column.<br>Format:ZZZZZZZZZZZ9.99 |
| 8 | Part D Premium Withholding Amount | 15 | 68 – 82 | NUM | Part D Premium Withholding Amount - Net Payment Column.<br>Format:ZZZZZZZZZZZ9.99 |
| 9 | Part D Low Income Premium Subsidy Amount | 15 | 83 – 97 | NUM | Part D Low Income Subsidy Amount - Net Payment Column.<br>Format:ZZZZZZZZZZZ9.99 |
| 10 | Part D Late Enrollment Penalty Amount | 15 | 98 – 112 | NUM | Part D Late Enrollment Penalty Amount - Net Payment Column.<br>Format:SSSSSSSSSSS9.99 |
| 11 | Education User Fee Amount | 15 | 113 – 127 | NUM | Education User Fee Amount -Net Payment Column.<br>Format:SSSSSSSSSSS9.99 |
| 12 | Part D COB User Fee Amount | 15 | 128 – 142 | NUM | Part D COB User Fee Amount - Net Payment Column.<br>Format:SSSSSSSSSSS9.99 |
| 13 | CMS Special Adjustments Amount | 15 | 143 – 157 | NUM | CMS Special Adjustments Amount - Net Payment Column.<br>Format:SSSSSSSSSSS9.99 |
| 14 | Total Net Payment | 15 | 158 – 172 | NUM | Sum of amounts in Net Payment Column. This is the plan's Net Payment Amount for this month. If the amount is negative, the payment will be carried forward.<br>Format:SSSSSSSSSSS9.99 |
| 15 | Filler | 78 | 173 – 250 | CHAR | Spaces. |

Total Length = 250

## *F.25 Agent Broker Compensation Report Data File*

For Plan enrollments, MARx establishes a status of initial or renewal as well as a compensation cycle, which provides Plans with the information necessary to determine how to pay agents for specific Beneficiary enrollments. Plans can pay agents an initial amount or a renewal amount as provided in the CMS agent compensation guidance.

Based on the qualification rules, year 1 is the initial year and years 2 and on are the renewal years. Plans are responsible for using this information in conjunction with their internal payment and enrollment tracking systems to determine an agent's use and how much to pay the agent.

The Agent Broker Compensation Report Data File is generated and sent to Plans along with the first DTRR of each calendar month.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rnnnnn.COMPRPT.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rnnnnn.COMPRPT.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rnnnnn.COMPRPT.Dyymmdd.Thhmmsst |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Record Type | 1 | 1 | 1 - Detail |
| 2 | Contract Number | 5 | 2-6 | Contract identification |
| 3 | PBP | 3 | 7-9 | Plan Benefit Package |
| 4 | HICN | 12 | 10-21 | Health Insurance Claim Number |
| 5 | Last Name | 12 | 22-33 | Beneficiary Surname |
| 6 | First Name | 7 | 34-40 | Beneficiary Given Name |
| 7 | Middle Initial | 1 | 41 | Beneficiary Middle Initial |
| 8 | DOB | 8 | 42-49 | Beneficiary Birth Date<br>YYYYMMDD Format |
| 9 | Gender | 1 | 50 | Beneficiary Gender Identification Code<br>'0' = Unknown;<br>'1' = Male;<br>'2' = Female. |
| 10 | Application Date | 8 | 51-58 | 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. |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 11 | Enrollment Effective Start Date | 8 | 59-66 | Date Beneficiary's Plan enrollment starts, YYYYMMDD – Format. |
| 12 | Compensation Type as of Enrollment Effective Date | 1 | 67 | Compensation type to be paid to the broker for the first year of enrollment<br>'I' – Initial<br>'R' – Renewal<br>Blank - |
| 13 | Report Generation Date | 8 | 68-75 | Date data file created<br>YYYYMMDD – Format |
| 14 | Cycle-Year as of Report Generation Date | 3 | 76-78 | Numeric value representing the broker compensation cycle-year as of the data file generation date:<br>'-1' = no compensation cycle exists for this enrollment because the data file generation date is before the effective date of the enrollment<br>'1' = first calendar year,<br>'2' = second calendar year,<br>'3' = third calendar year,<br>'4' = fourth calendar year,<br>'5' = fifth calendar year,<br>'6' = sixth calendar year…<br>The numeric value can go as high as 999 years.<br>Right justified. |
| 15 | Compensation Payment Year | 3 | 79-81 | If the enrollment is prospective with a start date in the upcoming year, the numeric value representing the cycle year as of the enrollment effective date. Otherwise, the numeric value representing the broker compensation cycle-year as of the data file generation date. '1' = first calendar year,<br>'2' = second calendar year,<br>'3' = third calendar year,<br>'4' = fourth calendar year,<br>'5' = fifth calendar year,<br>'6' = sixth calendar year…<br>The numeric value can go as high as 999 years.<br>Right justified. |
| 16 | Prior Plan Type | 7 | 82-88 | Broad classification of the Beneficiary's immediately prior Plan-type:<br>"None" = no prior Plan<br>"MA" = non-drug Medicare Advantage Plan<br>"MAPD" = MA Plan offering prescription drugs<br>"COST" = Non-drug Medicare COST Plan<br>"COST/PD" = Medicare COST Plan providing prescription drugs<br>"PDP" = Prescription Drug Plan |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 17 | Correction Indicator | 2 | 89-90 | 'R' – Retroactive enrollment<br>o Any enrollment processed by MARx after the effective date of the enrollment<br>'ER' – Enrollment reinstated<br>o An disenrollment cancellation was processed by MARx<br>o A cancelled enrollment reinstated a previous enrollment<br>'IR' – Change in Initial or Renewal<br>o An enrollment was previously reported as Initial or Renewal however this information has been updated due to new information received by MARx<br>'O' – Change in the Compensation Year<br>Blank – the enrollment does not have a corrected field |
| 18 | Filler | 60 | 91-150 | Spaces |

Total Length = 150

## Agent Broker Compensation Data File - Trailer Record

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Record Type | 1 | 1 | 2 - Trailer |
| 2 | Contract Number | 5 | 2-6 | Contract identification |
| 3 | Detail Record Count | 8 | 7-14 | Right justified – number of detail records on the data file.<br>The trailer record itself is not included in this count |
| 4 | Filler | 136 | 15-150 | Spaces |

Total Length = 150

## *F.26 Monthly Medicare Secondary Payer (MSP) Information Data File*

A Medicare Secondary Payment (MSP) data file is sent each month to the Plans. The data on this file reflects beneficiaries that have Medicare as their secondary payer sometime during their Medicare enrollment periods in Part A/B. It contains demographic information on the beneficiary as well as information on their primary insurance.

In the August 2015 release, the file layout was modified so that it is easier for the Plans to process. The record length was reduced from 11000 characters to 700 characters in length for each record. The file has four record types:

- A Header Record
- A Trailer Record
- A PRIMARY Record
- A DETAIL Record.

The PRIMARY ("PRM") record identifies and provides information about the beneficiary. The PRM record has a Detail Count field that identifies how many DETAIL records will follow the PRIMARY record. Each DETAIL ("DET##") record contains the details on a specific MSP period for the beneficiary identified in the PRM record.

The Trailer Record contains a total count of PRIMARY records and a total count of combined PRIMARY and DETAIL records.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.MSPCOBMA.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.MSPCOBMA.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory].Rxxxxx.MSPCOBMA.Dyymmdd.Thhmmsst |

### F.26.1 *Header Record*

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

Total Length = 700

### F.26.2 *Primary Record*

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

This begins the MSP Factor fields for the Prospective Payment.

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

This ends the MSP Factor fields for the Prospective Payment.

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 14 | MSP Factor ADJ1 | 7 | 63-69 | Layout (00.0000) |
| 15 | PTA RDAMT SIGN ADJ1 | 1 | 70 | "-" = Negative<br>blank = Positive |
| 16 | PTA RDAMT ADJ1 | 9 | 71-79 | Layout (999999.99) |
| 17 | PTB RDAMT SIGN ADJ1 | 1 | 80 | "-" = Negative<br>blank = Positive |
| 18 | PTB RDAMT ADJ1 | 9 | 81-89 | Layout (999999.99) |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 19 | PAID FLAG ADJ1 | 1 | 90 | Y = Yes, it was paid N = No, it was not paid |
| 20 | MSP Factor ADJ2 | 7 | 91-97 | Layout (00.0000) |
| 21 | PTA RDAMT SIGN ADJ2 | 1 | 98 | "-" = Negative<br>blank = Positive |
| 22 | PTA RDAMT ADJ2 | 9 | 99-107 | Layout (999999.99) |
| 23 | PTB RDAMT SIGN ADJ2 | 1 | 108 | "-" = Negative<br>blank = Positive |
| 24 | PTB RDAMT ADJ2 | 9 | 109-117 | Layout (999999.99) |
| 25 | PAID FLAG ADJ2 | 1 | 118 | Y = Yes, it was paid N = No, it was not paid |
| 26 | MSP Factor ADJ3 | 7 | 119-125 | Layout (00.0000) |
| 27 | PTA RDAMT SIGN ADJ3 | 1 | 126 | "-" = Negative<br>blank = Positive |
| 28 | PTA RDAMT ADJ3 | 9 | 127-135 | Layout (999999.99) |
| 29 | PTB RDAMT SIGN ADJ3 | 1 | 136 | "-" = Negative<br>blank = Positive |
| 30 | PTB RDAMT ADJ3 | 9 | 137-145 | Layout (999999.99) |
| 31 | PAID FLAG ADJ3 | 1 | 146 | Y = Yes, it was paid N = No, it was not paid |
| 32 | MSP Factor ADJ4 | 7 | 147-153 | Layout (00.0000) |
| 33 | PTA RDAMT SIGN ADJ4 | 1 | 154 | "-" = Negative<br>blank = Positive |
| 34 | PTA RDAMT ADJ4 | 9 | 155-163 | Layout (999999.99) |
| 35 | PTB RDAMT SIGN ADJ4 | 1 | 164 | "-" = Negative<br>blank = Positive |
| 36 | PTB RDAMT ADJ4 | 9 | 165-173 | Layout (999999.99) |
| 37 | PAID FLAG ADJ4 | 1 | 174 | Y = Yes, it was paid N = No, it was not paid |
| 38 | Filler | 526 | 175-700 | Spaces |

Total Length = 700

## F.26.3 Detail Record

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Record Type | 5 | 1-5 | Value: DET##<br>(## = number of the MSP occurrence.<br>01 through 17) |
| 2 | HICN | 12 | 6-17 | RRB # or HICN |
| 3 | Delete Ind | 1 | 18 | D = occurrence to be deleted or audited |
| 4 | Validity Ind | 1 | 19 | I = FI/Carrier added occurrence<br>N = Beneficiary does not have MSP coverage<br>Y = COBC added. |
| 5 | MSP Code | 1 | 20 | The field value is cross-walked.<br>(All values:<br>12 = Working Aged (A)<br>13 = ESRD (B)<br>14 = No Fault (D)<br>15 = Worker Comp (E)<br>16 = Federal (Public Health) (F)<br>41 = Black Lung (H)<br>42 = Veterans (I)<br>43 = Disabled (G)<br>47 = Liability (L) |
| 6 | COB Contractor Number | 5 | 21-25 | N/A |
| 7 | Date Entry Added | 8 | 26-33 | CCYYMMDD |
| 8 | Update Contractor Number | 5 | 34-38 | N/A |
| 9 | Maintenance Date | 8 | 39-46 | CCYYMMDD; Date the data was updated by MSP updating contractor. |
| 10 | CWF Occurrence | 2 | 47-48 | 2 digit numeric value<br>Spaces if no value present on table |
| 11 | Filler | 4 | 49-52 | Spaces |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 12 | INSURER TYPE | 1 | 53 | A = Insurance or indemnity,<br>B = HMP,<br>C = Preferred provider organization,<br>D = Third party administrator arrangement under an administrative service only contract without stop loss from any entity<br>E = Third party administrator arrangement with stop loss insurance issued from any entity,<br>F = Self-insured/self-administered,<br>G = Collectively-bargained health and welfare,<br>H = Multiple employer health plan with at least one employer who has more than 100 full and/or part-time employees,<br>J = Hospitalization only plan which covers only Inpatient services,<br>K = Medicare services only plan which covers only non-inpatient services,<br>M = Medicare supplemental plan: Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan ,<br>' ' = spaces |
| 13 | Insurer Name | 32 | 54-85 | The name of the group coverage plan in which the beneficiary is enrolled. |
| 14 | Insurer Address 1 | 32 | 86-117 | The first line of the insurer's mailing street address. |
| 15 | Insurer Address 2 | 32 | 118-149 | The second line of the insurer's mailing street address. |
| 16 | Insurer City | 15 | 150-164 | The name of the city for the insurer's mailing address. |
| 17 | Insurer State Code | 2 | 165-166 | The postal state code for the insurer's mailing address. |
| 18 | Insurer Zip Code | 9 | 167-175 | The zip code associated with the address. |
| 19 | Policy Number | 17 | 176-192 | The identifier for the group coverage plan in which the beneficiary is enrolled. |
| 20 | MSP Effective Date | 8 | 193-200 | CCYYMMDD |
| 21 | MSP Termination Date | 8 | 201-208 | CCYYMMDD |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 22 | Patient Relationship Code | 2 | 209-210 | 01 = Patient is Insured,<br>02 = Spouse,<br>03 = Natural Child, Insured has Financial Responsibility,<br>04 = Natural Child, Insured does not have Financial Responsibility,<br>05 = Step Child,<br>06 = Foster Child,<br>07 = Ward of the Court,<br>08 = Employee,<br>09 = Unknown,<br>10 = Handicapped Dependent,<br>11 = Organ Donor,<br>12 = Cadaver Donor,<br>13 = Grandchild,<br>14 = Niece/Nephew,<br>15 = Injured Plaintiff,<br>16 = Sponsored Dependent,<br>17 = Minor Dependent of a Minor Dependent,<br>18 = Parent,<br>19 = Grandparent dependent,<br>20 = Life Partner |
| 23 | Subscriber First Name | 9 | 211-219 | First name of policyholder |
| 24 | Subscriber Last Name | 16 | 220-235 | Last name of policyholder |
| 25 | Employee ID Number | 12 | 236-247 | Employee ID number assigned by employer |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 26 | Source Code | 2 | 248-249 | A = Claim Processing,<br>B = IRS/SSA/CMS Data Match,<br>C = First Claim Development,<br>D = IRS/SSA/CMS Data Match II,<br>E = Black Lung (DOL),<br>F = Veterans (VA),<br>G = Other Data Matches,<br>H = Worker's Compensation,<br>I = Notified by Beneficiary,<br>J = Notified by Provider,<br>K = Notified by Insurer,<br>L = Notified by Employer,<br>M = Notified by Attorney,<br>N = Notified by Group Health Plan/Primary Payer,<br>O = Initial Enrollment Questionnaire,<br>P = HMP Rate Cell Adjustment,<br>Q = Voluntary Insurer Reporting,<br>S = Miscellaneous Reporting,<br>T = IRS/SSA/CMS Data Match III,<br>U = IRS/SSA/CMS Data Match IV,<br>V = IRS/SSA/CMS Data Match V,<br>W = IRS/SSA/CMS Data Match VI,<br>X = Self reports,<br>Y = 411.25,<br>Spaces = Unknown,<br>0 = COB Contractor,<br>1 = Initial Enrollment questionnaire,<br>2 = IRS/SSA/CMS/data match,<br>3 = HMP Rate cell,<br>4 = Litigation Settlement,<br>5 = Employer Voluntary Reporting,<br>6 = Insurer Voluntary Reporting,<br>7 = First Claim Development,<br>8 = Trauma Code Development,<br>9 = Secondary Claims Investigation,<br>10 = Self Reports,<br>11 = 411.25,<br>12 = BC/BS Voluntary Agreements,<br>13 = Office of Personnel Management (OPM),<br>14 = Workmen's Compensation (WC) Data match,<br>25 = Recovery Audit Contractor (California),<br>26 = Recovery Audit Contractor (Florida) |
| 27 | Employee INFO Data | 1 | 250 | P = Patient,<br>S = Spouse,<br>M = Mother,<br>F = Father |
| 28 | Employer Name | 32 | 251-282 | The name of the employer providing coverage |
| 29 | Employer Address 1 | 32 | 283-314 | Employer's street address line 1 |
| 30 | Employer Address 2 | 32 | 315-346 | Employer's street address line 2 |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 31 | Employer City | 15 | 347-361 | The name of employer's city |
| 32 | Employer State | 2 | 362-363 | Employer's state code |
| 33 | Employer Zip Cd | 9 | 364-372 | Employer's zip code |
| 34 | Insurer Group Number | 20 | 373-392 | Group number assigned by primary payer |
| 35 | Insurer Group Name | 17 | 393-409 | The name of the insurance group |
| 36 | Prepaid Health Plan Date | 8 | 410-417 | CCYYMMDD;<br>Date beneficiary was notified that the Medicare is secondary payer for services performed outside the prepaid Health Plan when they could have been performed by a prepaid Health Plan provider |
| 37 | Remarks Code 1 | 2 | 418-419 | Remarks Code 1 |
| 38 | Remarks Code 2 | 2 | 420-421 | Remarks Code 2 |
| 39 | Remarks Code 3 | 2 | 422-423 | Remarks Code 3 |
| 40 | Payer ID | 10 | 424-433 | The identifier of the primary payer |
| 41 | Diagnosis Code Ind 1 | 1 | 434 | 0 = ICD 10,<br>9 = ICD 9 |
| 42 | Diagnosis Code 1 | 7 | 435-441 | Diagnosis Code 1 |
| 43 | Diagnosis Code Ind 2 | 1 | 442 | 0 = ICD 10,<br>9 = ICD 9 |
| 44 | Diagnosis Code 2 | 7 | 443-449 | Diagnosis Code 2 |
| 45 | Diagnosis Code Ind 3 | 1 | 450 | 0 = ICD 10,<br>9 = ICD 9 |
| 46 | Diagnosis Code 3 | 7 | 451-457 | Diagnosis Code 3 |
| 47 | Diagnosis Code Ind 4 | 1 | 458 | 0 = ICD 10,<br>9 = ICD 9 |
| 48 | Diagnosis Code 4 | 7 | 459-465 | Diagnosis Code 4 |
| 49 | Diagnosis Code Ind 5 | 1 | 466 | 0 = ICD 10,<br>9 = ICD 9 |
| 50. | Diagnosis Code 5 | 7 | 467-473 | Diagnosis Code 5 |
| 51 | Diagnosis Code Ind 6 | 1 | 474 | 0 = ICD 10,<br>9 = ICD 9 |
| 52 | Diagnosis Code 6 | 7 | 475-481 | Diagnosis Code 6 |
| 53 | Diagnosis Code Ind 7 | 1 | 482 | 0 = ICD 10,<br>9 = ICD 9 |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 54 | Diagnosis Code 7 | 7 | 483-489 | Diagnosis Code 7 |
| 55 | Diagnosis Code Ind 8 | 1 | 490 | 0 = ICD 10,<br>9 = ICD 9 |
| 56 | Diagnosis Code 8 | 7 | 491-497 | Diagnosis Code 8 |
| 57 | Diagnosis Code Ind 9 | 1 | 498 | 0 = ICD 10,<br>9 = ICD 9 |
| 58 | Diagnosis Code 9 | 7 | 499-505 | Diagnosis Code 9 |
| 59 | Diagnosis Code Ind 10 | 1 | 506 | 0 = ICD 10,<br>9 = ICD 9 |
| 60 | Diagnosis Code 10 | 7 | 507-513 | Diagnosis Code 10 |
| 61 | Diagnosis Code Ind 11 | 1 | 514 | 0 = ICD 10,<br>9 = ICD 9 |
| 62 | Diagnosis Code 11 | 7 | 515-521 | Diagnosis Code 11 |
| 63 | Diagnosis Code Ind 12 | 1 | 522 | 0 = ICD 10,<br>9 = ICD 9 |
| 64 | Diagnosis Code 12 | 7 | 523-529 | Diagnosis Code 12 |
| 65 | Diagnosis Code Ind 13 | 1 | 530 | 0 = ICD 10,<br>9 = ICD 9 |
| 66 | Diagnosis Code 13 | 7 | 531-537 | Diagnosis Code 13 |
| 67 | Diagnosis Code Ind 14 | 1 | 538 | 0 = ICD 10,<br>9 = ICD 9 |
| 6 | Diagnosis Code 14 | 7 | 539-545 | Diagnosis Code 14 |
| 69 | Diagnosis Code Ind 15 | 1 | 546 | 0 = ICD 10,<br>9 = ICD 9 |
| 70 | Diagnosis Code 15 | 7 | 547-553 | Diagnosis Code 15 |
| 71 | Diagnosis Code Ind 16 | 1 | 554 | 0=ICD 10,<br>9=ICD 9 |
| 72 | Diagnosis Code 16 | 7 | 555-561 | Diagnosis Code 16 |
| 73 | Diagnosis Code Ind 17 | 1 | 562 | 0=ICD 10,<br>9=ICD 9 |
| 74 | Diagnosis Code 17 | 7 | 563-569 | Diagnosis Code 17 |
| 75 | Diagnosis Code Ind 18 | 1 | 570 | 0=ICD 10,<br>9=ICD 9 |
| 76 | Diagnosis Code 18 | 7 | 571-577 | Diagnosis Code 18 |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 77 | Diagnosis Code Ind 19 | 1 | 578 | 0=ICD 10,<br>9=ICD 9 |
| 78 | Diagnosis Code 19 | 7 | 579-585 | Diagnosis Code 19 |
| 79 | Diagnosis Code Ind 20 | 1 | 586 | 0=ICD 10,<br>9=ICD 9 |
| 80 | Diagnosis Code 20 | 7 | 587-593 | Diagnosis Code 20 |
| 81 | Diagnosis Code Ind 21 | 1 | 594 | 0=ICD 10,<br>9=ICD 9 |
| 82 | Diagnosis Code 21 | 7 | 595-601 | Diagnosis Code 21 |
| 83 | Diagnosis Code Ind 22 | 1 | 602 | 0=ICD 10,<br>9=ICD 9 |
| 84 | Diagnosis Code 22 | 7 | 603-609 | Diagnosis Code 22 |
| 85 | Diagnosis Code Ind 23 | 1 | 610 | 0=ICD 10,<br>9=ICD 9 |
| 86 | Diagnosis Code 23 | 7 | 611-617 | Diagnosis Code 23 |
| 87 | Diagnosis Code Ind 24 | 1 | 618 | 0=ICD 10,<br>9=ICD 9 |
| 88 | Diagnosis Code 24 | 7 | 619-625 | Diagnosis Code 24 |
| 89 | Diagnosis Code Ind 25 | 1 | 626 | 0=ICD 10,<br>9=ICD 9 |
| 90 | Diagnosis Code 25 | 7 | 627-633 | Diagnosis Code 25 |
| 91 | Filler | 67 | 634-700 | Spaces |

Total Length = 700

### F.26.4 *Trailer Record*

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

Total Length = 700

## *F.27 Failed Payment Reply Report (FPRR) Data File*

Along with the other monthly payment reports, MARx generates the FPRR. If payment calculation for a beneficiary cannot complete, MARx identifies the beneficiary and time period for which the payment calculation is not performed. The records in this file are the same length as those in the DTRR and contain their own unique Payment Reply Codes (PRCs) found in Table I-5.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| MARx | Data File | Monthly Payment Cycle | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.FPRRD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx FPRRD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx. FPRRD.Dyymm01.Thhmmsst |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | HICN | 12 | 1-12 | Beneficiary's HICN, included with PRC 264 |
| 2 | Surname | 12 | 13-24 | Beneficiary's last name, included with PRC 264 |
| 3 | First Name | 7 | 25-31 | Beneficiary's given name, included with PRC 264 |
| 4 | Middle Name | 1 | 32 | First initial of beneficiary's middle name, included with PRC 264 |
| 5 | Gender Code | 1 | 33 | Beneficiary's gender identification code, included with PRC 264: '0' = Unknown, '1' = Male, '2' = Female |
| 6 | Date of Birth | 8 | 34-41 | Beneficiary's birth date, formatted YYYYMMDD, included with PRC 264 |
| 7 | FILLER | 1 | 42 | Spaces |
| 8 | Contract Number | 5 | 43-47 | Plan Contract Number, included with PRC 000 and PRC 264 |
| 9 | State Code | 2 | 48-49 | Beneficiary's residence SSA state code, included with PRC 264; otherwise, spaces if not available |
| 10 | County Code | 3 | 50-52 | Beneficiary's residence SSA county code, included with PRC 264; otherwise, spaces if not available |
| 11 | FILLER | 4 | 53-56 | Spaces |
| 12 | Payment Reply Code | 3 | 57-59 | "000" = no missing payments; "264" = payment not yet completed<br>"299" = Correction to Previously Failed Payment |
| 13 | FILLER | 3 | 60-62 | Spaces |
| 14 | Effective Date | 8 | 63-70 | Enrollment effective date, formatted YYYYMMDD and included with PRC 264 |
| 15 | FILLER | 1 | 71 | Spaces |
| 16 | PBP ID | 3 | 72-74 | PBP number, included with both PRC 000 and PRC 264 |
| 17 | FILLER | 1 | 75 | Spaces |
| 18 | Transaction Date | 8 | 76-83 | Report generation date, formatted YYYYMMDD and included with both PRC 000 and PRC 264 |
| 19 | FILLER | 1 | 84 | Spaces |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 20 | CPM | 12 | 85- 96 | CPM, formatted YYYYMM, left justified with six spaces completing the field, and included with both PRC 000 and PRC 264, and PRC 299 |
| 21 | FILLER | 38 | 97-134 | Spaces |
| 22 | Segment Number | 3 | 135-137 | Segment in PBP, included with PRC 264 |
| 23 | FILLER | 25 | 138-162 | Spaces |
| 24 | Processing Timestamp | 15 | 163-177 | Report generation time, formatted HH.MM.SS.SSSSSS and included with both PRC 000 and PRC 264 |
| 25 | FILLER | 188 | 178-365 | Spaces |
| 26 | PRC Short Name | 15 | 366-380 | PRC short name associated with PRC 000 is “NO REPORT,” with PRC 264 is “NO PAYMENT,” and with PRC 299 is “RESTORED PYMT.” Text is left justified with following spaces completing the field. |
| 27 | FILLER | 120 | 381-500 | Spaces |

Total Length = 500

## *F.28 MSA Deposit-Recovery Data File Layout*

The MSA Deposit-Recovery Data File includes MSA lump sum deposit and recovery amounts for the Current Payment Month (CPM) at the beneficiary level. The file is used by MSA participating Plans to reconcile and identify MSA deposit amounts.

The date in the file name defaults to "01" denoting the first day of the current payment month.

| System | Type | Frequency | Dataset Naming Convention |
|---|---|---|---|
| MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Fxxxxx.MSA.Dyymm01.Thhmmsst<br>P.Rxxxxx.MSA.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Fxxxxx.MSA.Dyymm01.Thhmmsst<br>zzzzzzzz.Rxxxxx.MSA.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Fxxxxx.MSA.Dyymm01.Thhmmsst<br>[directory]Rxxxxx.MSA.Dyymm01.Thhmmsst |

There are three types of records on the MSA Deposit data file: Header, Detail and Trailer.

- Header Record –
  - Record ID = 'HDR', provides Contract number and pertinent dates for the file
- Detail Record –
  - Record ID = 'DPT', provides beneficiary level information on the Lump-Sum Deposits
  - Record ID = 'RCV', provides beneficiary level information on Lump-Sum Deposit amounts to be recovered from the plan
- Trailer Record –
  - Record ID= 'TR1', provides a total of Deposit amounts at the contract/plan benefit package (PBP) level
  - Record ID = 'TR2', provides a total of Deposit amounts at the contract level

All detail records for a single PBP are grouped together. Each group is followed by a TR1 Trailer that provides totals for the PBP. A TR2 Trailer is the last record in the file. It provides the totals at the Contract level (i.e. all PBPs).

### F.28.1 *Header Record*

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Record ID | 3 | 1-3 | HDR = Header Record |
| 2 | MCO Contract Number | 5 | 4-8 | MCO Contract Number |
| 3 | Run Date of the file | 8 | 9-16 | Date this data file was created<br>YYYYMMDD |
| 4 | Payment Date | 6 | 17-22 | YYYYMM |
| 5 | Filler | 143 | 23-165 | Spaces |

Total Length = 165

### F.28.2 *Detail Record*

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Record ID | 3 | 1-3 | DPT = MSA Deposit Record<br>RCV = MSA Recovery Record |
| 2 | MCO Contract Number | 5 | 4-8 | MCO Contract Number |
| 3 | Plan Benefit Package ID | 3 | 9-11 | Plan Benefit Package ID<br>Format: 999 |
| 4 | HIC Number | 12 | 12-23 | Member's HIC Number |
| 5 | Surname | 7 | 24-30 | Surname |
| 6 | First Initial | 1 | 31 | First Initial |
| 7 | Sex | 1 | 32 | M = Male<br>F = Female |
| 8 | Date of Birth | 8 | 33-40 | YYYYMMDD |
| 9 | Filler | 1 | 41 | Blank |
| 10 | Disenrollment Reason Code | 2 | 42-43 | Disenrollment Reason Code associated with the Recovery<br><br>Blank for a Deposit record |
| 11 | MSA Deposit or Recovery Start Date | 8 | 44-51 | Start Date for Deposit or Recovery entry<br>YYYYMMDD |
| 12 | MSA Deposit or Recovery End Date | 8 | 52-59 | End Date for Deposit or Recovery entry<br>YYYYMMDD |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 13 | Number of Months in MSA Lump-sum Deposit or Recovery | 2 | 60-61 | Indicates Number of Months used to compute Lump-Sum or Recovery Payments.<br>Format: 99 |
| 14 | Part A Monthly Deposit Rate | 7 | 62-68 | The Medicare Part A dollar amount that is deposited monthly into the beneficiaries MSA Account.<br>Format: 9999.99 |
| 15 | Part B Monthly Deposit Rate | 7 | 69-75 | The Medicare Part B dollar amount that is deposited monthly into the beneficiaries MSA Account.<br>Format: 9999.99 |
| 16 | Lump-Sum MSA Deposit or Recovery Part A amount | 9 | 76-84 | Part A Lump Sum Amount provided to plan for bene's MSA enrollment. For disenrollment, Part A Lump Sum amount to be recovered from Plan<br>Format: -99999.99<br>**NOTE**: A Recovery will be reported as a negative amount. A Deposit will be reported as a positive amount |
| 17 | Lump-Sum MSA Deposit or Recovery Part B amount | 9 | 85-93 | Part B Lump Sum Amount provided to plan for bene's MSA enrollment. For disenrollment, Part A Lump Sum amount to be recovered from Plan.<br>Format: -99999.99<br>**NOTE**: A Recovery will be reported as a negative amount. A Deposit will be reported as a positive amount |
| 18 | Filler | 72 | 94-165 | Blanks |

Total Length = 165

### F.28.3 *Trailer Record*

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Record ID | 3 | 1-3 | Trailer Record<br>TR1 – Trailer for Contract/PBP level<br>TR2 – Trailer for Contract level |
| 2 | Contract Number | 5 | 4-8 | Contract Number |
| 3 | PBP Number | 3 | 9-11 | PBP Number on TR1<br>Blank on TR2 |
| 4 | Beneficiary Count | 7 | 12-18 | TR1 - Distinct count of beneficiaries based on HICNs reported this month for the PBP<br>TR2 – Sum of beneficiaries reported TR1 records<br>Format: 9999999 |
| 5 | Detail Record Count | 7 | 19-25 | Count of Deposit and Recovery records for the PBP (TR1) or all PBPs (TR2)<br>Format: 9999999 |
| 6 | PBP Count | 4 | 26-29 | Blank on TR1<br>Count of TR1 records for the contract<br>Format: 9999 |
| 7 | Filler | 2 | 30-31 | Spaces |
| 8 | Part A Total Deposit Amount | 13 | 32-44 | Total Part A Lump-Sum MSA Deposit amount<br>Format: 9999999999.99 |
| 9 | Part B Total Deposit Amount | 13 | 45-57 | Total Part B Lump-Sum MSA Deposit amount<br>Format: 9999999999.99 |
| 10 | Part A Total Recovery Amount | 14 | 59-71 | Total Part A Lump-Sum MSA Recovery amount<br>Format: -9999999999.99 |
| 11 | Part B Total Recovery Amount | 14 | 72-85 | Total Part B Lump-Sum MSA Recovery amount<br>Format: -9999999999.99 |
| 12 | Total Amount | 15 | 86-100 | Sum of all amounts on record<br>Format: -99999999999.99 |
| 13 | Filler | 69 | 101-165 | Spaces |

Total Length = 165

## *F.29 Medicare Advantage Medicaid Status Data File*

CMS will send a monthly report to Plans that provides the monthly dual statuses and corresponding dual status codes for their beneficiaries who are full or partial duals. Plans will receive a Medicare Advantage Medicaid Status data file to assist in predicting future revenue impacts under the new CMS-HCC risk adjustment model, and to assist in benefit coordination. Each report will provide the most recent Medicaid information on plan enrollees, back to the beginning of the payment.

The data file will be generated monthly. The data file is comprehensive beginning with January 2017. Each month, all overlapping enrollment and Medicaid records that start on or after January 2017 up to the data file generation date will be included.

| System | Type | Frequency | Dataset Naming Convention |
|---|---|---|---|
| MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.MCMD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.MCMD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.MCMD.Dyymm01.Thhmmsst |

### F.29.1 *Header Record*

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Record Type | 1 | 1 | 1 – File Header |
| 2 | Contract Number | 5 | 2-6 | Contract identification |
| 3 | Start Year | 4 | 7-10 | Earliest year associated with the data |
| 4 | End Year | 4 | 11-14 | Latest year associated with the data |
| 5 | File Generation Date | 8 | 15-22 | Date the file was generated<br>YYYYMMDD Format |
| 6 | Filler | 53 | 23-75 | Spaces |

Total Length = 75

### F.29.2 *Beneficiary Identification Record*

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Record Type | 1 | 1 | 2 – Beneficiary Identification Record |
| 2 | Contract Number | 5 | 2-6 | Contract Identification |
| 3 | Beneficiary ID | 12 | 7-18 | Beneficiary Identifier |
| 4 | Last Name | 12 | 19-30 | Beneficiary Surname |
| 5 | First Name | 7 | 31-37 | First Name |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 6 | Middle Initial | 1 | 38 | Beneficiary Middle Initial |
| 7 | DOB | 8 | 39-46 | Beneficiary Birth Date<br>YYYYMMDD Format |
| 8 | Gender | 1 | 47 | Beneficiary Gender Identification Code<br>'0' = Unknown<br>'1' = Male<br>'2' = Female |
| 9 | Filler | 28 | 48-75 | Spaces |

Total Length = 75

### F.29.3 *Beneficiary Detail Record*

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Record Type | 1 | 1 | 3 - Beneficiary Detail Record(s) |
| 2 | Contract Number | 5 | 2-6 | Contract Identification |
| 3 | Medicaid Status Start Date | 8 | 7-14 | Medicaid Status Start Date<br>YYYYMMDD Format |
| 4 | Medicaid Status End Date | 8 | 15-22 | Medicaid Status End Date<br>YYYYMMDD Format<br>Spaces if there is no end date |
| 5 | Medicaid Status | 1 | 23 | F – Full<br>P – Partial |
| 6 | Dual Status Code Start Date | 8 | 24-31 | Dual Status Code Start Date<br>YYYYMMDD Format |
| 7 | Dual Status Code End Date | 8 | 32-39 | Dual Status Code End Date<br>YYYYMMDD Format |
| 8 | Dual Status Code | 2 | 40-41 | Dual Status Code |
| 9 | Record Add Timestamp | 12 | 42-53 | Record Add Timestamp for Dual Status Code<br>YYYYMMDDHHMM format |
| 10 | Record Update Timestamp | 12 | 54-65 | Record Update Timestamp for Dual Status Code<br>YYYYMMDDHHMM Format |
| 11 | Filler | 18 | 66-75 | Spaces |

Total Length = 75

### F.30.4 *File Trailer Record*

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 1 | Record Type | 1 | 1 | 4 – File Trailer |
| 2 | Contract Number | 5 | 2-6 | Contract Identification |
| 3 | Record Count | 7 | 7-13 | Number of records on the data file ( count of Type1,Type 2, Type 3 and Type 4 records)<br>Left padded with zeroes |
| 4 | Beneficiary Record Count | 7 | 14-20 | Number of beneficiary records (Type 2) on the data file.<br>Left padded with zeroes |
| 5 | Filler | 55 | 21-75 | Spaces |

Total Length = 75

## *Yearly Record Layouts*

## *F.30 Loss of Subsidy Data File*

This is a file sent to notify Plans about Beneficiaries' loss of LIS deemed status for the following calendar year based on CMS' annual re-determination of deemed status or SSA's re-determination of LIS awards. The file is sent to Plans twice per year, once in September and once in December.

The September file is informational only and is used to assist Plans in contacting the affected population and encouraging them to file an application to qualify for the upcoming calendar year.

The December file is for transactions and is used by Plans to determine who has lost the LIS as of January 1st of the coming year. The TRC is 996, which indicates the loss of the LIS. This means the Beneficiary is not LIS eligible as of January 1st of the upcoming year.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| MARx | Data File | Twice Yearly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.EOYLOSD.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.EOYLOSD.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.EOYLOSD.Dyymmdd.Thhmmsst |

### F.30.1 *LIS Data File Detail Record*

| Item | 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<br>0 = Unknown<br>1 = Male<br>2 = Female |
| 6 | Date of Birth | 8 | 34-41 | YYYYMMDD – Format |
| 7 | Filler | 1 | 42 | Spaces |
| 8 | Contract Number | 5 | 43-47 | Plan Contract Number |
| 9 | State Code | 2 | 48-49 | Beneficiary State Code |
| 10 | County Code | 3 | 50-52 | Beneficiary County Code |
| 11 | Filler | 4 | 53-56 | Spaces |
| 12 | TRC | 3 | 57-59 | TRC '996' |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 13 | Transaction Type Code | 2 | 60-61 | Transaction Type Code '01' |
| 14 | Filler | 1 | 62 | Spaces |
| 15 | Effective Date | 8 | 63-70 | YYYYMMDD – Format is 01/01 of the next year. Start of Beneficiary's Loss of LIS status. |
| 16 | Filler | 1 | 71 | Spaces |
| 17 | Plan Benefit Package ID | 3 | 72-74 | PBP number |
| 18 | Filler | 1 | 75 | Spaces |
| 19 | Transaction Date | 8 | 76-83 | Set to Current Date (YYYYMMDD), is the run date. |
| 20 | Filler | 1 | 84 | Spaces |
| 21 | Low-Income Subsidy End Date | 8 | 85-92 | End Date of Beneficiary's LIS Period (YYYYMMDD), is 12/31 of the current year. |
| 22 | Filler | 42 | 93-134 | Spaces |
| 23 | Segment Number | 3 | 135-137 | '000' if no segment in PBP |
| 24 | Filler | 97 | 138-234 | Spaces |
| 25 | Part D Low-Income Premium Subsidy Level | 3 | 235-237 | Part D low-income premium subsidy category: '000' = No subsidy |
| 26 | Low-Income Co-Pay Category | 1 | 238 | Co-payment category: '0' = none, not low-income |
| 27 | Filler | 124 | 239-362 | Spaces |
| 28 | LIS Source Code | 1 | 363 | 'A' = Approved SSA Applicant; 'D' = Deemed eligible by CMS |
| 29 | Filler | 137 | 364-500 | Spaces |

Total Length = 500

## *F.31 Long-Term Institutionalized (LTI) Resident Report Data File*

The LTI Resident Report provides Part D sponsors with a list of their enrolled beneficiaries who are LTI residents for longer than 90 days.

CMS will release the LTI report twice yearly. This report provides information to Part D Sponsors on institutionalized enrollees, as well as the names and addresses of the particular long-term care (LTC) facilities in which those beneficiaries reside. This information is obtained by linking Medicare enrollment information with data from the Minimum Data Set (MDS) of nursing home assessments.

This report is distributed to each Part D sponsor through the secure CMS Enterprise File Transfer (EFT) process. The report is retrieved using Gentran or Connect:Direct service.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| MDS | Report | Twice Yearly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.LTCRPT.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.LTCRPT.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.LTCRPT.Dyymmdd.Thhmmsst |

| Item | Field | Size | Position | Format | Description |
|---|---|---|---|---|---|
| 1 | Part D Contract Number | 5 | 1-5 | CHAR | Part D Contract Number associated with the resident during the month of the last nursing home assessment date. |
| 2 | Part D Plan Number | 3 | 6-8 | CHAR | Part D Plan Number associated with the resident during the month of the last nursing home assessment date. |
| 3 | Part D Plan Name | 50 | 9-58 | CHAR | Part D Plan Name associated with the resident during the month of the last nursing home assessment date. |
| 4 | Last Name | 24 | 59-82 | CHAR | Beneficiary Last Name |
| 5 | First Name | 15 | 83-97 | CHAR | Beneficiary First Name |
| 6 | HICN | 12 | 98-109 | CHAR | HICN associated with the resident. |
| 7 | Date of Birth | 8 | 110-117 | DATE | Beneficiary's Date of Birth YYYYMMDD – Format |
| 8 | Gender | 1 | 118 | CHAR | Beneficiary Gender Code<br>1 = Male<br>2 = Female<br>0 = Unknown |
| 9 | Nursing Home Length of Stay | 6 | 119-124 | CHAR | Nursing Home Length of Stay in days (0 – 999999) at the time of the last Nursing Home assessment. |

| Item | Field | Size | Position | Format | Description |
|---|---|---|---|---|---|
| 10 | Nursing Home Admission Date | 8 | 125-132 | DATE | Admission date associated with the last assessment for the resident. YYYYMMDD – Format |
| 11 | Last Nursing Home Assessment Date | 8 | 133-140 | DATE | Target date of the last assessment for the resident. YYYYMMDD – Format |
| 12 | Prospective Payment System (PPS) Indicator | 1 | 141 | CHAR | Identifies those long-term nursing home residents whose last reported resident assessment was a Medicare-PPS type assessment. (Data source: Minimum Data Set (MDS) system, field A0310B). This field was formerly known as the Part A Indicator. |
| 13 | Nursing Home Name | 50 | 142-191 | CHAR | Name of Nursing Home associated with the last assessment for the resident. |
| 14 | Medicare Provider ID | 12 | 192-203 | CHAR | Medicare Provider ID of Nursing Home associated with the last assessment for the resident. |
| 15 | Provider Telephone Number | 13 | 204-216 | CHAR | Telephone Number of Nursing Home associated with the last assessment for the resident. |
| 16 | Provider Address | 50 | 217-266 | CHAR | Address of Nursing Home associated with the last assessment for the resident. |
| 17 | Provider City | 20 | 267-286 | CHAR | City of Nursing Home associated with the last assessment for the resident. |
| 18 | Provider State Code | 2 | 287-288 | CHAR | State Code of Nursing Home associated with the last assessment for the resident. |
| 19 | Provider Zip Code | 11 | 289-299 | CHAR | Zip Code of Nursing Home associated with the last assessment for the resident. |

Total Length = 299

## *F.32 No Premium Due Data File Layout*

MA enrollees who elect optional supplemental benefits may also elect SSA premium withholding. In mid-November, MARx begins preparing the premium records for the next year. Since MARx cannot anticipate which optional premiums an enrollee may elect for next year, an enrollee only paying optional premiums may convert from "SSA Premium Withholding" status in one year to "No Premium Due" status for the next year. Plans should use the No Premium Due Data File to identify enrollees in a "No Premium Due" status for the next year. Plans should review the report and submit both a Part C Premium Update (TC 78) to update the Part C premium Amount, and a PPO Update (TC 75) to request SSA Withholding Status, for enrollees who are renewing both elections for the next year.

| System | Type | Frequency | Dataset Naming Conventions |
|---|---|---|---|
| MARx | Data File | Yearly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.SPCLPEX.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.SPCLPEX.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.SPCLPEX.Dyymmdd.Thhmmsst |

| Item | 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<br>'0' = Unknown;<br>'1' = Male;<br>'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 | TRC | 3 | 57-59 | TRC Defaulted to '267' |
| 16 | Transaction Code | 2 | 60-61 | TC 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 upcoming year) |
| 19 | WA Indicator | 1 | 71 | Space |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 20 | PBP 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. |
| 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 PBP 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 | 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 is 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 is zero |
| 36 | Election Type | 1 | 154 | Space |
| 37 | Enrollment Source | 1 | 155 | Space |
| 38 | Part D Opt-Out Flag | 1 | 156 | Space |
| 39 | Premium Withhold Option/Parts C-D | 1 | 157 | ‘N’ = No premium applicable; |
| 40 | Number of Uncovered Months | 3 | 158-160 | Spaces |
| 41 | Creditable Coverage Flag | 1 | 161 | Space |
| 42 | Employer Subsidy Override Flag | 1 | 162 | Space |
| 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 | Space |
| 46 | Secondary Rx ID | 20 | 199-218 | Spaces |
| 47 | Secondary Rx Group | 15 | 219-233 | Spaces |
| 48 | EGHP | 1 | 234 | Space |
| 49 | Part D LIPS Level | 3 | 235-237 | Spaces |
| 50 | Low-Income Co-Pay Category | 1 | 238 | Space |
| 51 | Low-Income Period Effective Date | 8 | 239-246 | Spaces |
| 52 | Part D LEP Amount | 8 | 247-254 | Spaces |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 53 | Part D LEP Waived Amount | 8 | 255-262 | Spaces |
| 54 | Part D LEP 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 | Space |
| 64 | Low Income Period End Date | 8 | 355-362 | Spaces |
| 65 | LIS Source Code | 1 | 363 | Space |
| 66 | Enrollee Type Flag, PBP Level | 1 | 364 | Space |
| 67 | Application Date Indicator | 1 | 365 | Space |
| 68 | Filler | 135 | 366-500 | Spaces |

Total Length = 500

## *Special Record Layouts*

### *F.33 HICN to MBI Crosswalk File Layout*

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

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

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

# G: *Screen Hierarchy*

The Common User Interface (UI) screens are accessed via the drill-down method of navigation. Functions are grouped together under a common menu item. For example, most of the Beneficiary-specific information is found under the Beneficiary menu item. **Table G-1** lists the names of the Common UI screens accessible to Managed Care Organizations (MCOs) and their screen numbers, for reference only.

