



Medicare Advantage and Prescription Drug Plans

November 16, 2006

**Plan Communications
User's Guide Appendices
Version 2.0**

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CENTERS FOR MEDICARE AND MEDICAID SERVICES

Center for Beneficiary Choices



**Medicare Advantage and Prescription Drug
Plan Communications**

User's Guide

Version 2.0

Appendices

(November 16, 2006)

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Change Track Log
November 16, 2006 Updates

Section	Changes
Global Changes	Changed the version number from 1.5 to 2.0 Changed the date to November 16, 2006
Appendix A	No change
Appendix B	Updated contact information for San Francisco and added contact information for PACE and Demos.
Appendix C	Inserted 2007 monthly schedule and removed 2006 monthly schedule
Appendix D	No change
Appendix E	Added formatting enhancements throughout: Section headings for Header, Detail, and Trailer Records Sections E.7.2 through E.7.5: updated information in row 10, Contract #. Section E.7.4, updated the MA and description columns for Item 24 Section E.9, updated Item 16 field and description columns Section E.15 updated with new information Section E.23, added new file layout and added paragraph describing how BEQ Response File may contain up to two occurrences of LIS information –for both 2006 and 2007 enrollments. Section E.15, added TRCs to field 24b and field 24i.
Appendix F	Table F-1: Added a new row of information Replaced graphic in Section F.3
Appendix G	Updated information in table.
Appendix H	Modified definition for TRC codes 25 and 26 Modified title and definition for TR 114 Modified short definition for TR 181 and 182; deleted TRs 997, 998 & 999 Added TRCs 120, 183, 184, 185, 186 and 195.
Appendix I	Replaced report sample for Section I.6, Monthly Membership Detail Report Replaced report sample for Section I.13, Transaction Replies Weekly/Monthly Activity Report Added Section I.15, Batch Completion Status Summary
Appendix J	Added January 2007 inbound file naming conventions change and added January 2007 outbound file conventions for BEQ and 4Rx Response Files
Appendix K	No change
Appendix L	No change
Appendix M	No change

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A: Glossary and List of Abbreviations and Acronyms

Glossary

Term	Definition
Abend	In mainframe computing, an abnormal job termination (<u>ab</u> normal <u>end</u>).
Account Number	A number obtained from your Resource Access Control Facility (RACF) or system administrator.
Adjustment Reason Codes	Code given to explain adjustments on Plan Membership Reports
Batch Processing	An automated systems approach to processing in which data items to be processed must be grouped.
Beneficiary Identification Code (BIC)	That portion of the Medicare health insurance claim number that identifies a specific beneficiary.
Benefit Stabilization Fund	Established by CMS upon request of an HMO or CMP when it is required to provide its Medicare enrollees with additional benefits, in order to prevent excessive fluctuation in the provision of those benefits in subsequent contract periods.
Button	A rectangular icon on a screen. When the button is clicked, an action is taken. The button is labeled with word(s) that describe the action, such as Find or Update.
Checkbox	A field on a screen that is part of a group of options, any number of which may be selected. Each checkbox 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.
Concatenation	The process of combining files, especially those being uploaded or downloaded with one transmission.
Connect:Direct	Proprietary software that transfers files between systems.
Correction	A record submitted by a Plan or CMS office to correct or update existing data concerning a beneficiary.
Cost	A type of contract under which a Plan is reimbursed by CMS for its reasonable costs.
Data entry field	A field on a screen that requires the user to type in information.
Disenrollment	A record submitted by a Plan, SSA DO, MCSC, or CMS when a beneficiary discontinues membership in the Plan.
Dropdown list	A field on a screen that contains a list of values from which you can choose. Click on the down arrow on the right of the field to see the list of values, and then click on a value to select it.

Term	Definition
Election period	<p>Time when an eligible person may choose to join or leave the original Plan. There are four types of election periods in which beneficiaries may join and leave Plans: Annual Election Period, Initial Coverage Election Period, Special Election Period, and Open Enrollment Period.</p> <ul style="list-style-type: none"> • Annual Election Period: The Annual Election Period ends on December 31st of each year. Medicare health plans enroll eligible beneficiaries into available Plans during the month of November each year. Starting in 2002, this is the only time in which all Plans will be open and accepting new members. • Initial Coverage Election Period: The 3 months immediately before beneficiaries are entitled to Medicare Part A and enrolled in Part B. If beneficiaries choose to join a Plan during the Initial Coverage Election Period, the Plan must accept the beneficiary. The only time a Plan can deny enrollment during this period is when it has reached its member limit. This limit is approved by the Centers for Medicare & Medicaid Services. The Initial Coverage Election Period is different from the Initial Enrollment Period (IEP). • Special Election Period: You are given a Special Election Period to change Plans or to return to Original Medicare in certain situations, which include: Beneficiary makes a permanent move outside the service area, the Plan breaks its contract with the beneficiary or does not renew its contract with CMS; or other exceptional conditions determined by CMS. The Special Election Period is different from the Special Enrollment Period (SEP). • Open Enrollment Period: If the Plan is open and accepting new members, beneficiaries may join or enroll in it. If a Plan chooses to be open, it must allow all eligible beneficiaries to join or enroll. <p>NOTE: For changes and updates on election periods, refer to the Medicare Managed Care Manual, Chapter 2 – Medicare Advantage Enrollment and Disenrollment.</p>
Enrollment	A record submitted when a beneficiary joins an MCO.
Exception	A transaction that was not processed because it contains errors or internal inconsistencies.
Gentran	A server, which provides Electronic Data Interchange (EDI) capabilities to CMS. Gentran supports the transfer of files to and from CMS with CMS business partners.
Group Health Plan	A historic term for “managed care organization.”
Group Health Plan System	The CMS legacy computer system that records managed care information for Medicare beneficiaries.
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 on a screen for which a list of possible values is provided. Click on the “binocular” button next to the field, and a window will pop up with a list of values for that field. Click on one of those values, and the pop-up window will close and the field will be filled in with the value that you chose.

Term	Definition
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 who are eligible to receive federally assisted income maintenance payments.
Medicare+Choice (M+C) (now known as Medicare Advantage)	See Medicare Advantage
Medicare Advantage (formerly known as Medicare+Choice)	A type of contract under which a payment is received from CMS for each member, based on demographic characteristics and health status (also referred to as Risk). In a Risk or M+C 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 by having a membership where the high cost for very sick members can be 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 will display a screen and possibly display a submenu of items corresponding to the selected menu item.
Medicare Managed Care System	The system that replaced Group Health Plan system.
Network Data Mover	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	A code that reflects the relative frailty of an individual. Beneficiaries who are NHC are those whose condition would ordinarily require them to be cared for in a nursing home. Only acceptable for certain demonstration social health maintenance organization (SHMO)-type plans.
Off-cycle	A retroactive transaction waiting for approval from CMS. A retroactive transaction needs CMS approval because its effective date is too far in the past to be accepted automatically.
Online	An automated systems approach to processing that processes data in an interactive manner, normally through computer input.
Orbiting	When a transaction is submitted for a beneficiary that could not be found in the MBD or the beneficiary does not have the entitlement needed for the contract, the transaction will be periodically retried until (1) the beneficiary is found because the MBD has been updated or (2) the number of days specified in the system configuration parameter has passed. This does not occur in Medicare Advantage Prescription Drug (MARx) System.
Program for All Inclusive Care for the Elderly (PACE) Plans	The PACE program 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.
Payment Month	The month and year in which payments are made to MCOs.

Term	Definition
Radio button	A field on a screen that is part of a group of options, of which only one may be selected. A radio button is represented with a small circle, where a circle that is filled in means the button is selected, and an empty circle means it is not selected. Clicking a radio button will select that option and deselect the existing selection.
Reply Codes	Codes used to explain what action the system took in response to new information from CMS systems or in response to input from MCOs, CMS, or other users.
Required field	<p>A field on a screen that must be filled in before a button is clicked to take some action. If the button is clicked and the field is not filled in, an error message is displayed and the action is not carried out.</p> <p>There are two types of required fields:</p> <ul style="list-style-type: none"> • Always required. These are marked with an asterisk (*) • Conditionally required, that is, at least one or only one of the conditionally required fields must be filled in. These are marked with a plus sign (+)
Risk	<p>A type of 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 (also referred to as M+C).</p> <p>In a Risk or M+C 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 by having a membership where the high costs for very sick members can be balanced by the lower costs for a larger number of relatively healthy members.</p>
Special Needs	Needs of beneficiaries who are institutionalized, Medicaid-eligible, or who have severe or disabling chronic conditions.
Submenu	A horizontal list of items below the screen's menu. The items on the menu are specific to the selected menu item. Clicking on a submenu item will display a screen.
Transaction Reply Codes	See Reply Codes.
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 are displayed to a user logged on to an automated system.

List of Abbreviations and Acronyms

AAPCC	Adjusted Average Per Capita Cost (now called M+C rates)
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
BIPA	Benefits Improvement & Protection Act of 2000
BPT	Bid Pricing Tool
BSF	Benefit Stabilization Fund
CAN	Claim Account Number
CBC	Center for Beneficiary Choices
CCB	Change Control Board
C:D	Connect:Direct
CHF	Congestive Heart Failure
CMS	Centers for Medicare & Medicaid Services
CO	Central Office
COB	Close of Business
COB	Coordination of Benefits
CPM	Current Payment Month
CUI	Common User Interface
CWF	Common Working File database. CMS' beneficiary information database
DCG	Diagnostic Cost Group
DO	District Office
DOB	Date of Birth
DOD	Date of Death
DSN	Data Set Name
ECRS	Electronic Correspondence Referral System
EDB	Enrollment Database
EGHP	Employer Group Health Plan
ERC	Error Return Codes
ESRD	End Stage Renal Disease
FERAS	Front End Risk Adjustment System
FFS	Fee-For-Service

FTR	Failed Transaction Report
GHP	Group Health Plan
GROUCH	GHP Report Output User Communication Help System
Guide	Medicare Advantage and Prescription Drug System Plan Communication User's Guide
HCC	Hierarchical Condition Code
HCFA	Health Care Financing Administration (renamed to CMS)
HIC	Health Insurance Claim
HICN	Health Insurance Claim Number
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
ICEP	Initial Coverage Election Period
ID	Identification
IEP	Initial Enrollment Period
IRC	Information Request Code
IT	Information Technology
LEP	Late Enrollment Penalty
LIS	Low Income Subsidy
M+C	Medicare+Choice (now known as MA)
M+CO	Medicare+Choice Organization
MA	Medicare Advantage (formerly known as M+C)
MA BSF	Medicare Advantage Benefit Stabilization Fund
MA-PD	Medicare Advantage – Prescription Drug
MARx	Medicare Advantage and Prescription Drug System
MBD	Medicare Beneficiary Database
MCO	Managed Care Organization
MCSC	Medicare Customer Service Center (1-800-MEDICARE)
MMA	Medicare Modernization Act
MMCS	Medicare Managed Care System
MMR	Monthly Membership Report
MMRD	Monthly Membership Detailed Report
MMSR	Monthly Membership Summary Report
MSP	Medicare Secondary Payer

NDM	Network Data Mover
NHC	Nursing Home Certifiable
OEP	Open Enrollment Period
OEPI	Open Enrollment Period for Institutionalized Individuals
OEPNEW	Open Enrollment Period for Newly Eligible Individuals
OMB	Office of Management and Budget
OPM	Office of Personnel Management
PACE	Program of All-Inclusive Care for the Elderly
PBO	Payment Bill Option
PBP	Plan Benefit Package
PDE	Prescription Drug Event
PDP	Prescription Drug Plan
PICS	Plan Information and Control System
PIP-DCG	Principal Inpatient Diagnostic Cost Group
PWS	Payment Withhold System
RACF	Resource Access Control Facility
RAS	Risk Adjustment System
RO	CMS Regional Office
RRB	Railroad Retirement Board
RTG	Return to Government
SCC	State and County Code
SEP	Special Election Period
SFTP	Secure Shell File Transfer Protocol
SHMO	Social Health Maintenance Organization
SNP	Special Needs Plan
SSA	Social Security Administration
SSA DO	Social Security Administration District Office
SSAFO	Social Security Administration Field Office
TPA	Third Party Administrator
TRR	Transaction Reply Report
TSO	Time Sharing Option
UI	User Interface
URL	Universal Resource Locator (worldwide web address)
USPCC	United States Per Capita Cost

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B: CMS Central Office Contact Information

If you have any questions on **policy information** contained in this guide, please contact your CMS Central Office Health Insurance Specialist assigned to your regional area.

Region	Contact	Telephone Number	Email Address
1. Boston:	John Campbell	(410) 786-0542	John.Campbell2@cms.hhs.gov
2. New York:	John Campbell	(410) 786-0542	John.Campbell2@cms.hhs.gov
3. Philadelphia:	James Dorsey	(410) 786-1143	James.Dorsey@cms.hhs.gov
4. Atlanta:	Gloria Webster	(410)-786-7655	Gloria.Webster@cms.hhs.gov
5. Chicago:	Janice Bailey	(410)-786-7603	Janice.Bailey@cms.hhs.gov
6. Dallas:	Joanne Weller	(410) 786-5111	Joanne.Weller@cms.hhs.gov
7. Kansas City:	Mary Stojak	(410) 786-6939	Mary.Stojak@cms.hhs.gov
8. Denver:	Francine Jordan	(410) 786-6505	Francine.Jordan@cms.hhs.gov
9. San Francisco:	Kim Miegel or Terry Williams	(410) 786-311 (410) 786-0705	Kim.Miegel@cms.hhs.gov Terry.Williams@cms.hhs.gov
10. Seattle:	David Evans	(410) 786-0412	David.Evans2@cms.hhs.gov
11. PACE and Demos	William Bucksten	(410) 786-7477	William.Bucksten@cms.hhs.gov

For **non-payment-related software** or **database errors**, contact the MMAHelp desk:
1-800-927-8069 or MMAHelp@cms.hhs.gov.

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C: Monthly Schedule

The following pages contain the 2007 Plan MARx Monthly Schedule. This schedule provides dates for the following:

- Plan Data Due
- MARx Down Days
- Availability of Monthly Reports
- Certification of Enrollment Reports
- Payments due to Plans
- Holidays

NOTES:

The Weekly Transaction Reply Report (TRR), when available, will be distributed on Saturdays. This report is not indicated on this schedule because it is a weekly report.

Please refer to version 1.5 of the Plan Communications User's Guide Appendices for the 2006 Plan MARx Monthly Schedule.

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YEAR 2007 PLAN 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

S	M	T	W	T	F	SA
JANUARY 2007						
1	New Year's Day					
2	JANUARY Payment Due Plan					
12	PLAN DATA DUE					
13	Certification of Enrollment for November 28, 2006 report					
15	Martin Luther King, Jr. (Holiday)					
16	MARx DOWN DAY					
17	MARx DOWN DAY					
25	MONTHLY REPORTS AVAILABLE					
FEBRUARY 2007						
1	FEBRUARY Payment Due Plan					
7	Certification of Enrollment for December 22, 2006 report					
9	PLAN DATA DUE					
12	MARx DOWN DAY					
13	MARx DOWN DAY					
19	President's Birthday (Observed)					
23	MONTHLY REPORTS AVAILABLE MMR List for Working Aged/MSP Survey 2008 Pmt.					
MARCH 2007						
1	MARCH Payment Due Plan					
11	Certification of Enrollment for January 25, 2007 Report					
15	PLAN DATA DUE					
16	MARx DOWN DAY					
26	MONTHLY REPORTS AVAILABLE					
30	APRIL Payment Due Plan					
APRIL 2007						
9	Certification of Enrollment for February 23, 2007 report					
13	PLAN DATA DUE					
14	MARx DARK DAY through					
22	MARx DARK DAY (Software Release)					
25	MONTHLY REPORTS AVAILABLE					

S	M	T	W	T	F	SA
MAY 2007						
1	MAY Payment Due Plan					
11	Certification of Enrollment for March 26, 2007 report					
15	PLAN DATA DUE					
16	MARx DOWN DAY through					
17	MARx DOWN DAY					
24	MONTHLY REPORTS AVAILABLE					
25	MARx DARK DAYS through					
28	MARx DARK DAYS (2006 Final Recon)					
28	Memorial Day (Observed)					
JUNE 2007						
1	JUNE Payment Due Plan					
10	Certification of Enrollment for April 25, 2007 report					
13	PLAN DATA DUE					
14	MARx DOWN DAY					
15	MARx DOWN DAY					
25	MONTHLY REPORTS AVAILABLE					
29	JULY Payment Due Plan					
30	MARx DARK DAY					
JULY 2007						
1	MARx DARK DAYS through					
8	MARx DARK DAYS (Software Release)					
4	Independence Day (Holiday)					
11	Certification of Enrollment for May 25, 2007 report					
13	PLAN DATA DUE					
14	MARx DOWN DAY through					
17	MARx DOWN DAY					
26	MONTHLY REPORTS AVAILABLE					
<i>MARx DARK DAY - No UI access/ No MARx processing</i>						
<i>MARx DOWN DAY - UI READ ONLY ACCESS</i>						

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					

November 9, 2006 *DFB- Division of Finance & Benefits

YEAR 2007 PLAN 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

S	M	T	W	T	F	SA
AUGUST 2007						
1	AUGUST Payment Due Plan					
10	Certification of Enrollment for June 25, 2007 report					
16	PLAN DATA DUE					
17	MARx DOWN DAY through					
20	MARx DOWN DAY					
27	MONTHLY REPORTS AVAILABLE					
31	SEPTEMBER Payment Due Plan					
SEPTEMBER 2007						
3	Labor Day (Holiday)					
10	Certification of Enrollment for July 26, 2007 Report					
13	PLAN DATA DUE					
14	MARx DOWN DAY through					
17	MARx DOWN DAY					
15	Working Aged/MSP Survey Results and Non-Respondent List Due (2008 Payment)					
25	MONTHLY REPORTS AVAILABLE					
OCTOBER 2007						
1	OCTOBER Payment Due Plan					
8	Columbus Day (Observed)					
13	Certification of Enrollment for August 27, 2007 report					
17	PLAN DATA DUE					
18	MARx DOWN DAY					
19	MARx DOWN DAY					
26	MONTHLY REPORTS AVAILABLE					

S	M	T	W	T	F	SA
NOVEMBER 2007						
1	NOVEMBER Payment Due Plan					
3	*DFB Last day for Cost Rates/Plan Level Adjustments (by 1 PM)					
8	PLAN DATA DUE					
9	MARx DOWN DAY through					
24	MARx DOWN DAY					
10	Certification of Enrollment for Sept. 25, 2007 report					
12	Veteran's Day (Holiday)					
15	Annual Election Period Begins					
22	Thanksgiving Day (Holiday)					
27	MONTHLY REPORTS AVAILABLE					
30	DECEMBER Payment Due Plan					
DECEMBER 2007						
7	PLAN DATA DUE					
8	MARx DOWN DAY through					
17	MARx DOWN DAY					
13	Certification of Enrollment for October 26, 2007 report					
22	MONTHLY REPORTS AVAILABLE					
25	Christmas Day (Holiday)					
31	Annual Election Period Ends					
■	January 2- JANUARY 2008 Payment Due Plan					
<i>MARx DARK DAY – No UI access/No MARx processing</i>						
<i>MARx DOWN DAY – UI READ ONLY ACCESS</i>						

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					

November 9, 2006 *DFB- Division of Finance & Benefits

D: Enrollment Data Transmission Schedule

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

1. Monday through Friday - 24 hours

Data **WILL** be received for monthly processing.

2. Saturday, Sunday and MARx down days.

Data **WILL BE RECEIVED AND HELD** for monthly processing.

Refer to the Plan MARx Monthly Schedule. (Refer to Appendix C).

4. Enrollment Data Cutoff Day - **Data is due by 6:00 p.m., EST.**

Plans may transmit enrollment data up to 6:00 p.m., EST.

Please refer to Appendix C for the Plan MARx Monthly Schedule. This section lists cutoff dates for each month.

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E: 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 E below lists the names of all the layouts and on which page of this appendix (E) they can be found. Appendix J identifies the naming conventions of for all files exchanged between CMS and the Plans.

Table E - Record Layouts Lookup Table

Section	Name	Page
E.1	820 Format Payment Advice Data File	E-3
E.2	Part D Auto and Facilitated Enrollment Address Data File	E-9
E.3	Batch Completion Status Summary Report Data File	E-11
E.4	BIPA 606 Payment Reduction Data File	E-19
E.5	Bonus Payment Report Data File	E-21
E.6	Coordination of Benefits (COB) Data File	E-23
E.7	Enrollment/Disenrollment/Change/Correction Transactions	E-31
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E.9	Monthly Membership Detail Data File	E-53
E.10	Monthly Membership Summary Data File	E-61
E.11	Monthly Premium Withholding Report Data File	E-65
E.12	Part B Claims (Record Type 1 and Record Type 2) Data File	E-69
E.13	Part C Risk Adjustment Model Output Data File	E-71
E.14	Part D Risk Adjustment Model Output Data File	E-83
E.15	Weekly/Monthly Transaction Reply Activity Data File	E-97
E.16	Special Transaction Reply Report Data File	E-105
E.17	Full Enrollment File Data File	E-109
E.18	Low-Income Subsidy/Late Enrollment Penalty Data File	E-113
E.19	Bi-Weekly Deemed LIS/Premium Report Data File	E-121
E.20	4Rx Notification File Record Formats	E-123
E.21	4Rx Response File Record Formats	E-131
E.22	Batch Eligibility Query (BEQ) Request File	E-139
E.23	Batch Eligibility Query (BEQ) Response File	E-145

Section	Name	Page
E.24	Auto Assignment Full Dual Notification File Layout	E-155
E.25	Auto Assignment PDP Auto-Enrollment Notification File Layout	E-157

E.1 820 Format Payment Advice Data File

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.

Fields are skipped (if they contain nothing) by inserting contiguous data element separators ("**") unless they are at the end of the segment. Fields which are not selected are represented in the same way as fields that have been selected but in this particular iteration of the transaction set contain no data, i.e., 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 REQUIREMENTS¹

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

Following two balancing rules are given:

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

In order 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/HCPP contracts, put the actual dollars billed --- rather than the "risk equivalent" dollar amounts --- into RMR05.

X12 820 Table	Segment	Data Element	Description	Len	Type	Contents
HEADER			820 HEADER SEGMENT ID	2	AN	"ST"
		ST01	Transaction Set ID Code	3/3	ID	"820"
		ST02	Transaction Set Control Number	4/9	AN	Begin with "00001" Increment each Run
HEADER			BEGINNING SEGMENT FOR PAYMENT ORDER/REMITTANCE ADVICE	3	AN	"BPR"
	BPR	BPR01	Transaction Handling Code	1/2	ID	"I" (Remittance Information Only)
	BPR	BPR02	Total Premium Payment Amount	1/18	R	Payment Letter – Net Payment See discussion on Balancing.
	BPR	BPR03	Credit/Debit Flag Code	1/1	ID	"C" (Credit)
	BPR	BPR04	Payment Method Code	3/3	ID	"BOP" (Financial Institution Option)

X12 820 Table	Segment	Data Element	Description	Len	Type	Contents
	BPR	BPR16	Check Issue or EFT Effective Date	8/8	DT	Use Payment Letter – Payment Date in CCYYMMDD format
HEADER			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"
HEADER			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.
HEADER			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
	1000A	N103	Identification Code Qualifier	1/2	ID	"EQ" Insurance Company Assigned Identification Number
	1000A	N104	Identification Code	2/80	AN	Contract Number
HEADER			PREMIUM PAYER'S NAME	2	AN	"N1"

X12 820 Table	Segment	Data Element	Description	Len	Type	Contents
	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 Identification Number
	1000B	N104	Identification Code	2/80	AN	"CMS"
DETAIL			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 – Demographic Report Payment See discussion on Balancing.
DETAIL			SUMMARY LINE ITEM	3	AN	"IT1"
	2310A	IT101	Line Item Control Number	1/20	AN	"1" (Assigned for uniqueness)
DETAIL			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

X12 820 Table	Segment	Data Element	Description	Len	Type	Contents
	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)
DETAIL			ORGANIZATION SUMMARY REMITTANCE LEVEL ADJUSTMENT	3	AN	"ADX"
	2320A	ADX01	Adjustment Amount	1/18	R	Payment Letter – Total Adjustments: Total Adjustments is the difference between Demographic Payment and Net Payment. See discussion on Balancing.
	2320A	ADX02	Adjustment Reason Code	2/2	ID	"H1" (Information forthcoming – detailed information related to the adjustment will be provided through a separate mechanism)
SUMMARY			820 TRAILER		AN	"SE"
		SE01	Number of Included Segments	1/10	N0	"11"
		SE02	Transaction Set Control Number	4/9	AN	Use control number, same as in 820 Header.

