Medicare Advantage and Prescription Drug Plans

September 4, 2013

Plan Communications User Guide
Appendices
Version 7.1

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Change Log
September 4, 2013 Updates

Section	Changes
Global Changes	Updated the version from 7.0 to 7.1 Updated the publication date to September 4, 2013 Updated Table, Section, and Appendix references DTRR, BCSS, PPO
Appendix A	Updated Table B-2, Division of Payment Operations (DPO) Representatives
Appendix B	No Change
Appendix C	No Change
Appendix D	No Change
Appendix E	No Change
Appendix F	No Change
Appendix G	No Change
Appendix H	No Change
Appendix I	Updated TRCs
Appendix J	Reformatted Appendix J
Appendix K	No Change
Appendix L	No Change
Appendix M	No Change

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Table of Contents

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.
Deductible	The amount a Beneficiary must pay for medical services or prescription drugs before a Plan starts paying benefits.
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.

Term	Definition
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.
Off-cycle	A retroactive transaction awaiting CMS approval because its effective date is too old for automatic acceptance.

Term	Definition
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. There are two types of required fields: • Always required, which are marked with an asterisk (*) • 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

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
DO	District Office
DOB	Date of Birth
DOD	Date of Death

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
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 Premium Plan
HIC	Health Insurance Claim
HICN	Health Insurance Claim Number
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
HPMS	Health Plan Management System
HTML	Hypertext Markup Language
HTTPS	Hypertext Transfer Protocol Secure
IACS	Individuals Authorized Access to CMS Computer Services
ICD	Interface Control Document
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 and Part D
MARx	Medicare Advantage and Prescription Drug System
MARx UI	Medicare Advantage and 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
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
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 Central Office Contact Information*

This appendix contains consolidated contact information for Plans to reference when they need assistance with questions or issues on information contained in the Plan Communications User Guide (the Guide) or on other issues or topics as summarized in the tables below.

Note: For questions or issues on payment or premium information contained in this guide or on any of the topics listed below, Plans should contact their Center for Medicare and Medicaid Services (CMS) Central Office (CO) Health Insurance Specialist in the Division of Payment Operations (DPO) for their particular region. See DPO contact list by region on page B-2 below.

Table B-1: DPO Central Office Contact Information

Full Dual Eligibility; Business Questions Only • Dual eligibility in general • Rules for auto assignment • Rules for passive enrollment • Info on Special Needs Plan (SNP) - NOT the files	**Plan Payments** • Calculation of payment • Delivery of payment • Payment errors • Premium calculations • Automated Plan Payment System (APPS) operation and APPS reports • Actual payments going to the Plans • Payment rules • Payment operations • Interim payments
Late Enrollment Penalty (LEP); Business Only	**Monthly Membership Report** (MMR)
CMS Plan Reporting Requirements; Not file format	**Center for Medicare (CM) Plan Payment Letters**
Reports • Report Contents, Timing, and Payment; Medicare Advantage and Prescription Drug System (MARx)	**All APPS Payment Reports;** (Business Only)
Full Dual Eligibility; (Business Only)	**Plan Communications User Guide**

B.1 *CMS Central Office*

Table B-2: Division of Payment Operations (DPO) Representatives

Region	Contact	Telephone Number	E-mail Address
1. Boston and Kansas City	Terry Williams	(410) 786-0705	Terry.Williams@cms.hhs.gov
2. New York, Demos/PACE	William Bucksten	(410) 786-7477	William.Bucksten@cms.hhs.gov
3. Philadelphia	James Krall	(410) 786-6999	James.Krall@cms.hhs.gov
4. Atlanta	Louise Matthews	(410) 786-6903	Louise.Matthews@cms.hhs.gov
5. Chicago	Mary Stojak	(410) 786-6939	Mary.Stojak@cms.hhs.gov
6. Dallas	Michelle Page	(410) 786-6937	Michelle.Page@cms.hhs.gov
7. San Francisco and Denver	Kim Miegel	(410) 786-3311	Kim.Miegel@cms.hhs.gov
8. Seattle	Sharon Rochester	410-786-7607	Sharon.Rochester1@cms.hhs.gov
9. DPO Director	John Scott	(410) 786-3636	John.Scott@cms.hhs.gov

B.2 *Payment Information Form*

Government vendor organizations with Medicare contracts receive payment from the Department of Treasury through an Electronic Funds Transfer (EFT) program. On the expected payment date, government vendor receive payments as direct deposits into corporate accounts at financial institutions. Additionally, CMS must have the Employee Identification Number (EIN)/Tax Identification Number (TIN) and associated name as registered with the Internal Revenue Service (IRS).

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

Special Note:

For assistance with Beneficiary-specific issues with enrollments, disenrollments, cancellations, and changes, Plans should contact their designated CMS regional caseworker.

Plans should e-mail their inquiry or research request for enrollment issues to the home Regional Office (RO) associated with their Beneficiary's address at PartDComplaints_RO#@cms.hhs.gov

Note: Replace the # sign in the above e-mail address with the specific RO number from the list above. For example: if the Beneficiary resides in Baltimore, send the inquiry to the Philadelphia RO using the following e-mail address:

Example: PartDComplaints_RO3@cms.hhs.gov

Please Note: Plans should report premium or other Plan Payment issues directly to their DPO contact listed on Page B-2 and not to the ROs/caseworkers. Also, if MARx reflects that the Beneficiary is in SSA Deduct and the Plan is not getting paid, then the Plan should contact its DPO representative.

For non-payment-related software, database questions, errors or issues related to any of the topics listed below, Plans may contact the Medicare Advantage and Prescription Drug (MAPD) Help Desk at 1-800-927-8069 or via e-mail at MAPDHelp@cms.hhs.gov**.**

Table B-3: MAPD Help Desk Contact Information

• File transfer software; Connect:Direct, Secure FTP, Gentran HTTPS, and TIBCO MFT Internet Server
• Ongoing Connectivity, File Transmission Support and Troubleshooting
• Supporting access to CMS systems; Individuals Authorized Access to CMS Computer Services (IACS) and Common User Interface (UI)
• Coordination with other help desks for proper routing of issues
• Questions related to file layouts; MAPD Help and OIS system letters, user guides, Frequently Asked Questions (FAQs), etc.

Plan Manager; Medicare Advantage (MA) Plans only – Contact regional Plan Manager for questions or issues related to the topics listed below:

Table B-4: Plan Manager Contact Information

• **Special Needs Plan questions**, unless drug related	• **Regional Premium Payment Option (PPO) Plan Questions**, unless drug related
• **MA Medical Savings Account (MSA)** - Part C Plan manager issue, unless drug related	• **Part C Managed Care Appeals Policy**
• **MA only Plan Finder Tool**	

Account Manager (Part D Plans Only) – Contact Account Manager for questions or issues related to the topics listed below:

Table B-5: Account Manager Contact Information

• **Online Enrollment Center**	• **General Part D Information**
• **General Part D Medicare Information**	• **General Part D MMA Information**
• **General Part D Policy Questions**	• **Part D Managed Care Appeals Policy**
• **Part D vs. Part B Drug Coverage**	• **Health Insurance Portability and Accountability Act (HIPAA) Privacy**
• **Creditable Coverage**	• **Marketing Requirements**
• **Financial Solvency – Application**	• **COB Survey**
• **Plan Finder & Formulary**	

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C: *Monthly Schedule*

The following pages contain the 2013 Plan Medicare Advantage and 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 and Prescription Drug (MAPD) Help Desk Web site downloads section: http://www.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 2013

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 to the Retroactive Processing Contractor.

(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.

YEAR 2013 MARx MONTHLY SCHEDULE

JANUARY

S	M	T	W	T	F	SA
		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	SA
					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	SA
					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	SA
	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	SA
			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	SA
						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						

JANUARY 2013

1 New Year's Day (Holiday)
2 JANUARY Payment Due Plan
4 Certification of Enrollment for November 20, 2012 report
9 Approved Retros to CMS (by noon)
11 PLAN DATA DUE (8pm Eastern Time)
21 Martin Luther King, Jr. (Observed)
24 MONTHLY REPORTS AVAILABLE

FEBRUARY 2013

1 FEBRUARY Payment Due Plan
3 Certification of Enrollment for December 20, 2012 report
6 Approved Retros to CMS (by noon)
8 PLAN DATA DUE (8pm Eastern Time)
18 President's Birthday (Observed)
21 MONTHLY REPORTS AVAILABLE

MARCH 2013

1 MARCH Payment Due Plan
10 Certification of Enrollment for January 24, 2013 report
13 Approved Retros to CMS (by noon)
15 PLAN DATA DUE (8 pm Eastern Time)
22 MONTHLY REPORTS AVAILABLE

APRIL 2013

1 APRIL Payment Due Plan
7 Certification of Enrollment for February 21, 2013 report
10 Approved Retros to CMS (by noon)
12 PLAN DATA DUE (8pm Eastern Time)
23 MONTHLY REPORTS AVAILABLE

MAY 2013

1 MAY Payment Due Plan
6 Certification of Enrollment for March 22, 2013 report
8 Approved Retros to CMS (by noon)
10 PLAN DATA DUE (8pm Eastern Time)
22 MONTHLY REPORTS AVAILABLE
27 Memorial Day (Holiday)
31 JUNE Payment Due Plan

JUNE 2013

7 Certification of Enrollment for April 23, 2013 report
12 Approved Retros to CMS (by noon)
14 PLAN DATA DUE (8pm Eastern Time)
21 MONTHLY REPORTS AVAILABLE

JULY

S	M	T	W	T	F	SA
	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	SA
				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	SA
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	SA
		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	SA
					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	SA
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				

YEAR 2013 MARx MONTHLY SCHEDULE

JANUARY

S	M	T	W	T	F	SA
		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	SA
					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	SA
					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

APRIL

S	M	T	W	T	F	SA
	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	SA
			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	SA
						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						

JULY 2013

1 **JULY Payment Due Plan**
4 Independence Day (Holiday)
6 Certification of Enrollment for May 22, 2013 report
10 Approved Retros to CMS (by noon)
12 PLAN DATA DUE (8pm Eastern Time)
24 MONTHLY REPORTS AVAILABLE

AUGUST 2013

1 AUGUST Payment Due Plan
5 Certification of Enrollment for June 21, 2013 report
7 Approved Retros to CMS (by noon)
9 PLAN DATA DUE (8pm Eastern Time)
22 MONTHLY REPORTS AVAILABLE
30 SEPTEMBER Payment Due Plan

SEPTEMBER 2013

2 Labor Day (Holiday)
7 Certification of Enrollment for July 24, 2013 report
11 Approved Retros to CMS (by noon)
13 PLAN DATA DUE (8pm Eastern Time)
23 MONTHLY REPORTS AVAILABLE

OCTOBER 2013

1 OCTOBER Payment Due Plan
2 Approved Retros to CMS (by noon)
4 PLAN DATA DUE (8pm Eastern Time)
6 Certification of Enrollment for August 22, 2013 report
14 Columbus Day (Observed)
15 Annual Enrollment Period Begins
23 MONTHLY REPORTS AVAILABLE

NOVEMBER 2013

1 NOVEMBER Payment Due Plan
6 Approved Retros to CMS (by noon)
7 Certification of Enrollment for September 23, 2013 report
8 PLAN DATA DUE (8pm Eastern Time)
11 Veteran's Day (Observed)
20 MONTHLY REPORTS AVAILABLE
28 Thanksgiving Day (Holiday)
29 DECEMBER Payment Due Plan

DECEMBER 2013

3 Approved Retros to CMS (by noon)
4 PLAN DATA DUE (8pm Eastern Time)
7 Annual Election Period Ends
7 Certification of Enrollment for October 23, 2013 report
19 MONTHLY REPORTS AVAILABLE
25 Christmas Day (Holiday)
January 1, 2014 – New Year's Day (Holiday)
January 2 - JANUARY 2014 Payment Due Plan
January 10 – PLAN DATA DUE (8pm Eastern Time)

JULY

S	M	T	W	T	F	SA
	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	SA
				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	SA
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	SA
		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	SA
					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	SA
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				

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.

Note: Retros are due by noon two days prior to the Plan Data Due/Submission cutoff day.

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E: *ESRD Network Contact Information Table*

Network	Region	States	Name & Address	Contact Information
1	1	Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	ESRD Network of New England Jaya Bhargava, Data Manager 30 Hazel Terrace. Woodbridge, Connecticut 06525	Phone: (203) 387-9332 Fax: (203) 389-9902
2	2	New York	IPRO/CKD Network for New York Bernadette Cobb, Data Manager 1979 Marcus Avenue Lake Success, New York 11042-1002	Phone: (516) 209-5619 Fax: (516) 326-8929
3	2	New Jersey Puerto Rico Virgin Islands	Trans-Atlantic Renal Council Chris Milkosky, Data Manager Cranbury Gate Office Park 109 S. Main St., Suite 21 Cranbury, New Jersey 08512-9595	Phone: (609) 490-0310 Fax: (609) 490-0835
4	3	Delaware Pennsylvania	ESRD Network 4 Inc. Rhonda Lockett, Data Manager 40 24th Street, Suite 410 Pittsburgh, Pennsylvania 15222	Phone: (412) 325-2250 Fax: (412) 325-1811
5	3	D of Columbia Maryland Virginia West Virginia	Mid-Atlantic Renal Coalition Jason Robins, Data Manager 1527 Huguenot Road Midlothian, Virginia 23113	Phone: (804) 794-3757 Fax: (804) 794-3793
6	4	Georgia North Carolina South Carolina	Southeastern Kidney Council, Inc. Margo Clay, Data Manager 1000 St. Albans Drive, Suite 270 Raleigh, North Carolina 27609	Phone: (919) 855-0882 Fax: (919) 855-0753
7	4	Florida	ESRD Network of Florida, Inc. LeChrystal Williams, Data Manager 5201 W Kennedy Boulevard, Suite 900 Tampa, Florida 33606	Phone: (813) 383-1530 Fax: (813) 354-1514
8	4	Alabama Mississippi Tennessee	ESRD Network Eight, Inc. Robert Bain, Data Manager 1755 Lelia Drive, Suite 400 Jackson, Mississippi 39210	Phone: (601) 936-9260 Fax: (601) 932-4446
9	5	Kentucky Indiana Ohio	The Renal Network, Inc. Christy Harper, Data Manager 911 East 86th Street, Suite 202 Indianapolis, Indiana 46240	Phone: (317) 257-8265 Fax: (317) 257-8291
10	5	Illinois	The Renal Network, Inc. Christy Harper, Data Manager 911 E 86th Street, Suite 202 Indianapolis, Indiana 46240	Phone: (317) 257-8265 Fax: (317) 257-8291
11	5	Michigan Minnesota North Dakota South Dakota Wisconsin	Renal Network of the Upper Midwest Tom Kysilko, Data Manager 1360 Energy Park Drive, Suite 200 St. Paul, Minnesota 55108	Phone: (651) 644-9877 Fax: (651) 644-9853
12	7	Iowa Kansas Missouri Nebraska	ESRD Network 12 Jeff Arnell, Data Manager 7306 NW Tiffany Springs Parkway Suite 230 Kansas City, Missouri 64153	Phone: (816) 880-9990 Fax: (816) 880-9088

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

F.1 820 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 and Prescription Drug System (MARx).

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]

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

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 Premium Plan (HCPP) contracts, Plans should enter the actual dollars billed, rather than the "risk equivalent" dollar amounts, into RMR05.

F.1.1 Header Record

Item	Segment	Data Element	Description	Length	Type	Contents
			820 Header Segment ID	2	AN	"ST"
		ST01	Transaction Set ID Code	3/3	ID	"820"
		ST02	Transaction Set Control Number	4/9	AN	Begin with "00001" Increment each Run
			Beginning Segment For Payment Order/Remittance Advice	3	AN	"BPR"
	BPR	BPR01	Transaction Handling Code	1/2	ID	"I"(Remittance Information Only)
	BPR	BPR02	Total Premium Payment Amount	1/18	R	Payment Letter – Net Payment See discussion on Balancing.
	BPR	BPR03	Credit/Debit Flag Code	1/1	ID	"C" (Credit)
	BPR	BPR04	Payment Method Code	3/3	ID	"BOP" (Financial Institution Option)
	BPR	BPR16	Check Issue or EFT Effective Date	8/8	DT	Use Payment Letter – Payment Date in CCYYMMDD format
			Re-Association Key	3	AN	"TRN"
	TRN	TRN01	Trace Type Code	1/2	ID	"3" (Financial Re-association Trace Number)
	TRN	TRN02	Check or EFT Trace Number	1/30	AN	"USTREASURY"
			Coverage Period	3	AN	"DTM"
	DTM	DTM01	Date/Time Qualifier	3/3	ID	"582" (Report Period)
	DTM	DTM05	Date/Time Period Format Qualifier	2/3	ID	"RD8"(Range of dates expressed in format CCYYMMDD – CCYYMMDD)
	DTM	DTM06	Date/Time Period	1/35	AN	Range of Dates for Payment Month. See DTM05.
			Premium Receiver's Name	2	AN	"N1"
	1000A	N101	Entity Identifier Code	2/3	ID	"PE" (Payee)
	1000A	N102	Name	1/60	AN	Contract Name

Item	Segment	Data Element	Description	Length	Type	Contents
	1000A	N103	Identification Code Qualifier	1/2	ID	"EQ" Insurance Company Assigned ID Number
	1000A	N104	Identification Code	2/80	AN	Contract Number
			Premium Payer's Name	2	AN	"N1"
	1000B	N101	Entity Identifier Code	2/3	ID	"PR" (Payer)
	1000B	N102	Name	1/60	AN	"CMS"
	1000B	N103	Identification Code Qualifier	1/2	ID	"EQ" Insurance Company Assigned ID Number
	1000B	N104	Identification Code	2/80	AN	"CMS"

F.1.2 Detail Record

Item	Segment	Data Element	Description	Length	Type	Contents
			Organization Summary Remittance Detail	3	AN	"RMR"
	2300A	RMR01	Reference Identification Qualifier	2/3	ID	"CT"
	2300A	RMR02	Contract Number	1/30	AN	Payment Letter – Contract #
	2300A	RMR04	Detail Premium Payment Amount	1/18	R	Payment Letter – Net Payment See discussion on Balancing.
	2300A	RMR05	Billed Premium Amount	1/18	R	Payment Letter – Capitated Payment. See discussion on Balancing.
			Summary Line Item	3	AN	"IT1"
	2310A	IT101	Line Item Control Number	1/20	AN	"1" (Assigned for uniqueness)
			Member Count	3	AN	"SLN"
	2315A	SLN01	Line Item Control Number	1/20	AN	"1" (Assigned for uniqueness)
	2315A	SLN03	Information Only Indicator	1/1	ID	"O" (For Information only)
	2315A	SLN04	Head Count	1/15	R	Payment Letter – Total Members
	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
			Organization Summary Remittance Level Adjustment	3	AN	"ADX"
	2320A	ADX01	Adjustment Amount	1/18	R	Payment Letter – Total Adjustments is the difference between Capitated Payment and Net Payment. See discussion on Balancing.

Item	Segment	Data Element	Description	Length	Type	Contents
	2320A	ADX02	Adjustment Reason Code	2/2	ID	"H1" - Information forthcoming – detailed information related to the adjustment is provided through a separate mechanism

F.1.3 Trailer Record

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

F.2 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 and reports on submitted transaction records that failed due to formatting issues. Previously, this file also returned the processing results of accepted and rejected transactions, but as of the April 2011 release, those are reported only on the Daily Transaction Reply Report (DTRR) Data file. Note: The Enrollment Transmission Message File (STATUS) 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 details the number of rejected and accepted transactions. It also provides an image of each failed transaction.

F.2.1 Failed Record

Below, the example of a BCSS report displays the format of the file transmission status. Plans get a sense of how the file status incorporates the new Transaction Codes (TCs) 76 through 83 and that the counts for accepted, rejected and failed transactions are displayed.

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 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

All BCSS records begin with a two-character record type identifier. The first character designates the type of data reported in that section.

Please note that the first count on the C1 Tran CNTS1 record is the total number of transactions received in the file.

F.2.2 BCSS 'Failed Transaction' Layout

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.2.3 BCSS Error Condition

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

1. Invalid User Id

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

PROCESSING STOPPED ON 2006-01-27 AT 17.00.39
USER ID (aaaa) NOT AUTHENTICATED: 2-USER ID NOT FOUND
HEADER CODE= AAAAAAHEADER
HEADER DATE= <MMCCYY>
BATCH ID = <nnnnnnnnn>
USER ID = <aaaa>
TRAN CNTS1 = nnnnnnnn T01 nnnnnnnn T51 nnnnnnnn T60 nnnnnnnn T61 nnnnnnnn
TRAN CNTS2 = T71 nnnnnnnn T72 nnnnnnnn TXX nnnnnnnn T62 nnnnnnnn
TRAN CNTS3 = T73 nnnnnnnn T74 nnnnnnnn T75 nnnnnnnn T85 nnnnnnnn
TRAN CNTS4 = T63 nnnnnnnn
********** Bottom of Data **********

2. Invalid Header Date

********** Top of Data**********
TRANSACTIONS RECEIVED ON 2006-01-27 AT 16.23.22

PROCESSING STOPPED ON 2006-01-27 AT 16.23.42
HEADER RECORD IS MISSING OR INVALID
HEADER CODE= AAAAAAHEADER
HEADER DATE= <NNNNNN>
BATCH ID = <nnnnnnnnn>
USER ID = <aaaa>
TRAN CNTS1 = nnnnnnnn T01 nnnnnnnn T51 nnnnnnnn T60 nnnnnnnn T61 nnnnnnnn
TRAN CNTS2 = T71 nnnnnnnn T72 nnnnnnnn TXX nnnnnnnn T62 nnnnnnnn
TRAN CNTS3 = T73 nnnnnnnn T74 nnnnnnnn T75 nnnnnnnn T85 nnnnnnnn
TRAN CNTS4 = T63 nnnnnnnn
********** Bottom of Data **********

3. Missing Header Record

```
********************************* Top of Data ******************************
TRANSACTIONS RECEIVED ON          AT

PROCESSING STOPPED    ON 2006-01-25 AT 18.11.38
HEADER RECORD IS MISSING OR INVALID
HEADER CODE= XXXHEADERZZZ
HEADER DATE= <MMCCYY>
BATCH ID   =
USER ID    =
TRAN CNTS1 =
TRAN CNTS2 =
TRAN CNTS3 =
******************************** Bottom of Data ****************************
```

4. Future Header Date

```
********************************* Top of Data ******************************
TRANSACTIONS RECEIVED ON 2006-01-30 AT 16.48.37

PROCESSING STOPPED    ON 2006-01-30 AT 16.48.55
HEADER RECORD DATE IS A FUTURE PROCESSING MONTH
RESUBMIT DURING THE CORRECT PROCESSING MONTH
PROCESSING MONTH=<MMCCYY>
HEADER CODE= AAAAAAHEADER
HEADER DATE= <MMCCYY>
BATCH ID   = <nnnnnnnnn>
USER ID    = <aaaa>
TRAN CNTS1 = nnnnnnnn T01 nnnnnnnn T51 nnnnnnnn T60 nnnnnnnn T61 nnnnnnnn
TRAN CNTS2 =         T71 nnnnnnnn T72 nnnnnnnn TXX nnnnnnnn T62 nnnnnnnn
TRAN CNTS3 =         T73 nnnnnnnn T74 nnnnnnnn T75 nnnnnnnn T85 nnnnnnnn
TRAN CNTS4 =         T63 nnnnnnnn
******************************** Bottom of Data ****************************
```

5. Header Date earlier than CCM

```
********************************* Top of Data ******************************
TRANSACTIONS RECEIVED ON 2006-01-30 AT 16.54.05

PROCESSING STOPPED    ON 2006-01-30 AT 16.54.13
HEADER RECORD DATE IS NOT EQUAL TO THE CURRENT PAYMENT MONTH
PROCESSING MONTH=<MMCCYY>
HEADER CODE= AAAAAAHEADER
HEADER DATE= <MMCCYY>
BATCH ID   = <nnnnnnnnn>
USER ID    = <aaaa>
TRAN CNTS1 = nnnnnnnn T01 nnnnnnnn T51 nnnnnnnn T60 nnnnnnnn T61 nnnnnnnn
TRAN CNTS2 =         T71 nnnnnnnn T72 nnnnnnnn TXX nnnnnnnn T62 nnnnnnnn
TRAN CNTS3 =         T73 nnnnnnnn T74 nnnnnnnn T75 nnnnnnnn T85 nnnnnnnn
TRAN CNTS4 =         T63 nnnnnnnn
******************************** Bottom of Data ****************************
```

6. Transaction File Rejection Reason

After a Specialty file is reviewed by CMS, the following STATUS messages are generated upon rejection:

********** Top of Data **********
TRANSACTIONS RECEIVED ON 2010-03-23 AT 13.55.15

THIS <RETRO/ROLLOVER/REVIEW> FILE WAS REJECTED BY <CMS Approver Name>
REJECTION REASONS: <text of reason
>
TRANSACTIONS REJECTED ON 24 Mar 2010 AT 14:39:33

HEADER CODE= AAAAAAHEADER RETRO
HEADER DATE= <MMCCYY>
BATCH ID = <nnnnnnnnn>
USER ID = <aaaa>
TRAN CNTS1 = nnnnnnnn T01 nnnnnnnn T51 nnnnnnnn T60 nnnnnnnn T61 nnnnnnnn
TRAN CNTS2 = T71 nnnnnnnn T72 nnnnnnnn TXX nnnnnnnn T62 nnnnnnnn
TRAN CNTS3 = T73 nnnnnnnn T74 nnnnnnnn T75 nnnnnnnn T85 nnnnnnnn
TRAN CNTS4 = T63 nnnnnnnn
TOTAL TRANSACTIONS REJECTED= nnnnnnnn

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

F.2.4 BCSS Specialty Files

If the file is a Specialty file, the following STATUS messages generate upon initial receipt:

Retro File Detected

********** Top of Data **********
TRANSACTIONS RECEIVED ON 2006-01-27 AT 14.23.05

HEADER CODE= AAAAAAHEADER RETRO
HEADER DATE= <MMCCYY>
BATCH ID = <nnnnnnnnn>
USER ID = <aaaa>
TRAN CNTS1 = nnnnnnnn T01 nnnnnnnn T51 nnnnnnnn T60 nnnnnnnn T61 nnnnnnnn
TRAN CNTS2 = T71 nnnnnnnn T72 nnnnnnnn TXX nnnnnnnn T62 nnnnnnnn
TRAN CNTS3 = T73 nnnnnnnn T74 nnnnnnnn T75 nnnnnnnn T85 nnnnnnnn
TRAN CNTS4 = T63 nnnnnnnn

PROCESSING STOPPED ON 2006-01-27 AT 14:23:39
RETRO FILE DETECTED FOR USERID <aaaa>
HEADER CODE= AAAAAAHEADER RETRO
HEADER DATE= 012006
********** Bottom of Data **********

Rollover File Detected

********** Top of Data **********
TRANSACTIONS RECEIVED ON 2006-01-27 AT 14.23.05

HEADER CODE= AAAAAAHEADER POVER
HEADER DATE= <MMCCYY>

BATCH ID = <nnnnnnnnn>
USER ID = <aaaa>
TRAN CNTS1 = nnnnnnnn T01 nnnnnnnn T51 nnnnnnnn T60 nnnnnnnn T61 nnnnnnnn
TRAN CNTS2 = T71 nnnnnnnn T72 nnnnnnnn TXX nnnnnnnn T62 nnnnnnnn
TRAN CNTS3 = T73 nnnnnnnn T74 nnnnnnnn T75 nnnnnnnn T85 nnnnnnnn
TRAN CNTS4 = T63 nnnnnnnn

PROCESSING STOPPED ON 2006-01-27 AT 14:23:39
ROLLOVER FILE DETECTED FOR USERID <aaaa>
HEADER CODE= AAAAAAHEADER POVER
HEADER DATE= 012006
********** Bottom of Data **********
Review File Detected

********** Top of Data **********
TRANSACTIONS RECEIVED ON 2006-01-27 AT 14.23.05

HEADER CODE= AAAAAAHEADER SVIEW
HEADER DATE= <MMCCYY>
BATCH ID = <nnnnnnnnn>
USER ID = <aaaa>
TRAN CNTS1 = nnnnnnnn T01 nnnnnnnn T51 nnnnnnnn T60 nnnnnnnn T61 nnnnnnnn
TRAN CNTS2 = T71 nnnnnnnn T72 nnnnnnnn TXX nnnnnnnn T62 nnnnnnnn
TRAN CNTS3 = T73 nnnnnnnn T74 nnnnnnnn T75 nnnnnnnn T85 nnnnnnnn
TRAN CNTS4 = T63 nnnnnnnn

PROCESSING STOPPED ON 2006-01-27 AT 14:23:39
REVIEW FILE DETECTED FOR USERID <aaaa>
HEADER CODE= AAAAAAHEADER SVIEW
HEADER DATE= 012006

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

F.3 BIPA 606 Payment Reduction Data File

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 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 = 13

F.4 Bonus Payment Data File

Item	Field	Size	Position	Description
1	Contract Number	5	1-5	Plan contract number
2	Run Date	8	6-13	YYYYMMDD; date the report was created
3	Payment Month	6	14-19	YYYYMM; the month that payments are effective
4	Adjustment Reason Code	2	20-21	Reason for the adjustment; equal to spaces if a payment
5	Payment/Adjustment Start Month	6	22-27	YYYYMM
6	Payment/Adjustment End Month	6	28-33	YYYYMM
7	State and County Code	5	34-38	2-digit state code followed by 3-digit county code of residence
8	HIC	12	39-50	Beneficiary's claim number
9	Surname	7	51-57	First 7 letters of the last name
10	Initial	1	58	Initial of the first name
11	Sex	1	59	Gender; M=male, F=female
12	Date of Birth	8	60-67	YYYYMMDD
13	Bonus Percentage	5	68-72	Bonus payment percent; 5.000% or 3.000%
14	Total Blended Payment/Adjustment w/o Bonus	9	73-81	Total Payment/Adjustment without bonus
15	Bonus Part A Payment/Adjustment	8	82-89	Part A bonus payment/adjustment
16	Bonus Part B Payment/Adjustment	8	90-97	Part B bonus payment/adjustment
17	Total Bonus Payment/Adjustment	9	98-106	Total bonus payment/adjustment
18	Blended + Bonus Payment/Adjustment Part A	9	107-115	Part A payment/adjustment with bonus
19	Blended + Bonus Payment/Adjustment	9	116-124	Part B payment/adjustment with bonus Part B
20	Total Blended + Bonus Payment/Adjustment	9	125-133	Total payment/adjustment with bonus

Total Length = 133

F.5 Coordination of Benefits (COB); Validated Other Health Insurance (OHI) Data File

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

The following records are included in this file:

- Detail Record
- Primary Record
- Supplemental Record

F.5.1 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.5.2 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	958	43-1000	CHAR	Spaces

Note: Total Length = 1000

F.5.3 *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	
12	COB Source Code* **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 11101 IEQ 11102 Data Match 11103 HMO 11104 Litigation Settlement BCBS 11105 Employer Voluntary Reporting 11106 Insurer Voluntary Reporting 11107 First Claim Development 11108 Trauma Code Development 11109 Secondary Claims Investigation 11110 Self Report 11111 411.25 11112 BCBS Voluntary Agreements 11113 Office of Personnel Management (OPM) Data Match 11114 Workers' Compensation Data Match 11118 Pharmacy Benefit Manager (PBM) 11120 COBA 11125 Recovery Audit Contractor (RAC) 1 (April Release) 11126 RAC 2 (April Release) 11127 RAC 3 (April Release) P0000 PBM S0000 Assistance Program Note: Contractor numbers 11100 - 11199 are reserved for COB

Item	Field	Size	Position	Format	Valid Values/Description
13	MSP Reason (Entitlement Reason from COB)	1	111	CHAR	A=Working Aged B=ESRD C=Conditional Payment D=Automobile Insurance, No fault E=Workers Compensation F=Federal (public) G=Disabled H=Black Lung I=Veterans L=Liability
14	Coverage Code*	1	112	CHAR	A=Hospital and Medical U=Drug (network benefit) V=Drug with Major Medical (non-network benefit) W=Comprehensive, Hospital, Medical, Drug (network) X=Hospital and Drug (network) Y=Medical and Drug (network) 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	Effective Date*	8	282-289	ZD	CCYYMMDD
25	Termination Date*	8	290-297	ZD	CCYYMMDD
26	Relationship Code*	2	298-299	CHAR	01=Bene is Policy Holder 02=Spouse 03=Child 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 S=Spouse M=Mother 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	20	506-525	CHAR	
43	Claim Diagnosis Code 1	10	526-535	CHAR	
44	Claim Diagnosis Code 2	10	536-545	CHAR	
45	Claim Diagnosis Code 3	10	546-555	CHAR	
46	Claim Diagnosis Code 4	10	556-565	CHAR	
47	Claim Diagnosis Code 5	10	566-575	CHAR	
48	Attorney's Name	32	576-607	CHAR	
49	Attorney's Address 1	32	608-639	CHAR	
50	Attorney's Address 2	32	640-671	CHAR	
51	Attorney's City	15	672-686	CHAR	
52	Attorney's State	2	687-688	CHAR	
53	Attorney's Zip	9	689-697	CHAR	
54	Lead Contractor	9	698-706	CHAR	
55	Class Action Type	2	707-708	CHAR	
56	Administrator Name	32	709-740	CHAR	
57	Administrator Address 1	32	741-772	CHAR	
58	Administrator Address 2	32	773-804	CHAR	
59	Administrator City	15	805-819	CHAR	
60	Administrator State	2	820-821	CHAR	
61	Administrator Zip	9	822-830	CHAR	
62	WCSA Amount	9	831-842	ZD	Integer value
63	WCSA Indicator	2	843-844	CHAR	
64	WCMSA Settlement Date	8	845-852	ZD	CCYYMMDD
65	Administrator's Telephone Number	18	853-870	CHAR	
66	Total Rx Settlement Amount	12	871-882	CHAR	Includes decimal point: 9999999999.99
67	Rx $ included in the WCMSA Settlement Amount	1	883	CHAR	Y = Yes N = No
68	Filler	120	884-1000	CHAR	

Total Length = 1000

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

F.5.4 *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 11101 IEQ 11102 Data Match 11103 HMO 11104 Litigation Settlement BCBS 11105 Employer Voluntary Reporting 11106 Insurer Voluntary Reporting 11107 First Claim Development 11108 Trauma Code Development 11109 Secondary Claims Investigation 11110 Self Report 11111 411.25 11112 BCBS Voluntary Agreements 11113 Office of Personnel Management (OPM) Data Match 11114 Workers' Compensation Data Match 11118 Pharmacy Benefit Manager (PBM) 11120 COBA 11125 Recovery Audit Contractor (RAC) 1 (April Release) 11126 RAC 2 (April Release) 11127 RAC 3 (April Release) P0000 PBM S0000 Assistance Program 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 M=Medigap N=State Program (Non-Qualified SPAP) O=Other P=Patient Assistance Program Q=Qualified State Pharmaceutical Assistance Program (SPAP) R=Charity S=AIDS Drug Assistance Program T=Federal Health Program 1=Medicaid 2=Tricare 3 = Major Medical
14	Coverage Code*	1	112	CHAR	U=Drug (network benefit) 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	Effective Date*	8	282-289	ZD	CCYYMMDD
25	Termination Date*	8	290-297	ZD	CCYYMMDD
26	Relationship Code*	2	298-299	CHAR	01=Bene is Policy Holder 02=Spouse 03=Child 04=Other
27	Payer ID*	10	300-309	CHAR	
28	Person Code*	3	310-312	CHAR	
29	Payer Order*	3	313-315	ZD	
30	Filler	685	316-1000	SPACES	

Total Length = 1,000

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

F.6 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.

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)

F.6.1 *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	"RETRO" = retroactive batch file submission; "POVER" = Plan rollover batch file submission; "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.6.2 *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	Optional
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
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

*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.

F.6.3 *Enrollment Transaction (TC 61) Detailed Record Layout*

Item	Fields	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	Blank field has a meaning.
8	PBP #	3	43-45	Required
9	Election Type	1	46	Required: for all Plan types when Note 3 is true; otherwise not required for 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	Application Date	8	52-59	Required
12	Transaction Code	2	60-61	Required
13	Disenrollment Reason	2	62-63	N/A
14	Effective Date (YYYYMMDD)	8	64-71	Required
15	Segment ID	3	72-74	Optional: if provided, must have three digits and a valid Segment for the Contract/PBP.
16	Filler	5	75-79	N/A
17	ESRD Override	1	80	Required: for MA Plans to successfully enroll ESRD exceptions.
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. Blank = zero, meaning no uncovered months.
23	Employer Subsidy Enrollment Override Flag	1	98	Required: if beneficiary has Employer Subsidy status for Part D; otherwise blank.
24	Part D Opt-Out Flag	1	99	Required: when changing PBPs; 'Y' when Opting Out of Part D; 'N' when Opting in for Part D; otherwise, blank.
25	Filler	35	100-134	N/A
26	Secondary Drug Insurance Flag	1	135	Required: for Part D Plans. Value is 'Y' or 'N' or blank. For auto/facilitated enrollments and rollovers, value is blank. For non-Part D Plans, value is blank.

Item	Fields	Size	Position	Required/Optional
27	Secondary Rx ID	20	136-155	Required: if secondary insurance; otherwise, blank.
28	Secondary Rx Group	15	156-170	Required: if secondary insurance; otherwise, blank.
29	Enrollment Source	1	171	Required: for Point of Service (POS) submitted enrollment transactions; otherwise, optional.
30	Filler	38	172-209	N/A
31	Plan Assigned Transaction Tracking ID	15	210-224	Optional
32	Part D Rx BIN	6	225-230	Required: for all Part D Plans except PACE National and MMP; otherwise, blank.
33	Part D Rx PCN	10	231-240	Change-to value for all Part D Plans, otherwise blank.
34	Part D Rx Group	15	241-255	Change-to value for all Part D Plans, otherwise blank.
35	Part D Rx ID	20	256-275	Required: for all Part D Plans except PACE National and MMP; otherwise, blank.
36	Secondary Drug BIN	6	276-281	Required: if secondary insurance; otherwise, blank.
37	Secondary Drug PCN	10	282-291	Required: if secondary insurance; otherwise, blank.
38	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.6.4 *Miscellaneous Change Transactions – Detailed Record Layouts*

F.6.4.1 *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.
25	Secondary Drug BIN	6	276-281	Blank or new additional value. Blank does not remove or replace existing data.