**Table G-1: Screen Lookup Table**

| Screen Name | Screen Number |
|---|---|
| **Logon, Logoff, and Welcome Screens** | |
| MARx Logout | |
| User Security Role Selection | M002 |
| Welcome | M101 |
| MARx Calendar | M105 |
| **Beneficiaries Screens** | |
| Beneficiaries: Find | M201 |
| Beneficiaries: Search Results | M202 |
| Beneficiary Detail: Snapshot | M203 |
| Beneficiary Detail: Enrollment | M204 |
| Beneficiary Detail: Payments | M206 |
| Beneficiary Detail: Adjustments | M207 |
| Beneficiaries: New Enrollment | M212 |
| Payment/Adjustment Detail | M215 |
| Beneficiary Detail: Factors | M220 |
| Beneficiaries: Update Enrollment | M221 |
| Enrollment Detail | M222 |
| Beneficiary Detail: Update Premiums | M226 |
| Rx Insurance View | M228 |
| Beneficiaries: Additional Update Enrollment | M230 |
| Beneficiary Detail: Premiums | M231 |
| Beneficiaries: Eligibility | M232 |
| Beneficiary Detail: Utilization | M233 |
| Part D AE-FE Opt-Out | M234 |
| Beneficiary Detail: MSA Lump Sum | M235 |
| Beneficiary Detail: SSA/RRB Transaction Status | M237 |
| Update Premium Withhold Collection | M240 |
| Update SSA R&R | M241 |
| Update Residence Address View | M242 |
| Residence Address View | M243 |
| Rx Insurance View | M244 |
| Update POS Drug Edit | M254 |

| Screen Name | Screen Number |
|---|---|
| Status Activity | M256 |
| Status Activity Detail | M257 |
| **Transactions Screens** | |
| Transactions: Batch Status | M307 |
| Batch File Details | M314 |
| Special Batch Approval Request | M316 |
| View Special Batch File Request | M317 |
| **Payments Screens** | |
| Payments: MCO | M401 |
| Payments: MCO Payments | M402 |
| Payments: Beneficiary | M403 |
| Payments: Beneficiary Search Results | M404 |
| Beneficiary Payment History | M406 |
| Adjustment Detail | M408 |
| Payments: Premiums and Rebates | M409 |
| **Reports Screens** | |
| Reports: Find | M601 |
| Reports: Search Results | M602 |

# H: *Validation Messages*

**Table H-1** lists validation messages that appear directly on the screen during data entry/processing in the status line (the line just below the title line, as in **Figure H-1**).

***Figure H-1: Validation Message Placement on Screen***

These are common validation messages, not specific to a single screen but related to the fields that appear on many screens. Note that screen/function-specific messages appear in the section related to the specific function and are associated with the specific screen.

**Table H-1: Validation Messages**

| Error Messages | Suggested Action |
|---|---|
| User must enter a contract number | Enter the field specified by the message. |
| A contract number must start with an ‘E’, ‘H’, ‘R’, ‘S’, ‘X,’ or ‘9’, followed by four characters | Re-enter the field and follow the format indicated in the message. |
| User must enter a sex | Enter the field specified by the message. |
| User must select a state | Enter the field specified by the message. |
| Invalid Contract/PBP combination | Check the combination and re-enter. |
| Invalid Contract/PBP/segment combination | Check the combination and re-enter. |
| <kind-of-date> is invalid. Must have format (M)M/(D)D/YYYY | Re-enter the field and follow the format indicated in the message. |
| User must enter <kind of date> | Enter the field specified by the message. |
| PBP number must have three alphanumeric characters | Re-enter the field and follow the format indicated in the message. |
| Please enter at least one of the required fields | Make sure to enter all the required fields. |
| Please enter user ID or password | Make sure to enter one of the fields specified by the message. |
| Segment number must have three digits | Re-enter the field and follow the format indicated in the message. |
| The claim number is not a valid SSA or RRB number, or CMS Internal number | Re-enter the field in SSA, RRB, or CMS Internal format. |
| The last name contains invalid characters | Re-enter the field using only letters, apostrophes, hyphens, or blanks. |
| The user ID contains invalid characters | Re-enter the field and follow the format indicated in the message. |
| You do not have access rights to this contract | First, make sure that the Contract # correctly is entered correctly. If not, re-enter it. If the user did, he/she should have rights to this contract; see the Security Administrator who can update the user profile for these rights. |

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# I: *Codes*

This appendix lists the numerical value and descriptions for codes that are highly visible to users.

## *I.1 Transaction Codes*

**Table I-1** lists the Medicare Advantage Prescription Drug System (MARx) Transaction Codes and the description of each code.

***Table I-1: Transaction Codes***

| Code | Description |
|---|---|
| 01 | MCO Correction |
| 30 | Turn Bene-Level Demonstration Factor On (Demos Only) |
| 31 | Turn Bene-Level Demonstration Factor Off (Demos Only) |
| 41 | Update to Opt-Out Flag (Submitted by CMS) |
| 42 | MMP Opt-Out Change (Submitted by 1-800 MEDICARE) |
| 51 | Disenrollment (MCO or CMS) |
| 54 | Disenrollment (Submitted by 1-800-MEDICARE) |
| 61 | Enrollment |
| 72 | 4Rx Record Update |
| 73 | NUNCMO Record Update |
| 74 | EGHP s Record Update |
| 75 | Premium Payment Option (PPO) Update |
| 76 | Residence Address Record Update |
| 77 | Segment ID Record Update |
| 78 | Part C Premium Record Update |
| 79 | Part D Opt-Out Record Update |
| 80 | Cancellation of Enrollment |
| 81 | Cancellation of Disenrollment |
| 82 | MMP Enrollment Cancellation |
| 83 | MMP Opt-Out Update |
| 90 | POS Drug Edit |
| 91 | IC Model Participation |

## *I.2 Transaction Reply Codes (TRCs)*

**Table I-2** lists the reply codes returned for transactions found in Table I-1.

TRC Types:

| | | |
|---|---|---|
| A - | Accepted - | A transaction is accepted and the requested action is applied (Example: enrollment or disenrollment) |
| R - | Rejected - | A transaction is rejected due to an error or other condition. The requested action is not applied to the CMS System. The TRC indicates the reason for the transaction rejection. The Plan should analyze the rejection to validate the submitted transaction and to determine whether to resubmit the transaction with corrections. |
| I - | Informational - | These replies accompany Accepted TRC replies and provide additional information about the transaction or Beneficiary. For example: If an enrollment transaction for a Beneficiary who is "out of area" is accepted, the Plan receives an accepted TRC (TRC 011) and an additional reply is included in the Transaction Reply Report (TRR) that gives the Plan the additional information that the Beneficiary is "Out of Area" (TRC 016). |
| M - | Maintenance - | These replies provide information to Plans about the Beneficiaries enrolled in their Plans. They are sent in response to information received by CMS. For example: If CMS is informed of a change in a Beneficiary's claim number, a reply is included in the Plan's TRR with TRC 086, giving the Plan the new claim number. |
| F - | Failed - | A transaction failed due to an error or other condition and the requested action did not occur. The TRC indicates the reason for the transaction's failure. The Plan should analyze the failed transaction and determine whether to resubmit with corrections. Replies with the Failed TRCs are not included in the DTRR. These are provided on the Failed Records reported in the BCSS that goes back to the submitter. |

Legend for Type: A = Accepted R = Rejected I = Informational M = Maintenance F = Failed

## *Table I-2: Transaction Reply Codes*

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 000 | I | No Data to Report | NO REPORT | This TRC can appear on both the DTRR and the Failed Payment Reply Report (FPRR) data files.<br><br>On the DTRR it indicates that none of the following occurred during the reporting period for the given contract/PBP, a beneficiary status change, user interface (UI) activity, or CMS or Plan transaction processing. The reporting period is the span between the previous DTRR and the current DTRR.<br><br>On the FPRR it indicates the presence of all prospective payments for the Plan (contract/PBP), none are missing.<br><br>**Plan Action**: None. |
| 001 | F | Invalid Transaction Code | BAD TRANS CODE | A transaction failed because the Transaction Type Code (field 16) contained an invalid value.<br><br>Valid Transaction Type Code values are 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90 and 91. This transaction should be resubmitted with a valid Transaction Type Code.<br><br>***Note:*** *Transaction Types 41, 42 and 54 are valid but not submitted by the Plans.*<br><br>This TRC is returned in the Batch Completion Status Summary (BCSS) Report along with the failed record and is not returned in the DTRR.<br><br>**Plan Action:** Correct the Transaction Type Code and resubmit if appropriate. |
| 002 | F | Invalid Correction Action Code | BAD ACTION CODE | This TRC is returned on a failed transaction (Transaction Type 01) when the supplied action code contains an invalid value. The valid action code values are D, E, F and G.<br><br>This TRC is returned in the BCSS Report along with the failed record. This TRC is not returned in the DTRR.<br><br>**Plan Action:** Correct the Action Code and resubmit if appropriate. |
| 003 | F | Invalid Contract Number | BAD CONTRACT # | A transaction (Transaction Types 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90 and 91) failed because CMS did not recognize the contract number.<br><br>*This TRC is returned in the Batch Completion Status Summary (BCSS) Report along with the failed record.* This TRC will not be returned in the *DTRR.*<br><br>**Plan Action:** Correct the Contract Number and resubmit if appropriate. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 004 | R | Beneficiary Name Required | NEED MEMB NAME | A transaction (Transaction Types 01, 41, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82,83, 90 and 91) was rejected, because both of the beneficiary name fields (Surname and First Name) were blank. The beneficiary's name must be provided.<br><br>**Plan Action:** Populate the Beneficiary Name fields and resubmit if appropriate. |
| 006 | R | Incorrect Birth Date | BAD BIRTH DATE | A transaction (Transaction Types 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90 and 91) was rejected because the Birth Date, while non-blank and formatted correctly as YYYYMMDD (year, month, and day), is before 1870 or greater than the current year. The system tried to identify the beneficiary with the remaining demographic information but could not.<br><br>Note: A blank Birth Date does not result in TRC 006 but may affect the ability to identify the appropriate beneficiary. See TRC 009.<br><br>**Plan Action**: Correct the Birth Date and resubmit if appropriate. |
| 007 | R | Invalid Claim Number | BAD HICN FORMAT | A transaction (Transaction Types 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90 and 91) was rejected, because the beneficiary claim number was not in a valid format.<br><br>The valid format for a claim number could take one of two forms:<br>• HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions alphanumeric.<br>• RRB is a 7 to 12 position value, with the first 1 to 3 positions alpha and the last 6 or 9 positions numeric.<br><br>**Plan Action:** Determine the correct claim number (HICN or RRB) for the beneficiary and resubmit the transaction if appropriate. |
| 008 | R | Beneficiary Claim Number Not Found | CLAIM NOT FOUND | A transaction (Transaction Types 01, 51, 61, 72**,** 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90 and 91) was rejected, because a beneficiary with this claim number was not found. The Plan must resubmit the transaction with a valid claim number.<br><br>**Plan Action:** Determine the correct claim number (HICN or RRB) for the beneficiary and resubmit the transaction if appropriate. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 009 | R | No beneficiary match | NO BENE MATCH | A transaction (Transaction Types 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90 and 91) attempted to process but the system was unable to find the beneficiary based on the identifying information submitted in the transaction.<br><br>A match on claim number (HICN) is required, along with a match on 3 of the following 4 fields: surname, first initial, date of birth and sex code.<br><br>**Plan Action:** Correct the beneficiary identifying information and resubmit if appropriate. |
| 011 | A | Enrollment Accepted as Submitted | ENROLL ACCEPTED | The new enrollment (Transaction Type 61) has been successfully processed. The effective date of the new enrollment is reported in DTRR field 18.<br><br>This is the definitive enrollment acceptance record. Other accompanying replies with different TRCs may give additional information about this enrollment.<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |
| 013 | A | Disenrollment Accepted as Submitted | DISENROL ACCEPT | A disenrollment transaction (Transaction Type 51 or 54) has been successfully processed. The last day of the enrollment is reported in DTRR fields 18 and 24.<br><br>The disenrollment date is always the last day of the month.<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record and that the beneficiary's disenrollment date matches the date in field 24. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 014 | A | Disenrollment Due to Enrollment in Another Plan | DISNROL-NEW MCO | This TRC is returned when the system generates a disenrollment date due to a beneficiary's enrollment in another Plan. It is returned on a reply with Transaction Type 51 or 61.<br><br>The last day of the enrollment is reported in DTRR fields 18 and 24. This date is always last day of the month.<br><br>For the Transaction Type 51 transaction, the beneficiary has been disenrolled from this Plan because they were successfully enrolled in another Plan The Source ID (field 28) contains the Contract number of the Plan that submitted the new enrollment which caused this disenrollment.<br><br>For the Transaction Type 61 transaction, the TRC is issued whenever a retroactive enrollment runs into an existing enrollment that prevails according to application date edits. The Source ID (field 28) contains the Contract number of the prevailing Plan. TRC 014 will not be generated if the TC 61 is a result of a PBP change.<br><br>**Plan Action:** Update the Plan's records accordingly, ensuring that the beneficiary's information matches the data included in the DTRR record and that the beneficiary's disenrollment date matches the date in field 24. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 015 | A | Enrollment Removed | ENROLL REMOVED | An existing enrollment was removed from the list of the beneficiary's active enrollments. The effective date of the enrollment that was removed is reported in the Effective Date field (18). This TRC is reported on a reply with a Transaction Type 51 or 54.<br><br>When an enrollment is removed, it means that the enrollment never occurred.<br><br>A removal may be the result of an action on the part of the beneficiary, CMS, or another Plan. Examples:<br><br>• The beneficiary enrolled in another plan before this enrollment began.<br>• The beneficiary died before the enrollment began.<br>• An enrollment that was the result of a rollover was removed before it began. This can be due to:<br>  • The beneficiary disenrolled from the original plan with an effective date before the rollover enrollment began.<br>  • The plan into which the beneficiary was rolled over removed the enrollment before it began.<br>• The enrollment falls completely within a period during which the beneficiary was incarcerated or not lawfully present.<br><br>**Note**: This removal is different from enrollment cancellations generated with an Enrollment Cancellation Transaction Code 80. An Enrollment cancellation attempts to reinstate the beneficiary into the previous plan. When a plan receives a TRC 015 saying the enrollment was removed, no reinstatements in previous plans occur.<br><br>**Plan Action:** Because it was removed, this entire enrollment that was scheduled to begin on the date in field 18 should be removed from the Plan's enrollment records. Take the appropriate actions as per CMS enrollment guidance. |
| 016 | I | Enrollment Accepted, Out Of Area | ENROLL-OUT AREA | The beneficiary's residence state and county codes placed the beneficiary outside of the Plan's approved service area.<br><br>This TRC provides additional information about a new enrollment or PBP change (Transaction Type 61) for which an acceptance was sent in a separate Transaction Reply record with an enrollment acceptance TRC. The Effective Date of the enrollment for which this information is pertinent is reported in DTRR field 18.<br><br>**Plan Action:** Investigate the apparent discrepancy and take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 017 | I | Enrollment Accepted, Payment Default Rate | ENROLL-BAD SCC | CMS was unable to derive a valid state and county code for the beneficiary who has been successfully enrolled. Part C payment for this beneficiary is at the Plan bid rate with no geographic adjustment.<br><br>This TRC provides additional information about a new enrollment or PBP change (Transaction Type 61) for which an acceptance was sent in a separate Transaction Reply with an enrollment acceptance TRC. The effective date of the new enrollment for which this information is pertinent is reported in DTRR fields 18 and 24.<br><br>**Plan Action:** Contact the MAPD Help Desk for assistance. |
| 018 | A | Automatic Disenrollment | AUTO DISENROLL | The beneficiary has been disenrolled from the Plan. The last day of enrollment is reported in DTRR fields 18 and 24. This date is always the last day of the month.<br><br>The disenrollment may result from an action on the part of the beneficiary, CMS or another Plan.<br><br>A DTRR reply with this TRC is usually accompanied by one or more replies, which make the reason for automatic disenrollment evident. For example, in the case of a disenrollment due to a beneficiary's death, the reply with TRC 018 is accompanied by a reply with TRC 090 (Date of Death Established). Or in the case of beneficiary loss of entitlement, TRC018 will be accompanied by one of the following benefit termination TRCs – 079 (Part A Term), 081 (Part B Term), 197 (Part D Eligibility Term).<br><br>**Plan Action:** Update the Plan's records to reflect the disenrollment using the date in field 24. Take the appropriate actions as per CMS enrollment guidance. |
| 019 | R | Enrollment Rejected - No Part A & Part B Entitlement | NO ENROLL-NO AB | A submitted enrollment or PBP change transaction (Transaction Type 61) was rejected because the beneficiary does not have Medicare entitlement as of the effective date of the transaction.<br><br>**Plan Action:** Take the appropriate actions as per CMS enrollment guidance. |
| 020 | R | Enrollment Rejected - Under 55 | NO ENROLL-NOT55 | A submitted enrollment or PBP change transaction (Transaction Type 61) for a PACE Plan was rejected because the beneficiary is not yet 55 years of age.<br><br>**Plan Action:** Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 022 | A | Transaction Accepted, Claim Number Change | NEW HICN | A transaction (Transaction Types 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) has been successfully processed. The effective date of the transaction is shown in DTRR field 18.<br><br>Additionally, the claim number for this beneficiary has changed. The new claim number is in DTRR field 1 and the old claim number is reported in field 24.<br><br>For enrollment acceptance (Transaction Type 61), TRC 022 is reported in lieu of TRC 011. Other accompanying replies with different TRCs may give additional information about this enrollment.<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS guidance. Change the beneficiary's claim number in the Plan's records. Any future submitted transactions for this beneficiary must use the new claim number. |
| 023 | A | Transaction Accepted, Name Change | NEW NAME | A transaction (Transaction Types 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) has been successfully processed. The effective date of the transaction is reported in DTRR field 18.<br><br>**Additionally**, the beneficiary's name has changed. The new name is reported in DTRR fields 2, 3 and 4.<br><br>For enrollment acceptance (Transaction Type 61), TRC 023 is reported in lieu of TRC 011 or TRC 100. Other accompanying replies with different TRCs may give additional information about this enrollment.<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. Change the beneficiary's name in the Plan's records. To ensure accurate identification of the beneficiary, future submitted transactions for this beneficiary should use the new name. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 025 | A | Disenrollment Accepted, Claim Number Change | DISROL-NEW HICN | A disenrollment transaction (Transaction Type 51 or 54) submitted by the Plan has been successfully processed. The effective date of the disenrollment is reported in DTRR field 18. The disenrollment date is always the last day of the month.<br><br>Additionally, the claim number for this beneficiary has changed. The new claim number is in DTRR field 1 and the old claim number is reported in field 24.<br><br>**Plan Action:** Update the Plan's records to reflect the disenrollment using the date in field 24. Take the appropriate actions as per CMS enrollment guidance. Change the beneficiary's claim number in the Plan's records. Future submitted transactions for this beneficiary must use the new claim number. |
| 026 | A | Disenrollment Accepted, Name Change | DISROL-NEW NAME | A disenrollment transaction (Transaction Type 51 or 54) submitted by the Plan has been successfully processed. The effective date of the disenrollment is reported in the DTRR field 18. The disenrollment date is always the last day of the month.<br><br>Additionally, The beneficiary's name has changed. The new name is reported in DTRR fields 2, 3 and 4 and in the corresponding columns in the printed report.<br><br>**Plan Action:** Update the Plan's records to reflect the disenrollment using the date in field 24. Take the appropriate actions as per CMS enrollment guidance. Change the beneficiary's name in the Plan's records. To ensure accurate identification of the beneficiary, future submitted transactions for this beneficiary should use the new name. |
| 032 | R | Transaction Rejected, Beneficiary Not Entitl Part B | MEMB HAS NO B | This TRC is returned when the system rejects an enrollment (Transaction Type 61) into, or a disenrollment cancellation (Transaction Type 81) from, an MCO (MA, MAPD, HCPP, Cost 1, Cost 2 or Demos) because the beneficiary is not entitled to Part B.<br>• TC61 – transaction rejects because the submitted enrollment date is outside the beneficiary's Part B entitlement period<br>• TC81 – transaction rejects because the enrollment reinstatement period is outside the beneficiary's Part B entitlement period<br><br>**Plan Action:** Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 033 | R | Transaction Rejected, Beneficiary Not Entitl Part A | MEMB HAS NO A | This TRC is returned when the system rejects an enrollment (Transaction Type 61) into, or a disenrollment cancellation (Transaction Type 81) from, an MCO (MA, MAPD, HCPP, Cost 1, Cost 2 or Demos) because the beneficiary is not entitled to Part A.<br>• TC61 – transaction rejects because the submitted enrollment date is outside the beneficiary's Part A entitlement period<br>• TC81 – transaction rejects because the enrollment reinstatement period is outside the beneficiary's Part A entitlement period<br><br>**Plan Action:** Take the appropriate actions as per CMS enrollment guidance. |
| 034 | R | Enrollment Rejected, Beneficiary is Not Age 65 | MEMB NOT AGE 65 | A submitted enrollment or PBP change transaction (Transaction Type 61) was rejected because the beneficiary was not age 65 or older. The age requirement is Plan-specific.<br><br>**Plan Action:** Take the appropriate actions as per CMS enrollment guidance. |
| 035 | R | Enrollment Rejected, Beneficiary is in Hospice | MEMB IN HOSPICE | A submitted enrollment or PBP change transaction (Transaction Type 61) was rejected because the beneficiary was in Hospice status. The Hospice requirement is Plan-specific (e.g. applies only to MSA/MA, MSA/Demo, OFM Demo, ESRD I Demo, ESRD II Demo, and PACE National Plans). The attempted enrollment date is reported in DTRR field 18 and 24.<br><br>**Plan Action:** Update the Plan records accordingly and take the appropriate actions as per CMS enrollment guidance. |
| 036 | R | Transaction Rejected, Beneficiary is Deceased | MEMB DECEASED | A submitted enrollment or PBP change transaction (Transaction Type 61) or disenrollment cancellation transaction (Transaction Type 81) enrollment reinstatement was rejected because the beneficiary is deceased.<br><br>**Plan Action:** Update the Plan records accordingly and take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 037 | R | Transaction Rejected, Incorrect Effective Date | BAD ENROLL DATE | A transaction (Transaction Types 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) was rejected because the submitted effective date is not appropriate. Inappropriate effective dates include:<br>• For all transaction types, date is not first day of the month<br>• For all transaction types, date is greater than current calendar year plus one, or, date does not meet Current Calendar Month (CCM) constraints<br>• For Transaction Type 61, non-EGHP enrollment, date is more than one month prior to CCM or greater than three months after CCM<br>• For Transaction Type 61 transaction, EGHP enrollment, date is more than three months prior to the CCM or greater than three months after CCM<br>• Transaction Type 72 4Rx Record Update transaction with an effective date not equal to the effective date of an existing enrollment period<br>• Transaction Type 73 Uncovered Months Change transaction (Creditable Coverage Flag = N or Y) with an effective date not equal to the effective date of an existing enrollment period<br>• Transaction Type 80 Enrollment Cancellation transaction with an effective date not equal to the effective date of an existing enrollment<br>• Transaction Type 81 Disenrollment Cancellation transaction with an effective date not equal to the effective date of an existing disenrollment<br>• Transaction Type 82 MMP Enrollment Cancellation transaction with an effective date not equal to the effective date of an existing enrollment<br><br>**Plan Action:** Correct the Effective Date and resubmit if appropriate. If this is a retroactive transaction, contact CMS for instructions on submitting retroactive transactions. |
| 038 | R | Enrollment Rejected, Duplicate Transaction | DUPLICATE | An enrollment transaction (Transaction Type 61) was rejected because it was a duplicate transaction. CMS has already processed another enrollment transaction submitted for the same contract, PBP, application date and effective date.<br><br>**Plan Action:** None required |
| 039 | R | Enrollment Rejected, Currently Enrolled in Same Plan | ALREADY ENROLL | An enrollment or PBP change transaction (Transaction Type 61) was rejected because the beneficiary is already enrolled in this contract/PBP.<br><br>**Plan Action:** None required |
| 042 | R | Transaction Rejected, Blocked | ENROLL BLOCKED | An enrollment or PBP change transaction (Transaction Type 61) or disenrollment cancellation transaction (Transaction Type 81) [enrollment reinstatement] was rejected because the Plan is currently blocked from enrolling new beneficiaries.<br><br>**Plan Action:** Check HPMS and contact CMS. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 044 | R | Transaction Rejected, Outside Contracted Period | NO CONTRACT | This TRC is returned for an enrollment or PBP change transaction (Transaction Type 61), enrollment cancellation transaction (Transaction Type 80), disenrollment cancellation transaction (Transaction Type 81), and MMP enrollment cancellation (Transaction Type (82) [enrollment reinstatement].<br>• TC61 – transaction was rejected because the submitted enrollment date is outside the Plan's contracted period<br>• TC80, TC81, and TC82 – transaction was rejected because the enrollment reinstatement period is outside the Plan's contracted period<br><br>**Plan Action:** Check HPMS and contact CMS. |
| 045 | R | Enrollment Rejected, Beneficiary is in ESRD | MEMB HAS ESRD | An enrollment or PBP change transaction (Transaction Type 61) was rejected because the beneficiary is in ESRD (end-stage renal disease) status. The attempted enrollment effective date is reported in DTRR field 18 and 24.<br><br>Affected Plans cannot enroll ESRD members unless the individual was previously enrolled in the commercial side of the Plan or the Plan has been previously approved for such enrollments.<br><br>**Plan Action:** Review full CMS guidance on enrollment of ESRD beneficiaries in the ***Medicare Managed Care Manual (MMCM)*** or ***PDP Enrollment Guidance***. If the Plan has approval to enroll ESRD members, they should resubmit the enrollment with an A in the Prior Commercial Indicator field (position 80). |
| 048 | A | Nursing Home Certifiable Status Set | NHC ON | A correction transaction (Transaction Type 01) placed the beneficiary in Nursing Home Certifiable (NHC) status. The NHC health status is Plan specific, e.g., applies to SHMO I, Mass. Dual Eligible, MDHO and MSHO Plans. The effective date of the NHC status is reported in DTRR field 18 and 24.<br><br>**Note:** This TRC is only applicable for effective dates prior to 1/1/2008.<br><br>**Plan Action:** Update the Plan records. |
| 050 | R | Disenrollment Rejected, Not Enrolled | NOT ENROLLED | A disenrollment transaction (Transaction Type 51) was rejected, because the beneficiary was not enrolled in the contract as of the effective date of the disenrollment.<br><br>**Plan Action:** Verify the Plan's enrollment information for this beneficiary. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 051 | R | Disenrollment Rejected, Incorrect Effective Date | BAD DISENR DATE | A disenrollment transaction (Transaction Type 51) or a disenrollment cancellation transaction (Transaction Type 81) was rejected because the submitted enrollment effective date was either:<br>• Not the first day of the month, or<br>• More than three months beyond the Current Calendar Month (CCM+3)<br><br>**Note:** Transactions with effective dates prior to CCM are returned with TRC 054.<br><br>**Plan Action:** Correct the Effective Date and resubmit if appropriate. If this is a retroactive transaction, contact CMS for instructions on submitting retroactive transactions |
| 052 | R | Disenrollment Rejected, Duplicate Transaction | DUPLICATE | A disenrollment transaction (Transaction Type 51), enrollment cancellation transaction (Transaction Type 80), disenrollment cancellation transaction (Transaction Type 81) or MMP enrollment cancellation (Transaction Type 82) was rejected because it was a duplicate transaction. CMS has already processed another a similar transaction submitted for the same contract with the same effective date.<br><br>The effective date of the disenrollment is reported in the Effective Date field (18) on the DTRR data file.<br><br>**Plan Action:** None required |
| 054 | R | Disenrollment Rejected, Retroactive Effective Date | RETRO DISN DATE | A disenrollment transaction (Transaction Type 51 or 54) was rejected because the submitted effective date was prior to the earliest allowed date for disenrollment transactions. Effective dates for disenrollment transactions (Transaction Type 51) are no earlier than one month prior to the Current Calendar Month (CCM) or two months prior for Transaction Type 54 transactions.<br><br>The requested disenrollment effective date is reported in the Effective Date field (18) on the DTRR data file.<br><br>**Plan Action:** Correct the Effective Date and resubmit if appropriate. If this is a retroactive transaction, contact CMS for instructions on submitting retroactive transactions. |
| 055 | M | ESRD Cancellation | ESRD CANCELED | 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.<br><br>This beneficiary was previously in End State Renal Disease (ESRD) status. That status has been cancelled. The effective date of the ESRD status cancellation is reported in DTRR field 18 and 24.<br><br>**Plan Action:** Update the Plan records. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 056 | R | Demonstration Enrollment Rejected | FAILS DEMO REQ | An enrollment transaction (Transaction Type 61) was rejected because the beneficiary did not meet the Demonstration requirements. For example, the beneficiary is currently known as Working Aged or not known as ESRD. These requirements are Plan specific.<br><br>The attempted enrollment effective date is reported in DTRR fields 18 and 24.<br><br>**Plan Action:** Take the appropriate actions as per CMS enrollment guidance. |
| 060 | R | Transaction Rejected, Not Enrolled | NOT ENROLLED | A Correction (Transaction Type 01), Cancellation of Enrollment (Transaction Type 80), Cancellation of Disenrollment (Transaction Type 81), MMP Enrollment Cancellation (Transaction Type 82) or change transaction (Transaction Types 74, 75, 76, 77, 78, 79, and 83) was rejected because the beneficiary was not enrolled in a Plan as of the submitted effective date.<br><br>For NUNCMO Change transactions, Transaction Type 73, either the beneficiary is not enrolled in the Plan submitting this transaction as of the month of the submission, or, the submitted effective date does not fall within a Part D Plan enrollment.<br><br>**Plan Action:** Verify the beneficiary identifying information and resubmit the transaction with updated information, if appropriate. |
| 062 | R | Correction Rejected, Overlaps Other Period | INS-NHC OVERLAP | A correction transaction (Transaction Type 01) was rejected because this transaction would have resulted in overlapping Institutional and Nursing Home Certifiable (NHC) periods. The beneficiary is not allowed to have both Institutional and NHC status. These two types of periods are mutually exclusive.<br><br>**Note:** This TRC is only applicable for effective dates prior to 1/1/2008.<br><br>**Plan Action:** Ensure that the Plan's records reflect the correct dates. |

