# Medicare Advantage and Prescription Drug Plans

November 15, 2013

# Plan Communications User Guide
## *Appendices*
## Version 7.2

CENTERS FOR MEDICARE & MEDICAID SERVICES

# Change Log
## November 15, 2013 Updates

| Section | Changes |
|---|---|
| Global Changes | Updated the version from 7.1 to 7.2<br>Updated the publication date to November 15, 2013<br>Updated Table, Section, and Appendix references |
| Appendix A | No Change |
| Appendix B | No Change |
| Appendix C | No Change |
| Appendix D | No Change |
| Appendix E | No Change |
| Appendix F | Updated Table F.5.2 (Detail Records: Indicates the Beginning of a Series of Beneficiary Subordinate Detail Records).<br>Updated Table F.5.3 (Primary Records: Subordinate to Detail Record (Unlimited Occurrences)).<br>Updated Table F.5.4 (Supplemental Records: Subordinate to DTL (Unlimited Occurrences)).<br>Updated Table F.12.1 Header Record in Section F.12 (Part C Risk Adjustment Model Output Data File).<br>Updated Table F.12.2 Detail Record Type A in Section F.12 (Part C Risk Adjustment Model Output Data File).<br>Updated Table F.12.3 Detail Record Type B in Section F.12 (Part C Risk Adjustment Model Output Data File).<br>Added Section F12.4 Detail Record Type C.<br>Added "C = Details for V22 PTC MOR" in item 1 field description.<br>Updated Table F.28.2 (Detail Record) in Section F.28 Monthly Medicare Second Payer (MSP) Information Data File. |
| Appendix G | No Change |
| Appendix H | No Change |
| Appendix I | Updated TRCs |
| Appendix J | No Change |
| Appendix K | No Change |
| Appendix L | No Change |
| Appendix M | No Change |

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

### *Table A-1: Glossary*

| Term | Definition |
|---|---|
| Accepted Transaction | The successful application of a requested action that was processed by MARx. |
| Account Number | A number obtained from the Resource Access Control Facility (RACF) or system administrator. |
| Application Date | The date that the beneficiary applies to enroll in a Plan. Enrollments submitted by CMS or its contractors, such as the Medicare Beneficiary Contact Center, do not need application dates. |
| Batch Transaction | An automated systems approach to processing in which data items to process must be grouped and processed in bulk. |
| Beneficiary Identification Code (BIC) | The portion of the Medicare health insurance claim number that identifies a specific beneficiary. |
| Benefit Stabilization Fund (BSF) | Established by CMS upon request of an HMO or CMP, when the HMO or CMP must provide its Medicare enrollees with additional benefits, to prevent excessive fluctuation in the provision of those benefits in subsequent contract periods. |
| Button | A rectangular icon on a screen which, when clicked, engages an action. The button is labeled with word(s) that describe the action, such as Find or Update. |
| Cancellation Transaction | A cancellation may result from an action by the beneficiary, CMS, or another Plan before the effective date of the election. A cancelled enrollment restores the beneficiary to his/her prior enrollment state. |
| Checkbox | A field that is part of a group of options, for which the user may select any number of options. Each option is represented with a small box, where 'x' means "on" and an empty box means "off." When a checkbox is clicked, an 'x' appears in the box. When the checkbox is clicked again, the 'x' is removed. |
| Connect:Direct | The proprietary software that transfers files between systems. |
| Correction | A record submitted by a Plan or CMS office to correct or update existing Beneficiary data. |
| Cost Plan | A type of contract under which a Plan is reimbursed by CMS for its reasonable costs. |
| Current Calendar Month (CCM) | Represents the calendar month and year at the time of transaction submission. For batch, the current month is derived from the batch file transmission date; for User Interface transactions, the current month is derived from the system data at the time of transaction submission. |
| Current Processing Month | The calendar month in which processing occurs to generate payments. The Current Processing Month is distinguished from the CPM, the month in which Plans receive payment from CMS. |
| Current Payment Month (CPM) | The month for which Plans receive payment from CMS, not the current calendar month. |
| Creditable Coverage | Prescription drug coverage, generally from an employer or union, that is equivalent to, or better than, Medicare standard prescription drug coverage. |
| Data entry field | A field that requires the user to enter information. |
| 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.<br>There are two types of required fields:<br>• Always required, which are marked with an asterisk (*)<br>• Conditionally required, where the user must fill in at least one or only one of the conditionally required fields. These are marked with a plus sign (+). |
| Risk | A contract under which Beneficiaries are “locked in” to network providers and a payment is received from CMS for each member, based on demographic characteristics and health status. In a Risk contract, the MCO accepts the risk if the payment does not cover the cost of services, but keeps the difference if the payment is greater than the cost of services. Risk is managed through a membership where the high costs for very sick members are balanced by the lower costs for a larger number of relatively healthy members. |
| Special Needs Plan (SNP) | A certain type of MA Plan that serves a limited population of individuals in CMS special-needs categories, as defined in CMS Part C Enrollment and Eligibility Guidance. This Plan is fully defined on the Web at: http://www.cms.gov/home/medicare.asp under “Health Plans.” |
| Submenu | A horizontal list of items below the screen’s menu. Clicking on a submenu item displays a screen. |
| TIBCO MFT Internet Server | The TIBCO MFT Internet Servers provide Electronic Data Interchange (EDI) capabilities between CMS and CMS business partners. These servers provide MARx and MBD with transaction files from the Plans, and provide the Plans with MARx and MBD reports. |
| Transaction Code (TC) | Identifies batch transactions submitted by the Plans or CMS. |
| Transaction Reply Code (TRC) | The code that explains the action taken by the system in response to new information from CMS systems or in response to input from MCOs, CMS, or other users. |
| User ID | Valid user identification code for accessing the CMS Data Center and the Medicare Data Communications Network. |
| User Interface | The screens, forms, and menus that display to a user logged on to an automated system. |

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

| | |
|---|---|
| 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 Prepayment 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<br>• Dual eligibility in general<br>• Rules for auto assignment<br>• Rules for passive enrollment<br>• Info on Special Needs Plan (SNP) - NOT the files | **Plan Payments**<br>• Calculation of payment<br>• Delivery of payment<br>• Payment errors<br>• Premium calculations<br>• Automated Plan Payment System (APPS) operation and APPS reports<br>• Actual payments going to the Plans<br>• Payment rules<br>• Payment operations<br>• 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**<br>• 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 2014 MARx MONTHLY SCHEDULE

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **JANUARY** | | | | | | |
| | | | 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 | |

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **FEBRUARY** | | | | | | |
| | | | | | | 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 | |

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **MARCH** | | | | | | 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 | | | | | |

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **APRIL** | | | | | | |
| | | 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 | | | |

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **MAY** | | | | | | |
| | | | | 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 |

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **JUNE** | | | | | | |
| 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 2014

| | |
|---|---|
| 1 | New Year's Day (Observed) |
| **2** | **JANUARY Payment Due Plan** |
| **4** | **Certification of Enrollment for November 20, 2013 Report** |
| **10** | **PLAN DATA DUE (8pm Eastern Time)** |
| 20 | Martin Luther King, Jr. (Holiday) |
| **23** | **MONTHLY REPORTS AVAILABLE** |
| **31** | **FEBRUARY Payment Due Plan** |

## FEBRUARY 2014

| | |
|---|---|
| | **FEBRUARY Payment Due Plan – JANUARY 31** |
| **2** | **Certification of Enrollment for December 19, 2013 report** |
| **7** | **PLAN DATA DUE (8pm Eastern Time)** |
| 17 | Washington's Birthday (Observed) |
| **20** | **MONTHLY REPORTS AVAILABLE** |
| **28** | **MARCH Payment Due Plan** |

## MARCH 2014

| | |
|---|---|
| | **MARCH Payment Due Plan – FEBRUARY 28** |
| **9** | **Certification of Enrollment for January 23, 2014 Report** |
| **14** | **PLAN DATA DUE (8 pm Eastern Time)** |
| **24** | **MONTHLY REPORTS AVAILABLE** |

## APRIL 2014

| | |
|---|---|
| **1** | **APRIL Payment Due Plan** |
| **6** | **Certification of Enrollment for February 20, 2014 report** |
| **11** | **PLAN DATA DUE (8pm Eastern Time)** |
| **23** | **MONTHLY REPORTS AVAILABLE** |

## MAY 2014

| | |
|---|---|
| **1** | **MAY Payment Due Plan** |
| **8** | **Certification of Enrollment for March 24, 2014 report** |
| **9** | **PLAN DATA DUE (8pm Eastern Time)** |
| **21** | **MONTHLY REPORTS AVAILABLE** |
| 26 | Memorial Day (Holiday) |
| **30** | **JUNE Payment Due Plan** |

## JUNE 2014

| | |
|---|---|
| | **JUNE Payment Due Plan – MAY 30** |
| **7** | **Certification of Enrollment for April 23, 2014 report** |
| **13** | **PLAN DATA DUE (8pm Eastern Time)** |
| **23** | **MONTHLY REPORTS AVAILABLE** |

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **JULY** | | | | | | |
| | | 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 | | |

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **AUGUST** | | | | | 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 | | | | | | |

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **SEPTEMBER** | | | | | | |
| | 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 | | | | |

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **OCTOBER** | | | | | | |
| | | | 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 | |

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **NOVEMBER** | | | | | | 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 | | | | | | |

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **DECEMBER** | | | | | | |
| | 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 2014 MARx MONTHLY SCHEDULE

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **JANUARY** | | | | | | |
| | | | 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 | |

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **FEBRUARY** | | | | | | |
| | | | | | | 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 | |

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **MARCH** | | | | | | 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 | | | | | |

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **APRIL** | | | | | | |
| | | 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 | | | |

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **MAY** | | | | | | |
| | | | | 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 |

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **JUNE** | | | | | | |
| 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 2014

| | |
|---|---|
| 1 | **JULY Payment Due Plan** |
| 4 | Independence Day (Holiday) |
| 5 | **Certification of Enrollment for May 21, 2014 report** |
| 11 | **PLAN DATA DUE (8pm Eastern Time)** |
| 24 | **MONTHLY REPORTS AVAILABLE** |

## AUGUST 2014

| | |
|---|---|
| 1 | **AUGUST Payment Due Plan** |
| 7 | **Certification of Enrollment for June 23, 2014 report** |
| 8 | **PLAN DATA DUE (8pm Eastern Time)** |
| 22 | **MONTHLY REPORTS AVAILABLE** |

## SEPTEMBER 2014

| | |
|---|---|
| 1 | Labor Day (Holiday) |
| 2 | **SEPTEMBER Payment Due Plan** |
| 7 | **Certification of Enrollment for July 24, 2014 report** |
| 12 | **PLAN DATA DUE (8pm Eastern Time)** |
| 23 | **MONTHLY REPORTS AVAILABLE** |

## OCTOBER 2014

| | |
|---|---|
| 1 | **OCTOBER Payment Due Plan** |
| 3 | **PLAN DATA DUE (8pm Eastern Time)** |
| 6 | **Certification of Enrollment for August 22, 2014 report** |
| 13 | Columbus Day (Observed) |
| 15 | **Annual Enrollment Period Begins** |
| 22 | **MONTHLY REPORTS AVAILABLE** |
| 31 | **NOVEMBER Payment Due Plan** |

## NOVEMBER 2014

| | |
|---|---|
| | **NOVEMBER Payment Due Plan – October 31** |
| 7 | **PLAN DATA DUE (8pm Eastern Time)** |
| | **Certification of Enrollment for September 23, 2014 report** |
| 11 | Veterans Day (Observed) |
| 20 | **MONTHLY REPORTS AVAILABLE** |
| 27 | Thanksgiving Day (Holiday) |

## DECEMBER 2014

| | |
|---|---|
| 1 | **DECEMBER Payment Due Plan** |
| 5 | **PLAN DATA DUE (8pm Eastern Time)** |
| 7 | **Annual Election Period Ends** |
| | **Certification of Enrollment for October 23, 2014 report** |
| 23 | **MONTHLY REPORTS AVAILABLE** |
| 25 | Christmas Day (Holiday) |
| | **January 1, 2015 – New Year's Day (Holiday)** |
| | **January 2 - JANUARY 2015 Payment Due Plan** |
| | **January 9, 2015– PLAN DATA DUE (8pm Eastern Time)** |

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **JULY** | | | | | | |
| | | 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 | | |

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **AUGUST** | | | | | 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 | | | | | | |

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **SEPTEMBER** | | | | | | |
| | 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 | | | | |

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **OCTOBER** | | | | | | |
| | | | 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 | |

| S | M | T | W | T | F | SA |
|---|---|---|---|---|---|---|
| **NOVEMBER** | | | | | | 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 | | | | | | |

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

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

# F: *Record Layouts*

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

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


| Section | Name | Page |
|---|---|---|
| F.1 | 820 Format Payment Advice Data File | F-3 |
| F.2 | Batch Completion Status Summary Data File | F-7 |
| F.3 | BIPA 606 Payment Reduction Data File | F-8 |
| F.4 | Bonus Payment Data File | F-9 |
| F.5 | Coordination of Benefits (COB) Validated Other Insurer Information Data File | F-10 |
| F.6 | MARx Batch Input Transaction Data File | F-17 |
| F.6.1 | Header Record | F-17 |
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## *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 Prepayment 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"<br>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<br>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** | 3 | 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 ******************************
H1 TRANSACTIONS RECEIVED ON 2006-01-27 AT 16.59.49
H2 PROCESSING STOPPED    ON 2006-01-27 AT 17.00.39
H3 USER ID (aaaa ) NOT AUTHENTICATED: INACTIVE USER
H4 HEADER CODE= AAAAAAHEADER
H5 HEADER DATE= <MMCCYY>
H6 REQUEST ID =
H7 BATCH ID   = <nnnnnnnnn>
H8 USER ID    = <aaaa>
C1 TRAN CNTS1 = nnnnnnn T01 nnnnnnn T51 nnnnnnn T61 nnnnnnn T72 nnnnnnn
C2 TRAN CNTS2 =         T73 nnnnnnn T74 nnnnnnn T75 nnnnnnn T76 nnnnnnn
C3 TRAN CNTS3 =         T77 nnnnnnn T78 nnnnnnn T79 nnnnnnn T80 nnnnnnn
C4 TRAN CNTS4 =         T81 nnnnnnn T82 nnnnnnn T83 nnnnnnn TXX nnnnnnn
********************************* Bottom of Data ****************************
```

OR

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

**2. Invalid Header Date**

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

**3. Missing Header Record**

```
********************************* Top of Data ****************************
H1 TRANSACTIONS RECEIVED ON           AT
H2 PROCESSING STOPPED    ON 2006-01-25 AT 18.11.38
H3 HEADER RECORD IS MISSING OR INVALID
H4 HEADER CODE= XXXXXXXXXXXXXXXXXXXXX
H5 HEADER DATE= XXXXXX
H6 REQUEST ID = XXXXXXXXXX
H7 BATCH ID   = XXXXXXXXXX
H8 USER ID    =   XXXXXX
C1 TRAN CNTS1 = XXXXXXX
C2 TRAN CNTS2 =         XXXX
C3 TRAN CNTS3 =                 XXX
C4 TRAN CNTS4 =
******************************** Bottom of Data ***************************
```

**4. Future Header Date**

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

**5. Header Date earlier than CCM**