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E.2 Part D Auto and Facilitated Enrollment Address Data File

Item	Field	Size	Position	Description
1	HICN#	12	1 – 12	Beneficiary's Health Insurance Claim Number
2	First Name	30	13 – 42	Beneficiary's First Name
3	Last Name	40	43 – 82	Beneficiary's Last Name
4	Middle Initial	1	83	Beneficiary's Middle Initial
5	Date of Birth	8	84 – 91	Format: YYYYMMDD
6	Sex	1	92	Sex Code: M = Male, F = Female, U = Unknown
7	Contract #	5	93 –97	
8	PBP #	3	98 – 100	
9	Segment #	3	101 – 103	
10	Low-Income Co-Pay Category	1	104	Definitions of the co-payment categories: '0' = none, not low-income '1' = \$2/\$5 (High) '2' = \$1/\$3 (Low) '3' = \$0 (0) '4' = 15% '5' = Unknown
11	Enrollment Effective Date	8	105 – 112	Format: YYYYMMDD
12	Beneficiary Address Line 1	40	113 – 152	
13	Beneficiary Address Line 2	40	153 – 192	
14	Beneficiary Address Line 3	40	193 – 232	
15	Beneficiary Address City	40	233 – 272	
16	Beneficiary Address State	2	273 – 274	
17	Beneficiary Zip Code	5	275 – 279	Standard Zip Code

Item	Field	Size	Position	Description
18	Beneficiary Zip Code Extension	4	280 – 283	Zip Code Extension

E.3 Batch Completion Status Summary Report Data File

This is a data file sent to the submitter once a batch of submitted transactions has been processed. It provides a count of all transactions within the batch and details the number of rejected, accepted, and pending transactions. It also provides an image of the rejected, accepted, and pending transactions. For every batch submission (Enrollment, Disenrollment, PBP Change, Plan Change, and Correction) this file will be generated after the submission is processed. This file's output is organized into one file per batch, consisting of:

Summary Record (batch 1)

All Rejected Records (batch 1)

All Accepted Records (batch 1)

All Pending Records (batch 1)

E.3.1 Summary Record

Item	Field Name	Len	Pos	Description
1	Batch Completion Status Summary Record	12	1-12	Content: "#BATCHDSPSTN"
2	Batch ID	12	13-24	MARx System Assigned
3	Batch Run Start Date	10	25-34	Format: YYYY-MM-DD
4	Batch Run Start Time	8	35-42	Format: HH-MM-SS
5	Total Transactions in Batch	8	43-50	Counts, ZZZZZZZ9
6	Transaction Status Accepted	8	51-58	Counts, ZZZZZZZ9
7	Transaction Status Rejected	8	59-66	Counts, ZZZZZZZ9, of rejected transaction records attached
8	Transaction Status Failed	8	67-74	Counts, ZZZZZZZ9
9	Transaction Status Pending	8	75-82	Counts, ZZZZZZZ9
10	Transactions Received	8	83-90	Count, 99999999, of the total number received transaction records in batch
11	Submitter ID	8	91-98	Submitter ID
12	Date Stamp of transaction file	10	99-108	Format: YYYY-MM-DD
13	Time Stamp of transaction file	8	109-116	Format: HH.MM.SS
14	FILLER	145	117-261	Release 2.0 Use
15	End of Status Summary Record	1	262	Content: ";

E.3.2 Rejected Record

#	Field Name	Len	Pos	Description
1	Rejected Transaction Record Header	12	1-12	Content: "#RJCTEDTRANS"
2	Transaction Record Counter	8	13-20	Sequential count, ZZZZZZZ9, of rejected records
3	Beneficiary HICN#	12	21-32	From input transaction
4	Beneficiary Surname	12	33-44	From input transaction
5	Beneficiary First Name	7	45-51	From input transaction
6	Beneficiary Middle Initial	1	52	From input transaction
7	Sex	1	53	From input transaction; otherwise blank
8	Birth Date	8	54-61	From input transaction
9	EGHP Flag	1	62	From input transaction; otherwise blank
10	PBP #	3	63-65	From input transaction; otherwise blank
11	Election Type	1	66	From input transaction; otherwise blank
12	Contract #	5	67-71	From input transaction
13	Application Date	8	72-79	From input transaction; otherwise blank
14	Transaction Code	2	80-81	From input transaction
15	Disenrollment Reason	2	82-83	From input transaction; otherwise blank
16	Effective Date	8	84-91	From input transaction; otherwise blank
17	Segment ID	3	92-94	From input transaction; otherwise blank
18	Filler	5	95-99	
19	Prior Commercial Override	1	100	From input transaction; otherwise blank
20	Premium Withhold Option/Parts C-D	1	101	From input transaction; otherwise blank
21	Part C Premium Amount	6	102-107	From input transaction; otherwise blank
22	Part D Premium Amount	6	108-113	From input transaction; otherwise blank
23	Creditable Coverage Flag	1	114	From input transaction; otherwise blank
24	Number of Uncovered Months	3	115-117	From input transaction; otherwise blank
25	Employer Subsidy Enrollment Override Flag	1	118	From input transaction; otherwise blank

#	Field Name	Len	Pos	Description
26	Part D Opt-Out Flag	1	119	From input transaction; otherwise blank
27	Filler	20	120-139	Field removed
28	Filler	15	140-154	Field removed
29	Secondary Drug Insurance Flag	1	155	From input transaction; otherwise blank
30	Secondary Rx ID	20	156-175	From input transaction; otherwise blank
31	Secondary Rx Group	15	176-190	From input transaction; otherwise blank
32	Enrollment Source	1	191	From input transaction; otherwise blank
33	Filler (MSA Fields – Future Use)	36	192-227	Future Use
34	Filler	17	228-244	
35	'01' Transaction Action Code	1	245	From input transaction; otherwise blank
36	Transaction Reply Codes	15	246-260	Up to five, 3-character transaction reply codes, left justified
37	End of Rejected Transaction Record	2	261-262	Content: “;;”

E.3.3 Accepted Record

#	Field Name	Len	Pos	Description
1	Accepted Transaction Record Header	12	1-12	Content: "#ACPTEDTRANS"
2	Transaction Record Counter	8	13-20	Sequential count, ZZZZZZZ9, of accepted records
3	Beneficiary HICN#	12	21-32	From input transaction
4	Beneficiary Surname	12	33-44	From input transaction
5	Beneficiary First Name	7	45-51	From input transaction
6	Beneficiary Middle Initial	1	52	From input transaction
7	Sex	1	53	From input transaction; otherwise blank
8	Birth Date	8	54-61	From input transaction
9	EGHP Flag	1	62	From input transaction; otherwise blank
10	PBP #	3	63-65	From input transaction; otherwise blank
11	Election Type	1	66	From input transaction; otherwise blank
12	Contract #	5	67-71	From input transaction
13	Application Date	8	72-79	From input transaction; otherwise blank
14	Transaction Code	2	80-81	From input transaction
15	Disenrollment Reason	2	82-83	From input transaction; otherwise blank
16	Effective Date	8	84-91	From input transaction; otherwise blank
17	Segment ID	3	92-94	From input transaction; otherwise blank
18	Filler	5	95-99	
19	Prior Commercial Override	1	100	From input transaction; otherwise blank
20	Premium Withhold Option/Parts C-D	1	101	From input transaction; otherwise blank
21	Part C Premium Amount	6	102-107	From HPMS
22	Part D Premium Amount	6	108-113	From HPMS
23	Creditable Coverage Flag	1	114	From input transaction; otherwise blank
24	Number of Uncovered Months	3	115-117	From input transaction; otherwise blank
25	Employer Subsidy Enrollment Override Flag	1	118	From input transaction; otherwise blank
26	Part D Opt-Out Flag	1	119	From input transaction; otherwise blank

#	Field Name	Len	Pos	Description
27	Filler	20	120-139	Field removed
28	Filler	15	140-154	Field removed
29	Secondary Drug Insurance Flag	1	155	From input transaction; otherwise blank
30	Secondary Rx ID	20	156-175	From input transaction; otherwise blank
31	Secondary Rx Group	15	176-190	From input transaction; otherwise blank
32	Enrollment Source	1	191	From input transaction; otherwise blank
33	Filler (MSA Fields – Future Use)	36	192-227	Future Use
34	Part D Premium Subsidy Level	3	228-230	Part D low-income premium subsidy category: '000' = No subsidy, '025' = 25% subsidy level, '050' = 50% subsidy level, '075' = 75% subsidy level, '100' = 100% subsidy level
35	Low-Income Co-Pay Category	1	231	Definitions of the co-payment categories: '0' = none, not low-income '1' = \$2/\$5 (High) '2' = \$1/\$3 (Low) '3' = \$0 (0) '4' = 15% '5' = Unknown
36	Filler	13	232-244	
37	'01' Transaction Action Code	1	245	From input transaction; otherwise blank
38	Transaction Reply Codes	15	246-260	Up to five, 3-character transaction reply codes, left justified
39	End of Accepted Transaction Record	2	261-262	Content: “;”

E 3.4 Pending Record

#	Field Name	Len	Pos	Description
1	Pended Transaction Record Header	12	1-12	Content: "#PENDINGTRANS"
2	Transaction Record Counter	8	13-20	Sequential count, ZZZZZZZ9, of pending records
3	Beneficiary HICN#	12	21-32	From input transaction
4	Beneficiary Surname	12	33-44	From input transaction
5	Beneficiary First Name	7	45-51	From input transaction
6	Beneficiary Middle Initial	1	52	From input transaction
7	Sex	1	53	From input transaction; otherwise blank
8	Birth Date	8	54-61	From input transaction
9	EGHP Flag	1	62	From input transaction; otherwise blank
10	PBP #	3	63-65	From input transaction; otherwise blank
11	Election Type	1	66	From input transaction; otherwise blank
12	Contract #	5	67-71	From input transaction
13	Application Date	8	72-79	From input transaction; otherwise blank
14	Transaction Code	2	80-81	From input transaction
15	Disenrollment Reason	2	82-83	From input transaction; otherwise blank
16	Effective Date	8	84-91	From input transaction; otherwise blank
17	Segment ID	3	92-94	From input transaction; otherwise blank
18	Filler	5	95-99	
19	Prior Commercial Override	1	100	From input transaction; otherwise blank
20	Premium Withhold Option/Parts C-D	1	101	From input transaction; otherwise blank
21	Part C Premium Amount	6	102-107	From input transaction; otherwise blank
22	Part D Premium Amount	6	108-113	From input transaction; otherwise blank
23	Creditable Coverage Flag	1	114	From input transaction; otherwise blank
24	Number of Uncovered Months	3	115-117	From input transaction; otherwise blank
25	Employer Subsidy Enrollment Override Flag	1	118	From input transaction; otherwise blank
26	Part D Opt-Out Flag	1	119	From input transaction; otherwise blank

#	Field Name	Len	Pos	Description
27	Filler	20	120-139	Field removed
28	Filler	15	140-154	Field removed
29	Secondary Drug Insurance Flag	1	155	From input transaction; otherwise blank
30	Secondary Rx ID	20	156-175	From input transaction; otherwise blank
31	Secondary Rx Group	15	176-190	From input transaction; otherwise blank
32	Enrollment Source	1	191	From input transaction; otherwise blank
33	Filler (MSA Fields – Future Use)	36	192-227	Future Use
34	Filler	17	228-244	
35	'01' Transaction Action Code	1	245	From input transaction; otherwise blank
36	Transaction Reply Codes	15	246-260	Up to five, 3-character transaction reply codes, left justified
37	End of Rejected Transaction Record	2	261-262	Content: “;”

E.4 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 be positive on 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

Item	Field	Size	Position	Description
19	FILLER	18	116 – 133	SPACES

E.5 Bonus Payment Report 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 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

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E.6 Coordination of Benefits (COB) Data File

This file contains members' primary and secondary coverage that has been validated through COB processing. MARx forwards this information whenever a Plan's enrollees are affected. It may be as often as daily. The enrollees included on the file 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

E.6.1 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

E.6.2 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	33-33	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	42-42	CHAR	2 = Full replacement
9	Filler	958	43-1000	CHAR	Spaces

Note: Record Length = 1000

E.6.3 Primary Record: 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	33-33	CHAR	0=unknown, 1 = male, 2 = female
6	RxID Number*	20	34-53	CHAR	
7	RxGroup Number*	15	54-68	CHAR	
8	RxBIN Number*	6	69-74	ZD	
9	RxPCN Number*	10	75-84	CHAR	
10	Rx Plan Toll Free Number*	18	85-102	CHAR	
11	Sequence Number*	3	103-105	CHAR	

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

Item	Field	Size	Position	Format	Valid Values/Description
14	Coverage Code*	1	112-112	CHAR	A=Hospital and Medical U=Drug (network benefit) V=Drug with Major Medical (non-network benefit) W=Comprehensive, Hospital, Medical, Drug (network) X=Hospital and Drug (network) Y=Medical and Drug (network) Z=Health Reimbursement Account (hospital, medical, and drug)
15	Insurer's Name*	32	113-144	CHAR	
16	Insurer's Address-1*	32	145-176	CHAR	
17	Insurer's Address-2*	32	177-208	CHAR	
18	Insurer's City*	15	209-223	CHAR	
19	Insurer's State*	2	224-225	CHAR	
20	Insurer's Zip Code*	9	226-234	CHAR	
21	Insurer TIN	10	235-244	CHAR	
22	Individual Policy Number*	17	245-261	CHAR	
23	Group Policy Number*	20	262-281	CHAR	
24	Effective Date*	8	282-289	ZD	CCYYMMDD
25	Termination Date*	8	290-297	ZD	CCYYMMDD
26	Relationship Code*	2	298-299	CHAR	01=Bene is Policy Holder 02=Spouse 03=Child 04=Other
27	Payor ID*	10	300-309	CHAR	<i>This is a future element.</i>
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	353-353	CHAR	P=Patient S=Spouse M=Mother F=Father

Item	Field	Size	Position	Format	Valid Values/Description
34	Employer's Name	32	354-385	CHAR	
35	Employer's Address 1	32	386-417	CHAR	
36	Employer's Address 2	32	418-449	CHAR	
37	Employer's City	15	450-464	CHAR	
38	Employer's State	2	465-466	CHAR	
39	Employer's Zip Code	9	467-475	CHAR	
40	Filler	20	476-495	CHAR	
41	Employer TIN	10	496-505	CHAR	
42	Filler	20	506-525	CHAR	
43	Claim Diagnosis Code 1	10	526-535	CHAR	
44	Claim Diagnosis Code 2	10	536-545	CHAR	
45	Claim Diagnosis Code 3	10	546-555	CHAR	
46	Claim Diagnosis Code 4	10	556-565	CHAR	
47	Claim Diagnosis Code 5	10	566-575	CHAR	
48	Attorney's Name	32	576-607	CHAR	
49	Attorney's Address 1	32	608-639	CHAR	
50	Attorney's Address 2	32	640-671	CHAR	
51	Attorney's City	15	672-686	CHAR	
52	Attorney's State	2	687-688	CHAR	
53	Attorney's Zip	9	689-697	CHAR	
54	Lead Contractor	9	698-706	CHAR	
55	Class Action Type	2	707-708	CHAR	
56	Administrator Name	32	709-740	CHAR	
57	Administrator Address 1	32	741-772	CHAR	
58	Administrator Address 2	32	773-804	CHAR	
59	Administrator City	15	805-819	CHAR	
60	Administrator State	2	820-821	CHAR	
61	Administrator Zip	9	822-830	CHAR	
62	WCSA Amount	9	831-839	ZD	Integer value
63	WCSA Indicator	2	840-841	CHAR	
64	Filler	159	842-1000	CHAR	
Note: Record Length = 1000; *Indicates that these fields have same position in PRM and SUPrecord layouts.					

E.6.4 Supplemental Record: Subordinate to DTL (Unlimited Occurrences)

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

Data Field	Length	Position			Format	Valid Values
						S0000 Assistance Program Note: Contractor numbers 11100 - 11199 are reserved for COB
Supplemental Type Code	1	111	...	111	CHAR	L=Supplemental M=Medigap N=State Program (Non Qualified SPAP) O=Other P=Patient Assistance Program Q=Qualified State Pharmaceutical Assistance Program (SPAP) R=Charity S=AIDS Drug Assistance Program T=Federal Health Program 1=Medicaid 2=Tricare
Coverage Code*	1	112	...	112	CHAR	U=Drug (network benefit) V=Drug with Major Medical (non-network benefit)
Insurer's Name*	32	113	...	144	CHAR	
Insurer's Address-1*	32	145	...	176	CHAR	
Insurer's Address-2*	32	177	...	208	CHAR	

Data Field	Length	Position			Format	Valid Values
Insurer's City*	15	209	...	223	CHAR	
Insurer's State*	2	224	...	225	CHAR	
Insurer's Zip Code*	9	226	...	234	CHAR	
Filler	10	235	...	244	CHAR	Spaces
Individual Policy Number*	17	245	...	261	CHAR	
Group Policy Number*	20	262		281	CHAR	
Effective Date*	8	282	...	289	ZD	CCYYMMDD
Termination Date*	8	290	...	297	ZD	CCYYMMDD
Relationship Code*	2	298	...	299	CHAR	01=Bene is Policy Holder 02=Spouse 03=Child 04=Other
Payor ID*	10	300	...	309	CHAR	
Person Code*	3	310	...	312	CHAR	
Payer Order*	3	313	...	315	ZD	
Filler	685	316	...	1000	SPACES	
Record Length =	1000					
*Indicates that these fields have same position in PRM and SUP record layouts						

E.7 Enrollment/Disenrollment/Change/Correction Transactions 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 identifies the types of transaction record. This section details the contents and format for each type of record that may be included in the transaction file.

The following records can be included in this file:

Header Record	PBP Change
Enrollment Record	Plan Change
Disenrollment Record	Correction

E.7.1 Header Record

Item	Field	Size	Position	Header	Description
1	Header Message	12	1 – 12	R	'AAAAAAHEADER'
2	Filler	21	13 – 33	N/A	Spaces
3	Payment Month	6	34 – 39	R	MMYYYY (Note that the date should be represent the month and year of the Current Payment Month; e.g., From May 17 – June 13, transactions are submitted for the JULY payment month and should have the header date of 072006)
4	Filler	185	40 – 224	N/A	Spaces

E.7.2 Enrollment Record

Transaction types 60 and 61 are used to enroll beneficiaries in a Part D Plan. Transaction type 60 is used only to submit EGHP enrollments that are 1-3 months prior to the current processing month. Example: For a transaction file with header date 042006, type 60 transactions are used to submit transactions with EGHP Flag equal to Y and effective dates of February 2006 through May 2006.

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Item	Field	Size	Position	Enrollment (Employer & MCO 60/61)			Description
				MA	MA-PD	PDP	
1	HIC#	12	1 – 12	R	R	R	Nine-byte SSN of primary beneficiary (Beneficiary Claim Account Number); two-byte BIC (Beneficiary Identification Code); one-byte filler (except RRB)
2	Surname	12	13 – 24	R	R	R	Beneficiary's last name
3	First Name	7	25 – 31	R	R	R	Beneficiary's first name
4	M. Initial	1	32				Beneficiary's middle initial
5	Sex	1	33	R	R	R	'1' = male, '2' = female, '0' = unknown
6	Birth Date (YYYYMMDD)	8	34 – 41	R	R	R	YYYYMMDD — Beneficiary's date of birth
7	EGHP Flag	1	42	Blank field has a meaning	Blank field has a meaning	Blank field has a meaning	'Y' if EGHP; otherwise, blank = not EGHP for transaction types 60 and 61
8	PBP #	3	43 – 45	R	R	R	3-blanks = non-PBP organizations, COST (if non-PBP) and non-MA Demos; otherwise, 3-character numeric = PBP number, zero-padded, 001-999 valid for MA, MA-PD, PDP, and certain COST, PACE and DEMO plans.
9	Election Type	1	46	R	R	R	'A' = AEP; 'E' = IEP, 'I' = ICEP; 'S' = SEP; 'O' = OEP; 'N' = OEPNEW; 'T' = OEPI. MA and MA-PDs have I, A, O, S, N, and T. PDPs have E, A, and S.
10	Contract #	5	47 – 51	R	R	R	Hxxxx = identifies local MAs and MA-PDs. Rxxxx = identifies regional MAs and MA-PDs. Sxxxx = identifies PDPs. Fxxxx = identifies fallback plans. Exxxx = identifies regular employer PDPs
11	Application Date	8	52 – 59	R	R	R	YYYYMMDD — The date that the plan received the beneficiary's completed enrollment.
12	Transaction Code	2	60 – 61	R	R	R	'60' or '61' = Enrollment

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Item	Field	Size	Position	Enrollment (Employer & MCO 60/61)			Description
				MA	MA-PD	PDP	
13	Disenrollment Reason (Future Use)	2	62 – 63	N/A	N/A	N/A	Future use.
14	Effective Date (YYYYMMDD)	8	64 – 71	R	R	R	YYYYMMDD — Enrollment effective date
15	Segment ID	3	72 – 74	R, blank for non-segmented organizations; otherwise, 3 digits	R, blank for non-segmented organizations; otherwise, 3 digits	N/A	3-blanks = non-segmented organization transaction; for segmented organization transactions, 3-character numeric = segment number, zero padded, 001-999 valid plan Segment ID range. Only local plans (Hxxxx) may have segments.
16	Filler	5	75 – 79	N/A	N/A	N/A	
17	Prior Commercial Override	1	80	If applies; otherwise, zero or blank	If applies; otherwise, zero or blank	N/A	Required if beneficiary is ESRD and wants to enroll in a MA, MA-PD, Cost, HCPP plans. Not required if plan is special needs plan (SNP). Alpha-numeric, 0-9 and A-F. A zero (0) indicates an override and a blank indicates no override.
18	Premium Withhold Option/ Parts C-D	1	81	R	R	R	D = direct self-pay; S = deduct from SSA benefits; R = deduct from RRB benefits; O = deduct from OPM benefits; N = No premium applicable. The option applies to both Part C and D premiums. Note: R and O are future use values.
19	Part C Premium Amount (XXXXvXX)	6	82 – 87	R	R	N/A	6-digits with leading zeroes, or blank if premium does not apply. Decimal point assumed 2-digits from right, XXXXvXX. For example, '000000' is \$0.00 and '010073' is \$100.73.

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Item	Field	Size	Position	Enrollment (Employer & MCO 60/61)			Description
				MA	MA-PD	PDP	
20	Part D Premium Amount (XXXXvXX)	6	88 – 93	N/A	R	R	6-digits with leading zeroes, or blank if premium does not apply. Decimal point assumed 2-digits from right, XXXXvXX. For example, '000000' is \$0.00 and '010073' is \$100.73.
21	Creditable Coverage Flag	1	94	N/A	R	R	'Y' if covered, 'N' if not covered.
22	Number of Uncovered Months	3	95 – 97	N/A	R, blank = zero, meaning no uncovered months	R, blank = zero, meaning no uncovered months	Count of total months without drug coverage, leading zeroes or right justified. Count must be greater than or equal to two (002) when "Creditable Coverage Flag," item (21) above, is 'N'. Count must be zero (000) when "Creditable Coverage Flag" is 'Y'.
23	Employer Subsidy Enrollment Override Flag	1	98	N/A	R if beneficiary has Employer Subsidy status; otherwise blank	R if beneficiary has Employer Subsidy status; otherwise blank	If the beneficiary is in a plan receiving an employer subsidy, but still wants to enroll in a Part D plan, submit the enrollment with the override = 'Y'; otherwise, blank.
24	Part D Opt-Out Flag	1	99	N/A	N/A	N/A	N/A
25	Filler	20	100 – 119	N/A	N/A	N/A	Spaces.
26	Filler	15	120 – 134	N/A	N/A	N/A	Spaces.
27	Secondary Drug Insurance Flag	1	135	N/A	R (Blank if auto-enroll)	R (Blank if auto-enroll)	For MA-PD and PDP transactions, 'Y' = beneficiary has secondary drug insurance; 'N' = beneficiary does not have secondary drug insurance available; blank = do not know whether beneficiary has secondary drug insurance.