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

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 073 | M | ESRD Status Set | ESRD ON | This TRC is returned on a reply with Transaction Type 01 and occasionally with Transaction Type 61. When returned with Transaction Type 01, the TRC is in response to a change in beneficiary ESRD status. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.<br><br>In the case of Transaction Type 01, a notification has been received that this beneficiary is in End Stage Renal Disease (ESRD) status. The date on which ESRD Status became effective reported in DTRR fields 18 and 24.<br><br>When this TRC is returned with Transaction Type 61 the TRC is in response to a retroactive enrollment and is identifying the fact that an enrollment end date has been established due to the beneficiary's ESRD status. The enrollment start date is in DTRR field 18 and the enrollment end date is in field 24. In this circumstance it is accompanied by TRC 018, Automatic Disenrollment, as well.<br><br>**Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance. |
| 074 | M | ESRD Status Terminated | ESRD OFF | 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.<br><br>A notification has been received that this beneficiary's End Stage Renal Disease (ESRD) Status has been terminated. The end date for the ESRD Status is reported in DTRR fields 18 and 24.<br><br>**Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance. |
| 075 | A | Institutional Status Set | INSTITUTION ON | A correction transaction (Transaction Type 01) placed the beneficiary in Institutional status. The effective date of the Institutional status is shown in DTRR field 24.<br><br>Institutional status automatically ends each month; therefore, there is no Institutional Status termination transaction. This TRC is only applicable for application dates prior to 01/01/2008.<br><br>**Plan Action:** Update the Plan records. Take the appropriate actions as per CMS enrollment guidance.<br><br>**Note:** This TRC is only applicable for effective dates prior to 01/01/2008. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 077 | M | Medicaid Status Set | MEDICAID ON | This TRC is returned on a reply with Transaction Type 01.<br><br>This beneficiary has been identified as having Medicaid. The effective date of the Medicaid Status is reported in field 18 (Effective Date) and field 24. The beneficiary's Medicaid status identification may be the result of any of the following:<br>• The Medicaid status was updated for a beneficiary whose payments are calculated using a default factor.<br>• The beneficiary's Medicaid status was updated through the UI by CMS.<br><br>**Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance. |
| 078 | M | Medicaid Status Terminated | MEDICAID OFF | This TRC is returned on a reply with Transaction Type 01.<br><br>A period of Medicaid status for this beneficiary has ended. The end date of the Medicaid Status is reported in field 18 (Effective Date) and field 24. The beneficiary's Medicaid status change may be the result of any of the following:<br>• The Medicaid status was updated for a beneficiary whose payments are calculated using a default factor.<br>• The beneficiary's Medicaid status was updated through the UI by CMS.<br><br>**Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance. |
| 079 | M | Part A Termination | MEDICARE A OFF | This TRC is returned on a reply with Transaction Type 01 and occasionally with Transaction Type 61. When returned with Transaction Type 01, the TRC is in response to a change in beneficiary Part A Entitlement. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.<br><br>In the case of Transaction Type 01, this beneficiary's Part A Entitlement has been terminated. The effective date of the termination is reported in DTRR fields 18 and 24.<br><br>When this TRC is returned with Transaction Type 61, the TRC is in response to a retroactive enrollment and is identifying the fact that an enrollment end date has been established due to the beneficiary's termination of Part A. The enrollment start date is in DTRR field 18 and the enrollment end date is in field 24. In this circumstance it is also accompanied by TRC 018, Automatic Disenrollment.<br><br>**Note:** A DTRR record with this reply code is only reported to the Plan in which the beneficiary is currently enrolled, even if it affects periods of enrollment in other Plans.<br><br>**Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 080 | M | Part A Reinstatement | MEDICARE A ON | 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 beneficiary information.<br><br>This beneficiary's Part A Entitlement has been reinstated. The effective date of the start of Part A entitlement is reported in fields DTRR data file 18 and 24.<br><br>**Note:** A DTRR record with this reply code is only reported to the Plan in which the beneficiary is currently enrolled, even if it affects periods of enrollment in other Plans. If, as a result of a loss of Part A entitlement, the beneficiary is disenrolled and does not continue enrollment in some managed care contract, the reply code is not issued.<br><br>**Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance. |
| 081 | M | Part B Termination | MEDICARE B OFF | This TRC is returned on a reply with Transaction Type 01 and occasionally with Transaction Type 51 and Transaction Type 61. When returned with Transaction Type 01, the TRC is in response to a change in beneficiary Part B Entitlement. It is not a reply to a submitted transaction but is intended to supply the Plan with additional beneficiary information. If applicable, CMS will disenroll the beneficiary from the Plan and return TRC 018 in addition to TRC 081.<br>In the case of Transaction Type 01, this beneficiary's Part B Entitlement has been terminated. The effective date of the termination is reported in DTRR fields 18 and 24.<br><br>When this TRC is returned with Transaction Types 51 or 61, the TRC is in response to a retroactive enrollment and is identifying the fact that an enrollment end date has been established due to the beneficiary's termination of Part B. The enrollment start date is in DTRR field 18 and the enrollment end date is in field 24. In this circumstance it is also accompanied by TRC 018, Automatic Disenrollment.<br><br>**Note:** A DTRR record with this reply code is only reported to the Plan in which the beneficiary is currently enrolled, even if it affects periods of enrollment in other Plans.<br><br>**Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 082 | M | Part B Reinstatement | MEDICARE B ON | 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 beneficiary information.<br><br>This beneficiary's Part B Entitlement has been reinstated. The effective date of the start of Part B entitlement is reported in DTRR fields 18 and 24.<br><br>Note: A DTRR record with this reply code is only reported to the Plan in which the beneficiary is currently enrolled, even if it affects periods of enrollment in other Plans. If, as a result of a loss of Part B entitlement, the beneficiary has been disenrolled, but not re-enrolled, the reply code is not issued.<br><br>**Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance. |
| 085 | M | State and County Code Change | NEW SCC | This TRC is returned on a reply with Transaction Type 01. It supplies the Plan with additional beneficiary information.<br><br>This beneficiary's State and County Code (SCC) information has changed. The new SCC information is reported in DTRR fields 9 (state code), 10 (county code), and together in field 24.<br><br>**Plan Action:** Update the Plan's records. |
| 086 | M | Claim Number Change | NEW HICN | 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 beneficiary information.<br><br>This beneficiary's HICN has changed. The new claim number is reported in DTRR field 1 and the old claim number is in Field 24.<br><br>**Plan Action:** Update the Plan's records. The new claim number is used on all future transactions for this beneficiary. |
| 087 | M | Name Change | NEW NAME | 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 beneficiary information.<br><br>This beneficiary's name has changed. The new name is reported in the DTRR name fields (2, 3 and 4), SURNAME, FIRST NAME and MI. The effective date field (field 18) reports the date the name change was processed by CMS.<br><br>**Plan Action:** Update the Plan's records. To ensure accurate identification of the beneficiary, future submitted transactions for this beneficiary should use the new name. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 088 | M | Sex Code Change | NEW SEX CODE | 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 beneficiary information.<br><br>This beneficiary's sex code has changed. The new sex code is reported in DTRR field 5. The effective date field (field 18) reports the date CMS processed the sex code change.<br><br>**Plan Action:** Update the Plan's records. To ensure accurate identification of the beneficiary, future submitted transactions for this beneficiary should use the new sex code. |
| 089 | M | Date of Birth Change | NEW BIRTH DATE | 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.<br><br>This beneficiary's date of birth has changed. The new date of birth is reported in DTRR field 6 (DOB) and field 24. Field 18 (Effective Date) reports the date the DOB change was processed by CMS.<br><br>**Plan Action:** Update the Plan's records. To ensure accurate beneficiary identification, future submitted transactions for this beneficiary should use the new date of birth. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 090 | M | Date of Death Established | MEMB DECEASED | This TRC is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.<br><br>When CMS is notified of a beneficiary's death, the Plan receives multiple replies in their DTRR.<br>• Transaction Type 01 with TRC 090 – received by any Plan with an enrollment affected by the beneficiary's death.<br>• Transaction Type 51 with TRC 018 or TRC 015 – for any automatic disenrollments or enrollment cancellations triggered as a result of the beneficiary's death.<br>• Transaction replies with other TRCs may also accompany these replies. Examples include status terminations and SSA responses.<br><br>On the Transaction Type 01 with TRC 090, the beneficiary's actual date of death is reported in DTRR fields 18 and 24.<br><br>On a Transaction Type 51 transaction with TRC 018, fields 18 and 24 report the effective date of the disenrollment resulting from the report of death. This is always on the first of the month following the date of death, if the beneficiary is actively enrolled in a Plan. If the Plan's enrollment is not yet effective, the Plans will receive a Type 51 transaction with TRC 015 and these fields will report the effective date of the enrollment being cancelled.<br><br>**Plan Action:** Update the Plan's records with the beneficiary's date of death from the Transaction Type 01 transaction. It is the Transaction Type 51 transaction with TRC 018 or 015 that is processed as the auto-disenrollment or cancellation. Take the appropriate actions as per CMS enrollment guidance.<br><br>***Note:*** *The above transaction replies may not appear in the same DTRR.* |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 091 | M | Date Of Death Removed | DEATH DATE OFF | 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.<br><br>Although the Plan has previously received a transaction reply reporting a date of death for this beneficiary, the date of death has been removed. The beneficiary is still alive. DTRR fields 18 and 24 contain the date of death that was previously reported to the Plan.<br><br>If the date of death is removed after the auto disenrollment has taken effect, the Plan will not receive this transaction reply. *The removal of the Date of Death may initiate the reinstatement of an enrollment. (See TRC 287)*<br><br>**Plan Action:** Update the Plan's records and restore the beneficiary's enrollment with the original enrollment start and end dates. Take the appropriate actions as per CMS enrollment guidance. |
| 092 | M | Date of Death Corrected | NEW DEATH DATE | 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.<br><br>The date of death for this beneficiary has been corrected. The corrected date of death is reported in DTRR field 24. *The correction of the DOD may initiate the reinstatement of an enrollment. (See TRC 287)*<br><br>**Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance. |
| 099 | M | Medicaid Period Change/Cancellation | MCAID CHANGE | A change has been made to a period of Medicaid status information for the beneficiary.<br><br>**Plan Action**: Plan should update beneficiary record. |
| 100 | A | PBP Change Accepted as Submitted | PBP CHANGE OK | A submitted PBP Change transaction (Transaction Type 61) has been successfully processed. The beneficiary has been moved from the original PBP to the new PBP. The effective date of enrollment in the new PBP is reported in fields 18 and 24 of the DTRR. The effective date is always the first day of the month.<br><br>This is the definitive PBP Change acceptance record. Other accompanying replies with different TRCs may give additional information about this accepted PBP Change.<br><br>Field 20 (Plan Benefit Package ID) contains the new PBP identifier. The old PBP is reported in field 29 (Prior Plan Benefit Package ID).<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 102 | R | Rejected; Incorrect or Missing Application Date | BAD APP DATE | If the Application Date on an enrollment transaction (Transaction Type 61) is blank or contains a valid date that is not appropriate for the submitted transaction, TRC 102 is returned in the DTRR record. Examples of inappropriate application dates:<br>• Date is blank<br>• Date is later than the submitted Effective Date.<br>• Date does not lie within the election period specified on the submitted transaction<br><br>***Note:*** *Plans should see Chapter 2 of the MMCM or the PDP Guidance on Eligibility, Enrollment and Disenrollment for detailed descriptions of the Election Periods.*<br><br>**Plan Action:** Correct the Application Date and resubmit if appropriate. |
| 103 | R | Missing A/B Entitlement Date | NO A/B ENT | An enrollment transaction (Transaction Type 61) was rejected because the beneficiary does not have entitlement for Part A and/or enrollment in Part B on record (required for enrollment transactions).<br><br>This TRC will only be returned on enrollment transactions submitted with election type I (Initial Coverage Election Period), E (Initial Enrollment Period for Part D) or J (Seamless Conversion Enrollment Mechanism).<br><br>**Plan Action**: Verify the beneficiary's Part A / Part B entitlement / enrollment. Take the appropriate actions as per CMS enrollment guidance. If the election type is J (Seamless Conversion Enrollment Mechanism), the plan is not allowed to resubmit the enrollment transaction. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 104 | R | Rejected; Invalid or Missing Election Type | BAD ELECT TYPE | An enrollment (Transaction Type 61) or disenrollment (Transaction Type 51) was rejected because the submitted Election Type Code is missing, contains an invalid value, or is not appropriate for the plan or for the transaction type.<br><br>The valid Election Type Code values are:<br>A - Annual Election Period (AEP)<br>D - MA Annual Disenrollment Period (MADP)<br>E - Initial Enrollment Period for Part D (IEP)<br>F - Second Initial Enrollment Period for Part D (IEP2)<br>I - Initial Coverage Election Period (ICEP)<br>J - Seamless Conversion Enrollment Mechanism (SCEM)<br>O - Open Enrollment Period (OEP) (Valid through 3/31/2010)<br>N - Open Enrollment for Newly Eligible Individuals (OEPNEW) (Valid through 12/31/2010)<br>T - Open Enrollment Period for Institutionalized Individuals (OEPI)<br>**Special Enrollment Periods**<br>C - SEP for Plan-submitted rollovers<br>• *Plan-submitted rollover enrollments (Enrollment Source Code = N)*<br>U - SEP for Loss of Dual Eligibility or for Loss of LIS<br>V - SEP for Changes in Residence |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 104 Con't | R | Rejected; Invalid or Missing Election Type | BAD ELECT TYPE | W - SEP EGHP (Employer/Union Group Health Plan)<br>Y - SEP for CMS Casework Exceptional Conditions<br>X - SEP for Administrative Change<br>• *Involuntary Disenrollment*<br>• *Premium Payment Option Change*<br>• *Plan-submitted "Canceling" Transaction*<br>*Z – SEP for:*<br>• *Auto-Enrollment (Enrollment Source Code = A)*<br>• *Facilitated Enrollment (Enrollment Source Code = C)*<br>• *Plan-Submitted Auto-Enrollment (Enrollment Source Code = E) and Transaction Type 61 (PBP Change) and MA or Cost Plan (all conditions must be met)*<br>• *LINET Enrollment (Enrollment Source Code = G)*<br>S – Special Enrollment Period (SEP)<br>The value expected in Election Type Code depends on the Plan and transaction type, as well as on when the beneficiary gains entitlement. Each Election Type Code can be used only during the election period associated with that election type. Additionally, there are limits on the number of times each election type may be used by the beneficiary.<br><br>**Plan Action:** Review the detailed information on Election Periods in *Chapter 2 of the Medicare Managed Care Manual* or the *PDP Guidance on Eligibility, Enrollment and Disenrollment*. Determine the appropriate Election Type Code value and resubmit, if appropriate. |
| 105 | R | Rejected; Invalid Effective Date for Election Type | BAD ELECT DATE | An enrollment or disenrollment transaction (Transaction Types 61, 51) was rejected because the effective date was not appropriate for the election type or for the submitted application date.<br>Examples of inappropriate effective dates:<br>• Date is outside of the election period defined by the submitted election type. (ex: Election Type = A and Effective Date = 2/1/2007)<br>• Date is not appropriate for the application date (ex: App date = 6/10/2007 & Eff Date =11/01/2007)<br><br>**Plan Action:** Correct the Effective Date or Election Type and resubmit if appropriate. *Review Chapter 2 of the MMCM or the PDP Guidance on Eligibility, Enrollment and Disenrollment for detailed descriptions of the Election Periods and corresponding effective dates.* |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 106 | R | Rejected, Another Trans Rcvd with Later App Date | LATER APPLIC | An enrollment transaction (Transaction Type 61) was rejected because a previously received enrollment transaction exists with the following criteria:<br><br>• An application date that is more recent or equal to the application date provided on the submitted enrollment transaction; and<br>• An effective date that is earlier or equal to the effective date provided on the submitted enrollment transaction.<br><br>An enrollment transaction (Transaction Type 61) is rejected because a previously received enrollment transaction exists with the following criteria:<br><br>The submitted enrollment has been overridden by a previously received enrollment in another contract/PBP.<br><br>When multiple transactions are received for the same beneficiary with different contract/PBP #s, the application date is used to determine which enrollment to accept. If the application dates are different, the system will accept the election containing the most recent date.<br><br>**Plan Action:** The beneficiary is not enrolled in the Plan. Update the Plan's records. |
| 107 | R | Rejected, Invalid or Missing PBP Number | BAD PBP NUMBER | An enrollment, disenrollment or Record Update transaction (Transaction Types 51, 61, 72, 73, 74, 75, 77, 78, 79, 80, 81, 82, 83 and 91) was rejected because the PBP # was missing or invalid. The PBP # must be of the correct format and be valid for the contract on the transaction.<br><br>***Note:*** *PBP # is not required on Residence Address (Transaction Type 76) but when submitted it must be valid for the contract number on the transaction.*<br><br>**Plan Action:** Correct the PBP # and resubmit the transaction if appropriate. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 108 | R | Rejected, Election Limits Exceeded | NO MORE ELECTS | A transaction for which an election type is required (Transaction Types 51, 61) was rejected because the transaction will exceed the beneficiary's election limits for the submitted election type.<br><br>The valid Election Type values which have limits are:<br>• A – Annual Election Period (AEP)<br>  ○ 1 per calendar year<br>• E – Initial Enrollment Period for Part D (IEP)<br>  ○ 1 per lifetime<br>• F – Initial Enrollment Period for Part D (IEP2)<br>  ○ 1 per lifetime<br>• I – Initial Coverage Election Period (ICEP)<br>  ○ 1 per lifetime<br>• J – Seamless Conversion Enrollment Mechanism (SCEM)<br>  ○ 1 per lifetime<br><br>**Plan Action**: Review the discussion of election type requirements in Chapter 2 of the Medicare Managed Care Manual or the PDP Guidance on Eligibility, Enrollment and Disenrollment. Correct the election type and resubmit the transaction if appropriate. |
| 109 | R | Rejected, Duplicate PBP Number | ALREADY ENROLL | An enrollment transaction (Transaction Type 61) was rejected because the member is already enrolled in the PBP # on the transaction.<br><br>The effective date of the requested enrollment is reported in DTRR field 18.<br><br>**Plan Action:** If the submitted PBP was correct, no Plan action is required. If another PBP was intended, correct the PBP # and resubmit if appropriate. |
| 110 | R | Rejected; No Part A and No EGHP Enrollment Waiver | NO PART A/EGHP | A PBP enrollment change transaction (Transaction Type 61) was rejected because the beneficiary lacks Part A and there was no EGHP Part B-only waiver in place.<br><br>Plans can offer a PBP for EGHP members only, and, if the Plan chooses, it can define such PBPs for individuals who do not have Part A.<br><br>**Plan Action:** Review CMS enrollment guidance in *Chapter 2 of the MMCM* or the *PDP Guidance on Eligibility, Enrollment and Disenrollment* and notify the beneficiary. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 114 | R | Drug Coverage Change Rejected; not AEP or OEPI | RX NOT AEP/OEPI | An enrollment change transaction (Transaction Type 61) was rejected because the beneficiary is not allowed to add or drop drug coverage using an O (OEP) or N (OEPNEW) election types.<br><br>Using O or N, a beneficiary who is in a Plan that includes drug coverage may only move to another Plan with drug coverage. Likewise, if in a Plan without drug coverage, the beneficiary may not enroll in a Plan with drug coverage or a PDP.<br><br>*Occasionally, if a beneficiary is moving from a Plan with drug coverage to a combination of stand-alone MA and PDP Plans, the enrollment transaction in the MA-only Plan may be processed prior to the enrollment transaction in the PDP Plan. Since this appears to CMS as if the beneficiary is trying to drop drug coverage, the enrollment into the MA only Plan will be rejected with TRC 114. Once the enrollment in the PDP is processed, the enrollment in the MA-only may be resubmitted.*<br><br>**Plan Action:** Review CMS enrollment guidance on the O and N election type limitations in Chapter 2 of the MMCM or the PDP Guidance on Eligibility, Enrollment and Disenrollment. Take the appropriate actions as per CMS enrollment guidance.<br><br>***Note:*** *If TRC 114 is received by an MA-only Plan when using the OEP or OEPNEW, the Plan should determine if the beneficiary is enrolled in an accompanying PDP. Once that enrollment is complete, the MA-Only Plan may resubmit their enrollment transaction.* |
| 116 | R | Transaction Rejected; Invalid Segmt num | BAD SEGMENT NUM | This TRC is returned on a segment change transaction (Transaction Type 77) when the transaction is submitted with an invalid segment number, for a PBP that has been segmented<br>'OR'<br>A disenrollment cancellation transaction (Transaction Type 81) [enrollment reinstatement] is submitted and the enrollment being reinstated has a non-blank segment which is no longer valid for the PBP.<br><br>**Plan Action**: Correct the Segment number and resubmit the transaction if appropriate for transaction type 77. Submit enrollment for transaction type 81 if appropriate. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 117 | A | FBD Auto Enrollment Accepted | FBD AUTO ENROLL | This new enrollment transaction (Transaction Type 61) was the result of a Plan-submitted or CMS-initiated auto-enrollment of a full-benefit dual-eligible beneficiary into a Part D Plan. The enrollment was accepted. The effective date of the new enrollment is shown in the Effective Date (field 18) of the DTRR data record.<br><br>Other accompanying replies with different TRCs may give additional information about this new enrollment.<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |
| 118 | A | LIS Facilitated Enrollment Accepted | LIS FAC ENROLL | This new enrollment transaction (Transaction Type 61) was the result of a Plan-submitted or CMS-initiated facilitated enrollment of a low income beneficiary into a Part D Plan. The effective date of the new enrollment is shown in the Effective Date (field 18) of the DTRR.<br><br>Other accompanying replies with different TRCs may give additional information about this new enrollment.<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |
| 119 | A | Premium Amount Change Accepted | PREM AMT CHG | A Part C Premium Change transaction (Transaction Type 78) was accepted. The Part C premium amount has been updated with the amount submitted on the transaction. The effective date of the new premium will be reported in the Daily Transaction Reply Report data record field 18. The amount of the new Part C premium will be reported in field 34 of the DTRR record.<br><br>**Plan Action**: Update the Plan's records accordingly, ensuring that the beneficiary's premium amounts are implemented as of the effective date in field 18. Take the appropriate actions as per CMS enrollment guidance. |
| 120 | A | PPO Change Sent to W/H Agency | WHOLD UPDATE | As a result of an accepted Plan-submitted transaction (Transaction Types 51, 61, 73, 74, 75) or UI update to a beneficiary's records, information has been forwarded to SSA/RRB to update SSA/RRB records and implement any requested premium withholding changes.<br><br>Any requested change will not take effect until an SSA/RRB acceptance is received. Plans are notified of the SSA/RRB acceptance with a TRC 185 in a future DTRR data file.<br><br>**Plan Action:** None required. Take the appropriate actions as per CMS enrollment guidance.<br><br>***Note:*** *The Plan will not see the result of any PPO change until they have received a TRC 185 on a future DTRR.* |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 121 | M | Low Income Period Status | LIS UPDATE | This TRC is returned on a reply with Transaction Type 01, 61, 80, and 81. It supplies the plan with additional information about a beneficiary.<br><br>TRC 121 reports a period of time during which the beneficiary has specific LIS status. It may represent a period during which the beneficiary is DEEMED or a period as an approved SSA LIS Applicant. The following characteristics of the LIS period are provided:<br>• Low-income Subsidy Source Code (Field 67) (Deemed = D or Applicant = A)<br>• Low-income Period Effective date (Field 53)<br>• Low-income Period End Date, *if applicable* (Field 66)<br>  ○ *If the SSA LIS Applicant period is removed the Low-income Period End Date will not be populated*<br>• Part D Low-income Premium Subsidy Level (Field 51)<br>• Low-income Co-Pay Category (Field 52)<br><br>When a new enrollment is processed, the plan receives one TRC 121 for each of the beneficiary's LIS periods that overlap enrollment in the plan. The system provides one or many TRC 121 replies to report the beneficiary's full LIS status over time.<br><br>A set of TRC 121's is also supplied with transaction type 01 when the beneficiary has a change to one or more of their LIS periods. The set supplies the beneficiary's full LIS picture, not just a period that changed. Because some of these periods may represent changes affecting previous enrollments in the contract, two fields identify whether the beneficiary is a current, previous, or future enrollee in the plan and provide the Effective date of the enrollment that the LIS period overlaps.<br>• Enrollee Type Flag (Field 68) (Current = C, Prospective = P, or Previous = Y)<br>• PBP Enrollment Effective Date (Field 18)<br><br>*Note: When reporting an LIS change, TRC 223 may accompany the set of TRC 121s. The TRC 121s identify periods when the beneficiary has LIS. The TRC 223s identify any periods of time during which the beneficiary was previously reported as having LIS but no longer has LIS.*<br><br>**Plan Action:** Update the Plan's records to reflect the given data for the beneficiary's LIS period. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 122 | R | Enrollment/Change Rejected, Invalid Premium Amount | BAD PREMIUM AMT | An enrollment or premium change transaction (Transaction Type 61, or 78) was rejected because the submitted Part C premium amount was non-blank and not numeric.<br><br>If the Part C premium field is blank on a submitted enrollment transaction (Transaction Type 61), the blank will be converted to zeroes. Any submitted value must be numeric.<br><br>A blank or invalid Part C premium field is not permitted on the Part C premium change transaction (Transaction Type 78).<br><br>**Plan Action:** Correct the Part C premium amounts and resubmit if appropriate. |
| 123 | R | Enrollment/Change Rejected, Invalid Prm Pay Opt Cd | BAD W/HOLD OPT | An Enrollment or PPO Change transaction (Transaction Types 61, 75) was rejected because the value submitted in the PPO Code field was an invalid value.<br><br>The valid values include:<br>• D - Direct Bill - Self Pay<br>• R - Deduct from RRB benefits<br>• S - Deduct from SSA benefits<br>• N - No premium applicable<br><br>**Plan Action:** Correct the PPO code and resubmit if appropriate. |
| 124 | R | Enrollment/Change Rejected; Invalid Uncov Months | BAD UNCOV MNTHS | An enrollment or NUNCMO change transaction (Transaction Types 61, 73) was rejected because the NUNCMO field was not correctly populated.<br><br>This rejection could be the result of the following conditions:<br>• The field contained a non-numeric value<br>• The Uncovered Months field was zero when the Creditable Coverage Switch was set to N<br>• For Transaction Type 61, the Uncovered Months field was greater than zero when the Creditable Coverage Switch was set to Y or blank.<br>• For Transaction Type 73, the Uncovered Months field was greater than zero when the Creditable Coverage Switch was set to Y.<br><br>**Plan Action:** Correct the NUNCMO value and resubmit the transaction if appropriate. Verify that the Creditable Coverage Flag and NUNCMO combination is valid. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 126 | R | Enrollment/Change Rejected; Invalid Cred Cvrg Flag | BAD CRED COV FL | An enrollment or NUNCMO change transaction (Transaction Types 61, 73) was rejected because the Creditable Coverage Flag field was not correctly populated.<br><br>For Transaction Type 61, the valid values for the Creditable Coverage Flag are Y, N, and blank.<br><br>For Transaction Type 73, the valid values for the Creditable Coverage Flag are Y and N.<br><br>Creditable Coverage Flag values of R and U are not available as valid values for Plan submission.<br><br>**Plan Action:** Correct the Creditable Coverage Flag value and resubmit the transaction if appropriate. Verify that the Creditable Coverage Flag and NUNCMO combination is valid. |
| 127 | R | Part D Enrollment Rejected; Employer Subsidy Status | EMP SUB REJ | An enrollment transaction (Transaction Type 61) was rejected because the beneficiary has employer subsidy periods overlapping with the requested enrollment period.<br><br>The requested effective date is reported in DTRR field 18.<br><br>**Plan Action:** Take the appropriate actions as per CMS enrollment guidance. Contact the beneficiary to explain the potential consequences of this enrollment. If the beneficiary elects to join the Part D Plan anyway, the enrollment should be resubmitted with the Employer Subsidy Override Flag set to Y. |
| 128 | R | Part D Enroll Reject; Emplyr Sbsdy set: No Prior Trn | EMP SUB OVR REJ | An enrollment transaction (Transaction Type 61) was rejected because the beneficiary has employer subsidy periods overlapping with the requested enrollment period.<br><br>Even though this transaction was submitted with the Employer Subsidy Override Flag set to Y, the override is not valid because there is no record that the enrollment was previously submitted and rejected with TRC 127 (Part D Enrollment Rejected; Employer Subsidy Status).<br><br>CMS enforces this two-step process to ensure that the Plan discusses the potential consequences of the Part D enrollment (i.e. possible loss of employer health coverage) with the beneficiary before CMS accepts the employer subsidy override.<br><br>**Plan Action:** Take the appropriate actions as per CMS enrollment guidance. Contact the beneficiary to explain the potential consequences of this enrollment. If the beneficiary elects to join the Part D Plan anyway, the enrollment should be resubmitted with the Employer Subsidy Override Flag set. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 129 | I | Part D Enroll Accept; Emp Sbsdy set; Prior Trn Reject | EMP SUB ACC | This TRC provides additional information about a new enrollment (Transaction Type 61). The effective date of the enrollment for which this information is pertinent is reported in DTRR field 18.<br><br>This newly enrolled beneficiary had employer subsidy periods overlapping with the requested enrollment period. A prior enrollment transaction was rejected with TRC 127 or 128. The Plan resubmission of the enrollment transaction with the Employer Subsidy Override Flag set to Y indicates that the Plan has contacted the beneficiary to explain the potential consequences of this enrollment, and that the beneficiary elected to join the Part D Plan anyway.<br><br>**Plan Action**: No action required. Process the accompanying transaction enrollment acceptance transaction. |
| 130 | R | Part D Opt-Out Rejected, Opt-Out Flag Not Valid | BAD OPT OUT CD | An opt-out from CMS, disenrollment, PBP enrollment change, or Plan-Submitted Opt-Out transaction (Transaction Types 41, 51, 54, 61, 79) was rejected because the Part D Opt-Out Flag field was not correctly populated.<br><br>The valid values for Part D Opt-Out Flag are:<br>• Transaction Types 41 or 79 transactions - 'Y' or 'N'<br>• All other Transaction Types - 'Y,' 'N,' or blank<br><br>**Plan Action**: If submitted by the Plan (Transaction Types 51, 61, 79), correct the Part D Opt-Out Flag value and resubmit the transaction if appropriate. If submitted by CMS (Transaction Types 41, 54), no Plan action is required. |
| 131 | A | Part D Opt-Out Accepted | OPT OUT OK | A transaction (Transaction Types 51, 79) was received that specified a Part D opt-out flag value or a change to the Part D opt-out flag value. The Part D opt-out flag has been accepted.<br><br>The new Part D Opt-Out Flag value is reported in DTRR field 38.<br><br>Plan Action: No action necessary. |
| 133 | R | Part D Enroll Rejected; Invalid Secndry Insur Flag | BAD 2 INS FLAG | An enrollment, PBP change transaction or 4Rx record update transaction (Transaction Types 61, 72) was rejected because the DTRR data file's Secondary Drug Coverage Flag field was not correctly populated.<br><br>The valid values for Secondary Drug Coverage Flag are Y, N or blank.<br><br>**Plan Action**: Correct the Secondary Drug Coverage Flag and resubmit the transaction if appropriate. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 134 | I | Missing Secondary Insurance Information | NO 2 INS INFO | This TRC is returned on a rejected enrollment or 4Rx record update transaction (Transaction Types 61or 72) when the submitted Secondary Drug Coverage Flag is invalid. . No changes to the beneficiary's secondary insurance information are made.<br><br>This is not a transaction rejection. The submitted transaction is accepted and a reply is provided in the DTRR with an appropriate acceptance TRC. This reply provides additional information about the transaction. The Effective Date of the transaction for which this information is pertinent is reported in DTRR field 18. The Transaction Type reflects the Transaction Type of the submitted transaction. (Transaction Types 61 or 72).<br><br>**Plan Action**: If appropriate, submit a 4Rx Record Update transaction (Transaction Type 72) with the correct Secondary Insurance RxID and Secondary Insurance RxGroup values. |
| 135 | M | Beneficiary Has Started Dialysis Treatments | DIALYSIS START | 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.<br><br>CMS has been notified that the beneficiary has ESRD and has begun dialysis treatments. The effective date of the change is reported in DTRR field 18.<br><br>**Plan Action**: Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. |
| 136 | M | Beneficiary Has Ended Dialysis Treatments | DIALYSIS END | 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.<br><br>CMS has been notified that the beneficiary has ESRD and is no longer receiving dialysis treatments. The effective date of the change is reported in DTRR field 18.<br><br>**Plan Action**: Update the Plan's beneficiary records with the information in the DTRR. Process the TRC 136 to remove the prior period, if the effective date of the TRC 136 (field 18) is equal to the "start" date of an ESRD period reported to the Plan previously. Alternatively, process the TRC 136 to update the prior period, if the effective date of the TRC 136 (field 18) is not equal to the "start" date of an ESRD period reported to the Plan in a prior DTRR. Then process the TRC 135 to add the new corrected period as of the start date in field 18. The end date of the new, corrected period, if there is one, is not included. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 137 | M | Beneficiary Has Received a Kidney Transplant | TRANSPLANT ADD | 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.<br><br>CMS has been notified that the beneficiary has ESRD and has received a transplanted kidney. The effective date of the change is reported in DTRR field 18.<br><br>**Plan Action**: Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. |
| 138 | M | Beneficiary Address Change to Outside the U.S. | ADDR NOT U.S. | 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.<br><br>CMS has been notified that the beneficiary's address is now outside of the U.S. The effective date of the change is reported in DTRR field 18.<br><br>**Plan Action**: Research the beneficiary's new address and update the Plan's beneficiary records. Take the appropriate actions as per CMS enrollment guidance. |
| 139 | A | EGHP Flag Change Accepted | EGHP FLAG CHG | An EGHP Update transaction (Transaction Type 74) was accepted. This transaction changed the beneficiary's EGHP flag.<br><br>The EGHP Update transaction may have been submitted by the Plan or initiated by a CMS User. The value in DTRR field 48 on the DTRR record will contain the new EGHP flag. The effective date of the change is reported in field 18 of the DTRR record and in the EFF DATE column on the printed report.<br><br>All data provided for change other than the EGHP Flag fields has been ignored.<br><br>**Plan Action**: Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |
| 140 | A | Segment ID Change Accepted | SEGMENT ID CHG | A Segment ID Update transaction (Transaction Type 77) was accepted. This transaction changed the Segment ID for the beneficiary.<br><br>The value in DTRR field 33 contains the new Segment ID. The effective date of the change is reported in field 18<br><br>All data provided for change other than the Segment ID field has been ignored.<br><br>**Plan Action**: Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 141 | A | Uncovered Months Change Accepted | UNCOV MNTHS CHG | A NUNCMO Record Update transaction (Transaction Type 73) was accepted. This transaction updated the creditable coverage information (Creditable Coverage Flag and/or NUNCMO) for the beneficiary.<br><br>The values in DTRR fields 40 and 41 on the DTRR record will contain the new creditable coverage values. The effective date of the change is reported in field 18. Total uncovered months are displayed in field 24.<br><br>All data provided for change, other than the Uncovered Months fields, has been ignored.<br><br>**Plan Action**: Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |
| 143 | A | Secondary Insurance Rx Number Change Accepted | 4RX SCD INS CHG | A 4Rx Record Update transaction (Transaction Type 72) was accepted. This transaction updated the secondary drug insurance information (Secondary RxID, Secondary RxBIN, Secondary Rx Group, Secondary RxPCN) for the beneficiary. The 4Rx Record Update transaction may have been submitted by the Plan or initiated by a CMS User.<br><br>The values in DTRR fields 46, 47, 60 & 61 on the DTRR record will contain the new secondary drug insurance information. The effective date of the change is reported in field 18.<br><br>All data provided for change, other than the 4Rx fields, has been ignored.<br><br>**Plan Action**: Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 144 | M | PPO changed to Direct Bill | PREM WH OPT CHG | CMS has changed the PPO specified on the transaction to "D – Direct Bill" for one of the following reasons:<br>• Retroactive premium withholding was requested.<br>• The beneficiary's retirement system [Social Security Administration (SSA), or RRB was unable to withhold the entire premium amount from the beneficiary's monthly check.<br>• The beneficiary has a BIC of M or T and chose "SSA" as the withhold option. SSA cannot withhold premiums for these beneficiaries as there is no benefits check from which to withhold.<br>• The beneficiary chose "OPM" as the withhold option. OPM is not withholding premiums at this time.<br>• The Plan has submitted a Part C premium amount that exceeds the maximum Part C premium value provided by HPMS.<br>• RRB Withholding was requested for an effective date prior to 06/01/2011.<br>• The beneficiary is Out-of-Area for a segmented Contract/PBP.<br>• Retroactive premium withhold was requested and during one of the periods the beneficiary was Out-of-Area for a segmented Contract/PBP.<br><br>This TRC may generate in response to an accepted Enrollment, PBP change, or PPO Change transaction (Transaction Types 61, 75) or CMS may initiate it.<br><br>**Plan Action**: Update the Plan's beneficiary records to reflect the direct bill payment method. Take the appropriate actions as per CMS enrollment guidance. |
| 150 | I | Enrollment accepted, Exceeds Capacity Limit | OVER CAP LIMIT | Although a submitted enrollment or PBP change transaction (Transaction Type 61) was accepted, the resulting enrollment count exceeds the capacity limit for the contract or PBP.<br><br>This TRC provides additional information about a new enrollment or PBP change (Transaction Type 61) for which an acceptance was sent in a separate DTRR data record with an enrollment acceptance TRC. The effective date of the new enrollment for which this information is pertinent is reported in field 18.<br><br>**Plan Action**: Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 152 | M | Race Code Change | NEW RACE CODE | 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.<br><br>CMS has been notified that the beneficiary's race code has changed. The effective date of the change is reported in DTRR field 18. The new race code will be reported in the next Monthly Membership Detail Report (MMR).<br><br>**Plan Action**: Update the Plan's records accordingly, ensuring that the beneficiary's information matches the data included in the DTRR record. |
| 154 | M | Out of Area Status | OUT OF AREA | This TRC is returned either on a reply with Transaction Type 01 in response to a state and county code change or ZIP Code change. It is intended to supply the Plan with additional information about the beneficiary.<br><br>In the case of the 01 transaction, CMS has information that the beneficiary is no longer in the Plan's service area. This can be the result of:<br>• A change in the Plan's service area and the beneficiary's address is outside the new area<br>• A change in the beneficiary's address which places them Out of area<br><br>**Plan Action**: Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. |
| 155 | M | Incarceration Notification Received | INCARCERATED | 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.<br><br>CMS has been notified that the beneficiary is incarcerated. The effective date of the change is reported in DTRR field 18.<br><br>**Plan Action**: Contact the beneficiary to confirm the incarceration. Review full CMS guidance on enrollment of incarcerated beneficiaries in the MMCM or PDP Enrollment Guidance and take appropriate actions. |
| 156 | F | Transaction Rejected, User Not Authrzed for Cntrct | BAD USR FOR PLN | This TRC is returned on a failed transaction (Transaction Types 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) when the transaction was submitted by a user who is not authorized to submit transactions for the contract. This TRC will not be returned in the DTRR.<br><br>**Plan Action**: Resubmit using the correct submitter if appropriate. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 157 | R | Contract Not Authorized for Transaction Code | UNAUT REQUEST | A transaction (Transaction Types 41, 51, 54, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) was rejected because the Plan is not authorized to submit that type of transaction.<br><br>**Plan Action**: Correct the Transaction Type and resubmit if appropriate. |
| 158 | M | Institutional Period Change/Cancellation | INST CHANGE | 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.<br><br>CMS has changed or cancelled an Institutional period for the beneficiary.<br><br>**Plan Action**: Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. |
| 159 | M | NHC Period Change/Cancellation | NHC CHANGE | 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.<br><br>CMS has changed or cancelled a NHC period for the beneficiary.<br><br>**Plan Action**: Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. |
| 162 | R | Invalid EGHP Flag Value | BAD EGHP FLAG | An enrollment or EGHP change transaction (Transaction Types 61, 74) was rejected because the submitted EGHP Flag value was invalid.<br><br>The valid values for EGHP Flag is Y or blank for enrollment Transaction Type 61. Y or N is accepted for EGHP change Transaction Type 74.<br><br>**Plan Action**: Correct the EGHP Flag value and resubmit if appropriate. |
| 165 | R | Processing delayed due to MARx system problems | SYSTEM DELAY | (Note: This TRC does not apply to Plans and is only for internal CMS use). Processing of this transaction has been delayed due to CMS system conditions. No action is required by the user. CMS will process the transaction as soon as possible.<br><br>**Plan Action**: None required. |
| 166 | R | Part D FBD Auto Enroll or Facilitated Enroll Reject | PARTD AUTO REJ | This TRC is returned on a rejected Plan-submitted auto or facilitated Part D enrollment when CMS has a record of a Part D 'opt out' option on file for the beneficiary.<br><br>**Plan Action**: Update the Plan's records to ensure that the beneficiary is not enrolled in the Plan. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 169 | R | Reinsurance Demonstration Enrollment Rejected | EMP SUBSIDY | An enrollment transaction (Transaction Type 61) placing the beneficiary into a reinsurance demonstration Plan was rejected because the beneficiary has employer subsidy periods overlapping with the requested enrollment period.<br><br>This TRC is equivalent to TRC 127 except that it applies to Reinsurance Demonstration Plans only. The requested effective date is reported in DTRR field 18.<br><br>**Plan Action**: Contact the beneficiary to explain the potential consequences of this enrollment. If the beneficiary elects to join the Part D Plan anyway, the enrollment should be resubmitted with the Employer Subsidy Override Flag set to Y. |
| 170 | I | Premium Withhold Option Changed to Direct Billing | PREM WH OPT CHG | The beneficiary's PPO was changed to Direct Billing (D) because the beneficiary is a member of an employer group. Retirees who are members of an employer group cannot elect SSA withholding.<br><br>This TRC provides additional information about an enrollment, PBP change, or PPO Change transaction (Transaction Types 61, 75) for which an acceptance was sent in a separate Transaction Reply with an enrollment acceptance TRC. The Effective Date of the enrollment for which this information is pertinent is reported in DTRR field 18.<br><br>**Plan Action**: Update the Plan's billing method and contact the beneficiary to explain the consequences of this change. |
| 171 | R | Record Update Rejected, Invalid Chg Effective Dt | BAD CHG EFF DT | An EGHP Change, PPO Change, Segment ID Change, or Part C Premium Change (Transaction Types 74, 75, 77, or 78) was rejected because the submitted transaction effective date was incorrect.<br><br>The Effective Date on the Transaction Type 75 must be in the CPM to CPM+2 range.<br><br>The Effective Date on the Transaction Type 78 must be in the CPM-3 to CPM+2 range.<br><br>The Effective date on the Transaction Types 74 or77 must be in the CCM-1 to CCM+3 range.<br><br>**Plan Action**: Correct the effective date and resubmit the transaction if appropriate. |