```
********************************* Top of Data ****************************
H1 TRANSACTIONS RECEIVED ON 2013-09-25 AT 16.08.20
```

H2 PROCESSING STOPPED ON 2013-09-25 AT 16.08.22
H3 HEADER RECORD DATE IS EARLIER THAN CURRENT CALENDAR MONTH
H4 HEADER CODE= AAAAAAHEADER
H5 HEADER DATE= <MMCCYY>
H6 REQUEST ID =
H7 BATCH ID = <nnnnnnnnn>
H8 USER ID = <aaaa>
C1 TRAN CNTS1 = nnnnnnn T01 nnnnnnn T51 nnnnnnn T61 nnnnnnn T72 nnnnnnn
C2 TRAN CNTS2 = T73 nnnnnnn T74 nnnnnnn T75 nnnnnnn T76 nnnnnnn
C3 TRAN CNTS3 = T77 nnnnnnn T78 nnnnnnn T79 nnnnnnn T80 nnnnnnn
C4 TRAN CNTS4 = T81 nnnnnnn T82 nnnnnnn T83 nnnnnnn TXX nnnnnnn
********** 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 **********
H1 TRANSACTIONS RECEIVED ON 2010-03-23 AT 13.55.15
H2 TRANSACTIONS REJECTED ON 24 Mar 2010 AT 14:39:33
H3 THIS <RETRO/ROLLOVER/REVIEW> FILE WAS REJECTED BY <CMS Approver Name>
REJECTION REASONS: <text of reason
H4 HEADER CODE= AAAAAAHEADER RETRO
H5 HEADER DATE= <MMCCYY>
H6 REQUEST ID =
H7 BATCH ID = <nnnnnnnnn>
H8 USER ID = <aaaa>
C1 TRAN CNTS1 = nnnnnnn T01 nnnnnnn T51 nnnnnnn T61 nnnnnnn T72 nnnnnnn
C2 TRAN CNTS2 = T73 nnnnnnn T74 nnnnnnn T75 nnnnnnn T76 nnnnnnn
C3 TRAN CNTS3 = T77 nnnnnnn T78 nnnnnnn T79 nnnnnnn T80 nnnnnnn
C4 TRAN CNTS4 = T81 nnnnnnn T82 nnnnnnn T83 nnnnnnn TXX nnnnnnn
********** 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 **********
H1 TRANSACTIONS RECEIVED ON 2006-01-27 AT 14.23.05
H2 PROCESSING STOPPED ON 2006-01-27 AT 14:23:39
H3 RETRO FILE DETECTED FOR USERID <aaaa>
H4 HEADER CODE= AAAAAAHEADER RETRO
H5 HEADER DATE= <MMCCYY>
H6 REQUEST ID =
H7 BATCH ID = <nnnnnnnnn>
H8 USER ID = <aaaa>
C1 TRAN CNTS1 = nnnnnnn T01 nnnnnnn T51 nnnnnnn T61 nnnnnnn T72 nnnnnnn
C2 TRAN CNTS2 = T73 nnnnnnn T74 nnnnnnn T75 nnnnnnn T76 nnnnnnn
C3 TRAN CNTS3 = T77 nnnnnnn T78 nnnnnnn T79 nnnnnnn T80 nnnnnnn
C4 TRAN CNTS4 = T81 nnnnnnn T82 nnnnnnn T83 nnnnnnn TXX nnnnnnn
********** Bottom of Data **********

**Rollover File Detected**

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

**Review File Detected**

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

********** 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 = 133

## *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 | 1058 | 43-1100 | CHAR | Spaces |

**Note:** Total Length = 1100

### 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*<br><br>**Note:** There may be instances where an unknown COB Source Code will be provided. Plans should contact COBC for clarification on any unknown Source Codes. | 5 | 106-110 | CHAR | 11100 Non Payment/Payment Denial<br>11101 IEQ<br>11102 Data Match<br>11103 HMO<br>11104 Litigation Settlement BCBS<br>11105 Employer Voluntary Reporting<br>11106 Insurer Voluntary Reporting<br>11107 First Claim Development<br>11108 Trauma Code Development<br>11109 Secondary Claims Investigation<br>11110 Self Report<br>11111 411.25<br>11112 BCBS Voluntary Agreements<br>11113 Office of Personnel Management (OPM) Data Match<br>11114 Workers' Compensation Data Match<br>11118 Pharmacy Benefit Manager (PBM)<br>11120 COBA<br>11125 Recovery Audit Contractor (RAC) 1 (April Release)<br>11126 RAC 2 (April Release)<br>11127 RAC 3 (April Release)<br>P0000 PBM<br>S0000 Assistance Program<br>Note: Contractor numbers 11100 - 11199 are reserved for COB |

| Item | Field | Size | Position | Format | Valid Values/Description |
|---|---|---|---|---|---|
| 13 | MSP Reason (Entitlement Reason from COB) | 1 | 111 | CHAR | A=Working Aged<br>B=ESRD<br>C=Conditional Payment<br>D=Automobile Insurance, No fault<br>E=Workers Compensation<br>F=Federal (public)<br>G=Disabled<br>H=Black Lung<br>I=Veterans<br>L=Liability |
| 14 | Coverage Code* | 1 | 112 | CHAR | A=Hospital and Medical<br>U=Drug (network benefit)<br>V=Drug with Major Medical (non-network benefit)<br>W=Comprehensive, Hospital, Medical, Drug (network)<br>X=Hospital and Drug (network)<br>Y=Medical and Drug (network)<br>Z=Health Reimbursement Account (hospital, medical, and drug) |
| 15 | Insurer's Name* | 32 | 113-144 | CHAR | |
| 16 | Insurer's Address-1* | 32 | 145-176 | CHAR | |
| 17 | Insurer's Address-2* | 32 | 177-208 | CHAR | |
| 18 | Insurer's City* | 15 | 209-223 | CHAR | |
| 19 | Insurer's State* | 2 | 224-225 | CHAR | |
| 20 | Insurer's Zip Code* | 9 | 226-234 | CHAR | |
| 21 | Insurer TIN | 10 | 235-244 | CHAR | |
| 22 | Individual Policy Number* | 17 | 245-261 | CHAR | |
| 23 | Group Policy Number* | 20 | 262-281 | CHAR | |
| 24 | Submitted 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<br>02=Spouse<br>03=Child<br>04=Other |
| 27 | Payer ID* | 10 | 300-309 | CHAR | *This is a future element.* |
| 28 | Person Code* | 3 | 310-312 | CHAR | |
| 29 | Payer Order* | 3 | 313-315 | ZD | |
| 30 | Policy Holder's First Name | 9 | 316-324 | CHAR | |
| 31 | Policy Holder's Last Name | 16 | 325-340 | CHAR | |
| 32 | Policy Holder's SSN | 12 | 341-352 | CHAR | |
| 33 | Employee Information Code | 1 | 353 | CHAR | P=Patient<br>S=Spouse<br>M=Mother<br>F=Father |
| 34 | Employer's Name | 32 | 354-385 | CHAR | |
| 35 | Employer's Address 1 | 32 | 386-417 | CHAR | |

| Item | Field | Size | Position | Format | Valid Values/Description |
|---|---|---|---|---|---|
| 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 | 12 | 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<br>N = No |
| 68 | Diagnosis Indicator 1 | 1 | 884 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 69 | Claim Diagnosis Code 1 | 7 | 885-891 | CHAR | |
| 70 | Diagnosis Indicator 2 | 1 | 892 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 71 | Claim Diagnosis Code 2 | 7 | 893-899 | CHAR | |
| 72 | Diagnosis Indicator 3 | 1 | 900 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 73 | Claim Diagnosis Code 3 | 7 | 901-907 | CHAR | |
| 74 | Diagnosis Indicator 4 | 1 | 908 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 75 | Claim Diagnosis Code 4 | 7 | 909-915 | CHAR | |
| 76 | Diagnosis Indicator 5 | 1 | 916 | CHAR | 9 = ICD-9; 0 = ICD-10 |

| Item | Field | Size | Position | Format | Valid Values/Description |
|---|---|---|---|---|---|
| 77 | Claim Diagnosis Code 5 | 7 | 917-923 | CHAR | |
| 78 | Diagnosis Indicator 6 | 1 | 924 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 79 | Claim Diagnosis Code 6 | 7 | 925-931 | CHAR | |
| 80 | Diagnosis Indicator 7 | 1 | 932 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 81 | Claim Diagnosis Code 7 | 7 | 933-939 | CHAR | |
| 82 | Diagnosis Indicator 8 | 1 | 940 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 83 | Claim Diagnosis Code 8 | 7 | 941-947 | CHAR | |
| 84 | Diagnosis Indicator 9 | 1 | 948 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 85 | Claim Diagnosis Code 9 | 7 | 949-955 | CHAR | |
| 86 | Diagnosis Indicator 10 | 1 | 956 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 87 | Claim Diagnosis Code 10 | 7 | 957-963 | CHAR | |
| 88 | Diagnosis Indicator 11 | 1 | 964 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 89 | Claim Diagnosis Code 11 | 7 | 965-971 | CHAR | |
| 90 | Diagnosis Indicator 12 | 1 | 972 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 91 | Claim Diagnosis Code 12 | 7 | 973-979 | CHAR | |
| 92 | Diagnosis Indicator 13 | 1 | 980 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 93 | Claim Diagnosis Code 13 | 7 | 981-987 | CHAR | |
| 94 | Diagnosis Indicator 14 | 1 | 988 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 95 | Claim Diagnosis Code 14 | 7 | 989-995 | CHAR | |
| 96 | Diagnosis Indicator 15 | 1 | 996 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 97 | Claim Diagnosis Code 15 | 7 | 997-1003 | CHAR | |
| 98 | Diagnosis Indicator 16 | 1 | 1004 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 99 | Claim Diagnosis Code 16 | 7 | 1005-1011 | CHAR | |
| 100 | Diagnosis Indicator 17 | 1 | 1012 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 101 | Claim Diagnosis Code 17 | 7 | 1013-1019 | CHAR | |
| 102 | Diagnosis Indicator 18 | 1 | 1020 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 103 | Claim Diagnosis Code 18 | 7 | 1021-1027 | CHAR | |
| 104 | Diagnosis Indicator 19 | 1 | 1028 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 105 | Claim Diagnosis Code 19 | 7 | 1029-1035 | CHAR | |
| 106 | Diagnosis Indicator 20 | 1 | 1036 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 107 | Claim Diagnosis Code 20 | 7 | 1037-1043 | CHAR | |
| 108 | Diagnosis Indicator 21 | 1 | 1044 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 109 | Claim Diagnosis Code 21 | 7 | 1045-1051 | CHAR | |
| 110 | Diagnosis Indicator 22 | 1 | 1052 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 111 | Claim Diagnosis Code 22 | 7 | 1053-1059 | CHAR | |
| 112 | Diagnosis Indicator 23 | 1 | 1060 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 113 | Claim Diagnosis Code 23 | 7 | 1061-1067 | CHAR | |
| 114 | Diagnosis Indicator 24 | 1 | 1068 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 115 | Claim Diagnosis Code 24 | 7 | 1069-1075 | CHAR | |
| 116 | Diagnosis Indicator 25 | 1 | 1076 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 117 | Claim Diagnosis Code 25 | 7 | 1077-1083 | CHAR | |
| 118 | Filler | 17 | 1084-1100 | CHAR | Spaces |

Total Length = 1100

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

| Item | Field | Size | Position | Format | Valid Values/Description |
|---|---|---|---|---|---|
| 13 | Supplemental Type Code | 1 | 111 | CHAR | L=Supplemental<br>M=Medigap<br>N=State Program (Non-Qualified SPAP)<br>O=Other<br>P=Patient Assistance Program<br>Q=Qualified State Pharmaceutical Assistance Program (SPAP)<br>R=Charity<br>S=AIDS Drug Assistance Program<br>T=Federal Health Program<br>1=Medicaid<br>2=Tricare<br>3 = Major Medical |
| 14 | Coverage Code* | 1 | 112 | CHAR | U=Drug (network benefit)<br>V=Drug with Major Medical (non-network benefit) |
| 15 | Insurer's Name* | 32 | 113-144 | CHAR | |
| 16 | Insurer's Address-1* | 32 | 145-176 | CHAR | |
| 17 | Insurer's Address-2* | 32 | 177-208 | CHAR | |
| 18 | Insurer's City* | 15 | 209-223 | CHAR | |
| 19 | Insurer's State* | 2 | 224-225 | CHAR | |
| 20 | Insurer's Zip Code* | 9 | 226-234 | CHAR | |
| 21 | Filler | 10 | 235-244 | CHAR | Spaces |
| 22 | Individual Policy Number* | 17 | 245-261 | CHAR | |
| 23 | Group Policy Number* | 20 | 262-281 | CHAR | |
| 24 | Submitted 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<br>02=Spouse<br>03=Child<br>04=Other |
| 27 | Payer ID* | 10 | 300-309 | CHAR | |
| 28 | Person Code* | 3 | 310-312 | CHAR | |
| 29 | Payer Order* | 3 | 313-315 | ZD | |
| 30 | Diagnosis Indicator 1 | 1 | 316 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 31 | Claim Diagnosis Code 1 | 7 | 317-323 | CHAR | |
| 32 | Diagnosis Indicator 2 | 1 | 324 | CHAR | 9 = ICD-9; 0 = ICD-10 |

| Item | Field | Size | Position | Format | Valid Values/Description |
|---|---|---|---|---|---|
| 33 | Claim Diagnosis Code 2 | 7 | 325-331 | CHAR | |
| 34 | Diagnosis Indicator 3 | 1 | 332 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 35 | Claim Diagnosis Code 3 | 7 | 333-339 | CHAR | |
| 36 | Diagnosis Indicator 4 | 1 | 340 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 37 | Claim Diagnosis Code 4 | 7 | 341-347 | CHAR | |
| 38 | Diagnosis Indicator 5 | 1 | 348 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 39 | Claim Diagnosis Code 5 | 7 | 349-355 | CHAR | |
| 40 | Diagnosis Indicator 6 | 1 | 356 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 41 | Claim Diagnosis Code 6 | 7 | 357-363 | CHAR | |
| 42 | Diagnosis Indicator 7 | 1 | 364 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 43 | Claim Diagnosis Code 7 | 7 | 365-371 | CHAR | |
| 44 | Diagnosis Indicator 8 | 1 | 372 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 45 | Claim Diagnosis Code 8 | 7 | 373-379 | CHAR | |
| 46 | Diagnosis Indicator 9 | 1 | 380 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 47 | Claim Diagnosis Code 9 | 7 | 381-387 | CHAR | |
| 48 | Diagnosis Indicator 10 | 1 | 388 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 49 | Claim Diagnosis Code 10 | 7 | 389-395 | CHAR | |
| 50 | Diagnosis Indicator 11 | 1 | 396 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 51 | Claim Diagnosis Code 11 | 7 | 397-403 | CHAR | |
| 52 | Diagnosis Indicator 12 | 1 | 404 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 53 | Claim Diagnosis Code 12 | 7 | 405-411 | CHAR | |
| 54 | Diagnosis Indicator 13 | 1 | 412 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 55 | Claim Diagnosis Code 13 | 7 | 413-419 | CHAR | |
| 56 | Diagnosis Indicator 14 | 1 | 420 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 57 | Claim Diagnosis Code 14 | 7 | 421-427 | CHAR | |

| Item | Field | Size | Position | Format | Valid Values/Description |
|---|---|---|---|---|---|
| 58 | Diagnosis Indicator 15 | 1 | 428 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 59 | Claim Diagnosis Code 15 | 7 | 429-435 | CHAR | |
| 60 | Diagnosis Indicator 16 | 1 | 436 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 61 | Claim Diagnosis Code 16 | 7 | 437-443 | CHAR | |
| 62 | Diagnosis Indicator 17 | 1 | 444 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 63 | Claim Diagnosis Code 17 | 7 | 445-451 | CHAR | |
| 64 | Diagnosis Indicator 18 | 1 | 452 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 65 | Claim Diagnosis Code 18 | 7 | 453-459 | CHAR | |
| 66 | Diagnosis Indicator 19 | 1 | 460 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 67 | Claim Diagnosis Code 19 | 7 | 461-467 | CHAR | |
| 68 | Diagnosis Indicator 20 | 1 | 468 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 69 | Claim Diagnosis Code 20 | 7 | 469-475 | CHAR | |
| 70 | Diagnosis Indicator 21 | 1 | 476 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 71 | Claim Diagnosis Code 21 | 7 | 477-483 | CHAR | |
| 72 | Diagnosis Indicator 22 | 1 | 484 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 73 | Claim Diagnosis Code 22 | 7 | 485-491 | CHAR | |
| 74 | Diagnosis Indicator 23 | 1 | 492 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 75 | Claim Diagnosis Code 23 | 7 | 493-499 | CHAR | |
| 76 | Diagnosis Indicator 24 | 1 | 500 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 77 | Claim Diagnosis Code 24 | 7 | 501-507 | CHAR | |
| 78 | Diagnosis Indicator 25 | 1 | 508 | CHAR | 9 = ICD-9; 0 = ICD-10 |
| 79 | Claim Diagnosis Code 25 | 7 | 509-515 | CHAR | |
| 80 | Filler | 585 | 516-1100 | CHAR | Spaces |

Total Length = 1100

*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;<br>“POVER” = Plan rollover batch file submission;<br>“SVIEW” = Special organization review batch file submission. |
| 4 | Filler | 1 | 19 | Spaces |
| 5 | CMS Approval Request ID | 10 | 20-29 | "Spaces" when “Batch File Type,” field #3, contains spaces; otherwise, the right justified CMS pre-approval request ID from the special batch request utility. |
| 6 | Filler | 4 | 30-33 | Spaces |
| 7 | Current Calendar Month (CCM) | 6 | 34-39 | Reference month for enrollment processing formatted MMYYYY. The CCM date determines whether to accept a file and evaluates the appropriate effective date for submitted transactions. |
| 8 | Filler | 261 | 40-300 | Spaces |

Total Length = 300

### F.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<br>E = Medicaid ON<br>F = Medicaid OFF<br>G = Nursing Home Certifiable (NHC) ON |
| 6 | Filler | 13 | 34-41 | N/A | Spaces |
| 7 | Contract # | 5 | 47-51 | R | Contract Number |
| 8 | Filler | 8 | 52-59 | N/A | Spaces |
| 9 | Transaction Code (TC) | 2 | 60-61 | R | '01' = Correction |
| 10 | Filler | 239 | 62-300 | N/A | Spaces |

Total Length = 300

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

| Item | Field | Description |
|---|---|---|
| 9 | Election Type | The election type associated with the enrollment or disenrollment associated with this transaction.<br>• A = AEP<br>• D = MADP<br>• E = IEP<br>• F = IEP2<br>• I = ICEP<br>• R = 5 Star Quality Rating SEP<br>• S = Other SEP<br>• T = OEPI<br>• U = Dual/LIS SEP<br>• V = Permanent Change in Residence SEP<br>• W = EGHP SEP<br>• X = Administrative SEP<br>• Y = CMS/Case Worker SEP.<br>I, A, D, O, S, N, U, V, W, X, Y and T are valid for MA only enrollments.<br>I, A, D, O, S, U, V, W, X, Y, T, E, F, N, and T are valid for MAPD enrollments.<br>A, S, U, V, W, X, Y, E and F are valid for PDP enrollments. |
| 10 | Contract # | The contract number associated with the transaction.<br>• Hxxxx = local Plans<br>• Rxxxx = regional Plans<br>• Sxxxx = PDPs<br>• Fxxxx = fallback Plans<br>• Exxxx = employer sponsored MA/MAPD and PDP Plans. |
| 11 | Application Date | The application date associated with this enrollment transaction. The application date is generally the date the enrollment request was initially received by the Plan, as further defined in the CMS plan enrollment manual guidance.<br>• YYYYMMDD |
| 12 | TC | This identifies the type of transaction submitted on this record.<br>• 01 = Internal corrections or cleanups<br>• 30 = Turn Bene-Level Demonstration Factor On (Demos Only)<br>• 31 = Turn Bene-Level Demonstration Factor Off (Demos Only)<br>• 41 = Part D Opt-Out Change (Submitted by CMS)<br>• 42 = MMP Opt-Out Update<br>• 51 = Disenrollment (MCO or CMS)<br>• 54 = Disenrollment (Submitted by 1-800-MEDICARE)<br>• 61 = Single Enrollment<br>• 72 = 4Rx Record Update<br>• 73 = NUNCMO Update<br>• 74 = Employer Group Health Plan (EGHP) Update<br>• 75 = Premium Payment Option (PPO) Update<br>• 76 = Residence Address Update<br>• 77 = Segment ID Update<br>• 78 = Part C Premium Update<br>• 79 = Part D Opt-Out Update<br>• 80 = Cancellation of Enrollment<br>• 81= Cancellation of Disenrollment<br>• 82 = MMP Enrollment Cancellation<br>• 83 = MMP Opt-Out Update |

| 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.<br>• YYYYMMDD |
| 15 | Segment ID | The three character segment identifier, 001-999 (zero-padded), associated with this transaction. Only required for segmented Plans. Only local MA/MAPD Plans (Hxxxx) may have segments. For non-segmented Plans, this field is populated with blanks. |
| 16 | Filler | Blank |
| 17 | ESRD Override | This is populated to enroll an End Stage Renal Disease (ESRD) beneficiary into a non-PDP Plan.<br>• Any alpha-numeric value (1-9 and A-F) indicates an override.<br>• Zero (0) or blank indicates no override. |
| 18 | PPO/ Parts C-D | This indicates the premium payment option (PPO) requested by the beneficiary on this transaction.<br>• D = Direct self-pay<br>• S = Deduct from SSA benefits<br>• N = No Premium<br>• R = RRB benefits<br>The option applies to both Part C and D premiums. |
| 19 | Part C Premium Amount (XXXXvXX) | The amount of the Part C Premium is formatted as six digits with leading zeroes. A decimal point is assumed 2-digits from right; XXXXvXX. Zero is interpreted as an actual value. If Part C premium does not apply to the transaction, this field is treated as blank. |
| 20 | Filler | Blank |
| 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.<br>• For enrollment (TC 61) transactions, valid values are Y, N, R and blank.<br>• For NUNCMO change (TC 73), valid values are Y, N, R, U and blank.<br>• Y = the beneficiary has creditable coverage.<br>• N = the beneficiary does not have creditable coverage.<br>• R = the accumulated NUNCMO is reset to zero as of the effective date on the transaction.<br>• 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.<br>A NUNCMO is greater than 0 only if the Creditable Coverage Flag is N.<br>This field is populated with zero if the Creditable Coverage Flag is Y, 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.<br>• Y = override the employer subsidy check and enroll the beneficiary<br>• Blank = No override |
| 24 | Part D Opt-Out Flag | This flag indicates that the beneficiary does not want AE in a Part D Plan. It applies to LIS beneficiaries who are subject to AE-FE into Part D.<br>• Y = add the flag to opt-out of Part D AE-FE.<br>• N = remove the flag to opt-out of Part D AE-FE.<br>• Blank = no change to opt-out status |

| Item | Field | Description |
|---|---|---|
| 25 | MMP Opt-Out Flag | This flag indicates the beneficiary does not want passive enrollment into an MMP.<br>• Y = add the flag to opt-out of passive enrollment into MMPs.<br>• N = remove the flag to opt-out of passive enrollment into an MMP.<br>• Blank = no change to opt-out status |
| 26 | Secondary Drug Insurance Flag | This flag indicates whether that beneficiary has secondary drug insurance.<br>• Y = beneficiary has secondary drug insurance<br>• N = beneficiary does not have secondary drug insurance<br>• blank = status of beneficiary's secondary drug insurance is unknown |
| 27 | Secondary Rx ID | Secondary insurance Plan's Identifier for a Beneficiary. It can consist of any combination of alphanumeric characters. |
| 28 | Secondary Rx Group | Secondary insurance Plan's Group ID for a Beneficiary. It can consist of any combination of alphanumeric characters. |
| 29 | Enrollment Source | Indicates the source of the enrollment.<br>• A = AE by CMS<br>• B = Beneficiary election (Default when a blank enrollment source is submitted).<br>• C = FE by CMS<br>• D = System generated rollover<br>• E = Plan submitted AE<br>• F = Plan submitted FE<br>• G = Point of Sale (POS) submitted enrollment<br>• H = Re-assignment submitted by CMS or Plan<br>• J = State-submitted passive enrollment<br>• K = CMS-submitted passive enrollment<br>• L = MMP beneficiary election<br>• 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)<br>• Numeric and right justified<br>• Example: If BIN is five-position numeric (12345), the submitted BIN is a six-position numeric with zero added in the first position (012345). |
| 33 | Part D Rx PCN | Part D insurance Plan's Pharmacy Control Number (PCN) for the Beneficiary.<br>• Alphanumeric (upper case and/or numeric) and left justified<br>• Default value = spaces |
| 34 | Part D Rx Group | Part D insurance Plan's group identifier for the Beneficiary.<br>• Alphanumeric (upper case and/or numeric) and left justified<br>• Default value = spaces |
| 35 | Part D Rx ID | Part D insurance Plan's ID for the Beneficiary.<br>• Alphanumeric (upper case and/or numeric) and left justified<br>• Default value = spaces |
| 36 | Secondary Rx BIN | Secondary insurance Plan's BIN number for the Beneficiary.<br>• Numeric and right justified |
| 37 | Secondary Rx PCN | Secondary insurance Plan's PCN identifier for a Beneficiary.<br>• Alphanumeric (upper case and/or numeric) and left justified<br>• Default value = spaces |
| 38 | 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;<br>'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:<br>• Y = Medicaid status,<br>• Blank = not Medicaid.<br>2. In 2008, payments and payment adjustments report:<br>• Y = Beneficiary is Medicaid and a default risk factor was used,<br>• N = Beneficiary is not Medicaid and a default risk factor was used,<br>• Blank = CMS is not using a default risk factor or the beneficiary is Part D only.<br>3. Beginning in 2009:<br>• Payment adjustments with effective dates in 2008 and after, and all prospective payments report:<br>• Y = Beneficiary is Medicaid and a default risk factor was used,<br>• N = Beneficiary is not Medicaid and a default risk factor was used,<br>• Blank = CMS is not using a default risk factor or the beneficiary is Part D only.<br>• Payment adjustments with effective dates in 2007 and earlier report as follows:<br>• Y = A payment adjustment was made at a "Medicaid" rate to the demographic component of a blended payment.<br>• N = A payment adjustment was made to the demographic payment component of a blended payment, not at "Medicaid" rate.<br>• 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:<br>• An RAS-supplied factor is used in the payment, and<br>• Part C Default Indicator in the Payment Profile is blank, and<br>• 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.<br>• In the period 2004 through 2008, 'Y' indicates that a default factor was generated by the system due to lack of a RA factor.<br>• For 2009 and after, for payments and payment adjustments and regardless of the effective date of the adjustment, the following applies:<br>'1' = Default Enrollee- Aged/Disabled<br>'2' = Default Enrollee- ESRD dialysis<br>'3' = Default Enrollee- ESRD Transplant Kidney, Month 1<br>'4' = Default Enrollee- ESRD Transplant Kidney, Months 2-3<br>'5' = Default Enrollee- ESRD Post Graft, Months 4-9<br>'6' = Default Enrollee- ESRD Post Graft, 10+Months<br>'7' = Default Enrollee Chronic Care SNP<br>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<br>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<br>Prior to 2008, Demographic Paymt/Adjustmt Amount A is displayed.<br>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<br>Prior to 2008, Demographic Paymt/Adjustmt Amount B is displayed.<br>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.<br>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.<br>FORMAT: -99999.99 |
| 35 | LIS Premium Subsidy | 8 | 144-151 | FORMAT: -9999.99 |
| 36 | ESRD MSP Flag | 1 | 152-152 | As of January 2011:<br>T = Transplant/Dialysis<br>P = Post Graft<br>Blank = ESRD MSP not applicable<br>Prior to 2011:<br>Format X. Values = 'Y' or 'N'(default)<br>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.<br>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.<br>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.)<br>'1' = Beneficiary is determined as Medicaid as of CPM minus two (CPM –2) or minus one (CPM – 1),<br>'0' = Beneficiary was not determined as Medicaid as of CPM minus two (CPM – 2) or minus one (CPM – 1),<br>Blank = This is a retroactive transaction and Medicaid status is not reported.<br>The four sources to determine Current Medicaid Status are:<br>1. MMA State files or Dual Medicare Table<br>2. Low Income Territory Table<br>3. Medicaid Eligibility Table (Only valid records with a Medicaid source code of "003U" and "003C" are used.)<br>4. Point of Sale Table |
| 41 | Risk Adjuster Age Group (RAAG) | 4 | 172-175 | BBEE<br>BB = Beginning Age<br>EE = Ending Age<br>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<br>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.<br>Beginning 2008:<br>'N' = "de minimis" does not apply,<br>'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<br>'1' – Drug Plan with drug benefit, Beneficiary not dual enrolled<br>'2' – Non-Drug Plan without drug benefit, Beneficiary dual enrolled<br>'3' – Drug Plan with drug benefit, Beneficiary dual enrolled. |
| 45 | Plan Benefit Package Id | 3 | 185-187 | Plan Benefit Package Id<br>FORMAT 999 |
| 46 | Race Code | 1 | 188-188 | Format X<br>Values:<br>0 = Unknown<br>1 = White<br>2 = Black<br>3 = Other<br>4 = Asian<br>5 = Hispanic<br>6 = N. American Native |
| 47 | RA Factor Type Code | 2 | 189-190 | Type of factors in use (see Fields 24-25):<br>C = Community<br>C1 = Community Post-Graft I (ESRD)<br>C2 = Community Post-Graft II (ESRD)<br>D = Dialysis (ESRD)<br>E = New Enrollee<br>ED = New Enrollee Dialysis (ESRD)<br>E1 = New Enrollee Post-Graft I (ESRD)<br>E2 = New Enrollee Post-Graft II (ESRD)<br>G1 = Graft I (ESRD)<br>G2 = Graft II (ESRD)<br>I = Institutional<br>I1 = Institutional Post-Graft I (ESRD)<br>I2 = Institutional Post-Graft II (ESRD)<br>SE=New Enrollee Chronic Care SNP |
| 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<br>1 = Beneficiary insured due to disability<br>2 = Beneficiary insured due to ESRD<br>3 = Beneficiary insured due to disability and current ESRD<br>9 = None of the above |
| 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:<br>A = Auto-enrolled by CMS,<br>B = Beneficiary election,<br>C = Facilitated enrollment by CMS,<br>D = Systematic enrollment by CMS (rollover) |
| 53 | EGHP Flag | 1 | 198 | Employer Group flag;<br>Y = member of employer group,<br>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<br>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.<br>The valid values when Field 40 = 1 are:<br>01 = Eligible is entitled to Medicare- QMB only<br>02 = Eligible is entitled to Medicare- QMB AND Medicaid coverage<br>03 = Eligible is entitled to Medicare- SLMB only<br>04 = Eligible is entitled to Medicare- SLMB AND Medicaid coverage<br>05 = Eligible is entitled to Medicare- QDWI<br>06 = Eligible is entitled to Medicare- Qualifying individuals<br>08 = Eligible is entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB,QDWI or QI) with Medicaid coverage<br>09 = Eligible is entitled to Medicare – Other Dual Eligibles but without Medicaid coverage<br>99=Unknown<br>The valid value when Field 40 = 0 is:<br>00 = No Medicaid Status<br>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):<br>D1 = Community Non-Low Income Continuing Enrollee,<br>D2 = Community Low Income Continuing Enrollee,<br>D3 = Institutional Continuing Enrollee,<br>D4 = New Enrollee Community Non-Low Income Non-ESRD,<br>D5 = New Enrollee Community Non-Low Income ESRD,<br>D6 = New Enrollee Community Low Income Non-ESRD,<br>D7 = New Enrollee Community Low Income ESRD,<br>D8 = New Enrollee Institutional Non-ESRD,<br>D9 = New Enrollee Institutional ESRD,<br>Blank when it does not apply. |
| 88 | Default Part D Risk Factor Code | 1 | 458 | Beginning with January 2011 payment :<br>1=Not ESRD, Not Low Income, Not Originally Disabled,<br>2=Not ESRD, Not Low Income, Originally Disabled,<br>3=Not ESRD, Low Income, Not Originally Disabled,<br>4=Not ESRD, Low Income, Originally Disabled,<br>5= ESRD, Not Low Income, Not Originally Disabled,<br>6= ESRD, Low Income, Not Originally Disabled,<br>7= ESRD, Not Low Income, Originally Disabled,<br>8= ESRD, Low Income, Originally Disabled,<br>Blank when it does not apply. |
| 89 | Part A Risk Adjusted Monthly Rate Amount for Pymt/Adj | 9 | 459-467 | Beginning August 2011:<br>Payments = Rate amount in effect for payment period<br>Adjustments = Rate amount in effect for adjustment period<br>Format: -99999.99 |
| 90 | Part B Risk Adjusted Monthly Rate Amount for Pymt/Adj | 9 | 468-476 | Beginning August 2011:<br>Payments = Rate amount in effect for payment period<br>Adjustments = Rate amount in effect for adjustment period<br>Format: -99999.99 |
| 91 | Part D Direct Subsidy Monthly Rate Amount for Pymt/Adj | 9 | 477-485 | Beginning August 2011:<br>Payments = Rate amount in effect for payment period<br>Adjustments = Rate amount in effect for adjustment period<br>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:<br>TOTAL PAYM<br>ESRD<br>HOSPICE<br>MCAID<br>OTHER<br>WA<br>OUTOFAREA<br>DIR SUBSDY<br>LIS CSTSHR<br>EST REINS<br>PACE PRM<br>PACE CSHR<br>PTC PREM<br>RBT AB CSR<br>RBT AB MSB<br>RBT D PRRE<br>RBT D SUBE<br>PTB PRM RE<br>B PRM RE A<br>B PRM RE D<br>BSF MNTHLY<br>AD MSP<br>COV GAP<br>TOTAL ADJ<br>HOSPIC ON<br>HOSPIC OFF<br>ESRD ON<br>ESRD OFF<br>INST ON<br>INST OF<br>MCAID ON<br>MCAID OFF<br>WKAGE ON<br>WKAGE OFF<br>NHC ON<br>NHC OFF<br>DEATH<br>RETRO ENRO<br>RETRO DISEN<br>CORR PARTA<br>RETRO SCC C<br>CORR DEATH |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| | | | | CORR BIRTH<br>CORR SEX<br>PTC RATE<br>CORR PARTB<br>DISENROLL P<br>DEMO FACTO<br>PTC RSK AD<br>PTCRAF MID<br>RETRO CHF<br>HOSPICE RAT<br>RTRO PTC P<br>RTRO PTD L<br>RTRO CST S<br>RTRO EST R<br>RTRO PTC R<br>RTRO REBAT<br>PTD RATE C<br>PTD RAF<br>SEG ID CHG<br>PTDRAF MID<br>RETRO MSP<br>PLN SUB PREM<br>ESRD MSP<br>LIPS<br>XRF MRG<br>PYMT CORR<br>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<br>PIC XX |
| 2 | MCO Contract Number | 5 | 3-7 | MCO Contract Number<br>PIC X(5) |
| 3 | Payment Date | 8 | 8-15 | YYYYMMDD<br>First 6 digits contain payment month<br>PIC 9(8) |
| 4 | Report Date | 8 | 16-23 | YYYYMMDD<br>Date this report created<br>PIC 9(8) |
| 5 | Filler | 142 | 24-165 | Spaces |

Total Length = 165

### F.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<br>"SSA" = Withholding by SSA<br>"RRB" = Withholding by RRB<br>PIC X(3) |
| 11 | Filler | 1 | 46 | Space |
| 12 | Premium Period Start Date | 8 | 47-54 | Starting Date of Period Premium Payment Covers<br>YYYYMMDD PIC 9(8) |
| 13 | Premium Period End Date | 8 | 55-62 | Ending Date of Period Premium Payment Covers<br>YYYYMMDD PIC 9(8) |
| 14 | Number of Months in Premium Period | 2 | 63-64 | PIC 99 |
| 15 | Part C Premiums Collected | 8 | 65-72 | Part C Premiums Collected for this Beneficiary, Plan, and premium period. A negative amount indicates a refund by withholding agency to Beneficiary of premiums paid in a prior premium period. PIC -9999.99 |
| 16 | Part D Premiums Collected | 8 | 73-80 | Part D Premiums Collected (excluding LEP) for this Beneficiary, Plan, and premium period. A negative amount indicates a refund by withholding agency to Beneficiary of premiums paid in a prior premium period. PIC -9999.99 |
| 17 | Part D Late Enrollment Penalties Collected | 8 | 81-88 | Part D Late Enrollment Penalties Collected for this Beneficiary, Plan, and premium period. A negative amount indicates a refund by withholding agency to Beneficiary of penalties paid in a prior premium period. PIC -9999.99 |