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Item	Field	Size	Position	Enrollment (Employer & MCO 60/61)			Description
				MA	MA-PD	PDP	
28	Secondary Rx ID	20	136 – 155	N/A	R if secondary insurance; otherwise, N/A	R if secondary insurance; otherwise, N/A	Secondary insurance plan's ID number for beneficiary. Alphanumeric; uppercase when alpha; left justified. Uppercase printable characters and default value of spaces.
29	Secondary Rx Group	15	156 – 170	N/A	R if secondary insurance; otherwise, N/A	R if secondary insurance; otherwise, N/A	Secondary insurance plan's group ID number for beneficiary. Alphanumeric; upper case when alpha; left justified. Upper case printable characters and default value of spaces.
30	Enrollment Source	1	171	FILLER	FILLER	FILLER	Not currently available for MCO use.
31	SSN	9	172 – 180	R (MSA ONLY) Future Use	FILLER	FILLER	Future use.
32	Trustee Routing Number	9	181 – 189	R (MSA ONLY) Future Use	FILLER	FILLER	Future use.
33	Bank Account Number	17	190 – 206	R (MSA ONLY) Future Use	FILLER	FILLER	Future use.
34	Bank Account Type	1	207	R (MSA ONLY) Future Use	FILLER	FILLER	Future use.
35	Filler	17	208 – 224	N/A	N/A	N/A	Spaces.

E.7.3 Disenrollment Record

Item	Field	Size	Position	Disenrollment 51			Description
				MA	MA-PD	PDP	
1	HIC#	12	1 – 12	R	R	R	Nine-byte SSN of primary beneficiary (Beneficiary Claim Account Number); two-byte BIC (Beneficiary Identification Code); one-byte filler (except RRB)
2	Surname	12	13 – 24	R	R	R	Beneficiary's last name
3	First Name	7	25 – 31	R	R	R	Beneficiary's first name
4	M. Initial	1	32				Beneficiary's middle initial
5	Sex	1	33	R	R	R	'1' = male, '2' = female, '0' = unknown
6	Birth Date (YYYYMMDD)	8	34 – 41	R	R	R	YYYYMMDD
7	EGHP Flag	1	42	N/A	N/A	N/A	N/A
8	PBP #	3	43 – 45	N/A	N/A	N/A	N/A
9	Election Type	1	46	R	R	R	'A' = AEP; 'E' = IEP, 'I' = ICEP; 'S' = SEP; 'O' = OEP; 'N' = OEPNEW; 'T' = OEPI. MA and MA-PDs have I, A, O, S, N, and T. PDPs have E, A, and S.
10	Contract #	5	47 – 51	R	R	R	Hxxxx = identifies local MAs and MA-PDs. Rxxxx = identifies regional MAs and MA-PDs. Sxxxx = identifies PDPs. Fxxxx = identifies fallback plans. Exxxx = identifies regular employer PDPs.
11	Application Date	8	52 – 59	N/A	N/A	N/A	N/A
12	Transaction Code	2	60 – 61	R	R	R	'51' = Disenrollment
13	Disenrollment Reason (Future Use)	2	62 – 63	N/A	N/A	N/A	Future use.

Item	Field	Size	Position	Disenrollment 51			Description
				MA	MA-PD	PDP	
14	Effective Date (YYYYMMDD)	8	64 – 71	R	R	R	YYYYMMDD — disenrollment effective date
15	Segment ID	3	72 – 74	N/A	N/A	N/A	N/A
16	Filler	5	75 – 79	N/A	N/A	N/A	
17	Prior Commercial Override	1	80	N/A	N/A	N/A	N/A
18	Premium Withhold Option/ Parts C-D	1	81	N/A	N/A	N/A	N/A
19	Part C Premium Amount (XXXXvXX)	6	82 – 87	N/A	N/A	N/A	N/A
20	Part D Premium Amount (XXXXvXX)	6	88 – 93	N/A	N/A	N/A	N/A
21	Creditable Coverage Flag	1	94	N/A	N/A	N/A	N/A
22	Number of Uncovered Months	3	95 – 97	N/A	N/A	N/A	N/A
23	Employer Subsidy Enrollment Override Flag	1	98	N/A	N/A	N/A	N/A
24	Part D Opt-Out Flag	1	99	N/A	R for auto- enrollees only; otherwise, N/A	R for auto- enrollees only; otherwise, N/A	Applies to full benefit dual eligible and facilitated enrolled beneficiaries. 'Y' = opt-out of auto-/facilitated-enrollment; blank = no change to opt-out status.

Item	Field	Size	Position	Disenrollment 51			Description
				MA	MA-PD	PDP	
25	Filler	20	100 – 119	N/A	N/A	N/A	Spaces.
26	Filler	15	120 – 134	N/A	N/A	N/A	Spaces.
27	Secondary Drug Insurance Flag	1	135	N/A	N/A	N/A	N/A
28	Secondary Rx ID	20	136 – 155	N/A	N/A	N/A	N/A
29	Secondary Rx Group	15	156 – 170	N/A	N/A	N/A	N/A
30	Enrollment Source	1	171	FILLER	FILLER	FILLER	Not currently available for MCO use.
31	SSN	9	172 – 180	N/A	FILLER	FILLER	Future use.
32	Trustee Routing Number	9	181 – 189	N/A	FILLER	FILLER	Future use.
33	Bank Account Number	17	190 – 206	N/A	FILLER	FILLER	Future use.
34	Bank Account Type	1	207	N/A	FILLER	FILLER	Future use.
35	Filler	17	208 – 224	N/A	N/A	N/A	Spaces.

E.7.4 PBP Change Record

Item	Field	Size	Position	Plan Election (PBP Change) 71			Description
				MA	MA-PD	PDP	
1	HIC#	12	1 – 12	R	R	R	Nine-byte SSN of primary beneficiary (Beneficiary Claim Account Number); two-byte BIC (Beneficiary Identification Code); one-byte filler (except RRB)
2	Surname	12	13 – 24	R	R	R	Beneficiary's last name
3	First Name	7	25 – 31	R	R	R	Beneficiary's first name
4	M. Initial	1	32				Beneficiary's middle initial
5	Sex	1	33	R	R	R	'1' = male, '2' = female, '0' = unknown
6	Birth Date (YYYYMMDD)	8	34 – 41	R	R	R	YYYYMMDD
7	EGHP Flag	1	42	Blank field has a meaning	Blank field has a meaning	Blank field has a meaning	'Y' if EGHP; otherwise, blank = not EGHP for transaction type 71
8	PBP #	3	43 – 45	R (Change-to value)	R (Change-to value)	R (Change-to value)	3-blanks = non-PBP organizations, COST (if non-PBP) and non-MA Demos; otherwise, 3-character numeric = PBP number, zero-padded, 001-999 valid for MA, MA-PD, PDP, and certain COST, PACE and DEMO plans.
9	Election Type	1	46	R	R	R	'A' = AEP; 'E' = IEP, 'I' = ICEP; 'S' = SEP; 'O' = OEP; 'N' = OEPNEW; 'T' = OEPI. MA and MA-PDs have I, A, O, S, N, and T. PDPs have E, A, and S.
10	Contract #	5	47 – 51	R	R	R	Hxxxx = identifies local MAs and MA-PDs. Rxxxx = identifies regional MAs and MA-PDs. Sxxxx = identifies PDPs. Fxxxx = identifies fallback plans. Exxxx = identifies regular employer PDPs.

Item	Field	Size	Position	Plan Election (PBP Change) 71			Description
				MA	MA-PD	PDP	
11	Application Date	8	52 – 59	R	R	R	YYYYMMDD — Either the date the plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper).
12	Transaction Code	2	60 – 61	R	R	R	'71' = PBP Change
13	Disenrollment Reason (Future Use)	2	62 – 63	N/A	N/A	N/A	Future use.
14	Effective Date (YYYYMMDD)	8	64 – 71	R	R	R	YYYYMMDD — Enrollment effective date
15	Segment ID	3	72 – 74	R, blank for non-segmented organizations; otherwise, 3 digits	R, blank for non-segmented organizations; otherwise, 3 digits	N/A	3-blanks = non-segmented organization transaction; for segmented organization transactions, 3-character numeric = segment number, zero padded, 001-999 valid plan Segment ID range. Only local plans (Hxxxx) may have segments.
16	Filler	5	75 – 79	N/A	N/A	N/A	
17	Prior Commercial Override	1	80	If applies; otherwise, zero or blank	If applies; otherwise, zero or blank	N/A	Required if beneficiary is ESRD and wants to enroll in a MA, MA-PD, Cost, HCPP plans. Not required if plan is special needs plan (SNP). Alpha-numeric, 0-9 and A-F. Zero (0) and blank = no override.
18	Premium Withhold Option/ Parts C-D	1	81	R	R	R	D = direct self-pay; S = deduct from SSA benefits; R = deduct from RRB benefits; O = deduct from OPM benefits; N = No premium applicable. The option applies to both Part C and D premiums. Note: R and O are future use values.

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Item	Field	Size	Position	Plan Election (PBP Change) 71			Description
				MA	MA-PD	PDP	
19	Part C Premium Amount (XXXXvXX)	6	82 – 87	R	R	N/A	6 digits with leading zeroes, or blank if premium does not apply. Decimal point assumed 2 digits from right, XXXXvXX. For example, '000000' is \$0.00 and '010073' is \$100.73.
20	Part D Premium Amount (XXXXvXX)	6	88 – 93	N/A	R	R	6 digits with leading zeroes, or blank if premium does not apply. Decimal point assumed 2 digits from right, XXXXvXX. For example, '000000' is \$0.00 and '010073' is \$100.73.
21	Creditable Coverage Flag	1	94	N/A	R	R	'Y' if covered, 'N' if not covered.
22	Number of Uncovered Months	3	95 – 97	N/A	R, blank = zero, meaning no uncovered months	R, blank = zero, meaning no uncovered months	Count of total months without drug coverage, leading zeroes or right justified. Count must be greater than or equal to two (002) when "Creditable Coverage Flag," item (21) above, is 'N'. Count must be zero (000) when "Creditable Coverage Flag" is 'Y'.
23	Employer Subsidy Enrollment Override Flag	1	98	N/A	R if beneficiary has Employer Subsidy status; otherwise blank	R if beneficiary has Employer Subsidy status; otherwise blank	If the beneficiary is in a plan receiving an employer subsidy, but still wants to enroll in a Part D plan, submit the enrollment with the override = 'Y'; otherwise, blank.
24	Part D Opt-Out Flag	1	99	Y is required when opting out for Part D; otherwise, leave blank.	N/A	N/A	This field is applicable to PBP change from MA-PD to MA, provided election is made in OEPI, SEP, or AEP election type.
25	Filler	20	100 – 119	N/A	N/A	N/A	Spaces.
26	Filler	15	120 – 134	N/A	N/A	N/A	Spaces.

Item	Field	Size	Position	Plan Election (PBP Change) 71			Description
				MA	MA-PD	PDP	
27	Secondary Drug Insurance Flag	1	135	N/A	R	R	For MA-PD and PDP transactions, 'Y' = beneficiary has secondary drug insurance; 'N' = beneficiary does not have secondary drug insurance available; blank = do not know whether beneficiary has secondary drug insurance.
28	Secondary Rx ID	20	136 – 155	N/A	R if secondary insurance; otherwise, N/A	R if secondary insurance; otherwise, N/A	Secondary insurance plan's ID number for beneficiary. Alphanumeric; uppercase when alpha; left justified. Uppercase printable characters and default value of spaces.
29	Secondary Rx Group	15	156– 170	N/A	R if secondary insurance; otherwise, N/A	R if secondary insurance; otherwise, N/A	Secondary insurance plan's group ID number for beneficiary. Alphanumeric; uppercase when alpha; left justified. Uppercase printable characters and default value of spaces.
30	Enrollment Source	1	171	FILLER	FILLER	FILLER	Not currently available for MCO use.
31	SSN	9	172 – 180	R (If change to MSA)	FILLER	FILLER	Future use.
32	Trustee Routing Number	9	181 – 189	R (If change to MSA)	FILLER	FILLER	Future use.
33	Bank Account Number	17	190 – 206	R (If change to MSA)	FILLER	FILLER	Future use.
34	Bank Account Type	1	207	R (If change to MSA)	FILLER	FILLER	Future use.
35	Filler	17	208 – 224	N/A	N/A	N/A	Spaces.

E.7.5 Plan Change Record

Item	Field	Size	Position	Plan Change 72			Description
				MA	MA-PD	PDP	
1	HIC#	12	1 – 12	R	R	R	Nine-byte SSN of primary beneficiary (Beneficiary Claim Account Number); two-byte BIC (Beneficiary Identification Code); one-byte filler (except RRB)
2	Surname	12	13 – 24	R	R	R	Beneficiary's last name
3	First Name	7	25 – 31	R	R	R	Beneficiary's first name
4	M. Initial	1	32				Beneficiary's middle initial
5	Sex	1	33	R	R	R	'1' = male, '2' = female, '0' = unknown
6	Birth Date (YYYYMMDD)	8	34 – 41	R	R	R	YYYYMMDD — Beneficiary's date of birth
7	EGHP Flag	1	42	blank = no change	blank = no change	blank = no change	For type 72 transactions, 'Y' if EGHP, 'N' if not EGHP, and blank indicates no change.
8	PBP #	3	43 – 45	R	R	R	3-blanks = non-PBP organizations, COST (if non-PBP) and non-MA Demos; otherwise, 3-character numeric = PBP number, zero-padded, 001-999 valid for MA, MA-PD, PDP, and certain COST, PACE and DEMO plans.
9	Election Type	1	46	R for premium withhold option changes; otherwise, N/A	R for premium withhold option changes; otherwise, N/A	R for premium withhold option changes; otherwise, N/A	'S' = SEP for premium withhold option changes; otherwise, blank
10	Contract #	5	47 – 51	R	R	R	Hxxxx = identifies local MAs and MA-PDs. Rxxxx = identifies regional MAs and MA-PDs. Sxxxx = identifies PDPs. Fxxxx = identifies fallback plans. Exxxx = identifies regular employer PDPs.

Item	Field	Size	Position	Plan Change 72			Description
				MA	MA-PD	PDP	
11	Application Date	8	52 – 59	N/A	N/A	N/A	YYYYMMDD — Either the date the plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper).
12	Transaction Code	2	60 – 61	R	R	R	'72' = Used to change premium withhold option, credible coverage, etc.
13	Disenrollment Reason (Future Use)	2	62 – 63	N/A	N/A	N/A	Future use.
14	Effective Date (YYYYMMDD)	8	64 – 71	R	R	R	YYYYMMDD — Effective date of requested change.
15	Segment ID	3	72 – 74	Blank or change-to value for local plans; otherwise, N/A	Blank or change-to value for local plans; otherwise, N/A	N/A	Blank if no change; otherwise, for segment changes, 3-character numeric = segment number, zero padded; 001-999 valid plan Segment ID range. Only local plans (Hxxxx) may have segments.
16	Filler	5	75 – 79	N/A	N/A	N/A	Spaces.
17	Prior Commercial Override	1	80	N/A	N/A	N/A	N/A
18	Premium Withhold Option/ Parts C-D	1	81	blank or change-to value	blank or change-to value	blank or change-to value	Blank if no change; otherwise, D = direct self-pay; S = deduct from SSA benefits; R = deduct from RRB benefits; O = deduct from OPM benefits; N = No premium applicable. The option applies to both Part C and D premiums. Note: R and O are future use values.
19	Part C Premium Amount (XXXXvXX)	6	82 – 87	Blank or change-to value	Blank or change-to value	N/A	Blank if no change; otherwise, 6 digits with leading zeroes, decimal point assumed 2 digits from right, XXXXvXX. For example, '000000' is \$0.00 and '010073' is \$100.73.

Item	Field	Size	Position	Plan Change 72			Description
				MA	MA-PD	PDP	
20	Part D Premium Amount (XXXXvXX)	6	88 – 93	N/A	Blank or change-to value	Blank or change-to value	Blank if no change; otherwise, 6 digits with leading zeroes, decimal point assumed 2 digits from right, XXXXvXX. For example, '000000' is \$0.00 and '010073' is \$100.73.
21	Creditable Coverage Flag	1	94	N/A	Blank or change-to value	Blank or change-to value	Blank if no change; otherwise, 'Y' if covered, 'N' if not covered.
22	Number of Uncovered Months	3	95 – 97	N/A	Blank or change-to value	Blank or change-to value	Blank if no change; otherwise, count of total months without drug coverage, leading zeroes or right justified. Count must be greater than or equal to two (002) when "Creditable Coverage Flag," item (21) above, is 'N'. Count must be zero (000) when "Creditable Coverage Flag" is 'Y'.
23	Employer Subsidy Enrollment Override Flag	1	98	N/A	N/A	N/A	N/A
24	Part D Opt-Out Flag	1	99	N/A	N/A	N/A	N/A
25	Filler	20	100 – 119	N/A	N/A	N/A	Spaces.
26	Filler	15	120 – 134	N/A	N/A	N/A	Spaces.
27	Secondary Drug Insurance Flag	1	135	N/A	Blank or change-to value	Blank or change-to value	Blank if no change; otherwise, for MA-PD and PDP transactions, 'Y' = beneficiary has secondary drug insurance; 'N' = beneficiary does not have secondary drug insurance available.
28	Secondary Rx ID	20	136 – 155	N/A	R if secondary insurance change-to value is Y	R if secondary insurance change-to value is Y	Blank if no change; otherwise, secondary insurance plan's ID number for beneficiary. Alphanumeric; uppercase when alpha; left justified. Uppercase printable characters and default value of spaces.

Item	Field	Size	Position	Plan Change 72			Description
				MA	MA-PD	PDP	
29	Secondary Rx Group	15	156 – 170	N/A	R if secondary insurance change-to value is Y	R if secondary insurance change-to value is Y	Blank if no change; otherwise, secondary insurance plan's group ID number for beneficiary. Alphanumeric; uppercase when alpha; left justified. Uppercase printable characters and default value of spaces.
30	Enrollment Source	1	171	FILLER	FILLER	FILLER	Not currently available for MCO use.
31	SSN	9	172 – 180	FILLER	FILLER	FILLER	Future use.
32	Trustee Routing Number	9	181 – 189	Blank or change-to value	FILLER	FILLER	Future use.
33	Bank Account Number	17	190 – 206	Blank or change-to value	FILLER	FILLER	Future use.
34	Bank Account Type	1	207	Blank or change-to value	FILLER	FILLER	Future use.
35	Filler	17	208 – 224	N/A	N/A	N/A	Spaces.

E.7.6 Correction Record

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

Item	Field	Size	Position	Correction	Description
1	HIC#	12	1 – 12	R	Nine-byte SSN of primary beneficiary (Beneficiary Claim Account Number); two-byte BIC (Beneficiary Identification Code); one-byte filler (except RRB)
2	Surname	12	13 – 24	R	Beneficiary's last name
3	First Name	7	25 – 31	R	Beneficiary's first name
4	M. Initial	1	32		Beneficiary's middle initial
5	Action Code	1	33	R	D = Institutional ON E = Medicaid ON F = Medicaid OFF G = Nursing Home Certifiable (NHC) ON
6	Filler	13	34 – 46	N/A	Spaces
7	Contract #	5	47 – 51	R	Contract Number
8	Filler	8	52 – 59	N/A	Spaces
9	Transaction Code	2	60 – 61	R	'01' = Correction
10	Filler	163	62 – 224	N/A	Spaces

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E.8 Failed Transaction Data File

This is a report detailing transactions that cannot be loaded into MARx for processing due to formatting errors. These records are the result of errors with transaction format or incorrect data types for transaction data elements. This data file is sent to the user who submitted the batch. It contains a header record and failed records for 51, 60, 61, 71, 72, and 01 transaction types.