Item	Field	Size	Position	Required/Optional
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.6.4.2 *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.6.4.3 *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.6.4.4 *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
13	Filler	2	62- 63	N/A
14	Effective Date (YYYYMMDD)	8	64-71	Required

Item	Field	Size	Position	Required/Optional
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.6.4.5 *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
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.6.4.6 *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.6.4.7 *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
12	TC	2	60-61	Required
13	Filler	2	62-63	N/A
14	Effective Date (YYYYMMDD)	8	64-71	Required

Item	Field	Size	Position	Required/Optional
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.6.4.8 *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.6.5 *Cancellation Transactions – Detailed Record Layouts*

F.6.5.1 *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.6.5.2 *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	Sex	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	2	62-63	N/A
12	Effective Date (YYYYMMDD)	8	64-71	Required
13	Filler	138	72-209	N/A
14	Transaction Tracking ID	15	210-224	Optional
15	Filler	76	225– 300	N/A

Total Length = 300

F.6.5.3 *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.6.5.4 *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
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.6.6 *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 E = Medicaid ON F = Medicaid OFF 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.6.7 *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 • 2 = female • 0 = unknown
6	Birth Date (YYYYMMDD)	The date of the beneficiary's birth • YYYYMMDD
7	EGHP Flag	This flag indicates whether the Plan associated with this transaction is an Employer Group Health Plan (EGHP). For an Enrollment (TC 61) Transaction: • Y = EGHP • blank for all others For an EGHP Change (TC 74) Transaction: • Y = EGHP • N = not EGHP • blank = no change
8	PBP #	Three-character Plan Benefit Package (PBP) identifier, 001 – 999 (zero padded), for the plan associated with this transaction. PBP is required for all organizations except HCPP and CCIP/FFS demos. For these non-PBP organizations, populate with blanks.

Item	Field	Description
9	Election Type	The election type associated with the enrollment or disenrollment associated with this transaction. • A = AEP • D = MADP • E = IEP • F = IEP2 • I = ICEP • R = 5 Star Quality Rating SEP • S = Other SEP • T = OEPI • U = Dual/LIS SEP • V = Permanent Change in Residence SEP • W = EGHP SEP • X = Administrative SEP • Y = CMS/Case Worker SEP. I, A, D, O, S, N, U, V, W, X, Y and T are valid for MA only enrollments. I, A, D, O, S, U, V, W, X, Y, T, E, F, N, and T are valid for MAPD enrollments. A, S, U, V, W, X, Y, E and F are valid for PDP enrollments.
10	Contract #	The contract number associated with the transaction. • Hxxxx = local Plans • Rxxxx = regional Plans • Sxxxx = PDPs • Fxxxx = fallback Plans • Exxxx = employer sponsored MA/MAPD and PDP Plans.
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. • YYYYMMDD
12	TC	This identifies the type of transaction submitted on this record. • 01 = Internal corrections or cleanups • 30 = Turn Bene-Level Demonstration Factor On (Demos Only) • 31 = Turn Bene-Level Demonstration Factor Off (Demos Only) • 41 = Part D Opt-Out Change (Submitted by CMS) • 42 = MMP Opt-Out Update • 51 = Disenrollment (MCO or CMS) • 54 = Disenrollment (Submitted by 1-800-MEDICARE) • 61 = Single Enrollment • 72 = 4Rx Record Update • 73 = NUNCMO Update • 74 = Employer Group Health Plan (EGHP) Update • 75 = Premium Payment Option (PPO) Update • 76 = Residence Address Update • 77 = Segment ID Update • 78 = Part C Premium Update • 79 = Part D Opt-Out Update • 80 = Cancellation of Enrollment • 81= Cancellation of Disenrollment • 82 = MMP Enrollment Cancellation • 83 = MMP Opt-Out Update

Item	Field	Description
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. • 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. • Any alpha-numeric value (1-9 and A-F) indicates an override. • 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. • D = Direct self-pay • S = Deduct from SSA benefits • N = No Premium • R = RRB benefits 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
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. It is also used to reset the count of uncovered months to zero due to a new IEP or LIS change and to remove resets that were set in error. • For enrollment (TC 61) transactions, valid values are Y, N, R and blank. • For NUNCMO change (TC 73), valid values are Y, N, R, U and blank. • Y = the beneficiary has creditable coverage. • N = the beneficiary does not have creditable coverage. • R = the accumulated NUNCMO is reset to zero as of the effective date on the transaction. • U = the previous reset associated with the effective date on the transaction is removed and the total uncovered month accumulation reinstated.
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. A NUNCMO is greater than 0 only if the Creditable Coverage Flag is N. This field is populated with zero if the Creditable Coverage Flag is Y, R or U.
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. • Y = override the employer subsidy check and enroll the beneficiary • 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. • Y = add the flag to opt-out of Part D AE-FE. • N = remove the flag to opt-out of Part D AE-FE. • Blank = no change to opt-out status

Item	Field	Description
25	MMP Opt-Out Flag	This flag indicates the beneficiary does not want passive enrollment into an MMP. • Y = add the flag to opt-out of passive enrollment into MMPs. • N = remove the flag to opt-out of passive enrollment into an MMP. • Blank = no change to opt-out status
26	Secondary Drug Insurance Flag	This flag indicates whether that beneficiary has secondary drug insurance. • Y = beneficiary has secondary drug insurance • N = beneficiary does not have secondary drug insurance • 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. • A = AE by CMS • B = Beneficiary election (Default when a blank enrollment source is submitted). • C = FE by CMS • D = System generated rollover • E = Plan submitted AE • F = Plan submitted FE • G = Point of Sale (POS) submitted enrollment • H = Re-assignment submitted by CMS or Plan • J = State-submitted passive enrollment • K = CMS-submitted passive enrollment • L = MMP beneficiary election • M= Default for MMP enrollments submitted without an Enrollment Source Code *(M is not submitted on an enrollment)*
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) • Numeric and right justified • 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. • Alphanumeric (upper case and/or numeric) and left justified • Default value = spaces
34	Part D Rx Group	Part D insurance Plan's group identifier for the Beneficiary. • Alphanumeric (upper case and/or numeric) and left justified • Default value = spaces
35	Part D Rx ID	Part D insurance Plan's ID for the Beneficiary. • Alphanumeric (upper case and/or numeric) and left justified • Default value = spaces
36	Secondary Rx BIN	Secondary insurance Plan's BIN number for the Beneficiary. • Numeric and right justified
37	Secondary Rx PCN	Secondary insurance Plan's PCN identifier for a Beneficiary. • Alphanumeric (upper case and/or numeric) and left justified • Default value = spaces
38	Filler	Blank

F.7 Failed Transaction Data File - OBSOLETE

Effective with the April 2011 Software Release, CMS no longer generates the Failed Transaction Data File. Failed records reporting was incorporated into the BCSS Data file.

The Failed Transaction data file details transactions that CMS cannot load into MARx for processing due to formatting errors with the file header, user authentication, transaction format or incorrect data types for transaction data elements. It is sent to the user who submitted the batch.

F.8 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.

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

Item	Field	Size	Position	Description
19	New Medicare Beneficiary Medicaid Status Flag	1	66-66	1. Prior to 2008, payments/payment adjustments report: • Y = Medicaid status, • Blank = not Medicaid. 2. In 2008, payments and payment adjustments report: • Y = Beneficiary is Medicaid and a default risk factor was used, • N = Beneficiary is not Medicaid and a default risk factor was used, • Blank = CMS is not using a default risk factor or the beneficiary is Part D only. 3. Beginning in 2009: • Payment adjustments with effective dates in 2008 and after, and all prospective payments report: • Y = Beneficiary is Medicaid and a default risk factor was used, • N = Beneficiary is not Medicaid and a default risk factor was used, • Blank = CMS is not using a default risk factor or the beneficiary is Part D only. • Payment adjustments with effective dates in 2007 and earlier report as follows: • Y = A payment adjustment was made at a "Medicaid" rate to the demographic component of a blended payment. • N = A payment adjustment was made to the demographic payment component of a blended payment, not at "Medicaid" rate. • Blank = Either the adjusted payment had no demographic component, or only the risk portion of a blended payment was adjusted.
20	LTI Flag	1	67-67	Y = Part C Long-Term Institutional
21	Medicaid Indicator	1	68-68	When: • An RAS-supplied factor is used in the payment, and • Part C Default Indicator in the Payment Profile is blank, and • Medicaid Switch present in the RAS-supplied data that corresponds to the risk factor used in payment is not blank then value is Y = Medicaid Add-on Otherwise the value is blank.
22	PIP-DCG	2	69-70	PIP-DCG Category - Only on pre-2004 adjustments

Item	Field	Size	Position	Description
23	Default Risk Factor Code	1	71-71	• Prior to 2004, 'Y' indicates a new enrollee risk adjustment (RA) factor was in use. • In the period 2004 through 2008, 'Y' indicates that a default factor was generated by the system due to lack of a RA factor. • For 2009 and after, for payments and payment adjustments and regardless of the effective date of the adjustment, the following applies: '1' = Default Enrollee- Aged/Disabled '2' = Default Enrollee- ESRD dialysis '3' = Default Enrollee- ESRD Transplant Kidney, Month 1 '4' = Default Enrollee- ESRD Transplant Kidney, Months 2-3 '5' = Default Enrollee- ESRD Post Graft, Months 4-9 '6' = Default Enrollee- ESRD Post Graft, 10+Months '7' = Default Enrollee Chronic Care SNP Blank = The beneficiary is not a default enrollee.
24	Risk Adjuster Factor A	7	72-78	NN.DDDD
25	Risk Adjuster Factor B	7	79-85	NN.DDDD
26	Number of Paymt/Adjustmt Months Part A	2	86-87	99
27	Number of Paymt/Adjustmt Months Part B	2	88-89	99
28	Adjustment Reason Code	2	90-91	FORMAT: 99 Always Spaces on Payment and MSA Deposit or Recovery Records
29	Paymt/Adjustment/MSA Start Date	8	92-99	FORMAT: YYYYMMDD
30	Paymt/Adjustment/MSA End Date	8	100-107	FORMAT: YYYYMMDD
31	Demographic Paymt/Adjustmt Amount A	9	108-116	FORMAT: -99999.99 Prior to 2008, Demographic Paymt/Adjustmt Amount A is displayed. In 2008 and beyond, Demographic Paymt/Adjustmt Amount A is displayed as 0.00.
32	Demographic Paymt/Adjustmt Amount B	9	117-125	FORMAT: -99999.99 Prior to 2008, Demographic Paymt/Adjustmt Amount B is displayed. In 2008 and beyond, Demographic Paymt/Adjustmt Amount B is displayed as 0.00.
33	Monthly Paymt/Adjustmt Amount A	9	126-134	Part A portion for the beneficiary's payment or payment adjustment dollars. For Medicare Savings Account (MSA) Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA monthly deposit amount as a negative term. FORMAT: -99999.99

Item	Field	Size	Position	Description
34	Monthly Paymt/Adjustmt Amount B	9	135-143	Part B portion for the beneficiary's payment or payment adjustment dollars. For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA monthly deposit amount as a negative term. FORMAT: -99999.99
35	LIS Premium Subsidy	8	144-151	FORMAT: -9999.99
36	ESRD MSP Flag	1	152-152	As of January 2011: T = Transplant/Dialysis P = Post Graft Blank = ESRD MSP not applicable Prior to 2011: Format X. Values = 'Y' or 'N'(default) Indicates if Medicare is the Secondary Payer
37	MSA Part A Deposit/Recovery Amount	8	153-160	MSA lump sum Part A dollars for deposit/recovery. Deposits are positive values and recoveries are negative. FORMAT: -9999.99
38	MSA Part B Deposit/Recovery Amount	8	161-168	MSA lump sum Part B dollars for deposit/recovery. Deposits are positive values and recoveries are negative. FORMAT: -9999.99
39	MSA Deposit/Recovery Months	2	169-170	Number of months associated with MSA deposit or recovery dollars
40	Current Medicaid Status	1	171-171	Beginning mid-2008, this field reports the beneficiary current Medicaid status. (Prior to 11/07, Medicaid status was reported in field #19.) '1' = Beneficiary is determined as Medicaid as of CPM minus two (CPM –2) or minus one (CPM – 1), '0' = Beneficiary was not determined as Medicaid as of CPM minus two (CPM – 2) or minus one (CPM – 1), Blank = This is a retroactive transaction and Medicaid status is not reported. The four sources to determine Current Medicaid Status are: 1. MMA State files or Dual Medicare Table 2. Low Income Territory Table 3. Medicaid Eligibility Table (Only valid records with a Medicaid source code of "003U" and "003C" are used.) 4. Point of Sale Table
41	Risk Adjuster Age Group (RAAG)	4	172-175	BBEE BB = Beginning Age EE = Ending Age Beginning in 2011, if the risk adjuster factor is from RAS, the RAAG reported is the one used by RAS in calculating the risk factor
42	Previous Disable Ratio (PRDIB)	7	176-182	NN.DDDD Percentage of Year (in months) for Previous Disable Add-On. Only on pre-2004 adjustments
43	De Minimis	1	183-183	Prior to 2008, flag is spaces. Beginning 2008: 'N' = "de minimis" does not apply, 'Y' = "de minimis" applies.

Item	Field	Size	Position	Description
44	Beneficiary Dual and Part D Enrollment Status Flag	1	184-184	0' – Non-Drug Plan without drug benefit, Beneficiary not dual enrolled '1' – Drug Plan with drug benefit, Beneficiary not dual enrolled '2' – Non-Drug Plan without drug benefit, Beneficiary dual enrolled '3' – Drug Plan with drug benefit, Beneficiary dual enrolled.
45	Plan Benefit Package Id	3	185-187	Plan Benefit Package Id FORMAT 999
46	Race Code	1	188-188	Format X Values: 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = N. American Native
47	RA Factor Type Code	2	189-190	Type of factors in use (see Fields 24-25): C = Community C1 = Community Post-Graft I (ESRD) C2 = Community Post-Graft II (ESRD) D = Dialysis (ESRD) E = New Enrollee ED = New Enrollee Dialysis (ESRD) E1 = New Enrollee Post-Graft I (ESRD) E2 = New Enrollee Post-Graft II (ESRD) G1 = Graft I (ESRD) G2 = Graft II (ESRD) I = Institutional I1 = Institutional Post-Graft I (ESRD) I2 = Institutional Post-Graft II (ESRD) SE=New Enrollee Chronic Care SNP
48	Frailty Indicator	1	191-191	Y = MCO-level Frailty Factor Included
49	Original Reason for Entitlement Code (OREC)	1	192-192	0 = Beneficiary insured due to age 1 = Beneficiary insured due to disability 2 = Beneficiary insured due to ESRD 3 = Beneficiary insured due to disability and current ESRD 9 = None of the above
50	Lag Indicator	1	193-193	Y = Encounter data used to calculate RA factor lags payment year by 6 months
51	Segment ID	3	194-196	Identification number of the segment of the PBP. Blank if there are no segments.
52	Enrollment Source	1	197	The source of the enrollment. Values are: A = Auto-enrolled by CMS, B = Beneficiary election, C = Facilitated enrollment by CMS, D = Systematic enrollment by CMS (rollover)
53	EGHP Flag	1	198	Employer Group flag; Y = member of employer group, N = member is not in an employer group
54	Part C Basic Premium – Part A Amount	8	199-206	The premium amount for determining the MA payment attributable to Part A. It is subtracted from the MA Plan payment for Plans that bid above the benchmark. -9999.99

Item	Field	Size	Position	Description
55	Part C Basic Premium – Part B Amount	8	207-214	The premium amount for determining the MA payment attributable to Part B. It is subtracted from the MA Plan payment for Plans that bid above the benchmark. -9999.99
56	Rebate for Part A Cost Sharing Reduction	8	215-222	The amount of the rebate allocated to reducing the member's Part A cost-sharing. This amount is added to the MA Plan payment for Plans that bid below the benchmark. -9999.99
57	Rebate for Part B Cost Sharing Reduction	8	223-230	The amount of the rebate allocated to reducing the member's Part B cost-sharing. This amount is added to the MA Plan payment for Plans that bid below the benchmark. -9999.99
58	Rebate for Other Part A Mandatory Supplemental Benefits	8	231-238	The amount of the rebate allocated to providing Part A supplemental benefits. This amount is added to the MA Plan payment for Plans that bid below the benchmark. -9999.99
59	Rebate for Other Part B Mandatory Supplemental Benefits	8	239-246	The amount of the rebate allocated to providing Part B supplemental benefits. This amount is added to the MA Plan payment for Plans that bid below the benchmark. -9999.99
60	Rebate for Part B Premium Reduction – Part A Amount	8	247-254	The Part A amount of the rebate allocated to reducing the member's Part B premium. This amount is retained by CMS for non ESRD members and it is subtracted from ESRD member's payments. -9999.99
61	Rebate for Part B Premium Reduction – Part B Amount	8	255-262	The Part B amount of the rebate allocated to reducing the member's Part B premium. This amount is retained by CMS for non ESRD members and it is subtracted from ESRD member's payments. -9999.99
62	Rebate for Part D Supplemental Benefits – Part A Amount	8	263–270	Part A Amount of the rebate allocated to providing Part D supplemental benefits. -9999.99
63	Rebate for Part D Supplemental Benefits – Part B Amount	8	271–278	Part B Amount of the rebate allocated to providing Part D supplemental benefits. -9999.99
64	Total Part A MA Payment	10	279–288	The total Part A MA payment. -999999.99
65	Total Part B MA Payment	10	289–298	The total Part B MA payment. -999999.99
66	Total MA Payment Amount	11	299-309	The total MA A/B payment including MMA adjustments. This also includes the Rebate Amount for Part D Supplemental Benefits -9999999.99
67	Part D RA Factor	7	310-316	The member's Part D risk adjustment factor. NN.DDDD
68	Part D Low-Income Indicator	1	317	From 2006 through 2010, an indicator to identify if the Part D Low-Income multiplier is included in the Part D payment. Values are 1 (subset 1), 2 (subset 2) or blank. Beginning 2011, value 'Y' indicates the beneficiary is Low Income, value 'N' indicates the beneficiary is not Low Income for the payment/adjustment being made.
69	Part D Low-Income Multiplier	7	318-324	The member's Part D low-income multiplier. NN.DDDD For 2011 payment months and beyond, field is zero.
70	Part D Long-Term Institutional Indicator	1	325	From 2006 through 2010, an indicator to identify if the Part D Long-Term Institutional multiplier is included in the Part D payment. Values are A (aged), D (disabled) or blank. For 2011 payment months and beyond, this field is blank.

Item	Field	Size	Position	Description
71	Part D Long-Term Institutional Multiplier	7	326-332	The member's Part D institutional multiplier. NN.DDDD For 2011 payment months and beyond, field is zero.
72	Rebate for Part D Basic Premium Reduction	8	333-340	Amount of the rebate allocated to reducing the member's basic Part D premium. -9999.99
73	Part D Basic Premium Amount	8	341-348	The Plan's Part D premium amount. -9999.99
74	Part D Direct Subsidy Monthly Payment Amount	10	349-358	The total Part D Direct subsidy payment for the member. When POS contract (X is first character of contract number), then it is total POS Direct Subsidy for the member. -999999.99
75	Reinsurance Subsidy Amount	10	359-368	The amount of the reinsurance subsidy included in the payment. -999999.99
76	Low-Income Subsidy Cost-Sharing Amount	10	369-378	The amount of the low-income subsidy cost-sharing amount included in the payment. -999999.99
77	Total Part D Payment	11	379-389	The total Part D payment for the member -9999999.99
78	Number of Paymt/Adjustmt Months Part D	2	390-391	99
79	PACE Premium Add On	10	392-401	Total Part D Pace Premium Add-on amount -999999.99
80	PACE Cost Sharing Add-on	10	402-411	Total Part D Pace Cost Sharing Add-on amount -999999.99
81	Part C Frailty Score Factor	7	412-418	Beneficiary's Part C frailty score factor, NN.DDDD; otherwise, spaces
82	MSP Factor	7	419-425	Beneficiary's MSP secondary payor reduction factor, NN.DDDD; otherwise, spaces
83	MSP Reduction/Reduction Adjustment Amount – Part A	10	426-435	Net MSP reduction or reduction adjustment dollar amount– Part A, SSSSSS9.99
84	MSP Reduction/Reduction Adjustment Amount – Part B	10	436-445	Net MSP reduction or reduction adjustment dollar amount – Part B, SSSSSS9.99
85	Medicaid Dual Status Code	2	446-447	Entitlement status for the dual eligible beneficiary. The valid values when Field 40 = 1 are: 01 = Eligible is entitled to Medicare- QMB only 02 = Eligible is entitled to Medicare- QMB AND Medicaid coverage 03 = Eligible is entitled to Medicare- SLMB only 04 = Eligible is entitled to Medicare- SLMB AND Medicaid coverage 05 = Eligible is entitled to Medicare- QDWI 06 = Eligible is entitled to Medicare- Qualifying individuals 08 = Eligible is entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB,QDWI or QI) with Medicaid coverage 09 = Eligible is entitled to Medicare – Other Dual Eligibles but without Medicaid coverage 99=Unknown The valid value when Field 40 = 0 is: 00 = No Medicaid Status The valid value when Field 40 is blank is: Blank

Item	Field	Size	Position	Description
86	Part D Coverage Gap Discount Amount	8	448-455	The amount of the Coverage Gap Discount Amount included in the payment. -9999.99
87	Part D RA Factor Type	2	456-457	Beginning with January 2011 payment, factors in use (see Field 67): D1 = Community Non-Low Income Continuing Enrollee, D2 = Community Low Income Continuing Enrollee, D3 = Institutional Continuing Enrollee, D4 = New Enrollee Community Non-Low Income Non-ESRD, D5 = New Enrollee Community Non-Low Income ESRD, D6 = New Enrollee Community Low Income Non-ESRD, D7 = New Enrollee Community Low Income ESRD, D8 = New Enrollee Institutional Non-ESRD, D9 = New Enrollee Institutional ESRD, Blank when it does not apply.
88	Default Part D Risk Factor Code	1	458	Beginning with January 2011 payment : 1=Not ESRD, Not Low Income, Not Originally Disabled, 2=Not ESRD, Not Low Income, Originally Disabled, 3=Not ESRD, Low Income, Not Originally Disabled, 4=Not ESRD, Low Income, Originally Disabled, 5= ESRD, Not Low Income, Not Originally Disabled, 6= ESRD, Low Income, Not Originally Disabled, 7= ESRD, Not Low Income, Originally Disabled, 8= ESRD, Low Income, Originally Disabled, Blank when it does not apply.
89	Part A Risk Adjusted Monthly Rate Amount for Pymt/Adj	9	459-467	Beginning August 2011: Payments = Rate amount in effect for payment period Adjustments = Rate amount in effect for adjustment period Format: -99999.99
90	Part B Risk Adjusted Monthly Rate Amount for Pymt/Adj	9	468-476	Beginning August 2011: Payments = Rate amount in effect for payment period Adjustments = Rate amount in effect for adjustment period Format: -99999.99
91	Part D Direct Subsidy Monthly Rate Amount for Pymt/Adj	9	477-485	Beginning August 2011: Payments = Rate amount in effect for payment period Adjustments = Rate amount in effect for adjustment period Format: -99999.99
92	Cleanup ID	10	486-495	Cleanup Identifier, a reference linking to further documentation about a specific cleanup.

Total Length = 495

F.9 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.

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
5	Record Description	10	22-31	Description of the record: TOTAL PAYM ESRD HOSPICE MCAID OTHER WA OUTOFAREA DIR SUBSDY LIS CSTSHR EST REINS PACE PRM PACE CSHR PTC PREM RBT AB CSR RBT AB MSB RBT D PRRE RBT D SUBE PTB PRM RE B PRM RE A B PRM RE D BSF MNTHLY AD MSP COV GAP TOTAL ADJ HOSPIC ON HOSPIC OFF ESRD ON ESRD OFF INST ON INST OF MCAID ON MCAID OFF WKAGE ON WKAGE OFF NHC ON NHC OFF DEATH RETRO ENRO RETRO DISEN CORR PARTA RETRO SCC C CORR DEATH

Item	Field	Size	Position	Description
				CORR BIRTH CORR SEX PTC RATE CORR PARTB DISENROLL P DEMO FACTO PTC RSK AD PTCRAF MID RETRO CHF HOSPICE RAT RTRO PTC P RTRO PTD L RTRO CST S RTRO EST R RTRO PTC R RTRO REBAT PTD RATE C PTD RAF SEG ID CHG PTDRAF MID RETRO MSP PLN SUB PREM ESRD MSP LIPS XRF MRG PYMT CORR CLNUP ADJ
6	Payment Adjustment Count	7	32-38	Beneficiary Count
7	Month count	7	39-45	For payment record it is Beneficiary Count, but for adjustment record it is spaces.
8	Part A Member count	7	46-52	For payment records, Beneficiary count for Part A; for adjustment records, spaces.
9	Part A Month count	7	53-59	For payment record Beneficiary count for Part A , but for adjustment record it is the number of months adjusted for Part A.
10	Part B Member count	7	60-66	For payment record Beneficiary count for Part B; for adjustment records, spaces.
11	Part B Month count	7	67-73	For payment record Beneficiary count for Part B but for adjustment record it is the number of months adjusted for Part B.
12	Part A Payment/Adjustment Amount	13	74-86	PART A Amount
13	Part B Payment/Adjustment Amount	13	87-99	PART B Amount
14	Total Amount	13	100-112	Total Payment/Adjustment Amount
15	Part A Average	9	113-121	Average Part A Amount per Part A Member
16	Part B Average	9	122-130	Average Part B Amount per Part B Member
17	Payment/Adjustment Indicator	1	131-131	‘P’ for Payments and ‘A’ for Adjustments
18	PBP Number	3	132-134	Plan Benefit Package Number
19	Segment Number	3	135-137	Segment Number

Item	Field	Size	Position	Description
20	Part D Member Count	7	138-144	For payment records, beneficiary count for PART D; for adjustment records, spaces.
21	Part D Month Count	7	145-151	For payment record Beneficiary count for Part D but for adjustment record it is the number of months adjusted for Part D.
22	Part D Amount	13	152-164	Part D Amount
23	Part D Average	9	165-173	Average Part D Amount per Part D Member
24	LIS Band 25% member count	7	174-180	Count of Beneficiaries in the 25% LIS band
25	LIS Band 50% member count	7	181-187	Count of Beneficiaries in the 50% LIS band
26	LIS Band 75% member count	7	188-194	Count of Beneficiaries in the 75% LIS band
27	LIS Band 100% member count	7	195-201	Count of Beneficiaries in the 100% LIS band

Total Length = 201

F.10 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.

The file includes the following records:

- Header Record
- Detail Record
- Trailer Record

F.10.1 *Header Record*

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

Total Length = 165

F.10.2 *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 "SSA" = Withholding by SSA "RRB" = Withholding by RRB PIC X(3)
11	Filler	1	46	Space
12	Premium Period Start Date	8	47-54	Starting Date of Period Premium Payment Covers YYYYMMDD PIC 9(8)
13	Premium Period End Date	8	55-62	Ending Date of Period Premium Payment Covers 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.10.3 *Trailer Record*

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

Total Length = 165

F.11 Part B Claims Data File

F.11.1 *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 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.11.2 *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.
	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.12 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.

The following records are included in this file:

- Header Record
- Detail Record
- Trailer Record

F.12.1 Header Record

Item	Field	Size	Position	Comment	Description
1	Record Type Code	1	1	Set to "1"	1= Header A=Details for old V12 PTC MOR B=Details for new V21 PTC MOR 3=Trailer
2	Contract Number	5	2-6		Unique identification for a Medicare Advantage Contract
3	Run Date	8	7-14	Format as yyyymmdd	The run date for this file creation.
4	Payment Year and Month	6	15-20	Format as yyyymm	The risk adjustment payment year and month for the model run.
5	Filler	180	21-200	Spaces	Filler

Total Length = 200

F.12.2 Detail Record Type A

Item	Field	Size	Position	Comment	Description
1	Record Type Code	1	1	Set to "A"	1 = Header A = Details for old V12 PTC MOR B = Details for new V21 PTC MOR 3 = Trailer
2	Health Insurance Claim Account Number	12	2-13	Also known as HICAN	The HICAN identifies 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	12	14-25	First 12 bytes of the Bene Last Name	Beneficiary Last Name
4	Beneficiary First Name	7	26-32	First 7 bytes of the bene First Name	Beneficiary First Name
5	Beneficiary Initial	1	33	1-byte Initial	Beneficiary Initial
6	Date of Birth	8	34-41	Formatted as yyyymmdd	The date of birth of the Medicare Beneficiary
7	Sex	1	42	0=unknown, 1=male, 2=female	Represents the sex of the Medicare Beneficiary. Examples include Male and Female.
8	Social Security Number	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 Female0_34	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	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	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	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	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	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.

Item	Field	Size	Position	Comment	Description
15	Age Group Female70_74	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	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	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	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	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	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	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	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	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	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	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	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	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	1	71	Set to "1" if applicable,	The sex and age group for the beneficiary based on a given as of

Item	Field	Size	Position	Comment	Description
				otherwise "0"	date: male between ages of 75 and 79, inclusive.
29	Age Group Male80_84	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	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	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	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	1	76	Set to "1" if applicable, otherwise "0"	Beneficiary is a female disabled and also entitled to Medicaid.
34	Medicaid Female Aged	1	77	Set to "1" if applicable, otherwise "0"	Beneficiary is a female aged (> 64) and also entitled to Medicaid.
35	Medicaid Male Disabled	1	78	Set to "1" if applicable, otherwise "0"	Beneficiary is a male disabled and also entitled to Medicaid.
36	Medicaid Male Aged	1	79	Set to "1" if applicable, otherwise "0"	Beneficiary is a male aged (> 64) and also entitled to Medicaid.
37	Originally Disabled Female	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	1	81	Set to "1" if applicable, otherwise "0"	Beneficiary is a male and original Medicare entitlement was due to disability.
39	Disease Coefficients HCC1	1	82	Set to "1" if applicable, otherwise "0"	HIV/AIDS
40	Disease Coefficients HCC2	1	83	Set to "1" if applicable, otherwise "0"	Septicemia/Shock
41	Disease Coefficients HCC5	1	84	Set to "1" if applicable, otherwise "0"	Opportunistic Infections
42	Disease Coefficients HCC7	1	85	Set to "1" if applicable, otherwise "0"	Metastatic Cancer and Acute Leukemia
43	Disease Coefficients HCC8	1	86	Set to "1" if applicable, otherwise "0"	Lung, Upper Digestive Tract, and Other Severe Cancers
44	Disease Coefficients HCC9	1	87	Set to "1" if applicable, otherwise "0"	Lymphatic, Head and Neck, Brain, and Other Major Cancers

Item	Field	Size	Position	Comment	Description
45	Disease Coefficients HCC10	1	88	Set to "1" if applicable, otherwise "0"	Breast, Prostate, Colorectal and Other Cancers and Tumors
46	Disease Coefficients HCC15	1	89	Set to "1" if applicable, otherwise "0"	Diabetes with Renal or Peripheral Circulatory Manifestation
47	Disease Coefficients HCC16	1	90	Set to "1" if applicable, otherwise "0"	Diabetes with Neurologic or Other Specified Manifestation
48	Disease Coefficients HCC17	1	91	Set to "1" if applicable, otherwise "0"	Diabetes with Acute Complications
49	Disease Coefficients HCC18	1	92	Set to "1" if applicable, otherwise "0"	Diabetes with Ophthalmologic or Unspecified Manifestation
50	Disease Coefficients HCC19	1	93	Set to "1" if applicable, otherwise "0"	Diabetes without Complication
51	Disease Coefficients HCC21	1	94	Set to "1" if applicable, otherwise "0"	Protein-Calorie Malnutrition
52	Disease Coefficients HCC25	1	95	Set to "1" if applicable, otherwise "0"	End-Stage Liver Disease
53	Disease Coefficients HCC26	1	96	Set to "1" if applicable, otherwise "0"	Cirrhosis of Liver
54	Disease Coefficients HCC27	1	97	Set to "1" if applicable, otherwise "0"	Chronic Hepatitis
55	Disease Coefficients HCC31	1	98	Set to "1" if applicable, otherwise "0"	Intestinal Obstruction/Perforation
56	Disease Coefficients HCC32	1	99	Set to "1" if applicable, otherwise "0"	Pancreatic Disease
57	Disease Coefficients HCC33	1	100	Set to "1" if applicable, otherwise "0"	Inflammatory Bowel Disease
58	Disease Coefficients HCC37	1	101	Set to "1" if applicable, otherwise "0"	Bone/Joint/Muscle Infections/Necrosis
59	Disease Coefficients HCC38	1	102	Set to "1" if applicable, otherwise "0"	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease
60	Disease Coefficients HCC44	1	103	Set to "1" if applicable, otherwise "0"	Severe Hematological Disorders
61	Disease Coefficients HCC45	1	104	Set to "1" if applicable, otherwise "0"	Disorders of Immunity
62	Disease Coefficients	1	105	Set to "1" if applicable,	Drug/Alcohol Psychosis

Item	Field	Size	Position	Comment	Description
	HCC51			otherwise "0"	
63	Disease Coefficients HCC52	1	106	Set to "1" if applicable, otherwise "0"	Drug/Alcohol Dependence
64	Disease Coefficients HCC54	1	107	Set to "1" if applicable, otherwise "0"	Schizophrenia
65	Disease Coefficients HCC55	1	108	Set to "1" if applicable, otherwise "0"	Major Depressive, Bipolar, and Paranoid Disorders
66	Disease Coefficients HCC67	1	109	Set to "1" if applicable, otherwise "0"	Quadriplegia, Other Extensive Paralysis
67	Disease Coefficients HCC68	1	110	Set to "1" if applicable, otherwise "0"	Paraplegia
68	Disease Coefficients HCC69	1	111	Set to "1" if applicable, otherwise "0"	Spinal Cord Disorders/Injuries
69	Disease Coefficients HCC70	1	112	Set to "1" if applicable, otherwise "0"	Muscular Dystrophy
70	Disease Coefficients HCC71	1	113	Set to "1" if applicable, otherwise "0"	Polyneuropathy
71	Disease Coefficients HCC72	1	114	Set to "1" if applicable, otherwise "0"	Multiple Sclerosis
72	Disease Coefficients HCC73	1	115	Set to "1" if applicable, otherwise "0"	Parkinson’s and Huntington’s Diseases
73	Disease Coefficients HCC74	1	116	Set to "1" if applicable, otherwise "0"	Seizure Disorders and Convulsions
74	Disease Coefficients HCC75	1	117	Set to "1" if applicable, otherwise "0"	Coma, Brain Compression/Anoxic Damage
75	Disease Coefficients HCC77	1	118	Set to "1" if applicable, otherwise "0"	Respirator Dependence/Tracheostomy Status
76	Disease Coefficients HCC78	1	119	Set to "1" if applicable, otherwise "0"	Respiratory Arrest
77	Disease Coefficients HCC79	1	120	Set to "1" if applicable, otherwise "0"	Cardio-Respiratory Failure and Shock
78	Disease Coefficients HCC80	1	121	Set to "1" if applicable, otherwise "0"	Congestive Heart Failure
79	Disease Coefficients HCC81	1	122	Set to "1" if applicable, otherwise "0"	Acute Myocardial Infarction

Item	Field	Size	Position	Comment	Description
80	Disease Coefficients HCC82	1	123	Set to "1" if applicable, otherwise "0"	Unstable Angina and Other Acute Ischemic Heart Disease
81	Disease Coefficients HCC83	1	124	Set to "1" if applicable, otherwise "0"	Angina Pectoris/Old Myocardial Infarction
82	Disease Coefficients HCC92	1	125	Set to "1" if applicable, otherwise "0"	Specified Heart Arrhythmias
83	Disease Coefficients HCC95	1	126	Set to "1" if applicable, otherwise "0"	Cerebral Hemorrhage
84	Disease Coefficients HCC96	1	127	Set to "1" if applicable, otherwise "0"	Ischemic or Unspecified Stroke
85	Disease Coefficients HCC100	1	128	Set to "1" if applicable, otherwise "0"	Hemiplegia/Hemiparesis
86	Disease Coefficients HCC101	1	129	Set to "1" if applicable, otherwise "0"	Cerebral Palsy and Other Paralytic Syndromes
87	Disease Coefficients HCC104	1	130	Set to "1" if applicable, otherwise "0"	Vascular Disease with Complications
88	Disease Coefficients HCC105	1	131	Set to "1" if applicable, otherwise "0"	Vascular Disease
89	Disease Coefficients HCC107	1	132	Set to "1" if applicable, otherwise "0"	Cystic Fibrosis
90	Disease Coefficients HCC108	1	133	Set to "1" if applicable, otherwise "0"	Chronic Obstructive Pulmonary Disease
91	Disease Coefficients HCC111	1	134	Set to "1" if applicable, otherwise "0"	Aspiration and Specified Bacterial Pneumonias
92	Disease Coefficients HCC112	1	135	Set to "1" if applicable, otherwise "0"	Pneumococcal Pneumonia, Empyema, Lung Abscess
93	Disease Coefficients HCC119	1	136	Set to "1" if applicable, otherwise "0"	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage
94	Disease Coefficients HCC130	1	137	Set to "1" if applicable, otherwise "0"	Dialysis Status
95	Disease Coefficients HCC131	1	138	Set to "1" if applicable, otherwise "0"	Renal Failure
96	Disease Coefficients HCC132	1	139	Set to "1" if applicable, otherwise "0"	Nephritis
97	Disease Coefficients	1	140	Set to "1" if applicable,	Decubitus Ulcer of Skin

Item	Field	Size	Position	Comment	Description
	HCC148			otherwise "0"	
98	Disease Coefficients HCC149	1	141	Set to "1" if applicable, otherwise "0"	Chronic Ulcer of Skin, Except Decubitus
99	Disease Coefficients HCC150	1	142	Set to "1" if applicable, otherwise "0"	Extensive Third-Degree Burns
100	Disease Coefficients HCC154	1	143	Set to "1" if applicable, otherwise "0"	Severe Head Injury
101	Disease Coefficients HCC155	1	144	Set to "1" if applicable, otherwise "0"	Major Head Injury
102	Disease Coefficients HCC157	1	145	Set to "1" if applicable, otherwise "0"	Vertebral Fractures without Spinal Cord Injury
103	Disease Coefficients HCC158	1	146	Set to "1" if applicable, otherwise "0"	Hip Fracture/Dislocation
104	Disease Coefficients HCC161	1	147	Set to "1" if applicable, otherwise "0"	Traumatic Amputation
105	Disease Coefficients HCC164	1	148	Set to "1" if applicable, otherwise "0"	Major Complications of Medical Care and Trauma
106	Disease Coefficients HCC174	1	149	Set to "1" if applicable, otherwise "0"	Major Organ Transplant Status
107	Disease Coefficients HCC176	1	150	Set to "1" if applicable, otherwise "0"	Artificial Openings for Feeding or Elimination
108	Disease Coefficients HCC177	1	151	Set to "1" if applicable, otherwise "0"	Amputation Status, Lower Limb/Amputation Complications
109	Disabled Disease HCC5	1	152	Set to "1" if applicable, otherwise "0"	Disabled (Age <65) and Opportunistic Infections
110	Disabled Disease HCC44	1	153	Set to "1" if applicable, otherwise "0"	Disabled (Age <65) and Severe Hematological Disorders
111	Disabled Disease HCC51	1	154	Set to "1" if applicable, otherwise "0"	Disabled (Age <65) and Drug/Alcohol Psychosis
112	Disabled Disease HCC52	1	155	Set to "1" if applicable, otherwise "0"	Disabled (Age <65) and Drug/Alcohol Dependence
113	Disabled Disease HCC107	1	156	Set to "1" if applicable, otherwise "0"	Disabled (Age <65) and Cystic Fibrosis
114	Disease Interactions INT1	1	157	Set to "1" if applicable, otherwise "0"	DM_CHF

Item	Field	Size	Position	Comment	Description
115	Disease Interactions INT2	1	158	Set to "1" if applicable, otherwise "0"	DM_CVD
116	Disease Interactions INT3	1	159	Set to "1" if applicable, otherwise "0"	CHF_COPD
117	Disease Interactions INT4	1	160	Set to "1" if applicable, otherwise "0"	COPD_CVD_CAD
118	Disease Interactions INT5	1	161	Set to "1" if applicable, otherwise "0"	RF_CHF
119	Disease Interactions INT6	1	162	Set to "1" if applicable, otherwise "0"	RF_CHF_DM
120	Filler	38	163-200	Spaces	Filler

Total Length = 200

F.12.3 Detail Record Type B

Item	Field	Size	Position	Comment	Description
1	Record Type Code	1	1	Set to "B"	1 = Header A = Details for old V12 PTC MOR B = Details for new V21 PTC MOR 3 = Trailer
2	Health Insurance Claim Account Number	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	12	14-25	First 12 bytes of the Bene Last Name	Beneficiary Last Name
4	Beneficiary First Name	7	26-32	First 7 bytes of the bene First Name	Beneficiary First Name
5	Beneficiary Initial	1	33	1-byte Initial	Beneficiary Initial
6	Date of Birth	8	34-41	Formatted as yyyymmdd	The date of birth of the Medicare Beneficiary
7	Sex	1	42	0=unknown, 1=male, 2=female	Represents the sex of the Medicare Beneficiary. Examples include Male and Female.
8	Social Security Number	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	1	52	Y = ESRD 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.
10	Age Group Female0_34	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.