| 18 | Filler | 77 | 89-165 | Spaces |

Total Length = 165

### F.10.3 *Trailer Record*

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

Total Length = 165

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

Total Length = 187

### F.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<br>A=Details for old V12 PTC MOR<br>B=Details for new V21 PTC MOR<br>C = Details for V22 PTC MOR<br>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<br>A = Details for old V12 PTC MOR<br>B = Details for new V21 PTC MOR<br>C = Details for V22 PTC MOR3 = 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, |

| Item | Field | Size | Position | Comment | Description |
|---|---|---|---|---|---|
| | | | | | 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 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. |

| Item | Field | Size | Position | Comment | Description |
|---|---|---|---|---|---|
| 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. |
| 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 |

| Item | Field | Size | Position | Comment | Description |
|---|---|---|---|---|---|
| 44 | Disease Coefficients HCC9 | 1 | 87 | Set to "1" if applicable, otherwise "0" | Lymphatic, Head and Neck, Brain, and Other Major Cancers |
| 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 | 1 | 104 | Set to "1" if applicable, | Disorders of Immunity |

| Item | Field | Size | Position | Comment | Description |
|---|---|---|---|---|---|
| | HCC45 | | | otherwise "0" | |
| 62 | Disease Coefficients HCC51 | 1 | 105 | Set to "1" if applicable, otherwise "0" | Drug/Alcohol Psychosis |
| 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 |

| Item | Field | Size | Position | Comment | Description |
|---|---|---|---|---|---|
| 79 | Disease Coefficients HCC81 | 1 | 122 | Set to "1" if applicable, otherwise "0" | Acute Myocardial Infarction |
| 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 | 1 | 139 | Set to "1" if applicable, | Nephritis |

| Item | Field | Size | Position | Comment | Description |
|---|---|---|---|---|---|
| | HCC132 | | | otherwise "0" | |
| 97 | Disease Coefficients HCC148 | 1 | 140 | Set to "1" if applicable, otherwise "0" | Decubitus Ulcer of Skin |
| 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 |

| Item | Field | Size | Position | Comment | Description |
|---|---|---|---|---|---|
| 114 | Disease Interactions INT1 | 1 | 157 | Set to "1" if applicable, otherwise "0" | DM_CHF |
| 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<br>A = Details for old V12 PTC MOR<br>B = Details for new V21 PTC MOR<br>C = Details for V22 PTC MOR<br>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<br>N = not ESRD | The beneficiary's ESRD status as of the model run. Also indicates if the beneficiary was processed by the ESRD models in the model run. |
| 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 Detail Record Type C*

| Item | Field | Size | Position | Comment | Description |
|---|---|---|---|---|---|
| 1 | Record Type Code | 1 | 1 | Set to "C" | 1 = Header<br>A = Details for old V12 PTC MOR<br>B = Details for new V21 PTC MOR<br>C = Details for V22 PTC MOR<br>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 |

| Item | Field | Size | Position | Comment | Description |
|---|---|---|---|---|---|
| 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 | Y = ESRD<br>N = not ESRD | 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. |
| 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. |

| Item | Field | Size | Position | Comment | Description |
|---|---|---|---|---|---|
| 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, 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. |

| Item | Field | Size | Position | Comment | Description |
|---|---|---|---|---|---|
| 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 | HCC001 | 1 | 82 | Set to "1" if applicable, otherwise "0" | HIV/AIDS |
| 40 | HCC002 | 1 | 83 | Set to "1" if applicable, otherwise "0" | Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock |
| 41 | HCC006 | 1 | 84 | Set to "1" if applicable, otherwise "0" | Opportunistic Infections |

| Item | Field | Size | Position | Comment | Description |
|---|---|---|---|---|---|
| 42 | HCC008 | 1 | 85 | Set to "1" if applicable, otherwise "0" | Metastatic Cancer and Acute Leukemia |
| 43 | HCC009 | 1 | 86 | Set to "1" if applicable, otherwise "0" | Lung and Other Severe Cancers |
| 44 | HCC010 | 1 | 87 | Set to "1" if applicable, otherwise "0" | Lymphoma and Other Cancers |
| 45 | HCC011 | 1 | 88 | Set to "1" if applicable, otherwise "0" | Colorectal, Bladder, and Other Cancers |
| 46 | HCC012 | 1 | 89 | Set to "1" if applicable, otherwise "0" | Breast, Prostate, and Other Cancers and Tumors |
| 47 | HCC017 | 1 | 90 | Set to "1" if applicable, otherwise "0" | Diabetes with Acute Complications |
| 48 | HCC018 | 1 | 91 | Set to "1" if applicable, otherwise "0" | Diabetes with Chronic Complications |
| 49 | HCC019 | 1 | 92 | Set to "1" if applicable, otherwise "0" | Diabetes without Complication |
| 50 | HCC021 | 1 | 93 | Set to "1" if applicable, otherwise "0" | Protein-Calorie Malnutrition |
| 51 | HCC022 | 1 | 94 | Set to "1" if applicable, otherwise "0" | Morbid Obesity |
| 52 | HCC023 | 1 | 95 | Set to "1" if applicable, otherwise "0" | Other Significant Endocrine and Metabolic Disorders |
| 53 | HCC027 | 1 | 96 | Set to "1" if applicable, otherwise "0" | End-Stage Liver Disease |
| 54 | HCC028 | 1 | 97 | Set to "1" if applicable, otherwise "0" | Cirrhosis of Liver |
| 55 | HCC029 | 1 | 98 | Set to "1" if applicable, otherwise "0" | Chronic Hepatitis |

| Item | Field | Size | Position | Comment | Description |
|---|---|---|---|---|---|
| 56 | HCC033 | 1 | 99 | Set to "1" if applicable, otherwise "0" | Intestinal Obstruction/Perforation |
| 57 | HCC034 | 1 | 100 | Set to "1" if applicable, otherwise "0" | Chronic Pancreatitis |
| 58 | HCC035 | 1 | 101 | Set to "1" if applicable, otherwise "0" | Inflammatory Bowel Disease |
| 59 | HCC039 | 1 | 102 | Set to "1" if applicable, otherwise "0" | Bone/Joint/Muscle Infections/Necrosis |
| 60 | HCC040 | 1 | 103 | Set to "1" if applicable, otherwise "0" | Rheumatoid Arthritis and Inflammatory Connective Tissue Disease |
| 61 | HCC046 | 1 | 104 | Set to "1" if applicable, otherwise "0" | Severe Hematological Disorders |
| 62 | HCC047 | 1 | 105 | Set to "1" if applicable, otherwise "0" | Disorders of Immunity |
| 63 | HCC048 | 1 | 106 | Set to "1" if applicable, otherwise "0" | Coagulation Defects and Other Specified Hematological Disorders |
| 64 | HCC054 | 1 | 107 | Set to "1" if applicable, otherwise "0" | Drug/Alcohol Psychosis |
| 65 | HCC055 | 1 | 108 | Set to "1" if applicable, otherwise "0" | Drug/Alcohol Dependence |
| 66 | HCC057 | 1 | 109 | Set to "1" if applicable, otherwise "0" | Schizophrenia |
| 67 | HCC058 | 1 | 110 | Set to "1" if applicable, otherwise "0" | Major Depressive, Bipolar, and Paranoid Disorders |
| 68 | HCC070 | 1 | 111 | Set to "1" if applicable, otherwise "0" | Quadriplegia |
| 69 | HCC071 | 1 | 112 | Set to "1" if applicable, otherwise "0" | Paraplegia |

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

| Item | Field | Size | Position | Comment | Description |
|---|---|---|---|---|---|
| 84 | HCC087 | 1 | 127 | Set to "1" if applicable, otherwise "0" | Unstable Angina and Other Acute Ischemic Heart Disease |
| 85 | HCC088 | 1 | 128 | Set to "1" if applicable, otherwise "0" | Angina Pectoris |
| 86 | HCC096 | 1 | 129 | Set to "1" if applicable, otherwise "0" | Specified Heart Arrhythmias |
| 87 | HCC099 | 1 | 130 | Set to "1" if applicable, otherwise "0" | Cerebral Hemorrhage |
| 88 | HCC100 | 1 | 131 | Set to "1" if applicable, otherwise "0" | Ischemic or Unspecified Stroke |
| 89 | HCC103 | 1 | 132 | Set to "1" if applicable, otherwise "0" | Hemiplegia/Hemiparesis |
| 90 | HCC104 | 1 | 133 | Set to "1" if applicable, otherwise "0" | Monoplegia, Other Paralytic Syndromes |
| 91 | HCC106 | 1 | 134 | Set to "1" if applicable, otherwise "0" | Atherosclerosis of the Extremities with Ulceration or Gangrene |
| 92 | HCC107 | 1 | 135 | Set to "1" if applicable, otherwise "0" | Vascular Disease with Complications |
| 93 | HCC108 | 1 | 136 | Set to "1" if applicable, otherwise "0" | Vascular Disease |
| 94 | HCC110 | 1 | 137 | Set to "1" if applicable, otherwise "0" | Cystic Fibrosis |
| 95 | HCC111 | 1 | 138 | Set to "1" if applicable, otherwise "0" | Chronic Obstructive Pulmonary Disease |
| 96 | HCC112 | 1 | 139 | Set to "1" if applicable, otherwise "0" | Fibrosis of Lung and Other Chronic Lung Disorders |
| 97 | HCC114 | 1 | 140 | Set to "1" if applicable, otherwise "0" | Aspiration and Specified Bacterial Pneumonias |

| Item | Field | Size | Position | Comment | Description |
|---|---|---|---|---|---|
| 98 | HCC115 | 1 | 141 | Set to "1" if applicable, otherwise "0" | Pneumococcal Pneumonia, Emphysema, Lung Abscess |
| 99 | HCC122 | 1 | 142 | Set to "1" if applicable, otherwise "0" | Proliferative Diabetic Retinopathy and Vitreous Hemorrhage |
| 100 | HCC124 | 1 | 143 | Set to "1" if applicable, otherwise "0" | Exudative Macular Degeneration |
| 101 | HCC134 | 1 | 144 | Set to "1" if applicable, otherwise "0" | Dialysis Status |
| 102 | HCC135 | 1 | 145 | Set to "1" if applicable, otherwise "0" | Acute Renal Failure |
| 103 | HCC136 | 1 | 146 | Set to "1" if applicable, otherwise "0" | Chronic Kidney Disease, Stage 5 |
| 104 | HCC137 | 1 | 147 | Set to "1" if applicable, otherwise "0" | Chronic Kidney Disease, Severe (Stage 4) |
| 105 | HCC157 | 1 | 148 | Set to "1" if applicable, otherwise "0" | Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone |
| 106 | HCC158 | 1 | 149 | Set to "1" if applicable, otherwise "0" | Pressure Ulcer of Skin with Full Thickness Skin Loss |
| 107 | HCC161 | 1 | 150 | Set to "1" if applicable, otherwise "0" | Chronic Ulcer of Skin, Except Pressure |
| 108 | HCC162 | 1 | 151 | Set to "1" if applicable, otherwise "0" | Severe Skin Burn or Condition |
| 109 | HCC166 | 1 | 152 | Set to "1" if applicable, otherwise "0" | Severe Head Injury |
| 110 | HCC167 | 1 | 153 | Set to "1" if applicable, otherwise "0" | Major Head Injury |
| 111 | HCC169 | 1 | 154 | Set to "1" if applicable, otherwise "0" | Vertebral Fractures without Spinal Cord Injury |

| Item | Field | Size | Position | Comment | Description |
|---|---|---|---|---|---|
| 112 | HCC170 | 1 | 155 | Set to "1" if applicable, otherwise "0" | Hip Fracture/Dislocation |
| 113 | HCC173 | 1 | 156 | Set to "1" if applicable, otherwise "0" | Traumatic Amputations and Complications |
| 114 | HCC176 | 1 | 157 | Set to "1" if applicable, otherwise "0" | Complications of Specified Implanted Device or Graft |
| 115 | HCC186 | 1 | 158 | Set to "1" if applicable, otherwise "0" | Major Organ Transplant or Replacement Status |
| 116 | HCC188 | 1 | 159 | Set to "1" if applicable, otherwise "0" | Artificial Openings for Feeding or Elimination |
| 117 | HCC189 | 1 | 160 | Set to "1" if applicable, otherwise "0" | Amputation Status, Lower Limb/Amputation Complications |
| 118 | Disabled Disease HCC006 | 1 | 161 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS V21 HCC 006 Opportunistic Infections |
| 119 | Disabled Disease HCC034 | 1 | 162 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS V21 HCC 034 Chronic Pancreatitis |
| 120 | Disabled Disease HCC046 | 1 | 163 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS V21 HCC 046 Severe Hematological Disorders |
| 121 | Disabled Disease HCC054 | 1 | 164 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS V21 HCC 054 Drug/Alcohol Psychosis |
| 122 | Disabled Disease HCC055 | 1 | 165 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS V21 HCC 055 Drug/Alcohol Dependence |
| 123 | Disabled Disease HCC110 | 1 | 166 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS V21 HCC 110 Cystic Fibrosis |
| 124 | Disabled Disease HCC176 | 1 | 167 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS V21 HCC 176 Complications of Specified Implanted Device or Graft |

| Item | Field | Size | Position | Comment | Description |
|---|---|---|---|---|---|
| 125 | CANCER_ IMMUNE | 1 | 168 | Set to "1" if applicable, otherwise "0" | CANCER_IMMUNE |
| 126 | CHF_COPD | 1 | 169 | Set to "1" if applicable, otherwise "0" | CHF_COPD |
| 127 | CHF_RENAL | 1 | 170 | Set to "1" if applicable, otherwise "0" | CHF_RENAL |
| 128 | COPD_CARD _RESP_FAIL | 1 | 171 | Set to "1" if applicable, otherwise "0" | COPD_CARD_RESP_FAIL |
| 129 | DIABETES_ CHF | 1 | 172 | Set to "1" if applicable, otherwise "0" | DIABETES_CHF |
| 130 | SEPSIS_ CARD_RESP_ FAIL | 1 | 173 | Set to "1" if applicable, otherwise "0" | SEPSIS_CARD_RESP_FAIL |
| 131 | Medicaid | 1 | 174 | Set to "1" if applicable, otherwise "0" | Beneficiary is entitled to Medicaid. |
| 132 | Originally Disabled | 1 | 175 | Set to "1" if applicable, otherwise "0" | Beneficiary original Medicare entitlement was due to disability. |
| 133 | Disabled Disease HCC039 | 1 | 176 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS V21 HCC 039 Bone/Joint/Muscle Infections/Necrosis |
| 134 | Disabled Disease HCC077 | 1 | 177 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS V21 HCC 077 Multiple Sclerosis |
| 135 | Disabled Disease HCC085 | 1 | 178 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS V21 HCC 085 Congestive Heart Failure |
| 136 | Disabled Disease HCC161 | 1 | 179 | Set to "1" if applicable, otherwise "0" | Disabled (Age<65) and CMS V21 HCC 161 Chronic Ulcer of Skin, Except Pressure |
| 137 | DISABLED_PRESSURE_ULCER | 1 | 180 | Set to "1" if applicable, otherwise "0" | Disabled Pressure Ulcer |

| Item | Field | Size | Position | Comment | Description |
|---|---|---|---|---|---|
| 138 | ART_ OPENINGS_ PRESSURE_ ULCER | 1 | 181 | Set to "1" if applicable, otherwise "0" | ART_OPENINGS_PRESSURE_ ULCER |
| 139 | ASP_SPEC_ BACT_ PNEUM_ PRES_ULC | 1 | 182 | Set to "1" if applicable, otherwise "0" | ASP_SPEC_BACT_PNEUM_ PRES_ULC |
| 140 | COPD_ASP_ SPEC_BACT_ PNEUM | 1 | 183 | Set to "1" if applicable, otherwise "0" | COPD_ASP_SPEC_BACT_ PNEUM |
| 141 | SCHIZO- PHRENIA_ CHF | 1 | 184 | Set to "1" if applicable, otherwise "0" | SCHIZO-PHRENIA_CHF |
| 142 | SCHIZO- PHRENIA_ COPD | 1 | 185 | Set to "1" if applicable, otherwise "0" | SCHIZO-PHRENIA_COPD |
| 143 | SCHIZO- PHRENIA_ SEIZURES | 1 | 186 | Set to "1" if applicable, otherwise "0" | SCHIZO-PHRENIA_SEIZURES |
| 144 | SEPSIS_ ARTIF_ OPENINGS | 1 | 187 | Set to "1" if applicable, otherwise "0" | SEPSIS_ARTIF_OPENINGS |
| 145 | SEPSIS_ ASP_SPEC_ BACT_ PNEUM | 1 | 188 | Set to "1" if applicable, otherwise "0" | SEPSIS_ASP_SPEC_BACT_ PNEUM |
| 146 | SEPSIS_ PRESSURE_ ULCER | 1 | 189 | Set to "1" if applicable | SEPSIS_PRESSURE_ULCER |
| 147 | Filler | 1 | 190 - 200 | Set to "1" if applicable | Filler |

The total length of this record is 200 characters.
NOTE: Fields 140-147 are associated with the CMS HCC V22 Institutional Score only.

### *F.12.5 Trailer Record*

| Item | Field | Size | Position | Comment | Description |
|---|---|---|---|---|---|
| 1 | Record Type | 1 | 1 | Set to "3" | 1 = Header<br>A = Details for old V12 PTC MOR<br>B = Details for new V21 PTC MOR<br>C = Details for V22 PTC MOR<br>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<br>• 2 = Details<br>• 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<br>• 2 = Details<br>• 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<br>‘0’ = Unknown;<br>‘1’ = Male;<br>‘2’ = Female. |
| 6 | Date of Birth | 8 | 34-41 | YYYYMMDD Format |
| 7 | Record Type | 1 | 42 | ‘T’ = TRC record |
| 8 | Contract Number | 5 | 43-47 | Plan Contract Number |
| 9 | State Code | 2 | 48-49 | Beneficiary Residence State Code; otherwise, spaces if not applicable. |
| 10 | County Code | 3 | 50-52 | Beneficiary Residence County Code; otherwise, spaces if not applicable. |
| 11 | Disability Indicator | 1 | 53 | ‘0’ = No Disability;<br>‘1’ = Disabled;<br>Space = not applicable. |
| 12 | Hospice Indicator | 1 | 54 | ‘0’ = No Hospice;<br>‘1’ = Hospice;<br>Space = not applicable. |
| 13 | Institutional/NHC /HCBS Indicator | 1 | 55 | ‘0’ = No Institutional<br>‘1’ = Institutional;<br>‘2’ = NHC;<br>‘3’ = HCBS; ;<br>Space = not applicable |
| 14 | ESRD Indicator | 1 | 56 | ‘0’ = No End-Stage Renal Disease;<br>‘1’ = End-Stage Renal Disease;<br>Space = not applicable. |
| 15 | Transaction Reply Code (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:<br>'Y' = Entitled to Part A and B,<br>'Z' = Entitled to Part A or B;<br>Space = not applicable<br>Space reported with TRCs 121, 194, and 223, has no meaning. |
| 18 | Effective Date | 8 | 63-70 | YYYYMMDD Format;<br>Effective date is present for all TRCs.<br>For some TRCs, including the 7xx series, field content is TRC dependent:<br>091 – Previously reported incorrect death date,<br>121, 194, and 223 – PBP enrollment effective date.<br>293 – Enrollment End Date; Last day of the month<br>305 – New ZIP Code Start Date<br>701 – New enrollment period start date,<br>702 – Fill-in enrollment period start date,<br>703 – Start date of cancelled enrollment period,<br>704 – Start date of enrollment period cancelled for Plan Benefit Package (PBP) correction,<br>705 – Start date of enrollment period for corrected PBP,<br>706 – Start date of enrollment period cancelled for segment correction,<br>707 – Start date of enrollment period for corrected segment,<br>708 – Enrollment period end date assigned to existing opened ended enrollment,<br>709 & 710 – New start date resulting from update,<br>711 & 712 – New end date resulting from update,<br>713 – "00000000" – End date removed. Original end date is in field 24. |
| 19 | Working Age (WA) Indicator | 1 | 71 | '0' = No WA;<br>'1' = WA;<br>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 | '0' = transaction from source other than user interface;<br>'1' = transaction created through user interface;<br>Space = not applicable. |
| 24 | Positions 85 – 96 are dependent upon the TRC value. There are spaces for all codes except where indicated below. | 12 | 85-96 | 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;<br>Field content is dependent on TRC:<br>702 – Fill-in enrollment period end date,<br>705 – End date of enrollment period for corrected PBP, blank when end date not provided by user,<br>707 – End date of enrollment period for corrected segment, blank when end date not provided by user,<br>709 & 710 – Enrollment period start date prior to start date change,<br>711, 712, & 713 – Enrollment period end date prior to end date change. |

| 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; 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.<br>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<br>'02' = Regional Office;<br>'03' = Central Office;<br>Spaces = not UI transaction |
| 32 | Out of Area Flag | 1 | 134 | 'Y' = Out of area;<br>'N' = Not out of area;<br>Space = not applicable |
| 33 | Segment Number | 3 | 135-137 | Further definition of PBP by geographic boundaries; otherwise, spaces when not applicable. |
| 34 | Part C Beneficiary Premium | 8 | 138-145 | Cost to beneficiary for Part C benefits; otherwise, spaces if not applicable. |
| 35 | Part D Beneficiary Premium | 8 | 146-153 | Cost to beneficiary for Part D benefits; otherwise, spaces if not applicable. |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 36 | Election Type | 1 | 154 | ‘A’ = AEP;<br>‘E’ = IEP;<br>’I’ = ICEP;<br>‘O’ = OEP;<br>‘N’ = OEPNEW;<br>‘T’ = OEPI;<br>‘R’ = 5 Star SEP;<br>‘S’ = Other SEP;<br>‘U’ = Dual/LIS SEP;<br>‘V’ = Permanent Change in Residence SEP;<br>‘W’ = EGHP SEP;<br>‘X’ = Administrative Action SEP;<br>‘Y’ = CMS/Case Work SEP;<br>Space = not applicable.<br>(MAs use I, A, N, O, R, S, T, U, V, W, X, and Y.<br>MAPDs use I, A, E, N, O, R, S, T, U, V, W, X, Y.<br>PDPs use A, E, R, S, U, V, W, X, and Y.) |
| 37 | Enrollment Source | 1 | 155 | ‘A’ = Auto enrolled by CMS;<br>‘B’ = Beneficiary Election;<br>‘C’ = Facilitated enrollment by CMS;<br>‘D’ = CMS Annual Rollover;<br>‘E’ = Plan initiated AE;<br>‘F’ = Plan initiated FE;<br>‘G’ = Point-of-sale enrollment;<br>‘H’ = CMS or Plan reassignment;<br>‘I’ = Invalid submitted value (transaction is not rejected);<br>‘J’ = State-submitted Passive Enrollment<br>‘K’ = CMS-submitted passive Enrollment<br>‘L’ = Beneficiary Election in Financial Alignment Demonstration<br>‘M’ = Defaulted value for Financial Alignment Demonstration<br>Space = not applicable. |
| 38 | Part D Opt-Out Flag | 1 | 156 | ‘Y’ = Opted out of Part D AE/FE;<br>‘N’ = Not opted out of Part D AE/FE;<br>Space = No change to opt-out status |
| 39 | Premium Withhold Option/Parts C-D | 1 | 157 | ‘D’ = Direct self-pay;<br>‘S’ = Deduct from SSA benefits;<br>‘R’ = Deduct from RRB benefits;<br>‘N’ = No premium applicable;<br>Option applies to both Part C and D Premiums;<br>Space = not applicable. |
| 40 | Number of Uncovered Months (NUNCMO) | 3 | 158-160 | Reported number of months without creditable drug coverage; otherwise, spaces if not applicable. |
| 41 | Creditable Coverage Flag | 1 | 161 | ‘Y’ = Covered;<br>‘N’ = Not Covered;<br>‘R’ = Setting uncovered months to zero due to a new IEP;<br>‘U’ = Setting uncovered months to the value prior to using R;<br>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;<br>Space = no flag submitted by Plan. |
| 43 | Processing Timestamp | 15 | 163-177 | Transaction processing time, or, for TRCs 121, 194, and 223, the report generation time.<br>Format: HH.MM.SS.SSSSSS |
| 44 | Filler | 20 | 178-197 | Spaces |
| 45 | Secondary Drug Insurance Flag | 1 | 198 | (TC 61) MAPD and PDP transactions:<br>'Y' = Beneficiary has secondary drug insurance;<br>'N' = Beneficiary does not have secondary drug insurance available;<br>Space = No flag submitted by Plan.<br><br>(TC 72) MAPD and PDP transactions:<br>'Y' = Secondary drug insurance available<br>'N' = No secondary drug insurance available<br>Space = no change.<br>Space returned with any other 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:<br>'Y' = EGHP;<br>Space = not EGHP.<br><br>TC 74:<br>'Y' = EGHP;<br>'N' = Not EGHP;<br>Space = no change.<br><br>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:<br>'000' = No subsidy,<br>'025' = 25% subsidy level;<br>'050' = 50% subsidy level;<br>'075' = 75% subsidy level;<br>'100' = 100% subsidy level;<br>Spaces = not applicable. |
| 50 | Low-Income Co-Pay Category | 1 | 238 | Definitions of the co-payment categories:<br>'0' = none, not low-income<br>'1' = (High);<br>'2' = (Low);<br>'3' = (0);<br>'4' = 15%;<br>'5' = Unknown;<br>Space = not applicable. |
| 51 | Low-Income Period Effective Date | 8 | 239-246 | Date low income period starts.<br>Format: YYYYMMDD<br>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).<br>Format: -9999.99; otherwise, spaces if not applicable. |
| 53 | Part D LEP Waived Amount | 8 | 255-262 | Amount of Part D LEP waived.<br>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.<br>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.<br>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.<br>Format: -9999.99; otherwise, spaces if not applicable. |
| 63 | MSP Status Flag | 1 | 354 | 'P' = Medicare primary payer;<br>'S' = Medicare secondary payer;<br>'N' = Non-respondent beneficiary;<br>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.<br>FORMAT: YYYYMMDD; otherwise, spaces if not applicable. |
| 65 | LIS Source Code | 1 | 363 | 'A' = Approved SSA applicant;<br>'D' = Deemed eligible by CMS;<br>Space = not applicable. |
| 66 | Enrollee Type Flag, PBP Level | 1 | 364 | Designation relative to the report generation date (Transaction Date, field #22)<br>'C' = Current PBP enrollee;<br>'P' = Prospective PBP enrollee;<br>'Y' = Previous PBP enrollee;<br>Spaces = not applicable. |
| 67 | Application Date Indicator | 1 | 365 | Identifies whether the application date associated with a UI submitted enrollment has a system generated default value:<br>'Y' = Default value for UI enrollment;<br>Space = Not applicable |

| 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<br>"N" = Not opted out of passive enrollment into MMP<br>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<br>'0' = Unknown;<br>'1' = Male;<br>'2' = Female. |
| 6 | Date of Birth | 8 | 34-41 | YYYYMMDD Format |
| 7 | Record Type | 1 | 42 | 'P' = Plan submitted transaction text. |
| 8 | Contract Number | 5 | 43-47 | Plan Contract Number |
| 9 | Plan Transaction Text | 300 | 48-347 | Copy of plan submitted transaction. |
| 10 | Filler | 126 | 348-473 | Spaces |
| 11 | Transaction Accept/Reject Status Flag | 1 | 474 | 'A' = System accepted transaction or<br>'R' = System Rejected transaction. |
| 12 | System Assigned Transaction Tracking ID | 11 | 475-485 | System assigned request tracking ID. |
| 13 | Plan Assigned Transaction Tracking ID | 15 | 486-500 | Plan submitted batch input transaction tracking ID. |

Total Length = 500

## *F.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<br>0 = Unknown<br>1 = Male<br>2 = Female |
| 6 | Date of Birth | 8 | 34 – 41 | YYYYMMDD – Format |
| 7 | Medicaid Indicator | 1 | 42 | Spaces |
| 8 | Contract Number | 5 | 43 – 47 | Plan Contract Number |
| 9 | State Code | 2 | 48 – 49 | Beneficiary State Code |
| 10 | County Code | 3 | 50 – 52 | Beneficiary County Code |
| 11 | Disability Indicator | 1 | 53 | Spaces |
| 12 | Hospice Indicator | 1 | 54 | Spaces |
| 13 | Institutional/NHC/HCBS Indicator | 1 | 55 | Spaces |
| 14 | ESRD Indicator | 1 | 56 | Spaces |
| 15 | TRC | 3 | 57 – 59 | TRC; Defaulted to '999' |
| 16 | TC | 2 | 60 – 61 | TC; Defaulted to '01' for special reports |
| 17 | Entitlement Type Code | 1 | 62 | Spaces |
| 18 | Effective Date | 8 | 63 – 70 | YYYYMMDD – Format |
| 19 | WA Indicator | 1 | 71 | Spaces |
| 20 | Plan Benefit Package (PBP) ID | 3 | 72 – 74 | PBP number |
| 21 | Filler | 1 | 75 | Spaces |
| 22 | Transaction Date | 8 | 76 – 83 | Set to Current Date (YYYYMMDD ) |
| 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;<br>B = Beneficiary Election;<br>C = Facilitated Enrollment by CMS;<br>D = CMS Annual rollover;<br>E = Plan initiated auto-enrollment;<br>F = Plan initiated facilitated-enrollment;<br>G = Point-of-Sale enrollment;<br>H= CMS or Plan reassignment;<br>I = Invalid submitted value (transaction is not rejected);<br>J = State Submitted Passive Enrollment;<br>K = CMS Submitted Passive Enrollment;<br>L = MMP Beneficiary Election; or<br>Space = Not Applicable |
| 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:<br>‘000’ = No subsidy (default for blank)<br>‘025’ = 25% subsidy level,<br>‘050’ = 50% subsidy level,<br>‘075’ = 75% subsidy level,<br>‘100’ = 100% subsidy level |
| 50 | Low-Income Co-Pay Category | 1 | 238 – 238 | Definitions of the co-payment categories:<br>‘0’ = none, not low-income (default for blank)<br>‘1’ = (High)<br>‘2’ = (Low)<br>‘3’ = $0 (0)<br>‘4’ = 15%<br>‘5’ = unknown |
| 51 | Low-Income Co-Pay Effective Date | 8 | 239 - 246 | YYYYMMDD – Format |
| 52 | Part D LEP Amount | 8 | 247 - 254 | Spaces |
| 53 | Part D LEP Waived Amount | 8 | 255 - 262 | Spaces |
| 54 | Part D LEP Subsidy Amount | 8 | 263 - 270 | Spaces |

| Item | Field | Size | Position | Description |
|---|---|---|---|---|
| 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<br>PIC XXX |
| 2 | MCO Contract Number | 5 | 4-8 | MCO Contract Number<br>PIC X(5) |
| 3 | Payment/Payment Adjustment Date | 6 | 9-14 | YYYYMM<br>First 6 digits contain Current Payment Month (CPM)<br>PIC 9(6) |
| 4 | Data file Date | 8 | 15-22 | YYYYMMDD<br>Date this data file created<br>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<br>"Prospective" means Premium Period equals Payment Month reflected in Header Record<br><br>AD = Adjustment Detail Record<br>"Adjustment" means all Premium Periods other than Prospective<br><br>PIC XXX |
| | ***** PLAN IDENTIFICATION** | | | |
| 2 | MCO Contract Number | 5 | 4-8 | MCO Contract Number<br>PIC X(5) |
| 3 | PBP Number | 3 | 9-11 | PBP Number<br>PIC X(3) |
| 4 | Plan Segment Number | 3 | 12-14 | Plan Segment Number<br>PIC X(3) |
| | ***** BENEFICIARY IDENTIFICATION & PREMIUM SETTINGS** | | | |
| 5 | HIC Number | 12 | 15-26 | Member's HIC #<br>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<br>PIC X |
| 9 | DOB | 8 | 36-43 | YYYYMMDD<br>PIC 9(8) |
| 10 | Filler | 1 | 44 | Space |
| | ***** PREMIUM PERIOD** | | | |
| 11 | Premium/Adjustment Period Start Date | 6 | 45-50 | PD: current processing month.<br>AD: adjustment period.<br>YYYYMM<br>PIC 9(6) |
| 12 | Premium/Adjustment Period End Date | 6 | 51-56 | PD: current processing month.<br>AD: adjustment period.<br>YYYYMM<br>PIC 9(6) |
| 13 | Number of Months in Premium/Adjustment Period | 2 | 57-58 | PIC 99 |
| 14 | PD: Net Monthly Part D Basic Premium<br><br>AD: Net Monthly Part D Basic Premium Amount | 8 | 59-66 | Plan's Part D Basic Rate in effect for this premium period<br>Net is Monthly Part D Basic Premium (minus)<br>DE MINIMIS DIFFERENTIAL<br>Note: PD always equals AD for this field<br>PIC -9999.99 |
| 15 | LIPS Percentage | 3 | 67- 69 | LIPS Percentage<br>Subsidy percentage in effect for this premium period<br>Valid values: 100, 075, 050, 025, Blank<br>PIC 999 |
| 16 | PPO | 1 | 70 | Current view of PPO.<br>Valid values:<br>D (direct bill)<br>S (SSA withhold)<br>R (RRB withhold)<br>N (no premium applicable)<br>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<br>AD: For adjustments, compute the adjustment for each month in the affected payment period if the payment is already made.<br>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.<br>Net LEP Amount for Direct Billed Members =<br>LEP Amount (minus) LEP Subsidy Amount (minus)<br>Part D Penalty Waived Amount<br><br>AD: For adjustments, compute the adjustment for each month in the (affected) payment period if the payment was already made.<br>PIC -9999.99 |
| 19 | Net Amount Payable to Plan | 8 | 87-94 | PD:<br>Net Amount Payable to Plan =<br>Premium LIS Amount (field 16)<br>(minus)<br>Net LEP Amount for Direct Billed Members (field 17)<br><br>AD:<br>For adjustments, compute the adjustment for each month in the (affected) payment period if the payment was already made.<br>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<br>0 = Unknown<br>1 = Male<br>2 = Female |
| 6 | Date of Birth | 8 | 34-41 | YYYYMMDD – Format |
| 7 | Filler | 1 | 42 | Spaces |
| 8 | Contract Number | 5 | 43-47 | Plan Contract Number |
| 9 | State Code | 2 | 48-49 | Beneficiary State Code |
| 10 | County Code | 3 | 50-52 | Beneficiary County Code |
| 11 | Filler | 4 | 53-56 | Spaces |
| 12 | TRC | 3 | 57-59 | TRC '996' |
| 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:<br>'000' = No subsidy |
| 26 | Low-Income Co-Pay Category | 1 | 238 | Co-payment category:<br>'0' = none, not low-income |
| 27 | Filler | 124 | 239-362 | Spaces |
| 28 | LIS Source Code | 1 | 363 | 'A' = Approved SSA Applicant;<br>'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<br>YYYYMMDD – Format |
| 6 | Subsidy Start Date | 8 | 32-39 | Beneficiary's Subsidy Start Date<br>YYYYMMDD – Format |
| 7 | Subsidy End Date | 8 | 40-47 | Beneficiary's Subsidy End Date<br>YYYYMMDD – Format |
| 8 | Part D Premium Subsidy Percentage | 3 | 48-50 | Beneficiary's LIPS Percent<br>'100' = 100% Premium Subsidy<br>'075' = 75% Premium Subsidy<br>'050' = 50% Premium Subsidy<br>'025' = 25% Premium Subsidy |
| 9 | Low-Income Co-Payment Level ID | 1 | 51 | Co-Payment Category Definitions: '1'=High; '2'=Low; '3'=$0; '4'=15% |
| 10 | Beneficiary Enrollment Effective Date | 8 | 52-59 | Beneficiary's Enrollment effective date, YYYYMMDD – Format |
| 11 | Beneficiary Enrollment End Date | 8 | 60-67 | Beneficiary's Enrollment End Date<br>YYYYMMDD – Format Space can remain blank |
| 12 | Part C Premium Amount | 8 | 68-75 | Beneficiary's Part C Premium Amount<br>(----9.99) |
| 13 | Part D Premium Amount | 8 | 76-83 | Beneficiary's Part D Premium Amount Net of De Minimis if Applicable, (----9.99) |
| 14 | Part D Late Enrollment Penalty Amount | 8 | 84-91 | Beneficiary's Part D LEP Amount<br>(—9.99) |
| 15 | LIS Subsidy Amount | 8 | 92-99 | Beneficiary's LIS Subsidy Amount<br>(----9.99) |
| 16 | LIS Penalty Subsidy Amount | 8 | 100-107 | Beneficiary's LIS Penalty Subsidy Amount,<br>(----9.99) |
| 17 | Part D Penalty Waived Amount | 8 | 108-115 | Beneficiary's Part D Penalty Waived Amount,<br>(----9.99) |
| 18 | Total Premium Amount | 8 | 116-123 | Total Calculated Premium for Beneficiary<br>(----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<br>YYYYMMDD – Format |
| 4 | Calendar Month | 6 | 15-20 | CHAR | First six digits contain Calendar Month the report generated;<br>YYYYMM – Format |
| 5 | Filler | 145 | 21-165 | CHAR | SPACES |

Total Length = 165