The following records are included in this file:

Header Record

Failed Records

E.8.1 Header Record

Item	Field Name	Len	Pos	Description
1	User ID	8	1-8	Submitter identification, left justified, trailing blanks
2	Timestamp	26	9-34	Year, month, day, hours, minutes, seconds, and fraction of second YYYY-MM-DD-HH-MM-SS.ssssss
3	Spaces	3	35-37	Spaces
4	Transaction Batch Number	9	38-46	MARx batch ID, right justified, leading zeroes
5	Header Message	12	47-58	'AAAAAAHEADER'
6	Spaces	2	59- 60	Spaces
7	Date Stamp of Receipt of Transaction File by MARx	10	61-70	Format: YYYY-MM-DD
8	Space	1	71	Space
9	Time Stamp of Receipt of Transaction File by MARx	8	72-79	Format: HH.MM.SS
10	Spaces	145	80-224	Spaces

Failed Records for 54-, 60-, 61-, 71-, and 72-Type Transactions

Item	Field	Size	Position	Description
1	User ID	8	1 – 8	Submitter identification, left justified, trailing blanks
2	Timestamp	26	9 – 34	Year, month, day, hours, minutes, seconds, and fraction of second YYYY-MM-DD-HH-MM-SS.ssssss
3	Transaction Reply Code	3	35 – 37	Transaction reply code for failure
4	Transaction Batch Number	9	38 – 46	MARx batch ID, right justified, leading zeroes
5	Beneficiary HICN#	12	47 – 58	From input transaction
6	Beneficiary Surname	12	59 – 70	From input transaction
7	Beneficiary First Name	7	71 – 77	From input transaction
8	Beneficiary Middle Initial	1	78	From input transaction
9	Sex	1	79	From input transaction; otherwise blank
10	Birth Date	8	80 – 87	From input transaction
11	EGHP Flag	1	88	From input transaction; otherwise blank
12	PBP #	3	89 – 91	From input transaction; otherwise blank
13	Election Type	1	92	From input transaction; otherwise blank
14	Contract #	5	93 – 97	From input transaction
15	Application Date	8	98 – 105	From input transaction; otherwise blank
16	Transaction Code	2	106 – 107	From input transaction: 54, 60, 61, 71, or 72
17	Disenrollment Reason	2	108 – 109	From input transaction; otherwise blank
18	Effective Date	8	110 – 117	From input transaction; otherwise blank
19	Segment ID	3	118 – 120	From input transaction; otherwise blank
20	Filler	5	121 – 125	Spaces
21	Prior Commercial Override	1	126	From input transaction; otherwise blank
22	Premium Withhold Option/Parts C-D	1	127	From input transaction; otherwise blank
23	Part C Premium Amount	6	128 – 133	From input transaction; otherwise blank

Item	Field	Size	Position	Description
24	Part D Premium Amount	6	134 – 139	From input transaction; otherwise blank
25	Creditable Coverage Flag	1	140	From input transaction; otherwise blank
26	Number of Uncovered Months	3	141 – 143	From input transaction; otherwise blank
27	Employer Subsidy Enrollment Override Flag	1	144	From input transaction; otherwise blank
28	Part D Opt-Out Flag	1	145	From input transaction; otherwise blank
29	Filler	20	146 – 165	Field removed
30	Filler	15	166 – 180	Field removed
31	Secondary Drug Insurance Flag	1	181	From input transaction; otherwise blank
32	Secondary Rx ID	20	182 – 201	From input transaction; otherwise blank
33	Secondary Rx Group	15	202 – 216	From input transaction; otherwise blank
34	Enrollment Source	1	217	From input transaction; otherwise blank
35	Filler (MSA Fields – Future Use)	36	218 – 253	Future Use
36	Filler	17	254 – 270	Spaces

E.8.2 Failed Records for 01- Type Transaction

Item	Field	Size	Position	Description
1	User ID	8	1 – 8	Submitter identification, left justified, trailing blanks
2	Timestamp	26	9 – 34	Year, month, day, hours, minutes, seconds, and fraction of second YYYY-MM-DD-HH-MM-SS.ssssss
3	Transaction Reply Code	3	35 – 37	Transaction reply code for failure
4	Transaction Batch Number	9	38 – 46	MARx batch ID, right justified, leading zeroes
5	Beneficiary HICN#	12	47 – 58	From input transaction
6	Beneficiary Surname	12	59 – 70	From input transaction
7	Beneficiary First Name	7	71 – 77	From input transaction
8	Beneficiary Middle Initial	1	78	From input transaction
9	Action Code	1	79	From input transaction; otherwise blank
10	Filler	13	80 – 92	Spaces
11	Contract #	5	93 – 97	From input transaction; otherwise blank
12	Filler	8	98 – 105	Spaces
13	Transaction Code	2	106 – 107	'01' = correction
14	Filler	163	108 – 270	Spaces

E.9 Monthly Membership Detail Data File

This is a data file version of the Monthly Membership Detail Report. 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. It 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	Date the file was created YYYYMMDD
3	Payment Date	6	14-19	Payment month YYYYMM
4	HIC Number	12	20-31	Member's HIC #
5	Surname	7	32-38	First 7 letters of the member's surname
6	First Initial	1	39-39	First initial of the member's first name
7	Sex	1	40-40	The member's gender M = Male, F = Female
8	Date of Birth	8	41-48	The member's date of birth YYYYMMDD
9	Age Group	4	49-52	BBEE BB = Beginning Age EE = Ending Age
10	State & County Code	5	53-57	
11	Out of Area Indicator	1	58-58	Y = Out of Contract-level service area Always Spaces on Adjustment
12	Part A Entitlement	1	59-59	Y = Entitled to Part A
13	Part B Entitlement	1	60-60	Y = Entitled to Part B
14	Hospice	1	61-61	Y = Hospice
15	ESRD	1	62-62	Y = ESRD
16	Aged/Disabled MSP	1	63-63	Y = Working Aged
17	Institutional	1	64-64	Y = Institutional (monthly)

Item	Field	Size	Position	Description
18	NHC	1	65-65	Y = Nursing Home Certifiable
19	Medicaid	1	66-66	Y = Medicaid Status
20	LTI Flag	1	67-67	Y = Part C Long Term Institutional
21	Medicaid Indicator	1	68-68	Y = Medicaid Add-on
22	PIP-DCG	2	69-70	PIP-DCG Category - Only on pre-2004 adjustments
23	Default Indicator	1	71-71	Y = default RA factor in use • For pre-2004 adjustments, a "Y" indicates that a new enrollee RA factor is in use • For post-2003 payments and adjustments, a "Y" indicates that a default factor was generated by the system due to lack of a RA factor.
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	99 Always Spaces on Payment
29	Paymt/Adjustmt Start Date	8	92-99	YYYYMMDD
30	Paymt/Adjustmt End Date	8	100-107	YYYYMMDD
31	Demographic Paymt/Adjustmt Rate A	9	108-116	-99999.99
32	Demographic Paymt/Adjustmt Rate B	9	117-125	-99999.99
33	Risk Adjuster Paymt/Adjustmt Rate A	9	126-134	-99999.99
34	Risk Adjuster Paymt/Adjustmt Rate B	9	135-143	-99999.99
35	LIS Premium Subsidy	8	144-151	-9999.99
36	ESRD MSP Flag	1	152-152	Format X. Values = 'Y' or 'N'(default) Indicates if Medicare is the Secondary Payer for an ESRD member
37	FILLER	19	153-171	SPACES
38	Risk Adjuster Age Group (RAAG)	4	172-175	BBEE BB = Beginning Age

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Item	Field	Size	Position	Description
				EE = Ending Age
39	Previous Disable Ratio (PRDIB)	7	176-182	NN.DDDD Percentage of Year (in months) for Previous Disable Add-On – Only on pre-2004 adjustments
40	FILLER	2	183-184	SPACES
41	Plan Benefit Package Id	3	185-187	Plan Benefit Package Id FORMAT 999
42	Race Code	1	188-188	Format X Values: 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = N. American Native
43	RA Factor Type Code	2	189-190	Type of factors in use (see Fields 24-25): C = Community C1 = Community Post-Graft I (ESRD) C2 = Community Post-Graft II (ESRD) D = Dialysis (ESRD) E = New Enrollee ED = New Enrollee Dialysis (ESRD) E1 = New Enrollee Post-Graft I (ESRD) E2 = New Enrollee Post-Graft II (ESRD) G1 = Graft I (ESRD) G2 = Graft II (ESRD) I = Institutional I1 = Institutional Post-Graft I (ESRD) I2 = Institutional Post-Graft II (ESRD)
44	Frailty Indicator	1	191-191	Y = MCO-level Frailty Factor Included
45	Original Reason for Entitlement (OREC) - FUTURE FIELD	1	192-192	0 = Beneficiary insured due to age 1 = Beneficiary insured due to disability

Item	Field	Size	Position	Description
				2 = Beneficiary insured due to ESRD 3 = Beneficiary insured due to disability and current ESRD
46	Lag Indicator	1	193-193	Y = Encounter data used to calculate RA factor lags payment year by 6 months
47	Segment ID	3	194-196	Identification number of the segment of the PBP. Blank if there are no segments.
48	Enrollment Source	1	197	The source of the enrollment. Values are A = Auto-enrolled by CMS, B = Beneficiary election, C = Facilitated enrollment by CMS, D = Systematic enrollment by CMS (rollover)
49	EGHP Flag	1	198	Employer Group flag; Y = member of employer group, N = member is not in an employer group
50	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
51	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
52	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
53	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
54	Rebate for Other Part A Mandatory Supplemental	8	231-238	The amount of the rebate allocated to providing

Item	Field	Size	Position	Description
	Benefits			Part A supplemental benefits. This amount is added to the MA plan payment for plans that bid below the benchmark. -9999.99
55	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
56	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
57	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
58	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
59	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
60	Total Part A MA Payment	10	279–288	The total Part A MA payment. -999999.99
61	Total Part B MA Payment	10	289–298	The total Part B MA payment. -999999.99
62	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

Item	Field	Size	Position	Description
				-9999999.99
63	Part D RA Factor	7	310-316	The member's Part D risk adjustment factor. NN.DDDD
64	Part D Low-Income Indicator	1	317	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.
65	Part D Low-Income Multiplier	7	318-324	The member's Part D low-income multiplier. NN.DDDD
66	Part D Long Term Institutional Indicator	1	325	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.
67	Part D Long Term Institutional Multiplier	7	326-332	The member's Part D institutional multiplier. NN.DDDD
68	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
69	Part D Basic Premium Amount	8	341-348	The plan's Part D premium amount. -9999.99
70	Part D Direct Subsidy Payment Amount	10	349-358	The total Part D Direct subsidy payment for the member. -999999.99
71	Reinsurance Subsidy Amount	10	359-368	The amount of the reinsurance subsidy included in the payment. -999999.99
72	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
73	Total Part D Payment	11	379-389	The total Part D payment for the member - 9999999.99.
74	Number of Paymt/Adjustmt Months Part D	2	390-391	99
75	Pace Premium Add On	10	392-401	Total Part D Pace Premium Add-on amount - 999999.99

Item	Field	Size	Position	Description
76	Pace Cost Sharing Add-on	10	402-411	Total Part D Pace Cost Sharing Add-on amount - 999999.99

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E.10 Monthly Membership Summary Data File

This is a data file version of the Monthly Membership Summary Report 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 Name	Len	Pos	Description
1	MCO Contract Number	5	1-5	MCO Contract Number
2	Run Date of the File	8	6-13	YYYYMMDD
3	Payment Date	6	14-19	YYYYMM
4	Adjustment Reason Code	2	20-21	Adjustment reason Code
5	Record Description	10	22-31	Description of the record: TOTAL PAYM ESRD HOSPICE MCAID OTHER WA OUTOFAREA DIR SUBSDY LIS CSTSHR EST REINS PACE PRM PACE CSHR PTC PREM RBT AB CSR RBT AB MSB RBT D PRRE RBT D SUBE PTB PRM RE BSF MNTHLY TOTAL ADJ HOSPIC ON HOSPIC OFF

Item	Field Name	Len	Pos	Description
				ESRD ON ESRD OFF INST ON INST OF MCAID ON MCAID OFF WKAGE ON WKAGE OFF NHC ON NHC OFF DEATH RETRO ENRO RETRO DISEN CORR PARTA RETRO SCC C CORR DEATH CORR BIRTH CORR SEX PTC RATE CORR PARTB DISENROLL P DEMO FACTO PTC RSK AD RETRO CHF HOSPICE RAT RTRO PTC P RTRO PTD L RTRO CST S RTRO EST R RTRO PTC R RTRO REBAT PTD RATE C PTD RAF SEG ID CHG

Item	Field Name	Len	Pos	Description
6	Payment Adjustment Count	7	32-38	Beneficiary Count
7	Month count	7	39-45	For payment record it will always be 1 but for adjustment record it will be the number of months adjusted
8	Part A Member count	7	46-52	Beneficiary Count for Part A
9	Part A Month count	7	53-59	For payment record it will always be 1 but for adjustment record it will be the number of months adjusted for Part A
10	Part B Member count	7	60-66	Beneficiary Count for Part B
11	Part B Month count	7	67-73	For payment record it will always be 1 but for adjustment record it will be the number of months adjusted for Part B
12	Part A Payment/Adjustment Amount	13	74-86	PART A Amount
13	Part B Payment/Adjustment Amount	13	87-99	PART B Amount
14	Total Amount	13	100-112	Total Payment/Adjustment Amount
15	Part A Average	9	113-121	Average Part A Amount per Part A Member
16	Part B Average	9	122-130	Average Part B Amount per Part B Member
17	Payment/Adjustment Indicator	1	131-131	'P' for Payments and 'A' for Adjustments
18	PBP Number	3	132-134	Plan Benefit Package Number
19	Segment Number	3	135-137	Segment Number
20	Part D Member Count	7	138-144	Beneficiary count for PART D
21	Part D Month Count	7	145-151	For payment record it will always be 1 but for adjustment record it will be the number of months adjusted for Part D
22	Part D Amount	13	152-164	Part D Amount
23	Part D Average	9	165-173	Average Part D Amount per Part D Member
24	LIS Band 25% member count	7	174-180	Count of Beneficiary's in the 25% LIS band
25	LIS Band 50% member count	7	181-187	Count of Beneficiary's in the 50% LIS band
26	LIS Band 75% member count	7	188-194	Count of Beneficiary's in the 75% LIS band
27	LIS Band 100% member count	7	195-201	Count of Beneficiary's in the 100% LIS band

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E.11 Monthly Premium Withholding Report Data File

This is a monthly reconciliation file of premiums withheld from SSA, RRB, or OPM checks. It 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. The file includes the following records:

- Header Record
- Detail Records
- Trailer Record

E.11.1 Header Record

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

E.11.2 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	Premium Payment Option	3	43 – 45	Premium Payment Option in effect for this Pay Month "SSA" = Withholding by SSA "RRB" = Withholding by RRB "OPM" = Withholding by OPM PIC X(3)
11	FILLER	1	46	Space
12	Premium Period Start Date	8	47 – 54	Starting Date of Period Premium Payment Covers YYYYMMDD PIC 9(8)

Item	Field	Size	Position	Description
13	Premium Period End Date	8	55 – 62	Ending Date of Period Premium Payment Covers YYYYMMDD PIC 9(8)
14	Number of Months in Premium Period	2	63 – 64	PIC 99
15	Part C Premiums Collected	8	65 – 72	Part C Premiums Collected for this beneficiary, plan and premium period A negative amount indicates a refund by withholding agency to beneficiary of premiums paid in a prior premium period PIC -9999.99
16	Part D Premiums Collected	8	73 – 80	Part D Premiums Collected (excluding LEP) for this beneficiary, plan and premium period A negative amount indicates a refund by withholding agency to beneficiary of premiums paid in a prior premium period PIC -9999.99
17	Part D Late Enrollment Penalties Collected	8	81 – 88	Part D Late Enrollment Penalties Collected for this beneficiary, plan and premium period A negative amount indicates a refund by withholding agency to beneficiary of penalties paid in a prior premium period PIC -9999.99
18	FILLER	77	89 – 165	Spaces

E.11.3 Trailer Record

Item	Field	Size	Position	Description
1	Record Type	2	1 – 2	T1 = Trailer Record, withheld totals at segment level T2 = Trailer Record, withheld totals at PBP level T3 = Trailer record, withheld totals at contract level PIC XX
2	MCO Contract Number	5	3 – 7	MCO contract number PIC X(5)
3	Plan Benefit Package ID	3	8 – 10	Plan Benefit Package ID, not populated on T3 records PIC X(3)
4	Plan Segment Id	3	11 – 13	Not populated on T2 or T3 records PIC X(3)
5	Total Part C Premiums Collected	14	14 – 27	Total withholding collections as specified by Trailer Record type, field (1) PIC -9(10).99
6	Total Part D Premiums Collected	14	28 – 41	Total withholding collections as specified by Trailer Record type, field (1) PIC -9(10).99
7	Total Part D Late Enrollment Penalties Collected	14	42 – 55	Total withholding collections as specified by Trailer Record type, field (1) PIC -9(10).99
8	Total Premiums Collected	14	56 – 69	Total Premiums Collected = + Total Part C Premiums Collected + Total Part D Premiums Collected + Total Part D Penalties Collected PIC -9(10).99
9	FILLER	95	70 – 165	Spaces

E.12 Part B Claims (Record Type 1 and Record Type 2) Data File

E.12.1 Record Type 1

Item	Field	Size	Position	Description
1	Contract Number	5	1 – 5	MCO contract number
2	Record Type	1	6	Record Type Number 6—Physician/Supplier Record Type Number 7—Durable Medical Equipment
3	CAN-BIC	12	7 – 18	HIC Number
4	Period From	8	19 – 26	Start Date—YYYYMMDD
5	Period To	8	27 – 34	End Date—YYYYMMDD
6	Date of Birth	8	35 – 42	Beneficiary's Date of Birth—YYYYMMDD
7	Surname	6	43 – 48	First 6 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 this claim.
11	Total Allowed Charges	11	62 – 72	Total allowed charges for this claim.
12	Report Date	6	73 – 78	Claims processed through date – YYYYMM. Assigned by the system as this file is produced. 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	10	84 – 93	Provider's identification number.
15	Internal Control Number	15	94 – 108	Internal control number assigned by the Medicare contractor to the 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

E.12.2 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 6 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 this claim.
11	Total Charges	11	62 – 72	Total charges on the claim.
12	Report Date	6	73 – 78	Claims processed through date—YYYYMM. Assigned by the system when processing claims. This is the cut-off date for including a claim in this file.
13	Contractor identification number	5	79 – 83	Identification number of the contractor that processed the claim
14	Provider identification number	6	84 – 89	Provider's identification number
15	Filler	98	90 -- 187	Spaces

E.13 Part C Risk Adjustment Model Output Data File

The following records are included in this file:

Header Record

Detail Record

Trailer Record

E.13.1 Header Record

Item	Field	Size	Position	Description
1	Contract Number	5	1 – 5	Managed Care Organization (MCO) identification number
2	Run Date	8	6 – 13	Date when file was created, YYYYMMDD
3	Payment Year and Month	6	14 – 19	Identifies the risk adjustment payment year and month for the model run
4	Filler	142	20 – 161	Spaces

E.13.2 Detail Record

Field	Size	Position	Description
Health Insurance Claim Number	12	1 – 12	This is the Health Insurance Claim Number (known as HICN) identifying the primary Medicare Beneficiary under the SSA or RRB programs. The HICN consist of Beneficiary Claim Number (BENE_CAN_NUM) along with the Beneficiary Identification Code (BIC_CD) uniquely identifies a Medicare Beneficiary. For the RRB program, the claim account number is a 12 bytes account number.
Beneficiary Last	12	13 – 24	First 12 bytes of the Beneficiary Last Name

Field	Size	Position	Description
Name			
Beneficiary First Name	7	25 – 31	First 7 bytes of the Beneficiary First Name
Beneficiary Initial	1	32	Beneficiary Initial
Date of Birth	8	33 – 40	The date of birth of the Medicare Beneficiary. Format as YYYYMMDD.
Sex	1	41	Represents the sex of the Medicare Beneficiary. Examples include Male and Female. 0=unknown, 1=male, 2=female
Social Security Number	9	42 – 50	The beneficiary's current identification number that was assigned by the Social Security Administration.
Age Group Female0_34	1	51	The sex and age group for the beneficiary base on a given as of date. Female between ages of 0 through 34. Set to "1" if existed, otherwise "0."
Age Group Female35_44	1	52	The sex and age group for the beneficiary base on a given as of date. Female between ages of 35 through 44. Set to "1" if existed, otherwise "0."
Age Group Female45_54	1	53	The sex and age group for the beneficiary base on a given as of date. Female between ages of 45 through 54. Set to "1" if existed, otherwise "0."
Age Group Female55_59	1	54	The sex and age group for the beneficiary base on a given as of date. Female between ages of 55 through 59. Set to "1" if existed, otherwise "0."
Age Group Female60_64	1	55	The sex and age group for the beneficiary base on a given as of date. Female between ages of 60 through 64. Set to "1" if existed, otherwise "0."
Age Group Female65_69	1	56	The sex and age group for the beneficiary base on a given as of date. Female between ages of 65 through 69. Set to "1" if existed, otherwise "0."
Age Group Female70_74	1	57	The sex and age group for the beneficiary base on a given as of date. Female between ages of 70 through 74. Set to "1" if existed, otherwise "0."

Field	Size	Position	Description
Age Group Female75_79	1	58	The sex and age group for the beneficiary base on a given as of date. Female between ages of 75 through 79. Set to "1" if existed, otherwise "0."
Age Group Female80_84	1	59	The sex and age group for the beneficiary base on a given as of date. Female between ages of 80 through 84. Set to "1" if existed, otherwise "0."
Age Group Female85_89	1	60	The sex and age group for the beneficiary base on a given as of date. Female between ages of 85 through 89. Set to "1" if existed, otherwise "0."
Age Group Female90_94	1	61	The sex and age group for the beneficiary base on a given as of date. Female between ages of 90 through 94. Set to "1" if existed, otherwise "0."
Age Group Female95_GT	1	62	The sex and age group for the beneficiary base on a given as of date. Female between age of 95 and greater. Set to "1" if existed, otherwise "0."
Age Group Male0_34	1	63	The sex and age group for the beneficiary base on a given as of date. Male between ages of 0 through 34. Set to "1" if existed, otherwise "0."
Age Group Male35_44	1	64	The sex and age group for the beneficiary base on a given as of date. Male between ages of 35 through 44. Set to "1" if existed, otherwise "0."
Age Group Male45_54	1	65	The sex and age group for the beneficiary base on a given as of date. Male between ages of 45 through 54. Set to "1" if existed, otherwise "0."
Age Group Male55_59	1	66	The sex and age group for the beneficiary base on a given as of date. Male between ages of 55 through 59. Set to "1" if existed, otherwise "0."
Age Group Male60_64	1	67	The sex and age group for the beneficiary base on a given as of date. Male between ages of 60 through 64. Set to "1" if existed, otherwise "0."
Age Group Male65_69	1	68	The sex and age group for the beneficiary base on a given as of date. Male between ages of 65 through 69. Set to "1" if existed, otherwise "0."

Field	Size	Position	Description
Age Group Male70_74	1	69	The sex and age group for the beneficiary base on a given as of date. Male between ages of 70 through 74. Set to "1" if existed, otherwise "0."
Age Group Male75_79	1	70	The sex and age group for the beneficiary base on a given as of date. Male between ages of 75 through 79. Set to "1" if existed, otherwise "0."
Age Group Male80_84	1	71	The sex and age group for the beneficiary base on a given as of date. Male between ages of 80 through 84. Set to "1" if existed, otherwise "0."
Age Group Male85_89	1	72	The sex and age group for the beneficiary base on a given as of date. Male between ages of 85 through 89. Set to "1" if existed, otherwise "0."
Age Group Male90_94	1	73	The sex and age group for the beneficiary base on a given as of date. Male between ages of 90 through 94. Set to "1" if existed, otherwise "0."
Age Group Male95_GT	1	74	The sex and age group for the beneficiary base on a given as of date. Male between age of 95 and greater. Set to "1" if existed, otherwise "0."
Medicaid Female Disabled	1	75	Beneficiary is a female disabled and also entitled to Medicaid. Set to "1" if existed, otherwise "0."
Medicaid Female Aged	1	76	Beneficiary is a female aged (> 64) and also entitled to Medicaid. Set to "1" if existed, otherwise "0."
Medicaid Male Disabled	1	77	Beneficiary is a male disabled and also entitled to Medicaid. Set to "1" if existed, otherwise "0."
Medicaid Male Aged	1	78	Beneficiary is a male aged (> 64) and also entitled to Medicaid. Set to "1" if existed, otherwise "0."
Originally Disabled Female	1	79	Beneficiary is a female and original Medicare entitlement was due to disability. Set to "1" if existed, otherwise "0."

Field	Size	Position	Description
Originally Disabled Male	1	80	Beneficiary is a male and original Medicare entitlement was due to disability. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC1	1	81	HIV/AIDS. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC2	1	82	Septicemia/Shock. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC5	1	83	Opportunistic Infections. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC7	1	84	Metastatic Cancer and Acute Leukemia. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC8	1	85	Lung, Upper Digestive Tract, and Other Severe Cancers. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC9	1	86	Lymphatic, Head and Neck, Brain, and Other Major Cancers. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC10	1	87	Breast, Prostate, Colorectal and Other Cancers and Tumors. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC15	1	88	Diabetes with Renal or Peripheral Circulatory Manifestation. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC16	1	89	Diabetes with Neurologic or Other Specified Manifestation. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC17	1	90	Diabetes with Acute Complications. Set to "1" if existed, otherwise "0."

Field	Size	Position	Description
Disease Coefficients HCC18	1	91	Diabetes with Ophthalmologic or Unspecified Manifestation. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC19	1	92	Diabetes without Complication. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC21	1	93	Protein-Calorie Malnutrition. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC25	1	94	End-Stage Liver Disease. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC26	1	95	Cirrhosis of Liver Set to "1" if existed, otherwise "0."
Disease Coefficients HCC27	1	96	Chronic Hepatitis. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC31	1	97	Intestinal Obstruction/Perforation. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC32	1	98	Pancreatic Disease. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC33	1	99	Inflammatory Bowel Disease. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC37	1	100	Bone/Joint/Muscle Infections/Necrosis. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC38	1	101	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease. Set to "1" if existed, otherwise "0."

Field	Size	Position	Description
Disease Coefficients HCC44	1	102	Severe Hematological Disorders. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC45	1	103	Disorders of Immunity. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC51	1	104	Drug/Alcohol Psychosis. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC52	1	105	Drug/Alcohol Dependence. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC54	1	106	Schizophrenia. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC55	1	107	Major Depressive, Bipolar, and Paranoid Disorders. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC67	1	108	Quadriplegia, Other Extensive Paralysis. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC68	1	109	Paraplegia. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC69	1	110	Spinal Cord Disorders/Injuries. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC70	1	111	Muscular Dystrophy. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC71	1	112	Polyneuropathy. Set to "1" if existed, otherwise "0."