Item	Field	Size	Position	Comment	Description
11	Age Group Female35_44	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	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	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	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	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	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	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	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	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.
20	Age Group Female90_94	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	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

Item	Field	Size	Position	Comment	Description
22	Age Group Male0_34	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	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	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	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	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	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	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	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	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.
31	Age Group Male85_89	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	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.

Item	Field	Size	Position	Comment	Description
33	Age Group Male95_GT	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	1	77	Set to "1" if applicable, otherwise "0"	Beneficiary is a female disabled and also entitled to Medicaid.
35	Medicaid Female Aged	1	78	Set to "1" if applicable, otherwise "0"	Beneficiary is a female aged (> 64) and also entitled to Medicaid.
36	Medicaid Male Disabled	1	79	Set to "1" if applicable, otherwise "0"	Beneficiary is a male disabled and also entitled to Medicaid.
37	Medicaid Male Aged	1	80	Set to "1" if applicable, otherwise "0"	Beneficiary is a male aged (> 64) and also entitled to Medicaid.
38	Originally Disabled Female	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	1	82	Set to "1" if applicable, otherwise "0"	Beneficiary is a male and original Medicare entitlement was due to disability.
40	HCC001	1	83	Set to "1" if applicable, otherwise "0"	HIV/AIDS
41	HCC002	1	84	Set to "1" if applicable, otherwise "0"	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock
42	HCC006	1	85	Set to "1" if applicable, otherwise "0"	Opportunistic Infections
43	HCC008	1	86	Set to "1" if applicable, otherwise "0"	Metastatic Cancer and Acute Leukemia
44	HCC009	1	87	Set to "1" if applicable, otherwise "0"	Lung and Other Severe Cancers
45	HCC010	1	88	Set to "1" if applicable, otherwise "0"	Lymphoma and Other Cancers
46	HCC011	1	89	Set to "1" if applicable, otherwise "0"	Colorectal, Bladder, and Other Cancers
47	HCC012	1	90	Set to "1" if applicable, otherwise "0"	Breast, Prostate, and Other Cancers and Tumors
48	HCC017	1	91	Set to "1" if applicable, otherwise "0"	Diabetes with Acute Complications
49	HCC018	1	92	Set to "1" if applicable, otherwise "0"	Diabetes with Chronic Complications

Item	Field	Size	Position	Comment	Description
50	HCC019	1	93	Set to "1" if applicable, otherwise "0"	Diabetes without Complication
51	HCC021	1	94	Set to "1" if applicable, otherwise "0"	Protein-Calorie Malnutrition
52	HCC022	1	95	Set to "1" if applicable, otherwise "0"	Morbid Obesity
53	HCC023	1	96	Set to "1" if applicable, otherwise "0"	Other Significant Endocrine and Metabolic Disorders
54	HCC027	1	97	Set to "1" if applicable, otherwise "0"	End-Stage Liver Disease
55	HCC028	1	98	Set to "1" if applicable, otherwise "0"	Cirrhosis of Liver
56	HCC029	1	99	Set to "1" if applicable, otherwise "0"	Chronic Hepatitis
57	HCC033	1	100	Set to "1" if applicable, otherwise "0"	Intestinal Obstruction/Perforation
58	HCC034	1	101	Set to "1" if applicable, otherwise "0"	Chronic Pancreatitis
59	HCC035	1	102	Set to "1" if applicable, otherwise "0"	Inflammatory Bowel Disease
60	HCC039	1	103	Set to "1" if applicable, otherwise "0"	Bone/Joint/Muscle Infections/Necrosis
61	HCC040	1	104	Set to "1" if applicable, otherwise "0"	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease
62	HCC046	1	105	Set to "1" if applicable, otherwise "0"	Severe Hematological Disorders
63	HCC047	1	106	Set to "1" if applicable, otherwise "0"	Disorders of Immunity
64	HCC048	1	107	Set to "1" if applicable, otherwise "0"	Coagulation Defects and Other Specified Hematological Disorders
65	HCC051	1	108	Set to "1" if applicable, otherwise "0"	Dementia With Complications
66	HCC052	1	109	Set to "1" if applicable, otherwise "0"	Dementia Without Complication
67	HCC054	1	110	Set to "1" if applicable, otherwise "0"	Drug/Alcohol Psychosis

Item	Field	Size	Position	Comment	Description
68	HCC055	1	111	Set to "1" if applicable, otherwise "0"	Drug/Alcohol Dependence
69	HCC057	1	112	Set to "1" if applicable, otherwise "0"	Schizophrenia
70	HCC058	1	113	Set to "1" if applicable, otherwise "0"	Major Depressive, Bipolar, and Paranoid Disorders
71	HCC070	1	114	Set to "1" if applicable, otherwise "0"	Quadriplegia
72	HCC071	1	115	Set to "1" if applicable, otherwise "0"	Paraplegia
73	HCC072	1	116	Set to "1" if applicable, otherwise "0"	Spinal Cord Disorders/Injuries
74	HCC073	1	117	Set to "1" if applicable, otherwise "0"	Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease
75	HCC074	1	118	Set to "1" if applicable, otherwise "0"	Cerebral Palsy
76	HCC075	1	119	Set to "1" if applicable, otherwise "0"	Polyneuropathy
77	HCC076	1	120	Set to "1" if applicable, otherwise "0"	Muscular Dystrophy
78	HCC077	1	121	Set to "1" if applicable, otherwise "0"	Multiple Sclerosis
79	HCC078	1	122	Set to "1" if applicable, otherwise "0"	Parkinson’s and Huntington’s Diseases
80	HCC079	1	123	Set to "1" if applicable, otherwise "0"	Seizure Disorders and Convulsions
81	HCC080	1	124	Set to "1" if applicable, otherwise "0"	Coma, Brain Compression/Anoxic Damage
82	HCC082	1	125	Set to "1" if applicable, otherwise "0"	Respirator Dependence/Tracheostomy Status
83	HCC083	1	126	Set to "1" if applicable, otherwise "0"	Respiratory Arrest
84	HCC084	1	127	Set to "1" if applicable, otherwise "0"	Cardio-Respiratory Failure and Shock
85	HCC085	1	128	Set to "1" if applicable, otherwise "0"	Congestive Heart Failure
86	HCC086	1	129	Set to "1" if applicable, otherwise "0"	Acute Myocardial Infarction

Item	Field	Size	Position	Comment	Description
87	HCC087	1	130	Set to "1" if applicable, otherwise "0"	Unstable Angina and Other Acute Ischemic Heart Disease
88	HCC088	1	131	Set to "1" if applicable, otherwise "0"	Angina Pectoris
89	HCC096	1	132	Set to "1" if applicable, otherwise "0"	Specified Heart Arrhythmias
90	HCC099	1	133	Set to "1" if applicable, otherwise "0"	Cerebral Hemorrhage
91	HCC100	1	134	Set to "1" if applicable, otherwise "0"	Ischemic or Unspecified Stroke
92	HCC103	1	135	Set to "1" if applicable, otherwise "0"	Hemiplegia/Hemiparesis
93	HCC104	1	136	Set to "1" if applicable, otherwise "0"	Monoplegia, Other Paralytic Syndromes
94	HCC106	1	137	Set to "1" if applicable, otherwise "0"	Atherosclerosis of the Extremities with Ulceration or Gangrene
95	HCC107	1	138	Set to "1" if applicable, otherwise "0"	Vascular Disease with Complications
96	HCC108	1	139	Set to "1" if applicable, otherwise "0"	Vascular Disease
97	HCC110	1	140	Set to "1" if applicable, otherwise "0"	Cystic Fibrosis
98	HCC111	1	141	Set to "1" if applicable, otherwise "0"	Chronic Obstructive Pulmonary Disease
99	HCC112	1	142	Set to "1" if applicable, otherwise "0"	Fibrosis of Lung and Other Chronic Lung Disorders
100	HCC114	1	143	Set to "1" if applicable, otherwise "0"	Aspiration and Specified Bacterial Pneumonias
101	HCC115	1	144	Set to "1" if applicable, otherwise "0"	Pneumococcal Pneumonia, Emphysema, Lung Abscess
102	HCC122	1	145	Set to "1" if applicable, otherwise "0"	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage
103	HCC124	1	146	Set to "1" if applicable, otherwise "0"	Exudative Macular Degeneration
104	HCC134	1	147	Set to "1" if applicable, otherwise "0"	Dialysis Status
105	HCC135	1	148	Set to "1" if applicable, otherwise "0"	Acute Renal Failure

Item	Field	Size	Position	Comment	Description
106	HCC136	1	149	Set to "1" if applicable, otherwise "0"	Chronic Kidney Disease, Stage 5
107	HCC137	1	150	Set to "1" if applicable, otherwise "0"	Chronic Kidney Disease, Severe (Stage 4)
108	HCC138	1	151	Set to "1" if applicable, otherwise "0"	Chronic Kidney Disease, Moderate (Stage 3)
109	HCC139	1	152	Set to "1" if applicable, otherwise "0"	Chronic Kidney Disease, Mild or Unspecified (Stages 1-2 or Unspecified)
110	HCC140	1	153	Set to "1" if applicable, otherwise "0"	Unspecified Renal Failure
111	HCC141	1	154	Set to "1" if applicable, otherwise "0"	Nephritis
112	HCC157	1	155	Set to "1" if applicable, otherwise "0"	Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone
113	HCC158	1	156	Set to "1" if applicable, otherwise "0"	Pressure Ulcer of Skin with Full Thickness Skin Loss
114	HCC159	1	157	Set to "1" if applicable, otherwise "0"	Pressure Ulcer of Skin with Partial Thickness Skin Loss
115	HCC160	1	158	Set to "1" if applicable, otherwise "0"	Pressure Pre-Ulcer Skin Changes or Unspecified Stage
116	HCC161	1	159	Set to "1" if applicable, otherwise "0"	Chronic Ulcer of Skin, Except Pressure
117	HCC162	1	160	Set to "1" if applicable, otherwise "0"	Severe Skin Burn or Condition
118	HCC166	1	161	Set to "1" if applicable, otherwise "0"	Severe Head Injury
119	HCC167	1	162	Set to "1" if applicable, otherwise "0"	Major Head Injury
120	HCC169	1	163	Set to "1" if applicable, otherwise "0"	Vertebral Fractures without Spinal Cord Injury
121	HCC170	1	164	Set to "1" if applicable, otherwise "0"	Hip Fracture/Dislocation
122	HCC173	1	165	Set to "1" if applicable, otherwise "0"	Traumatic Amputations and Complications
123	HCC176	1	166	Set to "1" if applicable, otherwise "0"	Complications of Specified Implanted Device or Graft

Item	Field	Size	Position	Comment	Description
124	HCC186	1	167	Set to "1" if applicable, otherwise "0"	Major Organ Transplant or Replacement Status
125	HCC188	1	168	Set to "1" if applicable, otherwise "0"	Artificial Openings for Feeding or Elimination
126	HCC189	1	169	Set to "1" if applicable, otherwise "0"	Amputation Status, Lower Limb/Amputation Complications
127	Disabled Disease HCC006	1	170	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS V21 HCC 006 Opportunistic Infections
128	Disabled Disease HCC034	1	171	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS V21 HCC 034 Chronic Pancreatitis
129	Disabled Disease HCC046	1	172	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS V21 HCC 046 Severe Hematological Disorders
130	Disabled Disease HCC054	1	173	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS V21 HCC 054 Drug/Alcohol Psychosis
131	Disabled Disease HCC055	1	174	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS V21 HCC 055 Drug/Alcohol Dependence
132	Disabled Disease HCC110	1	175	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS V21 HCC 110 Cystic Fibrosis
133	Disabled Disease HCC176	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	1	177	Set to "1" if applicable, otherwise "0"	CANCER_IMMUNE
135	CHF_COPD	1	178	Set to "1" if applicable, otherwise "0"	CHF_COPD
136	CHF_RENAL	1	179	Set to "1" if applicable, otherwise "0"	CHF_RENAL
137	COPD_CARD _RESP_FAIL	1	180	Set to "1" if applicable, otherwise "0"	COPD_CARD_RESP_FAIL
138	DIABETES_ CHF	1	181	Set to "1" if applicable, otherwise "0"	DIABETES_CHF
139	SEPSIS_ CARD_RESP_ FAIL	1	182	Set to "1" if applicable, otherwise "0"	SEPSIS_CARD_RESP_FAIL

Item	Field	Size	Position	Comment	Description
140	Medicaid	1	183	Set to "1" if applicable, otherwise "0"	Beneficiary is entitled to Medicaid.
141	Originally Disabled	1	184	Set to "1" if applicable, otherwise "0"	Beneficiary original Medicare entitlement was due to disability.
142	Disabled Disease HCC039	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	1	186	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS V21 HCC 077 Multiple Sclerosis
144	Disabled Disease HCC085	1	187	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS V21 HCC 085 Congestive Heart Failure
145	Disabled Disease HCC161	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	1	189	Set to "1" if applicable	ART_OPENINGS_PRESSURE_ ULCER
147	ASP_SPEC_ BACT_ PNEUM_ PRES_ULC	1	190	Set to "1" if applicable	ASP_SPEC_BACT_PNEUM_ PRES_ULC
148	COPD_ASP_ SPEC_BACT_ PNEUM	1	191	Set to "1" if applicable	COPD_ASP_SPEC_BACT_ PNEUM
149	DISABLED_ PRESSURE_ ULCER	1	192	Set to "1" if applicable	DISABLED_PRESSURE_ULCER
150	SCHIZO-PHRENIA_ CHF	1	193	Set to "1" if applicable	SCHIZO-PHRENIA_CHF
151	SCHIZO-PHRENIA_ COPD	1	194	Set to "1" if applicable	SCHIZO-PHRENIA_COPD
152	SCHIZO-PHRENIA_ SEIZURES	1	195	Set to "1" if applicable	SCHIZO-PHRENIA_SEIZURES
153	SEPSIS_ ARTIF_ OPENINGS	1	196	Set to "1" if applicable	SEPSIS_ARTIF_OPENINGS

Item	Field	Size	Position	Comment	Description
154	SEPSIS_ ASP_SPEC_ BACT_ PNEUM	1	197	Set to "1" if applicable	SEPSIS_ASP_SPEC_BACT_ PNEUM
155	SEPSIS_ PRESSURE_ ULCER	1	198	Set to "1" if applicable	SEPSIS_PRESSURE_ULCER
156	Filler	1	199 - 200	Spaces	Filler

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

F.12.4 Trailer Record

Item	Field	Size	Position	Comment	Description
1	Record Type	1	1	Set to "3"	1 = Header A = Details for old V12 PTC MOR B = Details for new V21 PTC MOR 3 = Trailer
2	Contract Number	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	9	7-15	Includes all header and trailer records	Record count in display format
4	Filler	185	16-200	Spaces	Filler

Total Length = 200

F.13 Risk Adjustment System (RAS) Prescription Drug Hierarchical Condition Category (RxHCC) Model Output Data File - aka Part D RA Model Output Data File

The following records are included in this file:

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

F.13.1 *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	Size	Position	Comment	Description
1	Record Type Code	1	1	Set to "1"	• 1 = Header • 2 = Details • 3 = Trailer
2	Contract Number	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	8	7-14	Format as yyyymmdd	The run date when this file was created.
4	Payment Year and Month	6	15-20	Format as yyyymm	This identifies the risk adjustment payment year and month for the model run.
5	Filler	148	21-168	Spaces	Filler

Total Length = 168

F.13.2 *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	Size	Position	Comment	Description
1	Record Type Code	1	1	Set to "2"	1 = Header, 2 = Details, 3 = Trailer
2	Health Insurance Claim Account Number	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	12	14-25	First 12 bytes of the Bene Last Name	Beneficiary Last Name
4	Beneficiary First Name	7	26-32	First 7 bytes of the bene First Name	Beneficiary First Name
5	Beneficiary Initial	1	33	1 byte Initial	Beneficiary Initial
6	Date of Birth	8	34-41	Formatted as yyyymmdd	The date of birth of the Medicare Beneficiary
7	Sex	1	42	0=unknown, 1=male, 2=female	Represents the sex of the Medicare Beneficiary.
8	Social Security Number	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	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	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	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	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	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	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	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..

Item	Field	Size	Position	Comment	Description
16	Age Group Female75_79	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	Size	Position	Comment	Description
31	Age Group Male90_94	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	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	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	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	1	78	Set to "1" if applicable, otherwise "0"	HIV/AIDS
36	Disease Coefficients RXHCC5	1	79	Set to "1" if applicable, otherwise "0"	Opportunistic Infections
37	Disease Coefficients RXHCC8	1	80	Set to "1" if applicable, otherwise "0"	Chronic Myeloid Leukemia
38	Disease Coefficients RXHCC9	1	81	Set to "1" if applicable, otherwise "0"	Multiple Myeloma and Other Neoplastic Disorders
39	Disease Coefficients RXHCC10	1	82	Set to "1" if applicable, otherwise "0"	Breast, Lung, and Other Cancers and Tumors
40	Disease Coefficients RXHCC11	1	83	Set to "1" if applicable, otherwise "0"	Prostate and Other Cancers and Tumors
41	Disease Coefficients RXHCC14	1	84	Set to "1" if applicable, otherwise "0"	Diabetes with Complications
42	Disease Coefficients RXHCC15	1	85	Set to "1" if applicable, otherwise "0"	Diabetes without Complication
43	Disease Coefficients RXHCC18	1	86	Set to "1" if applicable, otherwise "0"	Diabetes Insipidus and Other Endocrine and Metabolic Disorders
44	Disease Coefficients RXHCC19	1	87	Set to "1" if applicable, otherwise "0"	Pituitary, Adrenal Gland, and Other Endocrine and Metabolic Disorders
45	Disease Coefficients RXHCC20	1	88	Set to "1" if applicable, otherwise "0"	Thyroid Disorders

Item	Field	Size	Position	Comment	Description
46	Disease Coefficients RXHCC21	1	89	Set to "1" if applicable, otherwise "0"	Morbid Obesity
47	Disease Coefficients RXHCC23	1	90	Set to "1" if applicable, otherwise "0"	Disorders of Lipoid Metabolism
48	Disease Coefficients RXHCC25	1	91	Set to "1" if applicable, otherwise "0"	Chronic Viral Hepatitis
49	Disease Coefficients RXHCC30	1	92	Set to "1" if applicable, otherwise "0"	Chronic Pancreatitis
50	Disease Coefficients RXHCC31	1	93	Set to "1" if applicable, otherwise "0"	Pancreatic Disorders and Intestinal Malabsorption, Except Pancreatitis
51	Disease Coefficients RXHCC32	1	94	Set to "1" if applicable, otherwise "0"	Inflammatory Bowel Disease
52	Disease Coefficients RXHCC33	1	95	Set to "1" if applicable, otherwise "0"	Esophageal Reflux and Other Disorders of Esophagus
53	Disease Coefficients RXHCC38	1	96	Set to "1" if applicable, otherwise "0"	Aseptic Necrosis of Bone
54	Disease Coefficients RXHCC40	1	97	Set to "1" if applicable, otherwise "0"	Psoriatic Arthropathy
55	Disease Coefficients RXHCC41	1	98	Set to "1" if applicable, otherwise "0"	Rheumatoid Arthritis and Other Inflammatory Polyarthropathy
56	Disease Coefficients RXHCC42	1	99	Set to "1" if applicable, otherwise "0"	Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies
57	Disease Coefficients RXHCC45	1	100	Set to "1" if applicable, otherwise "0"	Osteoporosis, Vertebral and Pathological Fractures
58	Disease Coefficients RXHCC47	1	101	Set to "1" if applicable, otherwise "0"	Sickle Cell Anemia
59	Disease Coefficients RXHCC48	1	102	Set to "1" if applicable, otherwise "0"	Myelodysplastic Syndromes, Except High-Grade
60	Disease Coefficients RXHCC49	1	103	Set to "1" if applicable, otherwise "0"	Immune Disorders

Item	Field	Size	Position	Comment	Description
61	Disease Coefficients RXHCC50	1	104	Set to "1" if applicable, otherwise "0"	Aplastic Anemia and Other Significant Blood Disorders
62	Disease Coefficients RXHCC54	1	105	Set to "1" if applicable, otherwise "0"	Alzheimer's Disease
63	Disease Coefficients RXHCC55	1	106	Set to "1" if applicable, otherwise "0"	Dementia, Except Alzheimer's Disease
64	Disease Coefficients RXHCC58	1	107	Set to "1" if applicable, otherwise "0"	Schizophrenia
65	Disease Coefficients RXHCC59	1	108	Set to "1" if applicable, otherwise "0"	Bipolar Disorders
66	Disease Coefficients RXHCC60	1	109	Set to "1" if applicable, otherwise "0"	Major Depression
67	Disease Coefficients RXHCC61	1	110	Set to "1" if applicable, otherwise "0"	Specified Anxiety, Personality, and Behavior Disorders
68	Disease Coefficients RXHCC62	1	111	Set to "1" if applicable, otherwise "0"	Depression
69	Disease Coefficients RXHCC63	1	112	Set to "1" if applicable, otherwise "0"	Anxiety Disorders
70	Disease Coefficients RXHCC65	1	113	Set to "1" if applicable, otherwise "0"	Autism
71	Disease Coefficients RXHCC66	1	114	Set to "1" if applicable, otherwise "0"	Profound or Severe Mental Retardation/Developmental Disability
72	Disease Coefficients RXHCC67	1	115	Set to "1" if applicable, otherwise "0"	Moderate Mental Retardation/Developmental Disability
73	Disease Coefficients RXHCC68	1	116	Set to "1" if applicable, otherwise "0"	Mild or Unspecified Mental Retardation/Developmental Disability
74	Disease Coefficients RXHCC71	1	117	Set to "1" if applicable, otherwise "0"	Myasthenia Gravis, Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease
75	Disease Coefficients RXHCC72	1	118	Set to "1" if applicable, otherwise "0"	Spinal Cord Disorders

Item	Field	Size	Position	Comment	Description
76	Disease Coefficients RXHCC74	1	119	Set to "1" if applicable, otherwise "0"	Polyneuropathy
77	Disease Coefficients RXHCC75	1	120	Set to "1" if applicable, otherwise "0"	Multiple Sclerosis
78	Disease Coefficients RXHCC76	1	121	Set to "1" if applicable, otherwise "0"	Parkinson's Disease
79	Disease Coefficients RXHCC78	1	122	Set to "1" if applicable, otherwise "0"	Intractable Epilepsy
80	Disease Coefficients RXHCC79	1	123	Set to "1" if applicable, otherwise "0"	Epilepsy and Other Seizure Disorders, Except Intractable Epilepsy
81	Disease Coefficients RXHCC80	1	124	Set to "1" if applicable, otherwise "0"	Convulsions
82	Disease Coefficients RXHCC81	1	125	Set to "1" if applicable, otherwise "0"	Migraine Headaches
83	Disease Coefficients RXHCC83	1	126	Set to "1" if applicable, otherwise "0"	Trigeminal and Postherpetic Neuralgia
84	Disease Coefficients RXHCC86	1	127	Set to "1" if applicable, otherwise "0"	Pulmonary Hypertension and Other Pulmonary Heart Disease
85	Disease Coefficients RXHCC87	1	128	Set to "1" if applicable, otherwise "0"	Congestive Heart Failure
86	Disease Coefficients RXHCC88	1	129	Set to "1" if applicable, otherwise "0"	Hypertension
87	Disease Coefficients RXHCC89	1	130	Set to "1" if applicable, otherwise "0"	Coronary Artery Disease
88	Disease Coefficients RXHCC93	1	131	Set to "1" if applicable, otherwise "0"	Atrial Arrhythmias
89	Disease Coefficients RXHCC97	1	132	Set to "1" if applicable, otherwise "0"	Cerebrovascular Disease, Except Hemorrhage or Aneurysm
90	Disease Coefficients RXHCC98	1	133	Set to "1" if applicable, otherwise "0"	Spastic Hemiplegia

Item	Field	Size	Position	Comment	Description
91	Disease Coefficients RXHCC100	1	134	Set to "1" if applicable, otherwise "0"	Venous Thromboembolism
92	Disease Coefficients RXHCC101	1	135	Set to "1" if applicable, otherwise "0"	Peripheral Vascular Disease
93	Disease Coefficients RXHCC103	1	136	Set to "1" if applicable, otherwise "0"	Cystic Fibrosis
94	Disease Coefficients RXHCC104	1	137	Set to "1" if applicable, otherwise "0"	Chronic Obstructive Pulmonary Disease and Asthma
95	Disease Coefficients RXHCC105	1	138	Set to "1" if applicable, otherwise "0"	Pulmonary Fibrosis and Other Chronic Lung Disorders
96	Disease Coefficients RXHCC106	1	139	Set to "1" if applicable, otherwise "0"	Gram-Negative/Staphylococcus Pneumonia and Other Lung Infections
97	Disease Coefficients RXHCC111	1	140	Set to "1" if applicable, otherwise "0"	Diabetic Retinopathy
98	Disease Coefficients RXHCC113	1	141	Set to "1" if applicable, otherwise "0"	Open-Angle Glaucoma
99	Disease Coefficients RXHCC120	1	142	Set to "1" if applicable, otherwise "0"	Kidney Transplant Status
100	Disease Coefficients RXHCC121	1	143	Set to "1" if applicable, otherwise "0"	Dialysis Status
101	Disease Coefficients RXHCC122	1	144	Set to "1" if applicable, otherwise "0"	Chronic Kidney Disease Stage 5
102	Disease Coefficients RXHCC123	1	145	Set to "1" if applicable, otherwise "0"	Chronic Kidney Disease Stage 4
103	Disease Coefficients RXHCC124	1	146	Set to "1" if applicable, otherwise "0"	Chronic Kidney Disease Stage 3
104	Disease Coefficients RXHCC125	1	147	Set to "1" if applicable, otherwise "0"	Chronic Kidney Disease Stage 1, 2, or Unspecified
105	Disease Coefficients RXHCC126	1	148	Set to "1" if applicable, otherwise "0"	Nephritis

Item	Field	Size	Position	Comment	Description
106	Disease Coefficients RXHCC142	1	149	Set to "1" if applicable, otherwise "0"	Chronic Ulcer of Skin, Except Pressure
107	Disease Coefficients RXHCC145	1	150	Set to "1" if applicable, otherwise "0"	Pemphigus
108	Disease Coefficients RXHCC147	1	151	Set to "1" if applicable, otherwise "0"	Psoriasis, Except with Arthropathy
109	Disease Coefficients RXHCC156	1	152	Set to "1" if applicable, otherwise "0"	Narcolepsy and Cataplexy
110	Disease Coefficients RXHCC166	1	153	Set to "1" if applicable, otherwise "0"	Lung Transplant Status
111	Disease Coefficients RXHCC167	1	154	Set to "1" if applicable, otherwise "0"	Major Organ Transplant Status, Except Lung, Kidney, and Pancreas
112	Disease Coefficients RXHCC168	1	155	Set to "1" if applicable, otherwise "0"	Pancreas Transplant Status
113	Originally Disabled	1	156	Set to "1" if applicable, otherwise "0"	The original reason for Medicare entitlement was due to disability.
114	NONAGED RXHCC1	1	157	Set to "1" if applicable, otherwise "0"	Non-Aged and HIV/AIDS
115	NONAGED RXHCC58	1	158	Set to "1" if applicable, otherwise "0"	Non-Aged and Schizophrenia
116	NONAGED RXHCC59	1	159	Set to "1" if applicable, otherwise "0"	Non-Aged and Bipolar Disorders
117	NONAGED RXHCC60	1	160	Set to "1" if applicable, otherwise "0"	Non-Aged and Major Depression
118	NONAGED RXHCC61	1	161	Set to "1" if applicable, otherwise "0"	Non-Aged and Specified Anxiety, Personality, and Behavior Disorders
119	NONAGED RXHCC62	1	162	Set to "1" if applicable, otherwise "0"	Non-Aged and Depression
120	NONAGED RXHCC63	1	163	Set to "1" if applicable, otherwise "0"	Non-Aged and Anxiety Disorders

Item	Field	Size	Position	Comment	Description
121	NONAGED RXHCC65	1	164	Set to "1" if applicable, otherwise "0"	Non-Aged and Autism
122	NONAGED RXHCC75	1	165	Set to "1" if applicable, otherwise "0"	Non-Aged and Multiple Sclerosis
123	NONAGED RXHCC78	1	166	Set to "1" if applicable, otherwise "0"	Non-Aged and Intractable Epilepsy
124	NONAGED RXHCC79	1	167	Set to "1" if applicable, otherwise "0"	Non-Aged and Epilepsy and Other Seizure Disorders, Except Intractable Epilepsy
125	NONAGED RXHCC80	1	168	Set to "1" if applicable, otherwise "0"	Non-Aged and Convulsions

Total Length = 168
NOTE: Fields 113-125 are associated with the Rx HCC Continuing Enrollee Institutional Score only.

F.13.3 *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 164.

Item	Field	Size	Position	Comment	Description
1	Record Type Code	1	1	Set to "3"	• 1 = Header • 2 = Details • 3 = Trailer
2	Contract Number	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	9	7-15	Includes all header and trailer records	Record count in display format 9(9).
4	Filler	153	16-168	Spaces	Filler

Total Length = 168

F.14 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 file also contains records that report the submitted transactions verbatim back to the Plans.

F.14.1 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
5	Gender Code	1	33	Beneficiary Gender Identification Code '0' = Unknown; '1' = Male; '2' = Female.
6	Date of Birth	8	34-41	YYYYMMDD Format
7	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	'1' = Disabled; '0' = No Disability; Space = not applicable.
12	Hospice Indicator	1	54	'1' = Hospice; '0' = No Hospice; Space = not applicable.
13	Institutional/NHC /HCBS Indicator	1	55	'3' = HCBS; '1' = Institutional; '2' = NHC; '0' = No Institutional; Space = not applicable
14	ESRD Indicator	1	56	'1' = End-Stage Renal Disease; '0' = No End-Stage Renal Disease; Space = not applicable.
15	Transaction Reply Code (TRC)	3	57-59	TRC, see TRC list on page I-2 for values
16	Transaction Code (TC)	2	60-61	TC

Item	Field	Size	Position	Description
17	Entitlement Type Code	1	62	Beneficiary Entitlement Type Code: 'Y' = Entitled to Part A and B, 'Z' = Entitled to Part A or B; Space = not applicable Space reported with TRCs 121, 194, and 223, has no meaning.
18	Effective Date	8	63-70	YYYYMMDD Format; Effective date is present for all TRCs. However, for UI TRCs, field content is TRC dependent: 701 – New enrollment period start date, 702 – Fill-in enrollment period start date, 703 – Start date of cancelled enrollment period, 704 – Start date of enrollment period cancelled for Plan Benefit Package (PBP) correction, 705 – Start date of enrollment period for corrected PBP, 706 – Start date of enrollment period cancelled for segment correction, 707 – Start date of enrollment period for corrected segment, 708 – Enrollment period end date assigned to existing opened ended enrollment, 709 & 710 – New start date resulting from update, 711 & 712 – New end date resulting from update, 713 – "00000000" – End date removed. Original end date is in field 24.X, 091 – Previously reported incorrect death date, 121, 194, and 223 – PBP enrollment effective date. 305 – New ZIP Code Start Date 293 – Enrollment End Date; Last day of the month
19	Working Age (WA) Indicator	1	71	'1' = WA; '0' = No WA; Space = not applicable.
20	Plan Benefit Package ID	3	72-74	PBP number
21	Filler	1	75	Spaces
22	Transaction Date	8	76-83	YYYYMMDD Format; Present for all TRCs. For TRCs 121, 194, and 223, the report generation date.
23	UI Initiated Change Flag	1	84	'1' = transaction created through user interface; '0' = transaction from source other than user interface; Space = not applicable.
24	Positions 85 – 96 are dependent upon the TRC value. There are spaces for all codes except where indicated below.	8	85-92	This field value depends on the TRC that is returned on the reply. See the TRC-related values below:
	a. Effective Date of the Disenrollment	8	85-92	YYYYMMDD Format; Present only when TRC is one of the following: 13, 14, 18, 293
	b. New Enrollment Effective Date	8	85-92	YYYYMMDD Format; Present only when TRC is 17

Item	Field	Size	Position	Description
	c. Claim Number (old)	12	85-96	Present only when TRC is one of the following: 22, 25, 86
	d. Date of Death	8	85-92	YYYYMMDD Format; Present only when TRC is one of the following: 90 (with TC 01), 92
	e. Hospice Start Date	8	85-92	YYYYMMDD Format; Present only when TRC is 71
	f. Hospice End Date	8	85-92	YYYYMMDD Format; Present only when TRC is 72
	g. ESRD Start Date	8	85-92	YYYYMMDD Format; Present only when TRC is 73
	h. ESRD End Date	8	85-92	YYYYMMDD Format; Present only when TRC is 74
	i. Institutional/ NHC Start Date	8	85-92	YYYYMMDD Format; Present only when TRC is one of the following: 48, 75, 158, 159
	j. Medicaid Start Date	8	85-92	YYYYMMDD Format; Present only when TRC is 77
	k. Medicaid End Date	8	85-92	YYYYMMDD Format; Present only when TRC is 78
	l. Part A End Date	8	85-92	YYYYMMDD Format; Present only when TRC is 79
	m. WA Start Date	8	85-92	YYYYMMDD Format; Present only when TRC is 66
	n. WA End Date	8	85-92	YYYYMMDD Format; Present only when TRC is 67
	o. Part A Reinstate Date	8	85-92	YYYYMMDD Format; Present only when TRC is 80
	p. Part B End Date	8	85-92	YYYYMMDD Format; Present only when TRC is 81
	q. Part B Reinstate Date	8	85-92	YYYYMMDD Format; Present only when TRC is 82
	r. Old State and County Codes	5	85-89	Beneficiary's prior state and county code; Present only when TRC is 85
	s. Attempted Enroll Effective Date	8	85-92	The effective date of an enrollment transaction that was submitted but rejected. Present only when TRC is the following: 35, 36, 45, 56
	t. PBP Effective Date	8	85-92	YYYYMMDD Format. Effective date of a beneficiary's PBP change. Present only when TRC is 100.
	u. 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 TRC is 181.
	v. Date Identifying Information Changed by UI User	8	85-92	YYYYMMDD Format; Field content is dependent on TRC: 702 – Fill-in enrollment period end date, 705 – End date of enrollment period for corrected PBP, blank when end date not provided by user, 707 – End date of enrollment period for corrected segment, blank when end date not provided by user, 709 & 710 – Enrollment period start date prior to start date change, 711, 712, & 713 – Enrollment period end date prior to end date change.