### F.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:<br>YYYYMMDD – Format |
| 11 | Low Income Period End Date | 8 | 59-66 | CHAR | End date for beneficiary's Low Income Period Amount:<br>YYYYMMDD – Format |
| 12 | LIPS Percentage | 3 | 67-69 | CHAR | Beneficiary's LIPS Percentage<br>'100' = 100% Premium subsidy<br>'075' = 75% Premium subsidy<br>'050' = 50% Premium subsidy<br>'025' = 25% Premium subsidy |
| 13 | Premium LIS Amount | 8 | 70-77 | CHAR | The portion of the Part D basic premium paid by the Government on behalf of a low-income individual. A zero dollar amount here represents several possibilities:<br>1. There is no Plan premium and therefore no premium subsidy.<br>2. Although the Beneficiary is enrolled and LIS eligible, a system error occurred making premium data unavailable.<br>Premium LIS Amount is entered in spaces when data is unavailable.<br><br>99999.99 – Format |
| 14 | Low Income Co-pay Level ID | 1 | 78 | CHAR | Co-Payment Category Definitions:<br>'1' = High<br>'2' = Low<br>'3' = $0<br>'4' = 15%<br>Co-pay level IDs 1 and 2 change each year.<br>In 2007, 1 = $2.15/$5.35 and 2 = $1/$3.10.<br>In 2006 1 = $2/$5 and 2 = $1/$3. |

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

Total Length = 165

### F.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<br>This field is always set to the value "CMSNRX0H." This code allows recognition of the record as the Header Record of a NoRx File. |
| Sending Entity | 8 | 9-16 | X(8) | "MBD"<br>(MBD + 5 spaces) | Critical Field<br>This field is always set to the value "MBD". The value specifically is "MBD" followed by five spaces. |
| File Creation Date | 8 | 17-24 | X(8) | YYYYMMDD | Critical Field<br>The date on which the NoRx file was created by CMS. This value is formulated as YYYYMMDD. |
| 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<br>This field is set to the value "NRX," indicating that this detail record is a NoRx record. This code allows recognition of the detail record as a No Rx record from CMS. |
| 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<br>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<br>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<br>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<br>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<br>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<br>This field is always set to the value "CMSNRX0T." This code allows recognition of the record as the Trailer Record of a NoRx File. |
| Sending Entity | 8 | 9-16 | X(8) | "MBD  "<br>(MBD + 5 spaces) | Critical Field<br>This field is always set to the value "MBD  ". The value specifically is "MBD" followed by five spaces. |
| File Creation Date | 8 | 17-24 | X(8) | YYYYMMDD | Critical Field<br>The date that CMS created the NoRx file. This value is formulated as YYYYMMDD. |
| 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<br><br>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)<br>Acceptable Values:<br>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.<br>The Sending Entity may participate in Part D. |
| File Creatio n 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<br>The specific Control Number assigned by the Sending Entity to the BEQ Request File. CMS returns this information to the Sending Entity on all Transactions (Detail Records) of a BEQ Response File. This value should agree with the corresponding value in the Trailer Record. |
| 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<br>Note: The value above is DTL-zero-one. | Critical Field<br>This field is set to the value "DTL01," which indicates that this detail record is a BEQ Transaction. This code identifies the record as a detail record for processing specifically for BEQ Service. |
| HICN/RRB Number | 12 | 6-17 | X(12) | HICN<br>Or<br>RRB | Critical Field<br>This field provides either the HICN or the RRB Number for identification of the individual. The Plan should provide either the HICN or the RRB Number, whichever the Plan has available and active for the individual. The value is left justified in the field and does not include dashes, decimals, or commas. |
| Filler | 9 | 18-26 | X(9) | Spaces | |
| DOB | 8 | 27-34 | X(8) | CCYYYYMMDD | Critical Field<br>The date of the individual's birth; value format is YYYYMMDD. The value should not include dashes, decimals, or commas. The value should include only numbers. |
| Gender Code | 1 | 35 | X(1) | 0 (Zero) = Unknown;<br>1 = Male;<br>2 = Female | Not Critical Field<br>The gender of the individual. The acceptable values include<br>0 (Zero) = Unknown, 1 = Male, 2 = Female. |
| Detail Record Sequence Number | 7 | 36-42 | 9(7) | Seven-byte number unique within the BEQ Request File | Critical Field<br>A unique number assigned by the Sending Entity to the Transaction (Detail Record). This number should uniquely identify the Transactions (Detail Record) within the BEQ Request File. |
| 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<br>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)<br>Acceptable Values:<br>5-position Contract Identifier + 3 Spaces<br>(3 Spaces for Future use) | Critical Field<br>This field provides CMS with the identification of the entity that is sending the BEQ Request File. The value for this field is provided to CMS and used in connection with CMS electronic routing and mailbox functions. The value in this field should agree with the corresponding value in the Header Record.<br>The Sending Entity may participate in Part D. |
| File Creatio n Date | 8 | 17-24 | X(8) | CCYYYYMMDD | Critical Field<br>The date when the Sending Entity created the BEQ Request File. This value's format is YYYYMMDD. For example, January 3, 2010 is the value 20100103. This value should agree with the corresponding value in the Header Record. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a BEQ Response File. |
| File Control Number | 9 | 25-33 | X(9) | Assigned by Sending Entity | Critical Field<br>The specific Control Number assigned by the Sending Entity to the BEQ Request File. CMS will return this information to the Sending Entity on all Transactions (Detail Records) of a BEQ Response File. This value should agree with the corresponding value in the Header Record. |
| Record Count | 7 | 34-40 | 9(7) | Numeric value greater than Zero. | Critical Field<br>The total number of Transactions (Detail Records) supplied on the BEQ Request File. This value is right-justified in the field, with leading 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:<br>Record Type X95) position 4 … 8<br>Bene. HICN / RRB # X(12) position 9 … 20<br>Filler position 21 … 29<br>Beneficiary DOB X(8) position 30 … 37<br>Beneficiary Gender Code X(1) position 38<br>Detail Record Sequence # 9(7) pos 39 … 45 |
| 3 | Processed Flag | 1 | 46 | X(1) | "Y" = Detail record accepted for processing.<br>"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.<br>"N" = Beneficiary not matched (located) successfully.<br>" " (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<br>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<br>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<br>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<br>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;<br>"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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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)<br>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.<br><br>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<br>D = Part D | |
| 43 | RDS/Part D Indicator (Occurrence 2 for date fields beginning in position 97) | 1 | 315 | X(1) | R = RDS<br>D = Part D | |
| 44 | RDS/Part D Indicator (Occurrence 3 for date fields beginning in position 113) | 1 | 316 | X(1) | R = RDS<br>D = Part D | |
| 45 | RDS/Part D Indicator (Occurrence 4 for date fields beginning in position 129) | 1 | 317 | X(1) | R = RDS<br>D = Part D | |
| 46 | RDS/Part D Indicator (Occurrence 5 for date fields beginning in position 145) | 1 | 318 | X(1) | R = RDS<br>D = Part D | |
| 47 | RDS/Part D Indicator (Occurrence 6 for date fields beginning in position 161) | 1 | 319 | X(1) | R = RDS<br>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<br>D = Part D | |
| 50 | RDS/Part D Indicator (Occurrence 9 for date fields beginning in position 209) | 1 | 322 | X(1) | R = RDS<br>D = Part D | |
| 51 | RDS/Part D Indicator (Occurrence 10 for date fields beginning in position 225) | 1 | 323 | X(1) | R = RDS<br>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<br>1 = Male<br>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 Creatio n 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<br>(This field provides the Contract assigned to the beneficiary; CNTRCT_NUM in CME_SRVC_DEL_ELCT) | 5 | 1-5 |
| Run Date<br>(This field provides the creation date of the file in CCYYMMDD format) | 8 | 6-13 |
| Filler<br>(This field is all spaces) | 6 | 14-19 |
| Beneficiary's HICN/RRB<br>(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<br>(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<br>(This field provides the initial of the first name of the individual; BENE_1ST_NAME in CME_BENE_NAME) | 1 | 44 |
| Beneficiary's Gender<br>(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<br>(This field provides the date of birth of the individual in CCYYMMDD format; BENE_BIRTH_DT in CME_BENE) | 8 | 46-53 |
| Filler<br>(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<br>(This field used for file/record identification purposes, 'MMAAPDPGT') | 9 | 1-9 |
| 2 | Sending Entity<br>(This field used to identify the sending entity, 'MBD '(MBD + 5 spaces) ) | 8 | 10-17 |
| 3 | File Creation Date<br>(The date the file was created in CCYYMMDD format) | 8 | 18-25 |
| 4 | File Control Number<br>(Unique file identifier created by Sending Entity) | 9 | 26-34 |
| 5 | Record Count<br>(Number of Detail Records, right justified with leading zeros) | 9 | 35-43 |
| 6 | Filler<br>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<br>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:<br><br>Format = YYYYMM |
| 5 | Run Date | 63-70 | 8 | Character | Identifies the date file was created:<br><br>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<br>C = Capitated Payment |
| 9 | Table ID Number | 7 | 1 | | 1 |
| 10 | Adjustment Reason Code | 8-9 | 2 | | Blank = for prospective pay<br>**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.<br>Format: ZZZZZZZ9 |
| 12 | Part B Total Members | 18-25 | 8 | Numeric | Number of beneficiaries Part B payments is being made prospectively.<br>Format: ZZZZZZZ9 |
| 13 | Part D Total Members | 26-33 | 8 | Numeric | Number of beneficiaries Part D payments is being made prospectively.<br>Format: ZZZZZZZ9 |
| 14 | Part A Payment Amount | 34-46 | 13 | Numeric | Total Part A Amount<br>Format: SSSSSSSSS9.99 |
| 15 | Part B Payment Amount | 47-59 | 13 | Numeric | Total Part B Amount<br>Format: SSSSSSSSS9.99 |
| 16 | Part D Payment Amount | 60-72 | 13 | Numeric | Total Part D Amount<br>Format: SSSSSSSSS9.99 |
| 17 | Coverage Gap Discount Amount | 73-85 | 13 | Numeric | The Coverage Gap Discount included in Part D Payment.<br>Format: SSSSSSSSS9.99 |
| 18 | Total Payment | 86- 98 | 13 | Numeric | Total Payment<br>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<br>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<br>Format: SSSSSSSSS9.99 |
| 24 | Part D Premium Withholding Amount | 21-33 | 13 | Numeric | Total Part D Premium Amount<br>Format: SSSSSSSSS9.99 |
| 25 | Part D Low Income Premium Subsidy | 34-46 | 13 | Numeric | Total Low Income Premium Subsidy<br>Format: SSSSSSSSS9.99 |
| 26 | Part D Late Enrollment Penalty | 47-59 | 13 | Numeric | Total Late Enrollment Penalty<br>Format: SSSSSSSSS9.99 |
| 27 | Total Premium Settlement Amount | 60-72 | 13 | Numeric | Total Premium Settlement<br>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<br>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.<br>Format:ZZZZZZZZZ9.99 |
| 33 | NMEC Part A Rate | 21-27 | 7 | Numeric | Rate used to calculate the fees for Part A.<br>Format: 0.99999 |
| 34 | Part A Fee Amount | 28-40 | 13 | Numeric | Fee Assessed for Part A<br>Format:SSSSSSSSS9.99 |
| 35 | NMEC Part B Subject to Fee | 41-53 | 13 | Numeric | Part B amount subject to National Medicare Educational Campaign fees.<br>Format: ZZZZZZZZZ9.99 |
| 36 | NMEC Part B Rate | 54-60 | 7 | Numeric | Rate used to calculate the fees for Part B.<br>Format: 0.99999 |

| Item | Field | Position | Length | Type | Description |
|---|---|---|---|---|---|
| 37 | Part B Fee Amount | 61-73 | 13 | Numeric | Fee Assessed for Part B<br>Format: SSSSSSSSS9.99 |
| 38 | NMEC Part D Subject to Fee | 74-86 | 13 | Numeric | Part D amount subject to National Medicare Educational Campaign fees.<br>Format: ZZZZZZZZZ9.99 |
| 39 | NMEC Part D Rate | 87-93 | 7 | Numeric | Rate used to calculate the fees for Part D.<br>Format: 0.99999 |
| 40 | Part D Fee Amount | 94-106 | 13 | Numeric | Fee Assessed for Part D<br>Format: SSSSSSSSS9.99 |
| 41 | Total NMEC Fee Assessed | 107- 119 | 13 | Numeric | Total NMEC Fee Assessed for Part A, B and D<br>Format: SSSSSSSSS9.99 |
| 42 | Total Prospective Part D Members | 120- 127 | 8 | Numeric | Total members for Part D<br>Format: ZZZZZZZ9 |
| 43 | Rate for COB Fees | 128- 131 | 4 | Numeric | Rate used to calculate the COB fees.<br>Format: 0.99 |
| 44 | Amount of COB Fees | 132- 144 | 13 | Numeric | COB Fee<br>Format: SSSSSSSSS9.99 |
| 45 | Total of Assessed Fees | 145- 157 | 13 | Numeric | Total of all Fees Assessments<br>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<br>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:<br>• CGD=Coverage Gap Discount Invoice<br>• CMP=Civil Monetary Penalty<br>• CST=Cost Plan Adjustment<br>• PTD=Part D Risk Adjustment<br>• PRS=Annual Part D Reconciliation<br>• RAC=Recovery Audit Contract Adjustment<br>• RSK=Risk Adjustment<br>• HTC=HITECH Incentive Payment<br>• 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<br>Format: SSSSSSSSS9.99 |
| 55 | Adjustment to Part B | 104 – 116 | 13 | Numeric | Adjustment amount for Part B<br>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.<br>Format: SSSSSSSSS9.99 |
| 57 | Premium C Withholding Part A | 130 - 142 | 13 | Numeric | Adjustment amount for Premium Withholding Part A.<br>Format: SSSSSSSSS9.99 |
| 58 | Premium C Withholding Part B | 143 – 155 | 13 | Numeric | Adjustment amount for Premium Withholding Part B.<br>Format: SSSSSSSSS9.99 |
| 59 | Premium D Withholding | 156 – 168 | 13 | Numeric | Adjustment amount for Premium D Withholding.<br>Format: SSSSSSSSS9.99 |
| 60 | Part D Low Income Premium Subsidy | 169 - 181 | 13 | Numeric | Adjustment amount for Low Income Subsidy.<br>Format: SSSSSSSSS9.99 |
| 61 | Total Adjustment Amount | 182 – 194 | 13 | Numeric | Total Adjustments<br>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<br>L = Last Period Carry Over<br>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.<br>Format: SSSSSSSSS9.99 |
| 67 | Part B Carry Over Amount | 21 – 33 | 13 | Numeric | Part B Carry Over Amount from Table 5** - Previous Balance Column.<br>Format: SSSSSSSSS9.99 |
| 68 | Part D Carry Over Amount | 34 – 46 | 13 | Numeric | Part D Carry Over Amount from Table 5** - Previous Balance Column.<br>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.<br>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.<br>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.<br>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.<br>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.<br>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.<br>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.<br>Format: SSSSSSSSS9.99 |
| 76 | Total Carry Over Amount | 138 – 150 | 13 | Numeric | Sum of amounts in Previous Balance Column<br>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<br>A = Payment Summary<br>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.<br>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.<br>Format: ZZZZZZZZZ9.99 |
| 83 | Part D Amount | 34 – 46 | 13 | Numeric | Part D amount from Table 5**-Net Payment Column.<br>Format: ZZZZZZZZZ9.99 |
| 84 | Part C Premium Withholding Amount | 47 – 59 | 13 | Numeric | Part C Premium Withholding Amount from Table 5**-Net Payment Column.<br>Format: ZZZZZZZZZ9.99 |
| 85 | Part D Premium Withholding Amount | 60 – 72 | 13 | Numeric | Part D Premium Withholding Amount from Table 5**-Net Payment Column.<br>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.<br>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.<br>Format: SSSSSSSSS9.99 |
| 88 | Education User Fee Amount | 99 – 111 | 13 | Numeric | Education User Fee Amount from Table 5**-Net Payment Column.<br>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.<br>Format: SSSSSSSSS9.99 |
| 90 | CMS Special Adjustments Amount | 125 – 137 | 13 | Numeric | CMS Special Adjustments Amount from Table 5**-Net Payment Column.<br>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.<br>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<br>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.<br>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.<br>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.<br>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.<br>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.<br>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.<br>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.<br>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.<br>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.<br>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.<br>Format: SSSSSSSSS9.99 |
| 106 | Total Carry Forward Amount | 138 – 150 | 13 | Numeric | Sum of amounts in Balance Forward Column<br>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 | 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 | 98-109 | HICN associated with the resident. |
| 7 | Date of Birth | DATE | 8 | 110-117 | Beneficiary's Date of Birth<br>CCYYMMDD – Format |
| 8 | Gender | CHAR | 1 | 118 | Beneficiary Gender Code<br>1 = Male<br>2 = Female<br>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 | 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:<br>'1' = first calendar year,<br>'2' = second calendar year,<br>'3' = third calendar year,<br>'4' = fourth calendar year,<br>'5' = fifth calendar year,<br>'6' = sixth calendar year. |
| 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:<br><br>‘-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.<br><br>‘0’ = reporting date falls within the enrollment period but the compensation cycle completed in a prior year,<br>'1' = first calendar year,<br>'2' = second calendar year,<br>'3' = third calendar year,<br>'4' = fourth calendar year,<br>'5' = fifth calendar year,<br>'6' = sixth calendar year. |
| 12 | Prior Plan Type | 7 | 301-307 | Broad classification of Beneficiary's immediately prior Plan-type:<br>"None" = no prior Plan,<br>"MA" = non-drug MA Plan,<br>"MAPD" = MA Plan offering prescription drugs,<br>"COST" = Non-drug Medicare COST Plan,<br>"COST/PD" = Medicare COST Plan providing prescription drugs,<br>"PDP" = PDP and sometimes representative of a POS transaction,<br>"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:**<br>12…A (Working Aged)<br>13…B (ESRD)<br>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 | Creation Date | 8 | 191 - 198 | INT | CCYYMMDD FORMAT |
| 18 | MSP Originating Contractor | 5 | 199 - 203 | CHAR | Direct Mapping |

| Item | Field Name | Size | Position | Type | Comments |
|---|---|---|---|---|---|
| 19 | MSP Updating Contractor | 5 | 204 -208 | CHAR | Direct Mapping |
| 20 | Delete Indicator | 1 | 209 | CHAR | D or blank |
| 21 | Validity Indicator | 1 | 210 | CHAR | Y, I, or N |
| 22 | MSP Last Maintenance Date | 8 | 211 - 218 | INT | CCYYMMDD FORMAT |
| 23 | FILLER | 282 | 219 - 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<br>Y = Beneficiary has MSP Coverage<br>N = Beneficiary does not have MSP Coverage |
| MSP Code | 1 | 17 | CHAR | MSP Coverage Type<br>A-Working Aged<br>B-ESRD<br>D-No-Fault<br>E-Workers' Compensation<br>F-Federal (Public Health)<br>G-Disabled<br>H-Black Lung<br>I-Veterans<br>L-Liability<br>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<br>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**<br>01-Patient is Ins<br>02-Spouse<br>03-Natural Child, Insured has Financial Responsibility<br>04-Natural Child, Insured does not have Financial Responsibility<br>05-Step Child<br>06-Foster Child<br>07-Ward of the Court<br>08-Employee<br>09-Unknown<br>10-Handicapped Dependent<br>11-Organ Donor<br>12-Cadaver Donor<br>13-Grandchild<br>14-Niece/Nephew<br>15-Injured Plaintiff<br>16-Sponsored Dependent<br>17-Minor Dependent of a Minor Dependent<br>18-Parent<br>19-Grandparent dependent<br>20-Life Partner |
| 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:<br>A-Claim Processing<br>B-IRS/SSA/CMS Data Match<br>C-First Claim Development<br>D-IRS/SSA/CMS Data Match II<br>E-Black Lung (DOL)<br>F-Veterans (VA)<br>G-Other Data Matches<br>H-Worker's Compensation<br>I-Notified by Beneficiary<br>J-Notified by Provider<br>K-Notified by Insurer<br>L-Notified by Employer<br>M-Notified by Attorney<br>N-Notified by Group Health Plan/Primary Payer<br>O-Initial Enrollment Questionnaire<br>P-HMO Rate Cell Adjustment<br>Q-Voluntary Insurer Reporting<br>R-Office of Personnel Management Data Match<br>S-Miscellaneous Reporting<br>T-IRS/SSA/CMS Data Match III<br>U-IRS/SSA/CMS Data Match IV<br>V-IRS/SSA/CMS Data Match V<br>W-IRS/SSA/CMS Data Match VI<br>X-Self reports<br>Y-411.25<br>SPACES-Unknown<br>Second Byte of Source Code:<br>0-COB Contractor<br>1-Initial Enrollment questionnaire<br>2-IRS/SSA/CMS/data match<br>3-HMO Rate cell<br>4-Litigation settlement<br>5-Employer Voluntary Reporting<br>6-Insurer Voluntary Reporting<br>7-First claim development<br>8-Trauma Code development<br>9-Secondary claims investigation |
| Employee Data Code | 1 | 247 | CHAR | **To Whom the Employment Data Applies**:<br>P-Patient<br>S-Spouse<br>M-Mother<br>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<br>'0' = Unknown;<br>'1' = Male;<br>'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 DTRR and contain their own unique Payment Reply Codes (PRCs) found in Table I-4.

| Field | Size | Position | Description |
|---|---|---|---|
| 1.HICN | 12 | 1-12 | Beneficiary's HICN, included with PRC 264 |
| 2. Surname | 12 | 13-24 | Beneficiary's last name, included with PRC 264 |
| 3. First Name | 7 | 25-31 | Beneficiary's given name, included with PRC 264 |
| 4. Middle Name | 1 | 32 | First initial of beneficiary's middle name, included with PRC 264 |
| 5. Gender Code | 1 | 33 | Beneficiary's gender identification code, included with PRC 264: '0' = Unknown, '1' = Male, '2' = Female |
| 6. Date of Birth | 8 | 34-41 | Beneficiary's birth date, formatted YYYYMMDD, included with PRC 264 |
| 7. FILLER | 1 | 42 | Spaces |
| 8. Contract Number | 5 | 43-47 | Plan Contract Number, included with PRC 000 and PRC 264 |
| 9. State Code | 2 | 48-49 | Beneficiary's residence SSA state code, included with PRC 264; otherwise, spaces if not available |
| 10. County Code | 3 | 50-52 | Beneficiary's residence SSA county code, included with PRC 264; otherwise, spaces if not available |
| 11. FILLER | 4 | 53-56 | Spaces |
| 12. Payment Reply Code | 3 | 57-59 | "000" = no missing payments; "264" = payment not yet completed "299" = Correction to Previously Failed Payment |
| 13. FILLER | 3 | 60-62 | Spaces |
| 14 Effective Date | 8 | 63-70 | Enrollment effective date, formatted YYYYMMDD and included with PRC 264 |
| 15. FILLER | 1 | 71 | Spaces |
| 16. PBP ID | 3 | 72-74 | PBP number, included with both PRC 000 and PRC 264 |
| 17. FILLER | 1 | 75 | Spaces |
| 18. Transaction Date | 8 | 76-83 | Report generation date, formatted YYYYMMDD and included with both PRC 000 and PRC 264 |
| 19. FILLER | 1 | 84 | Spaces |
| 20. CPM | 12 | 85- 96 | CPM, formatted YYYYMM, left justified with six spaces completing the field, and included with both PRC 000 and PRC 264, and PRC 299 |
| 21. FILLER | 38 | 97-134 | Spaces |
| 22. Segment Number | 3 | 135-137 | Segment in PBP, included with PRC 264 |
| 23. FILLER | 25 | 138-162 | Spaces |
| 24. Processing Timestamp | 15 | 163-177 | Report generation time, formatted HH.MM.SS.SSSSSS and included with both PRC 000 and PRC 264 |
| 25. FILLER | 188 | 178-365 | Spaces |
| 26. PRC Short Name | 15 | 366-380 | PRC short name associated with PRC 000 is "NO REPORT," with PRC 264 is "NO PAYMENT," and with PRC 299 is "RESTORED PYMT." Text is left justified with following spaces completing the field. |
| 27. FILLER | 120 | 381-500 | Spaces |

Total Length = 500

# 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 |

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

# H: *Validation Messages*

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

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

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

**Table H-1: Validation Messages**

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

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# I: *Codes*

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

## *I.1 Transaction Codes*

**Table I-1** lists the Medicare Advantage 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 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 |
|---|---|---|---|---|
| 001 | F | Invalid Transaction Code | BAD TRANS CODE | This TRC is returned on a failed transaction when Transaction Code (field 16) contains an invalid value.<br><br>Valid Transaction Code values are 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83. .<br><br>Note: Transaction Types 41, 42, and 54 are valid but not submitted by the Plans.<br><br>This TRC is returned in the Batch Completion Status Summary (BCSS) Report along with the failed record and is not returned in the DTRR.<br><br>Plan Action: Correct the Transaction Code and resubmit if appropriate. |
| 002 | F | Invalid Correction Action Code | BAD ACTION CODE | This TRC is returned on a failed transaction (Transaction Type 01) when the supplied action code contains an invalid value. The valid action code values are D, E, F and G. .<br><br>This TRC is returned in the BCSS Report along with the failed record. This TRC is not returned in the DTRR.<br><br>**Plan Action:** Correct the Action Code and resubmit if appropriate. |
| 003 | F | Invalid Contract Number | BAD CONTRACT # | A transaction (Transaction Types 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) failed because CMS did not recognize the contract number.<br><br>This TRC is returned in the BCSS Report along with the failed record. This TRC is not returned in the DTRR.<br><br>**Plan Action:** Correct the 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.<br><br>**Plan Action:** Populate the Beneficiary Name fields and resubmit if appropriate. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 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.<br><br>**Note:** A blank Birth Date does not result in TRC 006 but may affect the ability to identify the appropriate beneficiary. See TRC 009.<br><br>**Plan Action:** Correct the Birth Date and resubmit if appropriate. |
| 007 | R | Invalid Claim Number | BAD HICN FORMAT | A transaction (Transaction Types 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) was rejected, because the beneficiary claim number was not in a valid format.<br><br>The valid format for a claim number could take one of two forms:<br>• HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions alphanumeric.<br>• RRB is a 7 to 12 position value, with the first 1 to 3 positions alpha and the last 6 or 9 positions numeric.<br><br>**Plan Action:** Determine the correct claim number (HICN or RRB) for the beneficiary and resubmit the transaction if appropriate. |
| 008 | R | Beneficiary Claim Number Not Found | CLAIM NOT FOUND | A transaction (Transaction Types 01, 51, 61, 72**,** 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 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.<br><br>**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 | This TRC is returned on a rejected transaction (Transaction Types 01, 51, 61, 72**,** 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) when the system cannot locate the beneficiary based on the identifying information submitted in the transaction.<br><br>A HICN is required, along with a match on 3 of the following 4 fields: surname, first initial, date of birth and sex code.<br><br>**Plan Action:** Correct the beneficiary identifying information and resubmit if appropriate. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 011 | A | Enrollment Accepted as Submitted | ENROLL ACCEPTED | The new enrollment (Transaction Type 61) has been successfully processed. The effective date of the new enrollment is reported in DTRR field 18.<br><br>This is the definitive enrollment acceptance record. Other accompanying replies with different TRCs may give additional information about this enrollment.<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |
| 013 | A | Disenrollment Accepted as Submitted | DISENROL ACCEPT | A disenrollment transaction (Transaction Type 51 or 54) has been successfully processed. The last day of the enrollment is reported in DTRR fields 18 and 24.<br><br>The disenrollment date is always the last day of the month.<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record and that the beneficiary's disenrollment date matches the date in field 24. Take the appropriate actions as per CMS enrollment guidance. |
| 014 | A | Disenrollment Due to Enrollment in Another Plan | DISNROL-NEW MCO | This TRC is returned when the system generates a disenrollment date due to a beneficiary's enrollment in another Plan. It is returned on a reply with Transaction Type 51 or 61.<br><br>The last day of the enrollment is reported in DTRR fields 18 and 24. This date is always last day of the month.<br><br>For the Transaction Type 51 transaction, the beneficiary has been disenrolled from this Plan because they were successfully enrolled in another Plan The Source ID (field 28) contains the Contract number of the Plan that submitted the new enrollment which caused this disenrollment.<br><br>For the Transaction Type 61 transaction, the TRC is issued whenever a retroactive enrollment runs into an existing enrollment that prevails according to application date edits. The Source ID (field 28) contains the Contract number of the prevailing Plan.<br><br>**Plan Action:** Update the Plan's records accordingly, ensuring that the beneficiary's information matches the data included in the DTRR record and that the beneficiary's disenrollment date matches the date in field 24. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 015 | A | Enrollment Cancelled | ENROLL CANCELED | An existing enrollment was cancelled. The effective date of the enrollment which has been cancelled is reported in the DTRR Effective Date field (18). This is always a disenrollment Transaction Type 51.<br><br>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.<br><br>**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. |
| 016 | I | Enrollment Accepted, Out Of Area | ENROLL-OUT AREA | The beneficiary's residence state and county codes placed the beneficiary outside of the Plan's approved service area.<br><br>This TRC provides additional information about a new enrollment or PBP change (Transaction Type 61) for which an acceptance was sent in a separate Transaction Reply record with an enrollment acceptance TRC. The Effective Date of the enrollment for which this information is pertinent is reported in DTRR field 18.<br><br>**Plan Action:** Investigate the apparent discrepancy and take the appropriate actions as per CMS enrollment guidance. |
| 017 | I | Enrollment Accepted, Payment Default Rate | ENROLL-BAD SCC | CMS was unable to derive a valid state and county code for the beneficiary who has been successfully enrolled. Part C payment for this beneficiary is at the Plan bid rate with no geographic adjustment.<br><br>This TRC provides additional information about a new enrollment or PBP change (Transaction Type 61) for which an acceptance was sent in a separate Transaction Reply with an enrollment acceptance TRC. The effective date of the new enrollment for which this information is pertinent is reported in DTRR fields 18 and 24.<br><br>**Plan Action:** Contact your CMS Central Office Health Insurance Specialist for assistance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 018 | A | Automatic Disenrollment | AUTO DISENROLL | The beneficiary has been disenrolled from the Plan. The last day of enrollment is reported in DTRR fields 18 and 24. This date is always the last day of the month.<br><br>The disenrollment may result from an action on the part of the beneficiary, CMS or another Plan.<br><br>A DTRR reply with this TRC is usually accompanied by one or more replies, which make the reason for automatic disenrollment evident. For example, in the case of beneficiary death, the reply with TRC 018 is accompanied by two replies with TRC 090.<br><br>**Plan Action:** Update the Plan's records to reflect the disenrollment using the date in field 24. Take the appropriate actions as per CMS enrollment guidance. |