| Code | Type | Title | Short Definition | Definition |
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| 172 | R | Change Rejected; Creditable Coverage/2 Drug Info NA | CRED COV/RX NA | A 4RX or NUNCMO transaction (Transaction Type 72 or 73) was rejected because the information was not applicable to the selected Plan type (MAs and other Plans without drug coverage). Non-drug Plans should not submit drug Plan information.<br><br>The inappropriate information included on the transaction could be any or all of the following:<br>• Creditable Coverage Information (Creditable Coverage Flag and NUNCMO)<br>• Primary Drug Insurance Information (Rx ID, Rx GRP, Rx PCN and Rx BIN)<br>• Secondary Drug Insurance Information (Secondary Insurance Flag, Rx ID, Rx GRP, Rx PCN and Rx BIN)<br><br>**Plan Action**: Verify that the above fields are not populated and resubmit the transaction if appropriate. |
| 173 | R | Change Rejected; Premium Not Previously Set | NO PREMIUM INFO | An Uncovered Months, PPO, or Part C premium amount change transaction (Transaction Types 73, 75, 78) was rejected because the beneficiary's premium was not established as of the transaction effective date.<br><br>**Plan Action**: Review the beneficiary's premium data and resubmit if appropriate. |
| 176 | R | Transaction Rejected, Another Transaction Accepted | TRANS REJ | An enrollment transaction (Transaction Type 61) was rejected.<br><br>A transaction enrolling the beneficiary into another contract was previously accepted. That transaction and this submitted one had the same effective and application dates.<br><br>The beneficiary is not enrolled in the Plan in this newly submitted transaction.<br><br>**Plan Action**: Take the appropriate actions as per CMS enrollment guidance. |
| 177 | M | Change in Late Enrollment Penalty | NEW PENALTY AMT | This TRC is intended to supply the Plan with additional information about the beneficiary.<br><br>The beneficiary's total late enrollment penalty has changed. This may be the result of:<br>• A change to the beneficiary's NUNCMO (but there are still uncovered months);<br>• A change to the beneficiary's LIS status;<br>• A new Initial Election Period (IEP); or<br>• The addition, withdrawal, or change in the CMS-granted waiver of penalty.<br><br>**Plan Action**: Adjust the beneficiary's payment amount. The new total penalty amount can be determined by subtracting amounts in DTRR fields 55 (waived amount) and 56 (subsidized amount) from field 54 (base penalty). Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 178 | M | Late Enrollment Penalty Rescinded | PNLTY RESCINDED | This TRC is intended to supply the Plan with additional information about the beneficiary.<br><br>The LEP, reported in field 52 of the DTRR, associated with the specified effective date has been rescinded (set to zero).<br><br>**Plan Action**: Adjust the beneficiary's payment amount. Take the appropriate actions as per CMS enrollment guidance. |
| 179 | A | Transaction Accepted, No Change to Premium Record | NO CHNG TO PREM | A Record Update transaction (Transaction Type 73, 75, 78) was submitted, however, no data change was made to the beneficiary's premium. The submitted transaction contained premium data values that matched those already on record with CMS for the specified period.<br><br>This transaction had no effect on the beneficiary's records.<br><br>**Plan Action**: Ensure that the Plan's system reflects the amounts in the DTRR record. |
| 182 | I | Invalid PTC Premium Submitted Corrected, Accepted | PTC PRM OVERIDE | An Enrollment, PBP change, Enrollment Cancellation, Disenrollment Cancellation or Part C Premium Record Update transaction (Transaction Types 61, 78, 80, 81, 82) was accepted but the Part C premium submitted on the transaction did not agree with the Plan's HPMS contracted Part C premium rate. The premium has been adjusted to reflect the contracted rate. The corrected Part C premium rate is reported in Daily Transaction Reply Report (DTRR) data record fields 24 and 34.<br>• If the submitted Part C premium amount has pennies, the Part C premium amount was rounded to the nearest dime.<br>• If the rounded Part C premium amount was less than the HPMS contracted Part C premium minimum amount or greater than the HPMS contracted Part C premium maximum amount for the Plan, MARx has reset the premium to the HPMS contracted Part C premium minimum amount.<br>Note: If any of the HPMS contracted Part C premium amounts contained pennies, the amounts were rounded for these comparisons.<br>TRC 182 is the acceptance TRC for Transaction Type 78. For the other transaction types, normal acceptance TRCs will be returned along with TRC 182.<br><br>**Plan Action**: Update the Plan's beneficiary records with the premium information in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 184 | R | Enrollment Rejected, Beneficiary is in Medicaid | MBR IN MEDICAID | An enrollment transaction (Transaction Type 61) was rejected because the beneficiary was in Medicaid status and the Plan is not eligible to enroll Medicaid beneficiaries.<br><br>This TRC is Plan specific. It only applies to MSA/MA and MSA/Demo Plans.<br><br>**Plan Action**: Update the Plan's beneficiary records to reflect the fact that the beneficiary is not enrolled in the Plan. Take the appropriate actions as per CMS enrollment guidance. |
| 185 | M | Withholding Agency Accepted Transaction | ACCEPTED | CMS submitted information on a beneficiary to SSA/RRB (See TRC 120). TRC 185 is sent to the Plan when SSA/RRB acknowledges that they have accepted and processed the beneficiary data.<br><br>If the submittal to SSA/RRB was the result of a requested premium withholding change, TRC 185 informs the Plan that SSA/RRB has accepted and processed the change. The beneficiary's PPO is reported in DTRR field 39. The effective date of the PPO change is reported in field 18.<br><br>Note: The reported new PPO may be the same as the existing PPO.<br><br>Plans will not see the results of any requested premium withholding changes until TRC 185 is received.<br><br>**Plan Action**: Ensure the Plan's system matches the information, primarily the PPO, included in the DTRR. |
| 186 | I | Withholding Agency Rejected Transaction | REJECTED | CMS submitted information on a beneficiary to SSA/RRB (See TRC 120). This data transmittal was rejected by SSA/RRB.<br><br>This is exclusive to the communication between CMS and SSA/RRB. CMS will continue to interface with SSA/RRB to resolve the rejection.<br><br>If CMS is unable to resolve this rejection and the Beneficiary-requested PPO is changed, the Plan may receive a TRC 144.<br><br>**Plan Action**: No action required. |
| 187 | R | No Change in Number of Uncovered Mths Information | DUP NO UNCV MTH | A NUNCMO Record Change transaction (Transaction Type 73) was rejected. No data change was made to the beneficiary's record. The submitted transaction contained NUNCMO Information that matched those already on record with CMS.<br><br>This transaction had no effect on the beneficiary's records.<br><br>**Plan Action**: None required. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 188 | A | No Change in Segment ID | DUP SEGMENT ID | A Segment ID Update transaction (Transaction Type 77) was accepted, however, no data change was made to the beneficiary's record. The submitted transaction contained a Segment ID value that matched the Segment ID already on record with CMS.<br><br>This transaction had no effect on the beneficiary's records.<br><br>**Plan Action**: None required. |
| 189 | A | No Change in EGHP Flag | DUP EGHP FLAG | An EGHP Record Update transaction (Transaction Type 74) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained an EGHP Flag value that matched the EGHP Flag already on record with CMS.<br><br>This transaction had no effect on the beneficiary's records.<br><br>**Plan Action**: None required. |
| 190 | A | No Change in Secondary Drug Information | DUP SECNDARY RX | A 4Rx Record Update transaction (Transaction Type 72) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained Secondary Drug Insurance Information (Secondary Drug Insurance flag, Secondary Rx ID, Secondary Rx Group, Secondary Rx BIN, Secondary Rx PCN) that matched the Secondary Drug Insurance values already on record with CMS.<br><br>This transaction had no effect on the beneficiary's records.<br><br>**Plan Action**: None required. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 191 | R | No Change in Premium Withhold Option | DUP PRM WH OPTN | A Premium Payment Option Change transaction (Transaction Type 75) was rejected and no data change was made to the beneficiary's record for one of the following reasons:<br>1. The submitted transaction contained a Premium Payment Option value that matched the Premium Payment Option already on record with CMS.<br>2. Beneficiary has a premium. Setting the Premium Payment Option to "no premium", "N", is not acceptable. Beneficiary premium may be due wholly or in part to a late enrollment penalty.<br>3. Beneficiary premiums are zero. Withholding cannot be established.<br>4. A Premium Payment Option request of 'Deduct from SSA (S)' or 'Deduct from RRB (R)' was submitted on a Premium Payment Option Change transaction (Transaction Type 75) when the beneficiary has 'No Premiums'. The Premium Payment Option was set to 'N', which matches the Premium Payment Option already on record with CMS.<br>5. SSA or RRB Withholding was requested for a LINET, MMP or PACE Plan.<br>This transaction had no effect on the beneficiary's records.<br><br>**Plan Action:** None required. |
| 195 | M | SSA Unsolicited Response | SSA WHOLD UPDT | An unsolicited response has been received from SSA. The PPO for this beneficiary is set to Direct Bill. This action is not in response to a Plan-initiated transaction.<br><br>The effective change date change is reported in DTRR field 18.<br><br>**Plan Action**: Change the beneficiary to direct bill as of the effective date in field 18. Take the appropriate actions as per CMS enrollment guidance. |
| 196 | R | Transaction Rejected, Bene not Eligible for Part D | NO PART D | An enrollment transaction or PBP change transaction (Transaction Type 61) or disenrollment cancellation transaction (Transaction Type 81) [enrollment reinstatement] was rejected. Part D eligibility is required for Part D Plan enrollment.<br>• TC61 – transaction was rejected because the submitted enrollment date is outside the beneficiary's Part D eligibility period<br>• TC81 – transaction was rejected because the enrollment reinstatement period is outside the beneficiary's Part D eligibility period<br><br>**Plan Action**: Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 197 | M | Part D Eligibility Termination | PART D OFF | This TRC is returned on a reply with Transaction Type 01 and occasionally with Transaction Type 51 and Transaction Type 61. When returned with Transaction Type 01, the TRC is in response to a change in beneficiary Part D Eligibility. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.<br><br>In the case of Transaction Type 01, this beneficiary's Part D eligibility has been terminated. The effective date of the termination is reported in DTRR fields 18 and 24.<br><br>If applicable, CMS will automatically disenroll the beneficiary from the Plan. A Transaction Type 51 transaction will be sent in this or another DTRR.<br><br>When this TRC is returned with Transaction Type 61 the TRC is in response to a retroactive enrollment and is identifying the fact that an enrollment end date has been established due to the beneficiary's termination of Part D. The enrollment start date is in DTRR field 18 and the enrollment end date is in field 24. In this circumstance it is accompanied by TRC 018, Automatic Disenrollment, as well.<br><br>Note: A DTRR record with this reply code is only reported to the Plan in which the beneficiary is currently enrolled, even if it affects periods of enrollment in other Plans.<br><br>**Plan Action**: Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. |
| 198 | M | Part D Eligibility Reinstatement | PART D ON | 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.<br><br>This beneficiary's Part D eligibility has been reinstated. The effective date Part D eligibility start date is reported in DTRR fields 18 and 24.<br><br>Note: A DTRR record with this reply code is only reported to the Plan in which the beneficiary is currently enrolled, even if it affects periods of enrollment in other Plans. If, as a result of a loss of Part D eligibility, the beneficiary has been disenrolled, but not re-enrolled, the reply code is not issued.<br><br>**Plan Action**: Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 200 | R | Rx BIN Blank or Not Valid | BIN BLANK/INVLD | An enrollment transaction or 4Rx change transaction (Transaction Types 61, 72) was rejected because the primary drug insurance Rx BIN field was either blank or did not have a valid value.<br><br>Exception: Rx Bin for primary drug insurance is not a mandatory field for enrollments transactions for PACE National Part D Plans.<br><br>**Plan Action:** Correct the Primary Rx BIN value and resubmit the transaction if appropriate. |
| 201 | R | Rx ID Blank or Not Valid | ID BLANK/INVLI D | An enrollment transaction or 4Rx change transaction (Transaction Types 61, 72) was rejected because the primary drug insurance Rx ID field was either blank or does not have a valid value.<br><br>Exception: Rx ID for primary drug insurance is not a mandatory field for enrollments transactions for PACE National Part D Plans.<br><br>**Plan Action:** Correct the Primary Rx ID value and resubmit the transaction if appropriate. |
| 202 | R | Rx Group Not Valid | RX GRP INVALID | An enrollment transaction or 4Rx change transaction (Transaction Types 61, 72) was rejected because the primary drug insurance Rx GRP field does not have a valid value.<br><br>**Plan Action:** Correct the Primary Rx GRP value and resubmit the transaction if appropriate. |
| 203 | R | Rx PCN Not Valid | RX PCN INVALID | An enrollment or 4Rx change transaction (Transaction Types 61, 72) was rejected because the primary drug insurance Rx PCN field does not have a valid value.<br><br>**Plan Action:** Correct the Primary Rx PCN value and resubmit the transaction if appropriate. |
| 204 | A | Record Update for Primary 4Rx Data Successful | 4RX CHNG ACPTED | A submitted 4Rx Record Update transaction (Transaction Type 72) included a request to change primary drug insurance 4Rx data. The 4Rx data were successfully changed.<br><br>***Note:*** *At a minimum, values must be provided for both of the mandatory primary 4Rx fields, RX BIN and RX ID*<br><br>**Plan Action:** No action required. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 205 | I | Invalid Disenrollment Reason Code | INV DISENRL RSN | A disenrollment transaction (Transaction Type 51) was submitted with a blank or invalid disenrollment reason code. CMS substituted the default value of '99' for the disenrollment reason code.<br><br>See Page I-103 for CMS enrollment guidance regarding valid disenrollment reason codes.<br><br>This TRC provides the Plan with additional information on a disenrollment that was processed successfully. It is received in addition to the appropriate disenrollment acceptance TRC.<br><br>**Plan Action:** None required. |
| 206 | I | Part C Premium has been corrected to zero | PTC PREM ZEROED | An enrollment, PBP change or Part C Premium Update transaction (Transaction Types 61, 78) was submitted and accepted for a Part D only Plan. This transaction contained an amount other than zero in the Part C premium field. Since a Part C premium does not apply to a Part D only Plan, the Part C premium has been corrected to be zero.<br><br>This TRC provides additional information about an enrollment, PBP change, or Part C Premium Update transaction (Transaction Types 61, 78) for which an acceptance was sent in a separate Transaction Reply with an acceptance TRC. The effective date of the enrollment for which this information is pertinent is reported in DTRR field 18.<br><br>**Plan Action:** Update the Plan's records accordingly, ensuring that the beneficiary's information matches zero Part C premium amount included in the DTRR record. |
| 209 | R | 4Rx Change Rejected, Invalid Change Effective Date | NO ENROLL MATCH | A 4Rx change transaction (Transaction Type 72) for 4Rx information for primary drug insurance was rejected because the beneficiary was not enrolled as of the submitted transaction effective date.<br><br>Plans may only submit 4Rx data for periods when the beneficiary is enrolled in the Plan.<br><br>**Plan Action:** Correct the dates and resubmit the transaction if appropriate. |
| 210 | A | POS Enrollment Accepted | POS ENROLLMENT | An enrollment into a POS designated Part D Plan that was submitted by a Point Of Sale (POS/POS 10) contractor or CMS (MBD) has been successfully processed. The effective date of the new enrollment is shown in the Effective Date (field 18) of the DTRR. The date in field 18 will always be the first day of the month.<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 211 | R | Re-Assignment Enrollment Rejected | RE-ASN ENRL REJ | A reassignment enrollment request transaction (Transaction Type 61) which would move the beneficiary into another Part D Plan was rejected because CMS has record of an "Opt-Out" option on file for the beneficiary. The beneficiary has 'opted out' of auto or facilitated enrollment.<br><br>**Plan Action:** Do not move the beneficiary's enrollment to the new Plan. Keep the beneficiary in the Plan in which they are currently enrolled. Take the appropriate actions as per CMS enrollment guidance. |
| 212 | A | Re-Assignment Enrollment Accepted | REASSIGN ACCEPT | A reassignment enrollment request transaction (Transaction Type 61) to move the beneficiary into a new Part D Plan has been successfully processed. The beneficiary has been moved from the original contract and PBP to the new contract and PBP. The effective date of enrollment in the new PBP is reported in fields 18 and 24 of the DTRR.<br><br>Other accompanying replies with different TRCs may give additional information about this accepted reassignment.<br><br>Field 20 (Plan Benefit Package ID) contains the new PBP identifier and the old PBP is reported in field 29 (Prior Plan Benefit Package ID).<br><br>**Plan Action:** Update the Plan's records accordingly with the information in the DTRR record, ensuring that the Plan's beneficiary's information reflects enrollment in the new contract and PBP. |
| 213 | I | Premium Withhold Exceeds Safety Net Amount | EXCEED SNET AMT | CMS has changed the PPO specified on the transaction to "D – Direct Bill" because the transaction would result in SSA withholding exceeding the Safety Net amount from the beneficiary's check in one month.<br><br>This TRC may be generated in response to an accepted enrollment or PBP change (Transaction Type 61), NUNCMO Record Update (Transaction Type 73), Part C Premium Update (Transaction Type 78), PPO Change (Transaction Type 75), or may be initiated by CMS.<br><br>**Plan Action:** Change the beneficiary to Direct Bill and contact them to explain the consequences of the PPO change. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 215 | R | Uncovered Months Chng Rejected, Incorrect Eff Date | BAD NUNCMO EFF | A NUNCMO Change (Transaction Type 73) transaction was rejected because the submitted effective date is incorrect. The date may have been incorrect for one of the following reasons:<br>• The submitted effective date is prior to August 1, 2006;<br>• The submitted effective date is after the Current Calendar Month (CCM) plus 3; or<br>• The submitted effective date falls within a Part D Plan enrollment but does not match the contract enrollment start date.<br><br>**Plan Action:** Correct the effective date and resubmit the transaction. If the Plan still does not get a successful transaction, please contact the MAPD Help desk. |
| 216 | I | Uncovered months exceeds max possible value | NUNCMO EXDS MAX | This TRC is returned on an accepted enrollment transaction (Transaction Type 61) when the submitted incremental NUNCMO value exceeds the maximum possible value.<br>This does NOT cause the rejection of the enrollment transaction but zero uncovered months (000) is associated with the effective date of the enrollment. This informational TRC may accompany the enrollment transaction's acceptance TRC.<br>Field 24 (Maximum Number of Uncovered Months) reports the maximum incremental NUNCMO value that could be associated with the enrollment effective date submitted.<br>Field 40 (Cumulative Number of Uncovered Months) reports the total uncovered months as of the effective date.<br>Field 45 (Submitted Number of Uncovered Months) reports the incremental NUNCMO value submitted by the Plan.<br><br>**Plan Action**: Update the Plan's records. If the NUNCMO should be another value, review CMS enrollment guidance and correct the NUNCMO value using a new NUNCMO Record Update (Transaction Type 73) transaction. |
| 217 | R | Can't Change number of uncovered months | CANT CHG NUNCMO | An uncovered month's change transaction (Transaction Type 73) was rejected because the submitted transaction attempted to change the NUNCMO for an effective date corresponding to a "LEP Reset" transaction in the CMS database.<br><br>**Plan Action:** Review CMS enrollment guidance. |
| 218 | M | LEP Reset Undone | LEP RESET UNDNE | CMS has re-established the beneficiary's late enrollment penalty (LEP). The previous LEP RESET was removed.<br><br>**Plan Action:** Update the Plan's records accordingly, ensuring that the beneficiary's LEP information matches the data included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 219 | M | LEP Reset Accepted | LEP RESET | CMS has reset the beneficiary's NUNCMO to zero. The Late Enrollment Penalty (LEP) amount is now zero.<br><br>Pl**an Action:** Update the Plan's records accordingly, ensuring that the beneficiary's LEP information matches the data included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |
| 220 | R | Transaction Rejected; Invalid POS Enroll Source CD | BAD POS SOURCE | Enrollment source code submitted by a POS/POS 10 contractor for a POS/POS 10 enrollment transaction was other than 'G'. Transaction rejected.<br><br>**Plan Action:** Correct the Enrollment Source Code and resubmit transaction if appropriate. |
| 222 | I | Bene Excluded from Transmission to SSA/RRB | BENE EXCLUSION | This TRC can be returned on a reply with various Transaction Types (51, 61, 73, 78) and the maintenance Transaction Type (01). It is intended to supply the Plan with additional information about the beneficiary.<br><br>CMS has excluded beneficiary from transmission to SSA/RRB.<br><br>**Plan Action:** None required. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 223 | M | Low Income Period Removed from Enrollment Period | LIS REMOVED | This TRC is returned on a reply with Transaction Type 01. It supplies the Plan with additional information about the beneficiary.<br><br>TRC 223 reports a period of time during which the beneficiary was previously reported as having LIS but is no longer LIS for an Applicant status, or when a previously LIS period is completely removed. When the beneficiary's LIS status changes, TRC 223s may accompany the set of TRC 121s that report the beneficiary's new LIS periods. If, as a result of the change, the beneficiary has NO remaining LIS periods, TRC 223 may be reported alone.<br><br>The following characteristics of the former LIS period are provided:<br>• Low-income Subsidy Source Code (Field 67) (Deemed = D or Applicant = A)<br>• Low-income Period Effective date (Field 53)<br>• Low-income Period End Date (Field 66)<br>• Part D Low-income Premium Subsidy Level (Field 51)<br>• Low-income Co-Pay Category (Field 52)<br><br>Because the periods during which the beneficiary lost LIS may affect previous or future enrollments in the contract, two fields identify whether the beneficiary is a current, previous, or future enrollee in the plan and provide the Effective date of the enrollment that the lost LIS period overlapped.<br>• Enrollee Type Flag (Field 68) (Current = C, Prospective = P, or Previous = Y)<br>• PBP Enrollment Effective Date (Field 18)<br><br>*Note: TRCs 223 typically are reported for one of the following conditions:*<br>• *An existing LIS period is removed or shortened*<br>• *An end date is added to an open-ended LIS period (because this signals an end to a period that previously went into the future, the open-ended period after the end date is reported with TRC 223)*<br>• *During an open-ended SSA Applicant LIS period, the beneficiary is Deemed with an end date of 12/31/xxxx. The Applicant period ends one day prior to the Deemed Period and the period after the end of the Deemed period is reported with TRC 223 (because this period was previously included in the open-ended Applicant period).*<br><br>**Plan Action:** Update the Plan's records to reflect the given data for the beneficiary's LIS period. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 225 | I | Exceeds SSA Benefit & Safety Net Amount | INSUF FUND&SNET | CMS has changed the PPO specified on the transaction to "D – Direct Bill" because the transaction would result in the SSA benefit being insufficient to cover the withholding and the withholding would exceed the Safety Net amount.<br><br>This TRC may be generated in response to an accepted enrollment or PBP change (Transaction Type 61), NUNCMO Record Update (Transaction Type 73), Part C Premium Update (Transaction Type 78), PPO Change (Transaction Type 75), or may be initiated by CMS.<br><br>**Plan Action:** Change the beneficiary to direct bill and contact them to explain the consequences of the PPO change. Take the appropriate actions as per CMS enrollment guidance. |
| 235 | I | SSA Accepted Part B Reduction Transaction | SSA PT B ACCEPT | CMS submitted Part B Reduction information on a beneficiary to SSA (See TRC 237). TRC 235 is sent to the Plan when SSA acknowledges that they have accepted and processed the beneficiary data.<br><br>If the submittal to SSA was the result of a requested Part B Reduction change, TRC 235 informs the Plan that SSA has accepted and processed the change.<br><br>Plans will not see the results of any requested Part B Reduction change until TRC 235 is received and SSA has processed the request. This may take as long as 60 days.<br><br>**Plan Action:** No action required. |
| 236 | I | SSA Rejected Part B Reduction Transaction | SSA PT B REJECT | CMS submitted Part B Reduction information on a beneficiary to SSA (See TRC 237). This data transmittal was rejected by SSA.<br><br>This is exclusive to the communication between CMS and SSA. CMS will continue to interface with SSA to resolve the rejection.<br><br>**Plan Action**: No action required**.** |
| 237 | I | Part B Premium Reduction Sent to SSA | PT B RED UPDATE | As a result of an accepted Plan-submitted transaction (Transaction Types 51, 61, 72, 73, 75, 78) or UI update to a beneficiary's records, information has been forwarded to SSA/RRB to update SSA/RRB records and implement any requested Part B premium reduction changes.<br><br>Any requested change will not take effect until an SSA/RRB acceptance is received. Plans are notified of the SSA/RRB acceptance with a TRC 235 on a future DTRR.<br><br>**Plan Action:** None required. Take the appropriate actions as per CMS enrollment guidance.<br><br>***Note:*** *The Plan will not see the result of any Part B Reduction change until they have received a TRC 235 or 236 on a future DTRR.* |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 238 | I | RRB Rejected Part B Reduction, Delayed Processing | DELAY RRB PROC | CMS submitted Part B Reduction information for a beneficiary to RRB (See TRC 237). This data transmittal was rejected by RRB because they are unable to process the data at this time.<br>CMS continues to interface with RRB to resolve the rejection.<br><br>**Plan Action**: No action required. |
| 239 | I | RRB Rejected Part B Reduction, Jurisdiction | NOT RRB JRSDCTN | CMS submitted Part B Reduction information for a beneficiary to the RRB (See TRC 237). This data transmittal was rejected by the RRB. The beneficiary no longer falls under the RRB jurisdiction.<br><br>**Plan Action**: The beneficiary jurisdiction must be assessed and aligned between agencies to successfully process the data. |
| 240 | A | Transaction Received, Withholding Pending | WHOLD UPDATE | As a result of an accepted Plan-submitted transaction to update a beneficiary's PPO (Transaction Type 75) or a UI update of same, a request will soon be forwarded to SSA.<br><br>Plans will receive TRC 120 when this request is forwarded to SSA. Plans are notified of the subsequent SSA acceptance or rejection of the PPO change with a TRC 185 or 186, respectively, on a future DTRR.<br><br>All data provided for change other than the PPO field was ignored.<br><br>**Plan Action:** Take the appropriate actions as per CMS enrollment guidance.<br><br>**Note:** The Plan will not see the result of any PPO change until they have received a TRC 185 on a future DTRR. |
| 241 | I | No Change in Part D Opt Out Flag | DUP PTD OPT OUT | A Part D Opt-Out Record Update transaction (Transaction Type 79) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained a Part D Opt Out Flag value that matched the Part D Opt Out Flag already on record with CMS.<br><br>This transaction had no effect on the beneficiary's records.<br><br>**Plan Action**: None required. |
| 242 | I | No Change in Primary Drug Information | DUP PRIMARY RX | A 4Rx Record Update transaction (72) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained Primary Drug Insurance Information (Primary Rx ID, Primary Rx Group, Primary Rx BIN, Primary Rx PCN) that matched the Primary Drug Insurance values already on record with CMS.<br><br>This transaction had no effect on the beneficiary's records.<br><br>**Plan Action**: None required. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 243 | R | Change to SSA Withholding rejected due to no SSN | NO SSN AT CMS | A PPO Change transaction (Transaction Type 75) was submitted to change the beneficiary's PPO to SSA withholding, however, there is no Social Security Number (SSN) on file at CMS. The beneficiary's PPO is not changed to SSA withholding.<br><br>The beneficiary's records were unchanged.<br><br>**Plan Action**: Update the Plan's beneficiary record accordingly. Take the appropriate action with member as per CMS enrollment guidance. |
| 245 | M | Member has MSP period | MEMBER IS MSP | This TRC is returned with a transaction type 01. The beneficiary has a change to their MSP (Medicare Secondary Payer) period that impacts payments for one or more of the beneficiary's enrollments in your plan.<br><br>TRC 245 is sent to the plan(s) that have enrollment(s) that are impacted by the new/changed MSP period.<br><br>• Field 18 will contain the Start Date of the payments impacted by the MSP period<br>• Field 24 will contain the actual start date of the MSP period<br>• Field 44 will contain the actual end date of the MSP period if available<br><br>**Plan Action:** Update the Plan's records accordingly. |
| 252 | I | Prem Payment Option Changed to Direct Bill; No SSN | W/O CHG;NO SSN | CMS has changed the PPO specified on the transaction to "D – Direct Bill" because the beneficiary does not have a Social Security number on file at CMS.<br><br>This TRC may be generated in response to an accepted Enrollment, PBP change or PPO Change transaction (Transaction Types 61 or, 75) or may be initiated by CMS.<br><br>**Plan Action:** Update the Plan's beneficiary records to reflect the direct bill payment method. Take the appropriate actions with member as per CMS enrollment guidance. |
| 253 | M | Changed to Direct Bill; no Funds Withheld | W/O CHG;NO W/H | CMS has changed the PPO to "D-Direct Bill" because no funds have been withheld by the withholding agency in the two months since withholding was accepted.<br><br>**Plan Action:** Update the Plan's beneficiary records to reflect the direct bill payment method. Take the appropriate actions with member as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 254 | I | Beneficiary set to Direct Bill, spans jurisdiction | DIR BIL JRSDCTN | CMS has changed the PPO to "D-Direct Bill" because the withholding request spans two different withholding agency jurisdictional periods. This could occur for one of the following reasons:<br>• SSA is the beneficiary's current withholding agency but the withholding request contains one or more periods from when RRB was the beneficiary's withholding agency.<br>• RRB is the beneficiary's current withholding agency but the withholding request contains one or more periods from when SSA was the beneficiary's withholding agency.<br><br>**Plan Action:** Update the Plan's beneficiary records to reflect the Direct Bill payment method. Take the appropriate actions with member as per CMS enrollment guidance. |
| 255 | I | Plan Submitted RRB W/H for SSA Beneficiary | RRB WHOLD 4 SSA | CMS has changed the PPO to "S-SSA Withhold" because SSA is the correct withholding agency for this beneficiary.<br><br>**Plan Action:** None required. |
| 256 | I | Plan Submitted SSA W/H for RRB Beneficiary | SSA WHOLD 4 RRB | CMS has changed the PPO to "R-RRB Withhold" because RRB is the correct withholding agency for this beneficiary.<br><br>**Plan Action:** None required. |
| 257 | F | Failed; Birth Date Invalid for Database Insertion | INVALID DOB | An Enrollment transaction (Transaction Type 61), change transaction (Transaction Types 72, 73, 74, 75, 77, 78, 79, 83), residence address transaction (Transaction Type 76), cancellation transaction (Transaction Types 80, 81, 82), or POS drug edit (Transaction Type 90), or IC Model Participation transaction (Transaction Type code 91) failed because the submitted birth date was either<br>• Not formatted as YYYYMMDD (e.g., "Aug 1940"), or<br>• Formatted correctly but contained a nonexistent month or day (e.g., "19400199").<br><br>As a result, the beneficiary could not be identified. The transaction record will not appear on the Daily Transaction Reply Report (DTRR) data file but will be returned on the Batch Completion Status Summary (BCSS) data file along with the failed record.<br><br>**Plan Action:** Correct the date format and resubmit transaction. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 258 | F | Failed; Efctv Date Invalid for Database Insertion | INVALID EFF DT | A disenrollment transaction (Transaction Types 51, 54), enrollment transaction (Transaction Type 61), change transaction (Transaction Types 72, 73, 74, 75, 77, 78, 79, 83), residence address transaction (Transaction Type 76) or cancellation transaction (Transaction Types 80, 81, 82) or IC Model Participation transaction (Transaction Type 91) failed because the submitted effective date was either,<br>• Blank,<br>• Not formatted as YYYYMMDD (e.g., "Aug 1940"), or<br>• Formatted correctly but contained a nonexistent month or day (e.g., "19400199").<br>The transaction record will not appear on the Daily Transaction Reply Report (DTRR) data file but will be returned on the Batch Completion Status Summary (BCSS) data file along with the failed record.<br>**Plan Action:** Correct the date format and resubmit transaction. |
| 259 | F | Failed; End Date Invalid for Database Insertion | INVALID END DT | A residence address transaction (Transaction Type 76) failed because the submitted end date was either not formatted as YYYYMMDD (e.g., "Aug 1940") or was formatted correctly but contained a nonexistent month or day (e.g., "19400199"). The transaction record does not appear on the DTRR data file is returned on the BCSS data file along with the failed record.<br>**Plan Action:** Correct the date format and resubmit transaction. |
| 260 | R | Rejected; Bad End Date on Residence Address Change | BAD RES END DT | A residence address transaction (Transaction Type 76) was rejected because the End Date is not appropriate for one or more of the following reasons:<br>• It is earlier than address change start date,<br>• It is not the last day of the month, or<br>• It is not within the contract enrollment period.<br>**Plan Action:** Correct the End Date and resubmit. |
| 261 | R | Rejected; Incomplete Residence Address Information | BAD RES ADDR | A residence address transaction (Transaction Type 76) was rejected for one of the following reasons:<br>The residence address information was incomplete –<br>• Residence Address Line 1 was empty,<br>• Residence City was empty,<br>• USPS state code was missing,<br>• Residence zip code was missing or non-numeric,<br>• The value specified for the Address Update/Delete Flag was blank or not valid,<br>• The supplied residence address information could not be resolved in terms of identifiable address components, or<br>• The address was not a U.S. address.<br>**Plan Action:** Correct address information and resubmit. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 262 | R | Bad RRB Premium Withhold Effective Date | INVALID EFF DTE | A PPO Change Transaction (Transaction Type 75) was rejected because request for RRB withholding is NOT allowed for effective date prior to 6/1/2011.<br><br>**Plan Action:** Correct the Effective date and resubmit. |
| 263 | F | Failed; Aplctn Date Invalid for Database Insertion | INVALID APP DT | An enrollment transaction (Transaction Type 61) failed and did not process because the submitted application date was either not formatted as YYYYMMDD (e.g., "Aug 1940") or was formatted correctly but contained a nonexistent month or day (e.g., "19400199"). The transaction record does not appear on the DTRR data file is returned on the BCSS data file along with the failed record.<br><br>**Plan Action:** Correct the date format and resubmit transaction. |
| 265 | A | Residence Address Change Accepted, New SCC | RES ADR SCC | A residence address change transaction (Transaction Type 76) was accepted. The submitted residence address overrides the beneficiary's default address for the submitted effective period. The state and county code (SCC) and/or zip code used for enrollment changes and payments may have changed. The SCC and/or zip code in this residence address will be used for the effective period to determine if the beneficiary is out of area for the Plan.<br><br>SCC values are returned in DTRR fields 9 (state code) and 10 (county code). The residence address period start date is in field 18 and any provided end date is in field 24.<br><br>This TRC may be accompanied by TRC 154 if the submitted residence address has placed the beneficiary outside the Plan's service area.<br><br>**Plan Action**: Update the Plan's records. |
| 266 | R | Unable to Resolve SSA State County Codes | SCC UNRESOLVED | A residence address transaction (Transaction Type 76) was rejected because SSA state and county codes (SCC) could not be resolved. The beneficiary's residence address was not changed.<br><br>**Plan Action:** Confirm the address specified in the transaction. Update and resubmit the transaction if necessary; otherwise, contact your district office for assistance. |
| 267 | M | PPO set to N due to No Premium | PPO SET TO N | The beneficiary's PPO was set to N because their premium is $0. This occurs as part of an end-of-year process based on the Plan's basic Part C premium for the upcoming year.<br><br>**Plan Action:** Submit a transaction to reset the Part C premium and to renew a request for withholding status if appropriate. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 268 | I | Beneficiary Has Dialysis Period | DIALYSIS EXISTS | 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.<br><br>The effective date for the dialysis period is shown in the Effective Date field (field 18). The end date, if one exists, is in the Open Data field (field 24).<br><br>**Plan Action:** Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. |
| 269 | I | Beneficiary Has Transplant | TRNSPLNT EXISTS | 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.<br><br>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).<br><br>**Plan Action:** Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. |
| 270 | M | Beneficiary Transplant Has Ended | TRANSPLANT END | 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 was notified that the beneficiary's transplant s failed or was an error. The effective date of the failure or removal is reported in field 18 of the DTRR record and in the EFF DATE column on the printed report.<br><br>**Plan Action:** Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 280 | M | Member MSP Period Ended | MEMBER NOT MSP | This TRC is returned with a transaction type 01. The beneficiary has an MSP (Medicare Secondary Payer) period that has been ended or updated. The MSP period change impacts payments for one or more of the beneficiary's enrollments in your plan.<br><br>TRC 280 is sent to the plan(s) that have enrollment(s) that are impacted by the change in the MSP period.<br><br>• Field 18 will contain the earliest date that the payments are impacted by the MSP period change, based on the MSP new/changed end date<br>• Field 24 will contain the actual start date of the MSP period<br>• Field 44 will contain the end date of the MSP period<br><br>Note: If the MSP period has both start and end dates, plans will receive both TRC 245 and 280.<br>**Plan Action:** Update the Plan's records accordingly. |
| 282 | A | Residence Address Deleted | RES ADR DELTD | The residence address associated with the DTRR effective date (in field 18) has been deleted and is no longer valid.<br><br>The address was removed either through "delete" action via the 76 transaction or because an overlapping residence address change was submitted with the same or earlier effective date.<br><br>**Plan Action:** None required. |
| 283 | R | Residence Address Delete Rejected | RJCTD ADR DELT | The residence address delete attempted was rejected. No residence address exists for the effective date provided. See DTRR field 18.<br><br>**Plan Action:** Correct effective date and resubmit. |
| 284 | R | Cancellation Rjctd, Prior Enroll/Disenroll Changed | NO REINSTATE | A Disenrollment Cancellation (Transaction Type 81) was rejected. The cancellation action attempted the reinstatement of the enrollment and this reinstatement could not be accomplished.<br><br>The reinstatement could not be accomplished because some aspect of the enrollment, or the beneficiary's status during that enrollment, has been changed by the Plan (examples include: 4Rx, Residence Address or Segment ID) prior to their issuance of this current cancellation transaction.<br><br>**Plan Action:** Enroll the beneficiary using a Transaction Type 61, Enrollment. |
| 285 | I | Enrollment Cancellation Accepted | ACPT ENROLL CAN | An Enrollment Cancellation (Transaction Type 80) transaction was accepted. The identified enrollment is cancelled. The start date of the cancelled enrollment period is reported in the DTRR Effective Date field 18.<br><br>**Plan Action:** Update the Plan's records accordingly. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 286 | R | Enrollment Cancellation Rejected | RJCT ENROLL CAN | An Enrollment Cancellation (Transaction Type 80) or an MMP Enrollment Cancellation (Transaction Type 81) transaction was rejected. Rejection occurred for one of the following reasons: The cancellation was submitted more than one month after the enrollment became active, the transaction attempts to cancel a Rollover, Auto or Facilitated Enrollment, or when the transaction attempts to cancel a closed enrollment period.<br><br>**Plan Action:** Submit a Disenrollment transaction. |
| 287 | A | Enrollment Reinstated | ENROLL REINSTAT | The identified enrollment period was reinstated. The start date of the reinstated period is reported in the DTRR Effective Date field 18. The reinstatement occurred for one of the following reasons:<br>• For Transaction Type 80, cancellation of another Plan's enrollment;<br>• For Transaction Type 81, cancellation of Plan's disenrollment;<br>• For Transaction Type 82, cancellation of another Plan's enrollment;<br>• For Transaction Type 01, change or removal of a date of death.<br><br>If the reinstated enrollment has an end date, it is reported in the DTRR field 24. The end date may or may not have existed with the enrollment originally.<br><br>**Plan Action:** Update the Plan's records accordingly following CMS guidance for enrollment reinstatement. |
| 288 | A | Disenrollment Cancellation Accepted | ACPT DISNRL CAN | A Disenrollment Cancellation (Transaction Type 81) transaction was accepted. The identified disenrollment was cancelled. The start date of the cancelled disenrollment period is reported in the DTRR Effective Date field 18.<br><br>The Disenrollment Cancellation (Transaction Type 81) may have been submitted by a Plan or the result of a Date of Death Change or Date of Death Rescinded notification that cancels an auto-disenrollment that was created by a Date of Death notification.<br><br>**Plan Action:** Update the Plan's records accordingly. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 289 | R | Disenrollment Cancellation Rejected | RJCT DISNRL CAN | A Disenrollment Cancellation (Transaction Type 81) transaction was rejected. Rejection occurred for one of the following reasons:<br>• Beneficiary was still enrolled in plan, never disenrolled;<br>• Beneficiary was not enrolled in the plan;<br>• Disenrollment being cancelled was not submitted by the Plan.<br>• Cannot restore prior enrollment due to associated disenrollment reason codes 5, 6, 8, 9, 10, 13, 15, 18, 19, 54, 56, 57, 61.<br>• Reinstated enrollment would conflict with another existing enrollment.<br>• The beneficiary's benefits have been suspended due to confirmed incarceration or a Not Lawfully Present period.<br><br>**Plan Action:** Submit Enrollment transaction. |
| 290 | I | IEP NUNCMO Reset | NUNCMO RSET IEP | This TRC was the result of an automatic system reset, or zeroing, of the cumulative uncovered months for the identified beneficiary. This reset occurred for one of the following reasons:<br>• Disabled beneficiary became age-qualified for Medicare,<br>• An aged beneficiary had a retroactive NUNCMO transaction with an effective date prior to aged qualification at the beginning of the IEP period.<br><br>Reset effective date is in DTRR field 18.<br><br>**Plan Action:** Update Plan records accordingly. |
| 291 | I | Enrollment Reinstated, Disenrollment Cancellation | ENROLL REINSTAT | A Disenrollment Cancellation (Transaction Type 81) transaction cancelled a disenrollment and the enrollment was reinstated. The start date of the reinstated period is reported in the DTRR Effective Date field 18.<br><br>If the reinstated enrollment has an end date, it is reported in the DTRR field 24. The end date may or may not have existed with the enrollment originally.<br><br>**Plan Action:** Update the Plan's records accordingly following CMS guidance for enrollment reinstatement. |
| 292 | R | Disenrollment Rejected, Was Cancellation Attempt | NOT CANCELLATN | A Disenrollment transaction (Transaction Type 51) was rejected. The submitted disenrollment effective date is the same as the enrollment start date. Only Auto or Facilitated enrollments may be cancelled using the Transaction Type 51.<br><br>**Plan Action:** Submit an Enrollment Cancellation transaction (Transaction Type 80) if it is desired to cancel the enrollment; otherwise, correct the disenrollment effective date and resubmit. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 293 | A | Disenroll, Failure to Pay Part D IRMAA | FAIL PAY PTD IRMAA | A disenrollment transaction (Transaction Type 51) has been successfully processed due to failure to pay Part D IRMAA. The last day of the enrollment is reported in DTRR fields 18 and 24.<br><br>The disenrollment date is always the last day of the month.<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record and that the beneficiary's disenrollment date matches the date in field 24. Take the appropriate actions as per CMS enrollment guidance. |
| 294 | I | No 4Rx Insurance Changed | NO INSUR CHANGE | A 4Rx Change (Transaction Type 72) transaction was received with no primary or secondary insurance information provided on the transaction. No insurance data changes took place for this beneficiary.<br><br>**Plan Action:** Resubmit with new 4Rx data as needed. |
| 295 | M | Low Income NUNCMO RESET | NUNCMO RSET LIS | This TRC was the result of an automatic system reset, or zeroing, of the cumulative uncovered months for the identified beneficiary. This reset occurred because the beneficiary has been identified as having the Part D low-income subsidy.<br><br>Reset effective date is in DTRR field 18.<br><br>**Plan Action:** Update Plan records accordingly. |
| 300 | R | NUNCMO Change Rejected, Exceeds Max Possible Value | NM CHG EXDS MAX | A NUNCMO Record Update transaction (73) was rejected because the submitted incremental NUNCMO exceeds the maximum possible value. The original (existing) incremental NUNCMO associated with this effective date has been retained.<br>Field 24 (Maximum Number of Uncovered Months) reports the maximum incremental NUNCMO value that could be associated with the enrollment effective date submitted.<br>Field 40 (Cumulative Number of Uncovered Months) reports the total uncovered months as of the effective date.<br>Field 45 (Submitted Number of Uncovered Months) reports the incremental NUNCMO value submitted by the Plan.<br><br>**Plan Action**: Review the incremental NUNCMO submitted, the maximum incremental NUNCMO calculated by the system, and/or the effective date submitted. If the NUNCMO and/or the effective date should be another value, review CMS enrollment guidance, and correct the NUNCMO value using a new NUNCMO Record Update (73) transaction. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 301 | M | Merged Beneficiary, Claim Number Change | BENE HICN MERGE | 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.<br><br>This beneficiary had multiple conflicting claim numbers (HICNs) which were merged under a single HICN. This DTRR reports the **VALID** HICN in field 1 and the **INVALID** HICN in field 24.<br><br>**Plan Action:** Update the Plan's records to use the **VALID** HICN from field 1 for this beneficiary. The **valid** claim number must be used on all future transactions for this beneficiary. |
| 302 | M | Enrollment Cancelled, Claim Number Change | ENRL CNCL MERGE | 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.<br><br>This beneficiary had multiple conflicting HICNs, which were merged into one. Plan enrollments for the conflicting HICNs have been combined under a valid HICN. This enrollment conflicted with another existing enrollment. As a result, the conflicting enrollment period was cancelled. The effective date of the enrollment which has been cancelled is reported in the Effective Date field (18). The termination date of the enrollment (if present) is reported in field 24.<br><br>**Plan Action**: Because the enrollment period is now cancelled, the enrollment period should be adjusted in the Plan's enrollment records. **This change may impact premiums that you collected directly from the beneficiary.** Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 303 | M | Termination Date Change due to Beneficiary Merge | TRM DT CHG MERGE | 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.<br><br>This beneficiary had multiple conflicting claim numbers (HICNs) which were merged into one. Plan enrollments for the conflicting HICNs have been combined under a valid HICN. This enrollment conflicted with another existing enrollment. Current enrollment rules regarding the application signature date were applied and this enrollment's termination date was changed from the original date. The effective date of the enrollment with the changed termination date is reported in the Effective Date field (18). The new termination date of this enrollment is reported in Field 24.<br><br>**Plan Action:** Because the termination date has changed, the enrollment period should be adjusted in the Plan's enrollment records. **This change may impact premiums that you collected directly from the beneficiary.** Take the appropriate actions as per CMS enrollment guidance. |
| 305 | M | ZIP Code Change | ZIP CODE CHANGE | A notification has been received that this beneficiary's zip code has changed. The new zip code is reported in field 24 of the DTRR. The effective date of the change is reported in field 18.<br><br>Note: A reply with this TRC only reports changes in the Zip Code the beneficiary has on file with SSA/CMS. It does not report changes in a Plan-submitted Residence Address.<br><br>**Plan Action:** Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. |
| 306 | R | NUNCMO Change Rejected, No Part D Eligibility | NUNCMO, NO PTD | A NUNCMO Change transaction (Transaction Type 73) was rejected because beneficiary does not have Part D Eligibility as of the submitted effective date.<br><br>**Plan Action:** Verify the beneficiary identifying information and resubmit the transaction with updated information, if appropriate. |
| 307 | A | MMP Passive Enrollment Accepted | PASSIVE ACCEPT | This TRC is returned on a successful MMP passive enrollment transaction (TC 61). The effective date of the new enrollment is reported in DTRR field 18.<br><br>This is the definitive MMP enrollment acceptance record. Other accompanying replies with different TRCs may give additional information about this enrollment.<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 308 | R | MMP Passive Enrollment Rejected | PASSIVE REJECT | An MMP passive enrollment transaction (TC 61) was rejected because the beneficiary did not meet the MMP requirements or the beneficiary opted out of passive enrollment.<br><br>The attempted enrollment effective date is reported in DTRR fields 18 and 24.<br><br>**Plan Action:** Take the appropriate actions as per CMS enrollment guidance. |
| 309 | I | No Change in MMP Opt-Out Flag | DUP FA OPT OUT | An MMP Opt-Out Record Update transaction (TCs 42, 83) was submitted; however, no data change was made to the beneficiary's record. The submitted transaction contained an MMP Opt-Out Flag value that matched the MMP Opt-Out already on record with CMS.<br><br>This transaction did not affect the beneficiary's records.<br><br>**Plan Action:** None required. |
| 310 | R | MMP Opt-Out Rejected, Invalid Opt-Out Code | BAD FA OPT OUT | An opt-out from CMS, disenrollment, or Plan submitted Opt-Out transaction (TCs 42, 51, 54, 82, 83) was rejected because the MMP Opt-Out Flag field was incorrectly populated.<br>The valid values for MMP Opt-Out are:<br>• TCs 42 or 83 transactions - 'Y' or 'N'<br>• All other TCs - 'Y,' 'N,' or blank<br><br>**Plan Action:** If submitted by the Plan (TCs 51, 82, 83), correct the MMP Opt-Out Flag value and resubmit the transaction if appropriate. |
| 311 | A | MMP Opt-Out Accepted | FA OPT OUT ACPT | A transaction (TCs 42, 51, 54, 82, 83) was received that specified an MMP Opt-Out Flag value or a change to the MMP Opt-Out Flag value. The MMP Opt-Out Flag was accepted.<br><br>The new MMP Opt-Out Flag value is reported in DTRR field 70.<br><br>**Plan Action:** No action necessary. |
| 312 | A | MMP Enrollment Cancellation Accepted | ACPT FA CANCEL | An Enrollment Cancellation (TC 82) was accepted. The identified enrollment was cancelled. The start date of the cancelled enrollment period is reported in DTRR field 18.<br><br>**Plan Action:** Update the Plan's records accordingly. |
| 313 | R | MMP Enrollment Cancellation Rejected | RJCT FA CANCEL | An MMP Enrollment Cancellation (TC 82) transaction was rejected because the cancellation was submitted after the enrollment became active.<br><br>**Plan Action:** Submit a Disenrollment transaction. |
| 314 | R | Invalid Cancellation TC | BAD CANCEL CODE | An enrollment cancellation transaction was rejected because the wrong Transaction Type Code (Field 16) was used.<br><br>TC 82 can only be used for cancelling MMP enrollments. TC 80 is only used for cancelling non-MMP enrollments.<br><br>**Plan Action:** Correct the TC and resubmit if appropriate. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 315 | R | Archived Beneficiary Transaction Rejected | ARCH BENE REJ | This reply can be returned for all transaction types. The transaction is rejected because it is for an archived beneficiary. A beneficiary is eligible for archiving under the following conditions:<br>• Deceased for 15 years with no activity for 2 years<br>• No DOD, 120+ years of age and a BIC of M or T with no activity for 2 years<br><br>**Plan Action**: Double check the beneficiary information and submit a corrected transaction. Contact the MAPD Help Desk for assistance. |
| 316 | I | Default Segment ID Assignment | DEFAULT SEG ID | A default Segment ID is assigned because the beneficiary is Out-of-Area for the Contract/PBP. For enrollments with effective dates prior to 2014, the default Segment is the Segment with the lowest valid Segment ID for the Contract/PBP. For years 2014 and later, the default Segment is the Segment with the lowest premiums.<br><br>**Plan Action:** Verify the beneficiary's address is correct. Submit a Residence Address Change if appropriate. |
| 317 | I | Segment ID Reassigned after Address Update | SEG ID REASSIGN | A Segment ID reassigns because updated address information is received. The updated address information either results from a Plan-submitted Residence Address Change (Transaction Type 76) or an SCC change notification.<br><br>This TRC is returned when a Segment ID reassigns for one of the following reasons:<br>• Updated address information is received. The updated address information is either a result of a Plan-submitted Residence Address Change (Transaction Type 76) or a State and County Code change notification.<br>• An Enrollment Transaction (Transaction Type 61) or Segment ID Change (Transaction Type 77) is received for a segmented Plan where part of the enrollment has a terminated Segment ID. Examples include:<br>  ○ A retroactive enrollment that spans more than one year and the Segment ID is not valid for both years<br>  ○ An enrollment that is effective at the end of one year and the Segment ID is not valid for the upcoming year<br>• An Enrollment Transaction (Transaction Type 61) is received with an invalid Segment ID.<br>The effective date of the reassignment is reported in field 18.<br><br>**Plan Action:** Verify the Segment ID is correct. Submit a Residence Address Change or a Segment ID change if appropriate. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 318 | R | Invalid or Missing MMP Demo Enrlmt Source Code | INVALID MMP SRC | A Medicare and Medicaid Plan (MMP) enrollment transaction was rejected because the enrollment source code was missing or invalid. Valid values are J, K, and L<br><br>**Plan Action**: Correct the enrollment source code and resubmit. |
| 319 | M | RRB to SSA Beneficiary Jurisdiction Change | RRB - SSA Jur | A beneficiary undergoes a jurisdiction change from RRB to SSA. CMS attempts to establish premium withholding with SSA, which may take up to two months. If the transfer is successful, a TRC 185 is issued. If it is unsuccessful, TRCs 186 and 144 are issued. This action is not in response to a Plan-initiated transaction.<br><br>**Plan Action:** None required at this time. |
| 320 | M | SSA to RRB Beneficiary Jurisdiction Change | SSA - RRB Jur | A beneficiary undergoes a jurisdiction change from SSA to RRB. CMS attempts to establish premium withholding with RRB, which may take up to two months. If the transfer is successful, a TRC 185 is issued. If it is unsuccessful, TRCs 186 and 144 are issued. This action is not in response to a Plan-initiated transaction.<br><br>**Plan Action:** None required at this time. |
| 321 | A | POS Drug Edit Accepted as Submitted | PSDE ACC | A submitted POS Drug Edit transaction (Transaction Type code 90) was successfully processed. The TRC is applicable for both update and delete transactions.<br><br>The TRC will also be issued when a POS Drug Edit record is submitted via the MARx UI by a Plan User with POS Drug Edit Update Authority.<br><br>**Plan Action:** None. |
| 322 | I | New Enrollee POS Drug Edit Notification | PSDE ENR NOT | The beneficiary had an active POS Drug Edit associated with the enrollment immediately preceding this enrollment. The contract ID associated with this earlier enrollment is supplied in DTRR data record field 24.<br><br>This TRC supplies additional information about an accepted enrollment transaction. For a beneficiary with an active POS Drug Edit, the transaction reply with TRC322 is provided in addition to the reply with the enrollment acceptance TRC.<br><br>**Plan action**: Contact the Plan associated with the previous enrollment for pertinent details about the beneficiary's POS Drug Edit and overutilization case file. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 323 | R | POS Drug Edit Invalid Enrollment | PSDE INV ENR | A POS drug edit transaction (Transaction Type code 90) was rejected for one of the following reasons:<br>• The notification, implementation, or termination date is outside of the contract enrollment period<br>• There is an enrollment gap between two of the dates on the transaction<br><br>**Plan Action:** Correct the date(s) and resubmit the transaction, if appropriate. If the beneficiary re-enrolled in the Contract with a gap between the two enrollments, submit new records using a notification date that is equal to or later than the new enrollment effective date. |
| 324 | R | POS Drug Edit Invalid Contract | PSDE INV CON | A POS drug edit transaction (Transaction Type 90) was rejected because the submitting contract is:<br>LiNet Plan<br>Not a Part D Plan<br><br>**Plan Action**: Correct the contract number and resubmit the POS Drug Edit transaction, if appropriate. |
| 325 | R | POS Drug Edit Status/Date Error | PSDE DATE ERR | A POS drug edit transaction (Transaction Type code 90) was rejected due to one of the following date errors:<br>• POS status of N and:<br>  ○ Implementation or Termination date is populated (these must be blank)<br>• POS status of I and:<br>  ○ Required Implementation date is blank<br>  ○ Termination date is populated (this must be blank)<br>• POS status of T and:<br>  ○ Required Implementation (if exists) and/or Termination dates are blank<br><br>**Plan Action:** Correct the dates and resubmit the POS Drug Edit Transaction, if appropriate. |
| 326 | R | POS Drug Edit Implementation Date Incorrect | PSDE IMP DT INC | A POS drug edit transaction (Transaction Type code 90) with a status of I was rejected because the implementation date is before the notification date.<br><br>**Plan Action:** Correct the dates and resubmit the POS Drug Edit Transaction, if appropriate. |
| 327 | R | POS Drug Edit Termination Date Incorrect | PSDE TERM DT INC | A POS drug edit transaction (Transaction Type Code 90) with a status of T was rejected because:<br>• the termination date is before the implementation date if the latest status is I, or<br>• the termination date is before the notification date if the latest status is N.<br><br>**Plan Action:** Correct the dates and resubmit the POS Drug Edit Transaction, if appropriate. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 328 | R | POS Drug Edit Duplicate Transaction | PSDE DUP | A POS Drug Edit transaction (Transaction Type code 90) was rejected because it is a duplicate. The submitted transaction matched the following values on an existing POS Drug Edit record:<br>• Status<br>• POS Drug Edit Class<br>• POS Drug Edit Code<br>• POS Drug Edit dates (notification, implementation and/or termination)<br><br>This TRC will only be issued for update transactions not delete.<br><br>**Plan Action:** None required. |
| 329 | R | POS Drug Edit Delete Error | PSDE DEL ERR | A POS Drug Edit transaction (Transaction Type 90) was rejected because the transaction attempted to delete an existing POS Drug Edit but there was no corresponding existing record.<br><br>**Plan Action:** Correct the information provided and resubmit the transaction, if appropriate. |
| 330 | R | POS Drug Edit Without Associated Records | PSDE WO ASSOC | A POS Drug Edit transaction (Transaction Type Code 90) was rejected because it was submitted for a beneficiary without a corresponding POS Drug Edit record.<br>• When Status = I - Submitted notification date must match an existing record<br>• When Status = T - Both the submitted notification date and implementation date (if exists) must match an existing record(s)<br>• When Status = I or T - POS Drug Edit Class must match an existing notification record with the same notification date<br>• When Status = I or T - POS Drug Edit Code must be the same or less restrictive as the notification record with the same notification date<br>• When Status = T – POS Drug Edit Code must be the same as the implementation record with the same implementation date provided.<br>• A notification record can only be associated with one implementation and termination record (same POS Drug Edit Class and POS Drug Edit Code)<br><br>**Plan Action**: Verify the dates associated with the POS Drug Edit to be updated. Verify that the correct POS Drug Edit Code and Class were submitted. Correct and resubmit the transaction, if appropriate. |
| 331 | R | Future POS Drug Edit Date Exceeds CCM Plus One | PSDE DT FUT | A POS Drug Edit transaction (Transaction Type 90) was rejected because a submitted notification, implementation or termination date is later than the end of the month that follows the current calendar month.<br><br>**Plan Action:** Correct the date(s) and resubmit the transaction, as appropriate. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 332 | F | Failed, PSDE Dates Invalid for Database Insertion | F<br>PSDE DT INVAL | A POS Drug Edit transaction (Transaction Type 90) failed because one of the following dates was either not formatted as YYYYMMDD (e.g., "Aug 1940") or was formatted correctly but contained a nonexistent month or day (e.g., "19400199"):<br>• Notification Date<br>• Implementation Date<br>• Termination Date<br><br>The failed transaction record is not returned in the DTRR data file. It is returned on the Batch Completion Status Summary (BCSS) data file.<br><br>**Plan Action**: Correct the date(s) and resubmit the transaction, as appropriate. |
| 333 | R | Reject, Invalid POS Drug Edit Status | PSDE INV STATUS | A POS Drug Edit transaction (Transaction Type 90) was rejected because the submitted POS Drug Edit Status field was blank or contained an invalid value.<br><br>Valid values are N (Notification), I (Implementation), T (Termination).<br><br>**Plan Action:** Correct the POS Drug Edit Status and resubmit the transaction, if appropriate. |
| 334 | R | Reject, Invalid POS Drug Edit Class | PSDE INV CLASS | A POS Drug Edit transaction (Transaction Type 90) was rejected because the submitted Drug Class field was blank or contained an invalid value.<br><br>**Plan Action:** Correct the Drug Class and resubmit the transaction, if appropriate. |
| 335 | R | Reject, Invalid POS Drug Edit Code | PSDE INV CODE | A POS Drug Edit transaction (Transaction Type 90) was rejected because the submitted Drug Edit Code field was blank or contained an invalid value.<br><br>**Plan Action:** Correct the Drug Edit Code and resubmit the transaction, if appropriate. |
| 336 | R | Reject, Invalid POS Drug Edit U/D | PSDE INV U/D | A POS Drug Edit transaction (Transaction Type 90) was rejected because the submitted POS Drug Edit Update/Delete flag was blank or contained an invalid value.<br><br>Valid values are U (Update) or D (Delete).<br><br>**Plan Action:** Correct the POS Drug Edit Update/Delete flag and resubmit the transaction, if appropriate. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 337 | A | POS Drug Edit Event Deleted - Plan | PSDE EVT DEL P | A Plan User with POS Drug Edit update Authority deleted a POS Drug Edit event via the MARx UI for this beneficiary.<br>• If the latest status was T (Termination), the associated Notification, Implementation (if exists) and Termination POS Drug Edit records were deleted.<br>• If the latest status was I (Implementation), the associated Notification and Implementation POS Drug Edit records were deleted.<br>• If the latest status was N, the Notification POS Drug Edit record was deleted.<br><br>If the Notification record is associated with a different valid Implementation record the Notification record will not be deleted; it will remain associated with that event.<br><br>**Plan Action:** None. |
| 338 | I | Enrollment Accepted, PPO Changed | PPO CHG | CMS has changed the Premium Payment Option specified on the enrollment transaction because the beneficiary is enrolled in a LINET, MMP, or PACE plan. If the beneficiary premiums are zero, the PPO is changed to 'N – No Premium'. If the beneficiary premiums are greater than zero, the PPO is changed to 'D – direct bill'.<br>This TRC may be generated in response to an accepted Enrollment or PBP change (Transaction Type 61).<br>**Plan Action:** Update the Plan's beneficiary records to reflect the updated premium payment method. |
| 339 | I | Enrollment Accepted, PBP Changed | PBP CHANGE OK | A submitted Enrollment transaction (Transaction Type 61) for the Limited Income Newly Eligible Transition (LINET) Plan has been successfully processed. The beneficiary has been moved from the submitted PBP to the PBP that is active for the transaction processing date.<br><br>Field 20 (Plan Benefit Package ID) contains the new PBP identifier. The submitted PBP is reported in field 29 (Prior Plan Benefit Package ID).<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |
| 340 | A | DISENROLLMENT DUE TO MMP PASSIVE ENROLLMENT | DISNROL-NEW MMP | The beneficiary has been automatically disenrolled from the Plan. The last day of enrollment is reported in DTRR fields 18 and 24. This date is always the last day of the month. This disenrollment results from an action by CMS or a state to passively enroll a full benefit dual eligible beneficiary into a Medicare-Medicaid Plan (MMP).<br><br>**Plan Action**: Update the Plan's records to reflect the disenrollment using the date in field 24. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 341 | I | Maximum NUNCMO Calculation | MAX NUNCMO CALC | This TRC provides additional information about an accepted enrollment or NUNCMO record update transaction (Transaction Types 61, 73) for which an acceptance was sent in a separate Transaction Reply.<br><br>This reply informs the plan of the maximum incremental NUNCMO value that could be associated with the enrollment effective date submitted.<br>Field 24 (Maximum Number of Uncovered Months) reports the maximum incremental NUNCMO value.<br>Field 40 (Cumulative Number of Uncovered Months) reports the total uncovered months as of the effective date.<br>Field 45 (Submitted Number of Uncovered Months) reports the incremental NUNCMO value submitted on the transaction.<br><br>**Plan Action**: Review the incremental NUNCMO submitted and the maximum incremental NUNCMO calculated by the system. If the NUNCMO should be another value, review CMS enrollment guidance and correct the NUNCMO value using a new NUNCMO Record Update (73) transaction. |
| 342 | R | Reject, Multiple Notification | PSDE MULT NOT | A POS Drug Edit transaction (Transaction Type code 90) was rejected because a valid notification record with the same contract, drug class, and notification date currently exists for this beneficiary.<br><br>**Plan Action:** If appropriate, delete the existing notification and resubmit the transaction. |
| 343 | I | POS Drug Edit Class Inactive | PSDE CLASS OBS | CMS added an end date to one of the Drug Classes used for reporting POS Drug Edits. This beneficiary has a POS Drug Edit record with a notification or implementation date that is after the end date for the Drug Class.<br><br>**Plan Action:** Terminate or delete the impacted POS Drug Edit Records, if appropriate. |
| 344 | R | Reject, More Restrictive Implementation | PSDE RES IMP | A POS Drug Edit transaction was rejected because the Drug Edit Code supplied on the implementation transaction is not less restrictive than a previous implementation associated with the same notification record.<br><br>**Plan Action:** If a less restrictive implementation is correct, submit a new implementation transaction with the less restrictive Drug Edit Code<br>If the more restrictive implementation is correct, the beneficiary must be notified of the more restrictive implementation. Submit a new notification transaction with the more restrictive Drug Edit Code. Then, submit a new implementation transaction with the more restrictive Drug Edit Code. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 345 | R | Enrollment Rejected – Confirmed Incarceration | CNFRMD INCARC | An enrollment transaction (Transaction Type 61) was rejected because the beneficiary's benefits have been suspended due to confirmed incarceration and the enrollment effective date falls within the period when the beneficiary's benefits were suspended.<br><br>**Plan Action**: Update the Plan's records accordingly. Take the appropriate actions as per CMS enrollment guidance. |
| 346 | M | Prisoner Suspension Period Cancel/Disenroll | PRSNR SUSPENSE | The benefits for this beneficiary were suspended due to a confirmed incarceration. As a result, an existing enrollment that falls within the suspension period was either shortened (disenrolled) or removed (cancelled).<br><br>This TRC provides additional information about the disenrollment (TRC 018) or enrollment removal (TRC 015) which was sent as a separate reply in the same DTRR. The last day of the enrollment is reported in Transaction Reply Report data record field 18. This date will always be the last day of the first month of the prisoner suspension.<br><br>**Plan Action:** Update the Plan's records to reflect the removal of the existing enrollment or the disenrollment using the date in field 18. Take the appropriate actions as per CMS enrollment guidance. |
| 347 | I | Reenrollment due to Closed Incarceration Period | REENROLL INCARC | This TRC provides additional information about an enrollment acceptance (TRC 011) which was sent as a separate reply in the same DTRR.<br><br>An existing enrollment has been given a new start date because the beneficiary has a period when their benefits were suspended due to a confirmed incarceration. The existing enrollment overlapped the end of the suspension period and has been changed to begin the first day of the month when the suspension period ended.<br><br>When this occurs, the plan will see the removal of the original enrollment (TRC 015 and TRC 346) followed by the reenrollment with the new enrollment effective date (TRC 011 and TRC 347).<br>The start date of the reenrollment period is reported in the Daily Transaction Reply Report (DTRR) data record Effective Date field, field 18. This date will always be the first day of the month that the Prisoner Suspension Period ended.<br><br>**Plan Action:** Update the Plan's records accordingly. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 348 | R | Enrollment Rejected – Not Lawfully Present Period | CNFRMD NOTLAWFL | An enrollment transaction (Transaction Type 61) was rejected because the beneficiary's benefits have been suspended due to confirmed Not Lawfully Present period, and the enrollment effective date falls within the Medicare Plan Ineligibility period.<br><br>**Plan Action:** Update the Plan's records accordingly. Take the appropriate actions as per CMS enrollment guidance. |
| 349 | I | Disenrollment Due to Not Lawfully Present Period | DISENRL NOTLAW PRESNT | The benefits for this beneficiary were suspended due to a confirmed Not Lawfully Present period. As a result, an existing enrollment that falls within the suspension period was either shortened (disenrolled) or removed (cancelled).<br><br>This TRC provides additional information about the disenrollment (TRC 018) or enrollment removal (TRC 015), which was sent as a separate reply in the same DTRR. The last day of the enrollment is reported in Transaction Reply Report data record field 18.<br><br>**Plan Action:** Using the date in field 18, update the Plan's records to reflect the disenrollment or the removal of the existing enrollment. Take the appropriate actions as per CMS enrollment guidance. |
| 350 | I | MBI is available for beneficiary | MBI AVAILABLE | A transaction was submitted with a HICN during the transition to MBI and it was accepted. A Medicare Beneficiary Identification (MBI) number is assigned to the beneficiary. This TRC provides the MBI number assigned to the beneficiary in the Beneficiary Identifier field.<br><br>**Plan Action**: None |
| 351 | A | IC Model Participation Accepted | IC MDL PRT ACC | A submitted IC Model Participation transaction (Transaction Type code 91) was successfully processed. The TRC is applicable for both update and delete transactions.<br><br>**Plan Action:** None |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 352 | R | IC Model Participation Duplicate Transaction | IC MDL PRT DUP | An IC Model Participation transaction (Transaction Type code 91) was rejected because it is a duplicate. The submitted transaction matched the following values on an existing IC Model Participation record:<br><br>• HICN<br>• Contract and PBP<br>• IC Model Indicator<br>• IC Model Benefit Status Code<br>• IC Model Start Date<br>• IC Model End Date (if exists)<br>• IC Model End Date Reason Code<br><br>This TRC will only be issued for update transactions not delete.<br><br>**Plan Action: Two options to correct this error:**<br>1. Edit the previous period so the new period will not overlap (put an end date on previous period record)<br>2. If intent is to correct the Start Date of a previously submitted period, submit a Delete transaction with the original record data, then submit a new transaction with the new Start Date. |
| 353 | R | IC Model Participation Delete Error | IC MDL DEL ERR | An IC Model Participation transaction (Transaction Type code 91) was rejected because the transaction attempted to delete an existing IC Model Participation entry but there was no corresponding existing record.<br><br>**Plan Action:** Correct the information provided and resubmit the transaction, if appropriate. |
| 354 | R | Reject, Invalid IC Model Type Indicator | NVLD IC MDL IND | An IC Model Participation transaction (Transaction Type code 91) was rejected because:<br>• the IC Model Type Indicator code was blank<br>or<br>• the IC Model Type Indicator code is not valid<br>or<br>• the IC Model Type Indicator code is not correct for the specified Contract/PBP.<br>Valid values for the IC Model Type Indicator are ‘01’ for VBID and ‘02’ for MTM.<br>**Plan Action:** Correct the information provided and resubmit the transaction, if appropriate. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 355 | R | Enrollment Rejected, Pln RO not in POVER file | PLN RO NT POVER | This Plan-Submitted Rollover transaction was rejected because it was not submitted via a POVER file.<br><br>The transaction was recognized as a 'Plan-Submitted Rollover' because it was submitted with Enrollment Source Code = 'N' (Rollover by Plan Transaction) or Election Type Code = 'C' (Special Enrollment Period (SEP) for Plan-submitted rollovers).<br><br>Plan-submitted rollover enrollment transactions must have an Enrollment Source Code = 'N', Election Type Code = 'C', and must be submitted in a POVER special batch file.<br><br>**Plan Action:** Correct the file header and resubmit the special batch file. The file header record should say POVER and go through the CMS approval process for a file of Plan-submitted rollover enrollment transactions. |
| 356 | R | Enrollment Rejected, Pln RO without ESC or ETC | PL RO WO C OR N | This transaction was rejected because it contained an Enrollment Source Code or Election Type Code that indicated it was a Plan-Submitted Rollover, but only one of these values were submitted.<br><br>Plan-submitted rollover enrollment transactions must have an Enrollment Source Code = 'N', Election Type Code = 'C', and be submitted in a POVER special batch file.<br><br>**Plan Action:** Correct the enrollment source code or election type code and resubmit the special batch file. |
| 357 | R | Enrollment Rejected, Pln RO Impacts Dual Enroll | PLN RO DUAL ENR | This Plan-Submitted Rollover transaction was rejected because it would disenroll a dual-enrolled beneficiary from both the MA and PDP plans.<br>For example, a beneficiary is dual-enrolled in both an MA and a PDP Plan. If the MA Plan is rolled over to an MAPD Plan, the beneficiary would be disenrolled from both the MA and PDP plans.<br><br>**Plan Action:** Review the beneficiary's enrollment and resubmit the rollover transaction if appropriate. |
| 358 | F | Fail, IC Model End Date had an Invalid format | NVLD IC END DT | An IC Model Participation transaction (Transaction Type code 91) failed because the IC Model End Date was either not formatted as YYYYMMDD (e.g., "08312013" or "Aug 2014") or was formatted correctly but contained a nonexistent month or day (e.g., "20170199").<br><br>**Plan Action:** Correct the IC Model End Date and resubmit the transaction, if appropriate. |
| 359 | R | ICM Trans Start Date is Incorrect | IC STRT DT ERR | An IC Model Participation transaction (Transaction Type code 91) was rejected because the IC Model Start Date is not within the contract/PBP IC Model period, or is not within the beneficiary's enrollment period for the contract/PBP specified in the transaction.<br><br>**Plan Action**: Correct the IC Model Start Date, contract and PBP, and resubmit the transaction, if appropriate. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 360 | R | Reject, Invalid IC Model U/D | IC MDL INV U/D | An IC Model Participation transaction (Transaction Type code 91) was rejected because the submitted Update/Delete flag was blank or contained an invalid value.<br><br>Valid values are U (Update) or D (Delete).<br><br>**Plan Action**: Correct the Update/Delete flag and resubmit the transaction, if appropriate. |
| 361 | R | Reject, Invalid IC Model End Date Reason Code | IC END RSN ERR | An IC Model Participation transaction (Transaction Type code 91) was rejected because the submitted End Date Reason Code field was blank when an End Date is present in the transaction or contained an invalid value.<br><br>Valid values are:<br>• '01' No Longer Eligible<br>• '02' Opted out of program<br>• '03' Benefit Status Change<br><br>**Plan Action**: Correct the End Date Reason Code and resubmit the transaction, if appropriate. |
| 362 | R | IC Model End Date Incorrect | IC END DT ERROR | An IC Model Participation transaction (Transaction Type code 91) was rejected because the IC Model End Date:<br>• is earlier than the IC Model Start Date, or<br>• is after the Enrollment End Date<br>**Plan Action**: Correct the IC Model End Date and resubmit the transaction, if appropriate. |
| 363 | R | ICM Trans Dates Overlap an Existing ICM Prd | OVERLAP DATES | An IC Model Participation update transaction (Transaction Type code 91) was rejected because the IC Model Start or End Date overlaps an existing IC Model period for a beneficiary that has the same contract number, PBP, and transaction type indicator.<br><br>**Plan Action:** Submit a Transaction Type code 91 with Delete for the stored IC Model Participation record. Submit a second Transaction Type code 91 with Update and the new dates. |
| 365 | R | Reject, Invalid IC Model Benefit Status Code | BNFT STUS ERR | An IC Model Participation transaction (Transaction Type code 91) was rejected because the submitted Benefit Status Code field was blank or contained an invalid value when the IC Model Type Indicator is '01' (VBID).<br><br>Valid values are:<br>• '01' Full Status<br>• '02' Unearned Status<br><br>**Plan Action**: Correct the Benefit Status Code and resubmit the transaction, if appropriate. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 366 | M | Community Medicaid Status | MEDICAID UPDATE | This TRC is returned on a reply with Transaction Type 01.<br><br>An update has been made to the Medicaid status used to determine the Community Risk Adjustment Factor that will impact future payments.<br><br>The effective date of the change of Medicaid status is reported in field 18. The new Medicaid status is reported in field 85:<br>• 'F' – Full Dual<br>• 'P' – Partial Dual<br>• 'N' – Non-dual<br><br>**Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS guidance. |
| 367 | R | Enrollment Rejected, incorrect ESC or ETC | BAD ESC OR ETC | This enrollment transaction was rejected because it contained an Enrollment Source Code or Election Type Code that indicated it was a seamless conversion enrollment transaction, but only one of these values was submitted.<br>Plan-submitted seamless conversion enrollment transactions must have an Enrollment Source Code = 'B' (Beneficiary Election) and Election Type Code = 'J' (Seamless Conversion Enrollment Mechanism).<br>**Plan Action:** Correct the enrollment source code or election type code and resubmit the enrollment transaction. |
| 368 | I | Member MSP Period Exists | MEMBER HAS MSP | This TRC is returned with a transaction type 61. The beneficiary has an existing MSP (Medicare Secondary Payer) period. This TRC accompanies an enrollment acceptance TRC that is included in the same DTRR. It provides additional information related to the beneficiary's accepted enrollment.<br><br>One TRC 368 for each MSP period is sent to the plan(s) that have enrollment(s) impacted by the MSP period(s).<br><br>○ Field 18 contains the Start Date of the payments impacted by the MSP period change<br>○ Field 24 contains the actual start date of the MSP period<br>○ Field 44 contains the end date of the MSP period<br><br>**Plan Action:** Update the Plan's records accordingly. |
| 369 | R | Enrollment Rejected, IEP/ICEP enroll available | IEP/ICEP AVAIL | This seamless conversion enrollment transaction (Transaction Type 61) was rejected because an IEP/ICEP enrollment transaction with the same application date was already accepted.<br>**Plan Action:** Update the Plan's records accordingly. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 370 | R | Enrollment Rejected, Invalid Plan for SCEM | INVAL SCEM PLN | This seamless conversion enrollment transaction (Transaction Type 61) was rejected because it was submitted for an invalid Plan. Seamless conversion enrollments are only valid for MA and MAPD plans.<br>**Plan Action:** Update the Plan's records accordingly. Take the appropriate actions as per CMS enrollment guidance. |
| 371 | I | LEP Exceeds SSA Harm Limit | LEP HARM | A NUNCMO Change transaction (Transaction Type 73) was processed for a period of SSA withholding. The sum of the current premium amount and additional retroactive LEP amounts to be collected exceeds the SSA Harm Limit of $300.00 per month. The additional LEP amount for retroactive months will be directly collected from the beneficiary by the plan. The amount to be directly collected will be reported as a Harm Detail Record on the LEP Data File.<br><br>**Note:** See Appendices section ***I.2.1*** for calculation examples.<br><br>Pl**an Action:** Update the Plan's records accordingly and collect amounts reported as Harm Detail Records from the beneficiary. LEP amounts previously collected by the withholding agency will remain with CMS. |
| 372 | I | SSA Harm LEP Refund | HRM LEP RFND | There is a subsequent change to retroactive LEP, and the beneficiary is due a partial or full refund of the amount that was previously collected based on the TRC 371. Harm Detail Records on the LEP Data File will report the negative LEP amounts to be refunded to the beneficiary.<br><br>**Note:** See Appendices section ***I.2.1*** for calculation examples.<br><br>**Plan Action:** Update the Plan's records accordingly and refund amounts reported as Harm Detail Records to the beneficiary. |
| 600 | R | UI Transaction Override | UI OVERRIDE | This TRC is used for special Enrollment Reconciliation DTRRs.<br><br>A discrepancy enrollment transaction (Transaction Type 61) was rejected because it attempted to change an existing enrollment record that was previously entered by a CMS User through the User Interface.<br><br>**Plan Action:** Update Plan records accordingly and take the appropriate actions as per CMS enrollment guidance (send "Enrollment Status Update" notice to the beneficiary). |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 601 | R | Casework Beneficiary | CASEWORK BENE | This TRC is used for special Enrollment Reconciliation DTRRs.<br><br>A discrepancy enrollment transaction (Transaction Type 61) was rejected because the beneficiary's enrollment was updated by CMS casework.<br><br>**Plan Action:** Update Plan records accordingly and take the appropriate actions as per CMS enrollment guidance (send "Enrollment Status Update" notice to the beneficiary). |
| 602 | R | No Discrepancy | NO DISCREPANCY | This TRC is used for special Enrollment Reconciliation DTRRs.<br><br>A discrepancy enrollment transaction (Transaction Type 61) was rejected because the enrollment effective date and contract/PBP in the submitted transaction matches the existing enrollment on file. There is no update to the beneficiary's enrollment period.<br><br>**Plan Action:** None required |
| 603 | R | 2007 Date is Not Valid | 2007 DT INVALID | This TRC is used for special Enrollment Reconciliation DTRRs.<br><br>A discrepancy enrollment transaction (Transaction Type 61) was rejected because 2007 effective dates were not considered for the 2006 enrollment reconciliation. This rejection could have been caused by one of the following reasons:<br>• A 2007 enrollment or PBP was submitted and rejected because there was not a 2006 discrepancy submitted along with the 2007 enrollment.<br>• A 2006 enrollment transaction AND a 2007 PBP change record attempted to process as a Rollover. The transaction rejected because the enrollment record and the PBP change record did not have the same application signature date.<br><br>**Plan Action:** Update Plan records accordingly. If the Plan has a 2007 enrollment to correct, contact the MAPD Help Desk for assistance. |
| 604 | A | Disenrollment | DISENROLLMENT | This TRC is used for special Enrollment Reconciliation DTRRs.<br>Check dates code puts in DTRR fields 18 and 24(maybe) and update text.<br>As a result of the Enrollment Reconciliation process, this beneficiary was disenrolled due to enrollment in another Plan.<br><br>**Plan Action:** Update Plan records accordingly and take the appropriate actions as per CMS enrollment guidance (send "Enrollment Status Update" notice to the beneficiary). |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 605 | R | Recon Transaction Denied | TRANS DENIED | This TRC is used for special Enrollment Reconciliation DTRRs.<br><br>A discrepancy enrollment transaction (Transaction Type 61) was denied following reconciliation processing.<br><br>**Plan Action:** Update Plan records accordingly and take the appropriate actions as per CMS enrollment guidance (send "Enrollment Status Update" notice to the beneficiary). |
| 606 | I | Direct Bill | DIRECT BILL | This TRC is used for special Enrollment Reconciliation DTRRs.<br><br>This beneficiary has been changed to "Direct Bill" for this enrollment period. Even though a PPO other than D was specified in the transaction, Direct Bill is the only valid option for reconciliation transactions.<br><br>This transaction response will accompany the acceptance TRC for the submitted discrepancy transaction.<br><br>**Plan Action:** Update the Plan's records accordingly, ensuring that the beneficiary is in direct bill status for the enrollment period. Take the appropriate actions as per CMS enrollment guidance. |
| 607 | A | Enrollment Accepted as Submitted | ENROLL OK | This TRC is used for special Enrollment Reconciliation DTRRs.<br><br>The submitted discrepancy enrollment transaction (Transaction Type 61) was accepted. The effective date of the enrollment period is reported in DTRR field 18.<br><br>**Plan Action:** Ensure that the Plan records correctly represent this enrollment. Take the appropriate actions as per CMS enrollment guidance. |
| 608 | A | Enrl Accepted, CMS Established Eff and End Dates | ENRLD/CMS DTS | This TRC is used for special Enrollment Reconciliation DTRRs.<br><br>The submitted discrepancy enrollment transaction (Transaction Type 61) was accepted but the effective date and end date for the enrollment period were provided by CMS. The new effective date of the enrollment period is reported in DTRR field 18.<br><br>**Plan Action:** Update Plan records to be consistent with the dates in fields 18 and 54(**?**). Review ALL enrollment periods in the Full Enrollment file to determine the beneficiary's status. Take the appropriate actions as per CMS enrollment guidance (send appropriate "Enrollment Status Update" notice). |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 609 | A | Enrollment Accepted with CMS established Eff date | ENRLD/CMS EFF | This TRC is used for special Enrollment Reconciliation DTRRs.<br><br>The submitted discrepancy enrollment transaction (Transaction Type 61) was accepted but the effective date for the enrollment period was provided by CMS. The effective date of the new enrollment period is reported in DTRR field 18.<br><br>**Plan Action:** Update Plan records to be consistent with the dates in fields 18. Review ALL enrollment periods in the Full Enrollment file to determine the beneficiary's status. Determine if a premium refund is required. Take the appropriate actions as per CMS enrollment guidance (send appropriate "Enrollment Status Update" notice). |
| 610 | A | Enrollment Accepted with CMS Established End Date | ENRLD/CMS END | This TRC is used for special Enrollment Reconciliation DTRRs.<br><br>The submitted discrepancy enrollment transaction (Transaction Type 61) was accepted but the end date for the enrollment period was provided by CMS. The submitted effective date of the enrollment period is reported in DTRR field 18.<br><br>**Plan Action:** Update Plan records to be consistent with the dates in fields 18. Review ALL enrollment periods in the Full Enrollment file to determine the beneficiary's status. Determine if a premium refund is required. Take the appropriate actions as per CMS enrollment guidance (send appropriate "Enrollment Status Update" notice). |
| 611 | R | No Discrepancy in 2006 | NO DISCREP 2006 | This TRC is used for special Enrollment Reconciliation DTRRs.<br><br>A discrepancy enrollment transaction (Transaction Type 61) was rejected because the enrollment matched exactly what CMS has on file for the calendar year of the reconciliation. However, CMS has identified an enrollment discrepancy which exists in another contract or calendar year.<br><br>**Plan Action:** Review ALL enrollment periods in the Full Enrollment file to confirm the status of the beneficiary. The Plan should work through the established retroactive process to correct discrepancies associated with a calendar year other than the year being reconciled. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 701 | A | New UI Enrollment (Open Ended) | UI ENROLLMENT | A CMS User enrolled this beneficiary in this contract under the indicated PBP (if applicable) and segment (if applicable). DTRR data record, field 18 contains the enrollment effective date. This is an open-ended enrollment, which does not have a disenrollment date.<br><br>The Part C Premium amount may have been populated automatically with the base Part C premium amount.<br><br>**Plan Action:** Update the Plan's beneficiary records with the information in the DTRR. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance. |
| 702 | A | UI Fill-In Enrollment | UI FILL-IN ENRT | A CMS User enrolled this beneficiary in this contract under the indicated PBP (if applicable) and segment (if applicable). This enrollment is a Fill-In Enrollment and represents a complete enrollment period that begins on the date in DTRR data record field 18 and ends on the date in field 24. This is a distinct enrollment period and does not affect any existing enrollments.<br><br>The Part C Premium amount may have been populated automatically with the base Part C premium amount.<br><br>**Plan Action:** Update the Plan's records to reflect the beneficiary's enrollment as of the effective date in Daily Transaction Reply Report data record field 18 and ending on the date in field 24. This end date should not affect the beginning of any existent enrollment periods. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance. |
| 703 | A | UI Enrollment Cancel (Delete) | UI ENROLL CANCL | A CMS User cancelled the beneficiary's existing enrollment and the beneficiary is disenrolled. When an enrollment is cancelled, it means that the enrollment never occurred. DTRR field 18 contains the effective date (start date) of the cancelled enrollment period.<br><br>**Plan Action:** Remove the indicated enrollment from the Plan's records. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 704 | A | UI Enrollment Cancel PBP Correction | UI CNCL PBP COR | A CMS User updated the PBP on an existing enrollment. This generates two transaction replies, a Transaction Type 51 with TRC 704 and a Transaction Type 61 with TRC 705. This reply with TRC 704 (Transaction Type 51) represents the cancellation of the enrollment in the original PBP. The effective (start) and disenrollment (end) dates of the enrollment being cancelled are found in DTRR fields 18 & 24, respectively. When an enrollment is cancelled it means that the enrollment never occurred.<br><br>**Plan Action:** Remove the indicated enrollment in the original PBP from the Plan's records. Look for the accompanying reply with TRC 705 to determine the replacement enrollment period. Take the appropriate actions as per CMS enrollment guidance. |
| 705 | A | UI Enrollment PBP Correction | UI ENR PBP COR | A CMS User updated the PBP on an existing enrollment. This generates two transaction replies, a Transaction Type 51 with TRC 704 and a Transaction Type 61 with TRC 705. This reply with TRC 705 (Transaction Type 61) represents the enrollment in the new PBP. The effective (start) and disenrollment (end) dates of the enrollment in this new PBP are found in DTRR fields 18 & 24, respectively. This enrollment should replace the enrollment cancelled by the associated Transaction Type 51 transaction (TRC 704).<br><br>The Part C Premium amount may have been populated automatically with the base Part C premium amount.<br><br>**Plan Action:** Update the Plan records to reflect the beneficiary's enrollment in the new Contract, PBP. Look for the accompanying reply with TRC 704 to ensure that the original PBP enrollment was cancelled. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance. |
| 706 | A | UI Enrollment Cancel Segment Correction | UI CNCL SEG COR | A CMS User updated the Segment on an existing enrollment. This generates two transaction replies, a Transaction Type 51 with TRC 706 and a Transaction Type 61 with TRC 707. This reply (Transaction Type 51) represents the cancellation of the enrollment in the original Segment. When an enrollment is cancelled it means that the enrollment never occurred. The effective (start) and disenrollment (end) dates of the enrollment being cancelled are found in DTRR fields 18 & 24, respectively.<br><br>**Plan Action:** Remove the indicated enrollment in the original Segment from the Plan's records. Look for the accompanying reply with TRC 707 to determine the replacement enrollment period. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 707 | A | UI Enrollment Segment Correction | UI ENR SEG COR | A CMS User updated the Segment on an existing enrollment. This generates two transaction replies, a Transaction Type 51 with TRC 706 and a Transaction Type 61 with TRC 707. This reply (Transaction Type 61) represents the enrollment in the new Segment. The effective (start) and disenrollment (end) dates of the enrollment in this new Segment are found in DTRR fields 18 & 24, respectively. This enrollment should replace the enrollment cancelled by the associated Transaction Type 51 transaction (TRC 706).<br><br>The Part C Premium amount may have been populated automatically with the base Part C premium amount.<br><br>**Plan Action**: Update the Plan records to reflect the beneficiary's enrollment in the new Contract, PBP. Segment. Look for the accompanying reply with TRC 706 to ensure that the original Segment enrollment was cancelled. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance. |
| 708 | A | UI Assigns End Date | UI ASSGN END DT | A CMS User assigned an end date to existing open-ended enrollment. The last day of enrollment is in Daily Transaction Reply Report data record field 18. The enrollment effective date (start date) remains unchanged.<br><br>**Plan Action:** Update the Plan records to reflect the beneficiary's disenrollment from the Plan. Take the appropriate actions as per CMS enrollment guidance. |
| 709 | A | UI Moved Start Date Earlier | UI ERLY STRT DT | A CMS User updated the start date of an existing enrollment to an earlier date. This reply has a Transaction Type of 61. The new start date is reported in DTRR field 18 (Effective Date) and the original start date is reported in field 24. The existing enrollment was changed to begin on the date in DTRR field 18. The end date of the existing enrollment (if it exists) remains unchanged.<br><br>The Part C Premium amount may have been populated automatically with the base Part C premium amount.<br><br>**Plan Action**: Locate the enrollment for this beneficiary that starts on the date in field 24. Update the Plan records for this enrollment to start on the date in field 18. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 710 | A | UI Moved Start Date Later | UI LATE STRT DT | A CMS User updated the start date of an existing enrollment to a later date. This reply has a Transaction Type of 51. The new start date is reported in field 18 (effective date) and the original start date is reported in DTRR field 24. The existing enrollment has been reduced to begin on the date in DTRR field 18. The end date of the existing enrollment (if it exists) remains unchanged.<br><br>**Plan Action**: Locate the enrollment for this beneficiary that starts on the date in field 24. Update the Plan records for this enrollment to start on the date in field 18. Take the appropriate actions as per CMS enrollment guidance. |
| 711 | A | UI Moved End Date Earlier | UI ERLY END DT | A CMS User updated the end date of an existing enrollment to an earlier date. This reply has a Transaction Type of 51. The new end date is reported in field 18 (effective date) and the original end date is reported in Daily Transaction Reply Report data record field 24. The existing enrollment was reduced to end on the date in Daily Transaction Reply Report data record field 18. The start date of the existing enrollment remains unchanged.<br><br>**Plan Action:** Locate the enrollment for this beneficiary that ends on the date in field 24. Update the Plan records for this enrollment to end on the date in field 18. Take the appropriate actions as per CMS enrollment guidance. |
| 712 | A | UI Moved End Date Later | UI LATE END DT | A CMS User updated the end date of an existing enrollment to a later date. This reply has a Transaction Type of 61. The new end date is reported in field 18 (effective date) and the original end date is reported in DTRR field 24. The existing enrollment was extended to end on the date in DTRR field 18. The start date of the existing enrollment remains unchanged.<br><br>The Part C Premium amount may have been populated automatically with the base Part C premium amount.<br><br>**Plan Action**: Locate the enrollment for this beneficiary that ends on the date in field 24. Update the Plan records for this enrollment to end on the date in field 18. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 713 | A | UI Removed Enrollment End Date | UI REMVD END DT | A CMS User removed the end date from an existing enrollment. This reply has a Transaction Type of 61. DTRR field 18 (effective date) contains zeroes (00000000) and the original end date is reported in field 24. The existing enrollment was extended to be an open-ended enrollment. The start date of the existing enrollment remains unchanged.<br><br>The Part C Premium amount may have been populated automatically with the base Part C premium amount.<br><br>**Plan Action**: Locate the enrollment for this beneficiary that ends on the date in DTRR field 24. Update the Plan records for this enrollment to remove the end date and to extend this enrollment to be an open-ended enrollment. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance. |
| 714 | I | UI Part D Opt-Out Change Accepted | UI OPT OUT OK | A CMS User added or changed the value of the Part D Opt-Out Flag for this beneficiary. The new Part D Opt-Out Flag is reported in Daily Transaction Reply Report data record field 38 on the DTRR record.<br><br>**Plan Action:** Update the Plan's records accordingly. |
| 715 | M | Medicaid Change Accepted | MCAID CHG ACEPT | A CMS User changed the beneficiary's Medicaid status. This may or may not have changed the beneficiary's actual status since multiple sources of Medicaid information are used to determine the beneficiary's actual Medicaid status.<br><br>The Plan will see the result of any changes to the beneficiary's actual Medicaid status included in the next scheduled update of Medicaid status.<br><br>**Plan Action**: Update the Plan's records accordingly. |
| 716 | I | UI changed the Number of Uncovered Months | UI CHGD NUNCMO | A CMS User updated the beneficiary's Number of Uncovered Months.<br><br>**Plan Action:** Update the Plan's records accordingly. Ensure that the Plan is billing the correct amount for the LEP. Take the appropriate actions as per CMS enrollment guidance. |
| 717 | I | UI changed only the Application Date | UI CHGD APP DT | A CMS User updated only the Application Date of a beneficiary's enrollment, which results in a blank TC on the DTRR, Field 16.<br><br>**Plan Action**: Update the Plan's records accordingly. |
| 718 | I | UI MMP Opt-Out Change Accepted | UI MMP OPTOUT OK | A CMS User added or changed the value of the MMP Opt-Out Flag for this beneficiary. The new MMP Opt-Out Flag is reported in DTRR data record field 70.<br><br>**Plan Action:** Update the Plan's records accordingly. |
| 719 | I | UI Enrollment Source Code Accepted | UI ENRL SRC OK | A CMS User updates the Enrollment Source Code on this beneficiary's enrollment record.<br><br>**Plan Action**: Update the Plan's records accordingly. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 720 | I | CMS Audit Review POS Drug Edit | PSDE REVIEW | A CMS User flagged this beneficiary's POS Drug Edit for review.<br><br>**Plan Action**: Review the POS Drug Edit transactions for this beneficiary and submit corrections if appropriate. Contact CMS via e-mail at PartDPolicy@cms.hhs.gov with subject "POS Edit Reporting" to discuss the flagged POS Drug Edit information. |
| 721 | A | POS Drug Edit Accepted as submitted –UI | PSDE ACC UI | A CMS User added (updated) or deleted a POS Drug Edit record via the MARx UI for this beneficiary.<br><br>**Plan Action:** None. |
| 722 | A | POS Drug Edit Event Deleted - CMS | PSDE EVT DEL C | A CMS User deleted a POS Drug Edit event via the MARx UI for this beneficiary.<br><br>If the latest status was T (Termination), the associated Notification, Implementation (if exists) and Termination POS Drug Edit records were deleted.<br>If the latest status was I (Implementation), the associated Notification and Implementation POS Drug Edit records were deleted.<br>If the latest status was N, the Notification POS Drug Edit record was deleted.<br><br>**Plan Action:** None. |
| 990 – 995 | | | | These codes appear only on special DTRRs that are generated for specific purposes; for example, those generated to communicate Full Enrollment or to report beneficiaries losing low-income deeming. When a special DTRR produces one of these TRCs, CMS will provide the Plans with communications which define the TRC descriptions and Plan actions (if applicable). |
| 996 | I | EOY Loss of Low Income Subsidy Status | EOY LOSS SBSDY | Identifies those beneficiaries who are losing their deemed or LIS Applicant status as of December 31st of the current year with no low income status determined for January of the following year.<br><br>**Plan Action**: Update Plan records accordingly. |
| 997 – 999 | | | | These codes appear only on special DTRRs that are generated for specific purposes; for example, those generated to communicate Full Enrollment or to report beneficiaries losing low-income deeming. When a special DTRR produces one of these TRCs, CMS will provide the Plans with communications which define the TRC descriptions and Plan actions (if applicable). |