Item	Field	Size	Position	Description
	w. 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 TRC is 182.
	x. Date of Death Removed	8	85-92	YYYYMMDD Format; previously reported erroneous date of death. Present only when TRC is 091.
	y. Dialysis End Date	8	85-92	YYYYMMDD Format; present when TRC is 268 and the dialysis period has an end date.
	z. Transplant Failure Date	8	85-92	YYYYMMDD Format; present when TRC is 269 and the transplant has an end date.
	aa. New ZIP Code	10	85-94	#####-#### Format; present when TRC is 305
25	District Office Code	3	97-99	Code of the originating district office; Present only when TC 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 is spaces. CCCCC = Contract Number; PPP = PBP Number.
27	Filler	8	108-115	Spaces
28	Source ID	5	116-120	Transaction Source Identifier
29	Prior Plan Benefit Package ID	3	121-123	Prior PBP Number; present only for TC 71; otherwise, spaces if not applicable.
30	Application Date	8	124-131	The date the plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD; otherwise, spaces if not applicable.
31	UI User Organization Designation	2	132-133	'01' = Plan '02' = Regional Office; '03' = Central Office; Spaces = not UI transaction
32	Out of Area Flag	1	134	'Y' = Out of area; 'N' = Not out of area; 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	1	154	'A' = AEP; 'E' = IEP; 'I' = ICEP; 'O' = OEP; 'N' = OEPNEW; 'T' = OEPI; 'R' = 5 Star SEP; 'S' = Other SEP; 'U' = Dual/LIS SEP; 'V' = Permanent Change in Residence SEP; 'W' = EGHP SEP; 'X' = Administrative Action SEP; 'Y' = CMS/Case Work SEP; Space = not applicable. (MAs use I, A, N, O, R, S, T, U, V, W, X, and Y. MAPDs use I, A, E, N, O, R, S, T, U, V, W, X, Y. PDPs use A, E, R, S, U, V, W, X, and Y.)
37	Enrollment Source	1	155	'A' = Auto enrolled by CMS; 'B' = Beneficiary Election; 'C' = Facilitated enrollment by CMS; 'D' = CMS Annual Rollover; 'E' = Plan initiated AE; 'F' = Plan initiated FE; 'G' = Point-of-sale enrollment; 'H' = CMS or Plan reassignment; 'I' = Invalid submitted value (transaction is not rejected); 'J' = State-submitted Passive Enrollment 'K' = CMS-submitted passive Enrollment 'L' = Beneficiary Election in Financial Alignment Demonstration 'M' = Defaulted value for Financial Alignment Demonstration Space = not applicable.
38	Part D Opt-Out Flag	1	156	'Y' = Opted out of Part D AE/FE; 'N' = Not opted out of Part D AE/FE; Space = No change to opt-out status
39	Premium Withhold Option/Parts C-D	1	157	'D' = Direct self-pay; 'S' = Deduct from SSA benefits; 'R' = Deduct from RRB benefits; 'N' = No premium applicable; Option applies to both Part C and D Premiums; Space = not applicable.
40	Number of Uncovered Months (NUNCMO)	3	158-160	Total months without drug coverage; otherwise, spaces if not applicable.
41	Creditable Coverage Flag	1	161	'Y' = Covered; 'N' = Not Covered; 'R' = Setting uncovered months to zero due to a new IEP; 'U' = Setting uncovered months to the value prior to using R; Space = not applicable.

Item	Field	Size	Position	Description
42	Employer Subsidy Override Flag	1	162	'Y' = Beneficiary is in a Plan receiving an employer subsidy, flag allows enrollment in a Part D Plan; Space = no flag submitted by Plan.
43	Processing Timestamp	15	163-177	Transaction processing time, or, for TRCs 121, 194, and 223, the report generation time. Format: HH.MM.SS.SSSSSS
44	Filler	20	178-197	Spaces
45	Secondary Drug Insurance Flag	1	198	(TC 61) MAPD and PDP transactions: 'Y' = Beneficiary has secondary drug insurance; 'N' = Beneficiary does not have secondary drug insurance available; Space = No flag submitted by Plan. (TC 72) MAPD and PDP transactions: 'Y' = Secondary drug insurance available 'N' = No secondary drug insurance available Space = no change. Space returned with any other TC has no meaning.
46	Secondary Rx ID	20	199-218	Beneficiary's secondary insurance Plan's ID number from input TC 61 or 72; otherwise, spaces for any other TC.
47	Secondary Rx Group	15	219-233	Beneficiary's secondary insurance Plan's Group ID number from input TC 61 or 72; otherwise, spaces for any other TC.
48	EGHP	1	234	TC 61: 'Y' = EGHP; Space = not EGHP. TC 74: 'Y' = EGHP; 'N' = Not EGHP; Space = no change. Space reported with any other TC that has no meaning.
49	Part D Low-Income Premium Subsidy Level (Part D LIPS)	3	235-237	Part D LIPS percentage category: '000' = No subsidy, '025' = 25% subsidy level; '050' = 50% subsidy level; '075' = 75% subsidy level; '100' = 100% subsidy level; Spaces = not applicable.
50	Low-Income Co-Pay Category	1	238	Definitions of the co-payment categories: '0' = none, not low-income '1' = (High); '2' = (Low); '3' = (0); '4' = 15%; '5' = Unknown; Space = not applicable.
51	Low-Income Period Effective Date	8	239-246	Date low income period starts. Format: YYYYMMDD Spaces if not applicable.

Item	Field	Size	Position	Description
52	Part D Late Enrollment Penalty (LEP) Amount	8	247-254	Calculated Part D LEP, not including adjustments indicated by items (53) and (54). Format: -9999.99; otherwise, spaces if not applicable.
53	Part D LEP Waived Amount	8	255-262	Amount of Part D LEP waived. Format: -9999.99; otherwise, spaces if not applicable.
54	Part D LEP Subsidy Amount	8	263-270	Amount of Part D LEP low-income subsidy. Format: -9999.99; otherwise, spaces if not applicable.
55	Low-Income Part D Premium Subsidy Amount	8	271-278	Amount of Part D low-income premium subsidy as of the enrollment period start date. Format: -9999.99; otherwise, spaces if not applicable.
56	Part D Rx BIN	6	279-284	Beneficiary's Part D Rx BIN taken from the input transaction (TC 61 or 72); otherwise, spaces for any other TC.
57	Part D Rx PCN	10	285-294	Beneficiary's Part D Rx PCN taken from the input transaction (TC 61 or 72); otherwise, spaces if not provided via a transaction.
58	Part D Rx Group	15	295-309	Beneficiary's Part D Rx Group taken from the input transaction (TC 61 or 72); otherwise, spaces for any other TC.
59	Part D Rx ID	20	310-329	Beneficiary's Part D Rx ID taken from the input transaction (TC 61 or 72); otherwise, spaces for any other TC.
60	Secondary Rx BIN	6	330-335	Beneficiary's secondary insurance BIN taken from the input transaction (TC 61 or 72); otherwise, spaces for any other TC.
61	Secondary Rx PCN	10	336-345	Beneficiary's secondary insurance PCN taken from the input transaction (TC 61 or 72); otherwise, spaces for any other TC.
62	De Minimis Differential Amount	8	346-353	Amount by which a Part D de minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark. Format: -9999.99; otherwise, spaces if not applicable.
63	MSP Status Flag	1	354	'P' = Medicare primary payer; 'S' = Medicare secondary payer; 'N' = Non-respondent beneficiary; Space = not applicable.
64	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. FORMAT: YYYYMMDD; otherwise, spaces if not applicable.
65	LIS Source Code	1	363	'A' = Approved SSA applicant; 'D' = Deemed eligible by CMS; Space = not applicable.
66	Enrollee Type Flag, PBP Level	1	364	Designation relative to the report generation date (Transaction Date, field #22) 'C' = Current PBP enrollee; 'P' = Prospective PBP enrollee; 'Y' = Previous PBP enrollee; Spaces = not applicable.
67	Application Date Indicator	1	365	Identifies whether the application date associated with a UI submitted enrollment has a system generated default value: 'Y' = Default value for UI enrollment; Space = Not applicable

Item	Field	Size	Position	Description
68	TRC Short Name	15	366-380	TRC's short-name identifier
69	DRC	2	381-382	Disenrollment Reason Code, see DRC list for values
70	MMP Opt-Out Flag	1	383	"Y" = Opted out of passive enrollment into an MMP "N" = Not opted out of passive enrollment into MMP Space = Not applicable
71	Filler	91	384-474	Spaces
72	System Assigned Transaction Tracking ID	11	475-485	System assigned transaction tracking ID.
73	Plan Assigned Transaction Tracking ID	15	486-500	Plan submitted batch input transaction tracking ID.

Total Length = 500

F.14.2 Verbatim Plan Submitted Transaction on DTRR

Item	Field	Size	Position	Description
1	HICN	12	1-12	HICN
2	Surname	12	13-24	Beneficiary Surname
3	First Name	7	25-31	Beneficiary Given Name
4	Middle Initial	1	32	Beneficiary Middle Initial
5	Gender Code	1	33	Beneficiary Gender Identification Code '0' = Unknown; '1' = Male; '2' = Female.
6	Date of Birth	8	34-41	YYYYMMDD Format
7	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 '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.15 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.

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 0 = Unknown 1 = Male 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)
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

Item	Field	Size	Position	Description
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	1	155 – 155	A = Auto Enrolled by CMS; B = Beneficiary Election; C = Facilitated Enrollment by CMS; D = CMS Annual rollover; E = Plan initiated auto-enrollment; F = Plan initiated facilitated-enrollment; G = Point-of-Sale enrollment; H= CMS or Plan reassignment; I = Invalid submitted value (transaction is not rejected).
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
49	Part D LIPS Level	3	235 – 237	Part D LIPS category: ‘000’ = No subsidy (default for blank) ‘025’ = 25% subsidy level, ‘050’ = 50% subsidy level, ‘075’ = 75% subsidy level, ‘100’ = 100% subsidy level
50	Low-Income Co-Pay Category	1	238 – 238	Definitions of the co-payment categories: ‘0’ = none, not low-income (default for blank) ‘1’ = (High) ‘2’ = (Low) ‘3’ = $0 (0) ‘4’ = 15% ‘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.16 LIS/LEP Data File

F.16.1 *Header Record*

Item	Field	Size	Position	Description
1	Record Type	3	1-3	H = Header Record PIC XXX
2	MCO Contract Number	5	4-8	MCO Contract Number PIC X(5)
3	Payment/Payment Adjustment Date	6	9-14	YYYYMM First 6 digits contain Current Payment Month (CPM) PIC 9(6)
4	Data file Date	8	15-22	YYYYMMDD Date this data file created PIC 9(8)
5	Filler	143	23-165	Spaces

Total Length = 165

F.16.2 *Detail Record*

Item	Field Name	Size	Position	Description
1	Record Type	3	1-3	PD = Prospective Detail Record "Prospective" means Premium Period equals Payment Month reflected in Header Record AD = Adjustment Detail Record "Adjustment" means all Premium Periods other than Prospective PIC XXX
	***** PLAN IDENTIFICATION**			
2	MCO Contract Number	5	4-8	MCO Contract Number PIC X(5)
3	PBP Number	3	9-11	PBP Number PIC X(3)
4	Plan Segment Number	3	12-14	Plan Segment Number PIC X(3)
	***** BENEFICIARY IDENTIFICATION & PREMIUM SETTINGS**			
5	HIC Number	12	15-26	Member's HIC # PIC X(12)
6	Surname	7	27-33	PIC X(7)
7	First Initial	1	34	PIC X

Item	Field Name	Size	Position	Description
8	Sex	1	35	M = Male, F = Female PIC X
9	DOB	8	36-43	YYYYMMDD PIC 9(8)
10	Filler	1	44	Space
	***** PREMIUM PERIOD**			
11	Premium/Adjustment Period Start Date	6	45-50	PD: current processing month. AD: adjustment period. YYYYMM PIC 9(6)
12	Premium/Adjustment Period End Date	6	51-56	PD: current processing month. AD: adjustment period. YYYYMM PIC 9(6)
13	Number of Months in Premium/Adjustment Period	2	57-58	PIC 99
14	PD: Net Monthly Part D Basic Premium AD: Net Monthly Part D Basic Premium Amount	8	59-66	Plan's Part D Basic Rate in effect for this premium period Net is Monthly Part D Basic Premium (minus) DE MINIMIS DIFFERENTIAL Note: PD always equals AD for this field PIC -9999.99
15	LIPS Percentage	3	67- 69	LIPS Percentage Subsidy percentage in effect for this premium period Valid values: 100, 075, 050, 025, Blank PIC 999
16	PPO	1	70	Current view of PPO. Valid values: D (direct bill) S (SSA withhold) R (RRB withhold) N (no premium applicable) PIC X
	***** ACTIVITY FOR PREMIUM PERIOD**			
17	Premium LIS Amount	8	71-78	PD: Premium LIS Amount – the portion of the Part D basic premium paid by the Government on behalf of a low- income individual AD: For adjustments, compute the adjustment for each month in the affected payment period if the payment is already made. PIC -9999.99

Item	Field Name	Size	Position	Description
18	Net LEP Amount for Direct Billed Members	8	79-86	PD: LEP Amount for Direct Billed Members owed by Beneficiary for premium period. This amount is net of any subsidized amounts for eligible LIS members. Net LEP Amount for Direct Billed Members = LEP Amount (minus) LEP Subsidy Amount (minus) Part D Penalty Waived Amount AD: For adjustments, compute the adjustment for each month in the (affected) payment period if the payment was already made. PIC -9999.99
19	Net Amount Payable to Plan	8	87-94	PD: Net Amount Payable to Plan = Premium LIS Amount (field 16) (minus) Net LEP Amount for Direct Billed Members (field 17) AD: For adjustments, compute the adjustment for each month in the (affected) payment period if the payment was already made. PIC -9999.99
20	Filler	71	95-165	Spaces

Total Length = 165

F.17 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 reaching out to 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.

F.17.1 *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 0 = Unknown 1 = Male 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'
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

Item	Field	Size	Position	Description
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.18 LIS/Part D Premium Data File

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 YYYYMMDD – Format
6	Subsidy Start Date	8	32-39	Beneficiary's Subsidy Start Date YYYYMMDD – Format
7	Subsidy End Date	8	40-47	Beneficiary's Subsidy End Date YYYYMMDD – Format
8	Part D Premium Subsidy Percentage	3	48-50	Beneficiary's LIPS Percent '100' = 100% Premium Subsidy '075' = 75% Premium Subsidy '050' = 50% Premium Subsidy '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 YYYYMMDD – Format Space can remain blank
12	Part C Premium Amount	8	68-75	Beneficiary's Part C Premium Amount (----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 EnrollmentPenalty Amount	8	84-91	Beneficiary's Part D LEP Amount (—9.99)
15	LIS Subsidy Amount	8	92-99	Beneficiary's LIS Subsidy Amount (----9.99)
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

F.19 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.

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.19.1 *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 YYYYMMDD – Format
4	Calendar Month	6	15-20	CHAR	First six digits contain Calendar Month the report generated; YYYYMMDD – Format
5	Filler	145	21-165	CHAR	SPACES

Total Length = 165

F.19.2 *Detail Record (Transaction)*

Item	Field	Size	Position	Position	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: YYYYMMDD – Format
11	Low Income Period End Date	8	59-66	CHAR	End date for beneficiary's Low Income Period Amount: YYYYMMDD – Format
12	LIPS Percentage	3	67-69	CHAR	Beneficiary's LIPS Percentage '100' = 100% Premium subsidy '075' = 75% Premium subsidy '050' = 50% Premium subsidy '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: 1. There is no Plan premium and therefore no premium subsidy. 2. Although the Beneficiary is enrolled and LIS eligible, a system error occurred making premium data unavailable. Premium LIS Amount is entered in spaces when data is unavailable. 99999.99 – Format
14	Low Income Co-pay Level ID	1	78	CHAR	Co-Payment Category Definitions: '1' = High '2' = Low '3' = $0 '4' = 15% Co-pay level IDs 1 and 2 change each year. In 2007, 1 = $2.15/$5.35 and 2 = $1/$3.10. In 2006 1 = $2/$5 and 2 = $1/$3.

Item	Field	Size	Position	Position	Description
15	Beneficiary Source of Subsidy Code	1	79	CHAR	Source of beneficiary subsidy. Valid values are: A = Determined Eligible for LIS by the Social Security Administration or a State Medicaid Agency 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 'Y' = One of the following may have changed since the last month's data file: Co-payment level Low-income premium subsidy level Low-income period start or end date 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: 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. 99999.99 – Format
19	Contract Year	4	97-100	CHAR	Calendar Year associated with the low income premium subsidy amount; YYYY – Format
20	Institutional Status Indicator	1	101	CHAR	'1' (Institutionalized) '2' (Non Institutionalized) '3' (Home and Community- Based Services [HCBS]) '9' (Not applicable)
21	PBP Enrollment Termination Date	8	102-109	CHAR	PBP enrollment termination date: YYYYMMDD – Format
22	Filler	56	110-165	CHAR	Spaces

Total Length = 165

F.19.3 *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.20 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.

The NoRx File is in the same format as the 4Rx Notification File and contains records identifying those enrollees who do not currently have 4Rx information stored in CMS. The only distinction between the two files is that the NoRx file detail record shows blanks, or no information, in fields such as REC TYPE, DATE OF BIRTH, RX BIN, etc.

The following records are included in this file:

- Header Record
- Detail Record
- Trailer Record

F.20.1 *Header Record*

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

Field	Size	Position	Format	Valid Values	Description
File ID Name	8	1-8	X(8)	"CMSNRX0H"	Critical Field This field is always set to the value "CMSNRX0H." This code allows recognition of the record as the Header Record of a NoRx File.
Sending Entity	8	9-16	X(8)	"MBD" (MBD + 5 spaces)	Critical Field This field is always set to the value "MBD". The value specifically is "MBD" followed by five spaces.
File Creation Date	8	17-24	X(8)	YYYYMMDD	Critical Field The date on which the NoRx file was created by CMS. This value is formulated as YYYYMMDD.
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.
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.20.2 *Detail Record*

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

Field	Size	Position	Format	Valid Values	Description
Record Type	3	1-3	X(3)	"NRX"	Critical Field 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.
Record Type from Original Detail	5	4-8	X(5)	Spaces	No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information.
HICN or RRB Number	12	9-20	X(9)	HICN or RRB	Critical Field This field contains either the HICN or the RRB Number of the Beneficiary without 4Rx data.
SSN	9	21-29	X(9)	SSN from CMS	Not a Critical Field This field may contain the SSN of the Beneficiary that does not have 4Rx data.
Beneficiary Date of Birth from Original Detail	8	30-37	X(8)	Spaces	No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information.
Beneficiary Gender Code from Original Detail	1	38	X(1)	Spaces	No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information.
Rx BIN from Original Detail	6	39-44	X(6)	Spaces	No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information.
Rx PCN from Original Detail	10	45-54	X(10)	Spaces	No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information.
Rx ID Number from Original Detail	20	55-74	X(20)	Spaces	No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information.
Rx Group from Original Detail	15	75-89	X(15)	Spaces	No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information.
Contract Number	5	90- 94	X(5)	Contract Number from CMS	Critical Field This field contains the Contract Number of the beneficiary that does not have 4Rx data.
PBP Number	3	95- 97	X(3)	PBP Number from CMS	Critical Field This field contains the beneficiary PBP number but does not have 4Rx data.
PBP Enrollment Effective Date from Original Detail	8	98-105	X(8)	Spaces	No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information.

Field	Size	Position	Format	Valid Values	Description
Record Sequence Number from Original Detail	7	106-112	X(7)	Spaces	No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information.
Processed Flags	3	113-115	X(3)	Spaces	No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information.
Error Return Codes	36	116-151	X(36)	Spaces	No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information.
Sending Entity from Original File	8	152-159	X(8)	Spaces	No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information.
File Control Number from Original File	9	160-168	X(9)	Spaces	No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information.
File Creation Date	8	169-176	X(8)	YYYYMMDD	Critical Field This field contains the date the NoRx record was created.
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.20.3 *Trailer Record*

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

Field	Size	Position	Format	Valid Values	Description
File ID Name	8	1-8	X(8)	"CMSNRX0T"	Critical Field This field is always set to the value "CMSNRX0T." This code allows recognition of the record as the Trailer Record of a NoRx File.
Sending Entity	8	9-16	X(8)	"MBD " (MBD + 5 spaces)	Critical Field This field is always set to the value "MBD ". The value specifically is "MBD" followed by five spaces.
File Creation Date	8	17-24	X(8)	YYYYMMDD	Critical Field The date that CMS created the NoRx file. This value is formulated as YYYYMMDD.
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.
File Record Count	7	34-40	9(7)	Numeric value greater than Zero.	Critical Field The total number of NoRx records on this file. This value is right-justified in the field with leading zeros.
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.21 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.

This file includes the following records:

- Header Record
- Detail Record
- Trailer Record

F.21.1 *Header Record*

Field	Size	Position	Format	Valid Values	Description
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.
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.
File Creation Date	8	17-24	X(8)	CCYYYYMMDD	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.
File Control Number	9	25-33	X(9)	Assigned by Sending Entity	Critical Field 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.
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.21.2 *Detail Record (Transaction)*

Field	Size	Position	Format	Valid Values	Description
Record Type	5	1-5	X(5)	"DTL01" = BEQ Transaction Note: The value above is DTL-zero-one.	Critical Field 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.
HICN/RRB Number	12	6-17	X(12)	HICN Or RRB	Critical Field 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.
Filler	9	18-26	X(9)	Spaces	
DOB	8	27-34	X(8)	CCYYYYMMDD	Critical Field 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.
Gender Code	1	35	X(1)	0 (Zero) = Unknown; 1 = Male; 2 = Female	Not Critical Field The gender of the individual. The acceptable values include 0 (Zero) = Unknown, 1 = Male, 2 = Female.
Detail Record Sequence Number	7	36-42	9(7)	Seven-byte number unique within the BEQ Request File	Critical Field 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.
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.21.3 *Trailer Record*

Field	Size	Position	Format	Valid Values	Description
File ID Name	8	1-8	X(8)	"MMABEQRT"	Critical Field This field is always set to the value "MMABEQRT." This code identifies the record as the Trailer Record of a BEQ Request File.
Sending Entity (CMS)	8	9-16	X(8)	Sending Organization (left justified space filled) Acceptable Values: 5-position Contract Identifier + 3 Spaces (3 Spaces 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 Header Record. The Sending Entity may participate in Part D.
File Creation Date	8	17-24	X(8)	CCYYYYMMDD	Critical Field 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.
File Control Number	9	25-33	X(9)	Assigned by Sending Entity	Critical Field 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.
Record Count	7	34-40	9(7)	Numeric value greater than Zero.	Critical Field The total number of Transactions (Detail Records) supplied on the BEQ Request File. This value is right-justified in the field, with leading zeros. This value should not include non-numeric characters, such as commas, spaces, dashes, decimals.
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.21. 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.22 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.

The following records are included in this file:

- Header Record
- Detail Record
- Trailer Record

F.22.1 *Header Record*

Field	Size	Position	Format	Valid Values	Field Definition
File ID Name	8	1-8	X(8)	"CMSBEQRH"	This field is always set to the value "CMSBEQRH." This code identifies the record as the Header Record of a BEQ Response File.
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 Trailer Record.
File Creation Date	8	17-24	X(8)	CCYYMMDD	The date that CMS created the BEQ Response File. This value is in the format of CCYYMMDD. For example, January 3, 2010 is the value 20100103. This value agrees with the corresponding value in the Trailer Record.
File Control Number	9	25-33	X(9)	Assigned by Sending Entity (MBD)	The specific Control Number assigned by CMS to the BEQ Response File. CMS utilizes this value to track the BEQ Response File through CMS processing and archive. This value agrees with the corresponding value in the Trailer Record.
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 or used to store meaningful information, unless specifically documented otherwise.

Total Length = 750

F.22.2 *Detail Record (Transaction)*

Item	Field	Size	Position	Format	Valid Values	Description
1	Record Type	3	1-3	X(3)	"DTL"	This field is set to the value "DTL," indicating that this is a detail record.
2	Original Detail Record	42	4-45	X(42)	The first 42 positions of the original Transaction or Detail Record as supplied by the Sending Entity.	This field provides the meaningfully populated area of the BEQ Request File Transaction provided by the Sending Entity. The breakdown includes: Record Type X95) position 4 … 8 Bene. HICN / RRB # X(12) position 9 … 20 Filler position 21 … 29 Beneficiary DOB X(8) position 30 … 37 Beneficiary Gender Code X(1) position 38 Detail Record Sequence # 9(7) pos 39 … 45
3	Processed Flag	1	46	X(1)	"Y" = Detail record accepted for processing. "N" = Detail record not accepted for processing.	A flag that indicates if the Transaction (Detail Record) was accepted for processing. A Transaction is accepted for processing if all critical fields contain valid values.
4	Beneficiary Match Flag	1	47	X(1)	"Y" = Beneficiary matched (located) successfully. "N" = Beneficiary not matched (located) successfully. " " (SPACE) = Beneficiary Match not attempted due to an Invalid condition in the Transaction	A flag that indicates whether or not the Beneficiary in the Transaction successfully matched to a Beneficiary on the CMS MBD.
5	Medicare Part A Entitlement Start Date	8	48-55	X(8)	CCYYMMDD Spaces = Not currently enrolled or Data Not Found.	The Entitlement Start Date of the beneficiary's most recent or active Medicare Part A entitlement period.
6	Medicare Part A Entitlement End Date	8	56-63	X(8)	CCYYMMDD Spaces = Not currently enrolled or Data Not Found.	The Entitlement End Date of the beneficiary's most recent or active Medicare Part A entitlement period.
7	Medicare Part B Entitlement Start Date	8	64-71	X(8)	CCYYMMDD Spaces = Not currently enrolled or Data Not Found.	The Entitlement Start Date of the beneficiary's most recent or active Medicare Part B entitlement period.

Item	Field	Size	Position	Format	Valid Values	Description
8	Medicare Part B Entitlement End Date	8	72-79	X(8)	CCYYMMDD Spaces = Not currently enrolled or Data Not Found.	The Entitlement End Date of the beneficiary's most recent or active Medicare Part B entitlement period.
9	Medicaid Indicator	1	80	X(1)	"0" = Beneficiary with no current or active Medicaid coverage; "1" = Beneficiary has current or active Medicaid coverage.	An indicator of the presence of current Medicaid coverage for the beneficiary. The value for this field is based upon the presence of Medicaid reported for the beneficiary by states in the previous calendar month via the MMA State Files.
10	Part D Enrollment Effective Date /Employer Subsidy Start Date (Occurrence 1)	8	81-88	X(8)	CCYYMMDD Spaces = No Drug coverage period for this occurrence or Data Not Found.	Effective start date of the Part D Plan or the Start Date of the Employer Subsidy coverage for the beneficiary; (most recent or presently active.
11	Part D Disenrollment Date/ Employer Subsidy End Date (Occurrence 1)	8	89-96	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D Plan or the End Date of the Employer Subsidy coverage for the beneficiary;(most recent or presently active.
12	Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 2)	8	97-104	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D Plan or the Start Date of the Employer Subsidy coverage for the beneficiary; second most recent.
13	Part D Disenrollment Date/ Employer Subsidy End Date (Occurrence 2)	8	105-112	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D Plan or the End Date of the Employer Subsidy coverage for the beneficiary; second most recent.
14	Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 3)	8	113-120	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D Plan or the Start Date of the Employer Subsidy coverage for the beneficiary; third most recent.
15	Part D Disenrollment Date/ Employer Subsidy End Date (Occurrence 3)	8	121-128	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D Plan or the End Date of the Employer Subsidy coverage for the beneficiary; third most recent.
16	Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 4)	8	129-136	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D Plan or the Start Date of the Employer Subsidy coverage for the beneficiary; fourth most recent.

Item	Field	Size	Position	Format	Valid Values	Description
17	Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 4)	8	137-144	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D Plan or the End Date of the Employer Subsidy coverage for the beneficiary (fourth most recent).
18	Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 5)	8	145-152	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D Plan or the Start Date of the Employer Subsidy coverage for the beneficiary (fifth most recent).
19	Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 5)	8	153-160	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D Plan or the End Date of the Employer Subsidy coverage for the beneficiary (fifth most recent).
20	Part D Enrollment Effective Date / Employer Subsidy Start Date (Occurrence 6)	8	161-168	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D Plan or the Start Date of the Employer Subsidy coverage for the beneficiary (sixth most recent).
21	Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 6)	8	169-176	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D Plan or the End Date of the Employer Subsidy coverage for the beneficiary (sixth most recent).
22	Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 7)	8	177-184	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D Plan or the Start Date of the Employer Subsidy coverage for the beneficiary (seventh most recent).
23	Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 7)	8	185-192	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D Plan or the End Date of the Employer Subsidy coverage for the beneficiary (seventh most recent).
24	Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 8)	8	193-200	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D Plan or the Start Date of the Employer Subsidy coverage for the beneficiary (eighth most recent).
25	Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 8)	8	201-208	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D Plan or the End Date of the Employer Subsidy coverage for the beneficiary (eighth most recent).
26	Part D Enrollment Effective Date/	8	209-216	X(8)	CCYYMMDD Spaces = No Drug	Effective start date of the Part D Plan or the Start Date

Item	Field	Size	Position	Format	Valid Values	Description
	Employer Subsidy Start Date (Occurrence 9)				Coverage Period for this occurrence or Data Not Found.	of the Employer Subsidy coverage for the beneficiary (ninth most recent).
27	Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 9)	8	217-224	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D Plan or the End Date of the Employer Subsidy coverage for the beneficiary (ninth most recent)
28	Part D Enrollment Effective Date / Employer Subsidy Start Date (Occurrence 10)	8	225-232	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D Plan or the Start Date of the Employer Subsidy coverage for the beneficiary (tenth most recent).
29	Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 10)	8	233-240	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D Plan or the End Date of the Employer Subsidy coverage for the beneficiary (tenth most recent).
30	Sending Entity	8	241-248	X(8)	Sending Part D Organization (left justified space filled) Acceptable Values: 5-position Contract Identifier + 3 Spaces. 3 Spaces for Future Use.	The Sending Entity provided on the Header Record of the BEQ Request File in which the Transaction (Detail Record) was found. The Sending Entity may participate in Part D.
31	File Control Number	9	249-257	X(9)	Assigned by Sending Entity	The File Control Number provided by the Sending Entity on the Header record of the BEQ Request File in which the Transaction (Detail Record) was found.
32	File Creation Date	8	258-265	X(8)	CCYYMMDD	The File Creation Date provided on the Header Record of the BEQ Request File in which the Transaction (Detail Record) was found.
33	Part D Eligibility Start Date	8	266-273	X(8)	CCYYMMDD	This field identifies the date the beneficiary became eligible for Part D Benefits.
34	Deemed / LIS Effective Date (occurrence 1)	8	274-281	X(8)	CCYYMMDD	Effective start date of the Deeming period or LIS. This is the first day of the month in which the Deeming was made or the start date of the LIS (most recent or presently active).
35	Deemed / LIS End Date (Occurrence 1)	8	282-289	X(8)	CCYYMMDD	The end date of the Deemed period or LIS (most recent

Item	Field	Size	Position	Format	Valid Values	Description
						or presently active).
36	Co-payment Level Identifier (Occurrence 1)	1	290	X(1)	Deemed:	This field indicates the Beneficiary co-payment level.
37	Part D Premium Subsidy Percent (Occurrence 1)	3	291-293	X(3)	'100', '075', '050', '025' or '000'	If beneficiary is Deemed, subsidy is 100 percent. If beneficiary is LIS, this field identifies the portion of Part D Premium subsidized.
38	Deemed/Low Income Subsidy Effective Date (Occurrence 2)	8	294-301	X(8)	CCYYMMDD	Effective start date of the Deeming period or LIS. This is the first day of the month in which the Deeming was made or the start date of the LIS (second most recent).
39	Deemed/ Low Income Subsidy End Date (Occurrence2)	8	302-309	X(8)	CCYYMMDD	The end date of the Deemed period or LIS (second most recent).
40	Co-payment Level Identifier (Occurrence 2)	1	310	X(1)	Deemed:	This field indicates the Beneficiary's co-payment level.
41	Part D Premium Subsidy Percent (Occurrence 2)	3	311-313	X(3)	'100', '075', '050', '025' or '000'	If beneficiary is Deemed, subsidy is 100 percent. If beneficiary is LIS, this field identifies the portion of Part D Premium subsidized.
42	RDS/Part D Indicator (Occurrence 1 for date fields beginning in position 81)	1	314	X(1)	R = RDS D = Part D	
43	RDS/Part D Indicator (Occurrence 2 for date fields beginning in position 97)	1	315	X(1)	R = RDS D = Part D	
44	RDS/Part D Indicator (Occurrence 3 for date fields beginning in position 113)	1	316	X(1)	R = RDS D = Part D	
45	RDS/Part D Indicator (Occurrence 4 for date fields beginning in position 129)	1	317	X(1)	R = RDS D = Part D	
46	RDS/Part D Indicator (Occurrence 5 for date fields beginning in position 145)	1	318	X(1)	R = RDS D = Part D	
47	RDS/Part D Indicator (Occurrence 6 for date fields beginning in position 161)	1	319	X(1)	R = RDS D = Part D	
48	RDS/Part D Indicator	1	320	X(1)	R = RDS	

Item	Field	Size	Position	Format	Valid Values	Description
	(Occurrence 7 for date fields beginning in position 177)				D = Part D	
49	RDS/Part D Indicator (Occurrence 8 for date fields beginning in position 193)	1	321	X(1)	R = RDS D = Part D	
50	RDS/Part D Indicator (Occurrence 9 for date fields beginning in position 209)	1	322	X(1)	R = RDS D = Part D	
51	RDS/Part D Indicator (Occurrence 10 for date fields beginning in position 225)	1	323	X(1)	R = RDS D = Part D	
52	Start Date (Occurrence 1)	8	324-331	X(8)	CCYYMMDD	
53	Number of Uncovered Months (NUNCMO) (Occurrence 1)	3	332-334	9(3)		Right justified with leading zeros.
54	NUNCMO Indicator (Occurrence 1)	1	335	X(1)		Right justified with leading zeros.
55	NUNCMO (Occurrence 1)	3	336-338	9(3)		Right justified with leading zeros.
56	Start Date (Occurrence 2)	8	339-346	X(8)	CCYYMMDD	
57	NUNCMO (Occurrence 2)	3	347-349	9(3)		Right justified with leading zeros.
58	NUNCMO Status Indicator (Occurrence 2)	1	350	X(1)		Right justified with leading zeros.
59	NUNCMO (Occurrence 2)	3	351-353	9(3)		Right justified with leading zeros.
60	Start Date (Occurrence 3)	8	354-361	X(8)	CCYYMMDD	
61	NUNCMO (Occurrence 3)	3	362-364	9(3)		Right justified with leading zeros.
62	NUNCMO Status Indicator (Occurrence 3)	1	365	X(1)		Right justified with leading zeros.
63	NUNCMO (Occurrence 3)	3	366-368	9(3)		Right justified with leading zeros.
64	Start Date (Occurrence 4)	8	369-376	X(8)	CCYYMMDD	
65	NUNCMO (Occurrence 4)	3	377-379	9(3)		Right justified with leading zeros.
66	NUNCMO Status Indicator (Occurrence 4)	1	380	X(1)		Right justified with leading zeros.
67	NUNCMO (Occurrence 4)	3	381-383	9(3)		Right justified with leading zeros.
68	Start Date	8	384-391	X(8)	CCYYMMDD	

Item	Field	Size	Position	Format	Valid Values	Description
	(Occurrence 5)					
69	NUNCMO (Occurrence 5)	3	392-394	9(3)		Right justified with leading zeros.
70	NUNCMO Status Indicator (Occurrence 5)	1	395	X(1)		Right justified with leading zeros.
71	NUNCMO (Occurrence 5)	3	396-398	9(3)		Right justified with leading zeros.
72	Start Date (Occurrence 6)	8	399-406	X(8)	CCYYMMDD	
73	NUNCMO (Occurrence 6)	3	407-409	9(3)		Right justified with leading zeros.
74	NUNCMO Status Indicator (Occurrence 6)	1	410	X(1)		Right justified with leading zeros.
75	NUNCMO (Occurrence 6)	3	411-413	9(3)		Right justified with leading zeros.
76	Start Date (Occurrence 7)	8	414-421	X(8)	CCYYMMDD	
77	NUNCMO (Occurrence 7)	3	422-424	9(3)		Right justified with leading zeros.
78	NUNCMO Status Indicator (Occurrence 7)	1	425	X(1)		Right justified with leading zeros.
7	NUNCMO (Occurrence 7)	3	426-428	9(3)		Right justified with leading zeros.
80	Start Date (Occurrence 8)	8	429-436	X(8)	CCYYMMDD	
81	NUNCMO (Occurrence 8)	3	437-439	9(3)		Right justified with leading zeros.
82	NUNCMO Status Indicator (Occurrence 8)	1	440	X(1)		Right justified with leading zeros.
83	NUNCMO (Occurrence 8)	3	441-443	9(3)		Right justified with leading zeros.
84	Start Date Occurrence 9)	8	444-451	X(8)	CCYYMMDD	
85	NUNCMO (Occurrence 9)	3	452-454	9(3)		Right justified with leading zeros.
86	NUNCMO Status Indicator (Occurrence 9)	1	455	X(1)		Right justified with leading zeros.
87	NUNCMO (Occurrence 9)	3	456-458	9(3)		Right justified with leading zeros.
88	Start Date (Occurrence 10)	8	459-466	X(8)	CCYYMMDD	
89	NUNCMO (Occurrence 10)	3	467-469	9(3)		Right justified with leading zeros.
90	NUNCMO Status Indicator (Occurrence 10)	1	470	X(1)		Right justified with leading zeros.
91	NUNCMO (Occurrence 10)	3	471-473	9(3)		Right justified with leading zeros.

Item	Field	Size	Position	Format	Valid Values	Description
92	Start Date (Occurrence 11)	8	474-481	X(8)	CCYYMMDD	
93	NUNCMO (Occurrence 11)	3	482-484	9(3)		Right justified with leading zeros.
94	NUNCMO Status Indicator (Occurrence 11)	1	485	X(1)		Right justified with leading zeros.
95	NUNCMO (Occurrence 11)	3	486-488	9(3)		Right justified with leading zeros.
96	Start Date (Occurrence 12)	8	489-496	X(8)	CCYYMMDD	
97	NUNCMO (Occurrence 12)	3	497-499	9(3)		Right justified with leading zeros.
98	NUNCMO Status Indicator (Occurrence 12)	1	500	X(1)		Right justified with leading zeros.
99	NUNCMO (Occurrence 12)	3	501-503	9(3)		Right justified with leading zeros.
100	Start Date (Occurrence 13)	8	504-511	X(8)	CCYYMMDD	
101	NUNCMO (Occurrence 13)	3	512-514	9(3)		Right justified with leading zeros.
102	NUNCMO Status Indicator (Occurrence 13)	1	515	X(1)		Right justified with leading zeros.
103	NUNCMO (Occurrence 13)	3	516-518	9(3)		Right justified with leading zeros.
104	Start Date (Occurrence 14)	8	519-526	X(8)	CCYYMMDD	
105	NUNCMO (Occurrence 14)	3	527-529	9(3)		Right justified with leading zeros.
106	NUNCMO Status Indicator (Occurrence 14)	1	530	X(1)		Right justified with leading zeros.
107	NUNCMO (Occurrence 14)	3	531-533	9(3)		Right justified with leading zeros.
108	Start Date (Occurrence 15)	8	534-541	X(8)	CCYYMMDD	
109	NUNCMO (Occurrence 15)	3	542-544	9(3)		Right justified with leading zeros.
110	NUNCMO Status Indicator (Occurrence 15)	1	545	X(1)		Right justified with leading zeros.
111	NUNCMO (Occurrence 15)	3	546-548	9(3)		Right justified with leading zeros.
112	Start Date (Occurrence 16)	8	549-556	X(8)	CCYYMMDD	
113	NUNCMO (Occurrence 16)	3	557-559	9(3)		Right justified with leading zeros.