Field	Size	Position	Description
Disease Coefficients HCC72	1	113	Multiple Sclerosis. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC73	1	114	Parkinson's and Huntington's Diseases. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC74	1	115	Seizure Disorders and Convulsions. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC75	1	116	Coma, Brain Compression/Anoxic Damage. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC77	1	117	Respirator Dependence/Tracheostomy Status. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC78	1	118	Respiratory Arrest. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC79	1	119	Cardio-Respiratory Failure and Shock. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC80	1	120	Congestive Heart Failure. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC81	1	121	Acute Myocardial Infarction. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC82	1	122	Unstable Angina and Other Acute Ischemic Heart Disease. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC83	1	123	Angina Pectoris/Old Myocardial Infarction. Set to "1" if existed, otherwise "0."

Field	Size	Position	Description
Disease Coefficients HCC92	1	124	Specified Heart Arrhythmias. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC95	1	125	Cerebral Hemorrhage. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC96	1	126	Ischemic or Unspecified Stroke. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC100	1	127	Hemiplegia/Hemiparesis. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC101	1	128	Cerebral Palsy and Other Paralytic Syndromes. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC104	1	129	Vascular Disease with Complications. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC105	1	130	Vascular Disease. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC107	1	131	Cystic Fibrosis. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC108	1	132	Chronic Obstructive Pulmonary Disease. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC111	1	133	Aspiration and Specified Bacterial Pneumonias. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC112	1	134	Pneumococcal Pneumonia, Empyema, Lung Abscess. Set to "1" if existed, otherwise "0."

Field	Size	Position	Description
Disease Coefficients HCC119	1	135	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC130	1	136	Dialysis Status. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC131	1	137	Renal Failure. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC132	1	138	Nephritis. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC148	1	139	Decubitus Ulcer of Skin. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC149	1	140	Chronic Ulcer of Skin, Except Decubitus. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC150	1	141	Extensive Third-Degree Burns. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC154	1	142	Severe Head Injury. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC155	1	143	Major Head Injury Set to "1" if existed, otherwise "0."
Disease Coefficients HCC157	1	144	Vertebral Fractures without Spinal Cord Injury. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC158	1	145	Hip Fracture/Dislocation. Set to "1" if existed, otherwise "0."

Field	Size	Position	Description
Disease Coefficients HCC161	1	146	Traumatic Amputation. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC164	1	147	Major Complications of Medical Care and Trauma. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC174	1	148	Major Organ Transplant Status. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC176	1	149	Artificial Openings for Feeding or Elimination. Set to "1" if existed, otherwise "0."
Disease Coefficients HCC177	1	150	Amputation Status, Lower Limb/Amputation Complications. Set to "1" if existed, otherwise "0."
Disabled Disease HCC5	1	151	Disabled*Opportunistic Infections. Set to "1" if existed, otherwise "0."
Disabled Disease HCC44	1	152	Disabled*Severe Hematological Disorders. Set to "1" if existed, otherwise "0."
Disabled Disease HCC51	1	153	Disabled*Drug/Alcohol Psychosis. Set to "1" if existed, otherwise "0."
Disabled Disease HCC52	1	154	Disabled*Drug/Alcohol Dependence. Set to "1" if existed, otherwise "0."
Disabled Disease HCC107	1	155	Disabled*Cystic Fibrosis. Set to "1" if existed, otherwise "0."
Disease Interactions INT1	1	156	DM_CHF. Set to "1" if existed, otherwise "0."

Field	Size	Position	Description
Disease Interactions INT2	1	157	DM_CVD. Set to "1" if existed, otherwise "0."
Disease Interactions INT3	1	158	CHF_COPD. Set to "1" if existed, otherwise "0."
Disease Interactions INT4	1	159	COPD_CVD_CAD. Set to "1" if existed, otherwise "0."
Disease Interactions INT5	1	160	RF_CHF. Set to "1" if existed, otherwise "0."
Disease Interactions INT6	1	161	RF_CHF_DM. Set to "1" if existed, otherwise "0."

E.13.3 Trailer Record

Item	Field	Size	Position	Description
1	Contract Number	5	1 – 5	Managed Care Organization (MCO) identification number
2	Total Record Count	9	6 – 14	Record count in display format 9(9). Includes header and trailer records.
3	Filler	147	15 – 161	Spaces

E.14 Part D Risk Adjustment Model Output Data File

The following records are included in this file:

Header Record

Detail/Beneficiary Record Format

Trailer Record

E.14.1 Header Record

The Contract Header Record signals the beginning of the detail/beneficiary records for a Medicare Advantage or stand-alone Prescription Drug Plan contract/plan.

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
1	Record Type Code	Char(1)	1	1	1	Set to "1"	1 = Header, 2 = Details, 3 = Trailer
2	Contract Number	Char(5)	2	6	5		Unique identification for a Medicare Advantage or stand-alone Prescription Drug Plan contract.
2	Run Date	Char(8)	7	14	8	Format as yyymmdd	The run date when this file was created.
3	Payment Year and Month	Char(6)	15	20	6	Format as yyymm	This identifies the risk adjustment payment year and month for the model run.
4	Filler	Char(142)	21	164	144	Spaces	

E.14.2 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.

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

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

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

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
27	Age Group Male70_74	Char(1)	70	70	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 70 through 74.
28	Age Group Male75_79	Char(1)	71	71	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 through 79.
29	Age Group Male80_84	Char(1)	72	72	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 through 84.
30	Age Group Male85_89	Char(1)	73	73	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 through 89.
31	Age Group Male90_94	Char(1)	74	74	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 through 94.
32	Age Group Male95_GT	Char(1)	75	75	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 95 and greater.
33	Originally Disabled Female	Char(1)	76	76	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a female aged (age>64) and original Medicare entitlement was due to disability.
34	Originally Disabled Male	Char(1)	77	77	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a male aged (age>64) and original Medicare entitlement was due to disability.
35	Disease Coefficients RXHCC1	Char(1)	78	78	1	Set to "1" if applicable, otherwise "0"	HIV/AIDS
36	Disease Coefficients RXHCC2	Char(1)	79	79	1	Set to "1" if applicable, otherwise "0"	Opportunistic Infections

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
37	Disease Coefficients RXHCC3	Char(1)	80	80	1	Set to "1" if applicable, otherwise "0"	Infectious Diseases
38	Disease Coefficients RXHCC8	Char(1)	81	81	1	Set to "1" if applicable, otherwise "0"	Acute Myeloid Leukemia
39	Disease Coefficients RXHCC9	Char(1)	82	82	1	Set to "1" if applicable, otherwise "0"	Metastatic Cancer, Acute Leukemia, and Severe Cancers
40	Disease Coefficients RXHCC10	Char(1)	83	83	1	Set to "1" if applicable, otherwise "0"	Lung, Upper Digestive Tract, and Other Severe Cancers
41	Disease Coefficients RXHCC17	Char(1)	84	84	1	Set to "1" if applicable, otherwise "0"	Diabetes with Specified Complications
42	Disease Coefficients RXHCC18	Char(1)	85	85	1	Set to "1" if applicable, otherwise "0"	Diabetes without Complication
43	Disease Coefficients RXHCC19	Char(1)	86	86	1	Set to "1" if applicable, otherwise "0"	Disorders of Lipoid Metabolism
44	Disease Coefficients RXHCC20	Char(1)	87	87	1	Set to "1" if applicable, otherwise "0"	Other Significant Endocrine and Metabolic Disorders
45	Disease Coefficients RXHCC21	Char(1)	88	88	1	Set to "1" if applicable, otherwise "0"	Other Specified Endocrine/Metabolic/Nutritional Disorders
46	Disease Coefficients RXHCC24	Char(1)	89	89	1	Set to "1" if applicable, otherwise "0"	Chronic Viral Hepatitis

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
47	Disease Coefficients RXHCC31	Char(1)	90	90	1	Set to "1" if applicable, otherwise "0"	Chronic Pancreatic Disease
48	Disease Coefficients RXHCC33	Char(1)	91	91	1	Set to "1" if applicable, otherwise "0"	Inflammatory Bowel Disease
49	Disease Coefficients RXHCC34	Char(1)	92	92	1	Set to "1" if applicable, otherwise "0"	Peptic Ulcer and Gastrointestinal Hemorrhage
50	Disease Coefficients RXHCC37	Char(1)	93	93	1	Set to "1" if applicable, otherwise "0"	Esophageal Disease
51	Disease Coefficients RXHCC39	Char(1)	94	94	1	Set to "1" if applicable, otherwise "0"	Bone/Joint/Muscle Infections/Necrosis
52	Disease Coefficients RXHCC40	Char(1)	95	95	1	Set to "1" if applicable, otherwise "0"	Behets Syndrome and Other Connective Tissue Disease
53	Disease Coefficients RXHCC41	Char(1)	96	96	1	Set to "1" if applicable, otherwise "0"	Rheumatoid Arthritis and Other Inflammatory Polyarthropathy
54	Disease Coefficients RXHCC42	Char(1)	97	97	1	Set to "1" if applicable, otherwise "0"	Inflammatory Spondylopathies
55	Disease Coefficients RXHCC43	Char(1)	98	98	1	Set to "1" if applicable, otherwise "0"	Polymyalgia Rheumatica
56	Disease Coefficients RXHCC44	Char(1)	99	99	1	Set to "1" if applicable, otherwise "0"	Psoriatic Arthropathy
57	Disease Coefficients RXHCC45	Char(1)	100	100	1	Set to "1" if applicable, otherwise "0"	Disorders of the Vertebrae and Spinal Discs

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
58	Disease Coefficients RXHCC47	Char(1)	101	101	1	Set to "1" if applicable, otherwise "0"	Osteoporosis and Vertebral Fractures
59	Disease Coefficients RXHCC48	Char(1)	102	102	1	Set to "1" if applicable, otherwise "0"	Other Musculoskeletal and Connective Tissue Disorders
60	Disease Coefficients RXHCC51	Char(1)	103	103	1	Set to "1" if applicable, otherwise "0"	Severe Hematological Disorders
61	Disease Coefficients RXHCC52	Char(1)	104	104	1	Set to "1" if applicable, otherwise "0"	Disorders of Immunity
62	Disease Coefficients RXHCC54	Char(1)	105	105	1	Set to "1" if applicable, otherwise "0"	Polycythemia Vera
63	Disease Coefficients RXHCC55	Char(1)	106	106	1	Set to "1" if applicable, otherwise "0"	Coagulation Defects and Other Specified Blood Diseases
64	Disease Coefficients RXHCC57	Char(1)	107	107	1	Set to "1" if applicable, otherwise "0"	Delirium and Encephalopathy
65	Disease Coefficients RXHCC59	Char(1)	108	108	1	Set to "1" if applicable, otherwise "0"	Dementia with Depression/Behavioral Disturbance
66	Disease Coefficients RXHCC60	Char(1)	109	109	1	Set to "1" if applicable, otherwise "0"	Dementia/Cerebral Degeneration
67	Disease Coefficients RXHCC65	Char(1)	110	110	1	Set to "1" if applicable, otherwise "0"	Schizophrenia

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
68	Disease Coefficients RXHCC66	Char(1)	111	111	1	Set to "1" if applicable, otherwise "0"	Other Major Psychiatric Disorders
69	Disease Coefficients RXHCC67	Char(1)	112	112	1	Set to "1" if applicable, otherwise "0"	Other Psychiatric Symptoms/Syndromes
70	Disease Coefficients RXHCC75	Char(1)	113	113	1	Set to "1" if applicable, otherwise "0"	Attention Deficit Disorder
71	Disease Coefficients RXHCC76	Char(1)	114	114	1	Set to "1" if applicable, otherwise "0"	Motor Neuron Disease and Spinal Muscular Atrophy
72	Disease Coefficients RXHCC77	Char(1)	115	115	1	Set to "1" if applicable, otherwise "0"	Quadriplegia, Other Extensive Paralysis, and Spinal Cord Injuries
73	Disease Coefficients RXHCC78	Char(1)	116	116	1	Set to "1" if applicable, otherwise "0"	Muscular Dystrophy
74	Disease Coefficients RXHCC79	Char(1)	117	117	1	Set to "1" if applicable, otherwise "0"	Polyneuropathy, Except Diabetic
75	Disease Coefficients RXHCC80	Char(1)	118	118	1	Set to "1" if applicable, otherwise "0"	Multiple Sclerosis
76	Disease Coefficients RXHCC81	Char(1)	119	119	1	Set to "1" if applicable, otherwise "0"	Parkinson's Disease
77	Disease Coefficients RXHCC82	Char(1)	120	120	1	Set to "1" if applicable, otherwise "0"	Huntington's Disease
78	Disease Coefficients RXHCC83	Char(1)	121	121	1	Set to "1" if applicable, otherwise "0"	Seizure Disorders and Convulsions

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
79	Disease Coefficients RXHCC85	Char(1)	122	122	1	Set to "1" if applicable, otherwise "0"	Migraine Headaches
80	Disease Coefficients RXHCC86	Char(1)	123	123	1	Set to "1" if applicable, otherwise "0"	Mononeuropathy, Other Abnormal Movement Disorders
81	Disease Coefficients RXHCC87	Char(1)	124	124	1	Set to "1" if applicable, otherwise "0"	Other Neurological Conditions/Injuries
82	Disease Coefficients RXHCC91	Char(1)	125	125	1	Set to "1" if applicable, otherwise "0"	Congestive Heart Failure
83	Disease Coefficients RXHCC92	Char(1)	126	126	1	Set to "1" if applicable, otherwise "0"	Acute Myocardial Infarction and Unstable Angina
84	Disease Coefficients RXHCC98	Char(1)	127	127	1	Set to "1" if applicable, otherwise "0"	Hypertensive Heart Disease or Hypertension
85	Disease Coefficients RXHCC99	Char(1)	128	128	1	Set to "1" if applicable, otherwise "0"	Specified Heart Arrhythmias
86	Disease Coefficients RXHCC102	Char(1)	129	129	1	Set to "1" if applicable, otherwise "0"	Cerebral Hemorrhage and Effects of Stroke
87	Disease Coefficients RXHCC105	Char(1)	130	130	1	Set to "1" if applicable, otherwise "0"	Pulmonary Embolism and Deep Vein Thrombosis
88	Disease Coefficients RXHCC106	Char(1)	131	131	1	Set to "1" if applicable, otherwise "0"	Vascular Disease
89	Disease Coefficients RXHCC108	Char(1)	132	132	1	Set to "1" if applicable, otherwise "0"	Cystic Fibrosis

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
90	Disease Coefficients RXHCC109	Char(1)	133	133	1	Set to "1" if applicable, otherwise "0"	Asthma and COPD
91	Disease Coefficients RXHCC110	Char(1)	134	134	1	Set to "1" if applicable, otherwise "0"	Fibrosis of Lung and Other Chronic Lung Disorders
92	Disease Coefficients RXHCC111	Char(1)	135	135	1	Set to "1" if applicable, otherwise "0"	Aspiration and Specified Bacterial Pneumonias
93	Disease Coefficients RXHCC112	Char(1)	136	136	1	Set to "1" if applicable, otherwise "0"	Empyema, Lung Abscess, and Fungal and Parasitic Lung Infections
94	Disease Coefficients RXHCC113	Char(1)	137	137	1	Set to "1" if applicable, otherwise "0"	Acute Bronchitis and Congenital Lung/Respiratory Anomaly
95	Disease Coefficients RXHCC120	Char(1)	138	138	1	Set to "1" if applicable, otherwise "0"	Vitreous Hemorrhage and Vascular Retinopathy, Except Diabetic
96	Disease Coefficients RXHCC121	Char(1)	139	139	1	Set to "1" if applicable, otherwise "0"	Macular Degeneration and Retinal Disorders, Except Detachment and Vascular Retinopathies
98	Disease Coefficients RXHCC122	Char(1)	140	140	1	Set to "1" if applicable, otherwise "0"	Open-angle Glaucoma
99	Disease Coefficients RXHCC123	Char(1)	141	141	1	Set to "1" if applicable, otherwise "0"	Glaucoma and Keratoconus
100	Disease Coefficients RXHCC126	Char(1)	142	142	1	Set to "1" if applicable, otherwise "0"	Larynx/Vocal Cord Diseases
101	Disease Coefficients RXHCC129	Char(1)	143	143	1	Set to "1" if applicable, otherwise "0"	Other Diseases of Upper Respiratory System

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
102	Disease Coefficients RXHCC130	Char(1)	144	144	1	Set to "1" if applicable, otherwise "0"	Salivary Gland Diseases
103	Disease Coefficients RXHCC132	Char(1)	145	145	1	Set to "1" if applicable, otherwise "0"	Kidney Transplant Status
104	Disease Coefficients RXHCC134	Char(1)	146	146	1	Set to "1" if applicable, otherwise "0"	Chronic Renal Failure
105	Disease Coefficients RXHCC135	Char(1)	147	147	1	Set to "1" if applicable, otherwise "0"	Nephritis
106	Disease Coefficients RXHCC137	Char(1)	148	148	1	Set to "1" if applicable, otherwise "0"	Urinary Obstruction and Retention
107	Disease Coefficients RXHCC138	Char(1)	149	149	1	Set to "1" if applicable, otherwise "0"	Fecal Incontinence
108	Disease Coefficients RXHCC139	Char(1)	150	150	1	Set to "1" if applicable, otherwise "0"	Incontinence
109	Disease Coefficients RXHCC140	Char(1)	151	151	1	Set to "1" if applicable, otherwise "0"	Impaired Renal Function and Other Urinary Disorders
110	Disease Coefficients RXHCC144	Char(1)	152	152	1	Set to "1" if applicable, otherwise "0"	Vaginal and Cervical Diseases
111	Disease Coefficients RXHCC145	Char(1)	153	153	1	Set to "1" if applicable, otherwise "0"	Female Stress Incontinence
112	Disease Coefficients RXHCC157	Char(1)	154	154	1	Set to "1" if applicable, otherwise "0"	Chronic Ulcer of Skin, Except Decubitus

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
113	Disease Coefficients RXHCC158	Char(1)	155	155	1	Set to "1" if applicable, otherwise "0"	Psoriasis
114	Disease Coefficients RXHCC159	Char(1)	156	156	1	Set to "1" if applicable, otherwise "0"	Cellulitis and Local Skin Infection
115	Disease Coefficients RXHCC160	Char(1)	157	157	1	Set to "1" if applicable, otherwise "0"	Bullous Dermatoses and Other Specified Erythematous Conditions
116	Disease Coefficients RXHCC165	Char(1)	158	158	1	Set to "1" if applicable, otherwise "0"	Vertebral Fractures without Spinal Cord Injury
117	Disease Coefficients RXHCC166	Char(1)	159	159	1	Set to "1" if applicable, otherwise "0"	Pelvic Fracture
118	Disease Coefficients RXHCC186	Char(1)	160	160	1	Set to "1" if applicable, otherwise "0"	Major Organ Transplant Status
119	Disease Coefficients RXHCC187	Char(1)	161	161	1	Set to "1" if applicable, otherwise "0"	Other Organ Transplant/Replacement
120	Disabled Disease RXHCC65	Char(1)	162	162	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and Schizophrenia
121	Disabled Disease RXHCC66	Char(1)	163	163	1	Set to "1" if applicable, otherwise "0"	Disable (Age<65) and Other Major Psychiatric Disorders
122	Disabled Disease RXHCC108	Char(1)	164	164	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and Cystic Fibrosis
			164	164	164		

E.14.3 Trailer Record

The Contract Trailer Record signals the end of the detail/beneficiary records for a Medicare Advantage or stand-alone Prescription Drug Plan contract/plan. This record will have length 164.

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
1	Record Type Code	Char(1)	1	1	1	Set to "3"	1 = Header, 2 = Details, 3 = Trailer
2	Contract Number	Char(5)	2	6	5		Unique identification for a Medicare Advantage or stand-alone Prescription Drug Plan contract.
3	Total Record Count	Char(9)	7	15	9	Includes all header and trailer records	Record count in display format 9(9).
4	Filler	Char(151)	16	164	149	Spaces	
					Total	164	

E.15 Weekly/Monthly Transaction Reply Activity Data File

The Weekly/Monthly Transaction Reply Activity Data File is the data file version of the Transaction Replies Weekly/Monthly Activity Report, which lists, for the weekly version, all of the transactions that MARx processed in a given week for a Plan, regardless of source. It provides a final disposition code for each transaction and is usually generated each Saturday. The Monthly Data File includes transactions that MARx processed for a Plan in the given month, regardless of source, and gives a final disposition code for each transaction. It includes the data from all Weekly TRRs.

Note: Field 30 reused as application date, other MMA elements begin with Field 32.

Field	Size	Position	Description
1. Claim Number	12	1 – 12	Claim Account Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Name	1	32	Beneficiary Middle Initial
5. Sex Code	1	33	Beneficiary Sex Identification Code 0 = Unknown 1 = Male 2 = Female
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Medicaid Indicator	1	42	1 = Medicaid 0 = No Medicaid
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code
10. County Code	3	50 – 52	Beneficiary Residence County Code
11. Disability Indicator	1	53	1 = Disabled 0 = No Disability
12. Hospice Indicator	1	54	1 = Hospice 0 = No Hospice

Field	Size	Position	Description
13. Institutional/NHC Indicator	1	55	1 = Institutional 2 = NHC 0 = No Institutional
14. ESRD Indicator	1	56	1 = End-Stage Renal Disease 0 = No End-Stage Renal Disease
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code
16. Transaction Type Code	2	60 – 61	Transaction Type Code
17. Entitlement Type Code	1	62	Beneficiary Entitlement Type Code: Y = Entitled to Part A and B Blank = Entitled to Part A or B
18. Effective Date of the Transaction	8	63 – 70	YYYYMMDD Format; Present for all Transaction Reply Codes
19. WA Indicator	1	71	1 = Working Aged 0 = No Working Aged
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 – 83	YYYYMMDD Format; Present for all transaction reply codes
23. Filler	1	84	Space
24. Positions 85 – 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for all codes except where indicated below.			
a. Effective Date of the Disenrollment	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 13, 14, 18, 84
b. New Enrollment Effective Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 17, 83
c. Claim Number (new)	12	85 – 96	Present only when Transaction Reply Code is one of the following: 22, 25, 86

Field	Size	Position	Description
d. Date of Death	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 90 (with transaction type 01), 92
e. Hospice Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 71
f. Hospice End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 72
g. ESRD Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 73
h. ESRD End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 74
i. Institutional/ NHC Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 48, 75, 158, 159
j. Medicaid Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 77
k. Medicaid End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 78
l. Part A End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 79
m. WA Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 66
n. WA End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 67
o. Part A Reinstatement Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 80
p. Part B End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 81
q. Part B Reinstatement Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 82
r. New SCC	5	85 – 89	Beneficiary Residence State and County Code; Present only when Transaction Reply Code is 85

Field	Size	Position	Description
s. Attempted Enroll Effective Date	8	85 - 92	The effective date of an enrollment transaction that was submitted but rejected. Present only when Transaction Reply code is the following: 35, 36, 45, 56
t. New Low-Income Premium Subsidy	12	85 – 96	ZZZZZZZZ9.99 Format; Part D low-income premium subsidy amount.
u. New Low-income Cost Sharing Subsidy	1	85 – 85	The beneficiary's Part D low-income subsidy status has changed, resulting in a co-pay level change. The new co-pay level is: 1 = \$2/\$5 (High) 2 = \$1/\$3 (Low) 3 = \$0 (0) 4 = 15%
v. PBP Effective Date	8	85 – 92	YYYYMMDD Format. Effective date of a beneficiary's PBP change. Present only when Transaction Reply Code is 100.
w. Correct Part D Premium Rate	12	85 – 96	ZZZZZZZZ9.99 Format; Part D premium amount reported by HPMS for the Plan. Present only when the Transaction Reply Code is 181.
25. District Office Code	3	97 – 99	Code of the originating district office; Present only when Transaction Type Code is 53
26. Filler	8	100 – 107	Part A Payments are no longer part of the TR data file, this field is now fill space.
27. Filler	8	108 – 115	Part B Payments are no longer part of the TR data file, this field is now fill space.
28. Source ID	5	116 – 120	Transaction Source Identifier
29. Prior Plan Benefit Package ID	3	121 – 123	Prior PBP number; present only when transaction type code is 71
30. Application Date	8	124 – 131	The application date of the enrollment request that was reported in the enrollment transaction. Format: YYYYMMDD Note: This field was previously filler in MMCS

Field	Size	Position	Description
31. Filler	2	132 – 133	Spaces
MMA fields start here:			MMCS Data file ended with position 133.
32. Out of Area Flag	1	134 – 134	Out of Area Indicator
33. Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries
34. Part C Beneficiary Premium	8	138 – 145	Cost to beneficiary for Part C benefits
35. Part D Beneficiary Premium	8	146 – 153	Cost to beneficiary for Part D benefits
36. Election Type	1	154 – 154	A = AEP; E = IEP; I = ICEP; S=SEP; O = OEP; N = OEPNEW; T = OEPI MA/MA-PDs have I, A, O, S, N, T PDPs have E, A, and S
37. Enrollment Source	1	155 – 155	A = Auto enrolled by CMS B = Beneficiary Election C = Facilitated enrollment by CMS D = CMS Annual Rollover
38. Part D Opt-Out Flag	1	156 – 156	Y = Opt-out of auto enrollment Blank = No change to opt-out status
39. Premium Withhold Option/Parts C-D	1	157 – 157	D = Direct self-pay S = Deduct from SSA benefits R = Deduct from RRB benefits O = Deduct from OPM benefits N = No premium applicable Option applies to both Part C and D Premiums
40. Number of Uncovered Months	3	158 – 160	Count of Total Months without drug coverage
41. Creditable Coverage Flag	1	161 – 161	Y = Covered N = Not Covered
42. Employer Subsidy Override Flag	1	162 – 162	Y = Beneficiary is in a plan receiving an employer subsidy, flag allows enrollment in a Part D plan.