| 019 | R | Enrollment Rejected - No Part A & Part B Entitlement | NO ENROLL-NO AB | A submitted enrollment or PBP change transaction (Transaction Type 61) was rejected because the beneficiary does not have Medicare entitlement as of the effective date of the transaction.<br><br>**Plan Action:** Take the appropriate actions as per CMS enrollment guidance. |
| 020 | R | Enrollment Rejected - Under 55 | NO ENROLL-NOT55 | A submitted enrollment or PBP change transaction (Transaction Type 61) for a PACE plan was rejected because the beneficiary is not yet 55 years of age.<br><br>**Plan Action:** Take the appropriate actions as per CMS enrollment guidance. |
| 022 | A | Transaction Accepted, Claim Number Change | NEW HICN | A transaction (Transaction Types 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) has been successfully processed. The effective date of the transaction is shown in DTRR field 18.<br><br>Additionally, the claim number for this beneficiary has changed. The new claim number is in DTRR field 1 and the old claim number is reported in field 24.<br><br>For enrollment acceptance (Transaction Type 61), TRC 022 is reported in lieu of TRC 011. Other accompanying replies with different TRCs may give additional information about this enrollment.<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS guidance. Change the beneficiary's claim number in the Plan's records. Any future submitted transactions for this beneficiary must use the new claim number. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 023 | A | Transaction Accepted, Name Change | NEW NAME | A transaction (Transaction Types 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) has been successfully processed. The effective date of the transaction is reported in DTRR field 18.<br><br>**Additionally**, the beneficiary's name has changed. The new name is reported in DTRR fields 2, 3 and 4.<br><br>For enrollment acceptance (Transaction Type 61), TRC 023 is reported in lieu of TRC 011. Other accompanying replies with different TRCs may give additional information about this enrollment.<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. Change the beneficiary's name in the Plan's records. To ensure accurate identification of the beneficiary, future submitted transactions for this beneficiary should use the new name. |
| 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 field 18. The disenrollment date is always the last day of the month.<br><br>Additionally, the claim number for this beneficiary has changed. The new claim number is in DTRR field 1 and the old claim number is reported in field 24.<br><br>**Plan Action:** Update the Plan's records to reflect the disenrollment using the date in field 24. Take the appropriate actions as per CMS enrollment guidance. Change the beneficiary's claim number in the Plan's records. Future submitted transactions for this beneficiary must use the new claim number. |
| 026 | A | Disenrollment Accepted, Name Change | DISROL-NEW NAME | A disenrollment transaction (Transaction Type 51) submitted by the Plan has been successfully processed. The effective date of the disenrollment is reported in the DTRR field 18. The disenrollment date is always the last day of the month.<br><br>Additionally, The beneficiary's name has changed. The new name is reported in DTRR fields 2, 3 and 4 and in the corresponding columns in the printed report.<br><br>**Plan Action:** Update the Plan's records to reflect the disenrollment using the date in field 24. Take the appropriate actions as per CMS enrollment guidance. Change the beneficiary's name in the Plan's records. To ensure accurate identification of the beneficiary, future submitted transactions for this beneficiary should use the new name. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 032 | R | Transaction Rejected, Beneficiary Not Entitl Part B | MEMB HAS NO B | This TRC is returned when the system rejects an enrollment (Transaction Type 61) into, or a disenrollment cancellation (Transaction Type 81) from, an MCO (MA, MAPD, HCPP, Cost 1, Cost 2 or Demos) because the beneficiary is not entitled to Part B.<br>• TC61 – transaction rejects because the submitted enrollment date is outside the beneficiary's Part B entitlement period<br>• TC81 – transaction rejects because the enrollment reinstatement period is outside the beneficiary's Part B entitlement period<br><br>**Plan Action:** Take the appropriate actions as per CMS enrollment guidance. |
| 033 | R | Transaction Rejected, Beneficiary Not Entitl Part A | MEMB HAS NO A | This TRC is returned when the system rejects an enrollment (Transaction Type 61) into, or a disenrollment cancellation (Transaction Type 81) from, an MCO (MA, MAPD, HCPP, Cost 1, Cost 2 or Demos) because the beneficiary is not entitled to Part A.<br>• TC61 – transaction rejects because the submitted enrollment date is outside the beneficiary's Part A entitlement period<br>• TC81 – transaction rejects because the enrollment reinstatement period is outside the beneficiary's Part A entitlement period<br><br>**Plan Action:** Take the appropriate actions as per CMS enrollment guidance. |
| 034 | R | Enrollment Rejected, Beneficiary is Not Age 65 | MEMB NOT AGE 65 | A submitted enrollment or PBP change transaction (Transaction Type 61) was rejected because the beneficiary was not age 65 or older. The age requirement is Plan-specific.<br><br>**Plan Action:** Take the appropriate actions as per CMS enrollment guidance. |
| 035 | R | Enrollment Rejected, Beneficiary is in Hospice | MEMB IN HOSPICE | A submitted enrollment or PBP change transaction (Transaction Type 61) was rejected because the beneficiary was in Hospice status. The Hospice requirement is Plan-specific (e.g. applies only to MSA/MA, MSA/Demo, OFM Demo, ESRD I Demo, ESRD II Demo, and PACE National Plans). The attempted enrollment date is reported in DTRR field 18 and 24.<br><br>**Plan Action:** Update the Plan records accordingly and take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 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 fields 18 and 24.<br><br>**Plan Action:** Update the Plan records accordingly and take the appropriate actions as per CMS enrollment guidance. |
| 037 | R | Transaction Rejected, Incorrect Effective Date | BAD ENROLL DATE | A transaction (Transaction Types 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) was rejected because the submitted effective date is not appropriate. Inappropriate effective dates include:<br>• For all transaction types, date is not first day of the month<br>• For all transaction types, date is greater than current calendar year plus one, or, date does not meet Current Calendar Month (CCM) constraints<br>• For Transaction Type 61, non-EGHP enrollment, date is more than one month prior to CCM or greater than three months after CCM<br>• For Transaction Type 61 transaction, EGHP enrollment, date is more than three months prior to the CCM or greater than three months after CCM<br>• Transaction Type 72 4Rx Record Update transaction with an effective date not equal to the effective date of an existing enrollment period<br>• Transaction Type 73 Uncovered Months Change transaction (Creditable Coverage Flag = N or Y) with an effective date not equal to the effective date of an existing enrollment period<br>• Transaction Type 80 Enrollment Cancellation transaction with an effective date not equal to the effective date of an existing enrollment<br>• Transaction Type 81 Disenrollment Cancellation transaction with an effective date not equal to the effective date of an existing disenrollment<br>• Transaction Type 82 MMP Enrollment Cancellation transaction with an effective date not equal to the effective date of an existing enrollment<br><br>**Plan Action:** Correct the Effective Date and resubmit if appropriate. If this is a retroactive transaction, contact CMS for instructions on submitting retroactive transactions. |
| 038 | R | Enrollment Rejected, Duplicate Transaction | DUPLICATE | An enrollment transaction (Transaction Type 61) was rejected because it was a duplicate transaction. CMS has already processed another enrollment transaction submitted for the same contract, PBP, application date and effective date.<br><br>**Plan Action:** None required |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 039 | R | Enrollment Rejected, Currently Enrolled in Same Plan | ALREADY ENROLL | An enrollment or PBP change transaction (Transaction Type 61) was rejected because the beneficiary is already enrolled in this contract/PBP.<br><br>**Plan Action:** None required |
| 042 | R | Transaction Rejected, Blocked | ENROLL BLOCKED | An enrollment or PBP change transaction (Transaction Type 61) or disenrollment cancellation transaction (Transaction Type 81) [enrollment reinstatement] was rejected because the Plan is currently blocked from enrolling new beneficiaries.<br><br>**Plan Action:** Check HPMS and contact CMS. |
| 044 | R | Transaction Rejected, Outside Contracted Period | NO CONTRACT | This TRC is returned for an enrollment or PBP change transaction (Transaction Type 61) , enrollment cancellation transaction (Transaction Type 80) , disenrollment cancellation transaction (Transaction Type 81), and MMP enrollment cancellation (Transaction Type (82) [enrollment reinstatement].<br>• TC61 – transaction was rejected because the submitted enrollment date is outside the Plan's contracted period<br>• TC80, TC81, and TC82 – transaction was rejected because the enrollment reinstatement period is outside the Plan's contracted period<br><br>**Plan Action:** Check HPMS and contact CMS. |
| 045 | R | Enrollment Rejected, Beneficiary is in ESRD | MEMB HAS ESRD | An enrollment or PBP change transaction (Transaction Type 61) was rejected because the beneficiary is in ESRD (end-stage renal disease) status. The attempted enrollment effective date is reported in DTRR field 18 and 24.<br><br>Affected Plans cannot enroll ESRD members unless the individual was previously enrolled in the commercial side of the plan or the plan has been previously approved for such enrollments.<br><br>**Plan Action:** Review full CMS guidance on enrollment of ESRD beneficiaries in the ***Medicare Managed Care Manual (MMCM)*** or ***PDP Enrollment Guidance***. If the Plan has approval to enroll ESRD members, they should resubmit the enrollment with an A in the Prior Commercial Indicator field (position 80). |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 048 | A | Nursing Home Certifiable Status Set | NHC ON | A correction transaction (Transaction Type 01) placed the beneficiary in Nursing Home Certifiable (NHC) status. The NHC health status is Plan specific, e.g., applies to SHMO I, Mass. Dual Eligible, MDHO and MSHO plans. The effective date of the NHC status is reported in DTRR field 18 and 24.<br><br>**Note:** This TRC is only applicable for effective dates prior to 1/1/2008.<br><br>**Plan Action:** Update the Plan records. |
| 050 | R | Disenrollment Rejected, Not Enrolled | NOT ENROLLED | A disenrollment transaction (Transaction Type 51) was rejected, because the beneficiary was not enrolled in the contract as of the effective date of the disenrollment.<br><br>**Plan Action:** Verify the Plan's enrollment information for this beneficiary. |
| 051 | R | Disenrollment Rejected, Incorrect Effective Date | BAD DISENR DATE | A disenrollment transaction (Transaction Type 51) or a disenrollment cancellation transaction (Transaction Type 81) was rejected because the submitted enrollment effective date was either:<br>• Not the first day of the month, or<br>• More than three months beyond the Current Calendar Month (CCM+3)<br><br>**Note:** Transactions with effective dates prior to CCM are returned with TRC 054.<br><br>**Plan Action:** Correct the Effective Date and resubmit if appropriate. If this is a retroactive transaction, contact CMS for instructions on submitting retroactive transactions |
| 052 | R | Disenrollment Rejected, Duplicate Transaction | DUPLICATE | A disenrollment transaction (Transaction Type 51), enrollment cancellation transaction (Transaction Type 80), disenrollment cancellation transaction (Transaction Type 81) or MMP enrollment cancellation (Transaction Type 82) was rejected because it was a duplicate transaction. CMS has already processed another a similar transaction submitted for the same contract with the same effective date.<br><br>The effective date of the disenrollment is reported in the Effective Date field (18) on the DTRR data file.<br><br>**Plan Action:** None required |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 054 | R | Disenrollment Rejected, Retroactive Effective Date | RETRO DISN DATE | A disenrollment transaction (Transaction Type 51 or 54) was rejected because the submitted effective date was prior to the earliest allowed date for disenrollment transactions. Effective dates for disenrollment transactions (Transaction Type 51) are no earlier than one month prior to the Current Calendar Month (CCM) or two months prior for Transaction Type 54 transactions.<br><br>The requested disenrollment effective date is reported in the Effective Date field (18) on the DTRR data file.<br><br>**Plan Action:** Correct the Effective Date and resubmit if appropriate. If this is a retroactive transaction, contact CMS for instructions on submitting retroactive transactions. |
| 055 | M | ESRD Cancellation | ESRD CANCELED | This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.<br><br>This beneficiary was previously in End State Renal Disease (ESRD) status. That status has been cancelled. The effective date of the ESRD status cancellation is reported in DTRR field 18 and 24.<br><br>**Plan Action:** Update the Plan records. |
| 056 | R | Demonstration Enrollment Rejected | FAILS DEMO REQ | An enrollment transaction (Transaction Type 61) was rejected because the beneficiary did not meet the Demonstration requirements. For example, the beneficiary is currently known as Working Aged or not known as ESRD. These requirements are Plan specific.<br><br>The attempted enrollment effective date is reported in DTRR fields 18 and 24.<br><br>**Plan Action:** Take the appropriate actions as per CMS enrollment guidance. |

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

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 071 | M | Hospice Status Set | HOSPICE ON | This TRC is returned on a reply with Transaction Type 01 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.<br><br>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 fields 18 and 24.<br>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.<br><br>When this TRC is returned with Transaction Type 61 the TRC is in response to a retroactive enrollment and is identifying the fact that an enrollment end date has been established due to the beneficiary's hospice status. The enrollment start date is in DTRR field 18 and the enrollment end date is in field 24. In this circumstance it is accompanied by TRC 018, Automatic Disenrollment, as well.<br><br>**Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance. |
| 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.<br><br>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 fields 18 and 24.<br><br>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.<br><br>**Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance. |

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

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 077 | M | Medicaid Status Set | MEDICAID ON | A reply with this TRC is seen for Plan submitted retroactive Transaction Type 01 and 30 transactions and occasionally Transaction Type 61 enrollment transactions.<br><br>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.<br><br>**Note:** Plans do not submit Transaction Type 01 with any effective dates later than 12/31/2007.<br><br>When this TRC is returned with Transaction Type 61, the TRC is in response to a retroactive enrollment and is identifying the fact that an enrollment end date has been established due to the beneficiary having a Medicaid status. The enrollment start date is in DTRR field 18 and the enrollment end date is in field 24. In this circumstance it is accompanied by TRC 018, Automatic Disenrollment, as well.<br><br>Transaction type 30, when provided with the request type 22, is a rate recalculation for a Medicaid status change.<br><br>**Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance. |
| 078 | M | Medicaid Status Terminated | MEDICAID OFF | This TRC is returned in response to a Transaction Type 01 transaction submitted by the Plan.<br><br>This beneficiary's Medicaid Status has been terminated. The effective date of the termination Medicaid Status is reported in DTRR fields 18 and 24 of the DTRR. This date is always the last day of the month.<br><br>**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.<br><br>In the case of Transaction Type 01, this beneficiary's Part A Entitlement has been terminated. The effective date of the termination is reported in DTRR fields 18 and 24.<br><br>When this TRC is returned with Transaction Type 61, the TRC is in response to a retroactive enrollment and is identifying the fact that an enrollment end date has been established due to the beneficiary's termination of Part A. The enrollment start date is in DTRR field 18 and the enrollment end date is in field 24. In this circumstance it is accompanied by TRC 018, Automatic Disenrollment, as well.<br><br>**Note:** A DTRR record with this reply code is only reported to the Plan in which the beneficiary is currently enrolled, even if it affects periods of enrollment in other Plans.<br><br>**Plan Action:** Update the Plan's 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.<br><br>This beneficiary's Part A Entitlement has been reinstated. The effective date of the start of Part A entitlement is reported in fields DTRR data file 18 and 24.<br><br>**Note:** A DTRR record with this reply code is only reported to the Plan in which the beneficiary is currently enrolled, even if it affects periods of enrollment in other Plans. If, as a result of a loss of Part A entitlement, the beneficiary is disenrolled and does not continue enrollment in some managed care contract, the reply code is not issued.<br><br>**Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance. |

| 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.<br><br>In the case of Transaction Type 01, this beneficiary's Part B Entitlement has been terminated. The effective date of the termination is reported in DTRR fields 18 and 24.<br><br>When this TRC is returned with Transaction Types 51 or 61, the TRC is in response to a retroactive enrollment and is identifying the fact that an enrollment end date has been established due to the beneficiary's termination of Part B. The enrollment start date is in DTRR field 18 and the enrollment end date is in field 24. In this circumstance it is accompanied by TRC 018, Automatic Disenrollment, as well.<br><br>**Note:** A DTRR record with this reply code is only reported to the Plan in which the beneficiary is currently enrolled, even if it affects periods of enrollment in other Plans.<br><br>**Plan Action:** Update the Plan's 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.<br><br>This beneficiary's Part B Entitlement has been reinstated. The effective date of the start of Part B entitlement is reported in DTRR fields 18 and 24.<br><br>Note: A DTRR record with this reply code is only reported to the Plan in which the beneficiary is currently enrolled, even if it affects periods of enrollment in other Plans. If, as a result of a loss of Part B entitlement, the beneficiary has been disenrolled, but not re-enrolled, the reply code is not issued.<br><br>**Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 085 | M | State and County Code Change | NEW SCC | This TRC is returned on a reply with Transaction Type 01. It is intended to supply the Plan with additional information about the beneficiary.<br><br>This beneficiary's State and County Code (SCC) information has changed. The new SCC information is reported in DTRR fields 9 (state code), 10 (county code), and together in field 24.<br><br>**Plan Action:** Update the Plan's records. |
| 086 | M | Claim Number Change | NEW HICN | This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.<br><br>This beneficiary's HICN has changed. The new claim number is reported in DTRR field 1 and the old claim number is in Field 24.<br><br>**Plan Action:** Update the Plan's records. The new claim number is used on all future transactions for this beneficiary. |
| 087 | M | Name Change | NEW NAME | This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.<br><br>This beneficiary's name has changed. The new name is reported in the DTRR name fields (2, 3 and 4), SURNAME, FIRST NAME and MI. The effective date field (field 18) reports the date the name change was processed by CMS.<br><br>**Plan Action:** Update the Plan's records. To ensure accurate identification of the beneficiary, future submitted transactions for this beneficiary should use the new name. |
| 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.<br><br>This beneficiary's sex code has changed. The new sex code is reported in DTRR field 5. The effective date field (field 18) reports the date the sex code change was processed by CMS.<br><br>**Plan Action:** Update the Plan's records. To ensure accurate identification of the beneficiary, future submitted transactions for this beneficiary should use the new 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.<br><br>This beneficiary's date of birth has changed. The new date of birth is reported in DTRR field 6 (DOB) and field 24. Field 18 (Effective Date) reports the date the DOB change was processed by CMS.<br><br>**Plan Action:** Update the Plan's records. To ensure accurate 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.<br><br>When CMS is notified of a beneficiary's death, the Plan receives multiple replies in their DTRR.<br>• Transaction Type 01 with TRC 090 – received by any Plan with an enrollment affected by the beneficiary's death.<br>• Transaction Type 51 with TRC 018 or TRC 015 – for any automatic disenrollments or enrollment cancellations triggered as a result of the beneficiary's death.<br>• Transaction replies with other TRCs may also accompany these replies. Examples include status terminations and SSA responses.<br><br>On the Transaction Type 01 with TRC 090, the beneficiary's actual date of death is reported in DTRR fields 18 and 24.<br><br>On a Transaction Type 51 transaction with TRC 018, fields 18 and 24 report the effective date of the disenrollment resulting from the report of death. This is always on the first of the month following the date of death, if the beneficiary is actively enrolled in a Plan. If the Plan's enrollment is not yet effective, the Plans will receive a Type 51 transaction with TRC 015 and these fields will report the effective date of the enrollment being cancelled.<br><br>**Plan Action:** Update the Plan's records with the beneficiary's date of death from the Transaction Type 01 transaction. It is the Transaction Type 51 transaction with TRC 018 or 015 that is processed as the auto-disenrollment or cancellation. Take the appropriate actions as per CMS enrollment guidance.<br><br>***Note:*** *The above transaction replies may not appear in the same DTRR* |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 091 | M | Date Of Death Removed | DEATH DATE OFF | This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.<br><br>Although the Plan has previously received a transaction reply reporting a date of death for this beneficiary, the date of death has been removed. The beneficiary is still alive. DTRR fields 18 and 24 contain the date of death that was previously reported to the Plan.<br><br>If the date of death is removed after the auto disenrollment has taken effect, the Plan will not receive this transaction reply. *The removal of the Date of Death may initiate the reinstatement of an enrollment. (See TRC 287)*<br><br>**Plan Action:** Update the Plan's records and restore the beneficiary's enrollment with the original enrollment start and end dates. Take the appropriate actions as per CMS enrollment guidance. |
| 092 | M | Date of Death Corrected | NEW DEATH DATE | This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.<br><br>The date of death for this beneficiary has been corrected. The corrected date of death is reported in DTRR field 24. *The correction of the DOD may initiate the reinstatement of an enrollment. (See TRC 287)*<br><br>**Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance. |
| 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.<br><br>***Note:*** *This TRC is only applicable for submitted correction transactions (01) with effective dates prior to 1/1/2008.*<br><br>**Plan Action:** None required. Verify the Plan records. |
| 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.<br><br>***Note:*** *This TRC is only applicable for submitted correction transactions (Transaction Type 01) with effective dates prior to 1/1/2008.*<br><br>**Plan Action:** None required. Verify the Plan records. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 099 | M | Medicaid Period Change/Cancellation | MCAID CHANGE | A change has been made to a period of Medicaid status information for the beneficiary.<br><br>**Plan Action**: Plan should update beneficiary record. |
| 100 | A | PBP Change Accepted as Submitted | PBP CHANGE OK | A submitted PBP Change transaction (Transaction Type 61) has been successfully processed. The beneficiary has been moved from the original PBP to the new PBP. The effective date of enrollment in the new PBP is reported in fields 18 and 24 of the DTRR. The effective date is always the first day of the month.<br><br>This is the definitive PBP Change acceptance record. Other accompanying replies with different TRCs may give additional information about this accepted PBP Change.<br><br>Field 20 (Plan Benefit Package ID) contains the new PBP identifier. The old PBP is reported in field 29 (Prior Plan Benefit Package ID).<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |
| 102 | R | Rejected; Incorrect or Missing Application Date | BAD APP DATE | If the Application Date on an enrollment transaction (Transaction Type 61) is blank or contains a valid date that is not appropriate for the submitted transaction, TRC 102 is returned in the DTRR record. Examples of inappropriate application dates:<br>• Date is blank<br>• Date is later than the submitted Effective Date.<br>• Date does not lie within the election period specified on the submitted transaction<br><br>***Note:*** *Plans should see Chapter 2 of the MMCM or the PDP Guidance on Eligibility, Enrollment and Disenrollment for detailed descriptions of the Election Periods.*<br><br>**Plan Action:** Correct the Application Date and resubmit if appropriate. |
| 103 | R | 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).<br><br>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).<br><br>**Plan Action:** Verify the beneficiary's Part A / Part B entitlement / enrollment. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 104 | R | Rejected; Invalid or Missing Election Type | BAD ELECT TYPE | An enrollment (Transaction Type 61) or disenrollment (Transaction Type 51) was rejected because the submitted Election Type is either missing, contains an invalid value, or is not appropriate for the Plan or for the transaction type.<br><br>The valid Election Type values are:<br>A - Annual Election Period (AEP)<br>D - MA Annual Disenrollment Period (MADP)<br>E - Initial Enrollment Period for Part D (IEP)<br>F - Second Initial Enrollment Period for Part D (IEP2)<br>I - Initial Coverage Election Period (ICEP)<br>O - Open Enrollment Period (OEP) (Valid through 3/31/2010)<br>N - Open Enrollment for Newly Eligible Individuals (OEPNEW) (Valid through 12/31/2010)<br>T - Open Enrollment Period for Institutionalized Individuals (OEPI)<br><br>**Special Enrollment Periods**<br>U - SEP for Loss of Dual Eligibility or for Loss of LIS<br>V - SEP for Changes in Residence<br>W - SEP EGHP (Employer/Union Group Health Plan)<br>Y - SEP for CMS Casework Exceptional Conditions<br>X - SEP for Administrative Change<br>• Plan Submitted "Rollover"<br>• Involuntary Disenrollment<br>• PPO Change<br>• 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:<br>• Auto-Enrollment (Enrollment Source Code = A)<br>• Facilitated Enrollment (Enrollment Source Code = C)<br>• Plan-Submitted Auto-Enrollment (Enrollment Source Code = E) and Transaction Type 61 (PBP Change) and MA or Cost Plan (must meet all conditions)<br>• POS Enrollment (Enrollment Source Code = G)<br>S - Special Enrollment Period (SEP)<br><br>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.<br><br>**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.<br>Examples of inappropriate effective dates:<br>• Date is outside of the election period defined by the submitted election type.<br>(ex: Election Type = A and Effective Date = 2/1/2007)<br>• Date is not appropriate for the application date<br>(ex: App date = 6/10/2007 & Eff Date =11/01/2007)<br><br>**Plan Action:** Correct the Effective Date or Election Type and resubmit if appropriate. *Review Chapter 2 of the MMCM or the PDP Guidance on Eligibility, Enrollment and Disenrollment for detailed descriptions of the Election Periods and corresponding effective dates.* |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 106 | R | Rejected, Another Trans Rcvd with Later App Date | LATER APPLIC | An enrollment transaction (Transaction Type 61) was rejected because a previously received enrollment transaction exists with the following criteria:<br><br>• An application date that is more recent or equal to the application date provided on the submitted enrollment transaction; and<br>• An effective date that is earlier or equal to the effective date provided on the submitted enrollment transaction.<br><br>An enrollment transaction (Transaction Type 61) is rejected because a previously received enrollment transaction exists with the following criteria:<br><br>The submitted enrollment has been overridden by a previously received enrollment in another contract/PBP.<br><br>When multiple transactions are received for the same beneficiary with different contract/PBP #s, the application date is used to determine which enrollment to accept. If the application dates are different, the system will accept the election containing the most recent date.<br><br>**Plan Action:** The beneficiary is not enrolled in the Plan. Update the Plan's records. |
| 107 | R | Rejected, Invalid or Missing PBP Number | BAD PBP NUMBER | An enrollment 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.<br><br>***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.*<br><br>**Plan Action:** Correct the PBP # and resubmit the transaction if appropriate. |

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

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

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 117 | A | FBD Auto Enrollment Accepted | FBD AUTO ENROLL | This new enrollment transaction (Transaction Type 61) was the result of a Plan-submitted or CMS-initiated auto-enrollment of a full-benefit dual-eligible beneficiary into a Part D Plan. The enrollment was accepted. The effective date of the new enrollment is shown in the Effective Date (field 18) of the DTRR data record.<br><br>Other accompanying replies with different TRCs may give additional information about this new enrollment.<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |
| 118 | A | LIS Facilitated Enrollment Accepted | LIS FAC ENROLL | This new enrollment transaction (Transaction Type 61) was the result of a Plan-submitted or CMS-initiated facilitated enrollment of a low income beneficiary into a Part D Plan. The effective date of the new enrollment is shown in the Effective Date (field 18) of the DTRR.<br><br>Other accompanying replies with different TRCs may give additional information about this new enrollment.<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |
| 119 | A | Premium Amount Change Accepted | PREM AMT CHG | A Part C Premium Change transaction (Transaction Type 78) was accepted. The Part C premium amount has been updated with the amount submitted on the transaction. The amount may have also been updated by CMS.<br><br>The effective date of the new premium will be reported in DTRR field 18. The amount of the new Part C premium will be reported in field 19 of the DTRR record.<br><br>**Plan Action:** Update the Plan's records accordingly, ensuring that the beneficiary's premium amounts are implemented as of the effective date in field 18. Take the appropriate actions as per CMS enrollment guidance. |

| 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.<br><br>Any requested change will not take effect until an SSA/RRB acceptance is received. Plans are notified of the SSA/RRB acceptance with a TRC 185 in a future DTRR data file.<br><br>**Plan Action:** None required. Take the appropriate actions as per CMS enrollment guidance.<br><br>***Note:*** *The Plan will not see the result of any PPO change until they have received a TRC 185 on a future DTRR.* |
| 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.<br><br>The effective date for the co-pay period is shown in the Transaction Reply Report 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.<br><br>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.<br><br>Plan Action: Update the Plan's records to reflect the given data for the beneficiary's LIS period. Take the appropriate actions as per CMS enrollment guidance. |

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

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

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

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 134 | I | Missing Secondary Insurance Information | NO 2 INS INFO | This TRC is returned on a rejected enrollment or 4Rx record update transaction (Transaction Types 61or 72) when the submitted Secondary Drug Coverage Flag is invalid. . No changes to the beneficiary's secondary insurance information are made.<br><br>**This is not a transaction rejection.** The submitted transaction is accepted and a reply is provided in the DTRR with an appropriate acceptance TRC. This reply provides additional information about the transaction. The Effective Date of the transaction for which this information is pertinent is reported in DTRR field 18. The Transaction Type reflects the Transaction Type of the submitted transaction. (Transaction Types 61 or 72).<br><br>**Plan Action: If appropriate,** submit a 4Rx Record Update transaction (Transaction Type 72) with the correct Secondary Insurance RxID and Secondary Insurance RxGroup values. |
| 135 | M | Beneficiary Has Started Dialysis Treatments | DIALYSIS START | This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.<br><br>CMS has been notified that the beneficiary has ESRD and has begun dialysis treatments. The effective date of the change is reported in DTRR field 18.<br><br>**Plan Action:** Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. |
| 136 | M | Beneficiary Has Ended Dialysis Treatments | DIALYSIS END | This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.<br><br>CMS has been notified that the beneficiary has ESRD and is no longer receiving dialysis treatments. The effective date of the change is reported in DTRR field 18.<br><br>**Plan Action:** Update the Plan's beneficiary records with the information in the DTRR. Process the TRC 136 to remove the prior period, if the effective date of the TRC 136 (field 18) is equal to the "start" date of an ESRD period reported to the Plan previously. Alternatively, process the TRC 136 to update the prior period, if the effective date of the TRC 136 (field 18) is not equal to the "start" date of an ESRD period reported to the Plan in a prior DTRR. Then process the TRC 135 to add the new corrected period as of the start date in field 18. The end date of the new, corrected period, if there is one, is not included. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 137 | M | Beneficiary Has Received a Kidney Transplant | TRANSPLANT ADD | This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.<br><br>CMS has been notified that the beneficiary has ESRD and has received a transplanted kidney. The effective date of the change is reported in DTRR field 18.<br><br>**Plan Action:** Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. |
| 138 | M | Beneficiary Address Change to Outside the U.S. | ADDR NOT U.S. | This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.<br><br>CMS has been notified that the beneficiary's address is now outside of the U.S. The effective date of the change is reported in DTRR field 18.<br><br>**Plan Action:** Research the beneficiary's new address and update the Plan's beneficiary records. Take the appropriate actions as per CMS enrollment guidance. |
| 139 | A | EGHP Flag Change Accepted | EGHP FLAG CHG | An EGHP Update transaction (Transaction Type 74) was accepted. This transaction changed the beneficiary's EGHP flag.<br><br>The EGHP Update transaction may have been submitted by the Plan or initiated by a CMS User. The value in DTRR field 48 on the DTRR record will contain the new EGHP flag. The effective date of the change is reported in field 18 of the DTRR record and in the EFF DATE column on the printed report.<br><br>All data provided for change other than the EGHP Flag fields has been ignored.<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
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| 140 | A | Segment ID Change Accepted | SEGMENT ID CHG | A Segment ID Update transaction (Transaction Type 77) was accepted. This transaction changed the Segment ID for the beneficiary.<br><br>The value in DTRR field 33 contains the new Segment ID. The effective date of the change is reported in field 18<br><br>All data provided for change other than the Segment ID field has been ignored.<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |
| 141 | A | Uncovered Months Change Accepted | UNCOV MNTHS CHG | A NUNCMO Record Update transaction (Transaction Type 73) was accepted. This transaction updated the creditable coverage information (Creditable Coverage Flag and/or NUNCMO) for the beneficiary.<br><br>The values in DTRR fields 40 and 41 on the DTRR record will contain the new creditable coverage values. The effective date of the change is reported in field 18. Total uncovered months are displayed in field 24.<br><br>All data provided for change, other than the Uncovered Months fields, has been ignored.<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |
| 143 | A | Secondary Insurance Rx Number Change Accepted | 4RX SCD INS CHG | A 4Rx Record Update transaction (Transaction Type 72) was accepted. This transaction updated the secondary drug insurance information (Secondary RxID, Secondary RxBIN, Secondary Rx Group, Secondary RxPCN) for the beneficiary. The 4Rx Record Update transaction may have been submitted by the Plan or initiated by a CMS User.<br><br>The values in DTRR fields 46, 47, 60 & 61 on the DTRR record will contain the new secondary drug insurance information. The effective date of the change is reported in field 18.<br><br>All data provided for change, other than the 4Rx fields, has been ignored.<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |

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

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

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 157 | R | Contract Not Authorized for Transaction Code | UNAUT REQUEST | A transaction (Transaction Types 41, 51, 54, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) was rejected because the Plan is not authorized to submit that type of transaction.<br><br>**Plan Action:** Correct the Transaction Type and resubmit if appropriate. |
| 158 | M | Institutional Period Change/Cancel lation | INST CHANGE | This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.<br><br>CMS has changed or cancelled an Institutional period for the beneficiary.<br><br>**Plan Action:** Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. |
| 159 | M | NHC Period Change/Cancel lation | NHC CHANGE | This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.<br><br>CMS has changed or cancelled a NHC period for the beneficiary.<br><br>**Plan Action:** Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. |
| 162 | R | Invalid EGHP Flag Value | BAD EGHP FLAG | An enrollment or EGHP change transaction (Transaction Types 61, 74) was rejected because the submitted EGHP Flag value was invalid.<br><br>The valid values for EGHP Flag is Y or blank for enrollment Transaction Type 61. Y or N is accepted for EGHP change Transaction Type 74.<br><br>**Plan Action:** Correct the EGHP Flag value and resubmit if appropriate. |
| 165 | R | Processing delayed due to MARx system problems | SYSTEM DELAY | **(Note: This TRC does not apply to Plans and is only for internal CMS use)**. Processing of this transaction has been delayed due to CMS system conditions. No action is required by the user. CMS will process the transaction as soon as possible.<br><br>**Plan Action:** None required.. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 166 | R | Part D FBD Auto Enroll or Facilitated Enroll Reject | PARTD AUTO REJ | This TRC is returned on a rejected plan-submitted auto or facilitated Part D enrollment when CMS has a record of a Part D 'opt out' option on file for the beneficiary.<br><br>**Plan Action**: Update the Plan's records to ensure that the beneficiary is not enrolled in the Plan. Take the appropriate actions as per CMS enrollment guidance. |
| 169 | R | Reinsurance Demonstration Enrollment Rejected | EMP SUBSIDY | An enrollment transaction (Transaction Type 61) placing the beneficiary into a reinsurance demonstration Plan was rejected because the beneficiary has employer subsidy periods overlapping with the requested enrollment period.<br><br>This TRC is equivalent to TRC 127 except that it applies to Reinsurance Demonstration Plans only. The requested effective date is reported in DTRR field 18.<br><br>**Plan Action:** Contact the beneficiary to explain the potential consequences of this enrollment. If the beneficiary elects to join the Part D plan anyway, the enrollment should be resubmitted with the Employer Subsidy Override Flag set to Y. |
| 170 | I | Premium Withhold Option Changed to Direct Billing | PREM WH OPT CHG | The beneficiary's PPO was changed to Direct Billing (D) because the beneficiary is a member of an employer group. Retirees who are members of an employer group cannot elect SSA withholding.<br><br>This TRC provides additional information about an enrollment, PBP change, or PPO Change transaction (Transaction Types 61, 75) for which an acceptance was sent in a separate Transaction Reply with an enrollment acceptance TRC. The Effective Date of the enrollment for which this information is pertinent is reported in DTRR field 18.<br><br>**Plan Action:** Update the Plan's billing method and contact the beneficiary to explain the consequences of this change. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 171 | R | Record Update Rejected, Invalid Chg Effective Dt | BAD CHG EFF DT | An EGHP Change, PPO Change, Segment ID Change, or Part C Premium Change (Transaction Types 74, 75, 77, or 78) was rejected because the submitted transaction effective date was incorrect.<br><br>The Effective Date on the Transaction Type 75 must be in the CPM to CPM+2 range.<br><br>The Effective Date on the Transaction Type 78 must be in the CPM-3 to CPM+2 range.<br><br>The Effective date on the Transaction Types 74 or77 must be in the CCM-1 to CCM+3 range.<br><br>**Plan Action:** Correct the effective date and resubmit the transaction if appropriate. |
| 172 | R | Change Rejected; Creditable Coverage/2 Drug Info NA | CRED COV/RX NA | A 4RX or NUNCMO transaction (Transaction Type 72 or 73) was rejected because the information was not applicable to the selected plan type (Mas and other plans without drug coverage). Non-drug plans should not submit drug plan information.<br><br>The inappropriate information included on the transaction could be any or all of the following:<br>• Creditable Coverage Information (Creditable Coverage Flag and NUNCMO)<br>• Primary Drug Insurance Information (Rx ID, Rx GRP, Rx PCN and Rx BIN)<br>• Secondary Drug Insurance Information (Secondary Insurance Flag, Rx ID, Rx GRP, Rx PCN and Rx BIN)<br><br>**Plan Action:** Verify that the above fields are not populated and resubmit the transaction if appropriate. |
| 173 | R | Change Rejected; Premium Not Previously Set | NO PREMIUM INFO | An Uncovered Months, PPO, or Part C premium amount change transaction (Transaction Types 73, 75, 78) was rejected because the beneficiary's premium was not established as of the transaction effective date.<br><br>**Plan Action:** Review the beneficiary's premium data and resubmit if appropriate. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 176 | R | Transaction Rejected, Another Transaction Accepted | TRANS REJ | An enrollment transaction (Transaction Type 61) was rejected.<br><br>A transaction enrolling the beneficiary into another contract was previously accepted. That transaction and this submitted one had the same effective and application dates.<br><br>The beneficiary is not enrolled in the Plan in this newly submitted transaction.<br><br>**Plan Action:** Take the appropriate actions as per CMS enrollment guidance. |
| 177 | M | Change in Late Enrollment Penalty | NEW PENALTY AMT | This TRC is intended to supply the Plan with additional information about the beneficiary.<br><br>The beneficiary's total late enrollment penalty has changed. This may be the result of:<br>• A change to the beneficiary's NUNCMO (but there are still uncovered months);<br>• A change to the beneficiary's LIS status;<br>• A new Initial Election Period (IEP); or<br>• The addition, withdrawal, or change in the CMS-granted waiver of penalty.<br><br>**Plan Action:** Adjust the beneficiary's payment amount. The new total penalty amount can be determined by subtracting amounts in DTRR fields 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.<br><br>The LEP, reported in field 52 of the DTRR, associated with the specified effective date has been rescinded (set to zero).<br><br>**Plan Action:** Adjust the beneficiary's payment amount. Take the appropriate actions as per CMS enrollment guidance. |
| 179 | A | Transaction Accepted, No Change to Premium Record | NO CHNG TO PREM | A Record Update transaction (Transaction Type 73, 75, 78) was submitted, however, no data change was made to the beneficiary's premium. The submitted transaction contained premium data values that matched those already on record with CMS for the specified period.<br><br>This transaction had no effect on the beneficiary's records.<br><br>**Plan Action:** Ensure that the Plan's system reflects the amounts in the DTRR record. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 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 field 24.<br><br>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.<br><br>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 field 18.<br><br>**Plan Action:** Update the Plan's beneficiary records with the premium information in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |
| 184 | R | Enrollment Rejected, Beneficiary is in Medicaid | MBR IN MEDICAID | An enrollment transaction (Transaction Type 61) was rejected because the beneficiary was in Medicaid status and the Plan is not eligible to enroll Medicaid beneficiaries.<br><br>This TRC is Plan specific. It only applies to MSA/MA and MSA/Demo plans.<br><br>**Plan Action**: Update the Plan's beneficiary records to reflect the fact that the beneficiary is not enrolled in the Plan. Take the appropriate actions as per CMS enrollment guidance. |

| 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.<br><br>If the submittal to SSA/RRB was the result of a requested premium withholding change, TRC 185 informs the Plan that SSA/RRB has accepted and processed the change. The beneficiary's PPO is reported in DTRR field 39. The effective date of the PPO change is reported in field 18.<br><br>***Note:*** *The reported new PPO may be the same as the existing PPO.*<br><br>Plans will not see the results of any requested premium withholding changes until TRC 185 is received.<br><br>**Plan Action:** Ensure the Plan's system matches the information, primarily the PPO, included in the DTRR. |
| 186 | I | Withholding Agency Rejected Transaction | REJECTED | CMS submitted information on a beneficiary to SSA/RRB (See TRC 120). This data transmittal was rejected by SSA/RRB.<br><br>This is exclusive to the communication between CMS and SSA/RRB. CMS will continue to interface with SSA/RRB to resolve the rejection.<br><br>If CMS is unable to resolve this rejection and the Beneficiary-requested PPO is changed, the Plan may receive a TRC 144.<br><br>**Plan Action:** No action required. |
| 187 | R | No Change in Number of Uncovered Mths Information | DUP NO UNCV MTH | A NUNCMO Record Change transaction (Transaction Type 73) was rejected. No data change was made to the beneficiary's record. The submitted transaction contained NUNCMO Information that matched those already on record with CMS.<br><br>This transaction had no effect on the beneficiary's records.<br><br>**Plan Action**: None required. |
| 188 | A | No Change in Segment ID | DUP SEGMENT ID | A Segment ID Update transaction (Transaction Type 77) was accepted, however, no data change was made to the beneficiary's record. The submitted transaction contained a Segment ID value that matched the Segment ID already on record with CMS.<br><br>This transaction had no effect on the beneficiary's records.<br><br>**Plan Action:** None required. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 189 | A | No Change in EGHP Flag | DUP EGHP FLAG | An EGHP Record Update transaction (Transaction Type 74) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained an EGHP Flag value that matched the EGHP Flag already on record with CMS.<br><br>This transaction had no effect on the beneficiary's records.<br><br>**Plan Action:** None required. |
| 190 | A | No Change in Secondary Drug Information | DUP SECNDARY RX | A 4Rx Record Update transaction (Transaction Type 72) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained Secondary Drug Insurance Information (Secondary Drug Insurance flag, Secondary Rx ID, Secondary Rx Group, Secondary Rx BIN, Secondary Rx PCN) that matched the Secondary Drug Insurance values already on record with CMS.<br><br>This transaction had no effect on the beneficiary's records.<br><br>**Plan Action:** None required. |
| 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:<br><br>1. The submitted transaction contained a PPO value that matched the PPO already on record with CMS.<br>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.<br>3. Beneficiary premiums are zero. Withholding cannot be established.<br>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.<br><br>This transaction had no effect on the beneficiary's records.<br><br>**Plan Action:** None required. |
| | | | | |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 195 | M | SSA Unsolicited Response | SSA WHOLD UPDT | An unsolicited response has been received from SSA. The PPO for this beneficiary is set to Direct Bill. This action is not in response to a Plan-initiated transaction.<br><br>The effective date of the change is reported in DTRR field 18.<br><br>**Plan Action:** Change the beneficiary to direct bill as of the effective date in field 18. Take the appropriate actions as per CMS enrollment guidance. |
| 196 | R | Transaction Rejected, Bene not Eligible for Part D | NO PART D | An enrollment transaction or PBP change transaction (Transaction Type 61) or disenrollment cancellation transaction (Transaction Type 81) [enrollment reinstatement] was rejected. Part D eligibility is required for Part D plan enrollment.<br>• TC61 – transaction was rejected because the submitted enrollment date is outside the beneficiary's Part D eligibility period<br>• TC81 – transaction was rejected because the enrollment reinstatement period is outside the beneficiary's Part D eligibility period<br><br>**Plan Action:** Take the appropriate actions as per CMS enrollment guidance. |

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

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

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

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 210 | A | POS Enrollment Accepted | POS ENROLLME NT | An enrollment into a POS designated Part D plan that was submitted by a Point Of Sale (POS/POS 10) contractor or CMS (MBD) has been successfully processed. The effective date of the new enrollment is shown in the Effective Date (field 18) of the DTRR. The date in field 18 will always be the first day of the month.<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |
| 211 | R | Re-Assignment Enrollment Rejected | RE-ASN ENRL REJ | A reassignment enrollment request transaction (Transaction Type 61) which would move the beneficiary into another Part D plan was rejected because CMS has record of an "Opt-Out" option on file for the beneficiary. The beneficiary has 'opted out' of auto or facilitated enrollment.<br><br>**Plan Action:** Do not move the beneficiary's enrollment to the new Plan. Keep the beneficiary in the Plan in which they are currently enrolled. Take the appropriate actions as per CMS enrollment guidance. |
| 212 | A | Re-Assignment Enrollment Accepted | REASSIGN ACCEPT | A reassignment enrollment request transaction (Transaction Type 61) to move the beneficiary into a new Part D Plan has been successfully processed. The beneficiary has been moved from the original contract and PBP to the new contract and PBP. The effective date of enrollment in the new PBP is reported in fields 18 and 24 of the DTRR.<br><br>Other accompanying replies with different TRCs may give additional information about this accepted reassignment.<br><br>Field 20 (Plan Benefit Package ID) contains the new PBP identifier and the old PBP is reported in field 29 (Prior Plan Benefit Package ID).<br><br>**Plan Action:** Update the Plan's records accordingly with the information in the DTRR record, ensuring that the Plan's beneficiary's information reflects enrollment in the new contract and PBP. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 213 | I | Premium Withhold Exceeds Safety Net Amount | EXCEED SNET AMT | CMS has changed the PPO specified on the transaction to "D – Direct Bill" because the transaction would result in SSA withholding exceeding the Safety Net amount from the beneficiary's check in one month.<br><br>This TRC may be generated in response to an accepted enrollment or PBP change (Transaction Type 61), NUNCMO Record Update (Transaction Type 73), Part C Premium Update (Transaction Type 78), PPO Change (Transaction Type 75), or may be initiated by CMS.<br><br>**Plan Action:** Change the beneficiary to Direct Bill and contact them to explain the consequences of the PPO change. Take the appropriate actions as per CMS enrollment guidance. |
| 215 | R | Uncovered Months Chng Rejected, Incorrect Eff Date | BAD NUNCMO EFF | A NUNCMO Change (Transaction Type 73) transaction was rejected because the submitted effective date is incorrect. The date may have been incorrect for one of the following reasons:<br>• The submitted effective date is prior to August 1, 2006;<br>• The submitted effective date is after the Current Calendar Month (CCM) plus 3; or<br>• The submitted effective date falls within a Part D plan enrollment but does not match the contract enrollment start date.<br><br>**Plan Action:** Correct the effective date and resubmit the transaction if 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 | This TRC is returned on an accepted enrollment or NUNCMO transaction (Transaction Type 61 or 73) when the submitted NUNCMO value exceeds the maximum possible value.<br><br>This does NOT cause the rejection of the enrollment transaction but zero uncovered months (000) is associated with the effective date of the enrollment. This informational TRC may accompany the enrollment transaction's acceptance TRC.<br><br>**Plan Action:** Update the Plan's records. If the NUNCMO should be another value, review CMS enrollment guidance and correct the NUNCMO value using a new NUNCMO Record Update (Transaction Type 73) transaction. |

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

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 223 | M | Low Income Period Removed from Enrollment Period | LIS REMOVED | This TRC is returned on a reply with Transaction Type 01. It 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.<br><br>The following LIS information is reported on the DTRR for each period of Low Income Subsidy that was removed:<br>• PBP Enrollment Effective Date (Field 18)<br>• Part D Low-income Premium Subsidy Level (Field 49) for removed period<br>• Low-income Co-Pay Category (Field 50) for removed period<br>• Low-income Period start date (Field 51) for removed period<br>• Low-income Period End Date (Field 64) for removed period<br>• Low-income Period Subsidy Source (Field 65) for removed period<br><br>**Plan Action**: Update the Plan's records to reflect the given data for the beneficiary's LIS period. Take the appropriate actions as per CMS enrollment guidance. |
| 224 | A | A/D MSP Beneficiary Transaction Accepted | MSP ACCEPTED | Aged/Disabled MSP Beneficiary transaction (85) accepted.<br><br>**Plan Act**ion: None Required**.** |
| 225 | I | Exceeds SSA Benefit & Safety Net Amount | INSUF FUND&SNE T | CMS has changed the PPO specified on the transaction to "D – Direct Bill" because the transaction would result in the SSA benefit being insufficient to cover the withholding and the withholding would exceed the Safety Net amount.<br><br>This TRC may be generated in response to an accepted enrollment or PBP change (Transaction Type 61), NUNCMO Record Update (Transaction Type 73), Part C Premium Update (Transaction Type 78), PPO Change (Transaction Type 75), or may be initiated by CMS.<br><br>**Plan Action:** Change the beneficiary to direct bill and contact them to explain the consequences of the PPO change. Take the appropriate actions as per CMS enrollment guidance. |

| 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.<br><br>If the submittal to SSA was the result of a requested Part B Reduction change, TRC 235 informs the Plan that SSA has accepted and processed the change.<br><br>Plans will not see the results of any requested Part B Reduction change until TRC 235 is received and SSA has processed the request. This may take as long as 60 days.<br><br>**Plan Action:** No action required. |
| 236 | I | SSA Rejected Part B Reduction Transaction | SSA PT B REJECT | CMS submitted Part B Reduction information on a beneficiary to SSA (See TRC 237). This data transmittal was rejected by SSA.<br><br>This is exclusive to the communication between CMS and SSA. CMS will continue to interface with SSA to resolve the rejection.<br><br>**Plan Action**: No action required**.** |
| 237 | I | Part B Premium Reduction Sent to SSA | PT B RED UPDATE | As a result of an accepted Plan-submitted transaction (Transaction Types 51, 61, 72, 73, 75, 78) or UI update to a beneficiary's records, information has been forwarded to SSA/RRB to update SSA/RRB records and implement any requested Part B premium reduction changes.<br><br>Any requested change will not take effect until an SSA/RRB acceptance is received. Plans are notified of the SSA/RRB acceptance with a TRC 235 on a future DTRR.<br><br>**Plan Action:** None required. Take the appropriate actions as per CMS enrollment guidance.<br><br>***Note:*** *The Plan will not see the result of any Part B Reduction change until they have received a TRC 235 or 236 on a future DTRR.* |
| 238 | I | RRB Rejected Part B Reduction, Delayed Processing | DELAY RRB PROC | CMS submitted Part B Reduction information for a beneficiary to RRB (See TRC 237). This data transmittal was rejected by RRB because they are unable to process the data at this time.<br>CMS continues to interface with RRB to resolve the rejection.<br><br>Plan Action: No action required. |

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

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 243 | R | Change to SSA Withholding rejected due to no SSN | NO SSN AT CMS | A PPO Change transaction (Transaction Type 75) was submitted to change the beneficiary's PPO to SSA withholding, however, there is no Social Security Number (SSN) on file at CMS. The beneficiary's PPO is not changed to SSA withholding.<br><br>The beneficiary's records were unchanged.<br><br>**Plan Action**: Update the Plan's beneficiary record accordingly. Take the appropriate action with member as per CMS enrollment guidance. |
| 245 | M | Member has MSP period | MEMBER IS MSP | The beneficiary has other insurance and Medicare is secondary payer.<br>All plans whose payments are impacted by the MSP notification will receive the TRC.<br><br>**Plan Action**: Update the Plan's records accordingly. |
| 252 | I | Prem Payment Option Changed to Direct Bill; No SSN | W/O CHG;NO SSN | CMS has changed the PPO specified on the transaction to "D – Direct Bill" because the beneficiary does not have a Social Security number on file at CMS.<br><br>This TRC may be generated in response to an accepted Enrollment, PBP change or PPO Change transaction (Transaction Types 61 or, 75) or may be initiated by CMS.<br><br>**Plan Action:** Update the Plan's beneficiary records to reflect the direct bill payment method. Take the appropriate actions with member as per CMS enrollment guidance. |
| 253 | M | Changed to Direct Bill; no Funds Withheld | W/O CHG;NO W/H | CMS has changed the PPO to "D-Direct Bill" because no funds have been withheld by the withholding agency in the two months since withholding was accepted.<br><br>**Plan Action:** Update the Plan's beneficiary records to reflect the direct bill payment method. Take the appropriate actions with member as per CMS enrollment guidance. |

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

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

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

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 268 | I | Beneficiary Has Dialysis Period | DIALYSIS EXISTS | This TRC is returned on an enrollment. It is intended to supply the Plan with additional information about the beneficiary. Each TRC 268 returns start and end dates for each dialysis period that overlaps the enrollment period. There may be more than one TRC 268 returned.<br><br>The effective date for the dialysis period is shown in the Effective Date field (field 18). The end date, if one exists, is in the Open Data field (field 24).<br><br>**Plan Action:** Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. |
| 269 | I | Beneficiary Has Transplant | TRNSPLNT EXISTS | This TRC is returned on an enrollment. It is intended to supply the Plan with additional information about the beneficiary. Each TRC 269 returns transplant and failure dates for each kidney transplant that overlaps the enrollment period. There may be more than one TRC 269 returned.<br><br>The transplant date is shown in the Effective Date field (field 18). The end date, if one exists, is shown in Transplant End Date (field 24).<br><br>**Plan Action:** Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. |
| 270 | M | Beneficiary Transplant Has Ended | TRANSPLANT END | This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS was notified that the beneficiary's transplant s failed or was an error. The effective date of the failure or removal is reported in field 18 of the DTRR record and in the EFF DATE column on the printed report.<br><br>**Plan Action:** Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. |
| 280 | I | Member MSP Period Ended | MEMBER NOT MSP | The beneficiary's Medicare as Secondary Payer period has ended.<br><br>All plans whose payments are impacted by the MSP notification will receive the TRC.<br><br>**Plan Action:** Update the Plan's records accordingly. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 282 | A | Residence Address Deleted | RES ADR DELTD | The residence address associated with the DTRR effective date (in field 18) has been deleted and is no longer valid.<br><br>The address was removed either through "delete" action via the 76 transaction or because an overlapping residence address change was submitted with the same or earlier effective date.<br><br>**Plan Action:** None required. |