Item	Field	Size	Position	Format	Valid Values	Description
114	NUNCMO Status Indicator (Occurrence 16)	1	560	X(1)		Right justified with leading zeros.
115	NUNCMO (Occurrence 16)	3	561-563	9(3)		Right justified with leading zeros.
116	Start Date (Occurrence 17)	8	564-571	X(8)	CCYYMMDD	
117	NUNCMO Status Indicator (Occurrence 17)	1	575	X(1)		Right justified with leading zeros.
118	NUNCMO (Occurrence 17)	3	576-578	9(3)		Right justified with leading zeros.
119	Start Date (Occurrence 18)	8	579-586	X(8)	CCYYMMDD	
120	NUNCMO (Occurrence 18)	3	587-589	9(3)		Right justified with leading zeros.
121	NUNCMO Status Indicator (Occurrence 18)	1	590	X(1)		Right justified with leading zeros.
122	Total Number of Uncovered Months (Occurrence 18)	3	591-593	9(3)		Right justified with leading zeros.
123	Start Date (Occurrence 19)	8	594-601	X(8)	CCYYMMDD	
124	NUNCMO (Occurrence 19)	3	602-604	9(3)		Right justified with leading zeros.
125	NUNCMO Status Indicator (Occurrence 19)	1	605	X(1)		Right justified with leading zeros.
126	NUNCMO (Occurrence 19)	3	606-608	9(3)		Right justified with leading zeros.
127	Start Date (Occurrence 20)	8	609-616	X(8)	CCYYMMDD	
128	NUNCMO (Occurrence 20)	3	617-619	9(3)		Right justified with leading zeros.
129	NUNCMO Status Indicator (Occurrence 20)	1	620	X(1)		Right justified with leading zeros.
130	NUNCMO (Occurrence 20)	3	621-623	9(3)		Right justified with leading zeros.
131	Beneficiary's Retrieved Date of Birth	8	624-631	X(8)	CCYYMMDD	Beneficiary's Retrieved Date of Birth (as retrieved from CMS database for matching beneficiary).
132	Beneficiary's Retrieved Gender Code	1	632	X(1)	0 = Unknown 1 = Male 2 = Female	Beneficiary's Retrieved Gender Code (as retrieved from CMS database for matching beneficiary).
133	Last Name	40	633-672	X(40)	CHAR	Beneficiary's Last Name

Item	Field	Size	Position	Format	Valid Values	Description
134	First Name	30	673-702	X(30)	CHAR	Beneficiary's First Name
135	Middle Initial	1	703	X(1)	CHAR	First Initial of Beneficiary's Middle Name
136	Current State Code	2	704-705	X(2)	CHAR	
137	Current County Code	3	706-708	X(3)	CHAR	
138	Date of Death	8	709-716	X(8)	CCYYMMDD format	
139	Part C/D Contract Number (if available)	5	717-721	X(5)	CHAR	
140	Part C/D Enrollment Start Date (if available)	8	722-729	X(8)	CHAR	
141	Part D Indicator	1	730	X(1)	CHAR	Y = yes; N = no; space
142	Part C Contract Number	5	731-735	X(5)	CHAR	
143	Part C Enrollment Start Date (if available)	8	736-743	X(8)	CHAR	
144	Part C Indicator (if available)	1	744	X(1)	CHAR	N = no; space
145	Filler	6	745-750	X(6)	SPACES	No meaningful values are supplied in this field. This field is set to SPACES and is not referenced for meaningful information or used to store meaningful information, unless specifically documented otherwise.

Total Length = 750

F.22.3 *Trailer Record*

Item	Field	Size	Position	Format	Valid Values	Description
1	File ID Name	8	1-8	X(8)	"CMSBEQRT"	This field is always set to the value "CMSBEQRT." This code identifies the record as the Trailer Record of a BEQ Response 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)	CCYYMMDD	The date when CMS created the BEQ Response File. This value is formatted as CCYYMMDD. 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 BEQ Response File. CMS utilizes this value to track the BEQ Response File through CMS processing and archive. This value agrees with the corresponding value in the Header Record.
5	Record Count	7	34-40	9(7)	Numeric value greater than Zero.	The total number of Transactions or Detail Records on the BEQ Response File. This value is right justified in the field, with leading zeros. This value does 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 is not referenced for or used to store meaningful information, unless specifically documented otherwise.

Total Length = 750

F.23 MA Full Dual Auto Assignment Notification File

This cumulative monthly file identifies organizations' enrollees who are full-benefit dual eligible. 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.23.1 *Header Record*

Field	Size	Position	Format	Valid Values	Description
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.
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.
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.
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.
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.23.2 *Detail Record (Transaction)*

Field Name	Size	Position
Contract Number (This field provides the Contract assigned to the beneficiary; CNTRCT_NUM in CME_SRVC_DEL_ELCT)	5	1-5
Run Date (This field provides the creation date of the file in CCYYMMDD format)	8	6-13
Filler (This field is all spaces)	6	14-19
Beneficiary's HICN/RRB (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)	12	20-31
Beneficiary's Surname (This field provides the last name of the individual; BENE_LAST_NAME in CME_BENE_NAME)	12	32-43
Initial of Beneficiary's First Name (This field provides the initial of the first name of the individual; BENE_1ST_NAME in CME_BENE_NAME)	1	44
Beneficiary's Gender (This field provides the gender of the individual; BENE_SEX_CD in MBD_BENE; '0', '1', or '2')	1	45
Beneficiary's Date of Birth (This field provides the date of birth of the individual in CCYYMMDD format; BENE_BIRTH_DT in CME_BENE)	8	46-53
Filler (This field is all spaces)	47	54-100

Total Length = 100

F.23.3 *Trailer Record*

Data Field	Size	Position	Format	Valid Values	Field Definition
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.
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.
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.
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.
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 zeros. This value does not include non-numeric characters, such as commas, spaces, dashes, decimals.
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.24 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.

- 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 appears 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.24.1 *Header Record*

Item	Field	Size	Position
1	Header Code (This field used for file/record identification purposes, 'MMAAPDPGH')	9	1-9
2	Sending Entity (This field used to identify the sending entity, 'MBD '(MBD + 5 spaces))	8	10-17
3	File Creation Date (The date the file was created in CCYYMMDD format)	8	18-25
4	File Control Number (Unique file identifier created by Sending Entity)	9	26-34
5	Filler (This field is all spaces)	581	35-615

Total Length = 615

F.24.2 *Detail Record*

Item	Field	Size	Position
1	Beneficiary's HICN (This field provides the HICN for identification of the individual; RRB_HIC_NUM in MBD_BENE)	12	1-12
2	Beneficiary's Last Name (This field provides the first twelve characters of the last name of the individual; BENE_LAST_NAME in MBD_BENE)	12	13-24
3	Beneficiary's First name (This field provides the first seven characters of the first name of the individual; BENE_1ST_NAME in MBD_BENE)	7	25-31
4	Beneficiary's Middle Initial (This field provides the middle initial of the individual; MDL_INITL_NAME in MBD_BENE)	1	32
5	Beneficiary's Gender (This field provides the gender of the individual; BENE_SEX_CD in MBD_BENE; '0', '1', or '2')	1	33
6	Beneficiary's DOB (This field provides the date of birth of the individual in CCYYMMDD format; BENE_BIRTH_DT in MBD_BENE)	8	34-41
7	Medicaid Indicator (This field indicates the beneficiary's Medicaid eligibility; MDCD_ELGBL_STUS_SW in MBQ_DUAL_MDCR; 'Y' or 'N')	1	42
8	Contract Number (This field provides the Contract assigned to the beneficiary; ASGN_CNTRCT_NUM in MBQ_AA)	5	43-47
9	State Code (This field provides the beneficiary's state of residency; SSA_STD_STATE_CD in MBD_BENE_ADR)	2	48-49
10	County Code (This field provides the beneficiary's county of residency; SSA_STD_CNTY_CD in MBD_BENE_ADR)	3	50-52
11	Filler (This field is all spaces)	7	53-59
12	TC (This field identifies the type of record; '61')	2	60-61
13	Filler (This field is all spaces)	1	62
14	Effective Date (The effective date of the assignment in CCYYMMDD format; ASGN_EFCTV_DT in MBQ_AA)	8	63-70
15	Filler (This field is all spaces)	1	71
16	PBP (This field notes the PBP of the auto-assigned contract; ASGN_PBP_NUM in MBQ_AA)	3	72-74
17	Filler (This field is all spaces)	49	75-123
18	Application Date (The date of the application in CCYYMMDD format)	8	124-131
19	Filler (This field is all spaces)	30	132-161
20	Election Type (This field indicates the type of election; 'S')	1	162
21	Enrollment Source (This field indicates the source of the enrollment; 'A')	1	163
22	Filler (This field is all spaces)	1	164
23	Premium Withhold Option/Parts C-D (This field indicates the payment option for payment of Part C and D premiums; PRM_WTHLD_OPT_CD in MBQ_PREMIUM; 'D')	1	165
24	Filler (This field is all spaces)	3	166-168
25	Creditable Coverage Flag (This field indicates if the beneficiary has creditable coverage; derived from MBQ_MARX_CRED_CVRG; 'Y', 'N', or ' ')	1	169

Item	Field	Size	Position
26	Filler (This field is all spaces)	73	170-242
27	Part D Subsidy Level (This field identifies the portion of the Part D Premium subsidized; PTD_PRM_SBSDY_PCT in MBQ_LIS; For monthly, value is always '100'; For Facilitated, values are either '100', '075', '050', or '025')	3	243-245
28	Co-Payment Category (This field indicates the Subsidy Co-Payment level for the beneficiary; LIS_COPMT_LVL_ID in MBQ_LIS; '1' or '4')	1	246
29	Co-Payment Effective Date (The date the LIS begins; SBSDY_STRT_DATE in MBQ_LIS; For monthly, is always MMDDYYYY; For Facilitated, value is spaces)	8	247-254
30	Beneficiary Address Line 1 (First line in the mailing address; BENE_LINE_1_ADR in MBD_BENE_ADR)	40	255-294
31	Beneficiary Address Line 2 (Second line in the mailing address; BENE_LINE_2_ADR in MBD_BENE_ADR)	40	295-334
32	Beneficiary Address Line 3 (Third line in the mailing address; BENE_LINE_3_ADR in MBD_BENE_ADR)	40	335-374
33	Beneficiary Address Line 4 (Fourth line in the mailing address; BENE_LINE_4_ADR in MBD_BENE_ADR)	40	375-414
34	Beneficiary Address Line 5 (Fifth line in the mailing address; BENE_LINE_5_ADR in MBD_BENE_ADR)	40	415-454
35	Beneficiary Address Line 6 (Sixth line in the mailing address; BENE_LINE_6_ADR in MBD_BENE_ADR)	40	455-494
36	Beneficiary Address City (The city in the mailing address; BENE_ADR_CITY_NAME in MBD_BENE_ADR)	40	495-534
37	Beneficiary Address State (The state in the mailing address; ADR_PSTL_STATE_CD in MBD_BENE_ADR)	2	535-536
38	Beneficiary Zip Code (The zip code in the mailing address; BENE_ADR_ZIP_CD in MBD_BENE_ADR)	9	537-545
39	Full Last Name (This field provides the last name of the individual; BENE_LAST_NAME in MBD_BENE)	40	546-585
40	Full First Name (This field provides the first name of the individual; BENE_1ST_NAME in MBD_BENE)	30	586-615

Total Length = 615

F.24.3 *Trailer Record*

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

Total Length = 615

F.25 Plan Payment Report (PPR)/Interim Plan Payment Report (IPPR) Data File

Also known as the APPS Payment Letter, this data file itemizes the final monthly payment to the MCO. This data file and subsequent report is produced by the APPS when final payments are calculated. CMS makes this report available to MCOs 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.

F.25.1 *Header Record*

Item	Field	Position	Length	Type	Definition
1	Contract Number	1-5	5	Character	Contract Number
2	Record Identification Code	6-6	1	Character	Record Type Identifier H = Header Record
3	Contract Name	7-56	50	Character	Name of the Contract
4	Payment Cycle Date	57-62	6	Character	Identified the month and year of payment: Format = YYYYMM
5	Run Date	63-70	8	Character	Identifies the date file was created: Format = YYYYMMDD
6	Filler	71-200	130	Character	Spaces

Total Length = 200

F.25.2 *Capitated Payment – Current Activity*

Item	Field	Position	Length	Type	Description
7	Contract Number	1-5	5		Contract Number
8	Record Identification Code	6	1		Record Type Identifier C = Capitated Payment
9	Table ID Number	7	1		1
10	Adjustment Reason Code	8-9	2		Blank = for prospective pay **For list of adjustment reasons codes consult section H.3 of the Medicare Advantage and Prescription Drug Plan Communication Guide.**
11	Part A Total Members	10-17	8	Numeric	Number of beneficiaries Part A payments is being made prospectively. Format: ZZZZZZZ9
12	Part B Total Members	18-25	8	Numeric	Number of beneficiaries Part B payments is being made prospectively. Format: ZZZZZZZ9
13	Part D Total Members	26-33	8	Numeric	Number of beneficiaries Part D payments is being made prospectively. Format: ZZZZZZZ9
14	Part A Payment Amount	34-46	13	Numeric	Total Part A Amount Format: SSSSSSSSS9.99
15	Part B Payment Amount	47-59	13	Numeric	Total Part B Amount Format: SSSSSSSSS9.99
16	Part D Payment Amount	60-72	13	Numeric	Total Part D Amount Format: SSSSSSSSS9.99
17	Coverage Gap Discount Amount	73-85	13	Numeric	The Coverage Gap Discount included in Part D Payment. Format: SSSSSSSSS9.99
18	Total Payment	86- 98	13	Numeric	Total Payment Format: SSSSSSSSS9.99
19	Filler	99-200	102	Character	Spaces

Total Length = 200

F.25.3 *Premium Settlement*

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

Total Length = 200

F.25.4 *Fees*

Item	Field	Position	Length	Type	Description
29	Contract Number	1-5	5	Character	Contract Number
30	Record Identification Code	6	1	Character	Record Type Identifier F = FEES
31	Table ID Number	7	1	Character	3
32	NMEC Part A Subject to Fee	8-20	13	Numeric	Part A amount subject to National Medicare Educational Campaign fees. Format:ZZZZZZZZZ9.99
33	NMEC Part A Rate	21-27	7	Numeric	Rate used to calculate the fees for Part A. Format: 0.99999
34	Part A Fee Amount	28-40	13	Numeric	Fee Assessed for Part A Format:SSSSSSSSS9.99
35	NMEC Part B Subject to Fee	41-53	13	Numeric	Part B amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZ9.99
36	NMEC Part B Rate	54-60	7	Numeric	Rate used to calculate the fees for Part B. Format: 0.99999

Item	Field	Position	Length	Type	Description
37	Part B Fee Amount	61-73	13	Numeric	Fee Assessed for Part B Format: SSSSSSSSS9.99
38	NMEC Part D Subject to Fee	74-86	13	Numeric	Part D amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZ9.99
39	NMEC Part D Rate	87-93	7	Numeric	Rate used to calculate the fees for Part D. Format: 0.99999
40	Part D Fee Amount	94-106	13	Numeric	Fee Assessed for Part D Format: SSSSSSSSS9.99
41	Total NMEC Fee Assessed	107- 119	13	Numeric	Total NMEC Fee Assessed for Part A, B and D Format: SSSSSSSSS9.99
42	Total Prospective Part D Members	120- 127	8	Numeric	Total members for Part D Format: ZZZZZZZ9
43	Rate for COB Fees	128- 131	4	Numeric	Rate used to calculate the COB fees. Format: 0.99
44	Amount of COB Fees	132- 144	13	Numeric	COB Fee Format: SSSSSSSSS9.99
45	Total of Assessed Fees	145- 157	13	Numeric	Total of all Fees Assessments Format: SSSSSSSSS9.99
46	Filler	158- 200	43	Character	Spaces

Total Length = 200

F.25.5 *Special Adjustments*

Item	Field	Position	Length	Type	Description
47	Contract Number	1 – 5	5	Character	Contract Number
48	Record Identification Code	6 – 6	1	Character	Record Type Identifier S = Special Adjustments
49	Table ID Number	7 – 7	1	Character	4
50	Document ID	8 – 15	8	Numeric	The document ID for identifying the adjustment.
51	Source	16-20	5	Character	The CMS division responsible for initiating the adjustments.
52	Description	21 – 70	50	Character	The reason the adjustment was made.
53	Type	71 – 90	20	Character	The payment component the adjustment is for: • CGD=Coverage Gap Discount Invoice • CMP=Civil Monetary Penalty • CST=Cost Plan Adjustment • PTD=Part D Risk Adjustment • PRS=Annual Part D Reconciliation • RAC=Recovery Audit Contract Adjustment • RSK=Risk Adjustment • HTC=HITECH Incentive Payment • OTH=default non-specific group.

Item	Field	Position	Length	Type	Description
54	Adjustment to Part A	91 – 103	13	Numeric	Adjustment amount for Part A Format: SSSSSSSSS9.99
55	Adjustment to Part B	104 – 116	13	Numeric	Adjustment amount for Part B Format: SSSSSSSSS9.99
56	Adjustment to Part D or Adjustment to HITECH Incentive Payment	117 – 129	13	Numeric	Adjustment amount for HITECH Incentive Payment when the adjustment type in data item 53 is "HTC". The adjustment amount is for Part D for the rest of the types. Format: SSSSSSSSS9.99
57	Premium C Withholding Part A	130 - 142	13	Numeric	Adjustment amount for Premium Withholding Part A. Format: SSSSSSSSS9.99
58	Premium C Withholding Part B	143 – 155	13	Numeric	Adjustment amount for Premium Withholding Part B. Format: SSSSSSSSS9.99
59	Premium D Withholding	156 – 168	13	Numeric	Adjustment amount for Premium D Withholding. Format: SSSSSSSSS9.99
60	Part D Low Income Premium Subsidy	169 - 181	13	Numeric	Adjustment amount for Low Income Subsidy. Format: SSSSSSSSS9.99
61	Total Adjustment Amount	182 – 194	13	Numeric	Total Adjustments Format: SSSSSSSSS9.99
62	Filler	195 – 200	6	Character	Spaces

Total Length = 200

F.25.6 *Previous Cycle Balance Summary*

Item	Field	Position	Length	Type	Description
63	Contract Number	1 – 5	5	Character	Contract Number
64	Record Identification Code	6 – 6	1	Character	Record Type Identifier L = Last Period Carry Over Amounts carried over to this month from previous months
65	Table ID Number	7 – 7	1	Character	5
66	Part A Carry Over Amount	8 – 20	13	Numeric	Part A Carry Over Amount from Table 5** - Previous Balance Column. Format: SSSSSSSSS9.99
67	Part B Carry Over Amount	21 – 33	13	Numeric	Part B Carry Over Amount from Table 5** - Previous Balance Column. Format: SSSSSSSSS9.99
68	Part D Carry Over Amount	34 – 46	13	Numeric	Part D Carry Over Amount from Table 5** - Previous Balance Column. Format: SSSSSSSSS9.99

Item	Field	Position	Length	Type	Description
69	Part C Premium Withholding Carry Over Amount	47 – 59	13	Numeric	Part C Premium Withholding Carry Over Amount from Table 5** - Previous Balance Column. Format: SSSSSSSSS9.99
70	Part D Premium Withholding Carry Over Amount	60 – 72	13	Numeric	Part D Premium Withholding Carry Over Amount from Table 5** - Previous Balance Column. Format: SSSSSSSSS9.99
71	Part D Low Income Premium Subsidy Carry Over Amount	73 – 85	13	Numeric	Part D Low Income Premium Subsidy Carry Over Amount from Table 5** - Previous Balance Column. Format: SSSSSSSSS9.99
72	Part D Late Enrollment Penalty Carry Over Amount	86 – 98	13	Numeric	Part D Late Enrollment Penalty Carry Over Amount from Table 5** - Previous Balance Column. Format: SSSSSSSSS9.99
73	Education User Fee Carry Over Amount	99 – 111	13	Numeric	Education User Fee Carry Over Amount from Table 5** - Previous Balance Column. Format: SSSSSSSSS9.99
74	Part D COB User Fee Carry Over Amount	112 – 124	13	Numeric	Part D COB User Fee Carry Over Amount from Table 5** - Previous Balance Column. Format:SSSSSSSSS9.99
75	CMS Special Adjustments Carry Over Amount	125 – 137	13	Numeric	CMS Special Adjustments Carry Over Amount from Table 5** - Previous Balance Column. Format: SSSSSSSSS9.99
76	Total Carry Over Amount	138 – 150	13	Numeric	Sum of amounts in Previous Balance Column Format: SSSSSSSSS9.99
77	Filler	151 – 200	50	Character	Spaces.

Total Length = 200

F.25.7 *Payment Summary*

Item	Field	Position	Length	Type	Description
78	Contract Number	1 – 5	5	Character	Contract Number
79	Record Identification Code	6 – 6	1	Character	Record Type Identifier A = Payment Summary Amounts included in this month's payment from Tables 1 thru 4 plus Carry Over (from Previous Balance Column).
80	Table ID Number	7 – 7	1	Character	5
81	Part A Amount	8 – 20	13	Numeric	Part A amount from Table 5**-Net Payment Column. Format: ZZZZZZZZZ9.99

Item	Field	Position	Length	Type	Description
82	Part B Amount	21 – 33	13	Numeric	Part B amount from Table 5**-Net Payment Column. Format: ZZZZZZZZZ9.99
83	Part D Amount	34 – 46	13	Numeric	Part D amount from Table 5**-Net Payment Column. Format: ZZZZZZZZZ9.99
84	Part C Premium Withholding Amount	47 – 59	13	Numeric	Part C Premium Withholding Amount from Table 5**-Net Payment Column. Format: ZZZZZZZZZ9.99
85	Part D Premium Withholding Amount	60 – 72	13	Numeric	Part D Premium Withholding Amount from Table 5**-Net Payment Column. Format: ZZZZZZZZZ9.99
86	Part D Low Income Premium Subsidy Amount	73 – 85	13	Numeric	Part D Low Income Subsidy Amount from Table 5**-Net Payment Column. Format: ZZZZZZZZZ9.99
87	Part D Late Enrollment Penalty Amount	86 – 98	13	Numeric	Part D Late Enrollment Penalty Amount from Table 5**-Net Payment Column. Format: SSSSSSSSS9.99
88	Education User Fee Amount	99 – 111	13	Numeric	Education User Fee Amount from Table 5**-Net Payment Column. Format: SSSSSSSSS9.99
89	Part D COB User Fee Amount	112 – 124	13	Numeric	Part B COB Fee Amount from Table 5**-Net Payment Column. Format: SSSSSSSSS9.99
90	CMS Special Adjustments Amount	125 – 137	13	Numeric	CMS Special Adjustments Amount from Table 5**-Net Payment Column. Format: SSSSSSSSS9.99
91	Total Net Payment	138 – 150	13	Numeric	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 is carried forward. Format: SSSSSSSSS9.99
92	Filler	151 – 200	50	Character	Spaces.

Total Length = 200

F.25.8 *Payment Balance Carried Forward*

Item #	Data Element	Position	Length	Type	Description
93	Contract Number	1 – 5	5	Character	Contract Number
94	Record Identification Code	6 – 6	1	Character	Record Type Identifier N = Balance Carried Forward to Next Cycle. Amounts carried forward (and not paid) to next month from this month
95	Table ID Number	7 – 7	1	Character	5
96	Part A Amount Carry Forward to Next Cycle	8 – 20	13	Numeric	Part A Amount Carry Forward from Table 5**-Balance Forward Column. Format: SSSSSSSSS9.99
97	Part B Amount Carry Forward to Next Cycle	21 – 33	13	Numeric	Part B Amount Carry Forward from Table 5**-Balance Forward Column. Format: SSSSSSSSS9.99
98	Part D Amount Carry Forward to Next Cycle	34 – 46	13	Numeric	Part D Amount Carry Forward from Table 5**-Balance Forward Column. Format: SSSSSSSSS9.99
99	Part C Premium Withholding Amount Carry Forward to Next Cycle	47 – 59	13	Numeric	Part C Premium Withholding Amount Carry Forward from Table 5**-Balance Forward Column. Format: SSSSSSSSS9.99
100	Part D Premium Withholding Amount Carry Forward to Next Cycle	60 – 72	13	Numeric	Part D Premium Withholding Amount Carry Forward from Table 5**-Balance Forward Column. Format: SSSSSSSSS9.99
101	Part D Low Income Premium Subsidy Amount Carry Forward to Next Cycle	73 – 85	13	Numeric	Part D Low Income Subsidy Amount Carry Forward from Table 5**-Balance Forward Column. Format: SSSSSSSSS9.99
102	Part D Late Enrollment Penalty Amount Carry Forward to Next Cycle	86 – 98	13	Numeric	Part D Late Enrollment Penalty Amount Carry Forward from Table 5**-Balance Forward Column. Format: SSSSSSSSS9.99
103	Education User Fee Amount Carry Forward to Next Cycle	99 – 111	13	Numeric	Education User Fee Amount Carry Forward from Table 5**-Balance Forward Column. Format: SSSSSSSSS9.99
104	Part D COB User Fee Amount Carry Forward to Next Cycle	112 – 124	13	Numeric	Part B COB Fee Amount Carry Forward from Table 5**-Balance Forward Column. Format:SSSSSSSSS9.99

Item #	Data Element	Position	Length	Type	Description
105	CMS Special Adjustments Amount Carry Forward to Next Cycle	125 – 137	13	Numeric	CMS Special Adjustments Amount Carry Forward from Table 5** -Balance Forward Column. Format: SSSSSSSSS9.99
106	Total Carry Forward Amount	138 – 150	13	Numeric	Sum of amounts in Balance Forward Column Format: SSSSSSSSS9.99
107	Filler	151 – 200	50	Character	Spaces.

Total Length = 200

F.26 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 every quarter. 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.

Item	Field	Field Type	Length	Position	Description
1	Part D Contract Number	CHAR	5	1-5	Part D Contract Number associated with the resident during the month of the last nursing home assessment date.
2	Part D Plan Number	CHAR	3	6-8	Part D Plan Number associated with the resident during the month of the last nursing home assessment date.
3	Part D Plan Name	CHAR	50	9-58	Part D Plan Name associated with the resident during the month of the last nursing home assessment date.
4	Last Name	CHAR	24	59-82	Beneficiary Last Name
5	First Name	CHAR	15	83-97	Beneficiary First Name
6	HICN	CHAR	12	98109	HICN associated with the resident.
7	Date of Birth	DATE	8	110-117	Beneficiary's Date of Birth CCYYMMDD – Format
8	Gender	CHAR	1	118	Beneficiary Gender Code 1 = Male 2 = Female 0 = Unknown
9	Nursing Home Length of Stay	CHAR	6	119-124	Nursing Home Length of Stay in days (0 – 999999) at the time of the last Nursing Home assessment.

Item	Field	Field Type	Length	Position	Description
10	Nursing Home Admission Date	DATE	8	125-132	Admission date associated with the last assessment for the resident. CCYYMMDD – Format
11	Last Nursing Home Assessment Date	DATE	8	133-140	Target date of the last assessment for the resident. CCYYMMDD – Format
12	Prospective Payment System (PPS) Indicator	CHAR	1	141	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	CHAR	50	142-191	Name of Nursing Home associated with the last assessment for the resident.
14	Medicare Provider ID	CHAR	12	192-203	Medicare Provider ID of Nursing Home associated with the last assessment for the resident.
15	Provider Telephone Number	CHAR	13	204-216	Telephone Number of Nursing Home associated with the last assessment for the resident.
16	Provider Address	CHAR	50	217-266	Address of Nursing Home associated with the last assessment for the resident.
17	Provider City	CHAR	20	267-286	City of Nursing Home associated with the last assessment for the resident.
18	Provider State Code	CHAR	2	287-288	State Code of Nursing Home associated with the last assessment for the resident.
19	Provider Zip Code	CHAR	11	289-299	Zip Code of Nursing Home associated with the last assessment for the resident.

Total Length = 299

F.27 Agent Broker Compensation Report Data File

For Plan enrollments, MARx establishes a status of initial or renewal as well as a six-year 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 through 6 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.

Item	Field	Length	Position	Description
1	Contract Number**	5	1-5	Contact identification
2	PBP	3	6-8	Plan Benefit Package
3	HICN	12	9-20	HICN, composed of CAN and BIC
4	First Name	30	21-50	Beneficiary first name
5	Middle Name	15	51-65	Beneficiary middle name
6	Last Name	40	66-105	Beneficiary last name
7	Filler	173	106-278	Spaces
8	Enrollment Effective Start Date	8	279-286	Date Beneficiary's Plan enrollment starts, YYYYMMDD – Format.
9	Cycle-Year as of Enrollment Effective Start Date	3	287-289	Numeric value representing the broker compensation cycle-year count as of enrollment effective start date: '1' = first calendar year, '2' = second calendar year, '3' = third calendar year, '4' = fourth calendar year, '5' = fifth calendar year, '6' = sixth calendar year.
10	Report Generation Date	8	290-297	Date report created YYYYMMDD – Format

Item #	Field Name	Length	Position	Description
11	Cycle-Year as of Report Generation Date	3	298-300	Numeric value representing the broker compensation cycle-year as of the report generation date: '-1' = no compensation cycle exists for this enrollment because the report generation date does not fall within the enrollment period. This occurs for both the prospective and retroactive enrollments. '0' = reporting date falls within the enrollment period but the compensation cycle completed in a prior year, '1' = first calendar year, '2' = second calendar year, '3' = third calendar year, '4' = fourth calendar year, '5' = fifth calendar year, '6' = sixth calendar year.
12	Prior Plan Type	7	301-307	Broad classification of Beneficiary's immediately prior Plan-type: "None" = no prior Plan, "MA" = non-drug MA Plan, "MAPD" = MA Plan offering prescription drugs, "COST" = Non-drug Medicare COST Plan, "COST/PD" = Medicare COST Plan providing prescription drugs, "PDP" = PDP and sometimes representative of a POS transaction, "PACE" = Program for All-inclusive. Care of the Elderly
13	Filler	79	308-386	Spaces

Total Length = 386

F.28 Monthly Medicare Second Payer (MSP) Information Data File

The Monthly MSP Information data file is sent directly to Plans on the first Monday after the MARx month-end processing completes. This file contains a subset of information to assist Plans with reconciling payment; the full monthly MSP COB file distributed at the beginning of each month contains more detail.

F.28.1 *Header Record*

ITEM	FIELD NAME	SIZE	POSITION	TYPE	COMMENTS
1	Header Code	8	1-8	CHAR	File/record identification purposes only, '**CMSMSPIH**'.
2	Sending Entity	3	9-11	CHAR	Hard Coded as '**MBD**'
3	File Creation Date	8	12-19	ZD	CCYYMMDD – Format
4	Filler	481	20-500	CHAR	All spaces

Total Length = 500

F.28.2 *Detail Record*

ITEM	FIELD NAME	SIZE	POSITION	TYPE	COMMENTS
1	RRB-HIC-NUM	12	1-12	CHAR	Use RRB_HIC_NUM if available; else, use first 9 bytes mapped to BENE_CAN_NUM; next 2 bytes mapped to BIC_CD ; 12th byte is a space
2	Date of Birth	8	13-20	CHAR	CCYYMMDD FORMAT
3	Gender Code	1	21	CHAR	Direct Mapping: 0 = Unknown, 1 = Male, 2 = Female
4	Contract Number	5	22-26	CHAR	Direct Mapping
5	PBP Number	3	27-29	CHAR	Direct Mapping
6	MSP Coverage Effective Date	8	30-37	INT	CCYYMMDD FORMAT
7	MSP Coverage Termination Date	8	38-45	INT	CCYYMMDD FORMAT
8	Primary Insurance Code	1	46	CHAR	**Convert as follows:** 12…A (Working Aged) 13…B (ESRD) 43…G (Disabled)
9	COB Contractor Number	5	47-51	CHAR	Direct Mapping
10	Insurer Name	32	52-83	CHAR	Direct Mapping
11	Insurer Address Line 1	32	84-115	CHAR	Direct Mapping
12	Insurer Address Line 2	32	116-147	CHAR	Direct Mapping
13	Insurer City name	15	148-162	CHAR	Direct Mapping
14	Insurer State Code	2	163-164	CHAR	Direct Mapping
15	Insurer Zip Code	9	165-173	CHAR	Direct Mapping
16	Policy Number	17	174-190	CHAR	Direct Mapping
17	Filler	310	191-500	CHAR	Hard Coded as Spaces

Total Length = 500

F.28.3 *Trailer Record*

ITEM	FIELD NAME	SIZE	POSITION	SIZE	COMMENTS
1	Trailer Code	8	1-8	CHAR	File/record identification purposes only, **'CMSMSPIT'**.
2	Sending Entity	3	9-11	CHAR	Hard Coded as **'MBD'**
3	File Creation Date	8	12-19	ZD	CCYYMMDD – Format
4	Detail Record Count	9	20-28	ZD	Number of detail records, excluding header and trailer
5	Filler	472	29-500	CHAR	All spaces

Total Length = 50

F.29 Other Health Coverage Information Data File

CMS provides Plans with a file listing the beneficiaries who are enrolled in their Plan(s) where Medicare is listed secondary. As a monthly report, this vehicle provides Plans with regular updates to the MSP data.

F.29.1 *Header Record*

Item	Field	Size	Position	Type	Comments
1	Header Code	8	1-8	CHAR	File/record identification purposes only, **'CMSMSPDH'**.
2	Sending Entity	8	9-16	CHAR	Hard Coded as **'MBD ' (MBD + 5 spaces)**
3	File Creation Date	8	17-24	ZD	CCYYMMDD – Format
4	Filler	10976	25-11000	CHAR	All spaces

Total Length = 11,000

F.29.2 *Detail Record*

Field	Size	Position	Type	Comments
CAN	12	1-12	CHAR	Beneficiary HICN/RRB number
BIC	2	13-14	CHAR	Beneficiary HICN/RRB number
MSP Data – Occurs 17 times				
Delete Indicator	1	15	CHAR	**D** – Occurrence in process of deletion
Validity Indicator	1	16	CHAR	Validity of MSP Coverage Y = Beneficiary has MSP Coverage N = Beneficiary does not have MSP Coverage
MSP Code	1	17	CHAR	MSP Coverage Type A-Working Aged B-ESRD D-No-Fault E-Workers' Compensation F-Federal (Public Health) G-Disabled H-Black Lung I-Veterans L-Liability W-Worker's Compensation Set Aside
Contractor Number	5	18-22	CHAR	Identifies Contractor Establishing Entry
Data Entry Added	8	23-30	ZD	Date Entry created (CCYYMMDD)
Updating Contractor	5	31-35	CHAR	Identifies Contractor that updated entry

Field	Size	Position	Type	Comments
Maintenance Date	8	36-43	ZD	Date Entry created (CCYYMMDD)
CWF Occurrence Number	2	44-45	ZD	Number of occurrence as provided by CWF
Filler	4	46 – 49	CHAR	Spaces
Insurer Type	1	50	CHAR	Type of Primary Insurer A – M, Spaces
Insurer's Name	32	51-82	CHAR	Primary Insurer's Name
Insurer's Address -1	32	83-114	CHAR	Primary Insurer's Address Line 1
Insurer's Address -2	32	115-146	CHAR	Primary Insurer's Address Line 2
Insurer's City	15	147-161	CHAR	Primary Insurer's City
Insurer's State Code	2	162-163	CHAR	Primary Insurer's State Code
Insurer's Zip Code	9	164-172	CHAR	Primary Insurer's Zip Code
Policy Number	17	173-189	CHAR	Primary Insurance Policy Number of Insured
MSP Effective Date	8	190-197	CHAR	Effective Date of MSP Coverage (CCYYMMDD)
MSP Termination	8	198-205	ZD	Termination Date of MSP Coverage (CCYYMMDD)
Patient Relationship	2	206-207	CHAR	**Relationship of Patient to Insured** 01-Patient is Ins 02-Spouse 03-Natural Child, Insured has Financial Responsibility 04-Natural Child, Insured does not have Financial Responsibility 05-Step Child 06-Foster Child 07-Ward of the Court 08-Employee 09-Unknown 10-Handicapped Dependent 11-Organ Donor 12-Cadaver Donor 13-Grandchild 14-Niece/Nephew 15-Injured Plaintiff 16-Sponsored Dependent 17-Minor Dependent of a Minor Dependent 18-Parent 19-Grandparent dependent 20-Life Partner
Subscriber First Name	9	208-216	CHAR	First Name of Policy Holder
Subscriber Last Name Policy holder	16	217-232	CHAR	Last Name of Policy Holder

Field	Size	Position	Type	Comments
Employee ID Number	12	233-244	CHAR	Employee ID Number assigned by Employer
Source Code	2	245-246	CHAR	First Byte of Source Code: A-Claim Processing B-IRS/SSA/CMS Data Match C-First Claim Development D-IRS/SSA/CMS Data Match II E-Black Lung (DOL) F-Veterans (VA) G-Other Data Matches H-Worker's Compensation I-Notified by Beneficiary J-Notified by Provider K-Notified by Insurer L-Notified by Employer M-Notified by Attorney N-Notified by Group Health Plan/Primary Payer O-Initial Enrollment Questionnaire P-HMO Rate Cell Adjustment Q-Voluntary Insurer Reporting R-Office of Personnel Management Data Match S-Miscellaneous Reporting T-IRS/SSA/CMS Data Match III U-IRS/SSA/CMS Data Match IV V-IRS/SSA/CMS Data Match V W-IRS/SSA/CMS Data Match VI X-Self reports Y-411.25 SPACES-Unknown Second Byte of Source Code: 0-COB Contractor 1-Initial Enrollment questionnaire 2-IRS/SSA/CMS/data match 3-HMO Rate cell 4-Litigation settlement 5-Employer Voluntary Reporting 6-Insurer Voluntary Reporting 7-First claim development 8-Trauma Code development 9-Secondary claims investigation
Employee Data Code	1	247	CHAR	**To Whom the Employment Data Applies**: P-Patient S-Spouse M-Mother F-Father
Employer Name	32	248-279	CHAR	Employer providing coverage
Employer's Address1	32	280-311	CHAR	Employer's Street Address 1
Employer's Address2	32	312-343	CHAR	Employer's Street Address 2

Field	Size	Position	Type	Comments
Employer's City	15	344-358	CHAR	Employer's City
Employer's State	2	359-360	CHAR	Employer's State
Employer's Zip Code	9	361-369	CHAR	Employer's Zip Code
Insurance Group Number	20	370-389	CHAR	Group Number Assigned by Primary Payer
Insurance Group	17	390-406	CHAR	Name of Group Plan
Prepaid Health Plan Date	8	407-414	ZD	Date Beneficiary notified that Medicare is secondary payer for services performed outside the prepaid health Plan when a prepaid health Plan provider can perform the services. (CCYYMMDD)
Remarks Code -1	2	415-416	CHAR	'1-3', '01-12', '20-26', '30-44', '50-62', '70-72', and spaces
Remarks Code -2	2	417-418	CHAR	'1-3', '01-12', '20-26', '30-44', '50-62', '70-72', and spaces
Remarks Code -3	2	419-420	CHAR	'1-3', '01-12', '20-26', '30-44', '50-62', '70-72', and spaces
Diagnosis Codes – Occurs 25 Times				
Diagnosis Code Indicator	1	421	CHAR	'9' – ICD-9 code default
Diagnosis Code	7	422-428	CHAR	Diagnosis code ICD-9
Diagnosis Code Occurrence 2	8	429-436	CHAR	
Diagnosis Code Occurrence 3	8	437-444	CHAR	
Diagnosis Code Occurrence 4	8	445-452	CHAR	
Diagnosis Code Occurrence 5	8	453-460	CHAR	
Diagnosis Code Occurrence 6	8	461-468	CHAR	
Diagnosis Code Occurrence 7	8	469-476	CHAR	
Diagnosis Code Occurrence 8	8	477-484	CHAR	
Diagnosis Code Occurrence 9	8	485-492	CHAR	
Diagnosis Code Occurrence 10	8	493-500	CHAR	
Diagnosis Code Occurrence 11	8	501-508	CHAR	
Diagnosis Code Occurrence 12	8	509-516	CHAR	
Diagnosis Code Occurrence 13	8	517-524	CHAR	
Diagnosis Code Occurrence 14	8	525-532	CHAR	
Diagnosis Code Occurrence 15	8	533-540	CHAR	
Diagnosis Code Occurrence 16	8	541-548	CHAR	
Diagnosis Code Occurrence 17	8	549-556	CHAR	
Diagnosis Code Occurrence 18	8	557-564	CHAR	
Diagnosis Code Occurrence 19	8	565-572	CHAR	
Diagnosis Code Occurrence	8	573-580	CHAR	

Field	Size	Position	Type	Comments
20				
Diagnosis Code Occurrence 21	8	581-588	CHAR	
Diagnosis Code Occurrence 22	8	589-596	CHAR	
Diagnosis Code Occurrence 23	8	597-604	CHAR	
Diagnosis Code Occurrence 24	8	605-612	CHAR	
Diagnosis Code Occurrence 25	8	613-620	CHAR	
Payer ID	10	621-630	CHAR	
MSP Data Occurrence Number 2	616	631-1246	CHAR	
MSP Data Occurrence Number 3	616	1247-1862	CHAR	
MSP Data Occurrence Number 4	616	1863-2478	CHAR	
MSP Data Occurrence Number 5	616	2479-3094	CHAR	
MSP Data Occurrence Number 6	616	3095-3710	CHAR	
MSP Data Occurrence Number 7	616	3711-4326	CHAR	
MSP Data Occurrence Number 8	616	4327-4942	CHAR	
MSP Data Occurrence Number 9	616	4943-5558	CHAR	
MSP Data Occurrence Number 10	616	5559-6174	CHAR	
MSP Data Occurrence Number 11	616	6175-6790	CHAR	
MSP Data Occurrence Number 12	616	6791-7406	CHAR	
MSP Data Occurrence Number 13	616	7407-8022	CHAR	
MSP Data Occurrence Number 14	616	8023-8638	CHAR	
MSP Data Occurrence Number 15	616	8639-9254	CHAR	
MSP Data Occurrence Number 16	616	9255-9870	CHAR	
MSP Data Occurrence Number 17	616	9871-10486	CHAR	
Filler	515	10487-11000		

Total Length = 11,000

F.29.3 *Trailer Record*

FIELD NAME	SIZE	POSITION	SIZE	COMMENTS
Trailer Code	8	1-8	CHAR	File/record identification purposes only, **'CMSMSPDT'**.
Sending Entity	8	9-16	CHAR	Identifies the sending entity, 'MDB " (MBD + 5 spaces"
File Creation Date	8	17-24	ZD	CCYYMMDD – Format
Record Count	7	25-31	ZD	Total number of detail records
Filler	10969	32-11000	CHAR	All spaces

Total Length = 11,000

F.30 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.