### *I.2.1 Example Calculations for TRCs 371 and 372*

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

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

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

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

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

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

## *I.3 Transaction Reply Code (TRC) Groupings*

| Transaction Rely Code | TRC Title |
|---|---|
| **4Rx TRC GROUPING** | |
| 143A | SECONDARY INSURANCE RX NUMBER CHANGE ACCEPTED |
| 190A | NO CHANGE IN SECONDARY DRUG INFORMATION |
| 200R | RX BIN BLANK OR NOT VALID |
| 201R | RX ID BLANK OR NOT VALID |
| 202R | RX GROUP NOT VALID |
| 203R | RX PCN NOT VALID |
| 204A | RECORD UPDATE FOR PRIMARY 4RX DATA SUCCESSFUL |
| 209R | 4RX CHANGE REJECTED, INVALID CHANGE EFFECTIVE DATE |
| 242I | NO CHANGE IN PRIMARY DRUG INFORMATION |
| 294I | NO 4RX INSURANCE CHANGED |
| **ALL TRANSACTIONS TRC GROUPING** | |
| 001F | INVALID TRANSACTION CODE |
| 002F | INVALID CORRECTION ACTION CODE |
| 003F | INVALID CONTRACT NUMBER |
| 004R | BENEFICIARY NAME REQUIRED |
| 006R | INCORRECT BIRTH DATE |
| 007R | INVALID CLAIM NUMBER |
| 008R | BENEFICIARY CLAIM NUMBER NOT FOUND |
| 009R | NO BENEFICIARY MATCH |
| 022A | TRANSACTION ACCEPTED CLAIM NUMBER CHANGE |
| 023A | TRANSACTION ACCEPTED, NAME CHANGE |
| 037R | TRANSACTION REJECTED INCORRECT EFFECTIVE DATE |
| 104R | REJECTED; INVALID OR MISSING ELECTION TYPE |
| 105R | REJECTED; INVALID EFFECTIVE DATE FOR ELECTION TYPE |
| 106R | REJECTED, ANOTHER TRANS RCVD WITH LATER APP DATE |
| 107R | REJECTED; INVALID OR MISSING PBP NUMBER |
| 108R | REJECTED, ELECTION LIMITS EXCEEDED |
| 109R | REJECTED, DUPLICATE PBP NUMBER |
| 156F | TRANSACTION REJECTED, USER NOT AUTHORIZED FOR CONTRACT |
| 157R | CONTRACT NOT AUTHORIZED FOR TRANSACTION CODE |
| 165R | PROCESSING DELAYED DUE TO MARX SYSTEM PROBLEMS |
| 315R | ARCHIVED BENEFICIARY TRANSACTION REJECTED |
| **AUTOMATIC RESET OF NUMBER OF UNCOVERED MONTHS (NUNCMO)** | |
| 060R | TRANSACTION REJECTED, NOT ENROLLED |
| 290I | IEP NUNCMO RESET |
| 295M | LOW INCOME NUNCMO RESET |

| Transaction Rely Code | TRC Title |
|---|---|
| **BENEFICIARY CROSS REFERENCE MERGE** | |
| 301M | MERGED BENEFICIARY, CLAIM NUMBER CHANGE |
| 302M | ENROLLMENT CANCELLED, CLAIM NUMBER CHANGE (BENEFICIARY MERGE) |
| **CMS-ONLINE UPDATES TRC GROUPING** | |
| 701A | NEW UI ENROLLMENT (OPEN ENDED) |
| 702A | UI FILL-IN ENROLLMENT |
| 703A | UI ENROLLMENT CANCEL (DELETE) |
| 704A | UI ENROLLMENT CANCEL-PBP CORRECTION |
| 705A | UI ENROLLMENT PBP CORRECTION |
| 706A | UI ENROLLMENT CANCEL SEGMENT CORRECTION |
| 707A | UI ENROLLMENT SEGMENT CORRECTION |
| 708A | UI ASSIGNS END DATE |
| 709A | UI MOVED START DATE EARLIER |
| 710A | UI MOVED START DATE LATER |
| 711A | UI MOVED END DATE EARLIER |
| 712A | UI MOVED END DATE LATER |
| 713A | UI REMOVED ENROLLMENT END DATE |
| 714I | UI PART D OPT OUT CHANGE ACCEPTED |
| 715M | MEDICAID CHANGE ACCEPTED |
| 716I | UI CHANGED THE NUMBER OF UNCOVERED MONTHS |
| 717I | UI CHANGED ONLY THE APPLICATION DATE |
| **DEMONSTRATION TRC GROUPING** | |
| 056R | DEMONSTRATION ENROLLMENT REJECTED |
| 169R | REINSURANCE DEMONSTRATION ENROLLMENT REJECTED |
| 307A | MMP PASSIVE ENROLLMENT ACCEPTED |
| 308R | MMP PASSIVE ENROLLMENT REJECTED |
| 309I | NO CHANGE IN MMP OPT-OUT FLAG |
| 310R | MMP OPT-OUT REJECTED; INVALID OPT-OUT CODE |
| 311A | MMP OPT-OUT ACCEPTED |
| 312A | MMP ENROLLMENT CANCELLATION ACCEPTED |
| 313R | MMP ENROLLMENT CANCELLATION REJECTED |
| 314R | INVALID CANCELLATION TRANSACTION |
| 318R | INVALID OR MISSING MMP DEMO ENRLMT SOURCE CODE |
| 718I | UI MMP OPT-OUT CHANGE ACCEPTED |
| **DISENROLLMENT TRC GROUPING** | |
| 013A | DISENROLLMENT ACCEPTED AS SUBMITTED |
| 014A | DISENROLLMENT DUE TO ENROLLMENT IN ANOTHER PLAN |
| 018A | AUTOMATIC DISENROLLMENT |
| 025A | DISENROLLMENT ACCEPTED, CLAIM NUMBER CHANGE |
| 026A | DISENROLLMENT ACCEPTED, NAME CHANGE |

| Transaction Rely Code | TRC Title |
|---|---|
| 050R | DISENROLLMENT REJECTED, NOT ENROLLED |
| 051R | DISENROLLMENT REJECTED, INCORRECT EFFECTIVE DATE |
| 052R | DISENROLLMENT REJECTED, DUPLICATE TRANSACTION |
| 054R | DISENROLLMENT REJECTED, RETROACTIVE EFFECTIVE DATE |
| 090M | DATE OF DEATH ESTABLISHED |
| 104R | REJECTED; INVALID OR MISSING ELECTION TYPE |
| 105R | REJECTED; INVALID EFFECTIVE DATE FOR ELECTION TYPE |
| 108R | REJECTED; ELECTION LIMITS EXCEEDED |
| 114R | DRUG COVERAGE CHANGE REJECTED; NOT AEP |
| 120A | PREMIUM PAYMENT OPTION CHANGE SENT TO W/H AGENCY |
| 151I | DISENROLLMENT ACCEPTED, INVALID DISENR REASON CODE |
| 205I | INVALID DISENROLLMENT REASON CODE |
| 293A | DISENROLL, FAILURE TO PAY PART D IRMAA |
| 340A | DISENROLLMENT DUE TO MMP PASSIVE ENROLLMENT |
| 346M | PRISONER SUSPENSION PERIOD CANCEL/DISENROLL |
| 349I | DISENROLLMENT DUE TO NOT LAWFULLY PRESEMT PERIOD |
| **DISENROLLMENT CANCELLATION TRC GROUPING** | |
| 036R | TRANSACTION REJECTED BENEFICIARY IS DECEASED |
| 042R | TRANSACTION REJECTED, BLOCKED |
| 044R | TRANSACTION REJECTED, OUTSIDE CONTRACT PERIOD |
| 116R | ENROLLMENT OR CHANGE REJECTED; INVALID SEGMT NUM |
| 284R | CANCELLATION REJECTED, ENROLL/DISENROLL CANCELLATION |
| 288A | DISENROLLMENT CANCELLATION ACCEPTED |
| 289R | DISENROLLMENT CANCELLATION REJECTED |
| 291I | ENROLLMENT REINSTATED, DISENROLLMENT CANCELLATION |
| 296R | DISENROLL CANCEL REJECTED, REINSTATEMENT CONFLICT (CONFLICTS WITH AN EXISTING ENROLLMENT) |
| **DISENROLLMENT TRANSACTION (TC 51)**<br>***Rejected when used to attempt an enrollment Cancellation*** | |
| 292R | DISENROLLMENT REJECTED, WAS CANCELLATION ATTEMPT |
| **EGHP TRC GROUPING** | |
| 110R | REJECTED; NO PART A AND NO EGHP ENROLLMENT WAIVER |
| 127R | PART D ENROLLMENT REJECTED, EMPLOYER SUBSIDY |
| 128R | PART D ENROLL REJECT, EMPLYR SBSDY SET: NO PRIOR TRN |
| 129I | PART D ENROLL ACCEPT, EMP SBSDY SET: PRIOR TURN REJECT |
| 139A | EGHP FLAG CHANGE ACCEPTED |
| 162R | INVALID EGHP FLAG VALUE |
| 164R | EGHP FLAG VALUE NOT 'Y' |
| 189A | NO CHANGE IN EGHP FLAG |

| Transaction Rely Code | TRC Title |
|---|---|
| **ENROLLMENT RECON TRC GROUPING** | |
| 600R | UI TRANSACTION OVERRIDE |
| 601R | CASEWORK BENEFICIARY |
| 602R | NO DISCREPANCY |
| 603R | 2007 DATE IS NOT VALID |
| 604A | DISENROLLMENT |
| 605R | RECON TRANSACTION DENIED |
| 606I | DIRECT BILL |
| 607A | ENROLLMENT ACCEPTED AS SUBMITTED |
| 608A | ENROLLMENT ACCEPTED WITH CMS ESTABLISHED EFFECTIVE AND CMS END DATE |
| 609A | ENROLLMENT ACCEPTED WITH CMS ESTABLISHED EFFECTIVE |
| 610A | ENROLLMENT ACCEPTED WITH CMS ESTABLISHED END DATE |
| 611R | NO DISCREPANCY IN 2006 |
| **ENROLLMENT TRC GROUPING** | |
| 011A | ENROLLMENT ACCEPTED AS SUBMITTED |
| 015A | ENROLLMENT CANCELED |
| 016I | ENROLLMENT ACCEPTED, OUT OF AREA |
| 017I | ENROLLMENT ACCEPTED, PAYMENT DEFAULT RATE |
| 019R | ENROLLMENT REJECTED- NO PART- A & PART-B ENTITLEMENT |
| 020R | ENROLLMENT REJECTED-PACE UNDER 55 |
| 032R | ENROLLMENT REJECTED, BENEFICIARY NOT ENTIT PART B |
| 033R | ENROLLMENT REJECTED, BENEFICIARY NOT ENTIT PART A |
| 034R | ENROLLMENT REJECTED, BENEFICIARY IS NOT AGE 65 |
| 035R | ENROLLMENT REJECTED, BENEFICIARY IS IN HOSPICE |
| 036R | TRANSACTION REJECTED, BENEFICIARY IS DECEASED |
| 038R | ENROLLMENT REJECTED, DUPLICATE TRANSACTION |
| 039R | ENROLLMENT REJECTED, CURRENTLY ENOLL IN SAME PLAN |
| 042R | TRANSACTION REJECTED, BLOCKED |
| 044R | TRANSACTION REJECTED, OUTSIDE CONTRACT PERIOD |
| 045R | ENROLLMENT REJECTED, BENEFICIARY IS IN ESRD |
| 056R | DEMONSTRATION ENROLLMENT REJECTED |
| 100A | PBP CHANGE ACCEPTED AS SUBMITTED |
| 102R | REJECTED; INCORRECT OR MISSING APPLICATION DATE |
| 103R | ICEP/IEP ELECTION, MISSING A/B ENTITLEMENT DATE |
| 104R | REJECTED; INVALID OR MISSING ELECTION TYPE |
| 105R | REJECTED; INVAILD EFFECTIVE DATE FOR ELECTION TYPE |
| 106R | REJECTED; ANOTHER TRANSACTION RECEIVED WITH LATER APPLICATION DATE |
| 108R | REJECTED; ELECTION LIMITS EXCEEDED |
| 114R | DRUG COVERAGE CHANGE REJECTED; NOT AEP |
| 116R | ENROLLMENT OR CHANGE REJECTED; INVALID SEGMT NUM |
| 120A | PREMIUM PAYMENT OPTION CHANGE SENT TO W/H AGENCY |