Field	Size	Position	Description
43. Filler	20	163 – 182	Part D plan's Rx ID number for beneficiary is no longer part of the TR data file, this field is now fill space.
44. Filler	15	183 – 197	Part D plan's Rx group ID number for beneficiary is no longer part of the TR data file; this field is now fill space.
45. Secondary Drug Insurance Flag	1	198-198	Type 61 & 71 MA-PD and PDP transactions: Y = Beneficiary has secondary drug insurance N = Beneficiary does not have secondary drug insurance available Blank – Do not know whether beneficiary has secondary drug insurance Type 72 MA-PD and PDP transactions: Y = Secondary drug insurance available N = No secondary drug insurance available Blank = no change
46. Secondary Rx ID	20	199 – 218	Secondary Insurance plan's ID number for beneficiary
47. Secondary Rx Group	15	219 – 233	Secondary Insurance plan's Group ID number for beneficiary
48. EGHP	1	234 - 234	Type 60, 61, 71 transactions: Y = EGHP Blank = not EGHP Type 72 transactions: Y = EGHP N = Not EGHP Blank = no change

Field	Size	Position	Description
49. Part D Low-Income Premium Subsidy Level	3	235 – 237	Part D low-income premium subsidy category: '000' = No subsidy, '025' = 25% subsidy level, '050' = 50% subsidy level, '075' = 75% subsidy level, '100' = 100% subsidy level
50. Low-Income Co-Pay Category	1	238 – 238	Definitions of the co-payment categories: '0' = none, not low-income '1' = \$2/\$5 (High) '2' = \$1/\$3 (Low) '3' = \$0 (0) '4' = 15% '5' = Unknown
51. Low-Income Co-Pay Effective Date	8	239 - 246	Date co-pay category became effective, YYYYMMDD.
52. Part D Late Enrollment Penalty Amount	8	247 - 254	Calculated Part D late enrollment penalty, not including adjustments indicated by items (53) and (54). Format: -9999.99
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Amount of Part D late enrollment penalty waived. Format: -9999.99
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Amount of Part D late enrollment penalty low-income subsidy. Format: -9999.99
55. Low-Income Part D Premium Subsidy Amount	8	271- 278	Amount of Part D low-income premium subsidy. Format: -9999.99

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E.16 Special Transaction Reply Report Data File

This file is sent to Plans after a cleanup process has been completed. These clean-up processes address various system processing issues, correcting the records on the CMS database and sending the update to the Plan. CMS will announce the availability of each file with the proper data set name and file transfer date.

Field	Size	Position	Description
1. Claim Number	12	1 – 12	Claim Account Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Name	1	32	Beneficiary Middle Initial
5. Sex Code	1	33	Beneficiary Sex Identification Code 0 = Unknown 1 = Male 2 = Female
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Medicaid Indicator	1	42	Spaces
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code
10. County Code	3	50 – 52	Beneficiary Residence County Code
11. Disability Indicator	1	53	Spaces
12. Hospice Indicator	1	54	Spaces
13. Institutional/NHC Indicator	1	55	Spaces
14. ESRD Indicator	1	56	Spaces
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code Defaulted to '999' (to be supplied by Henry)
16. Transaction Type Code	2	60 – 61	Transaction Type Code Defaulted to '01' for special reports
17. Entitlement Type Code	1	62	Spaces
18. Effective Date	8	63 – 70	YYYYMMDD Format

Field	Size	Position	Description
19. WA Indicator	1	71	Spaces
20. Plan Benefit Package 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. Normally dependent on TR code	12	85 – 96	Spaces
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
MMA fields start here:			MMCS Data file ended with position 133.
32. Out of Area Flag	1	134 – 134	Spaces
33. Segment Number	3	135 – 137	Default to '000' if blank
34. Part C Beneficiary Premium	8	138 – 145	Spaces
35. Part D Beneficiary Premium	8	146 – 153	Spaces
36. Election Type	1	154 – 154	Spaces
37. Enrollment Source	1	155 – 155	A = Auto Enrolled by CMS B = Beneficiary Election C = Facilitated Enrollment by CMS D = CMS Annual Rollover Space = not supplied
38. Part D Opt-Out Flag	1	156 – 156	Spaces
39. Premium Withhold Option/Parts C-D	1	157 – 157	Spaces
40. Number of Uncovered Months	3	158 – 160	Spaces

Field	Size	Position	Description
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 Low-Income Premium Subsidy Level	3	235 – 237	Part D low-income premium subsidy category: '000' = No subsidy (default for blank) '025' = 25% subsidy level, '050' = 50% subsidy level, '075' = 75% subsidy level, '100' = 100% subsidy level
50. Low-Income Co-Pay Category	1	238 – 238	Definitions of the co-payment categories: '0' = none, not low-income (default for blank) '1' = \$2/\$5 (High) '2' = \$1/\$3 (Low) '3' = \$0 (0) '4' = 15%
51. Low-Income Co-Pay Effective Date	8	239 - 246	YYYYMMDD Format
52. Part D Late Enrollment Penalty Amount	8	247 - 254	Spaces
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Spaces

Field	Size	Position	Description
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Spaces
55. Low-Income Part D Premium Subsidy Amount	8	271- 278	

E.17 Full Enrollment Data File

This file includes all active membership for a Plan on the date that the file was run. This file is considered a definitive statement of current Plan enrollment, and uses the same format as the weekly TRR. CMS will announce the availability of each month's file with the proper dataset name and file transfer date. To distinguish this file from other TRRs, the Transaction Reply Code on all records is 999.

Field	Size	Position	Description
1. Claim Number	12	1 – 12	Claim Account Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Name	1	32	Beneficiary Middle Initial
5. Sex Code	1	33	Beneficiary Sex Identification Code 0 = Unknown 1 = Male 2 = Female
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Medicaid Indicator	1	42	Spaces
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary State Code
10. County Code	3	50 – 52	Beneficiary County Code
11. Disability Indicator	1	53	Spaces
12. Hospice Indicator	1	54	Spaces
13. Institutional/NHC Indicator	1	55	Spaces
14. ESRD Indicator	1	56	Spaces
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code Defaulted to '999'
16. Transaction Type Code	2	60 – 61	Transaction Type Code 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

Field	Size	Position	Description
20. Plan Benefit Package 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. Normally dependent on TR code	12	85 – 96	Spaces
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
MMA fields start here:			MMCS Data file ended with position 133.
32. Out of Area Flag	1	134 – 134	Spaces
33. Segment Number	3	135 – 137	Default to '000' if blank
34. Part C Beneficiary Premium	8	138 – 145	Spaces
35. Part D Beneficiary Premium	8	146 – 153	Spaces
36. Election Type	1	154 – 154	Spaces
37. Enrollment Source	1	155 – 155	A = Auto Enrolled by CMS B = Beneficiary Election C = Facilitated Enrollment by CMS D = CMS Annual Rollover Space = not supplied
38. Part D Opt-Out Flag	1	156 – 156	Spaces
39. Premium Withhold Option/Parts C-D	1	157 – 157	Spaces
40. Number of Uncovered Months	3	158 – 160	Spaces
41. Creditable Coverage Flag	1	161 – 161	Spaces

Field	Size	Position	Description
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 Low-Income Premium Subsidy Level	3	235 – 237	Part D low-income premium subsidy category: '000' = No subsidy (default for blank) '025' = 25% subsidy level, '050' = 50% subsidy level, '075' = 75% subsidy level, '100' = 100% subsidy level
50. Low-Income Co-Pay Category	1	238 – 238	Definitions of the co-payment categories: '0' = none, not low-income (default for blank) '1' = \$2/\$5 (High) '2' = \$1/\$3 (Low) '3' = \$0 (0) '4' = 15%
51. Low-Income Co-Pay Effective Date	8	239 - 246	YYYYMMDD Format
52. Part D Late Enrollment Penalty Amount	8	247 - 254	Spaces
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Spaces

Field	Size	Position	Description
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Spaces
55. Low-Income Part D Premium Subsidy Amount	8	271- 278	

E.18 Low-Income Subsidy/Late Enrollment Penalty Data File

E. 18.1 Header Record

Item	Field Name	Len	Pos	Description
1	Record Type	3	1-3	H = Header Record PIC XXX
2	MCO Contract Number	5	4-8	MCO Contract Number PIC X(5)
3	Payment/Payment Adjustment Date	6	9-14	YYYYMM First 6 digits contain Current Payment Month PIC 9(6)
4	Datafile Date	8	15-22	YYYYMMDD Date this datafile created PIC 9(8)
5	FILLER	143	23-165	Spaces

E.18.2 Detail Record

Item	Field Name	Len	Pos	Description
1	Record Type	3	1-3	PD = Prospective Detail Record "Prospective" means Premium Period equals Payment Month reflected in Header Record AD = Adjustment Detail Record "Adjustment" means all premium periods other than Prospective PIC XXX
	*** PLAN IDENTIFICATION			
2	MCO Contract Number	5	4-8	MCO Contract Number PIC X(5)
3	Plan Benefit Package Number	3	9-11	Plan Benefit Package Number PIC X(3)
4	Plan Segment Number	3	12-14	Plan Segment Number PIC X(3)
	*** BENEFICIARY IDENTIFICATION & PREMIUM SETTINGS			
5	HIC Number	12	15-26	Member's HIC # PIC X(12)
6	Surname	7	27-33	PIC X(7)
7	First Initial	1	34	PIC X
8	Sex	1	35	M = Male, F = Female PIC X
9	Date of Birth	8	36-43	YYYYMMDD PIC 9(8)
10	FILLER	1	44	Space
	*** PREMIUM PERIOD			

Item	Field Name	Len	Pos	Description
11	Premium/Adjustment Period Start Date	6	45-50	<p><u>PD</u>: current processing month. <u>AD</u>: adjustment period.</p> <p>YYYYMM PIC 9(6)</p>
12	Premium/Adjustment Period End Date	6	51-56	<p><u>PD</u>: current processing month. <u>AD</u>: adjustment period.</p> <p>YYYYMM PIC 9(6)</p>
13	Number of Months in Premium/Adjustment Period	2	57-58	PIC 99
14	<p>PD: Net Monthly Part D Basic Premium AD: Net Monthly Part D Basic Premium Amount</p>	8	59-66	<p>Plan's Part D Basic Rate in effect for this premium period</p> <p>Net is Monthly Part D Basic Premium (minus) Part D Basic Premium Reduction.</p> <p>NOTE: PD always equals AD for this field</p> <p>PIC -9999.99</p>
15	Low Income Premium Subsidy Percentage	3	67-69	<p>Low Income Premium Subsidy Percentage Subsidy percentage in effect for this premium period Valid values: 100, 075, 050, 025, Blank</p> <p>PIC 999</p>

Item	Field Name	Len	Pos	Description
16	Premium Payment Option	1	70	Current view of Premium payment option. Valid values: D (direct bill) S (SSA withhold) R (RRB withhold) O (OPM withhold) N (no premium applicable) PIC X
	*** ACTIVITY FOR PREMIUM PERIOD			
17	Premium Low Income Subsidy Amount	8	71-78	PD: Premium Low Income Subsidy Amount – the portion of the Part D basic premium paid by the Government on behalf of a low income individual AD: For adjustments, compute the adjustment for each month in the (affected) payment period if the payment has already been made. PIC -9999.99

Item	Field Name	Len	Pos	Description
18	Net Late Enrollment Penalty Amount for Direct Billed Members	8	79-86	<p>PD: Late Enrollment Penalty Amount for Direct Billed Members owed by beneficiary for premium period. This amount is net of any subsidized amounts for eligible LIS members.</p> <p>Net Late Enrollment Penalty Amount for Direct Billed Members = Late Enrollment Penalty Amount (minus) LEP Subsidy Amount (minus) Part D Penalty Waived Amount</p> <p>AD: For adjustments, compute the adjustment for each month in the (affected) payment period if the payment has already been made.</p> <p>PIC -9999.99</p>

Item	Field Name	Len	Pos	Description
19	Net Amount Payable to Plan	8	87-94	PD: Net Amount Payable to Plan = Premium Low Income Subsidy Amount (field 16) (minus) Net Late Enrollment Penalty Amount for Direct Billed Members (field 17) AD: For adjustments, compute the adjustment for each month in the (affected) payment period if the payment has already been made. PIC -9999.99
20	FILLER	74	95-165	Spaces

E.18.3 Trailer Record

Totals by Contract, Plan and Segment for this Premium LIS/LEP Datafile

Item	Field Name	Len	Pos	Description
1	Record Type	3	1-3	PT1 = Trailer Record, Prospective Totals at Segment Level PT2 = Trailer Record, Prospective Totals at PBP Level PT3 = Trailer Record, Prospective Totals at Contract Level AT1 = Trailer Record, Adjustment Totals at Segment Level AT2 = Trailer Record, Adjustment Totals at PBP Level AT3 = Trailer Record, Adjustment Totals at Contract Level CT1 = Trailer Record, Combined Totals at Segment Level CT2 = Trailer Record, Combined Totals at PBP Level CT3 = Trailer Record, Combined Totals at Contract Level PIC XXX
	*** PLAN IDENTIFICATION			
2	MCO Contract Number	5	4-8	MCO Contract Number PIC X(5)
3	Plan Benefit Package Number	3	9-11	Plan Benefit Package Number Not populated on T3 records PIC X(3)
4	Plan Segment Number	3	12-14	Plan Segment Number Not populated on T2 or T3 records PIC X(3)

Item	Field Name	Len	Pos	Description
5	Total Premium Low Income Subsidy Amount	14	15-28	Total of All Beneficiary Premium Low Income Subsidy Amounts At Level Indicated By Record Type PIC -9(10).99
6	Total Late Enrollment Penalty Amount (net of subsidized amounts for eligible LIS members.)	14	29-42	Total of All Beneficiary Late Enrollment Penalty Amounts At Level Indicated By Record Type PIC -9(10).99
7	Total Net Amount Payable to Plan for Direct Billed Beneficiaries	14	43 - 56	Total Net Amount Payable to Contract for Direct Billed Beneficiaries = Total Premium Low Income Subsidy Amount (field 5) (minus) Total Late Enrollment Penalty Amount Net of any Subsidy (field 6) PIC -9(10).99
8	FILLER	109	57-165	Spaces

E.19 Bi-Weekly Deemed LIS/Premium Report Data File

Field	Size	Position	Description
1. Claim Number	12	1 – 12	Beneficiary's Claim Account Number
2. Contract Number	5	13 – 17	Contract Identification Number
3. PBP Number	3	18 – 20	Beneficiary's Plan Benefit Package Identification Number, blank if none
4. Segment Number	3	21 - 23	Beneficiary's Segment Identification Number, blank if none
5. Run Date	8	24 - 31	Data File Generation Date, YYYYMMDD
6. Subsidy Start Date	8	32 - 39	Beneficiary's Subsidy Start Date, YYYYMMDD
7. Subsidy End Date	8	40 – 47	Beneficiary's Subsidy End Date, YYYYMMDD
8. Part D Premium Subsidy Percentage	3	48 – 50	Beneficiary's Low-Income Premium Subsidy Percent '100' = 100% Premium Subsidy '075' = 75% Premium Subsidy '050' = 50% Premium Subsidy '025' = 25% Premium Subsidy
9. Low-Income Co-Payment Level ID	1	51 – 51	Co-Payment Category Definitions: '1' = \$2/\$5 (High) '2' = \$1/\$3 (Low) '3' = \$0 (0) '4' = 15%
10. Beneficiary Enrollment Effective Date	8	52 – 59	Beneficiary's Enrollment Effective Date, Format: YYYYMMDD
11. Beneficiary Enrollment End Date	8	60 - 67	Beneficiary's Enrollment End Date, Format: YYYYMMDD Can be blank
12. Part C Premium Amount	8	68 – 75	Part C Premium Amount From Input Transaction, (---9.99)

Field	Size	Position	Description
13. Part D Premium Amount	8	76 – 83	Part D Premium Amount From Input Transaction, (----9.99)
14. Part D Late Enrollment Penalty Amount	8	84 - 91	Beneficiary's Part D Late Enrollment Penalty Amount, (----9.99)
15. LIS Subsidy Amount	8	92 - 99	Beneficiary's LIS Subsidy Amount, (----9.99)
16. LIS Penalty Subsidy Amount	8	100 - 107	Beneficiary's LIS Penalty Subsidy Amount, (----9.99)
17. Part D Penalty Waived Amount	8	108 - 115	Beneficiary's Part D Penalty Waived Amount, (----9.99)
18. Total Premium Amount	8	116 - 123	Total Calculated Premium for Beneficiary (----9.99)
19. FILLER	155	124 – 278	Filler

E.20 4Rx Notification File Record Formats

Once Plans have successfully enrolled individuals in Prescription Drug Plans, they will submit to CMS the 4Rx data for their beneficiaries by means of 4Rx Notification Files.

The 4Rx Notification is a data exchange between the Plans and CMS in which the Plans provide CMS with additional information on Plan enrollments to support point of sale and other pharmacy related information needs. The objective is to make available 4Rx data to the TrOOP Facilitator and Coordination of Benefits (COB) contractor.

Note: The NoRx File contains the same format as the 4Rx Notification File and is a file that contains records identifying those enrollees who do not currently have 4Rx information stored in CMS files. A detail record type containing the value of "NRX" in positions 1 through 3 of the file layout indicates that this record is a request for the organization to send CMS information for the beneficiary.

The following records are included in this file:

Header Record

Trailer Record

Detail Record

E.20.1 4Rx Notification Header Record

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

From: Plan		To: CMS			
Data Field	Length	Position	Format	Valid Values	Field Definition
File ID Name	8	1 ... 8	X(8)	"MMA4RXNH"	Critical Field This field should always be set to the value "MMA4RXNH." This code allows recognition of the record as the Header Record of a 4Rx Notification File. This field allows for the identification of the file as a 4Rx Notification File.

From: Plan		To: CMS			
Data Field	Length	Position	Format	Valid Values	Field Definition
Sending Entity	8	9 ... 16	X(8)	Sending Organization (left justified space filled) Acceptable Values: 5-position Contract Identifier + 3 Spaces (3 Spaces are for Future Use)	Critical Field This field provides CMS with the identification of the entity that is sending the 4Rx Notification File. The value for this field will be provided to CMS and used in connection with CMS electronic routing and mailbox functions. The value in this field should agree with the corresponding value in the Trailer Record. The Sending Entity may be a Part D Organization.
File Creation Date	8	17 ... 24	X(8)	YYYYMMDD	Critical Field The date on which the 4Rx Notification file was created by the Sending Entity. This value should be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value should agree with the corresponding value in the Trailer Record. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a 4Rx Response File.
File Control Number	9	25 ... 33	X(9)	Assigned by Sending Entity	Critical Field The specific Control Number assigned by the Sending Entity to the 4Rx Notification File. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a 4Rx 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 will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise
Total Length = 750					

E.20.2 4Rx Notification Detail Record

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

Data Field	Length	Position	Format	Valid Values	Field Definition
Record Type	5	1 ... 5	X(5)	"DTL02" = 4Rx Plan Transaction Note: The value above is DTL-zero-two.	Critical Field This field should be set to the value " DTL02 ," which indicates that this detail record is a 4Rx Plan Transaction. This code allows recognition of the detail record to be processed specifically for 4Rx Notification and Update.
HICN/RRB Number	12	6 ... 17	X(12)	Health Insurance Claim Number or Railroad Retirement Board Number	Critical Field: This is a required field, if the SSN is not provided. This field provides either the Health Insurance Claim Number or the Railroad Retirement Board 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 should be left-justified in the field. The value should not include dashes, decimals, or commas.
SSN	9	18 ... 26	X(9)	Social Security Number. Nine-Byte Numeric.	Critical Field: This is a required field, if the HICN/RRB is not provided. The Social Security Number for the individual. The value should include only numbers. The value should not include dashes, decimals, or commas.
Date of Birth (DOB)	8	27 ... 34	X(8)	YYYYMMDD	Critical Field The date of birth of the individual. The value should be formatted as YYYYMMDD. The value should not include dashes, decimals, or commas. The value should include only numbers.
Gender Code	1	35 ... 35	X(1)	0 (Zero) = Unknown; 1 = Male; 2 = Female	Not Critical Field The gender of the individual. The acceptable values include 0 (Zero) = Unknown, 1 = Male, 2 = Female.

Data Field	Length	Position	Format	Valid Values	Field Definition
Rx Bin	6	36 ... 41	9(6)	6-position Numeric	Critical Field The card issuer identifier or a Bank Identifying Number used for network routing.
Rx PCN	10	42 ... 51	X(10)	10-position Alphanumeric Left Justify in field, space fill.	Not Critical Field The number assigned by the processor. If the value in this field is less than 10 characters in length, then the value should be left-justified in the field with spaces in the empty positions.
Rx ID	20	52 ... 71	X(20)	20-position Alphanumeric Left Justify in field, space fill.	Critical Field The member ID assigned to the beneficiary. If the value in this field is less than 20 characters in length, then the value should be left-justified in the field with spaces in the empty positions.
Rx Group	15	72... 86	X(15)	15-position Alphanumeric Left Justify in field, space fill.	Not Critical Field The identifying number assigned to the cardholder group or employer group. If the value in this field is less than 15 characters in length, then the value should be left-justified in the field with spaces in the empty positions.
Contract Number	5	87 ... 91	X(5)	5-position H- Number	Critical Field The Contract Number of the Part D enrollment.
PBP Number	3	92 ... 94	X(3)	3-position Alphanumeric	Critical Field The Plan Benefit Package number for the Part D enrollment.
PBP Enrollment Effective Date	8	95... 102	X(8)	YYYYMMDD	Not Critical Field Date the PBP election started. For Part D PBPs, this date identifies when the Part D Enrollment became effective for the Part D Contract.

Data Field	Length	Position	Format	Valid Values	Field Definition
Detail Record Sequence Number	7	103 ... 109	9(7)	7-position number unique within the 4Rx Notification File	Not Critical Field A unique number assigned by the Sending Entity to the Transaction (Detail Record). This number should uniquely identify the Transaction (Detail Record) within the 4Rx Notification File.
FILLER	641	110 ... 750	X(641)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

Note: If a Plan does not use the Rx PCN or the Rx Group data field on 4Rx Notification Detail Record (Transactions), they should be space filled.