Field	Size	Position	Description
HICN	12	1-12	Health Insurance Claim Number
Surname	12	13-24	Beneficiary Surname
First Name	7	25-31	Beneficiary Given Name
Middle Initial	1	32	Beneficiary Middle Initial
Gender Code	1	33	Beneficiary Gender Identification Code '0' = Unknown; '1' = Male; '2' = Female.
Date of Birth	8	34-41	YYYYMMDD – Format
Filler	1	42	Space
Contract Number	5	43-47	Plan Contract Number
State Code	2	48-49	Spaces
County Code	3	50-52	Spaces
Disability Indicator	1	53	Space
Hospice Indicator	1	54	Space
Institutional/NHC Indicator	1	55	Space
ESRD Indicator	1	56	Space
TRC	3	57-59	TRC Defaulted to '267'
Transaction Code	2	60-61	TC Defaulted to '01' for special reports
Entitlement Type Code	1	62	Space
Effective Date	8	63-70	YYYYMMDD – Format; Example: 20110101 (set to first of January of the upcoming year)
WA Indicator	1	71	Space
PBP ID	3	72-74	PBP number
Filler	1	75	Space
Transaction Date	8	76-83	YYYYMMDD – Format; Set to the report generation date.
UI Initiated Change Flag	1	84	Space
FILLER	12	85-96	Spaces
District Office Code	3	97-99	Spaces
Previous Part D Contract/PBP for TrOOP Transfer.	8	100-107	Spaces
End Date	8	108-115	Spaces
Source ID	5	116-120	Spaces
Prior PBP ID	3	121-123	Spaces
Application Date	8	124-131	Spaces

Field	Size	Position	Description
UI User Organization Designation	2	132-133	Spaces
Out of Area Flag	1	134	Space
Segment Number	3	135-137	Further definition of PBP by geographic boundaries; Default to '000' when blank.
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
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
Election Type	1	154	Space
Enrollment Source	1	155	Space
Part D Opt-Out Flag	1	156	Space
Premium Withhold Option/Parts C-D	1	157	'N' = No premium applicable;
Number of Uncovered Months	3	158-160	Spaces
Creditable Coverage Flag	1	161	Space
Employer Subsidy Override Flag	1	162	Space
Processing Timestamp	15	163-177	The report generation time. Format: HH.MM.SS.SSSSSS
Filler	20	178-197	Spaces
Secondary Drug Insurance Flag	1	198	Space
Secondary Rx ID	20	199-218	Spaces
Secondary Rx Group	15	219-233	Spaces
EGHP	1	234	Space
Part D LIPS Level	3	235-237	Spaces
Low-Income Co-Pay Category	1	238	Space
Low-Income Period Effective Date	8	239-246	Spaces
Part D LEP Amount	8	247-254	Spaces
Part D LEP Waived Amount	8	255-262	Spaces
Part D LEP Subsidy Amount	8	263-270	Spaces
Low-Income Part D Premium Subsidy Amount	8	271-278	Spaces
Part D Rx BIN	6	279-284	Spaces
Part D Rx PCN	10	285-294	Spaces
Part D Rx Group	15	295-309	Spaces
Part D Rx ID	20	310-329	Spaces
Secondary Rx BIN	6	330-335	Spaces
Secondary Rx PCN	10	336-345	Spaces
De Minimis Differential Amount	8	346-353	Spaces
MSP Status Flag	1	354	Space
Low Income Period End Date	8	355-362	Spaces
LIS Source Code	1	363	Space
Enrollee Type Flag, PBP Level	1	364	Space
Application Date Indicator	1	365	Space
Filler	135	366-500	Spaces

Total Length = 500

F.31 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 TRR and contain their own unique reply codes.

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 TRC 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 TRC 000 and TRC 264
9. State Code	2	48-49	Beneficiary's residence SSA state code, included with TRC 264; otherwise, spaces if not available
10. County Code	3	50-52	Beneficiary's residence SSA county code, included with TRC 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 "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 TRC 264
15. FILLER	1	71	Spaces
16. PBP ID	3	72-74	PBP number, included with both TRC 000 and TRC 264
17. FILLER	1	75	Spaces
18. Transaction Date	8	76-83	Report generation date, formatted YYYYMMDD and included with both TRC 000 and TRC 264
19. FILLER	1	84	Spaces
20. CPM	12	85- 96	CPM, formatted YYYYMM, left justified with six spaces completing the field, and included with both TRC 000 and TRC 264, and TRC 299
21. FILLER	38	97-134	Spaces
22. Segment Number	3	135-137	Segment in PBP, included with TRC 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 TRC 000 and TRC 264
25. FILLER	188	178-365	Spaces
26. PRC Short Name	15	366-380	TRC short name associated with TRC 000 is "NO REPORT," with TRC 264 is "NO PAYMENT," and with TRC 299 is "RESTORED PYMT." Text is left justified with following spaces completing the field.
27. FILLER	120	381-500	Spaces

Total Length = 500

F.32 Missing Payment Exception Report (MPER) Data File

Along with the other monthly payment reports, MARx generates a Plan communication in a report named the MPER. If payment calculation for a beneficiary cannot complete, MARx identifies the beneficiary and time period for which the payment calculation was not performed.

Item	Field	Size	Position	Description
1	Claim Number	12	1 – 12	Beneficiary's HICN, included with TRC-264
2	Surname	12	13 – 24	Beneficiary's last name, included only with TRC-264
3	First Name	7	25 – 31	Beneficiary's given name, included when TRC-264
4	Middle Name	1	32	First initial of beneficiary's middle name, included with TRC-264
5	Sex Code	1	33	Beneficiary's gender identification code, included with TRC-264: '0' = Unknown '1' = Male '2' = Female
6	Date of Birth	8	34 – 41	Beneficiary's birth date, formatted YYYYMMDD, included with TRC-264
7	FILLER	1	42	Spaces
8	Contract Number	5	43 – 47	Plan Contract Number, included with both TRC-000 and TRC-264
9	State Code	2	48 – 49	Beneficiary's residence SSA state code, included with TRC-264; otherwise, spaces if not available
10	County Code	3	50 – 52	Beneficiary's residence SSA county code, included with TRC-264; otherwise, spaces if not available
11	FILLER	4	53-56	Spaces
12	TRC	3	57 – 59	"000" = no missing payments "264" = payment not completed
13	FILLER	3	60 - 62	Spaces
14	Effective Date	8	63 – 70	Enrollment effective date, formatted YYYYMMDD and include with TRC-264
15	FILLER	1	71	Spaces
16	PBP ID	3	72 – 74	PBP number, included with both TRC-000 and TRC-264
17	FILLER	1	75	Spaces
18	Transaction Date	8	76 – 83	Report generation date, formatted YYYYMMDD and included with both TRC-000 and TRC-264
19	FILLER	1	84	Spaces
20	Current Payment Month	12	85 – 96	CPM formatted YYYYMM, left justified with six spaces completing the field, and included with both TRC-000 and TRC-264
21	FILLER	38	97 – 134	Spaces
22	Segment Number	3	135 – 137	Segment in PBP, included with TRC-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 TRC-000 and TRC-264
25	FILLER	188	178 – 365	Spaces
26	TRC Short Name	15	366 - 380	TRC short name associated with TRC-000 is "NO REPORT" and with TRC_264 is "NO PAYMENT." Text is left justified with following spaces completing the field.
27	FILLER	120	381 - 500	Spaces

Total Length = 500

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: Status	M205
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: Medicaid	M236
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
Transactions Screens	

Screen Name	Screen Number
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 and 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

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 code indicates the reason for the transaction's failure. The Plan should analyze the failed transaction and determine whether to resubmit with corrections.

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. 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. On the FPRR it indicates the presence of all prospective payments for the plan (contract/PBP), none are missing. **Plan Action**: None
001	F	Invalid Transaction Code	BAD TRANS CODE	A transaction failed because the Transaction Code (field 16) contained an invalid value. Valid Transaction Code values are 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83. This transaction is resubmitted with a valid Transaction Code. Note: Transaction Types 41, 42, and 54 are valid but not submitted by the Plans. This TRC is returned in the Batch Completion Status Summary (BCSS) Report along with the failed record and is not returned in the DTRR. Plan Action: Correct the Transaction Code and resubmit if appropriate.
002	F	Invalid Correction Action Code	BAD ACTION CODE	A correction transaction (Transaction Type 01) failed because the supplied action code was an invalid value. The valid action code values are D, E, F and G. The transaction is resubmitted with a valid action code. This TRC is returned in the BCSS Report along with the failed record. This TRC is not returned in the DTRR. **Plan Action:** Correct the Action Code and resubmit if appropriate.

Code	Type	Title	Short Definition	Definition
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, and 83) failed because CMS did not recognize the contract number. This TRC is returned in the BCSS Report along with the failed record. This TRC is not returned in the DTRR. **Plan Action:** Correct the Contract Number and resubmit if appropriate.
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, and 83) was rejected, because both of the beneficiary name fields (Surname and First Name) were blank. The Plan must provide the beneficiary's name and must resubmit the transaction with beneficiary name included. **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, and 83) 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. **Note:** A blank Birth Date does not result in TRC 006 but may affect the ability to identify the appropriate beneficiary. See TRC 009. **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, and 83) was rejected, because the beneficiary claim number was not in a valid format. The valid format for a claim number could take one of two forms: • HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions alphanumeric. • RRB is a 7 to 12 position value, with the first 1 to 3 positions alpha and the last 6 or 9 positions numeric. **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
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, and 83) was rejected, because a beneficiary with this claim number was not found. The Plan must resubmit the transaction with a valid claim number. **Plan Action:** Determine the correct claim number (HICN or RRB) for the beneficiary and resubmit the transaction if appropriate.
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, and 83) attempted to process but the system was unable to find the beneficiary based on the identifying information submitted in the transaction. A HICN is required, along with a match on 3 of the following 4 fields: surname, first initial, date of birth and sex code. **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 data record field 18. This is the definitive enrollment acceptance record. Other accompanying replies with different TRCs may give additional information about this enrollment. **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 data record fields 18 and 24. The disenrollment date is always the last day of the month. **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 on a reply with the successful processing of Transaction Type 51 (disenrollment) and Transaction Type 61 (enrollment). The last day of the enrollment is reported in DTRR data record fields 18 and 24. This date is always last day of the month. 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. 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. **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.
015	A	Enrollment Cancelled	ENROLL CANCELED	An existing enrollment was cancelled. The effective date of the enrollment which has been cancelled is reported in the DTRR data record Effective Date field (18). This is always a disenrollment Transaction Type 51. A cancellation may result due to an action on the part of the beneficiary, CMS or another Plan. When an enrollment is cancelled, it means that the enrollment never occurred. **Plan Action:** Because it was cancelled, the Plan should remove this entire enrollment that was scheduled to begin on the date in field 18 from the Plan's enrollment records. Take the appropriate actions as per CMS enrollment guidance.

Code	Type	Title	Short Definition	Definition
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. 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 data record field 18. **Plan Action:** Investigate the apparent discrepancy and take the appropriate actions as per CMS enrollment guidance.
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. 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 data record fields 18 and 24. **Plan Action:** Contact your CMS Central Office Health Insurance Specialist 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 data record fields 18 and 24. This date is always the last day of the month. The disenrollment may result from an action on the part of the beneficiary, CMS or another Plan. 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 beneficiary death, the reply with TRC 018 is accompanied by two replies with TRC 090. **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. **Plan Action:** Take the appropriate actions as per CMS enrollment guidance.

Code	Type	Title	Short Definition	Definition
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. **Plan Action:** Take the appropriate actions as per CMS enrollment guidance.
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 data file field 18. Additionally, the claim number for this beneficiary has changed. The new claim number is in DTRR data file field 1 and the old claim number is reported in field 24. 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. **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 data record field 18. **Additionally**, the beneficiary's name has changed. The new name is reported in DTRR data file fields 2, 3 and 4. For enrollment acceptance (Transaction Type 61), TRC 023 is reported in lieu of TRC 011. Other accompanying replies with different TRCs may give additional information about this enrollment. **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) submitted by the Plan has been successfully processed. The effective date of the disenrollment is reported in DTRR data file field 18. The disenrollment date is always the last day of the month. Additionally, the claim number for this beneficiary has changed. The new claim number is in DTRR data file field 1 and the old claim number is reported in field 24. **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) submitted by the Plan has been successfully processed. The effective date of the disenrollment is reported in the DTRR data record field 18. The disenrollment date is always the last day of the month. Additionally, The beneficiary's name has changed. The new name is reported in DTRR data file fields 2, 3 and 4 and in the corresponding columns in the printed report. **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 for an enrollment or PBP change transaction (Transaction Type 61) or a disenrollment cancellation transaction (Transaction Type 81) [enrollment reinstatement] . Part B entitlement is required for enrollment in a MCO. (MA, MAPD, HCPP, Cost 1, Cost 2 or Demos). • TC61 – transaction was rejected because the submitted enrollment date is outside the beneficiary's Part B entitlement period • TC81 – transaction was rejected because the enrollment reinstatement period is outside the beneficiary's Part B entitlement period **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 for an enrollment or PBP change transaction (Transaction Type 61) or a disenrollment cancellation transaction (Transaction Type 81) [enrollment reinstatement] . Part A entitlement is required for enrollment in a MCO (MA, MAPD, or Demos). • TC61 – transaction was rejected because the submitted enrollment date is outside the beneficiary's Part A entitlement period • TC81 – transaction was rejected because the enrollment reinstatement period is outside the beneficiary's Part A entitlement period **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. **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 data record field 18 and 24. **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. The beneficiary DOD is reported in DTRR data record fields 18 and 24. **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: • For all transaction types, date is not first day of the month • For all transaction types, date is greater than current calendar year plus one, or, date does not meet Current Calendar Month (CCM) constraints • For Transaction Type 61, non-EGHP enrollment, date is more than one month prior to CCM or greater than three months after CCM • For Transaction Type 61 transaction, EGHP enrollment, date is more than three months prior to the CCM or greater than three months after CCM • Transaction Type 72 4Rx Record Update transaction with an effective date not equal to the effective date of an existing enrollment period • 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 • Transaction Type 80 Enrollment Cancellation transaction with an effective date not equal to the effective date of an existing enrollment • Transaction Type 81 Disenrollment Cancellation transaction with an effective date not equal to the effective date of an existing disenrollment • Transaction Type 82 MMP Enrollment Cancellation transaction with an effective date not equal to the effective date of an existing enrollment **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. **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. **Plan Action:** None required

Code	Type	Title	Short Definition	Definition
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. **Plan Action:** Check HPMS and contact CMS.
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]. • TC61 – transaction was rejected because the submitted enrollment date is outside the Plan's contracted period • TC80, TC81, and TC82 – transaction was rejected because the enrollment reinstatement period is outside the Plan's contracted period **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 data file field 18 and 24. 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. **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 data record field 18 and 24. **Note:** This TRC is only applicable for effective dates prior to 1/1/2008. **Plan Action:** Update the Plan records.

Code	Type	Title	Short Definition	Definition
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. **Plan Action:** Verify the Plan's enrollment information for this beneficiary.
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: • Not the first day of the month, or • More than three months beyond the Current Calendar Month (CCM+3) **Note:** Transactions with effective dates prior to CCM are returned with TRC 054. **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. The effective date of the disenrollment is reported in the Effective Date field (18) on the DTRR data file. **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. The requested disenrollment effective date is reported in the Effective Date field (18) on the DTRR data file. **Plan Action:** Correct the Effective Date and resubmit if appropriate. If this is a retroactive transaction, contact CMS for instructions on submitting retroactive transactions.

Code	Type	Title	Short Definition	Definition
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. 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 data file field 18 and 24. **Plan Action:** Update the Plan records.
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. The attempted enrollment effective date is reported in DTRR data file fields 18 and 24. **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. 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. **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. **Note:** This TRC is only applicable for effective dates prior to 1/1/2008. **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 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 Hospice status. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. In the case of 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 data file fields 18 and 24. The effective date for Hospice Status is not restricted to the first or last day of the month. It may be any day of the month. 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 hospice status. The enrollment start date is in DTRR data file field 18 and the enrollment end date is in field 24. In this circumstance it is accompanied by TRC 018, Automatic Disenrollment, as well. **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. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. A notification has been received that this beneficiary's Hospice Status has been terminated. The end date for the Hospice Status is reported in DTRR data file fields 18 and 24. The date for termination of Hospice Status is not restricted to the first or last day of the month. It may be any day of the month. **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. 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 data file fields 18 and 24. 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 data file field 18 and the enrollment end date is in field 24. In this circumstance it is accompanied by TRC 018, Automatic Disenrollment, as well. **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. 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 data file fields 18 and 24. **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 data record field 24. 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. **Plan Action:** Update the Plan records. Take the appropriate actions as per CMS enrollment guidance. **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	A reply with this TRC is seen for Plan submitted retroactive Transaction Type 01 and 30 transactions and occasionally Transaction Type 61 enrollment transactions. In the case of Transaction Type 01, this beneficiary has been placed in Medicaid Status by the Plan. The effective date of the Medicaid Status is reported in field 18 of the DTRR. This date is always the first of the month and is retroactive. **Note:** Plans do not submit Transaction Type 01 with any effective dates later than 12/31/2007. 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 having a Medicaid status. The enrollment start date is in DTRR data file field 18 and the enrollment end date is in field 24. In this circumstance it is accompanied by TRC 018, Automatic Disenrollment, as well. Transaction type 30, when provided with the request type 22, is a rate recalculation for a Medicaid status change. **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 in response to a Transaction Type 01 transaction submitted by the Plan. This beneficiary's Medicaid Status has been terminated. The effective date of the termination Medicaid Status is reported in DTRR data file fields 18 and 24 of the DTRR. This date is always the last day of the month. **Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.

Code	Type	Title	Short Definition	Definition
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. 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 data file fields 18 and 24. 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 data file field 18 and the enrollment end date is in field 24. In this circumstance it is accompanied by TRC 018, Automatic Disenrollment, as well. **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. **Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.
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 information about the beneficiary. 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. **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. **Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.

Code	Type	Title	Short Definition	Definition
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 information about the beneficiary. 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 data file fields 18 and 24. 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 data file field 18 and the enrollment end date is in field 24. In this circumstance it is accompanied by TRC 018, Automatic Disenrollment, as well. **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. **Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.
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 information about the beneficiary. This beneficiary's Part B Entitlement has been reinstated. The effective date of the start of Part B entitlement is reported in DTRR data file fields 18 and 24. 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. **Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.

Code	Type	Title	Short Definition	Definition
085	M	State and County Code Change	NEW SCC	This TRC is returned either on a reply with Transaction Type 01. It is intended to supply the Plan with additional information about the beneficiary. This beneficiary's State and County Code (SCC) information has changed. The new SCC information is reported in DTRR data record fields 9 (state code), 10 (county code), and together in field 24. **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 information about the beneficiary. This beneficiary's HICN has changed. The new claim number is reported in DTRR data record field 1 and the old claim number is in Field 24. **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 information about the beneficiary. This beneficiary's name has changed. The new name is reported in the DTRR data record 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. **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.
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 information about the beneficiary. This beneficiary's sex code has changed. The new sex code is reported in DTRR data file field 5. The effective date field (field 18) reports the date the sex code change was processed by CMS. **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.

Code	Type	Title	Short Definition	Definition
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. This beneficiary's date of birth has changed. The new date of birth is reported in DTRR data file field 6 (DOB) and field 24. Field 18 (Effective Date) reports the date the DOB change was processed by CMS. **Plan Action:** Update the Plan's records. To ensure accurate identification of the beneficiary, future submitted transactions for this beneficiary should use the new date of birth.
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. When CMS is notified of a beneficiary's death, the Plan receives multiple replies in their DTRR. • Transaction Type 01 with TRC 090 – received by any Plan with an enrollment affected by the beneficiary's death. • 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. • Transaction replies with other TRCs may also accompany these replies. Examples include status terminations and SSA responses. On the Transaction Type 01 with TRC 090, the beneficiary's actual date of death is reported in DTRR data file fields 18 and 24. 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. **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. ***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. 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 data file fields 18 and 24 contain the date of death that was previously reported to the Plan. 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)* **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. The date of death for this beneficiary has been corrected. The corrected date of death is reported in DTRR data file field 24. *The correction of the DOD may initiate the reinstatement of an enrollment. (See TRC 287)* **Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.
097	R	Medicaid Previously Turned On	MCAID PREV ON	A correction transaction (Transaction Type 01) was rejected because this transaction attempted to set the Medicaid status for the beneficiary to ON. The Medicaid status for the beneficiary was already ON for the month in question. ***Note:*** *This TRC is only applicable for submitted correction transactions (01) with effective dates prior to 1/1/2008.* **Plan Action:** None required. Verify the Plan records.

Code	Type	Title	Short Definition	Definition
098	R	Medicaid Previously Turned Off	MCAID PREV OFF	A correction transaction (Transaction Type 01) was rejected because this transaction attempted to set the Medicaid status for the beneficiary to OFF. The Medicaid status for the beneficiary was already OFF for the month in question. ***Note:*** *This TRC is only applicable for submitted correction transactions (Transaction Type 01) with effective dates prior to 1/1/2008.* **Plan Action:** None required. Verify the Plan records.
099	M	Medicaid Period Change/Cancellation	MCAID CHANGE	A change has been made to a period of Medicaid status information for the beneficiary. **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 data record. The effective date is always the first day of the month. This is the definitive PBP Change acceptance record. Other accompanying replies with different TRCs may give additional information about this accepted PBP Change. Field 20 (Plan Benefit Package ID) contains the new PBP identifier. The old PBP is reported in field 29 (Prior Plan Benefit Package ID). **Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.
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: • Date is blank • Date is later than the submitted Effective Date. • Date does not lie within the election period specified on the submitted transaction ***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.* **Plan Action:** Correct the Application Date and resubmit if appropriate.

Code	Type	Title	Short Definition	Definition
103	R	ICEP/IEP Election, Missing A/B Entitlement Date	ICEP/IEP NO 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). This TRC is only returned on enrollment transactions submitted with election type I (Initial Coverage Election Period) or E (Initial Enrollment Period for Part D). **Plan Action:** Verify the beneficiary's Part A / Part B entitlement / enrollment. Take the appropriate actions as per CMS enrollment guidance.
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 is either missing, contains an invalid value or is not appropriate for the plan or for the transaction type. The valid Election Type values are: A - Annual Election Period (AEP) D - MA Annual Disenrollment Period (MADP) E - Initial Enrollment Period for Part D (IEP) F - Second Initial Enrollment Period for Part D (IEP2) I - Initial Coverage Election Period (ICEP) O - Open Enrollment Period (OEP) (Valid through 3/31/2010) N - Open Enrollment for Newly Eligible Individuals (OEPNEW) (Valid through 12/31/2010) T - Open Enrollment Period for Institutionalized Individuals (OEPI) **Special Enrollment Periods** U - SEP for Loss of Dual Eligibility or for Loss of LIS V - SEP for Changes in Residence W - SEP EGHP (Employer/Union Group Health Plan) Y - SEP for CMS Casework Exceptional Conditions X - SEP for Administrative Change • Plan Submitted "Rollover" • Involuntary Disenrollment • PPO Change • Plan-submitted "Canceling" Transaction

Code	Type	Title	Short Definition	Definition
104 Con't	R	Rejected; Invalid or Missing Election Type	BAD ELECT TYPE	Z - SEP for: • Auto-Enrollment (Enrollment Source Code = A) • Facilitated Enrollment (Enrollment Source Code = C) • Plan-Submitted Auto-Enrollment (Enrollment Source Code = E) and Transaction Type 61 (PBP Change) and MA or Cost Plan (must meet all conditions) • POS Enrollment (Enrollment Source Code = G) S - Special Enrollment Period (SEP) The value expected in Election Type 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. **Plan Action:** Review the detailed information on Election Periods in *Chapter 2 of the MMCM* or the *PDP Guidance on Eligibility, Enrollment and Disenrollment*. Determine the appropriate Election Type 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. Examples of inappropriate effective dates: • Date is outside of the election period defined by the submitted election type. (ex: Election Type = A and Effective Date = 2/1/2007) • Date is not appropriate for the application date (ex: App date = 6/10/2007 & Eff Date =11/01/2007) **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: • An application date that is more recent or equal to the application date provided on the submitted enrollment transaction; and • An effective date that is earlier or equal to the effective date provided on the submitted enrollment transaction. An enrollment transaction (Transaction Type 61) is rejected because a previously received enrollment transaction exists with the following criteria: The submitted enrollment has been overridden by a previously received enrollment in another contract/PBP. 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. **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 or Record Update transaction (Transaction Types 61, 72, 73, 74, 75, 77, 78, 79, 80, 82, and 83) 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. ***Note:*** *PBP # is not required on Disenrollment, Residence Address, and Disenrollment Cancellation transactions, (Transaction Types 51, 76, 81) but when submitted it must be valid for the contract number on the transaction.* **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. The valid Election Type values which have limits are: A - Annual Election Period (AEP) 1 per calendar year E - Initial Enrollment Period for Part D (IEP) 1 per lifetime F - Initial Enrollment Period for Part D (IEP2) 1 per lifetime I - Initial Coverage Election Period (ICEP) 1 per lifetime **Plan Action:** Review the discussion of election type requirements in *Chapter 2 of the MMCM* 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. The effective date of the requested enrollment is reported in DTRR data file field 18. **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. 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. **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. 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. *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.* **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. ***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.*

Code	Type	Title	Short Definition	Definition
116	R	Transaction Rejected; Invalid Segmt num	BAD SEGMENT NUM	An enrollment transaction (Transaction Type 61) rejects because the enrollment is for a Segmented PBP, and the Segment number on the submitted transaction is invalid -OR- A Segment change transaction (Transaction Type 77) is submitted with an invalid Segment number, for a Segmented PBP -OR- A disenrollment cancellation transaction (Transaction Type 81) [enrollment reinstatement] is submitted and the reinstated enrollment has a non-blank Segment, which is no longer valid for the PBP. Plans must submit a valid Segment number for the Contract/PBP combination. *A Segment number is not required for a disenrollment transaction (Transaction Type 51).* **Plan Action:** Correct or delete the Segment number and resubmit the transaction if appropriate for Transaction Type 61. Correct the Segment number and resubmit the transaction if appropriate for Transaction Type 77. Submit enrollment for Transaction Type 81 if appropriate. An enrollment transaction (Transaction Type 61) was rejected because the enrollment is for a PBP that has been segmented, and the segment number on the submitted transaction was missing or invalid. -OR- A segment change transaction (Transaction Type 77) was submitted with a non-blank segment number, and the segment number was invalid for the PBP. 'OR' A disenrollment cancellation transaction (Transaction Type 81) [enrollment reinstatement] was submitted and the enrollment being reinstated has a non-blank segment which is no longer valid for the PBP. Any submitted segment number must be valid for the Contract / PBP combination. *Segment number is not required for a disenrollment transaction (Transaction Type 51).* **Plan Action:** Correct the Segment number and resubmit the transaction if appropriate for transaction types 61 and 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. Other accompanying replies with different TRCs may give additional information about this new enrollment. **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 data record. Other accompanying replies with different TRCs may give additional information about this new enrollment. **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 amount may have also been updated by CMS. The effective date of the new premium will be reported in DTRR data record field 18. The amount of the new Part C premium will be reported in field 19 of the DTRR record. **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.

Code	Type	Title	Short Definition	Definition
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. 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. **Plan Action:** None required. Take the appropriate actions as per CMS enrollment guidance. ***Note:*** *The Plan will not see the result of any PPO change until they have received a TRC 185 on a future DTRR.*
121	M	Low Income Period Status	LIS UPDATE	This TRC is returned on a reply with Transaction Type 01 or 61. It is intended to supply the Plan with additional information about the beneficiary. It is created in response to an enrollment transaction or change in a beneficiary's low income profile. Each TRC 121 returns start and end dates, premium subsidy percentage, and copayment category for one low income period affecting a PBP enrollment. There may be more than one TRC 121 returned. The effective date for the co-pay period is shown in the Transaction Reply Report data record Low-Income Period Effective Date field (field 51). Premium subsidy percentage and co-pay level are reported in the Part D Low-Income Premium Subsidy Level field (field 49), and Low-Income Co-Pay Category field (field 50), respectively. The Effective Date field (field 18) contains the PBP enrollment period start date. Low income subsidy TRC 194 and/or TRC 223 may accompany TRC 121. These three TRCs convey the beneficiary's low income subsidy profile at the time of report generation. They provide a full replacement set of low income subsidy data affecting the identified PBP enrollment period. 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. If the Part C premium field is blank on a submitted enrollment transaction (Transaction Type 61), the blank will be converted to zeros. Any submitted value must be numeric. A blank or invalid Part C premium field is not permitted on the Part C premium change transaction (Transaction Type 78). **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. The valid values include: • D - Direct Bill - Self Pay • R - Deduct from RRB benefits • S - Deduct from SSA benefits • N - No premium applicable **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. This rejection could be the result of the following conditions: • The field contained a non-numeric value • The Uncovered Months field was zero when the Creditable Coverage Switch was set to N • For Transaction Type 61, the Uncovered Months field was greater than zero when the Creditable Coverage Switch was set to Y or blank. • For Transaction Type 73, the Uncovered Months field was greater than zero when the Creditable Coverage Switch was set to Y. **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. For Transaction Type 61, the valid values for the Creditable Coverage Flag are Y, N, and blank. For Transaction Type 73, the valid values for the Creditable Coverage Flag are Y and N. **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. The requested effective date is reported in DTRR data file field 18. **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. 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). 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. **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 data record field 18. 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. **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. The valid values for Part D Opt-Out Flag are: • Transaction Types 41 or 79 transactions - 'Y' or 'N' • All other Transaction Types - 'Y,' 'N,' or blank **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. The new Part D Opt-Out Flag value is reported in DTRR data record field 38. **Plan Action:** No action necessary.

Code	Type	Title	Short Definition	Definition
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. The valid values for Secondary Drug Coverage Flag are Y, N or blank. **Plan Action:** Correct the Secondary Drug Coverage Flag and resubmit the transaction if appropriate.
134	I	Missing Secondary Insurance Information	NO 2 INS INFO	An Enrollment, PBP Change, or 4Rx Record Update transaction (Transaction Types 61, 72) was submitted with the Secondary Insurance Flag set to Y, but the associated secondary insurance fields (Secondary RxID and Secondary RxGroup) were not populated. No changes to the beneficiary's secondary insurance information were made. **This is not a transaction rejection.** The submitted transaction was accepted and a reply was 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 data record field 18. The Transaction Type will reflect the Transaction Type of the submitted transaction. (Transaction Types 61 or 72). **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. CMS has been notified that the beneficiary has ESRD and has begun dialysis treatments. The effective date of the change is reported in DTRR data file field 18. **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
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. 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 data file field 18. **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.
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. 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 data file field 18. **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. 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 data record field 18. **Plan Action:** Research the beneficiary's new address and update the Plan's beneficiary records. Take the appropriate actions as per CMS enrollment guidance.

Code	Type	Title	Short Definition	Definition
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. The EGHP Update transaction may have been submitted by the Plan or initiated by a CMS User. The value in DTRR data record 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. All data provided for change other than the EGHP Flag fields has been ignored. **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. The value in DTRR data record field 33 contains the new Segment ID. The effective date of the change is reported in field 18 All data provided for change other than the Segment ID field has been ignored. **Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.
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. The values in DTRR data record 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. All data provided for change, other than the Uncovered Months fields, has been ignored. **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
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. The values in DTRR data record 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. All data provided for change, other than the 4Rx fields, has been ignored. **Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.
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: • Retroactive premium withholding was requested. • 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. • 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. • The beneficiary chose "OPM" as the withhold option. OPM is not withholding premiums at this time. • The Plan has submitted a Part C premium amount that exceeds the maximum Part C premium value provided by HPMS. • RRB Withholding was requested for an effective date prior to 06/01/2011. • The beneficiary is Out-of-Area for a segmented Contract/PBP. • Retroactive premium withhold was requested and during one of the periods the beneficiary was Out-of-Area for a segmented Contract/PBP. 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. **Plan Action:** Update the Plan's beneficiary records to reflect the direct bill payment method. Take the appropriate actions as per CMS enrollment guidance.

Code	Type	Title	Short Definition	Definition
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. 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. **Plan Action:** Follow the procedures in CMS enrollment guidance and contact your CMS Central Office Health Insurance Specialist.
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. CMS has been notified that the beneficiary's race code has changed. The effective date of the change is reported in DTRR data file field 18. The new race code will be reported in the next Monthly Membership Detail Report (MMR). **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. 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: • A change in the Plan's service area and the beneficiary's address is outside the new area • A change in the beneficiary's address which places them Out of area **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
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. CMS has been notified that the beneficiary is incarcerated. The effective date of the change is reported in DTRR data file field 18. **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 transaction (Transaction Types 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) was failed because it was submitted by a user who is not authorized to submit transactions for the contract. This TRC will not be returned in the *DTRR.* **Plan Action:** Resubmit using the correct submitter if appropriate.
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. **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. CMS has changed or cancelled an Institutional period for the beneficiary. **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. CMS has changed or cancelled a NHC period for the beneficiary. **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
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. 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. **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. **Plan Action:** None required..
166	R	Part D FBD Auto Enroll or Facilitated Enroll Reject	PARTD AUTO REJ	A plan-submitted auto or facilitated Part D enrollment was rejected because CMS has a record of an 'opt out' option on file for the beneficiary. This beneficiary has "opted out" of auto or facilitated enrollment. **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.
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. This TRC is equivalent to TRC 127 except that it applies to Reinsurance Demonstration Plans only. The requested effective date is reported in DTRR data file field 18. **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.