| Transaction Rely Code | TRC Title |
|---|---|
| 124R | ENROLLMENT/CHANGE REJECTED; INVALID UNCOVERED MONTHS |
| 126R | ENROLLMENT/CHANGE REJECTED; INVALID CRED CVRG FLAG |
| 127R | PART D ENROLLMENT REJECTED; EMPLOYER SUBSIDY STATUS |
| 128R | PART D ENROLLMENT REJECT, EMPLYR SBSDY SET; NO PRIOR TRN |
| 129I | PART D ENROLL ACCEPT; EMP SBSDY SET; PRIOR TRN REJECT |
| 133R | PART D ENROLL REJECTED; INVALID SECNDRY INSUR FLAG |
| 134I | MISSING SECONDARY INSURANCE INFORMATION |
| 150I | ENROLLMENT ACCEPTED, EXCEEDS CAPACITY LIMIT |
| 176R | TRANSACTION REJECTED, ANOTHER TRANSACTION ACCEPTED |
| 184R | ENROLLMENT REJECTED, BENEFICIARY IS Medicaid |
| 196R | TRANSACTION REJECTED, BENE NOT ELIGIBLE FOR PART D |
| 211R | RE-ASSIGNMENT ENROLLMENT REJECTED |
| 212A | RE-ASSIGNMENT ENROLLMENT ACCEPTED |
| 246A | GAP ENROLLMENT ACCEPTED; NO CHANGE TO DATES |
| 247A | GAP ENROLLMENT ACCEPTED; NEW END DATE |
| 248R | GAP ENROLLMENT REJECTED; INVALID END DATE |
| 249R | GAP ENROLLMENT OVERLAP AE, FE OR POS/LI NET PERIOD |
| 250R | GAP ENROLLMENT DATES FALL WITHIN ANOTHER ENROLLMENT |
| 251R | GAP ENROLLMENT NOT IN RETRO FILE |
| 268I | BENEFICIARY HAS DIALYSIS PERIOD |
| 269I | BENEFICIARY HAS TRANSPLANT |
| 307A | MMP PASSIVE ENROLLMENT ACCEPTED |
| 308R | MMP PASSIVE ENROLLMENT REJECTED |
| 312A | MMP ENROLLMENT CANCELLATION ACCEPTED |
| 313R | MMP ENROLLMENT CANCELLATION REJECTED |
| 367R | ENROLLMENT REJECTED, INCORRECT ESC OR ETC |
| 369R | ENROLLMENT REJECTED, IEP/ICEP ENROLL AVAILABLE |
| 370R | ENROLLMENT REJECTED, INVALID PLAN FOR SCEM |
| 338I | ENROLLMENT ACCEPTED, PPO CHANGED |
| 339 | ENROLLMENT ACCEPTED, PBP CHANGED |
| 345R | ENROLLMENT REJECTED – CONFIRMED INCARCERATION |
| 347I | REENROLLMENT DUE TO CLOSED INCARCERATION PERIOD |
| 348R | ENROLLMENT REJECTED – NOT LAWFULLY PRESENT PERIOD |
| 355R | ENROLLMENT REJECTED, PLN RO NOT IN POVER FILE |
| 356R | ENROLLMENT REJECTED, PLN RO WITHOUT ESC OR ETC |
| 357R | ENROLLMENT REJECTED, PLN RO IMPACTS DUAL ENROLL |
| 719I | UI ENROLLMENT SOURCE CODE ACCEPTED |
| **ENROLLMENT CANCELLATION TRC GROUPING** | |
| 060R | TRANSACTION REJECTED, NOT ENROLLED |
| 285A | ENROLLMENT CANCELLATION ACCEPTED |
| 286R | ENROLLMENT CANCELLATION REJECTED |
| 287A | ENROLLMENT REINSTATED |

| Transaction Rely Code | TRC Title |
|---|---|
| 292R | DISENROLLMENT REJECTED, WAS CANCELLATION ATTEMPT |
| 312A | MMP ENROLLMENT CANCELLATION ACCEPTED |
| 313R | MMP ENROLLMENT CANCELLATION REJECTED |
| 314R | INVALID CANCELLATION TRANSACTION |
| **ESRD TRC GROUPING** | |
| 055M | ESRD CANCELLATION |
| 073M | ESRD STATUS SET |
| 074M | ESRD STATUS TERMINIATED |
| 135M | BENEFICIARY HAS STARTED DIALYSIS TREATMENTS |
| 136M | BENEFICIARY HAS ENDED DIALYSIS TREATMENTS |
| 137M | BENEFICIARY HAS RECEIVED A KIDNEY TRANSPLANT |
| 268I | BENEFICIARY HAS DIALYSIS PERIOD |
| 269I | BENEFICIARY HAS TRANSPLANT |
| **FAILED PAYMENT** | |
| 000I | NO DATA TO REPORT |
| 264I | PAYMENT NOT YET COMPLETED |
| 299I | CORRECTION TO PREVIOUSLY FAILED PAYMENT |
| **FAILED TRCs GROUPING** | |
| 257F | FAILED; BIRTH DATE INVALID FOR DATABASE INSERTION |
| 258F | FAILED; EFFECTIVE DATE INVALID FOR DATABASE INSERTION |
| 259F | FAILED; END DATE INVALID FOR DATABASE INSERTION |
| 263F | APPLICATION DATE INVALID FOR DATABASE INSERTION |
| 332F | FAILED, PSDE DATES INVALID FOR DATABASE INSERTION |
| **HOSPICE TRC GROUPING** | |
| 071M | HOSPICE STATUS SET |
| 072M | HOSPICE STATUS TERMINATED |
| **IC MODEL TRC GROUPING** | |
| 351A | IC MODEL PARTICIPATION ACCEPTED |
| 352R | IC MODEL PARTICIPATION DUPLICATE TRANSACTION |
| 353R | IC MODEL PARTICIPATION DELETE ERROR |
| 354R | REJECT, INVALID IC MODEL TYPE INDICATOR |
| 358F | FAIL, IC MODEL END DATE HAD AN INVALID FORMAT |
| 359R | ICM TRANS START DATE IS INCORRECT |
| 360R | REJECT, INVALID IC MODEL U/D |
| 361R | REJECT, INVALID IC MODEL END DATE REASON CODE |
| 362R | IC MODEL END DATE INCORRECT |
| 363R | ICM TRANS DATES OVERLAP AN EXISTING ICM PRD |
| 365R | REJECT, INVALID IC MODEL BENEFIT STATUS CODE |

| LATE ENROLLMENT PENALTY/LEP TRC GROUPING | |
|---|---|
| 177M | CHANGE IN LATE ENROLLMENT PENALTY |
| 178M | LATE ENROLLMENT PENALTY RESCINDED |
| 218M | LEP RESET UNDONE |
| 219M | LEP RESET ACCEPTED |
| **LIS/AUTO/FACI TRC GROUPING** | |
| 117A | FBD AUTO ENROLLMENT ACCEPTED |
| 118A | LIS FACILITATED ENROLLMENT ACCEPTED |
| 121M | LOW INCOME PERIOD STATUS |
| 166R | PART D FBD AUTO ENROLLMENT OR FACILITATED ENROLLMENT REJECTED |
| 194M | DEEMED CORRECTION |
| 223I | LOW INCOME PERIOD CLOSED |
| **MEDICAID TRC GROUPING** | |
| 077M | MEDICAID STATUS SET |
| 078M | MEDICAID STATUS TERMINATED |
| 097R | MEDICAID PREVIOUSLY TURNED ON |
| 098R | MEDICAID PREVIOUSLY TURNED OFF |
| 099M | MEDICAID PERIOD CHANGE/CANCELLATION |
| 184R | ENROLLMENT REJECTED, BENEFICIARY IS IN MEDICAID |
| 366M | COMMUNITY MEDICAID STATUS |
| **MEDICARE SECONDARY PAYER/MSP TRC GROUPING** | |
| 227R | AGED/DISABLED TRANSACTION REJECTED-INVALID TRANSACTION TYPE |
| 245M | MEMBER HAS MSP PERIOD |
| 280I | MEMBER MSP PERIOD HAS ENDED |
| 368I | MEMBER MSP PERIOD EXISTS |
| **NUMBER OF UNCOVERED MONTHS/NUNCMO TRC GROUPING** | |
| 120A | PREMIUM PAYMENT OPTION CHANGE SENT TO W/H AGENCY |
| 124R | ENROLLMENT/CHANGE REJECTED, INVALID UNCOV MONTHS |
| 126R | ENROLLMENT/CHANGE REJECTED, INVALID CRED CVRG FLAG |
| 141A | UNCOVERED MONTHS CHANGE ACCEPTED |
| 187A | NO CHANGE IN NUMBER OF UNCOVERED MONTHS INFORMATION |
| 215R | UNCOVERED MONTHS CHANGE REJECTED, INCORRECT EFF DATE |
| 216I | UNCOVERED MONTHS EXCEEDS MAX POSSIBLE VALUE |
| 217R | CAN'T CHANGE NUMBER OF UNCOVERED MONTHS |
| 290I | IEP NUNCMO RESET |
| 295M | LOW INCOME NUNCMO RESET |
| 300R | NUNCMO CHANGE REJECTED, EXCEEDS MAX POSSIBLE VALUE |
| 306R | NUNCMO CHANGE REJECTED, NO PART D ELIGIBILITY |
| 341I | MAXIMUM NUNCMO CALCULATION |

| PLAN CHANGES TRC GROUPING | |
|---|---|
| 060R | TRANSACTION REJECTED, NOT ENROLLED IN PLAN |
| 116R | ENROLLMENT OR CHANGE REJECTED; INVALID SEGMT NUM |
| 134I | MISSING SECONDARY INSURANCE INFORMATION |
| 140A | SEGMENT ID CHANGE ACCEPTED |
| 171R | RECORD UPDATE REJECTED, INVALID CHG EFFECTIVE DATE |
| 172R | CHANGE REJECTED; CREDITABLE COVERAGE//2 DRUG INFO NOT APPLICABLE |
| 188A | NO CHANGE IN SEGMENT ID |
| 316I | DEFAULT SEGMENT ID ASSIGNMENT |
| 317I | SEGMENT ID REASSIGNED AFTER ADDRESS UPDATE |
| **PART D OPT OUT TRC GROUPING** | |
| 130R | PART D OPT-OUT REJECTED, OPT-OUT FLAG NOT VALID |
| 131A | PART D OPT-OUT ACCEPTED |
| 241I | NO CHANGE IN PART D OPT OUT FLAG |
| **POINT OF SALE (POS) TRC GROUPING** | |
| 210A | POS ENROLLMENT ACCEPTED |
| 220R | TRANSACTION REJECTED; INVALID POS ENROLL SOURCE CODE |
| 321A | POS DRUG EDIT ACCEPTED AS SUBMITTED |
| 322I | NEW ENROLLEE POS DRUG EDIT NOTIFICATION |
| 323R | POS DRUG EDIT INVALID EROLLMENT |
| 324R | POS DRUG EDIT INVALID CONTRACT |
| 325R | POS DRUG EDIT STATUS/DATE ERROR |
| 326R | POS DRUG EDIT IMPLEMENTATION DATE INCORRECT |
| 327R | POS DRUG EDIT TERMINATION DATE INCORRECT |
| 328R | POS DRUG EDIT DUPLICATE TRANSACTION |
| 329R | POS DRUG EDIT DELETE ERROR |
| 330R | POS DRUG EDIT WITHOUT ASSOCIATED RECORDS |
| 331R | FUTURE POS DRUG EDIT DATE EXCEEDS CCM PLUS ONE |
| 333R | REJECT, INVALID POS DRUG EDIT STATUS |
| 334R | REJECT, INVALID POS DRUG EDIT CLASS |
| 335R | REJECT, INVALID POS DRUG EDIT CODE |
| 336R | REJECT, INVALID POS DRUG EDIT U/D |
| 337A | POS DRUG EDIT EVENT DELETED - PLAN |
| 343I | POS DRUG EDIT CLASS INACTIVE |
| 342R | REJECT, MULTIPLE NOTIFICATION |
| 344R | REJECT, MORE RESTRICTIVE IMPLEMENTATION |
| 720I | CMS AUDIT REVIEW POS DRUG EDIT |
| 721A | POS DRUG EDIT ACCEPTED AS SUBMITTED –UI |
| 722A | POS DRUG EDIT EVENT DELETED - CMS |

| PREMIUM PAYMENT TRC GROUPING | |
|---|---|
| 119A | PREMIUM AMOUNT CHANGE ACCEPTED |
| 120A | PREMIUM PAYMENT OPTION CHANGE SENT TO W/H AGENCY |
| 122R | ENROLLMENT/CHANGE REJECTED, INVALID PREM AMT |
| 123R | ENROLLMENT/CHANGE REJECTED, INVALID PREM PAY OPT CD |
| 144M | PREMIUM PAYMENT OPTION CHANGED TO DIRECT BILL |
| 170I | PREMIUM WITHHOLD OPTION CHANGE TO DIRECT BILL |
| 173R | CHANGE REJECTED; PREMIUM NOT PREVIOUSLY SET |
| 179A | TRANSACTION ACCEPTED- NO CHANGE TO PREMIUM RECORD |
| 182I | INVALID PTC PREMIUM SUBMITTED, CORRECTED |
| 191A | NO CHANGE IN PREMIUM WITHHOLD OPTION |
| 206I | PART C PREMIUM HAS BEEN CORRECTED TO ZERO |
| 213I | PREMIUM WITHHOLD OPTION CHANGE TO DIRECT BILL |
| 222I | BENE EXCLUDED FROM TRANSMISSION TO SSA/RRB |
| 237I | PART B PREMIUM REDUCTION SENT TO SSA |
| 240A | TRANSACTION RECEIVED, WITHHOLDING PENDING |
| 243R | CHANGE TO SSA WITHHOLDING REJECTED DUE TO NO SSN |
| 252I | PREM PAYMENT OPTION CHANGED TO DIRECT BILL, NO SSN |
| 253M | CHANGED TO DIRECT BILL; NO FUNDS WITHHELD |
| 267M | PREMIUM PAYMENT OPTION SET TO "**N**" DUE TO NO PREMIUM |
| 371I | LEP EXCEEDS SSA HARM LIMIT |
| 372I | SSA HARM LEP REFUND |
| **RESIDENCE ADDRESS CHANGE TRC GROUPING** | |
| 154M | OUT OF AREA STATUS |
| 260R | REJECTED; BAD END DATE, REJECT RESIDENCE ADDRESS CHANGE |
| 261R | REJECTED; INCOMPLETE RESIDENCE ADDRESS INFORMATION |
| 265A | RESIDENCE ADDRESS CHANGE ACCEPTED, NEW SCC |
| 266R | UNABLE TO RESOLVE SSA STATE COUNTY CODES |
| 282A | RESIDENCE ADDRESS DELETED |
| 283R | RESIDENCE ADDRESS DELETE REJECTED |
| **RRB TRC GROUPING** | |
| 120A | PPO CHANGE SENT TO W/H AGENCY |
| 123R | ENROLLMENT/CHANGE REJECTED, INVALID PRE PAY OPT CD |
| 144M | PREMIUM PAYMENT OPTION CHANGED TO DIRECT BILL |
| 185M | WITHHOLDING AGENCY ACCEPTED TRANSACTION |
| 186I | WITHHOLDING AGENCY REJECTED TRANSACTION |
| 191A | NO CHANGE IN PREMIUM WITHHOLD OPTION |
| 222I | BENE EXCLUDED FROM TRANSMISSION TO SSA/RRB |
| 238I | RRB REJECTED PART B REDUCTION, DELAYED PROCESSING |
| 252I | PRE PAYMENT OPTION CHANGED TO DIRECT BILL; NO SSN |
| 254I | BENE SET TO DIRECT BILL, SPANS JURISDICTION |
| 255I | PLAN SUBMITTED RRB W/H FOR SSA BENE |

| | |
|---|---|
| 256I | PLAN SUBMITTED SSA W/H FOR RRB BENE |
| 262R | BAD RRB PREMIUM WITHHOLD EFFECTIVE DATE |
| 319M | RRB TO SSA BENEFICIARY JURISDICTION CHANGE |
| **SCC ADDRESS TRC GROUPING** | |
| 085M | STATE AND COUNTY CODE CHANGE |
| 138M | BENEFICIARY ADDRESS CHANGE TO OUTSIDE THE U.S. |
| 154M | OUT OF AREA STATUS |
| 305M | ZIP CODE CHANGE |
| **SPECIAL REPLY TRC GROUPING** | |
| 990-995 | APPEAR ON SPECIAL TRR GENERATED FOR SPECIFIC PURPOSE. WHEN A SPECIAL TRR PRODUCES ONE OF THESE CODES, CMS WILL PROVIDE COMMUNICATIONS TO EXPLAIN THE TRC |
| 996 | EOY LOSS OR LOW INCOME SUBSIDY STATUS |
| 997-999 | APPEAR ON SPECIAL TRR GENERATED FOR SPECIFIC PURPOSE. WHEN A SPECIAL TRR PRODUCES ONE OF THESE CODES, CMS WILL PROVIDE COMMUNICATIONS TO EXPLAIN THE TRC |
| **SSA TRC GROUPING** | |
| 185M | WITHHOLDING AGENCY ACCEPTED TRANSACTION |
| 186I | WITHHOLDING AGENCY REJECTED TRANSACTION |
| 195M | SSA UNSOLICITED RESPONSE (SSA WITHHOLD UPDATE) |
| 225I | EXCEEDS SSA BENEFIT & SAFETY NET AMOUNT |
| 235I | SSA ACCEPTED PART B REDUCTION TRANSACTION |
| 236I | SSA REJECTED PART B REDUCTION TRANSACTION |
| 243R | CHANGE TO SSA WITHHOLDING REJECTED DUE TO NO SSN |
| 320M | SSA TO RRB BENEFICIARY JURISDICTION CHANGE |
| 371I | LEP EXCEEDS SSA HARM LIMIT |
| 372I | SSA HARM LEP REFUND |
| **SYSTEM NOTIFICATION TRC GROUPING** | |
| 048 R | NURSEING HOME CERTIFIABLE STATUS SET |
| 062 R | CORRECTION REJECTED, OVERLAPS OTHER PERIOD |
| 075 A | INSTITUTIONAL STATUS SET |
| 079 M | PART A TERMINATION |
| 080 M | PART A REINSTATEMENT |
| 081 M | PART B TERMINIATION |
| 082 M | PART B REINSTATEMENT |
| 086 M | CLAIM NUMBER CHANGE |
| 087 M | NAME CHANGE |
| 088 M | SEX CODE CHANGE |
| 089 M | DATE OF BIRTH CHANGE |
| 090 M | DATE OF DEATH ESTABLISHED |
| 091 M | DATE OF DEATH REMOVED |
| 092 M | DATE OF DEATH CORRECTED |
| 121M | LOW INCOME PERIOD STATUS |

| | |
|---|---|
| 152 M | RACE CODE CHANGE |
| 154M | OUT OF AREA STATUS |
| 155 M | INCARCERATION NOTIFICATION RECEIVED |
| 158 M | INSTITUTIONAL PERIOD CHANGE/CANCELLATION |
| 159 M | NURSING HOME CERT PERIOD CHANGE/CANCELLATION |
| 165 R | PROCESSING DELAYED DUE TO MARX SYSTEM PROBLEMS |
| 194M | DEEMED CORRECTION |
| 197M | PART D ELIGIBILITY TERMINATION |
| 198M | PART D ELIGIBILITY REINSTATEMENT |
| 267M | PREMIUM PAYMENT OPTION SET TO **"N"** DUE TO NO PREMIUM |
| 270M | BENEFICIARY TRANSPLANT HAS ENDED |
| 303M | TERMINATION DATE CHANGE DUE TO BENEFICIARY MERGE |
| 350I | MBI IS AVAILABLE FOR BENEFICIARY |

## *I.4 Payment Reply Codes (PRCs)*

PRCs are codes similar to the DTRR's TRCs. PRCs, however, are not reported on the DTRR. They are included on records in the Failed Payment Reply Report (FPRR) data file. PRCs are used to communicate to the Plan when a payment calculation is delayed and also when the delayed payment has been processed.

***Table I-3: Payment Reply Codes***

| Code/Type* | Title | Short Definition | Definition |
|---|---|---|---|
| 000<br>I | No Data to Report | NO REPORT | This TRC can appear on both the DTRR and the Failed Payment Reply Report (FPRR) data files.<br>On the DTRR it indicates that none of the following occurred during the reporting period for the given contract/PBP, a beneficiary status change, user interface (UI) activity, or CMS or Plan transaction processing. The reporting period is the span between the previous DTRR and the current DTRR.<br>On the FPRR it indicates the presence of all prospective payments for the Plan (contract/PBP), none are missing.<br>**Plan Action**: None |
| 264<br>I | Payment Not Yet Completed | NO PAYMENT | A transaction was accepted requiring a payment calculation. The calculation has not been completed.<br>**Plan Action:** None |
| 299<br>I | Correction to Previously Failed Payment | RESTORED PYMT | A previously incomplete payment calculation is now completed.<br>**Plan Action**: None required. |

## *I.5 MMR Adjustment Reason Codes*

**Table I-5** lists the adjustment reasons and their associated codes.

***Table I-4: Adjustment Reason Codes***

| Code | Description |
|---|---|
| 01 | Notification of Death of Beneficiary |
| 02 | Retroactive Enrollment |
| 03 | Retroactive Disenrollment |
| 04 | Correction to Enrollment Date |
| 05 | Correction to Disenrollment Date |
| 06 | Correction to Part A Entitlement |
| 07 | Retroactive Hospice Status |
| 08 | Retroactive ESRD Status |
| 09 | Retroactive Institutional Status |
| 10 | Retroactive Medicaid Status |
| 11 | Retroactive Change to State County Code |
| 12 | Date of Death Correction |
| 13 | Date of Birth Correction |
| 14 | Correction to Sex Code |
| 15 | Obsolete |
| 16 | Obsolete |
| 17 | For APPS use only |
| 18 | Part C Rate Change |
| 19 | Correction to Part B Entitlement |
| 20 | Retroactive Working Aged Status |
| 21 | Retroactive NHC Status |
| 22 | Disenrolled Due to Prior ESRD |
| 23 | Demo Factor Adjustment |
| 24 | Obsolete |
| 25 | Part C Risk Adj Factor Change/Recon |
| 26 | Mid-year Part C Risk Adj Factor Change |
| 27 | Retroactive Change to Congestive Heart Failure (CHF) Payment |
| 28 | Retroactive Change to BIPA Part B Premium Reduction Amount |
| 29 | Retroactive Change to Hospice Rate |
| 30 | Retroactive Change to Basic Part D Premium |
| 31 | Retroactive Change to Part D Low Income Status |
| 32 | Retroactive Change to Estimated Cost-Sharing Amount |
| 33 | Retroactive Change to Estimated Reinsurance Amount |
| 34 | Retroactive Change Basic Part C Premium |

| Code | Description |
|---|---|
| 35 | Retroactive Change to Rebate Amount |
| 36 | Part D Rate Change |
| 37 | Part D Risk Adjustment Factor Change |
| 38 | Part C Segment ID Change |
| 41 | Part D Risk Adjustment Factor Change (ongoing) |
| 42 | Retroactive MSP Status |
| 44 | Retroactive correction of previously failed Payment (affects Part C and D) |
| 45 | Disenroll for Failure to Pay Part D IRMAA Premium – Reported for Pt C and Pt D |
| 46 | Correction of Part D Eligibility – Reported for Pt D |
| 50 | Payment adjustment due to Beneficiary Merge |
| 60 | Part C Payment Adjustments created as a result of the RAS overpayment file processing |
| 61 | Part D Payment Adjustments created as a result of the RAS overpayment file processing |
| 65 | Confirmed Incarceration – Reported for Pt C and Pt D |
| 66 | Not Lawfully Present |
| 90 | System of Record History Alignment |
| 94 | Special Payment Adjustment Due to Clean-Up |

## *I.6 State Codes*

**Table I-6** lists the numeric and character code for all states.

***Table I-5: State Code Table***

| State / Territory | Numeric Code | Character Code |
|---|---|---|
| Alabama | 01 | AL |
| Alaska | 02 | AK |
| Arizona | 03 | AZ |
| Arkansas | 04 | AR |
| California | 05 | CA |
| Colorado | 06 | CO |
| Connecticut | 07 | CT |
| Delaware | 08 | DE |
| District of Columbia (Washington DC) | 09 | DC |
| Florida | 10 | FL |
| Georgia | 11 | GA |
| Hawaii | 12 | HI |
| Idaho | 13 | ID |
| Illinois | 14 | IL |
| Indiana | 15 | IN |
| Iowa | 16 | IA |
| Kansas | 17 | KS |
| Kentucky | 18 | KY |
| Louisiana | 19 | LA |
| Maine | 20 | ME |
| Maryland | 21 | MD |
| Massachusetts | 22 | MA |
| Michigan | 23 | MI |
| Minnesota | 24 | MN |
| Mississippi | 25 | MS |
| Missouri | 26 | MO |
| Montana | 27 | MT |
| Nebraska | 28 | NE |
| Nevada | 29 | NV |
| New Hampshire | 30 | NH |
| New Jersey | 31 | NJ |
| New Mexico | 32 | NM |
| New York | 33 | NY |
| North Carolina | 34 | NC |
| North Dakota | 35 | ND |
| Ohio | 36 | OH |
| Oklahoma | 37 | OK |

| State / Territory | Numeric Code | Character Code |
|---|---|---|
| Oregon | 38 | OR |
| Pennsylvania | 39 | PA |
| Puerto Rico | 40 | PR |
| Rhode Island | 41 | RI |
| South Carolina | 42 | SC |
| South Dakota | 43 | SD |
| Tennessee | 44 | TN |
| Texas | 45 | TX |
| Utah | 46 | UT |
| Vermont | 47 | VT |
| Virgin Islands | 48 | VI |
| Virginia | 49 | VA |
| Washington | 50 | WA |
| West Virginia | 51 | WV |
| Wisconsin | 52 | WI |
| Wyoming | 53 | WY |
| Africa | 54 | |
| Asia | 55 | |
| Canada | 56 | |
| Ctrl America/West Indies/Alvarado (Honduras) | 57 | |
| Himariotis (Greece) (Europe) | 58 | |
| Ibarra (Mexico) | 59 | |
| Oceania (Australia & Islands in the Pacific) | 60 | |
| Bush (Philippine Islands) | 61 | |
| South America | 62 | |
| U.S. Possessions | 63 | |
| American Samoa | 64 | |
| Gogue (Guam) | 65 | |
| Dirksz (Aruba) | 78 | |
| Lynch (APO NE) | 94 | |
| Correa (APO) | 95 | |
| St. Peter (Plaisted) | 99 | |

## *I.7 Entitlement Status and Enrollment Reason Codes*

The tables below list the codes for Part A and Part B Enrollment, Entitlement and Non-Entitlement

### *1.8.1 Entitlement Status Code Tables*

**Part A – Entitlement Status Codes**

The following codes occur when the Part A Entitlement Date is *present* and the Part A Termination Date is *blank*:

| Code | Definition |
|---|---|
| E | Free Part A Entitlement |
| G | Entitled due to good cause |
| Y | Currently entitled, premium is payable |

The following codes occur when the Part A Entitlement Date is *present* and the Part A Termination Date is *also present*:

| Code | Definition |
|---|---|
| C | No longer entitled due to disability cessation |
| S | Terminated, no longer entitled under ESRD provision |
| T | Terminated for non-payment of premiums |
| W | Voluntary withdrawal from premium Part A coverage |
| X | Free Part A terminated because of Title II termination |

**Part A – Non Entitlement Status Codes**

The following codes occur when there is *no* Part A Entitlement Date and *no* Part A Termination Date:

| Code | Definition |
|---|---|
| D | Coverage denied |
| F | Terminated due to invalid enrollment or enrollment voided |
| H | Ineligible for free Part A, or did not enroll for premium Part A |
| N | Not valid SSA HIC, used by CMS 3rd party sys for potential PTA entitled date |
| R | Refused benefits |

## Part A - Enrollment Reason Codes

| Code | Definition |
|---|---|
| A | Attainment of age 65 |
| B | Equitable relief |
| D | Disability – Under age 65 entitlement |
| G | General Enrollment Period |
| I | Initial Enrollment Period |
| J | MQGE entitlement |
| K | Renal disease not reason for entitled prior to 65 or 25th month of disability |
| L | Late filing |
| M | Termination based on renal entitlement but disability based on entitlement continues |
| N | Age 65 and uninsured |
| P | Potentially insured beneficiary is enrolled for Medicare coverage only |
| Q | Quarters of coverage requirements are involved |
| R | Residency requirements are involved |
| T | Disabled working individual |
| U | Unknown blank = not applicable; e.g. Part A data is generated at age 64 years, 8 months |

## Part B - Entitlement Status Codes

The following codes occur when the Part B Entitlement Date is *present* and the Part B Termination Date is *blank*:

| Code | Definition |
|---|---|
| G | Entitled due to good cause |
| Y | Currently entitled, premium is payable |

The following codes occur when the Part B Entitlement Date is *present* and the Part B Termination Date is also *present*:

| Code | Definition |
|---|---|
| C | No longer entitled due to cessation of disability |
| F | Terminated due to invalid enrollment or enrollment voided |
| S | Terminated, no longer entitled under ESRD provision |
| T | Terminated for non-payment of premiums |
| W | Voluntary withdrawal from coverage |

## Part B – Non Entitlement Reason Codes

The following codes occur when there is *no* Part B Entitlement Date and *no* Part B Termination Date:

| Code | Definition |
|---|---|
| D | Coverage denied |
| N | No Foreign/Puerto Rican Beneficiary is not entitled to SMI or dually/Technically entitled Beneficiary ID not entitled to SMI. |
| R | Refused benefits |

## Part B - Enrollment Reason Codes

| Code | Definition |
|---|---|
| B | Equitable Relief |
| C | Good Cause |
| D | Deemed date of birth |
| F | Working aged |
| G | General enrollment period |
| I | Initial enrollment period |
| K | Renal disease was a reason for entitlement prior to age 65 or prior to the 25th month of disability |
| M | Renal entitlement terminated, but disability based entitlement continues |
| R | Residency requirements are involved |
| S | State buy-in |
| T | Disabled working Individual *<br>* = future – current CMS program edits do not create this code |
| U | Unknown |

## *I.8 Disenrollment Reason Codes*

**Table I-7** lists the reason codes for Disenrollment.

***Table I-6: Disenrollment Reason Code Table***

| Disenrollment Reason Code | Disenrollment Reason Description | Short Description | MARx UI | AUTO-DIS | PLAN SUB'D |
|---|---|---|---|---|---|
| 01 | FAILURE TO PAY PREMIUMS | PREMIUMS NOT PAID | N/A | N/A | N/A |
| 02 | RELOCATION OUT OF PLAN SERVICE AREA (NO SPECIAL PROVISIONS) | RELO OUT OF AREA | N/A | N/A | N/A |
| 03 | FAILURE TO CONVERT TO RISK PROVISIONS | NOT CONVERT TO RISK | N/A | N/A | N/A |
| 04 | FRAUD | FRAUD | N/A | N/A | N/A |
| 05 | LOSS OF PART B ENTITLEMENT | LOSS OF PART B | N/A | Y | N/A |
| 06 | LOSS OF PART A ENTITLEMENT (PLAN-SPECIFIC) | LOSS OF PART A | N/A | Y | N/A |
| 07 | FOR CAUSE | FOR CAUSE | Y | N/A | N/A |
| 08 | REPORT OF DEATH | REPORT OF DEATH | N/A | Y | N/A |
| 09 | TERMINATION OF CONTRACT (CMS-INITIATED) | CONTR TERMD-CMS | N/A | Y | N/A |
| 10 | TERMINATION OF CONTRACT/Plan Benefit Package (PBP)/SEGMENT (PLAN WITHDRAWAL) | CONTR TERMD-PLAN | N/A | Y | N/A |
| 11 | VOLUNTARY DISENROLLMENT THROUGH PLAN | VLNTRY DSNR THRU PLN | Y | N/A | Y |
| 12 | VOLUNTARY DISENROLLMENT THROUGH DISTRICT OFFICE | VLNTRY DSNR THRU DOF | N/A | N/A | N/A |
| 13 | DISENROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN | ENR IN OTHER PLAN | N/A | Y | N/A |
| 14 | RETROACTIVE | RETROACTIVE | N/A | N/A | N/A |
| 15 | TERMINATED IN ERROR BY CMS SYSTEM | TERM IN ERR-CMS | N/A | N/A | N/A |
| 16 | END OF State and County Code (SCC) CONDITIONAL ENROLLMENT PERIOD | END OF SCC COND ENRL | N/A | N/A | N/A |
| 17 | BENE DOES NOT MEET AGE CRITERION (PLAN-SPECIFIC) | AGE CRIT NOT MET | N/A | N/A | N/A |
| 18 | ROLLOVER | ROLLOVER | N/A | Y | N/A |

| Disenrollment Reason Code | Disenrollment Reason Description | Short Description | MARx UI | AUTO-DIS | PLAN SUB'D |
|---|---|---|---|---|---|
| 19 | TERMINATED BY Social Security Administration (SSA) DISTRICT OFFICE | TERM BY SSA DO | N/A | N/A | N/A |
| 20 | INVALID ENROLLMENT WITH End Stage Renal Disease (ESRD) | ESRD AUTO DISENROL | N/A | Y | N/A |
| 21 | CANNOT TRAVEL/POOR HEALTH/TO Health Maintenance Organization (HMO)/PLAN DOCTORS | BAD HEALTH/CANT TRVL | N/A | N/A | N/A |
| 22 | SPOUSE IS NO LONGER MEMBER OF HMO/PLAN | SPOUSE PLN TERMINATD | N/A | N/A | N/A |
| 23 | COULDN'T USE MEDICARE CARD TO SEE OTHER PLAN | CANT USE MEDICARE | N/A | N/A | N/A |
| 24 | DID NOT KNOW I JOINED THIS HMO | NO KNOWLEDGE OF ENRL | N/A | N/A | N/A |
| 25 | DIFFICULTY REACHING HMO/PLAN DOCTOR BY PHONE PROBLEM | CANT REACH DR BY PHN | N/A | N/A | N/A |
| 26 | CALLED HMO/PLAN COULD NOT GET HELP WITH PROBLEM | GOT NO HLP W/PROBLEM | N/A | N/A | N/A |
| 27 | DISSATISFIED WITH MEDICAL CARE/DOCS OR HOSPITAL | DISSATISFIED W/CARE | N/A | N/A | N/A |
| 28 | TOLD BY PLAN DOCTORS OR STAFF I SHOULD DISENROLL | TLD BY PRVDR TO DSNR | N/A | N/A | N/A |
| 29 | PREFER TRADITIONAL MEDICARE | PREFER REG MEDICARE | N/A | N/A | N/A |
| 30 | HAVE OTHER HEALTH INSURANCE BENEFITS AVAILABLE | NOT USING MEDICARE | N/A | N/A | N/A |
| 31 | FOUND HMO/PLAN TO BE TOO CONFUSING | PLAN TOO CONFUSING | N/A | N/A | N/A |
| 32 | MY CLAIMS/BILLS WERE NOT PAID | CLAIMS/BILS NOT PAID | N/A | N/A | N/A |
| 33 | HAD LITTLE OR NO CHOICE OF SPECIALIST | COUDNT PIK SPECIALST | N/A | N/A | N/A |
| 34 | TREATED DISCOURTEOUSLY BY DOCTOR/NURSE/STAFF | BAD TRTMNT BY PRVDR | N/A | N/A | N/A |
| 35 | DOCTOR COULDN'T IMPROVE MY CONDITION | NO CHG IN CONDITION | N/A | N/A | N/A |

| Disenrollment Reason Code | Disenrollment Reason Description | Short Description | MARx UI | AUTO-DIS | PLAN SUB'D |
|---|---|---|---|---|---|
| 36 | HMO/PLAN MEDICAL GROUP WAS LOCATED TOO FAR AWAY | PLN LOC TOO FAR AWAY | N/A | N/A | N/A |
| 37 | HAD LIMITED OR NO CHOICE OF MY PRIMARY DOCTOR | COULDNT PIK PRM PHYS | N/A | N/A | N/A |
| 41 | YOU MOVED PERMANENTLY OUT OF AREA WHERE PLAN PROVIDES SERVIC | LIVE OUTSDE SVC AREA | N/A | N/A | N/A |
| 42 | YOUR DOCTOR OR THE PLAN TOLD YOU TO DISENROLL | TOLD BY DR TO DSNR | N/A | N/A | N/A |
| 43 | YOUR DOCTOR DIDN'T GIVE YOU GOOD QUALITY CARE | POOR QUALITY OF CARE | N/A | N/A | N/A |
| 44 | YOU USED UP THE PRESCRIPTION ALLOWANCE | RX ALLOWANCE USED UP | N/A | N/A | N/A |
| 45 | THE PLAN COST YOU TOO MUCH | PLAN COST TOO MUCH | N/A | N/A | N/A |
| 46 | YOU COULDN'T GET CARE WHEN YOU NEEDED IT | LACK OF TIMELY CARE | N/A | N/A | N/A |
| 47 | YOUR DOCTOR ISN'T IN THE PLAN | DOCTOR NOT IN PLAN | N/A | N/A | N/A |
| 48 | YOU DIDN'T KNOW YOU SIGNED UP FOR THIS PLAN | DIDNT SIGN UP 4 PLAN | N/A | N/A | N/A |
| 49 | YOU DIDN'T LIKE HOW THE PLAN WORKED | DIDNT LIKE PLAN | N/A | N/A | N/A |
| 50 | ROLLED OVER ENROLLMENT REMOVED/AUDITED | RLVR ENRT RMVD/AUDT | N/A | Y | N/A |
| 54 | PART A OR B START DATE CHANGE | LIVE OUTSDE SVC AREA | N/A | Y | N/A |
| 56 | BENEFICIARY MEDICAID PERIOD RECEIVED | TOLD BY DR TO DSNR | N/A | N/A | N/A |
| 57 | BENEFICIARY HOSPICE PERIOD RECEIVED | POOR QUALITY OF CARE | N/A | Y | N/A |
| 59 | INVALID ENROLLMENT WITH HOSPICE | RX ALLOWANCE USED UP | N/A | Y | N/A |
| 60 | BENEFICIARY LIVES IN USA LESS THAN 183 DAYS A YEAR | IN US LT 183 DAYS | N/A | N/A | N/A |

| Disenrollment Reason Code | Disenrollment Reason Description | Short Description | MARx UI | AUTO-DIS | PLAN SUB'D |
|---|---|---|---|---|---|
| 61 | LOSS OF PART D ELIGIBILITY | INVALID ENROLLMENT | N/A | Y | N/A |
| 62 | PART D DISENROLLMENT DUE TO FAILURE TO PAY IRMAA | FAILURE TO PAY IRMAA | N/A | Y | N/A |
| 63** | MMP (Medicare and Medicaid Plan) OPT-OUT AFTER ENROLLED | ENRL, OPTOUT MMP | Y | N/A | Y |
| 64** | LOSS OF DEMONSTRATION ELIGIBILITY | LOSS OF FA DEMO ELIG | Y | N/A | Y |
| 65 | LOSS OF EMPLOYER GROUP PLAN ELIGIBILITY | LOSS OF EGP ELGBLTY | Y | N/A | Y |
| 70 | CONFIRMED INCARCERATION | CONFIRMED INCARC | N/A | Y | N/A |
| 71 | NOT LAWFULLY PRESENT | NOTLAW PRESENT | N/A | Y | N/A |
| 72 | DISENROLLMENT DUE TO PLAN-SUBMITTED ROLLOVER | PLAN ROLL | N/A | N/A | Y |
| 88 | CONVERSION | CONVERSION | N/A | N/A | N/A |
| 90 | ENROLLMENT CANCELLED DUE TO BENEFICIARY MERGE | ENRL CNCL BENE MRG | N/A | Y | N/A |
| 91 | FAILURE TO PAY PREMIUMS | PREMIUMS NOT PAID | Y | N/A | Y |
| 92 | RELOCATION OUT OF PLAN SERVICE AREA | RELO OUT OF AREA | Y | N/A | Y |
| 93 | LOST SPECIFIC PLAN ELIGIBILITY (Special Needs Plan (SNP) ONLY) | LOST SNP | Y | N/A | Y |
| 99* | OTHER (NOT SUPPLIED BY BENE) | OTHER | N/A | N/A | Y |
| Y8 | REPORT OF DEATH DATE CHANGE | REPORT OF DEATH | N/A | Y | N/A |

*Plan cannot submit 99; it is assigned as a default value by the system only.

**Only valid for MMP Disenrollments, Disenrollment Cancellations or Enrollment Cancellations.

***Only valid for submittal on a disenrollment from an EGWP. When a disenrollment from one of these plans results in the cancellation of subsequent contiguous enrollments in the same contract, those enrollments will receive the same DRC 65.

# *I.9 BEQ Response File Error Condition Table*

## I.9.1 *Request File Error Conditions*

The following table contains File Level Error information. File Level Errors represent conditions in which a BEQ Request File is rejected and not processed.

***Table I-7: File Level Error information***

| Source Of Error | Error Message | Error Condition |
|---|---|---|
| Header Record | The Header Record is missing. | ● The Header Record is not provided on the file.<br>● The Header Record is unreadable.<br>● More than one Header Record is provided on the file. |
| Header Record | The Header Record is Invalid. | ● The Header Record is incorrectly formatted.<br>● The Header Record contains invalid values.<br>● The Header Record contains Critical Fields that are not provided. |
| Trailer Record | The Trailer Record is missing. | ● The Trailer Record is not provided on the file.<br>● The Trailer Record is unreadable.<br>● More than one Trailer Record is provided on the file. |
| Trailer Record | The Trailer Record is invalid. | ● The Trailer Record is incorrectly formatted.<br>● The Trailer Record contains invalid values.<br>● The Trailer Record contains Critical Fields that are not populated.<br>● The Record Count in the Trailer Record is more than 2 different from the actual number of Detail Records (Transactions) in the file. |
| File Content | The File has no Transactions. | ● There are no Transactions (Detail Records) found in the file. |

### I.9.2 *Request Transaction Detail Record Error Conditions*

The following Flag fields are provided in the BEQ Response File Detail Record. Flag fields represent the successful or unsuccessful result of processing data within a Transaction Detail Record of the input file.

***Table I-8: Error Conditions***

| Flag | Flag Code | Flag Code Result | Flag Result Condition |
|---|---|---|---|
| Processed Flag | Y | The Transaction is accepted for processing. | All critical fields on the Transaction are populated with valid values. |
| Processed Flag | N | The Transaction is not accepted for processing. | At least one critical field on the Transaction is populated with a value other than the prescribed valid values. |
| Beneficiary Match Flag | Y | The beneficiary on the Transaction is successfully located in the MBD. | The beneficiary is successfully located by the combination of the HICN or RRB; date of birth, and gender. |
| Beneficiary Match Flag | N | The beneficiary on the Transaction is not successfully located in the MBD. | The beneficiary is not successfully located by the combination of the HICN or RRB; date of birth, and gender. |

## *I.10 IC Model Beneficiary Participation End Date Reason Codes*

### *Table I-10: IC Model Beneficiary Participation End Date Reason Codes*

| IC Model End Date Reason Code | End Date Reason Code Description | MARx UI | AUTO-DIS | PLAN SUB'D (TC91) |
|---|---|---|---|---|
| 01 | No Longer Eligible | N/A | N/A | Y |
| 02 | Opted out of program | N/A | N/A | Y |
| 03 | Benefit status change | N/A | N/A | Y |
| 04 | Automatic CMS Disenrollment | N/A | Y | N/A |

# J: *Report Files*

This appendix provides a description and sample snapshot of each report file. **Table J-1** lists the names of all the accessible reports to Plans and on which page of this appendix J they are located. Note that the examples provided for the reports do not identify any person living or dead; all Beneficiary, contract, and user information is fictional. Appendix J identifies the naming conventions for all reports sent to Plans. The user needs dataset names to request a report through the mainframe.

***Table J-1: Reports Lookup Table***

| Section | Name | Page |
|---|---|---|
| J.1 | BIPA 606 Payment Reduction Report | J-2 |
| J.2 | HMO Bill Itemization Report | J-4 |
| J.3 | Monthly Membership Detail Report – Drug Report (Part D) | J-5 |
| J.4 | Monthly Membership Detail Report – Non Drug Report (Part C) | J-6 |
| J.5 | Monthly Membership Summary Report | J-7 |
| J.6 | Monthly Summary of Bills Report | J-9 |
| J.7 | Part C Risk Adjustment Model Output Report | J-12 |
| J.8 | RAS RxHCC Model Output Report<br>AKA - Part D Risk Adjustment Model Output Report | J-13 |
| J.9 | Payment Records Report | J-14 |
| J.10 | Plan Payment Report (PPR) (APPS Payment Letter) | J-15 |
| J.11 | Interim Plan Payment Report (IPPR) | J-16 |
| J.12 | No Premium Due Report Format | J-19 |

**Note**: See Appendix K for complete information on Dataset Names.

# *J.1 BIPA 606 Payment Reduction Report*

## *Description*

This report lists members for whom the MCO is paying a portion of the Part B premium. This report only reflects data for periods prior to 2006.