E. 20.3 4Rx Notification Trailer Record

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

From: Plan		To: CMS			
Data Field	Length	Position	Format	Valid Values	Field Definition
File ID Name	8	1 ... 8	X(8)	"MMA4RXNT"	Critical Field This field should always be set to the value "MMA4RXNT." This code allows recognition of the record as the Trailer Record of a 4Rx Notification File. This field allows for the identification of the file as a 4Rx Notification File.
Sending Entity	8	9 ... 16	X(8)	Sending Organization (left justified space filled) Acceptable Values: 5-position Contract	Critical Field This field provides CMS with the identification of the entity that is sending the 4Rx Notification File. The value for this field will be 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.

From: Plan		To: CMS			
Data Field	Length	Position	Format	Valid Values	Field Definition
				Identifier + 3 Spaces (3 Spaces are for Future Use)	The Sending Entity may be a Part D Organization.
File Creation Date	8	17 ... 24	X(8)	YYYYMMDD	Critical Field The date on which the 4Rx Notification File was created by the Sending Entity. This value should be formulated as YYYYMMDD. For example, January 3 2010 would be 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 4Rx Response File.
Data Field	Length	Position	Format	Valid Values	Field Definition
File Control Number	9	25 ... 33	X(9)	Assigned by Sending Entity	Critical Field The specific Control Number assigned by the Sending Entity to the 4Rx Notification File. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a 4Rx Response File. This value should agree with the corresponding value in the Header Record.
Record Count	7	34 ... 40	9(7)	Numeric value greater than Zero.	Critical Field The total number of Transactions (Detail Records) supplied on the 4Rx Notification File. This value should be right-justified in the field, with leading zeros. This value should not include non-numeric characters, such as commas, spaces, dashes, decimals.

From: Plan		To: CMS			
Data Field	Length	Position	Format	Valid Values	Field Definition
FILLER	710	41 ... 750	X(710)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

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E.21 4Rx Response File Record Formats

CMS will send 4Rx Response Files to Sending Entities in the following format. The 4Rx Response Files will be flat files created as a result of processing the Transactions (Detail Records) of Accepted 4Rx Notification Files. The following records are included in this file:

Header Record

Trailer Record

Detail Record

E.21.1 4Rx Response Header Record

From: CMS		To: Plans			
Data Field	Length	Position	Format	Valid Values	Field Definition
File ID Name	8	1 ... 8	X(8)	"CMS4RXNH"	This field will always be set to the value "CMS4RXNH." This code allows recognition of the record as the Header Record of a 4Rx Response File. This field allows for identification of the file as a 4Rx Response File.
Sending Entity (MBD)	8	9 ... 16	X(8)	"MBD " (MBD + 5 Spaces)	This field will always be set to the value "MBD ." The value specifically is MBD + 5 following Spaces. This value will agree with the corresponding value in the Trailer Record.
File Creation Date	8	17 ... 24	X(8)	YYYYMMDD	The date on which the 4Rx Response File was created by CMS. This value will be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value will agree 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 the MBD to the 4Rx Response File. CMS will utilize this value to track the 4Rx Response File through CMS processing and archive. This value will 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 will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

E.21.2 4Rx Response Detail Record (Transaction)

This record is produced for all 4Rx Notification transactions received. Note: If a Plan does not use the Rx PCN or the Rx Group data field on 4Rx Notification Detail Record (Transactions), it should be space filled.

From: CMS		To: Plans			
Data Field	Length	Position	Format	Valid Values	Field Definition
Record Type	3	1 ... 3	X(3)	"DTL"	This field will be set to the value "DTL," which indicates that this is a detail record.
Original Detail Record	109	4 ...112	X(109)	The first 112 positions of the original Detail Record (Transaction) supplied by the Sending Entity.	This field provides the meaningfully-populated area of the 4Rx Notification file Transaction (Detail Record) provided by the Sending Entity.
Processed Flag	1	113 ... 113	X(1)	"Y" = The detail record was accepted for processing. "N" = The detail record was not accepted for processing.	A flag that indicates if the Transaction (Detail Record) was accepted for processing. A Transaction will be accepted for processing if all critical fields contain valid values. For more information, see the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.
Beneficiary Match Flag	1	114 ... 114	X(1)	"Y" = The beneficiary was matched (located) successfully. "N" = The beneficiary was not matched (located) successfully. " " (SPACE) = Beneficiary Match was not	A flag that indicates whether or not the beneficiary in the Transaction (Detail Record) was successfully matched (located) to a beneficiary on the CMS Medicare Beneficiary Database (MBD). For more information, see the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.

From: CMS		To: Plans			
Data Field	Length	Position	Format	Valid Values	Field Definition
				attempted due to an Invalid condition in the Transaction (Detail Record).	
PBP Enrollment Match Flag	1	115 ... 115	X(1)	"Y" = The PBP enrollment for the beneficiary was successfully matched (located). "N" = The PBP enrollment for the beneficiary was not successfully matched (located). " " (SPACE) = PBP Enrollment Match was not attempted due to an Invalid condition in the Transaction (Detail Record).	A flag that indicates whether or not the beneficiary's PBP enrollment was successfully matched (located) on the CMS Medicare Beneficiary Database (MBD). For more information, see the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.
Record Type Error Return Code	3	116... 118	X(3)	See the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.	
HICN/RRB Number Error Return Code	3	119 ... 121	X(3)	See the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.	

From: CMS		To: Plans			
Data Field	Length	Position	Format	Valid Values	Field Definition
SSN Error Return Code	3	122... 124	X(3)		See the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.
Date of Birth Error Return Code	3	125 ... 127	X(3)		See the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.
Rx Bin Error Return Code	3	128 ... 130	X(3)		See the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.
FILLER	3	131... 133	X(3)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Rx-ID Error Return Code	3	134-136	X(3)		See the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.
Part-D-Payment-Switch-Error Return Code	3	137-139	X(3)		See the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.
Contract Number Error Return Code	3	140... 142	X(3)		See the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.

From: CMS		To: Plans			
Data Field	Length	Position	Format	Valid Values	Field Definition
PBP (Plan Benefit Package) Number Error Return Code	3	143 ... 145	X(3)		See the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.
PBP Enrollment Effective Date Error Return Code	3	146... 148	X(3)		See the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.
Detail Record Sequence Number Error Return Code	3	149... 151	X(3)		See the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.
Sending Entity	8	152 ... 159	X(8)	<p>Sending Part D Organization (left justified space filled)</p> <p>Acceptable Values are: 5-position Contract Identifier + 3 Spaces (3 Spaces are for Future Use)</p>	The Sending Part D Organization provided on the Header Record of the 4Rx Notification File in which the Transaction (Detail Record) was found.

From: CMS		To: Plans			
Data Field	Length	Position	Format	Valid Values	Field Definition
File Control Number	9	160 ... 168	X(9)	Assigned by Sending Entity	The File Control Number provided by the Sending Part D Organization on the Header Record of the 4Rx Notification File in which the Transaction (Detail Record) was found.
File Creation Date	8	169 ... 176	X(8)	YYYYMMDD	The File Creation Date provided on the Header Record of the 4Rx Notification File in which the Transaction (Detail Record) was found.
FILLER	574	177 ... 750	X(574)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information or used to store meaningful information, unless documented otherwise.
Total Length = 750					

E.21.3 4Rx Response Trailer Record

From: CMS		To: Plans			
Data Field	Length	Position	Format	Valid Values	Field Definition
File ID Name	8	1 ... 8	X(8)	"CMS4RXNT"	This field will always be set to the value "CMS4RXNT." This code allows recognition of the record as the Trailer Record of a 4Rx Response File. This field allows for the identification of the file as a 4Rx Response File.
Sending Entity (MBD)	8	9 ... 16	X(8)	"MBD " (MBD + 5 Spaces)	This field will always be set to the value "MBD ." The value specifically is MBD + 5 following Spaces. This value will agree with the corresponding value in the Header Record.
File Creation Date	8	17 ... 24	X(8)	YYYYMMDD	The date on which the 4Rx Response File was created by CMS. This value will be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value will agree 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 4Rx Response File. CMS will utilize this value to track the 4Rx Response File through CMS processing and archive. This value will agree with the corresponding value in the Header Record.
Record Count	7	34 ... 40	9(7)	Numeric value greater than Zero.	The total number of Transactions (Detail Records) on the 4Rx Response File. This value will be right-justified in the field, with leading zeros. This value will 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 will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

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E.22 Batch Eligibility Query (BEQ) Request File

A Plan will submit a BEQ Request File to CMS in the following format:

The following records are included in this file:

Header Record

Trailer Record

Detail Record

E.22.1 BEQ Request Header Record

Data Field	Length	Position	Format	Valid Values	Field Definition
File ID Name	8	1 ... 8	X(8)	"MMABEQRH"	Critical Field This field should always be set to the value " MMABEQRH." This code identifies the file as a Batch Eligibility Query (BEQ) Request File and this record as the Header Record of the file.
Sending Entity (CMS)	8	9 ... 16	X(8)	Sending Organization (left justified space filled) Acceptable Values: 5-position Contract Identifier + 3 Spaces (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 will be provided to CMS and used in connection with CMS electronic routing and mailbox functions. The value in this field should agree with the corresponding value in the Trailer Record. The Sending Entity may be a Part D Organization.
File Creation	8	17 ... 24	X(8)	YYYYMMDD	Critical Field

Data Field	Length	Position	Format	Valid Values	Field Definition
Date					The date on which the BEQ Request File was created by the Sending Entity. This value should be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value should agree with the corresponding value in the Trailer Record. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a BEQ Response File.
File Control Number	9	25 ... 33	X(9)	Assigned by Sending Entity	Critical Field The specific Control Number assigned by the Sending Entity to the BEQ Request File. CMS will pass this information back 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 will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

E.22.2 BEQ Request Detail Record (Transaction)

Data Field	Length	Position	Format	Valid Values	Field Definition
Record Type	5	1 ... 5	X(5)	"DTL01" = Batch Eligibility Query Transaction Note: The value above is DTL-zero-one.	Critical Field This field should be set to the value "DTL01," which indicates that this detail record is a Batch Eligibility Query Transaction. This code identifies the record as a detail record to be processed specifically for Batch Eligibility Query Service.
HICN/RRB Number	12	6 ... 17	X(12)	Health Insurance Claim Number or Railroad Retirement Board Number	Critical Field: This is a required field, if the SSN is not provided. This field provides either the Health Insurance Claim Number or the Railroad Retirement Board 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 should be left-justified in the field. The value should not include dashes, decimals, or commas.
SSN	9	18 ... 26	X(9)	Social Security Number. Nine-Byte Numeric.	Critical Field: This is a required field, if the HICN/RRB is not provided. The Social Security Number for the individual. The value should include only numbers. The value should not include dashes, decimals, or commas.
Date of Birth (DOB)	8	27 ... 34	X(8)	YYYYMMDD	Critical Field The date of birth of the individual. The value should be formatted as YYYYMMDD. The value should not include dashes, decimals, or commas. The value should include only numbers.
Gender Code	1	35 ... 35	X(1)	0 (Zero) = Unknown; 1 = Male; 2 = Female	Not Critical Field The gender of the individual. The acceptable values include 0 (Zero) = Unknown, 1 = Male, 2 = Female.

Data Field	Length	Position	Format	Valid Values	Field Definition
Detail Record Sequence Number	7	36 ... 42	9(7)	Seven-byte number unique within the Batch Eligibility Query Request File	Critical Field A unique number assigned by the Sending Entity to the Transaction (Detail Record). This number should uniquely identify the Transactions (Detail Record) within the Batch Eligibility Query Request File.
FILLER	708	43... 750	X(708)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

E.22.3 BEQ Request Trailer Record

Data Field	Length	Position	Format	Valid Values	Field Definition
File ID Name	8	1 ... 8	X(8)	"MMABEQRT"	Critical Field This field should always be set to the value " MMABEQRT." This code identifies the record as the Trailer Record of a BEQ Request File.
Sending Entity (CMS)	8	9 ... 16	X(8)	Sending Organization (left justified space filled) Acceptable Values: 5-position Contract Identifier + 3 Spaces (3 Spaces 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 will be provided to CMS and used in connection with CMS electronic routing and mailbox functions. The value in this field should agree with the corresponding value in the Header Record. The Sending Entity may be a Part D Organization.
File Creation Date	8	17 ... 24	X(8)	YYYYMMDD	Critical Field The date on which the BEQ Request File was created by the Sending Entity. This value should be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value should agree with the corresponding value in the Header Record. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a BEQ Response File.
File Control Number	9	25 ... 33	X(9)	Assigned by Sending Entity	Critical Field The specific Control Number assigned by the Sending Entity to the BEQ Request File. CMS will pass this information back 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.

Data Field	Length	Position	Format	Valid Values	Field Definition
Record Count	7	34 ... 40	9(7)	Numeric value greater than Zero.	Critical Field The total number of Transactions (Detail Records) supplied on the BEQ Request File. This value should be 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 will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

E.23 Batch Eligibility Query (BEQ) Response File

CMS will send BEQ (Batch Eligibility Query) Response Files to Plans in the following format. The BEQ Response Files will be flat files created as a result of processing the Transactions (Detail Records) of Accepted BEQ Request Files (See Section 5 for more information on the Batch Eligibility Query (BEQ) Request Instructions and Batch Eligibility Query (BEQ) Response Process).

Note: CMS provides up to two occurrences of LIS information in the BEQ Response File. During the open enrollment period, CMS is not aware whether Plans are submitting queries for 2006 enrollments or 2007 enrollments. Therefore, the BEQ provides the current and future LIS information so Plans have the correct information for the year in which they will be submitting the enrollment transaction.

The following records are included in this file:

Header Record

Trailer Record

Detail Record

E.23.1 BEQ Response File Header Record

Data Field	Length	Position	Format	Valid Values	Field Definition
File ID Name	8	1 ... 8	X(8)	"CMSBEQRH"	This field will always be 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 will always be set to the value "MBD ." The value specifically is MBD + 5 following Spaces. This value will agree with the corresponding value in the Trailer Record.
File Creation Date	8	17 ... 24	X(8)	YYYYMMDD	The date on which the BEQ Response File was created by CMS. This value will be in the format of YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value will agree with the corresponding value in the Trailer Record.

Data Field	Length	Position	Format	Valid Values	Field Definition
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 will utilize this value to track the BEQ Response File through CMS processing and archive. This value will 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 will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

E.23.2 BEQ Response Detail Record (Transaction)

This record is produced for all BEQ Response Transactions Received (from CMS to Plans).

Data Field	Length	Position	Format	Valid Values	Field Definition
Record Type	3	1 ... 3	X(3)	"DTL"	This field will be set to the value "DTL," which indicates that this is a detail record.
Original Detail Record	42	4 ... 45	X(42)	The first 42 positions of the original Transaction (Detail Record) supplied by the Sending Entity.	This field provides the meaningfully-populated area of the BEQ Request File Transaction (Detail Record) provided by the Sending Entity.
Processed Flag	1	46 ... 46	X(1)	"Y" = The detail record was accepted for processing. "N" = The detail record was not accepted for processing.	A flag that indicates if the Transaction (Detail Record) was accepted for processing. A Transaction will be accepted for processing if all critical fields contain valid values.
Beneficiary Match Flag	1	47 ... 47	X(1)	"Y" = The beneficiary was matched (located) successfully. "N" = The beneficiary was not matched (located) successfully. " " (SPACE) = Beneficiary Match was not attempted due to an Invalid condition in the Transaction (Detail Record).	A flag that indicates whether or not the beneficiary in the Transaction (Detail Record) was successfully matched (located) to a beneficiary on the CMS Medicare Beneficiary Database (MBD).
Medicare Part A Entitlement Start Date	8	48 ... 55	X(8)	YYYYMMDD 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.
Medicare Part A Entitlement End Date	8	56 ... 63	X(8)	YYYYMMDD Spaces = Not currently	The Entitlement End Date of the beneficiary's most recent or active Medicare Part A entitlement period.

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Data Field	Length	Position	Format	Valid Values	Field Definition
				enrolled or Data Not Found.	
Medicare Part B Entitlement Start Date	8	64 ... 71	X(8)	YYYYMMDD 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.
Medicare Part B Entitlement End Date	8	72 ... 79	X(8)	YYYYMMDD 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.
Medicaid Indicator	1	80 ...80	X(1)	"0" = The beneficiary has no current or active Medicaid coverage; "1" = The 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.
Part D Enrollment Effective Date/Employer Subsidy Start Date (Occurrence 1)	8	81... 88	X(8)	YYYYMMDD 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).
Part D Disenrollment Date/ Employer Subsidy End Date (Occurrence 1)	8	89 ... 96	X(8)	YYYYMMDD 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).
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 2)	8	97 ... 104	X(8)	YYYYMMDD 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).
Part D Disenrollment	8	105 ... 112	X(8)	YYYYMMDD	Effective disenrollment date of the Part D plan or the End Date

Data Field	Length	Position	Format	Valid Values	Field Definition
Date/ Employer Subsidy End Date (Occurrence 2)				Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	of the Employer Subsidy coverage for the beneficiary (second most recent).
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 3)	8	113 ... 120	X(8)	YYYYMMDD 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).
Part D Disenrollment Date/ Employer Subsidy End Date (Occurrence 3)	8	121 ... 128	X(8)	YYYYMMDD 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).
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 4)	8	129 ... 136	X(8)	YYYYMMDD 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).
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 4)	8	137 ... 144	X(8)	YYYYMMDD 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).
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 5)	8	145 ... 152	X(8)	YYYYMMDD 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).
Part D Disenrollment Date / Employer	8	153 ... 160	X(8)	YYYYMMDD	Effective disenrollment date of the Part D plan or the End Date of the Employer Subsidy coverage for the beneficiary (fifth most recent).

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Data Field	Length	Position	Format	Valid Values	Field Definition
Subsidy End Date (Occurrence 5)				Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	recent).
Part D Enrollment Effective Date / Employer Subsidy Start Date (Occurrence 6)	8	161 ... 168	X(8)	YYYYMMDD 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).
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 6)	8	169 ... 176	X(8)	YYYYMMDD 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).
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 7)	8	177 ... 184	X(8)	YYYYMMDD 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)
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 7)	8	185 ... 192	X(8)	YYYYMMDD 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)
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 8)	8	193 ... 200	X(8)	YYYYMMDD 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).
Part D Disenrollment Date / Employer Subsidy End Date	8	201 ... 208	X(8)	YYYYMMDD Spaces = No Drug	Effective disenrollment date of the Part D plan or the End Date of the Employer Subsidy coverage for the beneficiary (eighth

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Data Field	Length	Position	Format	Valid Values	Field Definition
(Occurrence 8)				Coverage Period for this occurrence or Data Not Found.	most recent).
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 9)	8	209 ... 216	X(8)	YYYYMMDD 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 (ninth most recent).
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 9)	8	217 ... 224	X(8)	YYYYMMDD 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).
Part D Enrollment Effective Date / Employer Subsidy Start Date (Occurrence 10)	8	225 ... 232	X(8)	YYYYMMDD 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).
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 10)	8	233 ... 240	X(8)	YYYYMMDD 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).
Sending Entity	8	241 ... 248	X(8)	Sending Part D Organization (left justified space filled) Acceptable Values: 5-position Contract Identifier + 3 Spaces (3 Spaces are for Future Use)	The Sending Entity provided on the Header Record of the BEQ Request File in which the Transaction (Detail Record) was found. The Sending Entity may be a Part D Organization.

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Data Field	Length	Position	Format	Valid Values	Field Definition
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.
File Creation Date	8	258 ... 265	X(8)	YYYYMMDD	The File Creation Date provided on the Header Record of the BEQ Request File in which the Transaction (Detail Record) was found.
Part D Eligibility Start Date	8	266...273	X(8)	YYYYMMDD	This field identifies the date the beneficiary became eligible for Part D Benefits.
Deemed / Low Income Subsidy Effective Date (occurrence 1)	8	274...281	X(8)	YYYYMMDD	Effective start date of the deeming period or Low Income Subsidy. This will be the first day of the month in which the deeming was made or the start date of the Low Income Subsidy (most recent or presently active).
Deemed / Low Income Subsidy End Date (Occurrence 1)	8	282...289	X(8)	YYYYMMDD	The end date of the Deemed period or Low Income Subsidy (most recent or presently active).
Co-payment Level Identifier (Occurrence 1)	1	290...290	X(1)	Deemed: 2006 Values: 1 - High (\$2/\$5) 2 - Low (\$1/\$3) 3 - zero (no copay) 5 - unknown LIS: 2006 Values: 1 - High (\$2/\$5) 4 - 15%	This field indicates the Co-Payment level for the beneficiary.
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.
Deemed/Low Income Subsidy Effective Date (Occurrence 2)	8	294...301	X(8)	YYYYMMDD	Effective start date of the deeming period or Low Income Subsidy. This will be the first day of the month in which the deeming was made or the start date of the Low Income Subsidy (second most recent).

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Data Field	Length	Position	Format	Valid Values	Field Definition
Deemed/ Low Income Subsidy End Date (Occurrence2)	8	302...309	X(8)	YYYYMMDD	The end date of the Deemed period or Low Income Subsidy (second most recent).
Co-payment Level Identifier (Occurrence 2)	1	310...310	X(1)	Deemed: 2006 Values: 1 - High (\$2/\$5) 2 - Low (\$1/\$3) 3 - zero (no copay) 5 - unknown LIS: 2006 Values: 1 - High (\$2/\$5) 4 - 15%	This field indicates the Co-Payment level for the beneficiary.
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.
FILLER	437	314 ... 750	X(437)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

E.23.3 BEQ Response Trailer Record

Data Field	Length	Position	Format	Valid Values	Field Definition
File ID Name	8	1 ... 8	X(8)	"CMSBEQRT"	This field will always be set to the value "CMSBEQRT." This code identifies the record as the Trailer Record of a Batch Eligibility Query (BEQ) Response File.
Sending Entity (MBD)	8	9 ... 16	X(8)	"MBD " (MBD + 5 Spaces)	This field will always be set to the value "MBD ." The value specifically is MBD + 5 following Spaces. This value will agree with the corresponding value in the Header Record.
File Creation Date	8	17 ... 24	X(8)	YYYYMMDD	The date on which the BEQ Response File was created by CMS. This value will be formatted as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value will agree 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 BEQ Response File. CMS will utilize this value to track the BEQ Response File through CMS processing and archive. This value will agree with the corresponding value in the Header Record.
Record Count	7	34 ... 40	9(7)	Numeric value greater than Zero.	The total number of Transactions (Detail Records) on the BEQ Response File. This value will be right-justified in the field, with leading zeros. This value will 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 will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

E.24 Auto Assignment Full Dual Notification File

This is a cumulative monthly file that identifies organizations' enrollees who are full-benefit dual eligibles, for purposes of facilitating their enrollment into the Medicare Part D benefit. CMS will announce the availability of each month's file with the proper dataset name and file transfer date.

Note: This file does not contain a header or trailer record.

This record will contain beneficiary information. It may occur multiple times.

Field Name	Format	Position	
		Start	End
Contract Number (This field provides the Contract assigned to the beneficiary; CNTRCT_NUM in MBD_SRVC_DEL_ELCT)	X(5)	1	5
Run Date (The date the file was created in CCYYMMDD format)	9(8)	6	13
Filler (This field should be all spaces)	X(6)	14	19
Beneficiary's Health Claim Number/Railroad Board Number (This field provides either the Health Insurance Claim Number or the Railroad Retirement Board Number for identification of the individual; BENE_CAN_NUM and BIC_CD or RRB_HIC_NUM in MBD_BENE)	X(12)	20	31
Beneficiary's Surname (This field provides the last name of the individual; BENE_LAST_NAME in MBD_BENE)	X(12)	32	43
Initial of Beneficiary's First Name (This field provides the initial of the first name of the individual; BENE_1ST_NAME in MBD_BENE)	X(1)	44	44
Beneficiary's Gender (This field provides the gender of the individual; BENE_SEX_CD in MBD_BENE; '0', '1', or '2')	9(1)	45	45
Beneficiary's Date of Birth (This field provides the date of birth of the individual in CCYYMMDD format; BENE_BIRTH_DT in MBD_BENE)	9(8)	46	53
Filler (This field should be all spaces)	X(47)	54	100

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E.25 Auto Assignment PDP Auto-Enrollment Notification File

The auto- and facilitated-assignment PDP notification file provides an additional source of LIS information, as well as early notification to PDPs of beneficiaries receiving CMS auto-enrollment notices indicating assignment to a Plan. This auto and facilitated assignment PDP notification file will give PDPs immediate access to address data for these beneficiaries. This file will assist Plans in expediting the submission of 4Rx records once Plans receive the weekly TRR containing the auto-enrollments.