| 283 | R | Residence Address Delete Rejected | RJCTD ADR DELT | The residence address delete attempted was rejected. No residence address exists for the effective date provided. See DTRR field 18.<br><br>**Plan Action:** Correct effective date and resubmit. |
| 284 | R | Cancellation Rjctd, Prior Enroll/Disenroll Changed | NO REINSTATE | A Disenrollment Cancellation (Transaction Type 81) was rejected. The cancellation action attempted the reinstatement of the enrollment and this reinstatement could not be accomplished.<br><br>The reinstatement could not be accomplished because some aspect of the enrollment, or the beneficiary's status during that enrollment, has been changed by the Plan (examples include: 4Rx, Residence Address or Segment ID) prior to their issuance of this current cancellation transaction.<br><br>**Plan Action:** Enroll the beneficiary using a Transaction Type 61, Enrollment. |
| 285 | I | Enrollment Cancellation Accepted | ACPT ENROLL CAN | An Enrollment Cancellation (Transaction Type 80) transaction was accepted. The identified enrollment is cancelled. The start date of the cancelled enrollment period is reported in the DTRR Effective Date field 18.<br><br>**Plan Action:** Update the Plan's records accordingly. |
| 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.<br><br>**Plan Action:** Submit a Disenrollment transaction. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 287 | A | Enrollment Reinstated | ENROLL REINSTAT | The identified enrollment period was reinstated. The start date of the reinstated period is reported in the DTRR Effective Date field 18. The reinstatement occurred for one of the following reasons:<br>• For Transaction Type 80, cancellation of another plan's enrollment;<br>• For Transaction Type 82, cancellation of another plan's enrollment;<br>• For Transaction Type 01, change or removal of a date of death.<br><br>If the reinstated enrollment has an end date, it is reported in the DTRR field 24. The end date may or may not have existed with the enrollment originally.<br><br>**Plan Action:** Update the Plan's records accordingly following CMS guidance for enrollment reinstatement. |
| 288 | A | Disenrollment Cancellation Accepted | ACPT DISNRL CAN | A Disenrollment Cancellation (Transaction Type 81) transaction was accepted. The identified disenrollment was cancelled. The start date of the cancelled disenrollment period is reported in the DTRR Effective Date field 18.<br><br>The Disenrollment Cancellation (Transaction Type 81) may have been submitted by a Plan or the result of a Date of Death Change or Date of Death Rescinded notification that cancels an auto-disenrollment that was created by a Date of Death notification.<br><br>**Plan Action:** Update the Plan's records accordingly. |
| 289 | R | Disenrollment Cancellation Rejected | RJCT DISNRL CAN | A Disenrollment Cancellation (Transaction Type 81) transaction was rejected. Rejection occurred for one of the following reasons:<br>• Beneficiary was still enrolled in the Plan, never disenrolled;<br>• Beneficiary was not enrolled in the Plan;<br>• Disenrollment being cancelled was not submitted by the Plan;<br>• Cannot restore prior enrollment due to associated disenrollment reason codes 5, 6, 8, 9, 10, 13, 15, 18, 19, 54, 56, 57, 61.<br>• Reinstated enrollment would conflict with another existing enrollment.<br><br>**Plan Action:** Submit Enrollment transaction. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 290 | I | IEP NUNCMO Reset | NUNCMO RSET IEP | This TRC was the result of an automatic system reset, or zeroing, of the cumulative uncovered months for the identified beneficiary. This reset occurred for one of the following reasons:<br>• Disabled beneficiary became age-qualified for Medicare,<br>• An aged beneficiary had a retroactive NUNCMO transaction with an effective date prior to aged qualification at the beginning of the IEP period.<br><br>Reset effective date is in DTRR field 18.<br><br>**Plan Action:** Update plan records accordingly. |
| 291 | I | Enrollment Reinstated, Disenrollment Cancellation | ENROLL REINSTAT | A Disenrollment Cancellation (Transaction Type 81) transaction cancelled a disenrollment and the enrollment was reinstated. The start date of the reinstated period is reported in the DTRR Effective Date field 18.<br><br>If the reinstated enrollment has an end date, it is reported in the DTRR field 24. The end date may or may not have existed with the enrollment originally.<br><br>**Plan Action:** Update the Plan's records accordingly following CMS guidance for enrollment reinstatement. |
| 292 | R | Disenrollment Rejected, Was Cancellation Attempt | NOT CANCELLAT N | A Disenrollment transaction (Transaction Type 51) was rejected. The submitted disenrollment effective date is the same as the enrollment start date. Only Auto or Facilitated enrollments may be cancelled using the Transaction Type 51.<br><br>**Plan Action:** Submit an Enrollment Cancellation transaction (Transaction Type 80) if it is desired to cancel the enrollment; otherwise, correct the disenrollment effective date and resubmit. |
| 293 | A | Disenroll, Failure to Pay Part D IRMAA | FAIL PAY PTD IRMAA | A disenrollment transaction (Transaction Type 51) has been successfully processed due to failure to pay Part D IRMAA. The last day of the enrollment is reported in DTRR fields 18 and 24.<br><br>The disenrollment date is always the last day of the month.<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record and that the beneficiary's disenrollment date matches the date in field 24. Take the appropriate actions as per CMS enrollment guidance. |
| 294 | I | No 4Rx Insurance Changed | NO INSUR CHANGE | A 4Rx Change (Transaction Type 72) transaction was received with no primary or secondary insurance information provided on the transaction. No insurance data changes took place for this beneficiary.<br><br>**Plan Action:** Resubmit with new 4Rx data as needed. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 295 | M | Low Income NUNCMO RESET | NUNCMO RSET LIS | This TRC was the result of an automatic system reset, or zeroing, of the cumulative uncovered months for the identified beneficiary. This reset occurred because the beneficiary has been identified as having the Part D low-income subsidy.<br><br>Reset effective date is in DTRR field 18.<br><br>**Plan Action:** Update plan records accordingly. |
| 300 | R | NUNCMO Change Rejected, Exceeds Max Possible Value | NM CHG EXDS MAX | A NUNCMO Record Update transaction (73) was rejected because the NUNCMO provided exceeds the maximum possible value. The original (existing) NUNCMO has been retained.<br><br>**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.<br><br>This beneficiary had multiple conflicting claim numbers (HICNs) which were merged under a single HICN. This DTRR reports the **VALID** HICN in field 1 and the **INVALID** HICN in field 24.<br><br>**Plan Action:** Update the Plan's records to use the **VALID** HICN from field 1 for this beneficiary. The **valid** claim number must be used on all future transactions for this beneficiary. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 302 | M | Enrollment Cancelled, Claim Number Change | ENRL CNCL MERGE | This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.<br><br>This beneficiary had multiple conflicting HICNs, which were merged into one. Plan enrollments for the conflicting HICNs have been combined under a valid HICN. This enrollment conflicted with another existing enrollment. As a result, the conflicting enrollment period was cancelled. The effective date of the enrollment which has been cancelled is reported in the Effective Date field (18). The termination date of the enrollment (if present) is reported in field 24.<br><br>**Plan Action**: Because the enrollment period is now cancelled, the enrollment period should be adjusted in the Plan's enrollment records. **This change may impact premiums that you collected directly from the beneficiary.** Take the appropriate actions as per CMS enrollment guidance. |
| 303 | M | Termination Date Change due to Beneficiary Merge | TRM DT CHG MERGE | This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.<br><br>This beneficiary had multiple conflicting claim numbers (HICNs) which were merged into one. Plan enrollments for the conflicting HICNs have been combined under a valid HICN. This enrollment conflicted with another existing enrollment. Current enrollment rules regarding the application signature date were applied and this enrollment's termination date was changed from the original date. The effective date of the enrollment with the changed termination date is reported in the Effective Date field (18). The new termination date of this enrollment is reported in Field 24.<br><br>**Plan Action:** Because the termination date has changed, the enrollment period should be adjusted in the Plan's enrollment records. **This change may impact premiums that you collected directly from the beneficiary.** Take the appropriate actions as per CMS enrollment guidance. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 305 | M | ZIP Code Change | ZIP CODE CHANGE | A notification has been received that this beneficiary's zip code has changed. The new zip code is reported in field 24 of the DTRR. The effective date of the change is reported in field 18.<br><br>Note: A reply with this TRC only reports changes in the Zip Code the beneficiary has on file with SSA/CMS. It does not report changes in a Plan-submitted Residence Address.<br><br>**Plan Action:** Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. |
| 306 | R | NUNCMO Change Rejected, No Part D Eligibility | NUNCMO, NO PTD | A NUNCMO Change transaction (Transaction Type 73) was rejected because beneficiary does not have Part D Eligibility as of the submitted effective date.<br><br>**Plan Action:** Verify the beneficiary identifying information and resubmit the transaction with updated information, if appropriate. |
| 307 | A | MMP Passive Enrollment Accepted | PASSIVE ACCEPT | This TRC is returned on a successful MMP passive enrollment transaction (TC 61). The effective date of the new enrollment is reported in DTRR field 18.<br><br>This is the definitive MMP enrollment acceptance record. Other accompanying replies with different TRCs may give additional information about this enrollment.<br><br>**Plan Action:** Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |
| 308 | R | MMP Passive Enrollment Rejected | PASSIVE REJECT | An MMP passive enrollment transaction (TC 61) was rejected because the beneficiary did not meet the MMP requirements or the beneficiary opted out of passive enrollment.<br><br>The attempted enrollment effective date is reported in DTRR fields 18 and 24.<br><br>**Plan Action:** Take the appropriate actions as per CMS enrollment guidance. |
| 309 | I | No Change in MMP Opt-Out Flag | DUP FA OPT OUT | An MMP Opt-Out Record Update transaction (TCs 42, 83) was submitted; however, no data change was made to the beneficiary's record. The submitted transaction contained an MMP Opt-Out Flag value that matched the MMP Opt-Out already on record with CMS.<br><br>This transaction did not affect the beneficiary's records.<br><br>**Plan Action:** None required. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 310 | R | MMP Opt-Out Rejected, Invalid Opt-Out Code | BAD FA OPT OUT | An opt-out from CMS, disenrollment, or Plan submitted Opt-Out transaction (TCs 42, 51, 54, 82, 83) was rejected because the MMP Opt-Out Flag field was incorrectly populated.<br>The valid values for MMP Opt-Out are:<br>• TCs 42 or 83 transactions - 'Y' or 'N'<br>• All other TCs - 'Y,' 'N,' or blank<br><br>**Plan Action:** If submitted by the Plan (TCs 51, 82, 83), correct the MMP Opt-Out Flag value and resubmit the transaction if appropriate. |
| 311 | A | MMP Opt-Out Accepted | FA OPT OUT ACPT | A transaction (TCs 42, 51, 54, 82, 83) was received that specified an MMP Opt-Out Flag value or a change to the MMP Opt-Out Flag value. The MMP Opt-Out Flag was accepted.<br>The new MMP Opt-Out Flag value is reported in DTRR field 70.<br>**Plan Action:** No action necessary. |
| 312 | A | MMP Enrollment Cancellation Accepted | ACPT FA CANCEL | An Enrollment Cancellation (TC 82) was accepted. The identified enrollment was cancelled. The start date of the cancelled enrollment period is reported in DTRR field 18.<br>**Plan Action:** Update the Plan's records accordingly. |
| 313 | R | MMP Enrollment Cancellation Rejected | RJCT FA CANCEL | An MMP Enrollment Cancellation (TC 82) transaction was rejected because the cancellation was submitted after the enrollment became active.<br>**Plan Action:** Submit a Disenrollment transaction. |
| 314 | R | Invalid Cancellation TC | BAD CANCEL CODE | An enrollment cancellation transaction was rejected because the wrong transaction type code (Field 16) was used.<br>TC 82 can only be used for cancelling MMP enrollments. TC 80 is only used for cancelling non-MMP enrollments.<br><br>**Plan Action:** Correct the TC and resubmit if appropriate. |
| 315 | R | Archived Beneficiary Transaction Rejected | ARCH BENE REJ | This reply can be returned for all transaction types. The transaction is rejected because it is for an archived beneficiary. A beneficiary is eligible for archiving under the following conditions:<br>• Deceased for 15 years with no activity for 2 years<br>• No DOD, 120+ years of age and a BIC of M or T with no activity for 2 years<br><br>**Plan Action**: Double check the beneficiary information and submit a corrected transaction. Contact 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. For enrollments with effective dates prior to 2014, the default Segment is the Segment with the lowest valid Segment ID for the Contract/PBP. For years 2014 and later, the default Segment |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| | | | | is the Segment with the lowest premiums.<br><br>**Plan Action:** Verify the beneficiary's address is correct. Submit a Residence Address Change if appropriate. |
| 317 | I | Segment ID Reassigned after Address Update | SEG ID REASSIGN | A Segment ID reassigns because updated address information is received. The updated address information either results from a Plan-submitted Residence Address Change (Transaction Type 76) or an SCC change notification.<br><br>This TRC is returned when a Segment ID reassigns for one of the following reasons:<br><br>• Updated address information is received. The updated address information is either a result of a Plan-submitted Residence Address Change (Transaction Type 76) or a State and County Code change notification.<br>• An Enrollment Transaction (Transaction Type 61) or Segment ID Change (Transaction Type 77) is received for a segmented Plan where part of the enrollment has a terminated Segment ID. Examples include:<br>  ○ A retroactive enrollment that spans more than one year and the Segment ID is not valid for both years<br>  ○ An enrollment that is effective at the end of one year and the Segment ID is not valid for the upcoming year<br>• An Enrollment Transaction (Transaction Type 61) is received with an invalid Segment ID.<br>The effective date of the reassignment is reported in field 18.<br><br>**Plan Action:** Verify the Segment ID is correct. Submit a Residence Address Change or a Segment ID change if appropriate. |
| 318 | R | Invalid or Missing MMP Demo Enrlmt Source Code | INVALID MMP SRC | A Medicare and Medicaid Plan (MMP) enrollment transaction was rejected because the enrollment source code was missing or invalid. Valid values are J, K, and L<br><br>**Plan Action**: Correct the enrollment source code and resubmit. |
| 319 | M | RRB to SSA Beneficiary Jurisdiction Change | RRB - SSA Jur | A beneficiary undergoes a jurisdiction change from RRB to SSA. CMS attempts to establish premium withholding with SSA, which may take up to two months. If the transfer is successful, a TRC 185 is issued. If it is unsuccessful, TRCs 186 and 144 are issued. This action is not in response to a Plan-initiated transaction.<br><br>**Plan Action:** None required at this time. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 320 | M | SSA to RRB Beneficiary Jurisdiction Change | SSA - RRB Jur | A beneficiary undergoes a jurisdiction change from SSA to RRB. CMS attempts to establish premium withholding with RRB, which may take up to two months. If the transfer is successful, a TRC 185 is issued. If it is unsuccessful, TRCs 186 and 144 are issued. This action is not in response to a Plan-initiated transaction.<br><br>**Plan Action:** None required at this time. |
| 600 | R | UI Transaction Override | UI OVERRIDE | This TRC is used for special Enrollment Reconciliation DTRRs.<br><br>A discrepancy enrollment transaction (Transaction Type 61) was rejected because it attempted to change an existing enrollment record that was previously entered by a CMS User through the User Interface.<br><br>**Plan Action:** Update Plan records accordingly and take the appropriate actions as per CMS enrollment guidance (send "Enrollment Status Update" notice to the beneficiary). |
| 601 | R | Casework Beneficiary | CASEWORK BENE | This TRC is used for special Enrollment Reconciliation DTRRs.<br><br>A discrepancy enrollment transaction (Transaction Type 61) was rejected because the beneficiary's enrollment was updated by CMS casework.<br><br>**Plan Action:** Update plan records accordingly and take the appropriate actions as per CMS enrollment guidance (send "Enrollment Status Update" notice to the beneficiary). |
| 602 | R | No Discrepancy | NO DISCREPANCY | This TRC is used for special Enrollment Reconciliation DTRRs.<br><br>A discrepancy enrollment transaction (Transaction Type 61) was rejected because the enrollment effective date and contract/PBP in the submitted transaction matches the existing enrollment on file. There is no update to the beneficiary's enrollment period.<br><br>**Plan Action:** None required |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 603 | R | 2007 Date is Not Valid | 2007 DT INVALID | This TRC is used for special Enrollment Reconciliation DTRRs.<br><br>A discrepancy enrollment transaction (Transaction Type 61) was rejected because 2007 effective dates were not considered for the 2006 enrollment reconciliation. This rejection could have been caused by one of the following reasons:<br>• A 2007 enrollment or PBP was submitted and rejected because there was not a 2006 discrepancy submitted along with the 2007 enrollment.<br>• A 2006 enrollment transaction AND a 2007 PBP change record attempted to process as a Rollover. The transaction rejected because the enrollment record and the PBP change record did not have the same application signature date.<br><br>**Plan Action:** Update plan records accordingly. If the Plan has a 2007 enrollment to correct, contact the CMS DPO representative to process a retroactive enrollment transaction. |
| 604 | A | Disenrollment | DISENROLL MENT | This TRC is used for special Enrollment Reconciliation DTRRs.<br>Check dates code puts in DTRR fields 18 and 24(maybe) and update text.<br>As a result of the Enrollment Reconciliation process, this beneficiary was disenrolled due to enrollment in another Plan.<br><br>**Plan Action:** Update plan records accordingly and take the appropriate actions as per CMS enrollment guidance (send "Enrollment Status Update" notice to the beneficiary). |
| 605 | R | Recon Transaction Denied | TRANS DENIED | This TRC is used for special Enrollment Reconciliation DTRRs.<br><br>A discrepancy enrollment transaction (Transaction Type 61) was denied following reconciliation processing.<br><br>**Plan Action:** Update plan records accordingly and take the appropriate actions as per CMS enrollment guidance (send "Enrollment Status Update" notice to the beneficiary). |

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

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

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

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

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

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

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

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 719 | I | UI Enrollment Source Code Accepted | UI ENRL SRC OK | A CMS User updates the Enrollment Source Code on this beneficiary's enrollment record.<br><br>**Plan Action**: Update the Plan's records accordingly. |
| 990 – 995 | | | | These codes appear only on special DTRRs that are generated for specific purposes; for example, those generated to communicate Full Enrollment or to report beneficiaries losing low-income deeming. When a special DTRR produces one of these TRCs, CMS will provide the Plans with communications which define the TRC descriptions and Plan actions (if applicable). |
| 996 | I | EOY Loss of Low Income Subsidy Status | EOY LOSS SBSDY | Identifies those beneficiaries who are losing their deemed or LIS Applicant status as of December 31st of the current year with no low income status determined for January of the following year.<br><br>**Plan Action**: Update Plan records accordingly. |
| 997 – 999 | | | | These codes appear only on special DTRRs that are generated for specific purposes; for example, those generated to communicate Full Enrollment or to report beneficiaries losing low-income deeming. When a special DTRR produces one of these TRCs, CMS will provide the Plans with communications which define the TRC descriptions and Plan actions (if applicable). |

## *I.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 field 24.<br><br>**Note:** This reply code is only applicable to transactions that update beneficiary-specific risk adjustment factors for certain demonstration contracts.<br><br>**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 field 24.<br><br>**Note:** This reply code is only applicable to transactions that update beneficiary-specific risk adjustment factors for certain demonstration contracts.<br><br>**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.<br><br>**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.<br><br>**Plan Action:** If this TRC is included in the Plan's DTRR, call the MMA Helpdesk to request guidance. |
| 057 | M | Risk Adjuster Factor Change | OBSOLETE | This is an informational TRC.<br><br>The Risk Adjuster System (RAS) has created new factors for this beneficiary, which may result in payment adjustments.<br><br>**Plan Action:** Refer to the monthly RAS reports to update the Plan's records. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 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 field 18.<br><br>**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.<br><br>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.<br><br>**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.<br><br>**Plan Action:** Correct the enrollment type and resubmit the transaction if appropriate. |
| 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.<br><br>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 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.<br><br>**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. |

| Code | Type | Title | Short Definition | Definition |
|---|---|---|---|---|
| 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.<br><br>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.<br><br>**Plan Action:** Submit a 4Rx Change transaction (Transaction Type 72) supplying the beneficiary's new insurance field (4Rx) values. |
| 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.<br><br>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.<br><br>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.<br><br>Replies with TRC 167 are often accompanied by replies with TRC 168 and TRC 121.<br><br>***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.***<br><br>**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.<br><br>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.<br><br>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.<br><br>Replies with TRC 168 are often accompanied by replies with TRC 167 and TRC 121.<br><br>**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.<br><br>**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.<br>This transaction had no effect on the beneficiary's records.<br><br>**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 field 24.<br><br>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 field 18.<br><br>**Plan Action:** Update the Plan's beneficiary records with the premium information in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. |
| 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.<br><br>This transaction had no effect on the beneficiary's records.<br><br>**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.<br><br>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 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.<br><br>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.<br><br>This code is considered obsolete as of 1/1/2010.<br><br>Plan Action: Update the Plan's records to reflect the given data for the beneficiary's LIS period. Take the appropriate actions as per CMS enrollment guidance. |
| 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.<br><br>Subsequent transactions may have been processed while this transaction was pending. As a result, this transaction may no longer be valid.<br><br>**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.<br><br>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 field 18.<br><br>**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.<br><br>If any of the 4Rx (primary and secondary drug insurance) fields are populated, no other record updates can be included on the transaction.<br><br>**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 (PRCs)*

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 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 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 |
|---|---|---|---|
| 264<br>I | Payment Not Yet Completed | NO PAYMENT | A transaction was accepted requiring a payment calculation. The calculation has not been completed.<br>**Plan Action:** None |
| 299<br>I | Correction to Previously Failed Payment | RESTORED PYMT | A previously incomplete payment calculation is now completed.<br>**Plan Action**: None required. |

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

## Part B - Entitlement Status Codes

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

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

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

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

## Part B – Non Entitlement Reason Codes

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

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

## Part B - Enrollment Reason Codes

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

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

### I.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***


| Section | Name | Page |
|---|---|---|
| J.1 | BIPA 606 Payment Reduction Report | J-2 |
| J.2 | Bonus Payment Report | J-4 |
| J.3 | HMO Bill Itemization Report | J-5 |
| J.4 | Monthly Membership Detail Report – Drug Report (Part D) | J-6 |
| J.5 | Monthly Membership Detail Report – Non Drug Report (Part C) | J-7 |
| J.6 | Monthly Membership Summary Report | J-9 |
| J.7 | Monthly Summary of Bills Report | J-12 |
| J.8 | Part C Risk Adjustment Model Output Report | J-13 |
| J.9 | RAS RxHCC Model Output Report<br>AKA - Part D Risk Adjustment Model Output Report | J-14 |
| J.10 | Payment Records Report | J-15 |
| J.11 | Plan Payment Report (PPR) (APPS Payment Letter) | J-16 |
| J.12 | Interim Plan Payment Report (IPPR) | J-19 |
| J.13 | No Premium Due Report Format | J-20 |


**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 E X | 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 E X | 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 |

| CLAIM NUMBER / SURNAME | SEX / FIRST | AGE GRP / DMG RA | STATE CNTY / BIRTH DATE | FLAGS: PAA OAT / RAT / PBA / HOP / ESD / SRT / NSC / NHA / MIC / AID / RIL / FEC / DOA / EEN / GUA / ODU / MPC / CMA | MTHS A B | PIP DCG | ADJ REA | DATES START | DATES END | FCTR-A | FCTR-B | LAG | PART A | PART B | FTYPE | 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

| | BASIC PREMIUM | COST SHR REDUC | MAND SUPP BENEFIT | PART D SUPP BENEFIT | PART B BAS PRM REDUC | PART D BAS PRM REDUC |
|---|---|---|---|---|---|---|
| | ---------- REBATES ---------- | | | | | |
| 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 |

| CLAIM NUMBER / SURNAME | S E X / F I | AGE GRP / DMG RA | STATE CNTY / BIRTH DATE | FLAGS: P A O A / P A T A / A R B / H O P / E S D / I R T / N S C / N H D / A I L / R I C / F A E / D E N / A U / E O / G P / U R C / S P / M C A I | PAYMENTS/ADJUSTMENTS: MTHS A B | PAYMENT DATE START | END | LAG FRAILTY-SCORE | FTYPE----FACTORS-------- MSP | AMOUNT MSP | PIP DCG | ADJ 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

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

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

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

0 TOTALS FOR THIS MONTH

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

## *J.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
                 LAST          FIRST                                                  DATE OF
 HIC             NAME          NAME            I                                      BIRTH        SEX & AGE GROUP
 ----------------  ----------------  ------------------  -                            ---------    --------------------------

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

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

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

## *J.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
                 LAST          FIRST                                                  DATE OF
HIC              NAME          NAME            I                                      BIRTH        SEX & AGE GROUP
----------------- ---------------- ------------------ -                                ---------    ---------------------------

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

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

# *J.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 INFORMATION NUMBER | NAME FIRST | EXPENSE LAST | DATES | ALLOWED TOTAL CHARGES | REIMB | COINSURANCE AMT | DED AMT | PHYS APP | PAY SUPP ID | CARRIER IND | CARRIER NUMBER | CONTROL NUMBER PAID |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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
PLAN NAME : XXXXXXXXXXXXXXXXXXXXXXX
PAYMENT MONTH : 07/2012
RUN DATE : 06/12/2012
REPORT SECTION: CAPITATED PAYMENT - CURRENT ACTIVITY
TABLE NUMBER : 1

PAGE: 1/5

| ARC | PAYMENT TYPE | COUNT | PART A | PART B | PART D | NET PAYMENT |
|---|---|---|---|---|---|---|
| | PROSPECTIVE PART A PAYMENT | 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 : XXXXXXXXXXXXXXXXXXXXXXX
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 : XXXXXXXXXXXXXXXXXXXXXXX
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 : XXXXXXXXXXXXXXXXXXXXXXX
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 *
**********

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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
123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123


RUN DATE:  01/15/2005                    TRANSACTION REPLIES/MONTHLY ACTIVITY                          REPORT ID:  10
REPORTING MONTH:  12/2004          PLAN (Hzzzz) PBP (nnn) SGMT (mmm) Health Plan Name Here                     PAGE:   1
 * * * PLAN-SUBMITTED TRANSACTIONS:  ACCEPTED * * *
---------------------------  T R A N S A C T I O N  ---------------------------------------------  R E P L Y  -----------------
                   S                  O E            L  CO-PAY
                 F E DATE OF  EFF          O L SRCE  SPECIAL I  EFF        --PREMIUMS--   RPLY
TC CLAIM NUMBER SURNAME I X BIRTH    DATE     SCC   A T ID    STATUS  S  DATE       PT C     PT D  CODE REMARKS
-------------------------------------------------------------------------------------------------------------------------------
61 1234567890AB DAVIDSO F M 09/10/26 01/01/05 45850 Y A SYSGN HEWIN  1  01/01/05  100.00   200.00  011  ENROLL ACCEPTED
51 1234567890AB BELMORE M F 03/27/33 01/01/05 22000 N E TV6K      N  2  04/01/05     .00    85.30  014  DISNROL-NEW MCO
51 123456789A   DUGAN   D F 07/14/17 01/01/05 45180 Y I TOE8   E     3  05/01/05     .00   113.56  014  AUTO DISENROLL
```