Code	Type	Title	Short Definition	Definition
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. 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 data record field 18. **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. The Effective Date on the Transaction Type 75 must be in the CPM to CPM+2 range. The Effective Date on the Transaction Type 78 must be in the CPM-3 to CPM+2 range. The Effective date on the Transaction Types 74 or77 must be in the CCM-1 to CCM+3 range. **Plan Action:** Correct the effective date and resubmit the transaction if appropriate.
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. The inappropriate information included on the transaction could be any or all of the following: • Creditable Coverage Information (Creditable Coverage Flag and NUNCMO) • Primary Drug Insurance Information (Rx ID, Rx GRP, Rx PCN and Rx BIN) • Secondary Drug Insurance Information (Secondary Insurance Flag, Rx ID, Rx GRP, Rx PCN and Rx BIN) **Plan Action:** Verify that the above fields are not populated and resubmit the transaction if appropriate.

Code	Type	Title	Short Definition	Definition
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. **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. A transaction enrolling the beneficiary into another contract was previously accepted. That transaction and this submitted one had the same effective and application dates. The beneficiary is not enrolled in the Plan in this newly submitted transaction. **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. The beneficiary's total late enrollment penalty has changed. This may be the result of: • A change to the beneficiary's NUNCMO (but there are still uncovered months); • A change to the beneficiary's LIS status; • A new Initial Election Period (IEP); or • The addition, withdrawal, or change in the CMS-granted waiver of penalty. **Plan Action:** Adjust the beneficiary's payment amount. The new total penalty amount can be determined by subtracting amounts in DTRR data record fields 53 (waived amount) and 54 (subsidized amount) from field 52 (base penalty). Take the appropriate actions as per CMS enrollment guidance.
178	M	Late Enrollment Penalty Rescinded	PNLTY RESCINDED	This TRC is intended to supply the Plan with additional information about the beneficiary. The LEP, reported in field 52 of the DTRR, associated with the specified effective date has been rescinded (set to zero). **Plan Action:** Adjust the beneficiary's payment amount. Take the appropriate actions as per CMS enrollment guidance.

Code	Type	Title	Short Definition	Definition
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. This transaction had no effect on the beneficiary's records. **Plan Action:** Ensure that the Plan's system reflects the amounts in the DTRR record.
182	I	Invalid PTC Premium Submitted, Corrected	PTC PRM OVERIDE	The Part C premium submitted on the enrollment, PBP change, Enrollment Cancellation, Disenrollment Cancellation or Part C Premium Record Update transaction (Transaction Types 61, 78, 80, 81, and 82) does not agree with the Plan's defined Part C premium rate. The premium has been adjusted to reflect the defined rate. The correct Part C premium rate is reported in DTRR data record field 24. If the submitted Part C premium is less than the Basic Part C premium for the plan, MARx will reset the premium to the Part C Basic plus Mandatory Supplemental Premium Rate, Net of Rebate from the HPMS file. This TRC provides additional information about an enrollment, PBP change, Enrollment Cancellation, Disenrollment Cancellation or Part C Premium Record Update transaction (Transaction Types 61, 78, 80, 81, and 82) 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 data record field 18. **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.
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. This TRC is Plan specific. It only applies to MSA/MA and MSA/Demo plans. **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.

Code	Type	Title	Short Definition	Definition
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. 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. ***Note:*** *The reported new PPO may be the same as the existing PPO.* Plans will not see the results of any requested premium withholding changes until TRC 185 is received. **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. This is exclusive to the communication between CMS and SSA/RRB. CMS will continue to interface with SSA/RRB to resolve the rejection. If CMS is unable to resolve this rejection and the Beneficiary-requested PPO is changed, the Plan may receive a TRC 144. **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. This transaction had no effect on the beneficiary's records. **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. This transaction had no effect on the beneficiary's records. **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. This transaction had no effect on the beneficiary's records. **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. This transaction had no effect on the beneficiary's records. **Plan Action:** None required.

Code	Type	Title	Short Definition	Definition
191	A	No Change in Premium Withhold Option	DUP PRM WH OPTN	A PPO Change transaction (Transaction Type 75) was submitted, however, no data change was made to the beneficiary's record for one of the following reasons: 1. The submitted transaction contained a PPO value that matched the PPO already on record with CMS. 2. Beneficiary has a premium. Setting the PPO to "no premium", "N", is not acceptable. Beneficiary premium may be due wholly or in part to a late enrollment penalty. 3. Beneficiary premiums are zero. Withholding cannot be established. 4 .A PPO request of 'Deduct from SSA (S)' or 'Deduct from RRB (R)' was submitted on a PPO Change transaction (Transaction Type 75) when the beneficiary has 'No Premiums'. The PPO was set to 'N', which matches the PPO already on record with CMS. This transaction had no effect on the beneficiary's records. **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. The effective date of the change is reported in DTRR data record field 18. **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. • TC61 – transaction was rejected because the submitted enrollment date is outside the beneficiary's Part D eligibility period • TC81 – transaction was rejected because the enrollment reinstatement period is outside the beneficiary's Part D eligibility period **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. 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 data record fields 18 and 24. If applicable, CMS will automatically disenroll the beneficiary from the plan. A Transaction Type 51 transaction will be sent in this or another DTRR. 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 data record field 18 and the enrollment end date is in field 24. In this circumstance it is accompanied by TRC 018, Automatic Disenrollment, as well. ***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.* **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. This beneficiary's Part D eligibility has been reinstated. The effective date Part D eligibility start date is reported in DTRR data record fields 18 and 24. **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. **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. Exception: Rx Bin for primary drug insurance is not a mandatory field for enrollments transactions for PACE National Part D plans. **Plan Action:** Correct the Primary Rx BIN value and resubmit the transaction if appropriate.
201	R	Rx ID Blank or Not Valid	ID BLANK/INVLID	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. Exception: Rx ID for primary drug insurance is not a mandatory field for enrollments transactions for PACE National Part D plans. **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. **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. **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. ***Note:*** *At a minimum, values must be provided for both of the mandatory primary 4Rx fields, RX BIN and RX ID* **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. See Page I-103 for CMS enrollment guidance regarding valid disenrollment reason codes. 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. **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. 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 data record field 18. **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. Plans may only submit 4Rx data for periods when the beneficiary is enrolled in the Plan. **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 data record. The date in field 18 will always be the first day of the month. **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. **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 data record. Other accompanying replies with different TRCs may give additional information about this accepted reassignment. 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). **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. 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. **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: • The submitted effective date is prior to August 1, 2006; • The submitted effective date is after the Current Calendar Month (CCM) plus 3; or • The submitted effective date falls within a Part D plan enrollment but does not match the contract enrollment start date. **Plan Action:** Correct the effective date and resubmit the transaction if appropriate. If the Plan is trying to correct the uncovered months value for a beneficiary who is no longer enrolled in the Plan, contact their CMS Representative.
216	I	Uncovered months exceeds max possible value	NUNCMO EXDS MAX	The NUNCMO sumbitted on an accepted enrollment or NUNCMO transaction (Transaction Type 61 or 73) exceeds the maximum possible value. This will 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. **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	Cant Change number of uncovered months	CANT CHG NUNCMO	An uncovered months 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. **Plan Action:** Review CMS enrollment guidance. If appropriate, submit a NUNCMO Record Update transaction (Transaction Type 73) to UNDO the LEP Reset.
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. **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. 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. **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. CMS has excluded beneficiary from transmission to SSA/RRB. **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 is not a reply to a submitted transaction, but is intended to supply the Plan with additional information about the beneficiary. Records with TRC 121 report low income periods that exist for a beneficiary at the time of data file generation. A record with TRC 223 reports a previously existing low income subsidy period that was removed and not replaced. Records with TRCs 121 and 223 accompany the acceptance TRC for an enrollment transaction and provide a full replacement set of low income subsidy data affecting the PBP enrollment. The following LIS information is reported on the DTRR for each period of Low Income Subsidy that was removed: • PBP Enrollment Effective Date (Field 18) • Part D Low-income Premium Subsidy Level (Field 49) for removed period • Low-income Co-Pay Category (Field 50) for removed period • Low-income Period start date (Field 51) for removed period • Low-income Period End Date (Field 64) for removed period • Low-income Period Subsidy Source (Field 65) for removed period **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.
224	A	A/D MSP Beneficiary Transaction Accepted	MSP ACCEPTED	Aged/Disabled MSP Beneficiary transaction (85) accepted. **Plan Act**ion: None Required**.**
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. 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. **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
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. 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. 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. **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. This is exclusive to the communication between CMS and SSA. CMS will continue to interface with SSA to resolve the rejection. **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. 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. **Plan Action:** None required. Take the appropriate actions as per CMS enrollment guidance. ***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.*
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. CMS continues to interface with RRB to resolve the rejection. Plan Action: No action required.

Code	Type	Title	Short Definition	Definition
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. 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. 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. All data provided for change other than the PPO field was ignored. **Plan Action:** Take the appropriate actions as per CMS enrollment guidance. **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. This transaction had no effect on the beneficiary's records. **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. This transaction had no effect on the beneficiary's records. **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. The beneficiary's records were unchanged. **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	The beneficiary has other insurance and Medicare is secondary payer. All plans whose payments are impacted by the MSP notification will receive the TRC. **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. 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. **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. **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: • 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. • 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. **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. **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. **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, and 83), residence address transaction (Transaction Type 76), or cancellation transaction (Transaction Types 80, 81, and 82)) failed because the submitted birth date was either • Not formatted as YYYYMMDD (e.g., "Aug 1940"), or • Formatted correctly but contained a nonexistent month or day (e.g., "19400199"). As a result, the beneficiary could not be identified. The transaction record will not appear on the DTRR data file but will be returned on the BCSS data file along with the failed record. **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, and 83), residence address transaction (Transaction Type 76), or cancellation transaction (Transaction Types 80, 81, and 82) failed because the submitted effective date was either, • Blank, • Not formatted as YYYYMMDD (e.g., "Aug 1940"), or • 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. **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. **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: • It is earlier than address change start date, • It is not the last day of the month, or • It is not within the contract enrollment period. **Plan Action:** Correct the End Date and resubmit.

Code	Type	Title	Short Definition	Definition
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: The residence address information was incomplete – • Residence Address Line 1 was empty, • Residence City was empty, • USPS state code was missing, • Residence zip code was missing or non-numeric, • The value specified for the Address Update/Delete Flag was blank or not valid, • The supplied residence address information could not be resolved in terms of identifiable address components, or • The address was not a U.S. address. **Plan Action:** Correct address information and resubmit.
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. **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. **Plan Action:** Correct the date format and resubmit transaction.
264	I	Payment Not Yet Completed	NO PAYMENT	A transaction was accepted requiring a payment calculation. This calculation was not completed. **Plan Action:** No action is required.

Code	Type	Title	Short Definition	Definition
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. SCC values are returned in Transaction Reply Report (TRR) data record fields 9 (state code) and 10 (county code) and together in field 24. The residence address period start date is in field 18 and any provided end date is in field 24. This TRC may be accompanied by TRC 154 if the submitted residence address has placed the beneficiary outside the plan's service area. **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. **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. **Plan action:** Submit a transaction to reset the Part C premium and to renew a request for withholding status if appropriate.
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. 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). **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
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. 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). **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. **Plan Action:** Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance.
280	I	Member MSP Period Ended	MEMBER NOT MSP	The beneficiary's Medicare as Secondary Payer period has ended. All plans whose payments are impacted by the MSP notification will receive the TRC. **Plan Action:** Update the Plan's records accordingly.
282	A	Residence Address Deleted	RES ADR DELTD	The residence address associated with the DTRR data record effective date (in field 18) has been deleted and is no longer valid. 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. **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 data record, field 18. **Plan Action:** Correct effective date and resubmit.

Code	Type	Title	Short Definition	Definition
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. 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. **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 data record Effective Date field, field 18. **Plan Action:** Update the Plan's records accordingly.
286	R	Enrollment Cancellation Rejected	RJCT ENROLL CAN	An Enrollment Cancellation (Transaction Type 80) 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. **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 data record Effective Date field, field 18. The reinstatement occurred for one of the following reasons: • For Transaction Type 80, cancellation of another plan's enrollment; • For Transaction Type 82, cancellation of another plan's enrollment; • For Transaction Type 01, change or removal of a date of death. If the reinstated enrollment has an end date, it is reported in the DTRR data record field 24. The end date may or may not have existed with the enrollment originally. **Plan Action:** Update the Plan's records accordingly following CMS guidance for enrollment reinstatement.

Code	Type	Title	Short Definition	Definition
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 data record Effective Date field, field 18. 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. **Plan Action:** Update the Plan's records accordingly.
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: • Beneficiary was still enrolled in the Plan, never disenrolled; • Beneficiary was not enrolled in the Plan; • Disenrollment being cancelled was not submitted by the Plan; • Cannot restore prior enrollment due to associated disenrollment reason codes 5, 6, 8, 9, 10, 13, 15, 18, 19, 54, 56, 57, 61. • Reinstated enrollment would conflict with another existing enrollment. **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: • Disabled beneficiary became age-qualified for Medicare, • An aged beneficiary had a retroactive NUNCMO transaction with an effective date prior to aged qualification at the beginning of the IEP period. Reset effective date is in DTRR data record, field 18. **Plan Action:** Update plan records accordingly.

Code	Type	Title	Short Definition	Definition
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 data record Effective Date field, field 18. If the reinstated enrollment has an end date, it is reported in the DTRR data record, field 24. The end date may or may not have existed with the enrollment originally. **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. **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.
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 data record fields 18 and 24. The disenrollment date is always the last day of the month. **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. **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. Reset effective date is in DTRR data record, field 18. **Plan Action:** Update plan records accordingly.

Code	Type	Title	Short Definition	Definition
299	M	Correction to Previously Failed Payment	RESTORED PYMT	This TRC was generated to indicate that a previously incomplete payment calculation has been completed. **Plan Action:** None required.
300	R	NUNCMO Change Rejected, Exceeds Max Possible Value	NM CHG EXDS MAX	A NUNCMO Record Update transaction (73) was rejected because the NUNCMO provided exceeds the maximum possible value. The original (existing) NUNCMO has been retained. **Plan Action:** Review the NUNCMO 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.
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. 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. **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. 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. **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. 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. **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. 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. **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. **Plan Action:** Verify the beneficiary identifying information and resubmit the transaction with updated information, if appropriate.
307	A	MMP Passive Enrollment Accepted	PASSIVE ACCEPT	An MMP passive enrollment transaction (TC 61) successfully processed. The effective date of the new enrollment is reported in DTRR field 18. This is the definitive enrollment acceptance record. Other accompanying replies with different TRCs may give additional information about this enrollment. **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. The attempted enrollment effective date is reported in DTRR fields 18 and 24. **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. This transaction did not affect the beneficiary's records. **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. The valid values for MMP Opt-Out are: • TCs 42 or 83 transactions - 'Y' or 'N' • All other TCs - 'Y,' 'N,' or blank **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. The new MMP Opt-Out Flag value is reported in DTRR field 70. **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. **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. **Plan Action:** Submit a Disenrollment transaction.

Code	Type	Title	Short Definition	Definition
314	R	Invalid Cancellation TC	BAD CANCEL CODE	An enrollment cancellation transaction was rejected because the wrong transaction type code (Field 16) was used. TC 82 can only be used for cancelling MMP enrollments. TC 80 is only used for cancelling non-MMP enrollments. **Plan Action:** Correct the TC and resubmit if appropriate.
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: • Deceased for 15 years with no activity for 2 years • No DOD, 120+ years of age and a BIC of M or T with no activity for 2 years **Plan Action**: Double check the beneficiary information and submit a corrected transaction. Contact CMS Account Manager to resolve this issue.
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. The default Segment ID is the lowest valid Segment for the Contract/PBP. **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 is reassigned because updated address information is received. The updated address information either results from a Plan-submitted Residence Address Change (Transaction Type 76) or a SCC change notification. **Plan Action:** Verify the Segment ID is correct. Submit a Residence Address Change or a Segment ID change if appropriate.
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 **Plan Action**: Correct the enrollment source code and resubmit.

Code	Type	Title	Short Definition	Definition
600	R	UI Transaction Override	UI OVERRIDE	This TRC is used for special Enrollment Reconciliation DTRRs. 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. **Plan Action:** Update plan records accordingly and take the appropriate actions as per CMS enrollment guidance (send "Enrollment Status Update" notice to the beneficiary).
601	R	Casework Beneficiary	CASEWORK BENE	This TRC is used for special Enrollment Reconciliation DTRRs. A discrepancy enrollment transaction (Transaction Type 61) was rejected because the beneficiary's enrollment was updated by CMS casework. **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. 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. **Plan Action:** None required
603	R	2007 Date is Not Valid	2007 DT INVALID	This TRC is used for special Enrollment Reconciliation DTRRs. 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: • A 2007 enrollment or PBP was submitted and rejected because there was not a 2006 discrepancy submitted along with the 2007 enrollment. • 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. **Plan Action:** Update plan records accordingly. If the Plan has a 2007 enrollment to correct, contact the CMS DPO representative to process a retroactive enrollment transaction.

Code	Type	Title	Short Definition	Definition
604	A	Disenrollment	DISENROLLMENT	This TRC is used for special Enrollment Reconciliation DTRRs. Check dates code puts in DTRR fields 18 and 24(maybe) and update text. As a result of the Enrollment Reconciliation process, this beneficiary was disenrolled due to enrollment in another Plan. **Plan Action:** Update plan records accordingly and take the appropriate actions as per CMS enrollment guidance (send "Enrollment Status Update" notice to the beneficiary).
605	R	Recon Transaction Denied	TRANS DENIED	This TRC is used for special Enrollment Reconciliation DTRRs. A discrepancy enrollment transaction (Transaction Type 61) was denied following reconciliation processing. **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. 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. This transaction response will accompany the acceptance TRC for the submitted discrepancy transaction. **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. The submitted discrepancy enrollment transaction (Transaction Type 61) was accepted. The effective date of the enrollment period is reported in DTRR data record field 18. **Plan Action:** Ensure that the Plan records correctly represent this enrollment. Take the appropriate actions as per CMS enrollment guidance.

Code	Type	Title	Short Definition	Definition
608	A	Enrl Accepted, CMS Established Eff and End Dates	ENRLD/CMS DTS	This TRC is used for special Enrollment Reconciliation DTRRs. 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 data record field 18. **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).
609	A	Enrollment Accepted with CMS established Eff date	ENRLD/CMS EFF	This TRC is used for special Enrollment Reconciliation DTRRs. 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 data record field 18. **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. 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 data record field 18. **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).

Code	Type	Title	Short Definition	Definition
611	**R**	**No Discrepancy in 2006**	NO DISCREP 2006	This TRC is used for special Enrollment Reconciliation DTRRs. 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. **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.
701	A	New UI Enrollment (Open Ended)	UI ENROLLMENT	A CMS User or a Plan User with Update Authority 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. The Part C Premium amount may have been populated automatically with the base Part C premium amount. **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 or Plan User with Update Authority 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. The Part C Premium amount may have been populated automatically with the base Part C premium amount. **Plan Action:** Update the Plan's records to reflect the beneficiary's enrollment as of the effective date in DTRR data record field 18 and the 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.

Code	Type	Title	Short Definition	Definition
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 data record field 18 contains the effective date (start date) of the cancelled enrollment period. **Plan Action:** Remove the indicated enrollment from the Plan's records. Take the appropriate actions as per CMS enrollment guidance.
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 data record fields 18 & 24, respectively. When an enrollment is cancelled it means that the enrollment never occurred. **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 data record fields 18 & 24, respectively. This enrollment should replace the enrollment cancelled by the associated Transaction Type 51 transaction (TRC 704). The Part C Premium amount may have been populated automatically with the base Part C premium amount. **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.

Code	Type	Title	Short Definition	Definition
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 data record fields 18 & 24, respectively. **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.
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 data record fields 18 & 24, respectively. This enrollment should replace the enrollment cancelled by the associated Transaction Type 51 transaction (TRC 706). The Part C Premium amount may have been populated automatically with the base Part C premium amount. **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 or Plan User with Update Authority assigned an end date to existing open-ended enrollment. The last day of enrollment is in DTRR data record field 18. The enrollment effective date (start date) remains unchanged. **Plan Action**: Update the Plan records to reflect the beneficiary's disenrollment from the Plan. Take the appropriate actions as per CMS enrollment guidance.

Code	Type	Title	Short Definition	Definition
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 data record 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 data record field 18. The end date of the existing enrollment (if it exists) remains unchanged. The Part C Premium amount may have been populated automatically with the base Part C premium amount. **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.
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 data record field 24. The existing enrollment has been reduced to begin on the date in DTRR data record field 18. The end date of the existing enrollment (if it exists) remains unchanged. **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 or Plan User with Update Authority 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 DTRR data record field 24. The existing enrollment was reduced to end on the date in DTRR data record field 18. The start date of the existing enrollment remains unchanged. **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.

Code	Type	Title	Short Definition	Definition
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 data record field 24. The existing enrollment was extended to end on the date in DTRR data record field 18. The start date of the existing enrollment remains unchanged. The Part C Premium amount may have been populated automatically with the base Part C premium amount. **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.
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 data record 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. The Part C Premium amount may have been populated automatically with the base Part C premium amount. **Plan Action**: Locate the enrollment for this beneficiary that ends on the date in DTRR data record 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 or Plan User with Update Authority added or changed the value of the Part D Opt-Out Flag for this beneficiary. The new Opt-Out Flag is reported in DTRR data record field 38 on the DTRR record. **Plan Action**: Update the Plan's records accordingly.

Code	Type	Title	Short Definition	Definition
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. 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. **Plan Action**: Update the Plan's records accordingly.
716	I	UI changed the Number of Uncovered Months	UI CHGD NUNCMO	A CMS User or Plan User with Update Authority updated the beneficiary's NUNCMO. **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. **Plan Action**: Update the Plan's records accordingly.
718	I	UI MMP Opt-Out Change Accepted	UI MMP OPTOUT OK	A CMS User or Plan User with Update Authority 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. **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. **Plan Action**: Update the Plan's records accordingly.
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. **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.3 Obsolete Transaction Reply Codes (TRCs)

Table I-3 lists the ***obsolete*** TRCs marked for deletion beginning November 2006.

Table I-3: Obsolete Transaction Reply Codes

Code	Type	Title	Short Definition	Definition
027	A	Demonstration Beneficiary Factor Set	OBSOLETE	A transaction to turn on the beneficiary-level demonstration factor (Transaction Type 30) was successfully processed. The effective start date of the factor is shown in DTRR data record field 24. **Note:** This reply code is only applicable to transactions that update beneficiary-specific risk adjustment factors for certain demonstration contracts. **Plan Action:** Update the Plan's records.
028	A	Demonstration Beneficiary Factor Terminated	OBSOLETE	A transaction to turn off the beneficiary-level demonstration factor (Transaction Type 31) was successfully processed. The effective end date of the factor is show in DTRR data record field 24. **Note:** This reply code is only applicable to transactions that update beneficiary-specific risk adjustment factors for certain demonstration contracts. **Plan Action:** Update the Plan's records.
040	R	Enrollment Rejected, Multiple Enrollment Trans	OBSOLETE	An enrollment transaction (Transaction Type 61) was rejected because it was one of several that were submitted with the same effective date and application date. **Plan Action:** None required.
041	R	Invalid Demonstration Beneficiary Factor Date	OBSOLETE	A beneficiary factor update request attempted to process. This was rejected because the effective start and/or end date was not in a valid format or the request specified an effective start date that was greater than the end date. **Plan Action:** If this TRC is included in the Plan's DTRR, call the MMA Helpdesk to request guidance.

Code	Type	Title	Short Definition	Definition
057	M	Risk Adjuster Factor Change	OBSOLETE	This is an informational TRC. The Risk Adjuster System (RAS) has created new factors for this beneficiary, which may result in payment adjustments. **Plan Action:** Refer to the monthly RAS reports to update the Plan's records.
111	R	PBP Rejected; Invalid Contract Number	OBSOLETE	A PBP enrollment change transaction (Transaction Type 61) was rejected because the contract number submitted on the transaction does not match the contract number of the Plan in which the beneficiary is currently enrolled. The requested effective date of enrollment in the new PBP is reported in DTRR data file field 18. **Plan Action:** If appropriate, resubmit the transaction with the correct contract number. If the Plan is attempting to move the beneficiary to a new contract number, an enrollment transaction (Transaction Type 61) must be used.
112	R	Rejected; Conflicting Effective Dates	OBSOLETE	A PBP change transaction (Transaction Type 61) was rejected because beneficiary was not enrolled in the submitted contract as of the effective date for the PBP change. A beneficiary must be enrolled in a PBP of a contract in order to change to another PBP. The effective date of the enrollment within the contract must be equal to or before the effective date of the PBP change. **Plan Action:** Correct the effective date of the PBP Change transaction and resubmit if appropriate. If the Plan is attempting to enroll a beneficiary in a different PBP with an effective date earlier than the original enrollment, the Plan must us an Enrollment transaction (Transaction Type 61).
115	R	Enrollment Rejected; Plan Not Open	OBSOLETE	An enrollment or PBP change transaction (Transaction Type 61) was rejected because this Plan is closed to enrollments using an O (OEP), N (OEPNEW) or OEPI (T) election type. **Plan Action:** Correct the enrollment type and resubmit the transaction if appropriate.

Code	Type	Title	Short Definition	Definition
146	A	Rollover successful	OBSOLETE	A termination-rollover action was processed. These actions allow all members of a terminating Plan (contract or PBP) to be 'rolled over' (automatically enrolled) in a new Plan. This normally occurs at year end if a contract or PBP changes for the new year. The transaction is an Enrollment Transaction (Transaction Type 61) and has the new contract, PBP, and segment in DTRR data record fields 8, 20 and 33, respectively. The effective date of the rollover is reported in field 18 and in the EFF DATE column on the printed report. **Plan Action:** Submit a 4Rx Record Update transaction (Transaction Type 72) supplying the beneficiary's new insurance field (4Rx) values. If the move resulted in beneficiaries being moved incorrectly, contract your CMS plan representative.
148	I	Rollover successful, Secondary Drug Insurance 4Rxupdate required	OBSOLETE	A beneficiary was "rolled over" into a new Plan (Contract and/or PBP). Updated 4RX drug insurance information is needed by CMS for the primary drug coverage and the secondary if applicable. This TRC provides the Plan with additional information on a rollover transaction that was processed successfully. It will be received by Plans which offer Part D coverage (PDP, MA-PD, demonstration or other Plan with Part D). The effective date of the new rolled-over enrollment will be reported in field 18 and in the EFF DATE column on the printed report. **Plan Action:** Submit a 4Rx Change transaction (Transaction Type 72) supplying the beneficiary's new insurance field (4Rx) values.

Code	Type	Title	Short Definition	Definition
167	M	Change in Beneficiary Low Income Premium Subsidy	OBSOLETE	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. This beneficiary's Part D low-income subsidy amount and/or percentage have changed. 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. Field 55 reports the beneficiary's Part D premium subsidy amount as of the effective date of the transaction. If the change affects the Part D low-income subsidy for the Current Payment Month (CPM), the new amount will be reported in field 24. Replies with TRC 167 are often accompanied by replies with TRC 168 and TRC 121. ***Note:*** *Fields 24 and 49 – 54 always represent the beneficiary's LIS and LEP values for the current CPM. If this change is retroactive, these values may not reflect the values of the period being changed. Refer to the LISHIST report to determine the correct values for retroactive changes.* ***TRC167will continue to be generated for internal purposes and will not be sent to the plans.*** **Plan Action:** Adjust the beneficiary's Part D LIS amount and/or percentage as of the effective date in field 18. Take the appropriate actions as per CMS enrollment guidance. If the change is retroactive, refer to the LISHIST report to verify the correct amount for the affected period.

Code	Type	Title	Short Definition	Definition
168	M	Change in Beneficiary Low Income Cost Sharing Subsidy	OBSOLETE	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. This beneficiary's Part D low-income cost sharing level (co-pay) has changed. 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. If the change affects the Part D low-income cost sharing level for the Current Payment Month (CPM), the new level will be reported in field 24. Replies with TRC 168 are often accompanied by replies with TRC 167 and TRC 121. **Note:** Fields 24 and 49 – 54 always represent the beneficiary's LIS and LEP values for the current CPM. If this change is retroactive, these values may not reflect the values of the period being changed. Refer to the LISHIST report to determine the correct values for retroactive changes. Field 55 reports the beneficiary's Part D premium subsidy amount as of the effective date of the transaction. **Plan Action:** Adjust the beneficiary's Part D LIS cost-sharing level as of the effective date in field 18. Take the appropriate actions as per CMS enrollment guidance. If the change is retroactive, refer to the LISHIST report to verify the correct level for the affected period.
174	R	Transaction Rejected; No Data Updates Submitted	OBSOLETE	An EGHP, Segment ID, Part C premium, or Part D Opt-Out change transaction (Transaction Types 74, 77, 78, 79) was rejected because none of the change-to fields, EGHP Flag, Segment ID, Opt-Out Flag or Part C Premium, were populated in the submitted transaction. This transaction had no effect on the beneficiary's records. **Plan Action:** None required unless a change was intended. If a change was intended, populate the correct field(s) and resubmit the transaction.

Code	Type	Title	Short Definition	Definition
181	I	Invalid PTD premium submitted, corrected	OBSOLETE	The Part D premium submitted on the enrollment or PBP change transaction (Transaction Type 61) does not agree with the Plan's defined Part D premium rate. The premium has been adjusted to reflect the defined rate. The correct Part D premium rate is reported in DTRR data record field 24. This TRC provides additional information about an enrollment or PBP change transaction (Transaction Type 61) 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 data record field 18. **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.
192	I	No Change in Part C Premium Amount	OBSOLETE	A Part C Premium Update transaction (Transaction Type 78) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained a Part C Premium Amount value that matched the Part C Premium Amount already on record with CMS. This transaction had no effect on the beneficiary's records. **Plan Action:** None required.

Code	Type	Title	Short Definition	Definition
194	M	Deemed Correction	DEEMD CORR	This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has manually added or updated a co-pay period for this beneficiary. This added or updated co-pay period occurs within a period during which the beneficiary is DEEMED by CMS. This is a correction. Each TRC 194 returns start and end dates, premium subsidy percentage, and copayment category for one low income subsidy period affecting a beneficiary's PBP enrollment. There may be more than one TRC 194 returned. The effective date for the added or updated deemed low-income subsidy period is shown in the DTRR data record Low-Income Period Effective Date field (field 51). The new co-pay level is reported in the Low-Income Co-Pay Category field (field 50). The Effective Date field (field 18) contains the PBP enrollment period start date. Low income scenarios TRC 121 and/or TRC 223 may accompany TRC 194. These three TRCs convey the beneficiary's low income subsidy profile at the time of report generation. They provide a full replacement set of low income subsidy data affecting the identified PBP enrollment period. This code is considered obsolete as of 1/1/2010. 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.
199	R	Rejected, Return to Plan for Additional Research	OBSOLETE	A submitted transaction (Transaction Types 51, 61, 72, 73, 74, 75, 01, 85) was rejected. This transaction was placed into a pending status due to multiple transactions that were concurrently processed for the same beneficiary. Subsequent transactions may have been processed while this transaction was pending. As a result, this transaction may no longer be valid. **Plan Action:** Research the beneficiary's current status and resubmit any appropriate transactions.

Code	Type	Title	Short Definition	Definition
207	I	Part D Premium has been corrected to zero	OBSOLETE	An enrollment or PBP change transaction (Transaction Type 61) was submitted and accepted for a Part C only Plan. This transaction contained an amount other than zero in the Part D premium field. Since a Part D premium does not apply to a Part C only Plan, the Part D premium has been corrected to be zero. This TRC provides additional information about an enrollment or PBP change transaction (Transaction Type 61) 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 data record field 18. **Plan Action:** Update the Plan's records accordingly, ensuring that the beneficiary's information matches zero Part D premium amount included in the DTRR record.
208	R	Plan Change Rejected Both 4Rx and non 4Rx Changes	OBSOLETE	A 4Rx Record Update transaction (Transaction Type 72) was rejected because it contained information for both 4Rx and non-4Rx record updates. If any of the 4Rx (primary and secondary drug insurance) fields are populated, no other record updates can be included on the transaction. **Plan Action:** Submit separate Record Update transactions (Transaction Type 72) for 4Rx and non-4Rx record updates.

I.4 Transaction Reply Code (TRC) Groupings

Transaction Type Code	TRC TITLE
Batch TRCs	**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
001 F	INVALID TRANSACTION CODE
002 F	INVALID CORRECTION ACTION CODE
003 F	INVALID CONTRACT NUMBER
004 R	BENEFICIARY NAME REQUIRED
006 R	INCORRECT BIRTH DATE
007 R	INVALID CLAIM NUMBER
008 R	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
	AUTOMATIC RESET OF NUMBER OF UNCOVERED MONTHS (NUNCMO)
060R	TRANSACTION REJECTED, NOT ENROLLED
290I	IEP NUNCMO RESET
295M	LOW INCOME NUNCMO RESET

	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

	DISENROLLMENT TRC GROUPING
013 A	DISENROLLMENT ACCEPTED AS SUBMITTED
014 A	DISENROLLMENT DUE TO ENROLLMENT IN ANOTHER PLAN
018 A	AUTOMATIC DISENROLLMENT
025 A	DISENROLLMENT ACCEPTED, CLAIM NUMBER CHANGE
026 A	DISENROLLMENT ACCEPTED, NAME CHANGE
050 R	DISENROLLMENT REJECTED, NOT ENROLLED
051 R	DISENROLLMENT REJECTED, INCORRECT EFFECTIVE DATE
052 R	DISENROLLMENT REJECTED, DUPLICATE TRANSACTION
054 R	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
151 I	DISENROLLMENT ACCEPTED, INVALID DISENR REASON CODE
205 I	INVALID DISENROLLMENT REASON CODE
	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)
	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

	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
011 A	ENROLLMENT ACCEPTED AS SUBMITTED
015 A	ENROLLMENT CANCELED
016 I	ENROLLMENT ACCEPTED, OUT OF AREA
017 I	ENROLLMENT ACCEPTED, PAYMENT DEFAULT RATE
019 R	ENROLLMENT REJECTED- NO PART- A & PART-B ENTITLEMENT
020 R	ENROLLMENT REJECTED-PACE UNDER 55
032 R	ENROLLMENT REJECTED, BENEFICIARY NOT ENTIT PART B
033 R	ENROLLMENT REJECTED, BENEFICIARY NOT ENTIT PART A
034 R	ENROLLMENT REJECTED, BENEFICIARY IS NOT AGE 65
035 R	ENROLLMENT REJECTED, BENEFICIARY IS IN HOSPICE
036 R	TRANSACTION REJECTED, BENEFICIARY IS DECEASED
038 R	ENROLLMENT REJECTED, DUPLICATE TRANSACTION
039 R	ENROLLMENT REJECTED, CURRENTLY ENOLL IN SAME PLAN
042 R	TRANSACTION REJECTED, BLOCKED
044 R	TRANSACTION REJECTED, OUTSIDE CONTRACT PERIOD
045 R	ENROLLMENT REJECTED, BENEFICIARY IS IN ESRD
056R	DEMONSTRATION ENROLLMENT REJECTED
100 A	PBP CHANGE ACCEPTED AS SUBMITTED
102 R	REJECTED; INCORRECT OR MISSING APPLICATION DATE
103 R	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
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

	ENROLLMENT CANCELLATION TRC GROUPING
060R	TRANSACTION REJECTED, NOT ENROLLED
285A	ENROLLMENT CANCELLATION ACCEPTED
286R	ENROLLMENT CANCELLATION REJECTED
287A	ENROLLMENT REINSTATED
292R	DISENROLLMENT REJECTED, WAS CANCELLATION ATTEMPT
312A	MMP ENROLLMENT CANCELLATION ACCEPTED
313R	MMP ENROLLMENT CANCELLATION REJECTED
314R	INVALID CANCELLATION TRANSACTION

	ESRD TRC GROUPING
055 M	ESRD CANCELLATION
073 M	ESRD STATUS SET
074 M	ESRD STATUS TERMINIATED
135 M	BENEFICIARY HAS STARTED DIALYSIS TREATMENTS
136 M	BENEFICIARY HAS ENDED DIALYSIS TREATMENTS
137 M	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
	HOSPICE TRC GROUPING
071M	HOSPICE STATUS SET
072M	HOSPICE STATUS TERMINATED
	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
	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
	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
	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
	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
	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

	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
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

	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)
235I	SSA ACCEPTED PART B REDUCTION TRANSACTION
236I	SSA REJECTED PART B REDUCTION TRANSACTION
243R	CHANGE TO SSA WITHHOLDING REJECTED DUE TO NO SSN

	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

I.5 Payment Reply Codes

Table I-4 lists the reply codes returned for transactions found in Table I-1.

PRC 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 code 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 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 their Beneficiaries enrolled in their Plan. 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 code indicates the reason for the transaction's failure. *The Plan should analyze the failed transaction and determine whether to resubmit with corrections.*

Table I-4: Payment Reply Codes

Code/Type*	Title	Short Definition	Definition
000 I	No Data to Report	NO REPORT	Monthly Payment Exception Report: On the MPER it indicates the presence of all prospective payments for the plan (contract/PBP), none are missing. **Plan Action**: None
264 I	Payment Not Yet Completed	NO PAYMENT	A transaction was accepted requiring a payment calculation. The calculation has not been completed. **Plan Action:** None
299 I	Correction to Previously Failed Payment	RESTORED PYMT	A previously incomplete payment calculation is now completed. **Plan Action**: None required.

I.6 MMR Adjustment Reason Codes

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

Table I-5: 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	Retroactive Change to Bonus Payment
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 Premium Subsidy Change
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
43	Retroactive Plan Premium Waiver Update
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
90	System of Record History Alignment
94	Special Payment Adjustment Due to Clean-Up

I.7 State Codes

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

Table I-6: 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
Oregon	38	OR
Pennsylvania	39	PA
Puerto Rico	40	PR

State / Territory	Numeric Code	Character Code
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.8 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
Code	**Definition**
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 * * = future – current CMS program edits do not create this code
U	Unknown

I.9 Disenrollment Reason Codes

Table I-7 lists the reason codes for Disenrollment.