## *Example*

1 RUN DATE: 2003/12/10
PAY MONTH: 2004/01 BIPA606 PAYMENT REDUCTION REPORT PAGE: 1
CONTRACT#: H3333 REPORT DATE: 2003/12/10

0 PBP ID: 026

| 0 CLAIM NUMBER | SURNAME | F I | S E X | BIRTH DATE | ADJ RC | PAY/ADJ DATES | BIPA RATE | BLEND TOT W/O BIPA | BIPA AMOUNT | BLEND PT-A | BLEND PT-B PLUS BIPA | BLEND TOT PLUS BIPA |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 123456789A | PARR | H | F | 19121128 | | 200401-200401 | 31.25 | 609.52 | -31.25 | 362.64 | 215.63 | 578.27 |
| 123456789A | MONET | M | F | 19170402 | | 200401-200401 | 31.25 | 677.32 | -31.25 | 400.05 | 246.02 | 646.07 |
| 123456789D | GARRISO | M | F | 19130812 | | 200401-200401 | 31.25 | 744.55 | -31.25 | 437.15 | 276.15 | 713.30 |
| 123456789A | GEISEL | A | M | 19190407 | | 200401-200401 | 31.25 | 687.28 | -31.25 | 387.95 | 268.08 | 656.03 |
| 123456789A | BLAZE | H | M | 19170901 | | 200401-200401 | 31.25 | 688.39 | -31.25 | 406.45 | 250.69 | 657.14 |
| 123456789D | AMES | E | F | 19061027 | | 200401-200401 | 31.25 | 607.62 | -31.25 | 361.59 | 214.78 | 576.37 |
| 123456789D | KLEIN | P | F | 19270531 | | 200401-200401 | 31.25 | 459.05 | -31.25 | 243.34 | 184.46 | 427.80 |
| 123456789A | DAVIDS | J | M | 19200513 | | 200401-200401 | 31.25 | 787.43 | -31.25 | 444.78 | 311.40 | 756.18 |
| 123456789B | DAVIDS | E | F | 19180521 | | 200401-200401 | 31.25 | 744.30 | -31.25 | 443.28 | 269.77 | 713.05 |
| 123456789A | MURRAY | E | F | 19190614 | | 200401-200401 | 31.25 | 724.95 | -31.25 | 418.69 | 275.01 | 693.70 |
| 123456789A | MURDOC | P | M | 19161126 | | 200401-200401 | 31.25 | 734.80 | -31.25 | 433.85 | 269.70 | 703.55 |
| PBP ID: | 026 | TOTALS: | | 11 | | | | $ 7,465.21 | $ -343.75 | | $ 7,121.46 | |
| | AGED REDUCTION: | | | | | | | | $ -343.75 | | | |
| | DIB REDUCTION: | | | | | | | | $ 0.00 | | | |
| 0 CONTRACT: | H3333 | TOTALS | | 1 | | | | $ 7,465.21 | $ 0.00 | | $ 7,121.46 | |
| | | | | | | | | | $ 0.00 | | | |

1 RUN DATE: 2003/12/10
PAY MONTH: 2004/01 BIPA606 PAYMENT REDUCTION REPORT PAGE: 2
CONTRACT#: H3333 REPORT DATE: 2003/12/10

0 PBP ID: 027

| 0 CLAIM NUMBER | SURNAME | F I | S E X | BIRTH DATE | ADJ RC | PAY/ADJ DATES | BIPA RATE | BLEND TOT W/O BIPA | BIPA AMOUNT | BLEND PT-A | BLEND PT-B PLUS BIPA | BLEND TOT PLUS BIPA |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 123456789B | MARKS | E | F | 19220112 | | 200401-200401 | 73.38 | 685.30 | -73.38 | 395.50 | 216.42 | 611.92 |
| 123456789A | MONTG | M | F | 19111113 | | 200401-200401 | 73.38 | 723.40 | -73.38 | 430.47 | 219.55 | 650.02 |
| 123456789D | SCHREIB | A | F | 19190814 | | 200401-200401 | 73.38 | 520.09 | -73.38 | 300.46 | 146.25 | 446.71 |
| 123456789A | BECKER | V | F | 19191224 | | 200401-200401 | 73.38 | 520.09 | -73.38 | 300.46 | 146.25 | 446.71 |
| 123456789A | BRIDGE | H | M | 19171219 | | 200401-200401 | 73.38 | 715.74 | -73.38 | 422.51 | 219.85 | 642.36 |
| 123456789A | EDELMA | S | M | 19160825 | | 200401-200401 | 73.38 | 765.94 | -73.38 | 452.29 | 240.27 | 692.56 |
| 123456789A | ZEMLAC | A | F | 19090715 | | 200401-200401 | 73.38 | 640.90 | -73.38 | 381.26 | 186.26 | 567.52 |
| 123456789A | ROSENS | L | M | 19180629 | | 200401-200401 | 73.38 | 712.25 | -73.38 | 420.62 | 218.25 | 638.87 |
| 123456789B | ROSENS | L | F | 19231014 | | 200401-200401 | 73.38 | 558.72 | -73.38 | 322.85 | 162.49 | 485.34 |
| 123456789D | ROLNIC | I | F | 19090215 | | 200401-200401 | 73.38 | 633.83 | -73.38 | 377.02 | 183.43 | 560.45 |
| 123456789D | KAIN | M | F | 19150907 | | 200401-200401 | 73.38 | 831.80 | -73.38 | 494.02 | 264.40 | 758.42 |

| | | | | | | |
|---|---|---|---|---|---|---|
| PBP ID: | 027 | TOTALS: | 11 | $ 7,380.06 | $ -807.18 | $ 6,500.88 |
| | AGED REDUCTION: | | | | $ -807.18 | |
| | DIB REDUCTION: | | | | $ -293.52 | |
| 0 CONTRACT: | H3333 | TOTALS | 22 | $ 14,773.27 | $ -4,049.32 | $ 13622.34 |
| | AGED REDUCTION: | | | | $ -1,150.93 | |
| | DIB REDUCTION: | | | | $ -293.52 | |

# *J.2 HMO Bill Itemization Report*

## *Description*

This report lists the Part A bills processed under Medicare fee-for-service for beneficiaries enrolled in the contract.

## *Example*

1 PART A BILLS POSTED IN OCT 2002 PAGE 1

* * * * * HMO H4444 * * * * *

BILL TYPE: INPATIENT

| CL AIM NUM | NAME | PROV | INT ER | H M O PD | ADM DATE | TOTAL CHAR GES | NON-COV CHARGES | INP DED | NC BLD DEDUCT | D A Y S | COINSURANCE CHGS | COINSURANCE AMOUNT | TOTAL DEDUCT | FROM DATE | THRU DATE | COV DAY S | REIM AMT | NP CD | C R |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 123456789A | BAKER | 10084 | 52280 | 1 | 20020630 | 7821 | 0 | 812 | 0 | 0 | 0 | 812 | 0 | 20020630 | 20020703 | 0 | 70090 | | |
| 123456789C2 | MILLER | 14007 | 4901 | 1 | 20020819 | 8320 | 8320 | 0 | 0 | 0 | 0 | 0 | 0 | 20020819 | 20020920 | 0 | 0 | | |

1 PART A BILLS POSTED IN OCT 2002 PAGE 2

* * * * * HMO H4444 * * * * *

BILL TYPE: HOSPICE

| CL AIM NUM | NAME | PROV | INT ER | H M O PD | ADM DATE | TOTAL CHAR GES | NON-COV CHARGES | INP DED | NC BLD DEDUCT | D A Y S | COINSURANCE CHGS | COINSURANCE AMOUNT | TOTAL DEDUCT | FROM DATE | THRU DATE | COV DAY S | REIM AMT | NP CD | C R |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1234567891 | CANDLE | 11570 | 380 | | 20020826 | 3084 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 20020901 | 20020930 | 4 | 3084 | | |
| 12345678946 | FLICKE | 11570 | 380 | | 20020912 | 1953 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 20020912 | 20020930 | 3 | 1953 | | |

'

# *J.3 Monthly Membership Detail Report – Drug Report (Part D)*

## *Description*

This report lists every Medicare member of the contract and provides details about the payments and adjustments made for each Beneficiary. The two Monthly Membership Detail Reports are for drugs and for non-drugs. The Monthly Membership Detail Report-Drug has two formats. One format is for PACE plans and the other is for non-PACE Plans.

## *Example 1*

The example below is part of a Monthly Membership Detail Report containing drug information for a PACE plan. The full report includes all members in the contract.

```
RUN DATE:20160915                          MONTHLY MEMBERSHIP REPORT-DRUG                                    PAGE:       1
PAYMENT MONTH:201610                  PLAN(Hzzzz) PBP(nnn) SEGMENT(mmm) PLAN NAME HERE

                                        BASIC PREMIUM | ESTIMATED REINSURANCE
                                  PART D    $219.99    |        $109.99

             S               ---  FLAGS  -----      ------------------ PAYMENTS/ADJUSTMENTS --------------------------
CLAIM        E AGE  STATE      P P   S L L D C ADJ  RA FCTR     DATES       LOW-INCOME COST     LOW-INCOME COST
NUMBER       X GRP  CNTY       A A E 0 O I E M RES           START  END     SHARING PERCENTAGE  SHARING SUBSIDY
------------ - ---- -----    O R R G U I N M C ---- ----------------------------------------------------------------
   SURNAME F   DMG  BIRTH    O T T H R N S I A MTHS DIRECT SUBSIDY        PACE           PACE COST
           I   RA   DATE     A A B P C C T N I  D    PAYMENT AMT     PREMIUM ADD-0N    SHARING ADD-ON     TOTAL PAYMENT
------------ - ---- -----    - - - - - - - - - - ---- ----------------------------------------------------------------
1234567890AB F      33800    PTD RAF ADJF       37   2.1040  201504 201505      100                    $0.00
 FIRST     G   8084 19200206 Y Y N         N Y    10        $411.70           $0.00           $0.00             $411.70
0987654321AB M 8084 33800                            1.8580  201610 201610      100                  $254.29
 SECOND    H   8084 19251008 Y Y Y         Y N     1        $235.84         $0.00             $8.56             $817.54
```

## *Example 2*

The example below is part of a Monthly Membership Detail Report containing drug information for a non-PACE plan. The full report includes all members in the contract.

```
RUN DATE:20160915                          MONTHLY MEMBERSHIP REPORT-DRUG                                    PAGE:1
PAYMENT MONTH:201610                  PLAN(Hzzzz) PBP(nnn) SEGMENT(mmm) PLAN NAME HERE

                                         BASIC PREMIUM | ESTIMATED REINSURANCE
                                     PART D     $34.99    |          $0.00
             S               ---  FLAGS  -----      ------------------ PAYMENTS/ADJUSTMENTS --------------------------
CLAIM        E AGE  STATE      P P   S L L D C ADJ  RA FCTR     DATES       LOW-INCOME COST     LOW-INCOME COST
NUMBER       X GRP  CNTY       A A E 0 O I E M RES           START  END     SHARING PERCENTAGE  SHARING SUBSIDY
------------ - ---- -----    O R R G U I N M C ---- ------------------------------------------------------------------
   SURNAME F   DMG  BIRTH    O T T H R N S I A MTHS DIRECT SUBSIDY   COVERAGE GAP
           I   RA   DATE     A A B P C C T N I  D    PAYMENT AMT     DISCOUNT          MTM ADD-ON          TOTAL
PAYMENT
------------ - ---- -----    - - - - - - - - - ---- ------------------------------------------------------------------
1234567890AB F      33800    PTD RAF ADJF       37   1.0405  201501 201512       000                    $0.00
 FIRST     G   8084 19200206 Y Y N         N Y  12         $73.32           $0.00            $0.00               $73.32
0987654321AB M 8084 33800                          0.4960  201610 201610       000                    $0.00
 SECOND    H   8084 19251008 Y Y Y         Y N   1         $-2.03           $0.00            $0.00               $-2.03
```

## *J.4 Monthly Membership Detail Report – Non-Drug Report (Part C)*

### *Description*

This report lists every Medicare member of the contract and provides details about the payments and adjustments made for each beneficiary.

### *Example*

The example below is one page of a Monthly Membership Detail Report containing non-drug information. The full report includes all members in the contract.

### *(above benchmark bid)*

```
RUN DATE:20090124                    MONTHLY MEMBERSHIP REPORT - NON DRUG                    PAGE:      1
PAYMENT MONTH:200902                  PLAN(Hzzzz) PBP(nnn) SEGMENT(mmm) PLAN NAME HERE

                  ------------------------------------------------- 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        $0.00     |    $22.22                $0.00                $0.00                  $0.00                  $0.00
PART B        $0.00     |    $19.46                $0.00                $0.00                  $0.00                  $0.00

                   S                      ----------- FLAGS ---------------     ------------------------------------------- PAYMENTS/ADJUSTMENTS --------------------
CLAIM              E  AGE   STATE      P  P            M F    A  D    S  A C  MTHS            DATES          LAG              FTYPE
NUMBER             X  GRP   CNTY       A  A  H  E  I   C  R  O  D  E  E  O  D M  A B          START      END
--------------------  - --------  --------  O  R  R  O  S  N  N  A  A  R  D  F  G  U  M  C  -----    ----  ---------------------------------------------------------------------------
  SURNAME  F     DMG  BIRTH   O  T  T  S  R  S  H  I  I  E  O  A  H  R  S  A  PIP     ADJ
           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
-------------------- - -------  ----------  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  ------ ------------------------------------------------------------------
123456789A      F  8084  33800                                                                  200405 200405     Y          C
  FIRST       G     8084  19200206    Y  Y                 1  A     Y  D              N                  1.0650  1.0650     $385.49    $337.74    $723.23
987654321B     M  8084  33800                                                                  200405 200405     Y          C
  SECOND    H     8084  19251008    Y  Y  Y  Y             4  T     N  D              N                  1.0650  1.0650     $675.22    $591.58    $1266.80
```

### *(below benchmark bid)*

```
RUN DATE: 20090124                MONTHLY MEMBERSHIP REPORT – NON DRUG                PAGE:      1
PAYMENT MONTH:200902              PLAN(Hzzzz) PBP(nnn) SEGMENT(mmm) PLAN NAME HERE

                    ------------------------------------------------ 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      $0.00     |    $9.99                $0.00                $0.00                 $0.00                  $0.00
PART B      $0.00     |    $9.99                $0.00                $0.00                 $0.00                  $0.00

                   S          ----------- FLAGS ---------------     ------------------ PAYMENTS/ADJUSTMENTS --------------------
CLAIM              E   AGE  STATE        P P              M F     A  D     S     C   MTHS    PAYMENT DATE     LAG    FTYPE----FACTORS--------   AMOUNT
NUMBER             X   GRP  CNTY         A A  H E I      C R O  D  E  E  O     M    A B     START   END          FRAILTY-SCORE  MSP                MSP
--------------------   -   -------- ---------   O R R O S N N A A R D F G U M C   ---- --- ----------------------------------------------------------------------------------------
  SURNAME   F          DMG  BIRTH     O T T S R S H I I E O A H R S A   PIP      ADJ
                 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          $9.99
   FIRST        G      8084 19200206        Y Y N            1      Y Z                          1.0650  1.0650          $9.99    $9.99              $9.99
0987654321AB    M      8084 33800                                                          200405 200405                Y      C  99.9999          $9.99
   SECOND       H      8084 19251008        Y Y Y  Y         4      P N                          1.0650  1.0650          $ 9.99   $9.99              $9.99
```

# *J.5 Monthly Membership Summary Report (MMSR)*

## *Description*

This report summarizes payments to an MCO for the month, in several categories, and adjustments, by all adjustment categories. When the report automatically generates as part of month-end processing, it covers one contract in one payment month. When the report generates on user request, it is based on the transactions received to-date for the current payment month and may generate for one contract or for all contracts in a region.

## *Example*

```
RUN DATE:20160915                        MONTHLY MEMBERSHIP SUMMARY REPORT (PAGE 1 OF 2)
PAYMENT MONTH:201610                       PLAN: H9999 PBP(mmm) SEG(nnn) Name-of-Provider-Here
CURRENT PAYMENTS
PART A ---------- COUNTS ----- TOTAL MONEY   PART B --------   COUNTS ----- TOTAL MONEY  PART D ---------- COUNTS ----- TOTAL MONEY
HOSPICE                0             $0.00   HOSPICE                0             $0.00
ESRD                   0             $0.00   ESRD                   0             $0.00
WA                     0             $0.00   WA                     0             $0.00
INST                   0             $0.00   INST                   0             $0.00
NHC                    0             $0.00   NHC                    0             $0.00
MCAID                  0             $0.00   MCAID                  0             $0.00  DIR SUBSDY             0              $0.00
PART C PREMIUM         0             $0.00   PART C PREMIUM         0             $0.00  LIS COST SHR           0              $0.00
A/B COST SHR           0             $0.00   A/B COST SHR           0             $0.00  ESTIMATD REINS         0              $0.00
A/B MAN SUP BN         0             $0.00   A/B MAN SUP BN         0             $0.00  PACE PRM ADDON         0              $0.00
D BAS PRM REDU         0             $0.00   D BAS PRM REDU         0             $0.00  PACE CSR ADDON         0              $0.00
D SUPP BENFITS         0             $0.00   D SUPP BENFITS         0             $0.00  COV GAP DISC           0              $0.00
B BAS PRM REDU         0             $0.00   B BAS PRM REDU         0             $0.00  MTM ADDON              0              $0.00
A/D MSP REDU           0             $0.00   A/D MSP REDU           0             $0.00  LIPS                   0              $0.00
ESRD MSP REDU          0             $0.00   ESRD MSP REDU          0             $0.00
MEMBERS                0             $0.00   MEMBERS                0             $0.00  MEMBERS                0              $0.00
MONTHS                 0                     MONTHS                 0                    MONTHS                 0
AVERAGE                              $0.00   AVERAGE                              $0.00  AVERAGE                               $0.00
OUT OF AREA            0

B PRM REDU - A                       $0.00   B PRM REDU - A                       $0.00
B PRM REDU - D                       $0.00   B PRM REDU - D                       $0.00

RUN DATE: 20160915                       MONTHLY MEMBERSHIP SUMMARY REPORT (PAGE 2 OF 2)
PAYMENT MONTH:201610                       PLAN: H9999 PBP(mmm) SEG(nnn) Name-of-Provider-Here
ADJUSTMENT PAYMENTS
ADJ
REA  ADJUSTMENT         NUMBER  MONTHS  MONTHS  MONTHS      ----------------------  ADJUSTMENT  AMOUNT  ----------------------
CDE  DESCRIPTION        OF ADJS    A       B       D               PART A             PART B             PART D              TOTAL
--- ------------------- ------- ------- ------- ------- ------------------ ------------------ ------------------ -------------------
 01 DEATH                     0       0       0       0             $0.00              $0.00              $0.00              $0.00
 02 RETRO ENROLL              0       0       0       0             $0.00              $0.00              $0.00              $0.00
 03 RETRO DISENR              0       0       0       0             $0.00              $0.00              $0.00              $0.00
 04 CORR ENROLL               0       0       0       0             $0.00              $0.00              $0.00              $0.00
 05 CORRT DISENR              0       0       0       0             $0.00              $0.00              $0.00              $0.00
 06 CORR PARTA E              0       0       0       0             $0.00              $0.00              $0.00              $0.00
```

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 07 HOSPC | 0 | 0 | 0 | | $0.00 | $0.00 | $0.00 | $0.00 |
| 08 ESRD | 0 | 0 | 0 | | $0.00 | $0.00 | $0.00 | $0.00 |
| 09 INSTNHC | 0 | 0 | 0 | | $0.00 | $0.00 | $0.00 | $0.00 |
| 10 MCAID | 0 | 0 | 0 | | $0.00 | $0.00 | $0.00 | $0.00 |
| 11 RETRO SCC CH | 0 | 0 | 0 | | $0.00 | $0.00 | $0.00 | $0.00 |
| 12 CORR DT. OF | 0 | 0 | 0 | 0 | $0.00 | $0.00 | $0.00 | $0.00 |
| 13 CORR DT. OF | 0 | 0 | 0 | 0 | $0.00 | $0.00 | $0.00 | $0.00 |
| 14 CORR SEX | 0 | 0 | 0 | | $0.00 | $0.00 | $0.00 | $0.00 |
| 18 AAPCC RT FAC | 0 | 0 | 0 | | $0.00 | $0.00 | $0.00 | $0.00 |
| 19 CORR PARTB E | 0 | 0 | 0 | 0 | $0.00 | $0.00 | $0.00 | $0.00 |
| 20 WKAGE | 0 | 0 | 0 | | $0.00 | $0.00 | $0.00 | $0.00 |
| 21 INSTNHC | 0 | 0 | 0 | | $0.00 | $0.00 | $0.00 | $0.00 |
| 22 DISENROLL PR | 0 | 0 | 0 | 0 | $0.00 | $0.00 | $0.00 | $0.00 |
| 23 DEMO FACTOR | 0 | 0 | 0 | | $0.00 | $0.00 | $0.00 | $0.00 |
| 25 PTC RSK ADJF | 0 | 0 | 0 | 0 | $0.00 | $0.00 | $0.00 | $0.00 |
| 26 RISK ADJ FAC | 0 | 0 | 0 | | $0.00 | $0.00 | $0.00 | $0.00 |
| 29 HOSPICE RATE | 0 | 0 | 0 | | $0.00 | $0.00 | $0.00 | $0.00 |
| 30 RTRO PTD PM | 0 | | | 0 | | | $0.00 | $0.00 |
| 31 RTRO PTD LIP | 0 | | | 0 | | | $0.00 | $0.00 |
| 32 RTRO CST SHR | 0 | | | 0 | | | $0.00 | $0.00 |
| 33 RTRO EST REI | 0 | | | 0 | | | $0.00 | $0.00 |
| 34 RTRO PTC PM | 0 | 0 | 0 | | $0.00 | $0.00 | $0.00 | $0.00 |
| 35 RTRO REBATE | 0 | 0 | 0 | | $0.00 | $0.00 | $0.00 | $0.00 |
| 36 PTD RATE CHG | 0 | 0 | 0 | 0 | $0.00 | $0.00 | $0.00 | $0.00 |
| 37 PTD RAF CHG | 0 | 0 | 0 | 0 | $0.00 | $0.00 | $0.00 | $0.00 |
| 38 SEG ID CHG | 0 | 0 | 0 | | $0.00 | $0.00 | $0.00 | $0.00 |
| 41 PTD RAF ONGO | 0 | | | 0 | | | $0.00 | $0.00 |
| 42 RETRO MSP | 0 | 0 | 0 | | $0.00 | $0.00 | $0.00 | $0.00 |
| 43 PLN WVD PRM | 0 | | | 0 | | | $0.00 | $0.00 |
| 44 PYMT CORR | 0 | 0 | 0 | 0 | $0.00 | $0.00 | $0.00 | $0.00 |
| 50 XRF MRG | 0 | 0 | 0 | 0 | $0.00 | $0.00 | $0.00 | $0.00 |
| 94 CLNUP ADJ | 0 | 0 | 0 | 0 | $0.00 | $0.00 | $0.00 | $0.00 |
| TOTAL ADJUSTMENT | 0 | 0 | 0 | 0 | $0.00 | $0.00 | $0.00 | $0.00 |

TOTAL ADJUSTMENTS

| | | | |
|---|---|---|---|
| Months A : | 0 | Part A Amount : | $0.00 |
| Months B : | 0 | Part B Amount : | $0.00 |
| Months D : | 0 | Part D Amount : | $0.00 |
| Number of Adjustments : | 0 | Total Amount : | $0.00 |

| | |
|---|---|
| TOTAL PYMT AMT A | $0.00 |
| TOTAL PYMT AMT B | $0.00 |
| TOTAL PYMT AMT D | $0.00 |
| SUM TOTAL AMOUNT | $0.00 |

# *J.6 Monthly Summary of Bills Report*

## *Description*

This report summarizes all Medicare fee-for-service activity, both Part A and Part B, for Beneficiaries enrolled in the contract.

## *Example*

1 **MONTHLY SUMMARY OF BILLS PAID BY INTERMEDIARIES FOR HMO ENROLLEES**

0 HMO NO H1234 HMO NAME ABC FOUNDATION, INC. HMO FY ENDING 12/2008 CURRENT MONTH 11/2008

BILLS THROUGH 01/30/2009

| 0 | ---------- INPATIENT BILLS ---------- | | | | | -------- OUTPATIENT BILLS-------- | | | ----------HHA BILLS ---------- | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | TOTAL CHARGES | NON COVERED CHARGES | REIMB AMOUNT | COVERED DAYS | TOTAL BILLS | COVERED CHARGES | REIMB AMOUNT | TOTAL BILLS | TOTAL CHARGES | REIMB AMOUNT | TOTAL VISITS | TOTAL BILLS |
| 0INTER NO 00322 PROV NO 500054 | 26,845 | 0 | 199 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| INT TOTAL | 26,845 | 0 | 199 | 2 | 1 | 0 | | | | | | |
| -HMO TOTAL | 26,845 | 0 | 199 | 2 | 1 | 0 | | | | | | |
| FY TOTAL | $26,845 | $0 | $199 | 2 | 1 | $0 | $0 | 0 | $0 | $0 | 0 | 0 |

1 **MONTHLY SUMMARY OF CLAIMS PAID BY CARRIERS FOR HMO ENROLLEES**

0 HMO NO H5678 HMO NAME ABC FOUNDATION, INC. HMO FY ENDING 12/2008 CURRENT MONTH 11/2008

0 TOTALS FOR THIS MONTH

| 0 | CARRIER NUMBER | MEDICAL CHARGES | REIMB AMOUNT | TOTAL BILLS |
|---|---|---|---|---|
| 0 | 67890 | 50 | 50 | 3 |
| 0 | 12345 | 46 | 41 | 2 |
| 0 | 54321 | 31 | 25 | 4 |
| 0 | HMO TOTAL | 127 | 116 | 9 |
| | FY TOTAL | $116,001,944 | $85,570,97 | 374 |

# *J.7 Part C Risk Adjustment Model Output Report*

## *Description*

This report shows the Hierarchical Condition Codes (HCCs) used by RAS to calculate risk adjustment factors for each beneficiary.

## *Example*

Below is part of a Risk Adjustment Model Output report. The full report shows all of the Beneficiaries in the contract.

```
RUN DATE: 20031219                          RISK ADJUSTMENT MODEL OUTPUT REPORT                    PAGE:    1
PAYMENT MONTH: 200401                       PLAN: H8888 PLAN NAME HERE
 RAPMORP1
                 LAST          FIRST                                                  DATE OF
 HIC             NAME          NAME            I                                      BIRTH        SEX & AGE GROUP
 ----------------  ----------------  ------------------  -                            ---------    ---------------------------

 123456789A      WOOD          CHARLES         W                                      19250225     Male75-79
Originally Disabled Male Aged (Age>64)
HCC DISEASE  GROUPS:   HCC019 Diabetes without Complication
                       HCC080 Congestive Heart Failure
                       HCC092 Specified Heart Arrhythmias

123456789B      TREE          LILLIAN         L                                      19270418     Female75-79
HCC DISEASE  GROUPS:   HCC010 Breast, Prostate, Colorectal and Other Cancers and Tumors
                       HCC016 Diabetes with Neurologic or Other Specified Manifestation
                       HCC071 Polyneuropathy
                       HCC108 Chronic Obstructive Pulmonary Disease

123456789A      GRASS         ALBERT          A                                      19421213     Male60-64
HCC DISEASE  GROUPS:   HCC079 Cardio-Respiratory Failure and Shock
                       HCC080 Congestive Heart Failure
                       HCC092 Specified Heart Arrhythmias
                       HCC108 Chronic Obstructive Pulmonary Disease
                       HCC131 Renal Failure
INTERACTIONS:          INTI03 CHF_COPD
                       INTI05 RF_CHF1
```

# *J.8 RAS RxHCC Model Output Report - aka - Part D RA Model Output Report*

## *Description*

This report shows the Hierarchical Condition Codes (HCCs) used by RAS to calculate risk adjustment factors for each beneficiary.

## *Example*

Below are the first few lines of a RA Model Output report. The full report shows all of the Beneficiaries in the contract.

```
RUN DATE: 20060124                          RISK ADJUSTMENT MODEL OUTPUT REPORT                    PAGE:    1
PAYMENT MONTH: 200602                       PLAN: H9999 PLAN NAME HERE
 RAPMORP2
                 LAST          FIRST                                                  DATE OF
HIC              NAME          NAME            I                                      BIRTH        SEX & AGE GROUP
----------------- ---------------- ------------------ -                                ---------    --------------------------

123456789A       TWO           RUTH            M                                      19181122     Female85-89
 RXHCC DISEASE  GROUPS:  RXHCC019 Disorders of Lipoid Metabolism
                         RXHCC048 Other Musculoskeletal and Connective Tissue Disorders
                         RXHCC092 Acute Myocardial Infarction and Unstable Angina
                         RXHCC098 Hypertensive Heart Disease or Hypertension
                         RXHCC159 Cellulitis, Local Skin Infection

123456789A   BREEZE                     WINDY       T                                  19620730     Female35-44
RXHCC DISEASE  GROUPS:  RXHCC045 Disorders of the Vertebrae and Spinal Discs
                        RXHCC085 Migraine Headaches
                        RXHCC098 Hypertensive Heart Disease or Hypertension
                        RXHCC113 Acute Bronchitis and Congenital Lung/Respiratory Anomaly
                        RXHCC129 Other Diseases of Upper Respiratory System
                        RXHCC144 Vaginal and Cervical Diseases
```

# *J.9 Payment Records Report*

## *Description*

This report lists the Part B physician and supplier claims that were processed under Medicare fee-for-service for Beneficiaries enrolled in the contract.

## *Example*

1 PART B CLAIMS RECORDS POSTED IN OCT 2002 PAGE 1

0 * * * * *HMO H2222 * * * * *

| 0 CLAIM NUMBER | NAME FIRST | EXPENSE LAST | DATES | ALLOWED TOTAL CHARGES | REIMB AMT | COINSURANCE AMT | DED | PHYS APP | PAY SUPP ID | CARRIER IND | CARRIER NUMBER | INFORMATION PAID CONTROL NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 123456789A | JONES | 20020917 | 20020917 | 9.72 | 7.78 | 1.94 | .00 | L99999 | 1 | 11111 | 20021014 | 620902283027160 |
| 123456789A | HOWARD | 20020920 | 20020920 | 12.00 | 9.60 | 2.40 | .00 | L88888 | 1 | 11111 | 20021014 | 620902283027550 |
| 123456789A | WILLS | 20020830 | 20020830 | 12.65 | 10.12 | 2.53 | .00 | P77777 | 1 | 11111 | 20021017 | 620902283028810 |
| 123456789A | BRILL | 20020831 | 20020831 | 12.00 | 9.60 | 2.40 | .00 | P77777 | 1 | 11111 | 20021014 | 620902283028800 |
| 123456789A | SOMMER | 20020915 | 20020915 | 12.00 | 9.60 | 2.40 | .00 | P77777 | 1 | 11111 | 20021014 | 620902283028820 |
| 123456789A | HOWARD | 20020708 | 20020708 | 5.43 | 5.43 | .00 | .00 | 000000 | 1 | 22222 | 20021023 | 02262828553000 |

# *J.10 Plan Payment Report (APPS Payment Letter)*

## *Description*

Also known as the APPS Payment Letter, this report itemizes the final monthly payment to the MCO. This report is produced by APPS when final payments are calculated. CMS makes this report available to MCOs as part of month-end processing.

## Plan Payment Report (PPR) - Final

The PPR includes Part D payments and adjustments, the National Medicare Education Campaign (NMEC) and COB User Fees and premium settlement information. There is one version of the PPR applicable to all Plans and it is provided monthly.

### *Following is an updated example of a PPR or APPS Payment Letter:*

CMS MONTHLY PLAN PAYMENT REPORT

PLAN NUMBER : HXXXX
PAGE: 1/5
PLAN NAME : XXXXXXXXXXXXXXXXXXXXXX
PAYMENT MONTH : 07/2012
RUN DATE : 06/12/2012
REPORT SECTION: CAPITATED PAYMENT - CURRENT ACTIVITY
TABLE NUMBER : 1

| ARC | PAYMENT TYPE | COUNT | PART A | PART B | PART D | NET PAYMENT |
|---|---|---|---|---|---|---|
| | PROSPECTIVE PART A PAYMENT | 35,784 | 17,086,056.85 | | | 17,086,056.85 |
| | PROSPECTIVE PART B PAYMENT | 35,783 | | 15,586,246.88 | | 15,586,246.88 |
| | PROSPECTIVE PART D PAYMENT | 35,741 | | | 3,129,416.09 | 3,129,416.09 |
| (01) | DEATH OF BENEFICIARY | 78 | -61,204.10 | -58,211.37 | -8,980.08 | -128,395.55 |
| (02) | RETROACTIVE ENROLLMENT | 101 | 49,787.41 | 44,781.16 | 13,449.77 | 108,018.34 |
| (03) | RETROACTIVE DISENROLLMENT | 115 | -66,532.55 | -61,216.03 | -14,285.83 | -142,034.41 |
| (06) | CORRECT PART A ENT | 0 | 0.00 | 0.00 | 0.00 | 0.00 |
| (07) | RETRO HOSPICE STATUS | 218 | -242,684.06 | -219,290.39 | 0.00 | -461,974.45 |
| (08) | RETRO ESRD STATUS | 6 | 32,780.71 | 45,180.41 | 63.33 | 78,024.45 |
| (09) | RETRO INST STATUS | 0 | 0.00 | 0.00 | 0.00 | 0.00 |
| (10) | RETRO MEDICAID STATUS | 0 | 0.00 | 0.00 | 0.00 | 0.00 |
| (11) | RETRO STATE COUNTY CHANGE | 35 | 14.75 | 13.20 | 0.00 | 27.95 |
| (12) | DATE OF DEATH CORRECTION | 21 | -17,285.62 | -17,229.46 | -2,756.17 | -37,271.25 |
| (13) | DATE OF BIRTH CORRECTION | 0 | 0.00 | 0.00 | 0.00 | 0.00 |
| (14) | SEX CODE CORRECTION | 0 | 0.00 | 0.00 | 0.00 | 0.00 |
| (18) | PART C RATE CHANGE | 0 | 0.00 | 0.00 | 0.00 | 0.00 |
| (19) | CORRECT PART B ENT | 8 | -929.11 | -839.59 | -744.86 | -2,513.56 |
| (20) | RETRO WORKING AGED STATUS | 0 | 0.00 | 0.00 | 0.00 | 0.00 |
| (21) | RETRO NHC STATUS | 0 | 0.00 | 0.00 | 0.00 | 0.00 |
| (22) | DISENROLL FOR PRIOR 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 ANNUAL | 0 | 0.00 | 0.00 | 0.00 | 0.00 |
| (26) | RETRO RA RECON MID-YEAR | 17,202 | 3,459,452.35 | 3,129,337.35 | 0.00 | 6,588,789.70 |
| (27) | RETRO CHF | 0 | 0.00 | 0.00 | 0.00 | 0.00 |
| (31) | RETRO LIS STATUS | 29 | 0.00 | 0.00 | 3,867.48 | 3,867.48 |
| (36) | PART D RATE CHANGE | 0 | 0.00 | 0.00 | 0.00 | 0.00 |
| (37) | PART D RA RECON ANNUAL | 0 | 0.00 | 0.00 | 0.00 | 0.00 |
| (38) | RETRO SEGMENT ID CHANGE | 0 | 0.00 | 0.00 | 0.00 | 0.00 |
| (41) | PART D RA RECON MID-YEAR | 24,321 | 0.00 | 0.00 | 254,021.30 | 254,021.30 |
| (42) | RETRO MSP FACTOR CHG | 127 | 117,628.03 | 105,380.36 | 0.00 | 223,008.39 |
| (44) | RETRO CORRECT FAILD PAY | 0 | 0.00 | 0.00 | 0.00 | 0.00 |
| (45) | DISENR FAIL PAY IRMAA PREM | 0 | 0.00 | 0.00 | 0.00 | 0.00 |
| (46) | RETRO CORRECT D ELIGIBILIT | 0 | 0.00 | 0.00 | 0.00 | 0.00 |
| (50) | BENE MERGE ADJUSTMNT | 0 | 0.00 | 0.00 | 0.00 | 0.00 |
| (94) | PMT ADJ DUE TO CLEANUP | 0 | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAL | | 149,569 | 20,357,084.66 | 18,554,152.52 | 3,374,051.03 | 42,285,288.21 |

** THE TOTAL PART D INCLUDES COVERAGE GAP DISCOUNT OF:

| | | |
|---|---|---|
| PROSPECTIVE | = | 105,755.60 |
| ADJUSTMENT | = | -517.04 |
| TOTAL | = | 105,238.56 |

**********
* CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING *
**********

CMS MONTHLY PLAN PAYMENT REPORT

PLAN NUMBER : HXXXX
PLAN NAME : XXXXXXXXXXXXXXXXXXXXXXXX
PAYMENT MONTH : 07/2012
RUN DATE : 06/12/2012
REPORT SECTION: PREMIUM SETTLEMENT
TABLE NUMBER : 2

PAGE: 2/5

| PAYMENT CATEGORY | PART C | PART D | NET PAYMENT |
|---|---|---|---|
| PART C PREMIUM WITHOLDING | 55,758.00 | | 55,758.00 |
| PART D PREMIUM WITHOLDING | | 0.00 | 0.00 |
| PART D LOW INCOME PREMIUM SUBSIDY | | 69,579.10 | 69,579.10 |
| PART D LATE ENROLL PENALTIES (DIRECT BILL) | | -5,332.20 | -5,332.20 |
| TOTAL | 55,758.00 | 64,246.90 | 120,004.90 |

**********
* CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING *
**********

CMS MONTHLY PLAN PAYMENT REPORT

PLAN NUMBER : HXXXX
PLAN NAME : XXXXXXXXXXXXXXXXXXXXXXXX
PAYMENT MONTH : 07/2012
RUN DATE : 06/12/2012
REPORT SECTION: FEES
TABLE NUMBER : 3

PAGE: 3/5

| DESCRIPTION | INPUTS | PART A | PART B | PART D | NET PAYMENT |
|---|---|---|---|---|---|
| EDUCATION USER FEE: | | | | | |
| 1) PART A AMT SUBJECT TO FEE | 17,086,056.85 | | | | |
| 2) X FEE RATE | 0.00048 | -8,201.31 | | | -8,201.31 |
| 3) PART B AMT SUBJECT TO FEE | 15,586,246.88 | | | | |
| 4) X FEE RATE | 0.00048 | | -7,481.40 | | -7,481.40 |
| 5) PART D AMT SUBJECT TO FEE | 3,093,618.69 | | | | |
| 6) X FEE RATE | 0.00048 | | | -1,484.94 | -1,484.94 |
| TOTAL | | | | | -17,167.65 |
| COB USER MEMBERS: | | | | | |
| 1) PROSP D MEMBERS | 35,741.00 | | | | |
| 2) X FEE RATE | 0.18 | | | -6,433.38 | -6,433.38 |
| TOTAL | | -8,201.31 | -7,481.40 | -7,918.32 | -23,601.03 |

**********
* CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING *
**********

CMS MONTHLY PLAN PAYMENT REPORT

PLAN NUMBER : HXXXX
PLAN NAME : XXXXXXXXXXXXXXXXXXXXXXXX
PAYMENT MONTH : 07/2012
RUN DATE : 06/12/2012
REPORT SECTION: SPECIAL ADJUSTMENT
TABLE NUMBER : 4

PAGE: 4/5

| DOC ID | DESCRIPTION | SOURCE | TYPE | PAYMENT CATEGORY | PART A | PART B | PART D/HITECH | NET PAYMENT |
|---|---|---|---|---|---|---|---|---|
| 2012-0067 | PART D 2006 REOPENING | DPR | PRS | CAPITATED | 0.00 | 0.00 | -732.32 | -732.32 |
| | | | | PREMIUM C | 0.00 | 0.00 | | 0.00 |
| | | | | PREMIUM D | | | 0.00 | 0.00 |
| | | | | LIS | | | 0.00 | 0.00 |
| | | | | HTC | | | 0.00 | 0.00 |
| TOTAL | | | | | 0.00 | 0.00 | -732.32 | -732.32 |

**********
* CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING *
**********

==========
CGD = COVERAGE GAP DISCOUNT INVOICE
CMP = CIVIL MONETARY PENALTY
CST = COST PLAN ADJUSTMENT
HTC = HITECH INCENTIVE PAYMENT
OTH = OTHER - NON SPECIFIC ADJUSTMENT GROUP
PRS = ANNUAL PART D RECONCILIATION
PTD = PART D RISK ADJUSTMENT
RAC = RECOVERY AUDIT CONTRACT ADJUSTMENT
RSK = RISK ADJUSTMENTS

CMS MONTHLY PLAN PAYMENT REPORT

PLAN NUMBER : HXXXX
PLAN NAME : XXXXXXXXXXXXXXXXXXXXXXX
PAYMENT MONTH : 07/2012
RUN DATE : 06/12/2012
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 | 20,357,084.66 | 20,357,084.66 | 0.00 |
| TABLE 1 | PART B | CAPITATED | 0.00 | 18,554,152.52 | 18,554,152.52 | 0.00 |
| TABLE 1 | PART D | CAPITATED | 0.00 | 3,374,051.03 | 3,374,051.03 | 0.00 |
| TABLE 2 | PART C PREMIUM WITHHOLDING | PREMIUM | 0.00 | 55,758.00 | 55,758.00 | 0.00 |
| TABLE 2 | PART D PREMIUM WITHHOLDING | PREMIUM | 0.00 | 0.00 | 0.00 | 0.00 |
| TABLE 2 | PART D LOW INCOME PREMIUM SUBSIDY | PREMIUM | 0.00 | 69,579.10 | 69,579.10 | 0.00 |
| TABLE 2 | PART D LATE ENROL PENALTIES | PREMIUM | 0.00 | -5,332.20 | -5,332.20 | 0.00 |
| TABLE 3 | EDUCATION USER FEE | FEES | 0.00 | -17,167.65 | -17,167.65 | 0.00 |
| TABLE 3 | PART D COB USER FEE | FEES | 0.00 | -6,433.38 | -6,433.38 | 0.00 |
| TABLE 4 | CMS ADJUSTMENTS | SPEC ADJ | 0.00 | -732.32 | -732.32 | 0.00 |
| TOTAL | | | 0.00 | 42,380,959.76 | 42,380,959.76 | 0.00 |

**********
* CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING *
**********

# *J.11 Interim Plan Payment Report (IPPR)*

## *Description*

Also known as the Interim Payment Letter, this report itemizes interim payments to the MCO. It is produced by APPS when interim payments are calculated. CMS computes interim payments on an as-needed basis. When this occurs, the interim payment letter is pushed to the involved Plan(s).

## IPPR

The APPS IPPR is provided when a Plan is approved for an interim payment outside of the normal monthly process. The report contains the amount and reason for the interim payment to the Plan.

Plans may request the IPPR via the MARx User Interface under the weekly reports section of the menu.