# K: *All Transmissions Overview*

## *Table K-1: All Transmissions Overview*

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
|---|---|---|---|---|---|---|
| **Dataset naming conventions key:**<br><br>[GUID] = 7 character IACS User ID<br>P = Production Data<br>[.ZIP] = Appended if the file is compressed<br>[directory] = optional directory specification from non-mainframe C:D clients (if present, may consist of up to 60 characters). If none exists, directory defaults to the constant "EFTO." for Production files and "EFTT." for Test files. | | pn = Processing number of varying length assigned to the file by Gentran<br>ccccc = Contract number<br>Pccccc = Plan Contract Number for C:D<br>Uuuu-uuuuuu = 4-7 character transmitter RACF ID<br>xxxxx = 5 character Contract ID<br>yyyymmdd = Calendar year, month & day<br>yymmdd = two digit year, month, day<br>zzzzzzzz = Plan-provided high level qualifier<br>eeee = Year for which final yearly RAS file was produced<br>vvvvv = Sequence counter for final yearly RAS files | | | Annnnn & Bnnnnn = MARx batch transaction ID, nnnnnnnnnn split into two nodes A…and B …with leading zeroes as necessary to complete ten-character batch ID<br>hhmm = hour and minute<br>ssssss= Sequentially assigned number<br>mmyyyy = Calendar month & year<br>hlq = High Level Qualifier or Directory per VSAM File<br>freq = Frequency code of file | |
| **Plan Submittals to CMS** | | | | | | |
| **1** | **MARx Batch Input Transaction Data File**<br><br>Header Record<br><br>Enrollment Transaction (Employer & Plan - 61 Detail Record<br>Disenrollment Transaction (51/54) Detail Record<br>Plan Elections (PBP Change) Transaction (71) Detail Record<br>4Rx Data Update (72)<br>NUNCMO Update (73)<br>Other Enrollment record Update (74)<br>Premium Withhold Option Update (75)<br><br>**PCUG Record Layout – F.6** | Enrollment Transaction file to CMS MARx system requesting new enrollment, disenrollment, changes, etc.<br><br>Only the 1-800-Medicare group submits a Part D Opt-Out (41) transaction. | MARx | Data File | Batch - Daily PRN | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>[GUID].[RACFID].MARX.D.xxxxx.FUTURE.[P/T][.ZIP]<br><br>Note: FUTURE is part of the filename and does not change.<br><br>**Connect:Direct:**<br>P#EFT.IN.uuuuuuu.MARXTR.DYYMMDD.THHMMSST<br><br>Note: DYYMMDD.THHMMSST must be coded as shown, as it is a literal |
| **2** | **Batch Eligibility Query (BEQ) Request File**<br><br>Header Record<br>Detail Record<br>Trailer Record<br><br>**PCUG Record Layout – F.21** | File of transactions submitted by Plans to request eligibility information for prospective Plan enrollees.<br><br>Used to do initial eligibility checks against CMS MBD system to verify member is Part A./B eligible | MBD | Data File | PRN (Plans can send multiple files in a day) | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>[GUID].[RACFID].MBD.D.xxxxx.BEQ.[P/T][.ZIP]<br><br>**Connect:Direct:**<br>P#EFT.IN.PLxxxxx.BEQ4RX.DYYMMDD.THHMMSST<br><br>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:**<br>[GUID].[RACFID].ECRS.D.ccccc.FUTURE.[P/T] [.ZIP]<br>**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:**<br>[GUID].[RACFID].PDE.D.ccccc.FUTURE.[P/T] [.ZIP]<br>**Connect:Direct:**<br>TRANSMITTED TO PALMETTO |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
|---|---|---|---|---|---|---|
| **Plan Submittals to CMS** | | | | | | |
| **5** | **MARx Batch Input Transaction Data File**<br><br>Header Record<br><br>Enrollment Transaction (Employer & Plan - 61 Detail Record<br>Disenrollment Transaction (51/54) Detail Record<br>Plan Elections (PBP Change) Transaction (71) Detail Record<br>4Rx Data Update (72)<br>NUNCMO Update (73)<br>Other Enrollment record Update (74)<br>Premium Withhold Option Update (75)<br><br>**PCUG Record Layout – F.6** | Enrollment Transaction file to CMS MARx system requesting new enrollment, disenrollment, changes, etc.<br><br>Only the 1-800-Medicare group submits a Part D Opt-Out (41) transaction. | MARx | Data File | Batch - Daily PRN | **Gentran Mailbox/TIBCO MFT Internet Server: ****<br>[GUID].[RACFID].MARX.D.xxxxx.FUTURE.[P/T][.ZIP]<br><br>Note: FUTURE is part of the filename and does not change.<br><br>**Connect:Direct:**<br>P#EFT.IN.uuuuuuu.MARXTR.DYYMMDD.THHMMSST<br><br>Note: DYYMMDD.THHMMSST must be coded as shown, as it is a literal |
| **6** | **Batch Eligibility Query (BEQ) Request File**<br><br>Header Record<br>Detail Record<br>Trailer Record<br><br>**PCUG Record Layout – F.21** | File of transactions submitted by Plans to request eligibility information for prospective Plan enrollees.<br><br>Used to do initial eligibility checks against CMS MBD system to verify member is Part A./B eligible | MBD | Data File | PRN (Plans can send multiple files in a day) | **Gentran Mailbox/TIBCO MFT Internet Server: ****<br>[GUID].[RACFID].MBD.D.xxxxx.BEQ.[P/T][.ZIP]<br><br>**Connect:Direct:**<br>P#EFT.IN.PLxxxxx.BEQ4RX.DYYMMDD.THHMMSST<br><br>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:**<br>[GUID].[RACFID].ECRS.D.ccccc.FUTURE.[P/T] [.ZIP]<br>**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:**<br>[GUID].[RACFID].PDE.D.ccccc.FUTURE.[P/T] [.ZIP]<br>**Connect:Direct:**<br>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:**<br>[GUID].[RACFID].RAPS.D.ccccc.FUTURE.[P/T] [.ZIP]<br>**Connect:Direct:**<br>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:**<br>[GUID].[RACF].EDS.D.xxxxx.FUTURE.[P/T][.ZIP]<br>**Connect:Direct:**<br>TRANSMITTED TO PALMETTO |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
|---|---|---|---|---|---|---|
| **CMS Transmittals to the Users (Submitters)** | | | | | | |
| **11** | **Failed Transaction Data File**<br><br>Header Record<br>Failed Record | This report is no longer generated as a result of the November 2009 software release. Failed Records are now reported on the BCSS data file. | MARx | Data File | Response to transaction batch file | Obsolete |
| **12** | **Batch Completion Status Summary Data File**<br><br>Summary Record<br>Failed Records<br><br>**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:**<br>P.uuuuuuu.BCSSD.Annnnn.Bnnnnn.Thhmmss<br>**Connect:Direct [Mainframe]**:<br><br>zzzzzzzz.uuuuuuu.BCSSD.Annnnn.Bnnnnn.Thhmmss<br><br>**Connect:Direct [Non-mainframe]:**<br>[directory]uuuuuuu.BCSSD.Annnnn.Bnnnnn.Thhmmss |
| **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**<br><br>Detail Record<br>Primary Record<br>Supplemental Record<br><br>**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:**<br>P.Rxxxxx.MARXCOB.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.MARXCOB.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.MARXCOB.Dyymmdd.Thhmmsst |
| **15** | **MA Full Dual Auto Assignment Notification File**<br><br>Header Record<br>Detail Record (Transaction)<br>Trailer Record<br><br>**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:**<br>P.Rxxxxx.#ADUA4.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.#ADUA4.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.#ADUA4.Dyymmdd.Thhmmsst |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
|---|---|---|---|---|---|---|
| **CMS Transmittals to the Plans** | | | | | | |
| **16** | **Auto Assignment (PDP) Address Notification File**<br><br>Header Record<br>Detail Record(s)<br>Trailer Record<br><br>**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:**<br>P.Rxxxxx.#APDP4.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.#APDP4.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.#APDP4.Dyymmdd.Thhmmsst |
| **17** | **NoRx File**<br><br>Header Record<br>Detail Record<br>Trailer Record<br><br>**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:**<br>P.Rxxxxx.#NORX.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.#NORX.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.#NORX.Dyymmdd.Thhmmsst |
| **18** | **Batch Eligibility Query (BEQ) Request File Acknowledgment (Accept/Reject)**<br><br>**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**<br><br>Header Record<br>Detail Record (Transaction)<br>Trailer Record<br><br>**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:**<br>P.Rxxxxx.#BQN4.Dyymmdd.Thhmmsst<br>**Connect:Direct [Mainframe]:**<br>zzzzzzzz.Rxxxxx.#BQN4.Dyymmdd.Thhmmsst<br>**Connect:Direct [Non-mainframe]:**<br>[directory]Rxxxxx.#BQN4.Dyymmdd.Thhmmsst |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
|---|---|---|---|---|---|---|
| **CMS Transmittals to the Plans** | | | | | | |
| **20** | **ECRS Data File** | File containing errors and statuses of ECRS submissions. | ECRS | Data File | Daily | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>PCOB.BA.ECRS.ccccc.RESPONSE.ssssss<br>**Connect:Direct:**<br>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:**<br>RSP.PDFS_RESP_ssssss<br>**Connect:Direct:**<br>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:**<br>RPT.DDPS_TRANS_VALIDATION_ssssss<br>**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:**<br>RPT.DDPS_ERROR_SUMMARY_ssssss<br>**Connect:Direct:**<br>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:**<br>RSP.FERAS_RESP_ssssss<br>**Connect:Direct:**<br>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:**<br>RPT.RAPS_RETURN_FLAT_ssssss<br>**Connect:Direct:**<br>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:**<br>RPT.RAPS_ERRORRPT_ssssss<br>**Connect:Direct:**<br>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:**<br>RPT.RAPS_SUMMARY_ssssss<br>**Connect:Direct:**<br>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:**<br>RPT.RAPS_DUPDX_RPT_ssssss<br>**Connect:Direct:**<br>TRANSMITTED FROM |
| **29** | **Transaction Reply Daily Activity Data File**<br><br>**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:**<br>P.Rxxxxx.DTRRD.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.DTRRD.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.DTRRD.Dyymmdd.Thhmmsst |
| **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:**<br>P.xxxxx.EDS_RESPONSE<br>**Connect:Direct:**<br>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:**<br>P.xxxxx.EDS_REJT_IC_ISAIEA.pn<br>**Connect:Direct:**<br>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:**<br>P.xxxxx.EDS_REJT_FUNCT_TRANS<br>**Connect:Direct:**<br>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:**<br>P.xxxxx.EDS_ACCPT_FUNCT_TRANS<br>**Connect:Direct:**<br>TRANSMITTED FROM PALMETTO |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
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| **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:**<br>P.xxxxx.EDS_RESP_CLAIM_NUM<br>**Connect:Direct:**<br>TRANSMITTED FROM PALMETTO |
| **Weekly Transmittals (Data & Reports)** | | | | | | |
| **35** | **LIS/Part D Premium Data File**<br><br>**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.<br>This data file is produced bi-weekly. It is not automatically transmitted to the Plans. Through the MARx UI plans can request or reorder this data file. | MARx | Data File | Biweekly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.LISPRMD.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.LISPRMD.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.LISPRMD.Dyymmdd.Thhmmsst |
| **Monthly Transmittals (Data & Reports)** | | | | | | |
| **36** | **Part C Monthly Membership Detail Report (Non Drug Report)**<br><br>aka: Monthly Membership Report (MMR)<br><br>**PCUG Sample Report – J.5** | Report listing every Part C Medicare member of the contract and providing details about the payments and adjustments made for each.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month | MARx | Report | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Fxxxxx.MONMEMR.Dyymm01.Thhmmsst<br>P.Rxxxxx.MONMEMR.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Fxxxxx.MONMEMR.Dyymm01.Thhmmsst<br>zzzzzzzz.Rxxxxx.MONMEMR.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Fxxxxx.MONMEMR.Dyymm01.Thhmmsst<br>zzzzzzzz.Rxxxxx.MONMEMR.Dyymm01.Thhmmsst |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
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| **Monthly Transmittals (Data & Reports)** | | | | | | |
| **37** | **Part D Monthly Membership Detail Report (Drug Report)**<br><br>aka: Monthly Membership Report (MMR)<br><br>**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.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month | MARx | Report | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Fxxxxx.MONMEMDR.Dyymm01.Thhmmsst<br>P.Rxxxxx.MONMEMDR.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Fxxxxx.MONMEMDR.Dyymm01.Thhmmsst<br>zzzzzzzz.Rxxxxx.MONMEMDR.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Fxxxxx.MONMEDR.Dyymm01.Thhmmsst<br>[directory]Rxxxxx.MONMEDR.Dyymm01.Thhmmsst |
| **38** | **Monthly Membership Detail Data File**<br><br>**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.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month | MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Fxxxxx.MONMEMD.Dyymm01.Thhmmsst<br>P.Rxxxxx.MONMEMD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Fxxxxx.MONMEMD.Dyymm01.Thhmmsst<br>zzzzzzzz.Rxxxxx.MONMEMD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Fxxxxx.MONMEMD.Dyymm01.Thhmmsst<br>[directory]Rxxxxx.MONMEMD.Dyymm01.Thhmmsst |
| **39** | **Monthly Membership Summary Report**<br><br>**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.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month | MARx | Report | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Fxxxxx.MONMEMSR.Dyymm01.Thhmmsst<br>P.Rxxxxx.MONMEMSR.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Fxxxxx.MONMEMSR.Dyymm01.Thhmmsst<br>zzzzzzzz.Rxxxxx.MONMEMSR.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Fxxxxx.MONMEMSR.Dyymm01.Thhmmsst<br>[directory]Rxxxxx.MONMEMSR.Dyymm01.Thhmmsst |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
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| **Monthly Transmittals (Data & Reports)** | | | | | | |
| **40** | **Monthly Membership Summary Data File**<br><br>**PCUG Record Layout – F.9** | Data file version of the Monthly Membership Summary Report for both Part C and Part D members.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month | MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Fxxxxx.MONMEMSD.Dyymm01.Thhmmsst<br>P.Rxxxxx.MONMEMSD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Fxxxxx.MONMEMSD.Dyymm01.Thhmmsst<br>zzzzzzzz.Rxxxxx.MONMEMSD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Fxxxxx.MONMEMSD.Dyymm01.Thhmmsst<br>[directory]Rxxxxx.MONMEMSD.Dyymm01.Thhmmsst |
| **41** | **RAS RxHCC Model Output Report**<br><br>***AKA: Part D Risk Adjustment Model Output Report***<br><br>**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.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month | RAS (MARx) | Report (.pdf) | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.PTDMODR.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.PTDMODR.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.PTDMODR.Dyymm01.Thhmmsst |
| **42** | **RAS RxHCC Model Output Data File**<br><br>***AKA: Part D Risk Adjustment Model Output Data File***<br><br>Header Record<br>Detail / Beneficiary Record Format<br>Trailer Record<br><br>**PCUG Record Layout – F.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.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month | RAS (MARx) | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.PTDMODD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.PTDMODD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.PTDMODD.Dyymm01.Thhmmsst |
| **43** | **Part C Risk Adjustment Model Output Report**<br><br>**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.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month | RAS (MARx) | Report | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.HCCMODR.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.HCCMODR.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.HCCMODR.Dyymm01.Thhmmsst |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
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| **Monthly Transmittals (Data & Reports)** | | | | | | |
| **44** | **Part C Risk Adjustment Model Output Data File**<br><br>Header Record<br>Detail Record<br>Trailer Record<br><br>**PCUG Record Layout – F.12** | Data file version of the Risk Adjustment Model Output Report<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month | RAS (MARx) | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.HCCMODD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.HCCMODD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.HCCMODD.Dyymm01.Thhmmsst |
| **45** | **BIPA 606 Payment Reduction Report**<br><br>**PCUG Sample Report – J.1** | Report listing members for whom the plan is paying a portion of the Part B premium. Generated only if there are pre-2006 adjustments that involve BIPA 606 premium reductions.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month | MARx | Report | Monthly, if applicable | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.BIPA606R.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.BIPA606R.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.BIPA606R.Dyymm01.Thhmmsst |
| **46** | **BIPA 606 Payment Reduction Data File**<br><br>**PCUG Record Layout – F.3** | Data file version of the BIPA 606 Reduction Report.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month | MARx | Data File | Monthly, if applicable | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.BIPA606D.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.BIPA606D.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.BIPA606D.Dyymm01.Thhmmsst |
| **47** | **Bonus Payment Report**<br><br>**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.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month | MARx | Report | Monthly, if applicable | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.BONUSRPT.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.BONUSRPT.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.BONUSRPT.Dyymm01.Thhmmsst |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
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| **Monthly Transmittals (Data & Reports)** | | | | | | |
| **48** | **Bonus Payment Data File**<br><br>**PCUG Record Layout – F.4** | Data file version of the Bonus Payment Report<br><br>Note:<br>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:**<br>P.Rxxxxx.BONUSDAT.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.BONUSDAT.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.BONUSDAT.Dyymm01.Thhmmsst |
| **49** | **Monthly Summary of Bills Report**<br><br>**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<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month | MARx | Report | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.SUMBILLS.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.SUMBILLS.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.SUMBILLS.Dyymm01.Thhmmsst |
| **50** | **HMO Bill Itemization Report**<br><br>**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.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month. | MARx | Report | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.BILLITEM.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.BILLITEM.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.BILLITEM.Dyymm01.Thhmmsst |
| **51** | **Part B Claims Data File**<br><br>**Record Type 1**<br>**Record Type 2**<br><br>**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.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month | MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.CLAIMDAT.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.CLAIMDAT.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.CLAIMDAT.Dyymm01.Thhmmsst |
| **52** | **Payment Records Report**<br><br>**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.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month. | MARx | Report | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.PAYRECDS.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.PAYRECDS.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.PAYRECDS.Dyymm01.Thhmmsst |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
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| **Monthly Transmittals (Data & Reports)** | | | | | | |
| **53** | **Monthly Premium Withholding Report Data File (MPWR)**<br><br>**Header Record**<br>**Detail Record**<br>**Trailer - T1 - Total at segment level**<br>**Trailer - T2 - Total at PBP level**<br>**Trailer - T3 - Total at contract level**<br><br>**PCUG Record Layout – F.10** | Monthly reconciliation file of premiums withheld from SSA or RRB checks. Includes Part C and Part D premiums and any Part D Late Enrollment Penalties. This file is produced by the Premium Withhold System (PWS). MARx makes this report available to plans as part of the month-end processing.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month | PWS (MARx) | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.MPWRD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.MPWRD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.MPWRD.Dyymm01.Thhmmsst |
| **54** | **Failed Payment Reply Report**<br><br>**Detail Record**<br><br>**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:**<br>P.Rxxxxx.FPRRD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx FPRRD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx. FPRRD.Dyymm01.Thhmmsst |
| **55** | **Plan Payment Report (APPS Payment Letter)**<br><br>**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.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month | APPS | Report | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Fxxxxx.PLANPAY.Dyymm01.Thhmmsst<br>P.Rxxxxx.PLANPAY.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Fxxxxx.PLANPAY.Dyymm01.Thhmmsst<br>zzzzzzzz.Rxxxxx.PLANPAY.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Fxxxxx.PLANPAY.Dyymm01.Thhmmsst<br>[directory]Rxxxxx.PLANPAY.Dyymm01.Thhmmsst |
| **56** | **Plan Payment Report (APPS Payment Letter) Data File**<br><br>**PCUG Record Layout – F.25** | This data file itemizes the final monthly payment to the MCO. This data file and subsequent report are produced by the APPS when final payments are calculated. CMS makes this report available to MCO's as part of month-end processing.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month | APPS | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.PPRD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.PPRD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory].Rxxxxx.PPRD.Dyymm01.Thhmmsst |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
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| **Monthly Transmittals (Data & Reports)** | | | | | | |
| **57** | **Interim APPS Plan Payment Report**<br><br>**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:**<br>P.Rxxxxx.PLNPAYI.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.PLNPAYI.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.PLNPAYI.Dyymm01.Thhmmsst |
| **58** | **Interim APPS Plan Payment Report Data File**<br><br>**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:**<br>P.Rxxxxx.PPRID.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.PPRID.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory].Rxxxxx.PPRID.Dyymmdd.Thhmmsst |
| **59** | **820 Format Payment Advice Data File**<br><br>**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.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the CCM | APPS | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.PLAN820D.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.PLAN820D.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.PLAN820D.Dyymm01.Thhmmsst |
| **60** | **Monthly Full Enrollment Data File**<br><br>**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:**<br>P.Rxxxxx.FEFD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.FEFD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.FEFD.Dyymm01.Thhmmsst |
| **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:**<br>RPT.DDPS.CUM_BENE_ACT_COV_ssssss<br>**Connect:Direct:**<br>TRANSMITTED FROM PALMETTO |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
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| **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:**<br>RPT.DDPS_CUM_BENE_ACT_ENH_ssssss<br>**Connect:Direct:**<br>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:**<br>RPT.DDPS_CUM_BENE_ACT_OTC_ssssss<br>**Connect:Direct:**<br>TRANSMITTED FROM PALMETTO |
| **64** | **Front-End Risk Adjustment System (FERAS) Response Reports**<br>**Monthly Plan Activity Report** | Report provides monthly summary of the status of submissions by submitter and plan number. | FERAS | Report | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>RPT.RAPS_MONTHLY_ssssss<br>**Connect:Direct:**<br>TRANSMITTED FROM PALMETTO |
| **65** | **Front-End Risk Adjustment System (FERAS) Response Reports**<br>**Cumulative Plan Activity Report** | Report provides cumulative summary of the status of submissions by Submitter ID and plan number. | FERAS | Report | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>RPT.RAPS_CUMULATIVE_ssssss<br>**Connect:Direct:**<br>TRANSMITTED FROM PALMETTO |
| **66** | **Front-End Risk Adjustment System (FERAS) Response Reports**<br>**Frequency Report Monthly Report** | Report provides monthly summary of all errors on all file submissions within the month. | FERAS | Report | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>RAPS_ERRORFREQ_MNTH_ssssss<br>**Connect:Direct:**<br>TRANSMITTED FROM PALMETTO |
| **67** | **LIS/LEP Data File**<br><br>Header Record<br>Detail Record<br>Trailer Record<br><br>**PCUG Record Layout – F.16** | This report provides information on low-income subsidized Beneficiaries and on direct-billed Beneficiaries with late enrollment penalties.<br><br>Note:<br>The date in the file name defaults to "01" denoting the first day of the current payment month. | MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Fxxxxx.LISLEPD.Dyymm01.Thhmmsst<br>P.Rxxxxx.LISLEPD.Dyymm01.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Fxxxxx.LISLEPD.Dyymm01.Thhmmsst<br>zzzzzzzz.Rxxxxx.LISLEPD.Dyymm01.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Fxxxxx.LISLEPD.Dyymm01.Thhmmsst<br>[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)**<br><br>**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.<br><br>Note:<br>The date in the file name defaults to "dd" denoting the day of the calendar month | MARx | Data File | Monthly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.LISHIST.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.LISHIST.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.LISHIST.Dyymmdd.Thhmmsst |
| **69** | **Agent Broker Compensation Data File**<br><br>**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.<br><br>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:**<br>P.Rnnnnn.COMPRPT.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rnnnnn.COMPRPT.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rnnnnn.COMPRPT.Dyymmdd.Thhmmsst |
| **70** | **Monthly MSP Information Data File**<br><br>**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:**<br>P.Rxxxxx.MSPCOBAD.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.MSPCOBAD.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory].Rxxxxx.MSPCOBAD.Dyymmdd.Thhmmsst |
| **71** | **Other Health Coverage Information Data File**<br><br>**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:**<br>P.Rxxxxx.MSPCOBMA.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.MSPCOBMA.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory].Rxxxxx.MSPCOBMA.Dyymmdd.Thhmmsst |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
|---|---|---|---|---|---|---|
| **Quarterly Report** | | | | | | |
| **72** | **Front-End Risk Adjustment System (FERAS) Response Reports**<br>**Frequency Report Quarterly Report** | Report provides quarterly summary of all errors on all file submissions within the three-month quarter. | FERAS | Report | Quarterly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>RAPS_ERRORFREQ_QTR_ssssss<br>**Connect:Direct:**<br>TRANSMITTED FROM PALMETTO |
| **Yearly Report** | | | | | | |
| **73** | **RAS Final Yearly Model Output Report, Part D** | Report indicates the year-end Part D risk adjustment factors for each beneficiary. MARx forwards this report, produced by RAS, to Plans as part of the month-end processing. | RAS (MARx) | Report (.pdf) | Yearly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.PTDMOFR.Yeeee.Cvvvvv.Thhmmss<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.PTDMOFR.Yeeee.Cvvvvv.Thhmmss<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.PTDMOFR.Yeeee.Cvvvvv.Thhmmss |
| **74** | **RAS Final Yearly Model Output Data File, Part D** | Data file version of the year end Part D RAS Model Output Report. MARx forwards this report, produced by RAS, to Plans as part of the month-end processing. | RAS (MARx) | Data File | Yearly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.PTDMOFD.Yeeee.Cvvvvv.Thhmmss<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.PTDMOFD.Yeeee.Cvvvvv.Thhmmss<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.PTDMOFD.Yeeee.Cvvvvv.Thhmmss |
| **75** | **RAS Final Yearly Model Output Report, Part C** | Report indicates the year end Part C risk adjustment factors for each beneficiary. MARx forwards this report, produced by RAS, to Plans as part of the month-end processing. | RAS (MARx) | Report (.pdf) | Yearly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.HCCMOFR.Yeeee.Cvvvvv.Thhmmss<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.HCCMOFR.Yeeee.Cvvvvv.Thhmmss<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.HCCMOFR.Yeeee.Cvvvvv.Thhmmss |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
|---|---|---|---|---|---|---|
| **Yearly Report** | | | | | | |
| **76** | **RAS Final Yearly Model Output Data File, Part C** | Data file version of the year end Part C RAS Model Output Report. MARx forwards this report, produced by RAS, to Plans as part of the month-end processing. | RAS (MARx) | Data File | Yearly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.HCCMOFD.Yeeee.Cvvvvv.Thhmmss<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.HCCMOFD.Yeeee.Cvvvvv.Thhmmss<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.HCCMOFD.Yeeee.Cvvvvv.Thhmmss |
| **77** | **Loss of Subsidy Data File**<br><br>**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.<br><br>The data file has a record length of 500 bytes. The TRC used for this special file type is 996. TRC 996 indicates the loss of Deeming which means the Beneficiary will not be redeemed for the upcoming period. | MARx | Data File | Twice Yearly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.EOYLOSD.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.EOYLOSD.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.EOYLOSD.Dyymmdd.Thhmmsst |
| **78** | **PDP Loss Data File** | Once a year notification file sent by CMS providing a preliminary listing of LIS-eligible Beneficiaries whom CMS reassigns to a new PDP or to a new PBP within the same plan sponsor effective January 1, 2008.<br><br>The LOSS file notifies PDPs of the members they will lose as a result of reassignment to other Plans. These members are classified as losing members. | MBD | Data File | Yearly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.APDP5.LOSS.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.APDP5.LOSS.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.APDP5.LOSS.Dyymmdd.Thhmmsst |
| **79** | **PDP Gain Data File** | Once a year notification file, sent by CMS, provides a preliminary listing of LIS-eligible Beneficiaries whom CMS reassigns to a new PDP or to a new PBP within the same Plan sponsor effective January 1, 2008.<br><br>The GAIN file notifies PDPs of members they will gain as a result of the yearly reassignment. These members are classified as gaining members. | MBD | Data File | Yearly | **Gentran Mailbox/TIBCO MFT Internet Server:**<br>P.Rxxxxx.APDP5.GAIN.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.APDP5.GAIN.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.APDP5.GAIN.Dyymmdd.Thhmmsst |

| ID# | Transmittal | Description | Responsible System | Type | Freq. | Dataset Naming Conventions |
|---|---|---|---|---|---|---|
| **Yearly Report** | | | | | | |
| **80** | **Long-Term Institutionalized Resident Report**<br><br>**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:**<br>P.Rxxxxx.LTCRPT.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.LTCRPT.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.LTCRPT.Dyymmdd.Thhmmsst |
| **81** | **No Premium Due Data File**<br>**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:**<br>P.Rxxxxx.SPCLPEX.Dyymmdd.Thhmmsst<br>**Connect:Direct (Mainframe):**<br>zzzzzzzz.Rxxxxx.SPCLPEX.Dyymmdd.Thhmmsst<br>**Connect:Direct (Non-Mainframe):**<br>[directory]Rxxxxx.SPCLPEX.Dyymmdd.Thhmmsst |

# L: *MA Plan Connectivity Checklist*

| **Getting Started** | | | | |
|---|---|---|---|---|
| ☑ **or N/A** | **#** | **Task** | **Checkpoint** | **Notes** |
| ☐ | 1. | Obtain a Contract Number from CMS/HPMS | Once completed, Task #4 may be initiated. | Contract #: |
| ☐ | 2. | Enter Connectivity Data into HPMS Plan Connectivity Data Module<br><br>(Plans are required to mail/fax completed forms to MAPD Help Desk) | | |
| | 3. | Complete T1/Connect:Direct information in the PCD module | Must be started at least 6 weeks prior to target connectivity testing date. | |
| ☐ or N/A | | 1. CMS Connect:Direct data entry into HPMS | | |
| ☐ or N/A | | 2. CMS SPOE ID Request form | | |
| **Security and Access** | | | | |
| ☑ **or N/A** | **#** | **Task** | **Checkpoint** | **Notes** |
| ☐ | 4. | Submit EPOC Designation Letter to CMS | After completion of Task #1. | |
| ☐ | 5. | EPOC registered in IACS<br><br>(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**<br>**Note: Plans perform either Task #10 or Task #11.** | | | | |
| ☐ or N/A | **#** | **Task** | **Checkpoint** | **Notes** |
| | 10. | Each item listed in this Task is **required** by Plans submitting data via Connect:Direct.<br><br>Set up T1/Connect:Direct to CMS: | Must be started at least 6 weeks prior to target connectivity testing date. | |
| ☐ or N/A | | 1. Contact AT&T or an AT&T reseller to establish connectivity to CMS via AGNS. | | |
| ☐ or N/A | | 2. Verify access to CMS via AGNS | | |
| ☐ or N/A | | 3. High-level qualifier and/or security designations verified as accessible to CMS. | | |
| ☐ or N/A | | 4. Obtain Connect:Direct Software from Sterling Commerce. | | |

| | | | | |
|---|---|---|---|---|
| ❑ or N/A | | 5. Complete installation and configuration of Connect:Direct Software. | | |
| ❑ or N/A | | 6. Submitter successfully registered in 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.<br><br>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:<br>SFTP Port: 10022<br>HTTPS Port: 3443 | | |

**Connectivity – Testing**
**Note: Plans perform either Task #12 or Task #13. Plans submitting PDE/RAPS data must also perform Task #14.**

| ❑ or N/A | # | **Task** | **Checkpoint** | **Notes** |
|---|---|---|---|---|
| | 12. | Each item listed in this Task is **required** by Plans submitting data via Connect:Direct.<br><br>Test T1/Connect:Direct to CMS: | | |
| ❑ or N/A | | 1. Appropriate telecommunications and technical resources participate in conference call with appropriate CMS Resources (initiated by MAPD Help Desk). | | |
| ❑ or N/A | | 2. Successfully transfer data **to** CMS | | |
| ❑ or N/A | | 3. Successfully receive data **from** CMS | | |
| | 13. | Each item listed in this Task is **required** by Plans submitting data via Gentran/TIBCO MFT.<br><br>Test Gentran/TIBCO MFT: | Task # 7 must be completed successfully before this task can be completed. | |
| ❑ or N/A | | 1. Mailbox(s) established at CMS is accessible | | |
| ❑ or N/A | | 2. Screenshot of successful access to 1 Gentran mailbox e-mailed to the MAPD Help Desk. | | |
| ❑ or N/A | | 3. Send test file to Gentran mailbox/TIBCO MFT server | | |
| ❑ or N/A | 14. | Contact CSSC Help Desk for assistance with Connectivity Testing of PDE/RAPS data submission. | | |

# M: *Valid Election Types for Plan-Submitted Transactions*

**Table M-1** shows the valid election types for Plan-submitted enrollment and disenrollment transactions. Plans must ensure the requirements in the CMS Enrollment and Disenrollment guidance applicable to the Plan type are followed to properly determine and report the election type.

***Table M-1: Valid Election Types for Plans***

| Election Types | | | | | | |
|---|---|---|---|---|---|---|
| **PLANS** | **AEP (A)** | **OEPI (T)** | **SEP (Note 2)** | **IEP (E/F)** | **MADP** | **ICEP (I)** |
| **MA** | **Y** | **Y** | **Y** | **N** | **Y** | **Y** |
| **MA-PD** | **Y** | **Y** | **Y** | **Y** | **Y** | **Y** |
| **PDP** | **Y** | **N (Use coordinating SEP where appropriate per CMS guidance)** | **Y** | **Y** | **N (Use coordinating SEP where appropriate per CMS guidance)** | **N** |
| **SHMO I** | **Y** | **Y** | **Y** | | | **Y** |
| **SHMO II** | **Y** | **Y** | **Y** | | | **Y** |
| **Cost with Part D** | **Y** | **N (Use coordinating SEP where appropriate per CMS guidance)** | **Y** | **Y** | **Use coordinating SEP where appropriate per CMS guidance)** | |
| **Cost without Part D** | **None required; however, if the beneficiary is currently enrolled in an MA Plan, a valid MA election period is required to leave that program and enroll in the cost Plan.** | | | | | |
| **WPP** | **Y** | **Y** | **Y** | **Y** | | **Y** |
| **ESRD I** | | | **Y** | | | |
| **ESRD II** | | | **Y** | | | |
| **PACE National** | **None Required** | | | | | |
| **CCIP / FFS Demos** | **None Required** | | | | | |
| **MDHO Demo** | **None Required** | | | | | |
| **MSHO Demo** | **None Required** | | | | | |

| 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.