Table I-7: Disenrollment Reason Code Table

Disenrollment Reason Number	Disenrollment Reason Description	MARx UI	AUTO-DIS	PLAN SUB'D
1	FAILURE TO PAY PREMIUMS	N/A	N/A	N/A
2	RELOCATION OUT OF PLAN SERVICE AREA (NO SPECIAL PROVISIONS)	N/A	N/A	N/A
3	FAILURE TO CONVERT TO RISK PROVISIONS	N/A	N/A	N/A
4	FRAUD	N/A	N/A	N/A
5	LOSS OF PART B ENTITLEMENT	N/A	Y	N/A
6	LOSS OF PART A ENTITLEMENT (PLAN-SPECIFIC)	N/A	Y	N/A
7	FOR CAUSE	Y	N/A	N/A
8	REPORT OF DEATH	N/A	Y	N/A
9	TERMINATION OF CONTRACT (CMS-INITIATED)	N/A	Y	N/A
10	TERMINATION OF CONTRACT/PBP/SEGMENT (PLAN WITHDRAWAL)	N/A	Y	N/A
11	VOLUNTARY DISENROLLMENT THROUGH PLAN	Y	N/A	Y
12	VOLUNTARY DISENROLLMENT THROUGH DISTRICT OFFICE	N/A	N/A	N/A
13	DISENROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN	N/A	Y	N/A
14	RETROACTIVE	N/A	N/A	N/A
15	TERMINATED IN ERROR BY CMS SYSTEM	N/A	N/A	N/A
16	END OF SCC CONDITIONAL ENROLLMENT PERIOD	N/A	N/A	N/A
17	BENE DOES NOT MEET AGE CRITERION (PLAN-SPECIFIC)	N/A	N/A	N/A
18	ROLLOVER	N/A	Y	N/A
19	TERMINATED BY SSA DISTRICT OFFICE	N/A	N/A	N/A
20	INVALID ENROLLMENT WITH ESRD	N/A	Y	N/A
21	CANNOT TRAVEL/POOR HEALTH/TO HMO/PLAN DOCTORS	N/A	N/A	N/A
22	SPOUSE IS NO LONGER MEMBER OF HMO/PLAN	N/A	N/A	N/A
23	COULDN'T USE MEDICARE CARD TO SEE OTHER PLAN	N/A	N/A	N/A

Disenrollment Reason Number	Disenrollment Reason Description	MARx UI	AUTO-DIS	PLAN SUB'D
24	DID NOT KNOW I JOINED THIS HMO	N/A	N/A	N/A
25	DIFFICULTY REACHING HMO/PLAN DOCTOR BY PHONE PROBLEM	N/A	N/A	N/A
26	CALLED HMO/PLAN COULD NOT GET HELP WITH PROBLEM	N/A	N/A	N/A
27	DISSATISFIED WITH MEDICAL CARE/DOCS OR HOSPITAL	N/A	N/A	N/A
28	TOLD BY PLAN DOCTORS OR STAFF I SHOULD DISENROLL	N/A	N/A	N/A
29	PREFER TRADITIONAL MEDICARE	N/A	N/A	N/A
30	HAVE OTHER HEALTH INSURANCE BENEFITS AVAILABLE	N/A	N/A	N/A
31	FOUND HMO/PLAN TOO CONFUSING	N/A	N/A	N/A
32	MY CLAIMS/BILLS WERE NOT PAID	N/A	N/A	N/A
33	HAD LITTLE OR NO CHOICE OF SPECIALIST	N/A	N/A	N/A
34	TREATED DISCOURTEOUSLY BY DOCTOR/NURSE/STAFF	N/A	N/A	N/A
35	DOCTOR COULDN'T IMPROVE MY CONDITION	N/A	N/A	N/A
36	HMO/PLAN MEDICAL GROUP WAS LOCATED TOO FAR AWAY	N/A	N/A	N/A
37	HAD LIMITED OR NO CHOICE OF MY PRIMARY DOCTOR	N/A	N/A	N/A
41	YOU MOVED PERMANENTLY OUT OF AREA WHERE PLAN PROVIDES SERVIC	N/A	N/A	N/A
42	YOUR DOCTOR OR THE PLAN TOLD YOU TO DISENROLL	N/A	N/A	N/A
43	YOUR DOCTOR DIDN'T GIVE YOU GOOD QUALITY CARE	N/A	N/A	N/A
44	YOU USED UP THE PRESCRIPTION ALLOWANCE	N/A	N/A	N/A
45	THE PLAN COST YOU TOO MUCH	N/A	N/A	N/A
46	YOU COULDN'T GET CARE WHEN YOU NEEDED IT	N/A	N/A	N/A
47	YOUR DOCTOR ISN'T IN THE PLAN	N/A	N/A	N/A
48	YOU DIDN'T KNOW YOU SIGNED UP FOR THIS PLAN	N/A	N/A	N/A
49	YOU DIDN'T LIKE HOW THE PLAN WORKED	N/A	N/A	N/A
54	PART A OR B START DATE CHANGE	N/A	Y	N/A
56	BENEFICIARY MEDICAID PERIOD RECEIVED	N/A	N/A	N/A

Disenrollment Reason Number	Disenrollment Reason Description	MARx UI	AUTO-DIS	PLAN SUB'D
57	BENEFICIARY HOSPICE PERIOD RECEIVED	N/A	Y	N/A
59	INVALID ENROLLMENT WITH HOSPICE	N/A	Y	N/A
60	BENEFICIARY LIVES IN USA LESS THAN 183 DAYS A YEAR	N/A	N/A	N/A
61	LOSS OF PART D ELIGIBILITY	N/A	Y	N/A
62	PART D DISENROLLMENT DUE TO FAILURE TO PAY IRMAA	N/A	Y	N/A
63**	MMP OPT-OUT AFTER ENROLLED	Y	Y	Y
64**	LOSS OF DEMONSTRATION ELIGIBILITY	Y	Y	Y
88	CONVERSION	N/A	N/A	N/A
90	ENROLLMENT CANCELLED DUE TO BENEFICIARY MERGE	N/A	Y	N/A
91	FAILURE TO PAY PREMIUMS	Y	N/A	Y
92	RELOCATION OUT OF PLAN SERVICE AREA	Y	N/A	Y
93	LOST SPECIFIC PLAN ELIGIBILITY (SNP ONLY)	Y	N/A	Y
99	OTHER (NOT SUPPLIED BY BENE)	N/A	N/A	Y*

*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.

I.10 BEQ Response File Error Condition Table

I.10.1 *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-8: 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. ● The Header Record is unreadable. ● More than one Header Record is provided on the file.
Header Record	The Header Record is Invalid.	● The Header Record is incorrectly formatted. ● The Header Record contains invalid values. ● 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. ● The Trailer Record is unreadable. ● More than one Trailer Record is provided on the file.
Trailer Record	The Trailer Record is invalid.	● The Trailer Record is incorrectly formatted. ● The Trailer Record contains invalid values. ● The Trailer Record contains Critical Fields that are not populated. ● 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.10.2 *Request Transaction Detail Record Error Conditions*

The following Flag fields are provided in the 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-9: 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, SSN; 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, SSN; date of birth, and gender**.**
Beneficiary Match Flag	SPACE	No attempt made to locate the beneficiary on the MBD.	An invalid condition exists in the Transaction Detail Record such as an unexpected, absent, or invalid value in a Critical Field.

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

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 Bonus Payment Report

Description

This report lists members for whom the MCO receives a bonus. (MCOs are paid a bonus for extending services to beneficiaries in some underserved areas.) This report only reflects data for periods prior to 2004.

Example

Example

1 RUN DATE: 2003/10/03
PAY MONTH: 2003/03 BONUS PAYMENT REPORT PAGE: 1
CONTRACT#: H5555 REPORT DATE: 2003/10/03

0 STATE/COUNTY CODE: 27030

0 CLAIM NUMBER	SUR NAME	F I	S EX	BIRTH DATE	AD RC	PAY/ADJ DATES	BONUS PCT	BLENDED W/O BONUS	BONUS PART A	BONUS PART B	BONUS TOTAL	-- BLENDED PLUS BONUS -- PART A	PART B	TOTAL
123456789A	JONES	J	M	19280611	11	200202-200202	3.00	51.13	-5.05	-5.23	-10.28	19.96	20.89	$ 40.85
123456789D	CHANG	A	M	19140222	11	200203-200203	3.00	0.00	-5.12	-6.36	-11.48	-5.12	-6.36	$ -11.48
* STATE/COUNTY 27030 TOTALS:					2		$	51.13		$ -21.76			$	29.37

0 STATE/COUNTY CODE: 27040

0 CLAIM NUMBER	SURNAME	F I	S EX	BIRTH DATE	AD RC	PAY/ADJ DATES	BONUS PCT	BLENDED W/O BONUS	BONUS PART A	BONUS PART B	BONUS TOTAL	-- BLENDED PLUS BONUS -- PART A	PART B	TOTAL
123456789B	DUNN	E	R	19290807	11	200202-200202	0.00	133.16	-7.91	-5.82	-13.73	68.94	50.49	$ 119.43
123456789C	TAPLEY	M	F	19371109	42	200203-200203	3.00	269.50	3.92	4.18	8.10	134.32	143.28	$ 277.60
123456789A	RIVERA	A	M	19300217	11	200309-200311	3.00	167.67	2.70	2.31	5.01	93.27	79.38	$ 172.65
* STATE/COUNTY 27030 TOTALS:					3		$	570.33		$ -.62			$	659.68
** CONTRACT H5555 TOTALS:					5		$	621.66		$ 21.14			$	689

J.3 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

CLAIM NUM	NAME	PROV	INTER	HMO PD	ADM DATE	TOTAL CHARGES	NON-COV CHARGES	INP DED	NC BLD DEDUCT	DAYS	COINSURANCE CHGS	COINSURANCE AMOUNT	TOTAL DEDUCT	FROM DATE	THRU DATE	COV DAYS	REIM AMT	NP CD	CR
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

CLAIM NUM	NAME	PROV	INTER	HMO PD	ADM DATE	TOTAL CHARGES	NON-COV CHARGES	INP DED	NC BLD DEDUCT	DAYS	COINSURANCE CHGS	COINSURANCE AMOUNT	TOTAL DEDUCT	FROM DATE	THRU DATE	COV DAYS	REIM AMT	NP CD	CR
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.4 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.

Example

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

```
1 RUN DATE:  20090110                          MONTHLY MEMBERSHIP REPORT-DRUG                    PAGE:          1
 PAYMENT MONTH: 200902                  PLAN(Exxxx) PBP(xxx) SEGMENT(xxx) PLAN NAME HERE
                                                BASIC PREMIUM | ESTIMATED REINSURANCE
                                        PART D          $30.36      |       $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  REA              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
                I       RA   DATE      A A B P C C T N I  D       PAYMENT    AMT       PREMIUM ADD – ON          TOTAL PAYMENT
---------------------------- -  --------  -------  -  -  -  -  -  -  -  -  -------  ---------------------------------------------------------------------------------------------A839389
M  8084          10500                                    1.3900      200902  200902              000              $0.00
      FIRST       R        8084   19280401          Y D       N N  1                  $86.86              $0.00          $0.00          $86.86
MA839389              F   8084   10500                                      1.0880   200902  200902              000              $0.00
      SECOND      E        8084   19270603          Y D       N N  1                  $61.39              $0.00          $0.00          $61.69
```

J.5 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.6 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:20081213 MONTHLY MEMBERSHIP SUMMARY REPORT (PAGE 1)
PAYMENT MONTH:200901 PLAN: Hzzz PBP(nnn) SEG(mmm) PLAN NAME 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			
PART C PREMIUM	0	$0.00	PART C PREMIUM	0	$0.00	DIR SUBSDY	0	$0.00
A/B COST SHR	0	$0.00	A/B COST SHR	0	$0.00	LIS COST SHR	0	$0.00
A/B MAN SUP BN	0	$0.00	A/B MAN SUP BN	0	$0.00	ESTIMATD REINS	0	$0.00
D BAS PRM REDU	0	$0.00	D BAS PRM REDU	0	$0.00	PACE PRM ADDON	0	
$0.00								
D SUPP BENFITS	0	$0.00	D SUPP BENFITS	0	$0.00			
B BAS PRM REDU	0	$0.00	B BAS PRM REDU	0				
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	1							
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:20081213 MONTHLY MEMBERSHIP SUMMARY REPORT (PAGE 2)
PAYMENT MONTH:200901 PLAN: Hzzz PBP(nnn) SEG(mmm) PLAN NAME HERE
ADJUSTMENT PAYMENTS

ADJ REA CDE	ADJUSTMENT DESCRIPTION	NUMBER OF ADJS	MONTHS A	MONTHS B	MONTHS D	----------ADJUSTMENT AMOUNT ---------- 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	CORR DISENRO	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	HOSPIC	0	0	0	0	$0.00	$0.00	$0.00	$0.00
08	ESRD	0	0	0	0	$0.00	$0.00	$0.00	$0.00
09	INST	0	0	0	0	$0.00	$0.00	$0.00	$0.00
10	MCAID	0	0	0	0	$0.00	$0.00	$0.00	$0.00
11	RETRO SCC CH	0	0	0	0	$0.00	$0.00	$0.00	$0.00
12	CORR DEATH	0	0	0	0	$0.00	$0.00	$0.00	$0.00
13	CORR BIRTH	0	0	0	0	$0.00	$0.00	$0.00	$0.00
14	CORR SEX	0	0	0	0	$0.00	$0.00	$0.00	$0.00
18	PTC RATE	0	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	$0.00	$0.00	$0.00	$0.00
21	NHC	0	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	$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	$0.00	$0.00	$0.00	$0.00
27	RETRO CHF	0	0	0	0	$0.00	$0.00	$0.00	$0.00
29	HOSPICE RATE	0	0	0	0	$0.00	$0.00	$0.00	$0.00
30	RTRO PTD PM	0	0	0	0	$0.00	$0.00	$0.00	$0.00
31	RTRO PTD LIP	0	0	0	0	$0.00	$0.00	$0.00	$0.00
32	RTRO CST SHR	0	0	0	0	$0.00	$0.00	$0.00	$0.00
33	RTRO EST REI	0	0	0	0	$0.00	$0.00	$0.00	$0.00
34	RTRO PTC PM	0	0	0	0	$0.00	$0.00	$0.00	$0.00
35	RTRO REBATE	0	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	$0.00	$0.00	$0.00	$0.00
41	PTD RAF ONGO	0	0	0	0	$0.00	$0.00	$0.00	$0.00
42	RETRO MSP	0	0	0	0	$0.00	$0.00	$0.00	$0.00
90	HIST ALIGNMT	0	0	0	0	$0.00	$0.00	$0.00	$0.00

TOTAL ADJUSTMENT

MONTHS A :	0	PART A AMOUNT :	$0.00
MONTHS B :	0	PART B AMOUNT :	$0.00
MONTHS D :	0	PART D AMOUNT :	$000,000.00-

NUMBER OF ADJUSTMENTS :		0	TOTAL AMOUNT :	$000,000.00-
TOTAL PYMT AMT A	$0.00			
TOTAL PYMT AMT B	$0.00			
TOTAL PYMT AMT D	$000,000.00			
SUM TOTAL AMOUNT	$000,000.00			

J.7 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

	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

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

	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.8 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

HIC	LAST NAME	FIRST NAME	I	DATE OF 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.9 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

HIC	LAST NAME	FIRST NAME	I	DATE OF 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.10 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	EXPENSE FIRST	DATES LAST	ALLOWED TOTAL CHARGES	REIMB AMT	COINSURANCE AMT	DED APP	PHYS SUPP ID	PAY IND	CARRIER NUMBER	CARRIER PAID	INFORMATION 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.11 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 PAGE: 5/5
PLAN NAME : XXXXXXXXXXXXXXXXXXXXXXX
PAYMENT MONTH : 07/2012
RUN DATE : 06/12/2012
REPORT SECTION: PAYMENT SUMMARY
TABLE NUMBER : 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.12 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.13 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
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123

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: [GUID] = 7 character IACS User ID P = Production Data [.ZIP] = Appended if the file is compressed [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 ccccc = Contract number Pccccc = Plan Contract Number for C:D Uuuu-uuuuuuu = 4-7 character transmitter RACF ID xxxxx = 5 character Contract ID yyyymmdd = Calendar year, month & day yymmdd = two digit year, month, day zzzzzzzz = Plan-provided high level qualifier eeee = Year for which final yearly RAS file was produced 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 hhmm = hour and minute ssssss= Sequentially assigned number mmyyyy = Calendar month & year hlq = High Level Qualifier or Directory per VSAM File freq = Frequency code of file
Plan Submittals to CMS						
1	**MARx Batch Input Transaction Data File** Header Record Enrollment Transaction (Employer & Plan - 61 Detail Record Disenrollment Transaction (51/54) Detail Record Plan Elections (PBP Change) Transaction (71) Detail Record 4Rx Data Update (72) NUNCMO Update (73) Other Enrollment record Update (74) Premium Withhold Option Update (75) **PCUG Record Layout – F.6**	Enrollment Transaction file to CMS MARx system requesting new enrollment, disenrollment, changes, etc. 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] Note: FUTURE is part of the filename and does not change. **Connect:Direct:** P#EFT.IN.uuuuuuu.MARXTR.DYYMMDD.THHMMSST Note: DYYMMDD.THHMMSST must be coded as shown, as it is a literal
2	**Batch Eligibility Query (BEQ) Request File** Header Record Detail Record Trailer Record **PCUG Record Layout – F.21**	File of transactions submitted by Plans to request eligibility information for prospective Plan enrollees. 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)	**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
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

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Plan Submittals to CMS						
5	**MARx Batch Input Transaction Data File** Header Record Enrollment Transaction (Employer & Plan - 61 Detail Record Disenrollment Transaction (51/54) Detail Record Plan Elections (PBP Change) Transaction (71) Detail Record 4Rx Data Update (72) NUNCMO Update (73) Other Enrollment record Update (74) Premium Withhold Option Update (75) **PCUG Record Layout – F.6**	Enrollment Transaction file to CMS MARx system requesting new enrollment, disenrollment, changes, etc. 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] Note: FUTURE is part of the filename and does not change. **Connect:Direct:** P#EFT.IN.uuuuuuu.MARXTR.DYYMMDD.THHMMSST Note: DYYMMDD.THHMMSST must be coded as shown, as it is a literal
6	**Batch Eligibility Query (BEQ) Request File** Header Record Detail Record Trailer Record **PCUG Record Layout – F.21**	File of transactions submitted by Plans to request eligibility information for prospective Plan enrollees. 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)	**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
7	**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
8	**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
9	**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
10	**Electronic 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 Users (Submitters)						
11	**Failed Transaction Data File** Header Record 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
12	**Batch Completion Status Summary Data File** Summary Record Failed Records **PCUG Record Layout – F.2**	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:** P.uuuuuuu.BCSSD.Annnnn.Bnnnnn.Thhmmss **Connect:Direct [Mainframe]**: zzzzzzzz.uuuuuuu.BCSSD.Annnnn.Bnnnnn.Thhmmss **Connect:Direct [Non-mainframe]:** [directory]uuuuuuu.BCSSD.Annnnn.Bnnnnn.Thhmmss
13	**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
CMS Transmittals to the Plans						
14	**Coordination of Benefits (Validated Other Insurer Information) Data File** Detail Record Primary Record Supplemental Record **PCUG Record Layout – F.5**	File containing members' primary and secondary 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) and those Plan enrollees with changes to their OHI.	MBD (MARx)	Data File	As Needed (can be daily)	**Gentran Mailbox/TIBCO MFT Internet Server:** P.Rxxxxx.MARXCOB.Dyymmdd.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.MARXCOB.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.MARXCOB.Dyymmdd.Thhmmsst
15	**MA Full Dual Auto Assignment Notification File** Header Record Detail Record (Transaction) Trailer Record **PCUG Record Layout – F.23**	Monthly file of Full Dual Beneficiaries in an existing Plan.	MBD	Data File	Monthly	**Gentran Mailbox/TIBCO MFT Internet Server:** P.Rxxxxx.#ADUA4.Dyymmdd.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.#ADUA4.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.#ADUA4.Dyymmdd.Thhmmsst

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
CMS Transmittals to the Plans						
16	**Auto Assignment (PDP) Address Notification File** Header Record Detail Record(s) Trailer Record **PCUG Record Layout – F.24**	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:** P.Rxxxxx.#APDP4.Dyymmdd.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.#APDP4.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.#APDP4.Dyymmdd.Thhmmsst
17	**NoRx File** Header Record Detail Record Trailer Record **PCUG Record Layout – F.20**	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:** P.Rxxxxx.#NORX.Dyymmdd.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.#NORX.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.#NORX.Dyymmdd.Thhmmsst
18	**Batch Eligibility Query (BEQ) Request File Acknowledgment (Accept/Reject)** **PCUG Sample Report – J.14**	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
19	**Batch Eligibility Query (BEQ) Response File** Header Record Detail Record (Transaction) Trailer Record **PCUG Record Layout – F.22**	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:** P.Rxxxxx.#BQN4.Dyymmdd.Thhmmsst **Connect:Direct [Mainframe]:** zzzzzzzz.Rxxxxx.#BQN4.Dyymmdd.Thhmmsst **Connect:Direct [Non-mainframe]:** [directory]Rxxxxx.#BQN4.Dyymmdd.Thhmmsst

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
CMS Transmittals to the Plans						
20	**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
21	**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
22	**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:**
23	**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
24	**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
25	**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
26	**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						
27	**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:** RPT.RAPS_SUMMARY_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
28	**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:** RPT.RAPS_DUPDX_RPT_ssssss **Connect:Direct:** TRANSMITTED FROM
29	**Transaction Reply Daily Activity Data File** **PCUG Record Layout – F.14**	Data file version of the Transaction Reply Daily Activity Report.	MARx	Data File	Daily	**Gentran Mailbox/TIBCO MFT Internet Server:** P.Rxxxxx.DTRRD.Dyymmdd.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.DTRRD.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.DTRRD.Dyymmdd.Thhmmsst
30	**Electronic 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:** P.xxxxx.EDS_RESPONSE **Connect:Direct:** TRANSMITTED FROM PALMETTO
31	**Electronic 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:** P.xxxxx.EDS_REJT_IC_ISAIEA.pn **Connect:Direct:** TRANSMITTED FROM PALMETTO
32	**Electronic 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:** P.xxxxx.EDS_REJT_FUNCT_TRANS **Connect:Direct:** TRANSMITTED FROM PALMETTO
33	**Electronic 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:** P.xxxxx.EDS_ACCPT_FUNCT_TRANS **Connect:Direct:** TRANSMITTED FROM PALMETTO

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
CMS Transmittals to the Plans						
34	**Electronic 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:** P.xxxxx.EDS_RESP_CLAIM_NUM **Connect:Direct:** TRANSMITTED FROM PALMETTO
Weekly Transmittals (Data & Reports)						
35	**LIS/Part D Premium Data File** **PCUG Record Layout – F.18**	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. 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:** P.Rxxxxx.LISPRMD.Dyymmdd.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.LISPRMD.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.LISPRMD.Dyymmdd.Thhmmsst
Monthly Transmittals (Data & Reports)						
36	**Part C Monthly Membership Detail Report (Non Drug Report)** aka: Monthly Membership Report (MMR) **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. Note: 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:** P.Fxxxxx.MONMEMR.Dyymm01.Thhmmsst P.Rxxxxx.MONMEMR.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Fxxxxx.MONMEMR.Dyymm01.Thhmmsst zzzzzzzz.Rxxxxx.MONMEMR.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Fxxxxx.MONMEMR.Dyymm01.Thhmmsst zzzzzzzz.Rxxxxx.MONMEMR.Dyymm01.Thhmmsst

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Monthly Transmittals (Data & Reports)						
37	**Part D Monthly Membership Detail Report (Drug Report)** aka: Monthly Membership Report (MMR) **PCUG Sample Report – J.4**	Report listing every Part D Medicare member of the contract and provides details about the payments and adjustments made for each. Note: 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:** P.Fxxxxx.MONMEMDR.Dyymm01.Thhmmsst P.Rxxxxx.MONMEMDR.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Fxxxxx.MONMEMDR.Dyymm01.Thhmmsst zzzzzzzz.Rxxxxx.MONMEMDR.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Fxxxxx.MONMEDR.Dyymm01.Thhmmsst [directory]Rxxxxx.MONMEDR.Dyymm01.Thhmmsst
38	**Monthly Membership Detail Data File** **PCUG Record Layout – F.8**	Data file version of the Monthly Membership Detail Reports. This file contains the data for both Part C and Part D members. Note: 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:** P.Fxxxxx.MONMEMD.Dyymm01.Thhmmsst P.Rxxxxx.MONMEMD.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Fxxxxx.MONMEMD.Dyymm01.Thhmmsst zzzzzzzz.Rxxxxx.MONMEMD.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Fxxxxx.MONMEMD.Dyymm01.Thhmmsst [directory]Rxxxxx.MONMEMD.Dyymm01.Thhmmsst
39	**Monthly Membership Summary Report** **PCUG Sample Report – J.6**	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. Note: 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:** P.Fxxxxx.MONMEMSR.Dyymm01.Thhmmsst P.Rxxxxx.MONMEMSR.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Fxxxxx.MONMEMSR.Dyymm01.Thhmmsst zzzzzzzz.Rxxxxx.MONMEMSR.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Fxxxxx.MONMEMSR.Dyymm01.Thhmmsst [directory]Rxxxxx.MONMEMSR.Dyymm01.Thhmmsst

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Monthly Transmittals (Data & Reports)						
40	**Monthly Membership Summary Data File** **PCUG Record Layout – F.9**	Data file version of the Monthly Membership Summary Report for both Part C and Part D members. Note: 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:** P.Fxxxxx.MONMEMSD.Dyymm01.Thhmmsst P.Rxxxxx.MONMEMSD.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Fxxxxx.MONMEMSD.Dyymm01.Thhmmsst zzzzzzzz.Rxxxxx.MONMEMSD.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Fxxxxx.MONMEMSD.Dymm01.Thhmmsst [directory]Rxxxxx.MONMEMSD.Dymm01.Thhmmsst
41	**RAS RxHCC Model Output Report** ***AKA: Part D Risk Adjustment Model Output Report*** **PCUG Sample Report – J.9**	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. Note: 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:** P.Rxxxxx.PTDMODR.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.PTDMODR.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.PTDMODR.Dyymm01.Thhmmsst
42	**RAS RxHCC Model Output Data File** ***AKA: Part D Risk Adjustment Model Output Data File*** Header Record Detail / Beneficiary Record Format Trailer Record **PCUG Record Layout – F.13**	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. Note: 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:** P.Rxxxxx.PTDMODD.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.PTDMODD.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.PTDMODD.Dyymm01.Thhmmsst
43	**Part C Risk Adjustment Model Output Report** **PCUG Sample Report – J.8**	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. Note: 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:** P.Rxxxxx.HCCMODR.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.HCCMODR.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.HCCMODR.Dyymm01.Thhmmsst

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Monthly Transmittals (Data & Reports)						
44	**Part C Risk Adjustment Model Output Data File** Header Record Detail Record Trailer Record **PCUG Record Layout – F.12**	Data file version of the Risk Adjustment Model Output Report Note: 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:** P.Rxxxxx.HCCMODD.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.HCCMODD.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.HCCMODD.Dyymm01.Thhmmsst
45	**BIPA 606 Payment Reduction Report** **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. Note: 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:** P.Rxxxxx.BIPA606R.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.BIPA606R.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.BIPA606R.Dyymm01.Thhmmsst
46	**BIPA 606 Payment Reduction Data File** **PCUG Record Layout – F.3**	Data file version of the BIPA 606 Reduction Report. Note: 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:** P.Rxxxxx.BIPA606D.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.BIPA606D.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.BIPA606D.Dyymm01.Thhmmsst
47	**Bonus Payment Report** **PCUG Sample Report – J.2**	Report listing members for whom the plan is to be paid a bonus. (Plans are paid a bonus for extending services to Beneficiaries in some underserved areas.) Generated only if there are pre-2006 adjustments that involve bonus payments. Note: 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:** P.Rxxxxx.BONUSRPT.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.BONUSRPT.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.BONUSRPT.Dyymm01.Thhmmsst

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Monthly Transmittals (Data & Reports)						
48	**Bonus Payment Data File** **PCUG Record Layout – F.4**	Data file version of the Bonus Payment Report Note: The date in the file name will default to 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:** P.Rxxxxx.BONUSDAT.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.BONUSDAT.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.BONUSDAT.Dyymm01.Thhmmsst
49	**Monthly Summary of Bills Report** **PCUG Sample Report – J.7**	Report summarizing all Medicare fee-for-service activity, both Part A and Part B, for Beneficiaries enrolled in the contract Note: 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:** P.Rxxxxx.SUMBILLS.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.SUMBILLS.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.SUMBILLS.Dyymm01.Thhmmsst
50	**HMO Bill Itemization Report** **PCUG Sample Report – J.3**	Report listing the Part A bills that were processed under Medicare fee-for-service for Beneficiaries enrolled in the contract. Note: 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:** P.Rxxxxx.BILLITEM.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.BILLITEM.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.BILLITEM.Dyymm01.Thhmmsst
51	**Part B Claims Data File** **Record Type 1** **Record Type 2** **PCUG Record Layout – F.11**	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. Note: 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:** P.Rxxxxx.CLAIMDAT.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.CLAIMDAT.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.CLAIMDAT.Dyymm01.Thhmmsst
52	**Payment Records Report** **PCUG Sample Report – J.10**	Report listing the Part B physician and supplier claims that were processed under Medicare fee-for-service for Beneficiaries enrolled in the contract. Note: 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:** P.Rxxxxx.PAYRECDS.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.PAYRECDS.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.PAYRECDS.Dyymm01.Thhmmsst

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Monthly Transmittals (Data & Reports)						
53	**Monthly Premium Withholding Report Data File (MPWR)** **Header Record** **Detail Record** **Trailer - T1 - Total at segment level** **Trailer - T2 - Total at PBP level** **Trailer - T3 - Total at contract level** **PCUG Record Layout – F.10**	Monthly reconciliation file of premiums withheld from SSA orRRB 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. Note: 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:** P.Rxxxxx.MPWRD.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.MPWRD.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.MPWRD.Dyymm01.Thhmmsst
54	**Failed Payment Reply Report** **Detail Record** **PCUG Record Layout – F.31**	Data file reporting payment actions which failed to complete.	MARx	Data File	Monthly Payment Cycle	**Gentran Mailbox/TIBCO MFT Internet Server:** P.Rxxxxx.FPRRD.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx FPRRD.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx. FPRRD.Dyymm01.Thhmmsst
55	**Plan Payment Report (APPS Payment Letter)** **PCUG Sample Report – J.11**	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. Note: 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:** P.Fxxxxx.PLANPAY.Dyymm01.Thhmmsst P.Rxxxxx.PLANPAY.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Fxxxxx.PLANPAY.Dyymm01.Thhmmsst zzzzzzzz.Rxxxxx.PLANPAY.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Fxxxxx.PLANPAY.Dyymm01.Thhmmsst [directory]Rxxxxx.PLANPAY.Dyymm01.Thhmmsst
56	**Plan Payment Report (APPS Payment Letter) Data File** **PCUG Record Layout – F.25**	This data file itemizes the final monthly payment to the MCO. This data file and subsequent report is produced by the APPS when final payments are calculated. CMS makes this report available to MCO's as part of month-end processing. Note: 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:** P.Rxxxxx.PPRD.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.PPRD.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory].Rxxxxx.PPRD.Dyymm01.Thhmmsst

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Monthly Transmittals (Data & Reports)						
57	**Interim APPS Plan Payment Report** **PCUG Sample Report – J.12**	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:** P.Rxxxxx.PLNPAYI.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.PLNPAYI.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.PLNPAYI.Dyymm01.Thhmmsst
58	**Interim APPS Plan Payment Report Data File** **PCUG Sample Layout – F.25**	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:** P.Rxxxxx.PPRID.Dyymmdd.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.PPRID.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory].Rxxxxx.PPRID.Dyymmdd.Thhmmsst
59	**820 Format Payment Advice Data File** **PCUG Record Layout – F.1**	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. Note: 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:** P.Rxxxxx.PLAN820D.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.PLAN820D.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.PLAN820D.Dyymm01.Thhmmsst
60	**Monthly Full Enrollment Data File** **PCUG Record Layout – F.15**	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:** P.Rxxxxx.FEFD.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.FEFD.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.FEFD.Dyymm01.Thhmmsst
61	**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:** RPT.DDPS.CUM_BENE_ACT_COV_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Monthly Transmittals (Data & Reports)						
62	**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:** RPT.DDPS_CUM_BENE_ACT_ENH_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
63	**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:** RPT.DDPS_CUM_BENE_ACT_OTC_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
64	**Front-End Risk Adjustment System (FERAS) Response Reports** **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:** RPT.RAPS_MONTHLY_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
65	**Front-End Risk Adjustment System (FERAS) Response Reports** **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:** RPT.RAPS_CUMULATIVE_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
66	**Front-End Risk Adjustment System (FERAS) Response Reports** **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:** RAPS_ERRORFREQ_MNTH_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
67	**LIS/LEP Data File** Header Record Detail Record Trailer Record **PCUG Record Layout – F.16**	This report provides information on low-income subsidized Beneficiaries and 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.	MARx	Data File	Monthly	**Gentran Mailbox/TIBCO MFT Internet Server:** P.Fxxxxx.LISLEPD.Dyymm01.Thhmmsst P.Rxxxxx.LISLEPD.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Fxxxxx.LISLEPD.Dyymm01.Thhmmsst zzzzzzzz.Rxxxxx.LISLEPD.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Fxxxxx.LISLEPD.Dyymm01.Thhmmsst [directory]Rxxxxx.LISLEPD.Dyymm01.Thhmmsst

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Monthly Transmittals (Data & Reports)						
68	**LIS History Data File (LISHIST)** **PCUG Record Layout – F.19**	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. Note: 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:** P.Rxxxxx.LISHIST.Dyymmdd.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.LISHIST.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.LISHIST.Dyymmdd.Thhmmsst
69	**Agent Broker Compensation Data File** **PCUG Record Layout – F.27**	This data file provides six-year 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. Plans may re-order the 6-year Broker Compensation Report Data File" via the UI.	MARx	Data File	Monthly	**Gentran Mailbox/TIBCO MFT Internet Server:** P.Rnnnnn.COMPRPT.Dyymmdd.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rnnnnn.COMPRPT.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rnnnnn.COMPRPT.Dyymmdd.Thhmmsst
70	**Monthly MSP Information Data File** **PCUG Record Layout – F.28**	This data file is sent directly to Plans on the first Monday after the MARx month-end processing completes. This file contains a subset of information to allow Plans to reconcile payment; the full monthly MSP COB file distributed at the beginning of each month contains more detail.	MDB	Data File	Monthly	**Gentran Mailbox/TIBCO MFT Internet Server:** P.Rxxxxx.MSPCOBAD.Dyymmdd.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.MSPCOBAD.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory].Rxxxxx.MSPCOBAD.Dyymmdd.Thhmmsst
71	**Other Health Coverage Information Data File** **PCUG Record Layout – F.29**	CMS provides Plans with a file listing the Beneficiaries who are enrolled in their plan(s) where Medicare is listed secondary. As a monthly report, this vehicle provides Plans with regular updates to the MSP data.	MDB	Data File	Monthly	**Gentran:** P.Rxxxxx.MSPCOBMA.Dyymmdd.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.MSPCOBMA.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory].Rxxxxx.MSPCOBMA.Dyymmdd.Thhmmsst

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Quarterly Report						
72	**Front-End Risk Adjustment System (FERAS) Response Reports 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:** RAPS_ERRORFREQ_QTR_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
73	**Missing Payment Exception Report Data Record Layout**	Data file reporting payment actions which failed to complete.	MARx	Data File	Monthly Payment Cycle	**Gentran Mailbox/TIBCO MFT Internet Server:** P.Rxxxxx.MPERD.Dyymmdd.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx. MPERD.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx. MPERD.Dyymmdd.Thhmmsst
Yearly Report						
74	**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:** P.Rxxxxx.PTDMOFR.Yeeee.Cvvvvv .Thhmmss **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.PTDMOFR.Yeeee. Cvvvvv.Thhmmss **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.PTDMOFR. Yeeee.Cvvvvv.Thhmmss
75	**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:** P.Rxxxxx.PTDMOFD.Yeeee.Cvvvvv .Thhmmss **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.PTDMOFD.Yeeee. Cvvvvv.Thhmmss **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.PTDMOFD.Yeeee .Cvvvvv.Thhmmss
76	**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:** P.Rxxxxx.HCCMOFR.Yeeee.Cvvvv v.Thhmmss **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.HCCMOFR.Yeeee. Cvvvvv.Thhmmss **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.HCCMOFR.Yeee e.Cvvvvv.Thhmmss

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Yearly Report						
77	**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:** P.Rxxxxx.HCCMOFD.Yeeee.Cvvvvv.Thhmmss **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.HCCMOFD.Yeeee.Cvvvvv.Thhmmss **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.HCCMOFD.Yeeee.Cvvvvv.Thhmmss
78	**Loss of Subsidy Data File** **PCUG Record Layout – F.17**	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. 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:** P.Rxxxxx.EOYLOSD.Dyymmdd.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.EOYLOSD.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.EOYLOSD.Dyymmdd.Thhmmsst
79	**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. 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:** P.Rxxxxx.APDP5.LOSS.Dyymmdd.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.APDP5.LOSS.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.APDP5.LOSS.Dyymmdd.Thhmmsst
80	**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. 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:** P.Rxxxxx.APDP5.GAIN.Dyymmdd.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.APDP5.GAIN.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.APDP5.GAIN.Dyymmdd.Thhmmsst

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Yearly Report						
81	**Long-Term Institutionalized Resident Report** **PCUG Record Layout – F.26**	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:** P.Rxxxxx.LTCRPT.Dyymmdd.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.LTCRPT.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.LTCRPT.Dyymmdd.Thhmmsst
82	**No Premium Due Data File PCUG Record Layout – F.30**	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:** P.Rxxxxx.SPCLPEX.Dyymmdd.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.SPCLPEX.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [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 (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 IACS (Allow 5 business days once EPOC letter is submitted before registering in IACS)	After completion of Task #4.	
☐	6.	EPOC approval received from CMS		
☐	7.	User/Submitter(s) registered in IACS for Enrollment, BEQ and ECRS	After EPOC registration is complete.	
☐ or N/A	8.	User/Representative(s) registered in IACS for Enrollment, BEQ and ECRS	After EPOC registration is complete.	
☐ or N/A	9.	User/Submitter(s) registered in IACS for PDE/RAPS	Gentran/TIBCO MFT Submitters only. May be completed the same time as Task #7 or at a later date.	
Connectivity – Setup **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. 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 IACS (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. Set up Gentran/TIBCO MFT access:		
❑ or N/A		1. Submitter successfully registered in IACS (see Task #7).		
❑ or N/A		2. Obtain and install SFTP Software (if not using HTTPS)		
❑ or N/A		3. Open required firewalls/ports: SFTP Port: 10022 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. 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. 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**					

Election Types						
PLANS	**AEP (A)**	**OEPI (T)**	**SEP (Note 2)**	**IEP (E/F)**	**MADP**	**ICEP (I)**
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.