12 Plan Payment Report

**Note**: For a sample of this report, refer to J.11 for the file format.

## *J.12 No Premium Due Report Format*

No Premium Due Reports are no longer generated. Only a data file is produced. The report is here for reference

```
        1       2       3       4       5       6       7       8       9       0       1       2       3
123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123


RUN DATE:  01/15/2005                    TRANSACTION REPLIES/MONTHLY ACTIVITY                          REPORT ID:  10
REPORTING MONTH:  12/2004          PLAN (Hzzzz) PBP (nnn) SGMT (mmm) Health Plan Name Here                     PAGE:   1
 * * * PLAN-SUBMITTED TRANSACTIONS:  ACCEPTED * * *
--------------------------  T R A N S A C T I O N  ---------------------------------------------  R E P L Y  ----------------
                   S                  O E           L  CO-PAY
                  F E DATE OF  EFF          O L SRCE  SPECIAL I  EFF        --PREMIUMS--   RPLY
TC CLAIM NUMBER SURNAME I X BIRTH    DATE     SCC   A T ID    STATUS  S  DATE       PT C     PT D  CODE REMARKS
-------------------------------------------------------------------------------------------------------------------------
61 1234567890AB DAVIDSO F M 09/10/26 01/01/05 45850 Y A SYSGN HEWIN  1  01/01/05  100.00   200.00  011  ENROLL ACCEPTED
51 1234567890AB BELMORE M F 03/27/33 01/01/05 22000 N E TV6K      N  2  04/01/05     .00    85.30  014  DISNROL-NEW MCO
51 123456789A   DUGAN   D F 07/14/17 01/01/05 45180 Y I TOE8   E     3  05/01/05     .00   113.56  014  AUTO DISENROLL
```

# K: *All Transmissions Overview*

## *Table K-1: All Transmissions Overview*

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
|---|---|---|---|---|---|---|
| **Dataset naming conventions key:**<br><br>[GUID] = 7 character EIDM User ID<br>P = Production Data<br>[.ZIP] = Appended if the file is compressed<br>[directory] = optional directory specification from non-mainframe C:D clients (if present, may consist of up to 60 characters). If none exists, directory defaults to the constant "EFTO." for Production files and "EFTT." for Test files. | | pn = Processing number of varying length assigned to the file by Gentran<br>ccccc = Contract number<br>Pccccc = Plan Contract Number for C:D<br>Uuuu-uuuuuuu = 4-7 character transmitter RACF ID<br>xxxxx = 5 character Contract ID<br>yyyymmdd = Calendar year, month & day<br>yymmdd = two digit year, month, day<br>zzzzzzzz = Plan-provided high level qualifier<br>eeee = Year for which final yearly RAS file was produced<br>vvvvv = Sequence counter for final yearly RAS files | | | Annnnn & Bnnnnn = MARx batch transaction ID, nnnnnnnnnn split into two nodes A…and B …with leading zeroes as necessary to complete ten-character batch ID<br>hhmm = hour and minute<br>ssssss= Sequentially assigned number<br>mmyyyy = Calendar month & year<br>hlq = High Level Qualifier or Directory per VSAM File<br>freq = Frequency code of file | |
| **Plan Submittals to CMS** | | | | | | |
| **1** | **MARx Batch Input Transaction Data File**<br><br>Header Record Disenrollment (51/54) Detail Record<br>Enrollment (61) Detail Record<br>Miscellaneous Change Detail Records: Correction (01) Record<br>4Rx Data Change (72)<br>Number of Uncovered Months (NUNCMO) Change (73)<br>Employer Group Health Plan (EGHP) Change (74)<br>Premium Payment Option (PPO) Change (75)<br>Residence Address Change (76)<br>Segment ID Change (77)<br>Part C Premium Change (78)<br>Part D Opt-Out (79)<br>MMP Opt-Out Update (TC83)<br>Cancellation of Enrollment (80) and Cancellation of Disenrollment (81) Detail Records<br>MMP Enrollment Cancellation (TC82)<br>POS Drug Edit (TC90)<br>**PCUG Record Layout – F.3** | Enrollment Transaction file to CMS MARx system requesting new enrollment, disenrollment, changes, etc.<br><br>Only the 1-800-Medicare group submits a Part D Opt-Out (41) transaction. | MARx | Data File | Batch - Daily PRN | **<u>Gentran Mailbox/TIBCO MFT Internet Server:</u>**<br>[GUID].[RACFID].MARX.D.xxxxx.FUTURE.[P/T][.ZIP]<br>Note: FUTURE is part of the filename and does not change.<br><br>**<u>Connect:Direct (Mainframe):</u>**<br>P#EFT.IN.uuuuuuu.MARXTR.DYYMMDD.THHMMSST<br><br>Note: DYYMMDD.THHMMSST must be coded as shown, as it is a literal |
| **2** | **Batch Eligibility Query (BEQ) Request File**<br><br>Header Record<br>Detail Record<br>Trailer Record<br><br>**PCUG Record Layout – F.5** | File of transactions submitted by Plans to request eligibility information for prospective Plan enrollees.<br><br>Used to do initial eligibility checks against CMS MBD system to verify member is Part A./B eligible. | MBD | Data File | PRN (Plans can send multiple files in a day) | **<u>Gentran Mailbox/TIBCO MFT Internet Server:</u>**<br>[GUID].[RACFID].MBD.D.xxxxx.BEQ.[P/T][.ZIP]<br><br>**<u>Connect:Direct (Mainframe):</u>**<br>P#EFT.IN.PLxxxxx.BEQ4RX.DYYMMDD.THHMMSST<br><br>Note: DYYMMDD.THHMMSST must be coded as shown, as it is a literal |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
|---|---|---|---|---|---|---|
| **Plan Submittals to CMS** | | | | | | |
| **3** | **Electronic Correspondence Referral System (ECRS) Batch Submittal File** | File used by Plans to submit other healthcare information (OHI) to CMS (*rather than submittal through the ECRS online system)* | ECRS | Data File | Daily | **Gentran Mailbox/TIBCO MFT Internet Server:** [GUID].[RACFID].ECRS.D.ccccc.FUTURE.[P/T] [.ZIP] **Connect:Direct:** TRANSMITTED TO GHI |
| **4** | **Prescription Drug Event (PDE) Submittal File** | File of transactions submitted by the Plans with Prescription Drug Events. | PDE | Data File | Can be Daily | **Gentran Mailbox/TIBCO MFT Internet Server:** [GUID].[RACFID].PDE.D.ccccc.FUTURE.[P/T] [.ZIP] **Connect:Direct:** TRANSMITTED TO PALMETTO |
| **5** | **MARx Batch Input Transaction Data File**<br><br>Header Record<br><br>Enrollment Transaction (Employer & Plan - 61 Detail Record<br>Disenrollment Transaction (51/54) Detail Record<br>Plan Elections (PBP Change) Transaction (71) Detail Record<br>4Rx Data Update (72)<br>NUNCMO Update (73)<br>Other Enrollment record Update (74)<br>Premium Withhold Option Update (75)<br><br>**PCUG Record Layout – F.3** | Enrollment Transaction file to CMS MARx system requesting new enrollment, disenrollment, changes, etc.<br><br>Only the 1-800-Medicare group submits a Part D Opt-Out (41) transaction. | MARx | Data File | Batch - Daily PRN | **Gentran Mailbox/TIBCO MFT Internet Server: **** [GUID].[RACFID].MARX.D.xxxxx.FUTURE.[P/T][.ZIP]<br><br>Note: FUTURE is part of the filename and does not change.<br><br>**Connect:Direct (Mainframe):** P#EFT.IN.uuuuuuu.MARXTR.DYYMMDD.THHMMSST<br><br>Note: DYYMMDD.THHMMSST must be coded as shown, as it is a literal |
| **6** | **Electronic Correspondence Referral System (ECRS) Batch Submittal File** | File used by Plans to submit other healthcare information (OHI) to CMS (*rather than submittal through the ECRS online system).* | ECRS | Data File | Daily | **Gentran Mailbox/TIBCO MFT Internet Server:** [GUID].[RACFID].ECRS.D.ccccc.FUTURE.[P/T] [.ZIP] **Connect:Direct:** TRANSMITTED TO GHI |
| **7** | **Prescription Drug Event (PDE) Submittal File** | File of transactions submitted by the Plans with Prescription Drug Events. | PDE | Data File | Can be Daily | **Gentran Mailbox/TIBCO MFT Internet Server:** [GUID].[RACFID].PDE.D.ccccc.FUTURE.[P/T] [.ZIP] **Connect:Direct:** TRANSMITTED TO PALMETTO |
| **8** | **RAPS Submittal File** | File of transactions submitted by the Plans with diagnoses for FFS Beneficiaries. | RAPS | Data File | Daily | **Gentran Mailbox/TIBCO MFT Internet Server:** [GUID].[RACFID].RAPS.D.ccccc.FUTURE.[P/T] [.ZIP] **Connect:Direct:** TRANSMITTED TO PALMETTO |
| **9** | **Encounter Data Services (EDS) Submittal File** | File of transactions submitted by the Plans with EDS. | EDS | Data File | Daily | **Gentran Mailbox/TIBCO MFT Internet Server:** [GUID].[RACF].EDS.D.xxxxx.FUTURE.[P/T][.ZIP] **Connect:Direct:** TRANSMITTED TO PALMETTO |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
|---|---|---|---|---|---|---|
| **CMS Transmittals to the Plans** | | | | | | |
| **10** | **Failed Transaction Data File**<br><br>Header Record<br>Failed Record | This report is no longer generated as a result of the November 2009 software release. Failed Records are now reported on the BCSS data file. | MARx | Data File | Response to transaction batch file | Obsolete |
| **11** | **Batch Completion Status Summary Data File**<br><br>Summary Record<br>Failed Records<br><br>**PCUG Record Layout – F.1** | Data file sent to the submitter once a batch of submitted transactions has been processed. Provides a count of all transactions within the batch and details the number of rejected and accepted transactions. It provides an image of the rejected and accepted transactions. | MARx | Data File | Once batch is processed | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.uuuuuuu.BCSSD.Annnnn.Bnnnnn.Thhmmss<br>**Connect:Direct (Mainframe):**<br><br>zzzzzzzz.uuuuuuu.BCSSD.Annnnn.Bnnnnn.Thhmmss<br><br>**Connect:Direct (Non-Mainframe):**<br>[directory]uuuuuuu.BCSSD.Annnnn.Bnnnnn.Thhmmss |
| **12** | **Enrollment Transmission Message File (STATUS)** | This message is no longer generated as a result of the April 2011 software release. This information is now incorporated into the Batch Completion Status Summary (BCSS) data file. | MARx | Report | Response to transaction batch file | Obsolete |
| **13** | **Coordination of Benefits (Validated Other Insurer Information) Data File for Part D**<br><br>Detail Record<br>Primary Record<br>Supplemental Record<br><br>**PCUG Record Layout – F.2** | File containing members' primary and secondary drug coverage that has been validated through COB processing. MARx forwards this report whenever a Plan's enrollees are affected. It may be as often as daily.The enrollees included on the report are those newly enrolled who have known Other Health Insurance (OHI) for drugs and those Plan enrollees with changes to their OHI. | MBD (MARx) | Data File | As Needed (can be daily) | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.MARXCOB.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.MARXCOB.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.MARXCOB.Dyymmdd.Thhmmsst |
| **14** | **MA Full Dual Auto Assignment Notification File**<br><br>Header Record<br>Detail Record (Transaction)<br>Trailer Record<br><br>**PCUG Record Layout – F.22** | Monthly file of Full Dual Beneficiaries in an existing Plan. | MBD | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.#ADUA4.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.#ADUA4.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.#ADUA4.Dyymmdd.Thhmmsst |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
|---|---|---|---|---|---|---|
| **CMS Transmittals to the Plans** | | | | | | |
| **15** | **Auto Assignment (PDP) Address Notification File**<br><br>Header Record<br>Detail Record(s)<br>Trailer Record<br><br>**PCUG Record Layout – F.23** | Monthly file of addresses of Beneficiaries who have been either Auto Assigned or Facilitated Assigned to PDPs. | MBD | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.#APDP4.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.#APDP4.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.#APDP4.Dyymmdd.Thhmmsst |
| **16** | **NoRx File**<br><br>Header Record<br>Detail Record<br>Trailer Record<br><br>**PCUG Record Layout – F.21** | File containing records identifying those enrollees that do not currently have 4Rx information stored in CMS files. A Detail Record Type containing a value of "NRX" in positions 1 – 3 of the file layout will indicate that this record is a request for your organization to send CMS 4Rx information for the beneficiary. | MBD | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.#NORX.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.#NORX.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.#NORX.Dyymmdd.Thhmmsst |
| **17** | **Batch Eligibility Query (BEQ) Request File Acknowledgment (Accept/Reject)**<br><br>**PCUG Sample Report – F.5.4** | MBD will determine if a BEQ Request File is Accepted or Rejected. MBD will issue an e-mail acknowledgment of receipt and status to the Sending Entity. If Accepted the file will be processed. If Rejected, the e-mail shall inform the Sending Entity of the first File Error Condition that caused the BEQ Request File to be Rejected. A rejected file will not be returned. | MBD | E-mail | Response to BEQ | N/A |
| **18** | **Batch Eligibility Query (BEQ) Response File**<br><br>Header Record<br>Detail Record (Transaction)<br>Trailer Record<br><br>**PCUG Record Layout – F.6** | File containing records produced as a result of processing the transactions of accepted BEQ Request files. Detail records for all submitted records that were successfully processed will contain Processed Flag = Y. Detail records for all submitted records that were not successfully processed contain Processed Flag = N. | MBD | Data File | Response to BEQ | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.#BQN4.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.#BQN4.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.#BQN4.Dyymmdd.Thhmmsst |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
|---|---|---|---|---|---|---|
| **CMS Transmittals to the Plans** | | | | | | |
| **19** | **ECRS Data File** | File containing errors and statuses of ECRS submissions. | ECRS | Data File | Daily | **Gentran Mailbox/TIBCO MFT Internet Server:** PCOB.BA.ECRS.ccccc.RESPONSE.ssssss **Connect:Direct:** TRANSMITTED FROM GHI |
| **20** | **Prescription Drug Event (PDE) PDFS Response Data File** | File containing responses if files are accepted or rejected. | PDE | Data File | Daily | **Gentran Mailbox/TIBCO MFT Internet Server:** RSP.PDFS_RESP_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO |
| **21** | **Prescription Drug Event (PDE) Drug Data Processing System (DDPS Return Data File** | File provides feedback on every record processed in a batch. Up to 10 specific errors are reported for each PDE in the file. | PDE | Data File | Daily | **Gentran Mailbox/TIBCO MFT Internet Server:** RPT.DDPS_TRANS_VALIDATION_ssssss **Connect:Direct (Mainframe):** TRANSMITTED FROM PALMETTO |
| **22** | **Prescription Drug Event (PDE) DDPS Transaction Error Summary Data File** | File provides frequency of occurrence for each error code encountered during the processing of a PDE file. The percentage to the total errors is also computed and displayed for each error code. | PDE | Data File | Daily | **Gentran Mailbox/TIBCO MFT Internet Server:** RPT.DDPS_ERROR_SUMMARY_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO |
| **23** | **Front-End Risk Adjustment System (FERAS) Response Reports** | Report indicates that the file was accepted or rejected by the Front-End Risk Adjustment System. | FERAS | Report | Daily | **Gentran Mailbox/TIBCO MFT Internet Server:** RSP.FERAS_RESP_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO |
| **24** | **Front-End Risk Adjustment System (FERAS) Response Data Files** | File contains all of the submitted transactions whether or not the file contains errors. | FERAS | Data File | Daily | **Gentran Mailbox/TIBCO MFT Internet Server:** RPT.RAPS_RETURN_FLAT_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO |
| **25** | **Front-End Risk Adjustment System (FERAS) Response Reports Transaction Error Report** | Report lists the transactions that contained errors and identifies the errors found. | FERAS | Report | Daily | **Gentran Mailbox/TIBCO MFT Internet Server:** RPT.RAPS_ERRORRPT_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
|---|---|---|---|---|---|---|
| **CMS Transmittals to the Plans** | | | | | | |
| **26** | **Front-End Risk Adjustment System (FERAS) Response Reports Transaction Summary Report** | **Report contains all of the transactions submitted, whether accepted or rejected.** | FERAS | Report | Daily | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>RPT.RAPS_SUMMARY_ssssss<br>**Connect:Direct:** TRANSMITTED FROM PALMETTO |
| **27** | **Front-End Risk Adjustment System (FERAS) Response Reports Duplicate Diagnosis Cluster Report** | Report identifies diagnosis clusters with 502 error message, clusters accepted, but not stored. | FERAS | Report | Daily | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>RPT.RAPS_DUPDX_RPT_ssssss<br>**Connect:Direct:** TRANSMITTED FROM PALMETTO |
| **28** | **Transaction Reply Daily Activity Data File**<br><br>**PCUG Record Layout – F.4** | Data file version of the Transaction Reply Daily Activity Report. | MARx | Data File | Daily | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.DTRRD.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.DTRRD.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.DTRRD.Dyymmdd.Thhmmsst |
| **29** | **Encounter Data Services (EDS) Response Data File** | File containing responses if files are accepted or rejected. | EDS | Data File | Daily | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.xxxxx.EDS_RESPONSE<br>**Connect:Direct:** TRANSMITTED FROM PALMETTO |
| **30** | **Encounter Data Services (EDS) Reject IC ISAIEA Data File** | File containing responses if files are accepted or rejected. | EDS | Data File | Daily | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.xxxxx.EDS_REJT_IC_ISAIEA.pn<br>**Connect:Direct:** TRANSMITTED FROM PALMETTO |
| **31** | **Encounter Data Services (EDS) Reject Function Transaction Data File** | File containing responses if files are accepted or rejected. | EDS | Data File | Daily | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.xxxxx.EDS_REJT_FUNCT_TRANS<br>**Connect:Direct:** TRANSMITTED FROM PALMETTO |
| **32** | **Encounter Data Services (EDS) Accept Function Transaction Data File** | File containing responses if files are accepted or rejected. | EDS | Data File | Daily | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.xxxxx.EDS_ACCPT_FUNCT_TRANS<br>**Connect:Direct:**<br>TRANSMITTED FROM PALMETTO |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
|---|---|---|---|---|---|---|
| **CMS Transmittals to the Plans** | | | | | | |
| **33** | **Encounter Data Services (EDS) Response Claim Number Data File** | File containing responses if files are accepted or rejected. | EDS | Data File | Daily | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.xxxxx.EDS_RESP_CLAIM_NUM<br>**Connect:Direct:**<br>TRANSMITTED FROM PALMETTO |
| **Weekly Transmittals (Data & Reports)** | | | | | | |
| **34** | **LIS/Part D Premium Data File**<br><br>**PCUG Record Layout – F.7** | The data in the report reflects LIS info, premium subsidy levels, Low-income co-pay levels, etc. for all Beneficiaries who have a low-income designation enrolled in a Plan.<br>This data file is produced bi-weekly. It is not automatically transmitted to the Plans. Through the MARx UI Plans can request or reorder this data file. | MARx | Data File | Biweekly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.LISPRMD.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.LISPRMD.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.LISPRMD.Dyymmdd.Thhmmsst |
| **Monthly Transmittals (Data & Reports)** | | | | | | |
| **35** | **Part C Monthly Membership Detail Report (Non Drug Report)**<br><br>aka: Monthly Membership Report (MMR)<br><br>**PCUG Sample Report – J.5** | Report listing every Part C Medicare member of the contract and providing details about the payments and adjustments made for each.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month. | MARx | Report | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Fxxxxx.MONMEMR.Dyymm01.Thhmmsst<br>P.Rxxxxx.MONMEMR.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Fxxxxx.MONMEMR.Dyymm01.Thhmmsst<br>zzzzzzzz.Rxxxxx.MONMEMR.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Fxxxxx.MONMEMR.Dyymm01.Thhmmsst<br>zzzzzzzz.Rxxxxx.MONMEMR.Dyymm01.Thhmmsst |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
|---|---|---|---|---|---|---|
| **Monthly Transmittals (Data & Reports)** | | | | | | |
| **36** | **Part D Monthly Membership Detail Report (Drug Report)**<br><br>aka: Monthly Membership Report (MMR)<br><br>**PCUG Sample Report – J.3** | Report listing every Part D Medicare member of the contract and provides details about the payments and adjustments made for each.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month. | MARx | Report | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Fxxxxx.MONMEMDR.Dyymm01.Thhmmsst<br>P.Rxxxxx.MONMEMDR.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Fxxxxx.MONMEMDR.Dyymm01.Thhmmsst<br>zzzzzzzz.Rxxxxx.MONMEMDR.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Fxxxxx.MONMEDR.Dyymm01.Thhmmsst<br>[directory]Rxxxxx.MONMEDR.Dyymm01.Thhmmsst |
| **37** | **Monthly Membership Detail Data File**<br><br>**PCUG Record Layout – F.11** | Data file version of the Monthly Membership Detail Reports. This file contains the data for both Part C and Part D members.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month. | MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Fxxxxx.MONMEMD.Dyymm01.Thhmmsst<br>P.Rxxxxx.MONMEMD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Fxxxxx.MONMEMD.Dyymm01.Thhmmsst<br>zzzzzzzz.Rxxxxx.MONMEMD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Fxxxxx.MONMEMD.Dyymm01.Thhmmsst<br>[directory]Rxxxxx.MONMEMD.Dyymm01.Thhmmsst |
| **38** | **Monthly Membership Summary Report**<br><br>**PCUG Sample Report – J.5** | Report summarizing payments to a Plan for the month, in several categories, and adjustments, by all adjustment categories. This report contains data for both Part C and Part D members.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month. | MARx | Report | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Fxxxxx.MONMEMSR.Dyymm01.Thhmmsst<br>P.Rxxxxx.MONMEMSR.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Fxxxxx.MONMEMSR.Dyymm01.Thhmmsst<br>zzzzzzzz.Rxxxxx.MONMEMSR.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Fxxxxx.MONMEMSR.Dyymm01.Thhmmsst<br>[directory]Rxxxxx.MONMEMSR.Dyymm01.Thhmmsst |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
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| **Monthly Transmittals (Data & Reports)** | | | | | | |
| **39** | **Monthly Membership Summary Data File**<br><br>**PCUG Record Layout – F.11** | Data file version of the Monthly Membership Summary Report for both Part C and Part D members.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month. | MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Fxxxxx.MONMEMSD.Dyymm01.Thhmmsst<br>P.Rxxxxx.MONMEMSD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Fxxxxx.MONMEMSD.Dyymm01.Thhmmsst<br>zzzzzzzz.Rxxxxx.MONMEMSD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Fxxxxx.MONMEMSD.Dyymm01.Thhmmsst<br>[directory]Rxxxxx.MONMEMSD.Dyymm01.Thhmmsst |
| **40** | **RAS RxHCC Model Output Report**<br><br>***AKA: Part D Risk Adjustment Model Output Report***<br><br>**PCUG Sample Report – J.8** | Report showing the Part D risk adjustment factors for each beneficiary. MARx forwards this report that is produced by RAS to Plans as part of the month-end processing.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month. | RAS (MARx) | Report (.pdf) | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.PTDMODR.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.PTDMODR.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.PTDMODR.Dyymm01.Thhmmsst |
| **41** | **RAS RxHCC Model Output Data File**<br><br>***AKA: Part D Risk Adjustment Model Output Data File***<br><br>Header Record<br>Detail / Beneficiary Record Format<br>Trailer Record<br><br>**PCUG Record Layout – F.16** | Data file version of the RAS RxHCC Model Output Report. MARx forwards this report that is produced by RAS to Plans as part of the month-end processing.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month. | RAS (MARx) | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.PTDMODD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.PTDMODD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.PTDMODD.Dyymm01.Thhmmsst |
| **42** | **Part C Risk Adjustment Model Output Report**<br><br>**PCUG Sample Report – J.7** | Report showing the Hierarchical Condition Codes (HCCs) used by the Risk Adjustment System (RAS) to calculate Part C risk adjustment factors for each beneficiary. MARx forwards this report that is produced by RAS to Plans as part of the month-end processing.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month. | RAS (MARx) | Report | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.HCCMODR.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.HCCMODR.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.HCCMODR.Dyymm01.Thhmmsst |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
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| **Monthly Transmittals (Data & Reports)** | | | | | | |
| **43** | **Part C Risk Adjustment Model Output Data File**<br><br>Header Record<br>Detail Record<br>Trailer Record<br><br>**PCUG Record Layout – F.15** | Data file version of the Risk Adjustment Model Output Report.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month. | RAS (MARx) | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.HCCMODD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.HCCMODD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.HCCMODD.Dyymm01.Thhmmsst |
| **44** | **BIPA 606 Payment Reduction Report**<br><br>**PCUG Sample Report – J.1** | Report listing members for whom the Plan is paying a portion of the Part B premium. Generated only if there are pre-2006 adjustments that involve BIPA 606 premium reductions.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month. | MARx | Report | Monthly, if applicable | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.BIPA606R.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.BIPA606R.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.BIPA606R.Dyymm01.Thhmmsst |
| **45** | **BIPA 606 Payment Reduction Data File**<br><br>**PCUG Record Layout – F.9** | Data file version of the BIPA 606 Reduction Report.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month. | MARx | Data File | Monthly, if applicable | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.BIPA606D.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.BIPA606D.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.BIPA606D.Dyymm01.Thhmmsst |
| **46** | **Monthly Summary of Bills Report**<br><br>**PCUG Sample Report – J.6** | Report summarizing all Medicare fee-for-service activity, both Part A and Part B, for Beneficiaries enrolled in the contract<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month. | MARx | Report | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.SUMBILLS.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.SUMBILLS.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.SUMBILLS.Dyymm01.Thhmmsst |
| **47** | **HMO Bill Itemization Report**<br><br>**PCUG Sample Report – J.2** | Report listing the Part A bills that were processed under Medicare fee-for-service for Beneficiaries enrolled in the contract.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month. | MARx | Report | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.BILLITEM.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.BILLITEM.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.BILLITEM.Dyymm01.Thhmmsst |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
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| **Monthly Transmittals (Data & Reports)** | | | | | | |
| **48** | **Part B Claims Data File**<br><br>**Record Type 1**<br>**Record Type 2**<br><br>**PCUG Record Layout – F.13** | Data file listing the Part B physician and supplier claims and Part B home health claims that were processed under Medicare fee-for-service for Beneficiaries enrolled in the contract.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month. | MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.CLAIMDAT.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.CLAIMDAT.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.CLAIMDAT.Dyymm01.Thhmmsst |
| **49** | **Payment Records Report**<br><br>**PCUG Sample Report – J.9** | Report listing the Part B physician and supplier claims that were processed under Medicare fee-for-service for Beneficiaries enrolled in the contract.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month. | MARx | Report | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.PAYRECDS.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.PAYRECDS.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.PAYRECDS.Dyymm01.Thhmmsst |
| **50** | **Monthly Premium Withholding Report Data File (MPWR)**<br><br>**Header Record**<br>**Detail Record**<br>**Trailer - T1 - Total at segment level**<br>**Trailer - T2 - Total at PBP level**<br>**Trailer - T3 - Total at contract level**<br><br>**PCUG Record Layout – F.12** | Monthly reconciliation file of premiums withheld from SSA or RRB checks. Includes Part C and Part D premiums and any Part D Late Enrollment Penalties. This file is produced by the Premium Withhold System (PWS). MARx makes this report available to Plans as part of the month-end processing.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month. | PWS (MARx) | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.MPWRD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.MPWRD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.MPWRD.Dyymm01.Thhmmsst |
| **51** | **Failed Payment Reply Report**<br><br>**Detail Record**<br><br>**PCUG Record Layout – F.27** | Data file reporting payment actions which failed to complete. | MARx | Data File | Monthly Payment Cycle | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.FPRRD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx FPRRD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx. FPRRD.Dyymm01.Thhmmsst |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
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| **Monthly Transmittals (Data & Reports)** | | | | | | |
| **52** | **Plan Payment Report (APPS Payment Letter)**<br><br>**PCUG Sample Report – J.10** | Report itemizing the final monthly payment to the Plan. This report is produced by the APPS when final payments are calculated. MARx makes this report available to Plans as part of the month-end processing.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month. | APPS | Report | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Fxxxxx.PLANPAY.Dyymm01.Thhmmsst<br>P.Rxxxxx.PLANPAY.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Fxxxxx.PLANPAY.Dyymm01.Thhmmsst<br>zzzzzzzz.Rxxxxx.PLANPAY.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Fxxxxx.PLANPAY.Dyymm01.Thhmmsst<br>[directory]Rxxxxx.PLANPAY.Dyymm01.Thhmmsst |
| **53** | **Plan Payment Report (APPS Payment Letter) Data File**<br><br>**PCUG Record Layout – F.24** | This data file itemizes the final monthly payment to the MCO. This data file and subsequent report are produced by the APPS when final payments are calculated. CMS makes this report available to MCO's as part of month-end processing.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month. | APPS | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.PPRD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.PPRD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory].Rxxxxx.PPRD.Dyymm01.Thhmmsst |
| **54** | **Interim APPS Plan Payment Report**<br><br>**PCUG Sample Report – J.11** | When a Plan is approved for an interim payment outside of the normal monthly process, an interim Plan Payment Report is distributed to that Plan. The report contains the amount and reason for the interim payment. Plans can also request these reports via the MARx user interface under the weekly report section of the menu. | APPS | Report | As needed | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.PLNPAYI.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.PLNPAYI.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.PLNPAYI.Dyymm01.Thhmmsst |
| **55** | **Interim APPS Plan Payment Report Data File**<br><br>**PCUG Sample Layout – F.24** | The Interim APPS Plan Payment Data File and Report is provided when a Plan is approved for an interim payment outside of the normal monthly process. The data file / report contains the amount and reason for the interim payment to the Plan. | APPS | Data File | As needed | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.PPRID.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.PPRID.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory].Rxxxxx.PPRID.Dyymmdd.Thhmmsst |

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| **Monthly Transmittals (Data & Reports)** | | | | | | |
| **56** | **820 Format Payment Advice Data File**<br><br>**PCUG Record Layout – F.8** | HIPAA-Compliant version of the Plan Payment Report. This data file itemizes the final monthly payment to the Plan. This data file is not available through MARx.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the CCM. | APPS | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.PLAN820D.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.PLAN820D.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.PLAN820D.Dyymm01.Thhmmsst |
| **57** | **Monthly Full Enrollment Data File**<br><br>**PCUG Record Layout – F.18** | File includes all active Plan membership on the date the file is run. This file is considered a definitive statement of current Plan enrollment. The file is distributed on or about the first of the month. | MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.FEFD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.FEFD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.FEFD.Dyymm01.Thhmmsst |
| **58** | **Prescription Drug Event (PDE) DBC Cumulative Beneficiary Summary Report** | File includes summary for the beneficiary of accumulated overall totals in PDE amount fields with accumulated totals for covered drugs. | PDE | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>RPT.DDPS.CUM_BENE_ACT_COV_ssssss<br>**Connect:Direct:**<br>TRANSMITTED FROM PALMETTO |
| **59** | **Prescription Drug Event (PDE) DBC Cumulative Beneficiary Summary Report** | File includes summary for the beneficiary of accumulated overall totals in PDE amount fields with accumulated totals for enhanced drugs. | PDE | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>RPT.DDPS_CUM_BENE_ACT_ENH_ssssss<br>**Connect:Direct:**<br>TRANSMITTED FROM PALMETTO |
| **60** | **Prescription Drug Event (PDE) DBC Cumulative Beneficiary Summary Report** | File includes summary for the beneficiary of accumulated overall totals in PDE amount fields with accumulated totals for over-the-counter drugs. | PDE | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>RPT.DDPS_CUM_BENE_ACT_OTC_ssssss<br>**Connect:Direct:**<br>TRANSMITTED FROM PALMETTO |
| **61** | **Front-End Risk Adjustment System (FERAS) Response Reports**<br>**Monthly Plan Activity Report** | Report provides monthly summary of the status of submissions by submitter and Plan number. | FERAS | Report | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>RPT.RAPS_MONTHLY_ssssss<br>**Connect:Direct:**<br>TRANSMITTED FROM PALMETTO |

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| **Monthly Transmittals (Data & Reports)** | | | | | | |
| **62** | **Front-End Risk Adjustment System (FERAS) Response Reports**<br>**Cumulative Plan Activity Report** | Report provides cumulative summary of the status of submissions by Submitter ID and Plan number. | FERAS | Report | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>RPT.RAPS_CUMULATIVE_ssssss<br>**Connect:Direct:**<br>TRANSMITTED FROM PALMETTO |
| **63** | **Front-End Risk Adjustment System (FERAS) Response Reports**<br>**Frequency Report Monthly Report** | Report provides monthly summary of all errors on all file submissions within the month. | FERAS | Report | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>RAPS_ERRORFREQ_MNTH_ssssss<br>**Connect:Direct:**<br>TRANSMITTED FROM PALMETTO |
| **64** | **LEP Data File**<br><br>Header Record<br>Detail Record<br>Trailer Record<br><br>**PCUG Record Layout – F.19** | This report provides information on low-income subsidized Beneficiaries and on direct-billed Beneficiaries with late enrollment penalties.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month. | MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Fxxxxx.LEPD.Dyymm01.Thhmmsst<br>P.Rxxxxx.LEPD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Fxxxxx.LEPD.Dyymm01.Thhmmsst<br>zzzzzzzz.Rxxxxx.LEPD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Fxxxxx.LEPD.Dyymm01.Thhmmsst<br>[directory]Rxxxxx.LEPD.Dyymm01.Thhmmsst |
| **65** | **LIS History Data File (LISHIST)**<br><br>**PCUG Record Layout – F.20** | This file supplements existing files that provide LIS notifications. It provides a complete picture of a beneficiary's LIS eligibility over a period of time not to exceed 36 months.<br><br>Note:<br>The date in the file name defaults to "dd" denoting the day of the calendar month. | MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.LISHIST.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.LISHIST.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.LISHIST.Dyymmdd.Thhmmsst |
| **66** | **Agent Broker Compensation Data File**<br><br>**PCUG Record Layout – F.25** | This data file provides the broker compensation cycle-year counts. Data is sent to Plans 1) when a beneficiary enrolls, 2) each January when the cycle-year count increments and 3) as necessary when retroactive change affects the compensation cycle.<br><br>Plans may re-order the Broker Compensation Report Data File" via the UI. | MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rnnnnn.COMPRPT.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rnnnnn.COMPRPT.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rnnnnn.COMPRPT.Dyymmdd.Thhmmsst |

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| **Monthly Transmittals (Data & Reports)** | | | | | | |
| **67** | **Monthly MSP Information Data File**<br><br>**PCUG Record Layout – F.26** | This data file is sent directly to Part C Plans on the first Monday after the MARx month-end processing completes. This file contains MSP details for all Part beneficiaries in the Part C Plan. It covers MSP periods for the previous 48 months. | MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.MSPCOBMA.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.MSPCOBMA.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory].Rxxxxx.MSPCOBMA.Dyymmdd.Thhmmsst |
| **68** | **Medicare Advantage Organization (MAO) 004 Report** | This report contains the diagnoses that meet the risk adjustment rules and are, therefore, eligible for risk adjustment. | RAS (MARx) | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.MAO004.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.MAO004.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.MAO004.Dyymmdd.Thhmmsst |
| **Quarterly Report** | | | | | | |
| **69** | **Front-End Risk Adjustment System (FERAS) Response Reports**<br>**Frequency Report Quarterly Report** | Report provides quarterly summary of all errors on all file submissions within the three-month quarter. | FERAS | Report | Quarterly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>RAPS_ERRORFREQ_QTR_ssssss<br>**Connect:Direct:**<br>TRANSMITTED FROM PALMETTO |
| **Yearly Report** | | | | | | |
| **70** | **RAS Final Yearly Model Output Report, Part D** | Report indicates the year-end Part D risk adjustment factors for each beneficiary. MARx forwards this report, produced by RAS, to Plans as part of the month-end processing. | RAS (MARx) | Report (.pdf) | Yearly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.PTDMOFR.Yeeee.Cvvvvv.Thhmmss<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.PTDMOFR.Yeeee.Cvvvvv.Thhmmss<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.PTDMOFR.Yeeee.Cvvvvv.Thhmmss |
| **71** | **RAS Final Yearly Model Output Data File, Part D** | Data file version of the year end Part D RAS Model Output Report. MARx forwards this report, produced by RAS, to Plans as part of the month-end processing. | RAS (MARx) | Data File | Yearly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.PTDMOFD.Yeeee.Cvvvvv.Thhmmss<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.PTDMOFD.Yeeee.Cvvvvv.Thhmmss<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.PTDMOFD.Yeeee.Cvvvvv.Thhmmss |

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|---|---|---|---|---|---|---|
| **Yearly Report** | | | | | | |
| **72** | **RAS Final Yearly Model Output Report, Part C** | Report indicates the year end Part C risk adjustment factors for each beneficiary. MARx forwards this report, produced by RAS, to Plans as part of the month-end processing. | RAS (MARx) | Report (.pdf) | Yearly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.HCCMOFR.Yeeee.Cvvvvv.Thhmmss<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.HCCMOFR.Yeeee.Cvvvvv.Thhmmss<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.HCCMOFR.Yeeee.Cvvvvv.Thhmmss |
| **73** | **RAS Final Yearly Model Output Data File, Part C** | Data file version of the year end Part C RAS Model Output Report. MARx forwards this report, produced by RAS, to Plans as part of the month-end processing. | RAS (MARx) | Data File | Yearly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.HCCMOFD.Yeeee.Cvvvvv.Thhmmss<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.HCCMOFD.Yeeee.Cvvvvv.Thhmmss<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.HCCMOFD.Yeeee.Cvvvvv.Thhmmss |
| **74** | **Loss of Subsidy Data File**<br><br>**PCUG Record Layout – F.30** | The first file is sent in September and identifies members receiving a joint CMS and SSA letter informing them they will not have Deemed status for the following year. The second file is sent in December and is an updated version of the September file, indicating those Beneficiaries who still do not have Deemed status for the following year.<br><br>The data file has a record length of 500 bytes. The TRC used for this special file type is 996. TRC 996 indicates the loss of Deeming which means the Beneficiary will not be redeemed for the upcoming period. | MARx | Data File | Twice Yearly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.EOYLOSD.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.EOYLOSD.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.EOYLOSD.Dyymmdd.Thhmmsst |
| **75** | **PDP Loss Data File** | Once a year notification file sent by CMS providing a preliminary listing of LIS-eligible Beneficiaries whom CMS reassigns to a new PDP or to a new PBP within the same Plan sponsor effective January 1, 2008.<br><br>The LOSS file notifies PDPs of the members they will lose as a result of reassignment to other Plans. These members are classified as losing members. | MBD | Data File | Yearly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.APDP5.LOSS.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.APDP5.LOSS.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.APDP5.LOSS.Dyymmdd.Thhmmsst |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
|---|---|---|---|---|---|---|
| **Yearly Report** | | | | | | |
| **76** | **PDP Gain Data File** | Once a year notification file, sent by CMS, provides a preliminary listing of LIS-eligible Beneficiaries whom CMS reassigns to a new PDP or to a new PBP within the same Plan sponsor effective January 1, 2008.<br><br>The GAIN file notifies PDPs of members they will gain as a result of the yearly reassignment. These members are classified as gaining members. | MBD | Data File | Yearly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.APDP5.GAIN.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.APDP5.GAIN.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.APDP5.GAIN.Dyymmdd.Thhmmsst |
| **77** | **Long-Term Institutionalized Resident Report**<br><br>**PCUG Record Layout – F.31** | The Long-Term Institutionalized (LTI) Resident Report provides Part D sponsors a list of their Beneficiaries who are LTI residents during July and January of each year. This report contains basic information on the Beneficiaries and their institutions (Skilled Nursing Home or Nursing Home). | MDS | Report | Twice Yearly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.LTCRPT.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.LTCRPT.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.LTCRPT.Dyymmdd.Thhmmsst |
| **78** | **No Premium Due Data File**<br>**PCUG Record Layout – F.32** | The no premium due data file reports members that had a Part C premium, but will no longer have the Part C premium in the upcoming year. This data file is produced during MARx end of year processing. | MARx | Data File | Yearly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.SPCLPEX.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.SPCLPEX.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.SPCLPEX.Dyymmdd.Thhmmsst |

# L: *MA Plan Connectivity Checklist*

| **Getting Started** | | | | |
|---|---|---|---|---|
| ☑ **or N/A** | **#** | **Task** | **Checkpoint** | **Notes** |
| ☐ | 1. | Obtain a Contract Number from CMS/HPMS | Once completed, Task #4 may be initiated. | Contract #: |
| ☐ | 2. | Enter Connectivity Data into HPMS Plan Connectivity Data Module<br><br>(Plans are required to mail/fax completed forms to MAPD Help Desk) | | |
| | 3. | Complete T1/Connect:Direct information in the PCD module | Must be started at least 6 weeks prior to target connectivity testing date. | |
| ☐ or N/A | | 1. CMS Connect:Direct data entry into HPMS | | |
| ☐ or N/A | | 2. CMS SPOE ID Request form | | |
| **Security and Access** | | | | |
| ☑ **or N/A** | **#** | **Task** | **Checkpoint** | **Notes** |
| ☐ | 4. | Submit EPOC Designation Letter to CMS | After completion of Task #1. | |
| ☐ | 5. | EPOC registered in EIDM<br><br>(Allow 5 business days once EPOC letter is submitted before registering in EIDM) | After completion of Task #4. | |
| ☐ | 6. | EPOC approval received from CMS | | |
| ☐ | 7. | User/Submitter(s) registered in EIDM for Enrollment, BEQ and ECRS | After EPOC registration is complete. | |
| ☐ or N/A | 8. | User/Representative(s) registered in EIDM for Enrollment, BEQ and ECRS | After EPOC registration is complete. | |
| ☐ or N/A | 9. | User/Submitter(s) registered in EIDM for PDE/RAPS | Gentran/TIBCO MFT Submitters only. May be completed the same time as Task #7 or at a later date. | |
| **Connectivity – Setup**<br>**Note: Plans perform either Task #10 or Task #11.** | | | | |
| ☐ or N/A | **#** | **Task** | **Checkpoint** | **Notes** |
| | 10. | Each item listed in this Task is **required** by Plans submitting data via Connect:Direct.<br><br>Set up T1/Connect:Direct to CMS: | Must be started at least 6 weeks prior to target connectivity testing date. | |
| ☐ or N/A | | 1. Contact AT&T or an AT&T reseller to establish connectivity to CMS via AGNS. | | |
| ☐ or N/A | | 2. Verify access to CMS via AGNS | | |
| ☐ or N/A | | 3. High-level qualifier and/or security designations verified as accessible to CMS. | | |
| ☐ or N/A | | 4. Obtain Connect:Direct Software from Sterling Commerce. | | |

| | | | | |
|---|---|---|---|---|
| ❑ or N/A | | 5. Complete installation and configuration of Connect:Direct Software. | | |
| ❑ or N/A | | 6. Submitter successfully registered in EIDM (see Task #8). | | |
| ❑ or N/A | | 7. Obtain SPOE ID from CMS (see Task #3.2). | | |
| | 11. | Each item listed in this Task is **required** by Plans submitting data via Gentran/TIBCO MFT.<br><br>Set up Gentran/TIBCO MFT access: | | |
| ❑ or N/A | | 1. Submitter successfully registered in EIDM (see Task #7). | | |
| ❑ or N/A | | 2. Obtain and install SFTP Software (if not using HTTPS) | | |
| ❑ or N/A | | 3. Open required firewalls/ports:<br>SFTP Port: 10022<br>HTTPS Port: 3443 | | |

**Connectivity – Testing**
**Note: Plans perform either Task #12 or Task #13. Plans submitting PDE/RAPS data must also perform Task #14.**

| ❑ or N/A | # | Task | Checkpoint | Notes |
|---|---|---|---|---|
| | 12. | Each item listed in this Task is **required** by Plans submitting data via Connect:Direct.<br><br>Test T1/Connect:Direct to CMS: | | |
| ❑ or N/A | | 1. Appropriate telecommunications and technical resources participate in conference call with appropriate CMS Resources (initiated by MAPD Help Desk). | | |
| ❑ or N/A | | 2. Successfully transfer data **to** CMS | | |
| ❑ or N/A | | 3. Successfully receive data **from** CMS | | |
| | 13. | Each item listed in this Task is **required** by Plans submitting data via Gentran/TIBCO MFT.<br><br>Test Gentran/TIBCO MFT: | Task # 7 must be completed successfully before this task can be completed. | |
| ❑ or N/A | | 1. Mailbox(s) established at CMS is accessible | | |
| ❑ or N/A | | 2. Screenshot of successful access to 1 Gentran mailbox e-mailed to the MAPD Help Desk. | | |
| ❑ or N/A | | 3. Send test file to Gentran mailbox/TIBCO MFT server | | |
| ❑ or N/A | 14. | Contact CSSC Help Desk for assistance with Connectivity Testing of PDE/RAPS data submission. | | |

# M: *Valid Election Types for Plan-Submitted Transactions*

**Table M-1** shows the valid election types for Plan-submitted enrollment and disenrollment transactions. Plans must ensure the requirements in the CMS Enrollment and Disenrollment guidance applicable to the Plan type are followed to properly determine and report the election type.

***Table M-1: Valid Election Types for Plans***

| Election Types | | | | | | |
|---|---|---|---|---|---|---|
| **PLANS** | **AEP (A)** | **OEPI (T)** | **SEP (Note 2)** | **IEP (E/F)** | **MADP** | **ICEP (I)** |
| **MA** | **Y** | **Y** | **Y** | **N** | **Y** | **Y** |
| **MA-PD** | **Y** | **Y** | **Y** | **Y** | **Y** | **Y** |
| **PDP** | **Y** | **N (Use coordinating SEP where appropriate per CMS guidance)** | **Y** | **Y** | **N (Use coordinating SEP where appropriate per CMS guidance)** | **N** |
| **SHMO I** | **Y** | **Y** | **Y** | | | **Y** |
| **SHMO II** | **Y** | **Y** | **Y** | | | **Y** |
| **Cost with Part D** | **Y** | **N (Use coordinating SEP where appropriate per CMS guidance)** | **Y** | **Y** | **Use coordinating SEP where appropriate per CMS guidance)** | |
| **Cost without Part D** | **None required; however, if the beneficiary is currently enrolled in an MA Plan, a valid MA election period is required to leave that program and enroll in the cost Plan.** | | | | | |
| **WPP** | **Y** | **Y** | **Y** | **Y** | | **Y** |
| **ESRD I** | | | **Y** | | | |
| **ESRD II** | | | **Y** | | | |
| **PACE National** | **None Required** | | | | | |
| **CCIP / FFS Demos** | **None Required** | | | | | |
| **MDHO Demo** | **None Required** | | | | | |
| **MSHO Demo** | **None Required** | | | | | |
| **MSA** | **Y** | **N** | **Y** | **N** | **N** | **Y** |
| **MSA Demo** | **Y** | | **Y** | | **N** | **Y** |

**Note 1**: For code usage, refer to the previously released MMA Guidance and PDP Guidance.

**Note 2:** For election type SEP, use the following values under these specific circumstances:

- U - for Duals and Individuals with LIS
- W - for EGHP
- V - for permanent moves
- Y - CMS Casework use only (not submitted by Plans)
- S - Any other SEP as provided in guidance that is not one of the above values.

**Note 3:** In addition to these election period identifiers, CMS provides a valid value of 'X' for use in the election period identifier field. This value is an Administrative Action and Plans may use when a submitted transaction is not reflective of an actual Beneficiary election, as follows:

- Plan submitted "rollover"- Year-end processing occasionally requires that Plans submit transactions to accomplish the Plan crosswalk from one contract year to another. When required, as defined in the CMS Call Letter instructions, Plans should use the 'X' value in the election period field of the enrollment transaction submitted for this purpose.

- Involuntary Disenrollment - In limited circumstances, Plans may involuntarily disenroll individuals for specific reasons and when meeting all of the conditions provided in CMS enrollment guidance. Since these actions are not "elections," Plans should use the value of 'X' in the election period field of the disenrollment transaction submitted for this purpose.

- Premium Option Change - Plans may submit changes to an individual's premium withholding status via a 72 transaction. When doing so, Plans should use the 'X' value in the election period field of the 72 transaction submitted for this purpose.

- Plan-submitted "canceling" Transaction - Since beneficiaries may choose to cancel an enrollment or disenrollment request prior to the effective date of the request, occasionally Plans submit "canceling" transactions to CMS to cancel an already submitted action. Plans should use the value TC 80 to cancel an enrollment or TC 81 to cancel a disenrollment transaction.