This file contains a header record, detail records, and a trailer record. CMS will announce the availability of each month's file with the proper dataset name and file transfer date.

Header Record: This is the first record of the file. It will only occur once.

Notification File: This record will contain beneficiary information. It may occur multiple times.

Trailer Record: This is the last record of the file. It will only occur once.

E.25.1 Auto Assignment PDP Auto-Enrollment Notification File Header Record

Field Name	Format	Position	
		Start	End
Header Code (This field used for file/record identification purposes, 'MMAAPDPH')	X(8)	1	8
Sending Entity (This field used to identify the sending entity, 'MBD '(MBD + 5 spaces))	X(8)	9	16
File Creation Date (The date the file was created in CCYYMMDD format)	9(8)	17	24
File Control Number (Unique file identifier created by Sending Entity)	X(9)	25	33
Filler (This field should be all spaces)	X(582)	34	615

E.25.2 Auto Assignment PDP Auto-Enrollment Notification File Detail Record

Field Name	Format	Position	
		Start	End
Beneficiary's Health Insurance Claim Number (This field provides the Health Insurance Claim Number for identification of the individual; RRB_HIC_NUM in MBD_BENE)	X(12)	1	12
Beneficiary's Last Name (This field provides the first twelve characters of the last name of the individual; BENE_LAST_NAME in MBD_BENE)	X(12)	13	24
Beneficiary's First name (This field provides the first seven characters of the first name of the individual; BENE_1ST_NAME in MBD_BENE)	X(7)	25	31
Beneficiary's Middle Initial (This field provides the middle initial of the individual; MDL_INITL_NAME in MBD_BENE)	X(1)	32	32
Beneficiary's Gender (This field provides the gender of the individual; BENE_SEX_CD in MBD_BENE; '0', '1', or '2')	9(1)	33	33
Beneficiary's Date of Birth (This field provides the date of birth of the individual in CCYYMMDD format; BENE_BIRTH_DT in MBD_BENE)	9(8)	34	41
Medicaid Indicator (This field indicates the beneficiary's Medicaid eligibility; MDCD_ELGBL_STUS_SW in MBQ_DUAL_MDCR; 'Y' or 'N')	X(1)	42	42
Contract Number (This field provides the Contract assigned to the beneficiary; ASGN_CNTRCT_NUM in MBQ_AA)	X(5)	43	47
State Code (This field provides the beneficiary's state of residency; SSA_STD_STATE_CD in MBD_BENE_ADR)	X(2)	48	49
County Code (This field provides the beneficiary's county of residency; SSA_STD_CNTY_CD in MBD_BENE_ADR)	X(3)	50	52
Filler (This field should be all spaces)	X(7)	53	59
Transaction Type Code (This field identifies the type of record; '61')	X(2)	60	61
Filler (This field should be all spaces)	X(1)	62	62
Effective Date (The effective date of the assignment in CCYYMMDD format; ASGN_EFCTV_DT in MBQ_AA)	9(8)	63	70

Field Name	Format	Position	
		Start	End
Filler (This field should be all spaces)	X(1)	71	71
Plan Benefit Package (This field notes the PBP of the auto-assigned contract; ASGN_PBP_NUM in MBQ_AA)	X(3)	72	74
Filler (This field should be all spaces)	X(49)	75	123
Application Date (The date of the application in CCYYMMDD format)	9(8)	124	131
Filler (This field should be all spaces)	X(30)	132	161
Election Type (This field indicates the type of election; 'S')	X(1)	162	162
Enrollment Source (This field indicates the source of the enrollment; 'A')	X(1)	163	163
Filler (This field should be all spaces)	X(1)	164	164
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')	X(1)	165	165
Filler (This field should be all spaces)	X(3)	166	168
Creditable Coverage Flag (This field indicates if the beneficiary has creditable coverage; derived from MBQ_MARX_CRED_CVRG; 'Y', 'N', or '')	X(1)	169	169
Filler (This field should be all spaces)	X(73)	170	242
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 will always be '100'; For Facilitated, values may be '100', '075', '050', or '025')	X(3)	243	245
Co-Payment Category (This field indicates the Subsidy Co-Payment level for the beneficiary; LIS_COPMT_LVL_ID in MBQ_LIS; '1' or '4')	X(1)	246	246
Co-Payment Effective Date (The date the low income subsidy will begin; SBSDY_STRT_DATE in MBQ_LIS; For monthly, will always be	9(8)	247	254

Field Name	Format	Position	
		Start	End
MMDDYYYY; For Facilitated, value will be spaces)			
Beneficiary Address Line 1 (First line in the mailing address; BENE_LINE_1_ADR in MBD_BENE_ADR)	X(40)	255	294
Beneficiary Address Line 2 (Second line in the mailing address; BENE_LINE_2_ADR in MBD_BENE_ADR)	X(40)	295	334
Beneficiary Address Line 3 (Third line in the mailing address; BENE_LINE_3_ADR in MBD_BENE_ADR)	X(40)	335	374
Beneficiary Address Line 4 (Fourth line in the mailing address; BENE_LINE_4_ADR in MBD_BENE_ADR)	X(40)	375	414
Beneficiary Address Line 5 (Fifth line in the mailing address; BENE_LINE_5_ADR in MBD_BENE_ADR)	X(40)	415	454
Beneficiary Address Line 6 (Sixth line in the mailing address; BENE_LINE_6_ADR in MBD_BENE_ADR)	X(40)	455	494
Beneficiary Address City (The city in the mailing address; BENE_ADR_CITY_NAME in MBD_BENE_ADR)	X(40)	495	534
Beneficiary Address State (The state in the mailing address; ADR_PSTL_STATE_CD in MBD_BENE_ADR)	X(2)	535	536
Beneficiary Zip Code (The zip code in the mailing address; BENE_ADR_ZIP_CD in MBD_BENE_ADR)	X(9)	537	545
Full Last Name (This field provides the last name of the individual; BENE_LAST_NAME in MBD_BENE)	X(40)	546	585
Full First Name (This field provides the first name of the individual; BENE_1ST_NAME in MBD_BENE)	X(30)	586	615

E.25.3 Auto Assignment PDP Auto-Enrollment Notification File Trailer Record

Field Name	Format	Position	
		Start	End
Header Code (This field used for file/record identification purposes, 'MMAAPDPT')	X(8)	1	8
Sending Entity (This field used to identify the sending entity, 'MBD '(MBD + 5 spaces))	X(8)	9	16
File Creation Date (The date the file was created in CCYYMMDD format)	9(8)	17	24
File Control Number (Unique file identifier created by Sending Entity)	X(9)	25	33
Record Count (Number of Detail Records, right justified with leading zeros)	9(9)	34	42
Filler (This field should be all spaces)	X(573)	43	615

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F: Screen Hierarchy

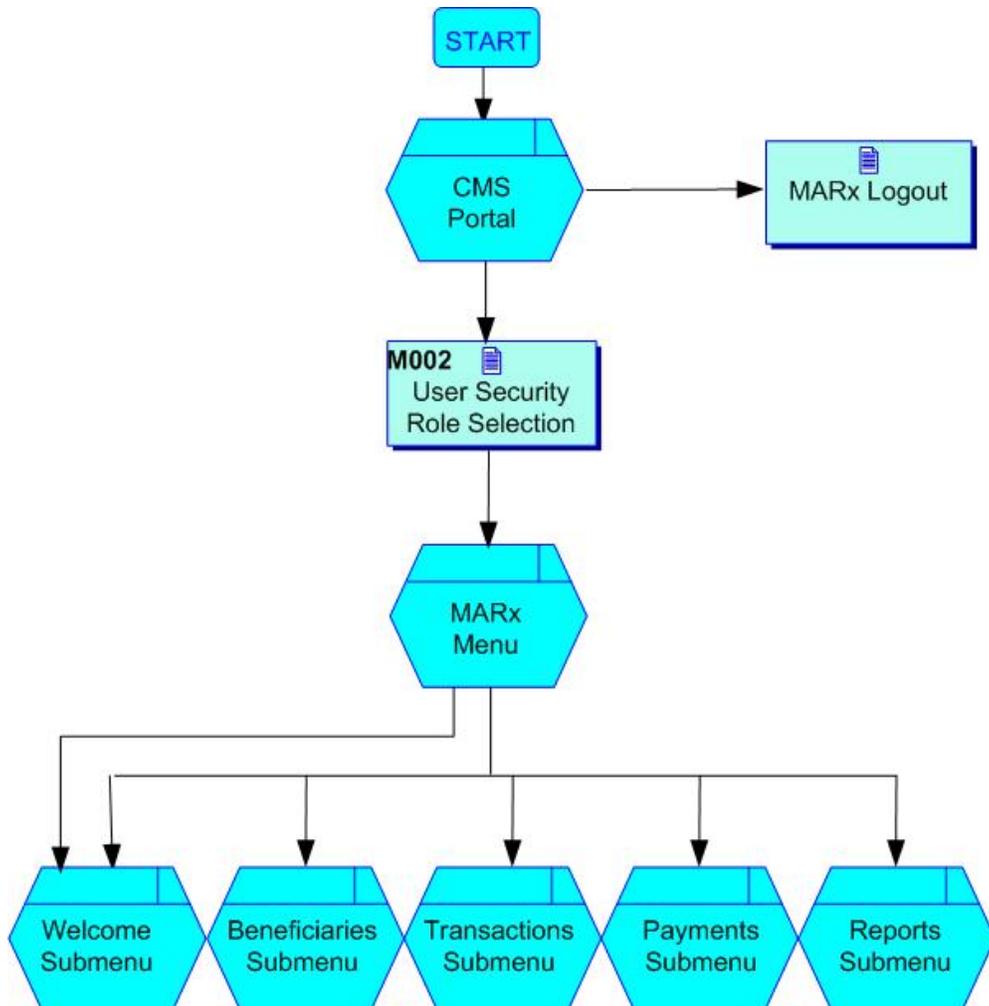
The MARx UI screens are accessed using the “drill-down” method of navigation. Functions are grouped together under a common menu item (e.g., most of the beneficiary-specific information can be found under the Beneficiary menu item). Table F-1 lists the names of the MARx UI screens that are accessible to MCOs, their screen numbers (for reference only), and on which page of this appendix (F) they can be found.

Table F-1 - Screen Lookup Table

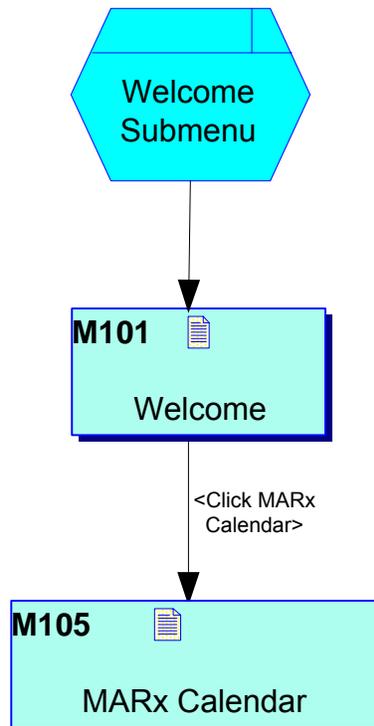
Screen Name	Screen Number	Page Number(s) in This Appendix
Logon, Logoff, and Welcome Screens		
MARx Logout		F-3
User Security Role Selection	M002	F-3
Welcome	M101	F-4
MARx Calendar	M105	F-4
Beneficiaries Screens		
Beneficiaries: Find	M201	F-5
Beneficiaries: Search Results	M202	F-5
Beneficiary Detail: Snapshot	M203	F-5
Beneficiary Detail: Enrollment	M204	F-5
Beneficiary Detail: Status	M205	F-5
Beneficiary Detail: Payments	M206	F-5
Beneficiary Detail: Adjustments	M207	F-5
Payment/Adjustment Detail	M215	F-5, F-7
Beneficiary Detail: Factors	M220	F-5
Enrollment Detail	M222	F-5
Beneficiary Detail: Premiums	M231	F-5
Beneficiaries: Eligibility	M232	F-5
Beneficiary Detail: Utilization	M233	F-3
Transactions Screens		
Transactions: Batch Status	M307	F-6
Batch File Details	M314	F-6
Payments Screens		
Payments: MCO	M401	F-7
Payments: MCO Payments	M402	F-7
Payments: Beneficiary	M403	F-7
Payments: Beneficiary Search Results	M404	F-7
Beneficiary Payment History	M406	F-7
Adjustment Detail	M408	F-7
Payments: Premiums and Rebates	M409	F-7

Screen Name	Screen Number	Page Number(s) in This Appendix
Reports Screens		
Reports: Find	M601	F-8
Reports: Search Results	M602	F-8

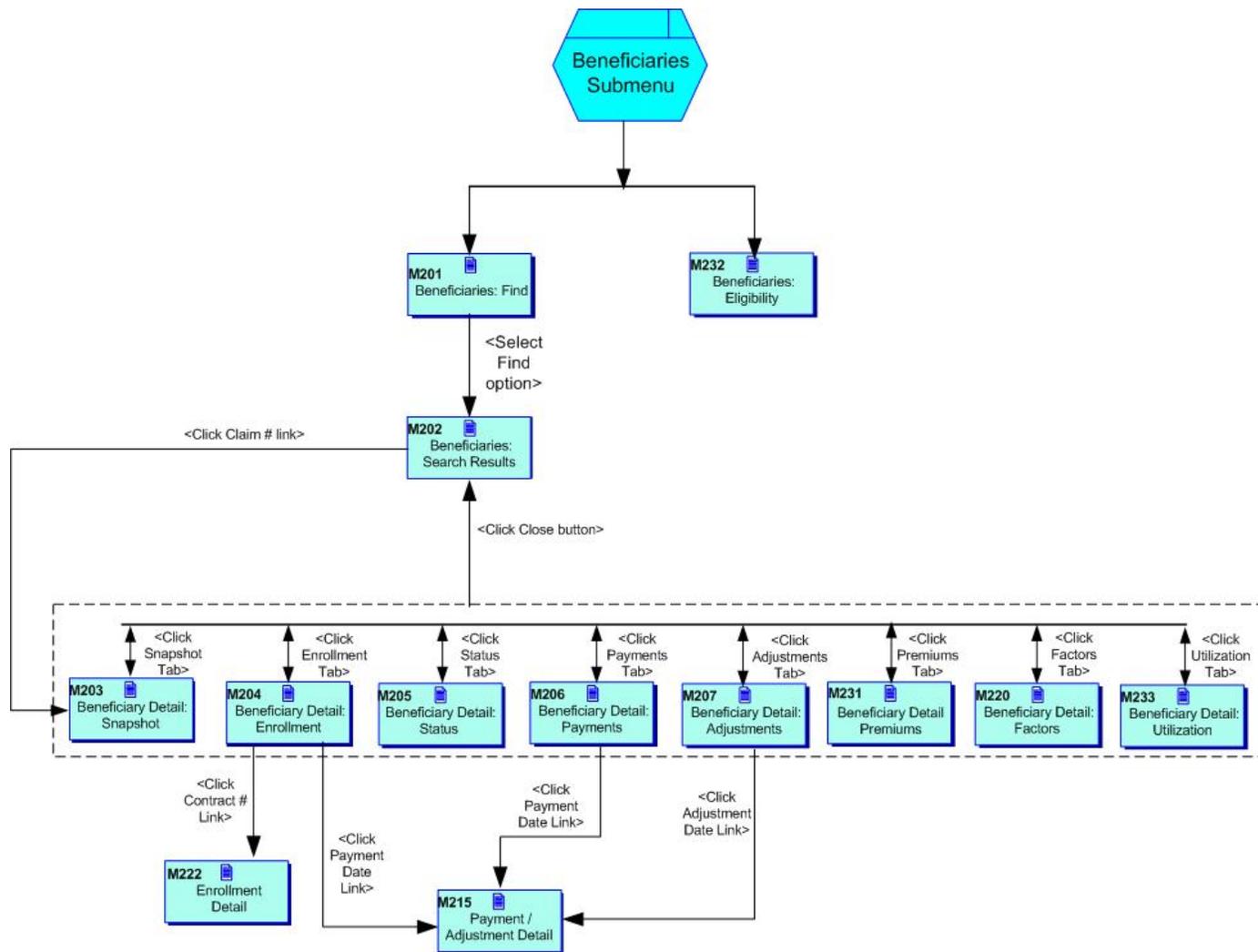
F.1 Main Menu



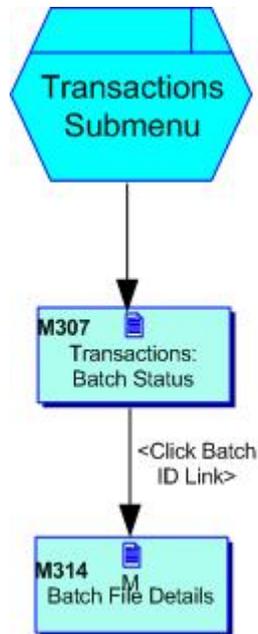
F.2 Welcome Submenu



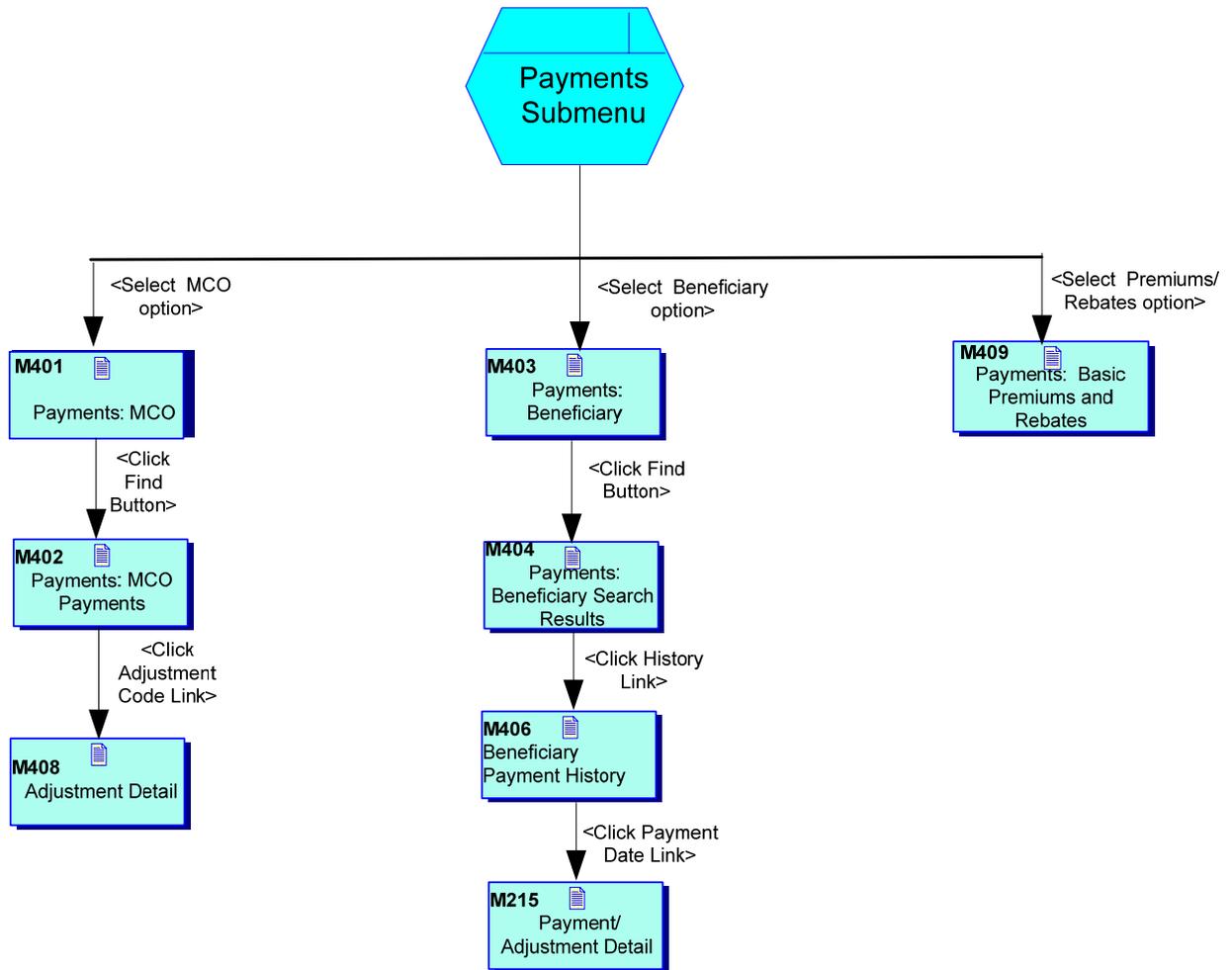
F.3 Beneficiaries Submenu



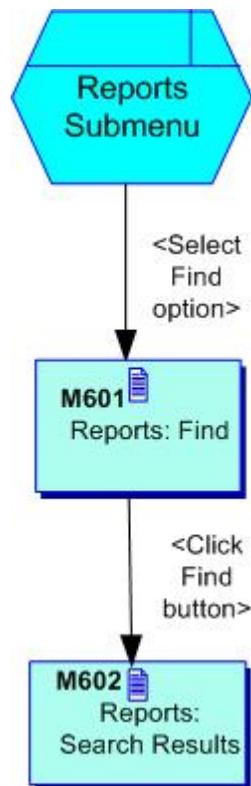
F.4 Transactions Submenu



F.5 Payments Submenu



F.6 Reports Submenu



G: Validation Messages

Table G-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 G-1).

Beneficiaries: Find (M201)
PBP number must be 3 alpha-numeric characters

Figure G-1. Validation Message Placement on Screen

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

Table G-1 - Validation Messages

Error Messages	Suggested Action
A contract number must be entered	Enter the field specified by the message.
A contract number must start with an 'H', '9', 'R', 'S', 'F,' or 'E' and be followed by 4 characters	Re-enter the contract number.
A sex must be selected	Enter the field specified by the message.
A state must be selected	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.
<kind of date> must be entered	Enter the field specified by the message.
PBP number must be 3 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 be a 3 digit number	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 without apostrophes, hyphens, and blanks.
You do not have access rights to this contract	First, make sure that you entered the Contract # correctly. If not, re-enter it, if you did and you should have rights to this contract, see the Security Administrator who can update your user profile to give you these rights.

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H: Codes

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

H.1 Transaction Codes

Table H-1 lists the Transaction Codes and the description of each code.

Table H-1 - Transaction Codes

Code	Description
01	MCO Correction
51	Disenrollment from MCO in Batch
54	Disenrollment (MEDICARE CSC)
60	Enrollment (Employer Group)
61	Enrollment
71	Plan Benefit Package (PBP) Change
72	Plan Change

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H.2 Transaction Reply Codes

Table H-2 lists the possible reply codes returned for the transactions in Appendix H.1.

Type codes: A= Accepted; M= Maintenance; P= Pending; R=Rejected/Failed (Depending on the values in a given field, a transaction may be either Rejected or Failed. For example, TR037 may be a reject if the date in the transaction is too far in the future, but a failure if the date field contains non-numeric characters. To keep this table simple, only the 'R' label will appear in the Type column.

Legend for Type: A = Accepted; D = Duplicate; M = Maintenance; P = Pending; R = Rejected.

Table H-2 - Transaction Reply Codes

Code/Type*	Title	Short Definition	Definition
001 R	Invalid Transaction Code	BAD TRANS CODE	A transaction attempted to process. The transaction was rejected, because the input transaction code was an invalid value. Valid transaction code values are 01, 51, 60, 61, 71 and 72. The transaction should be resubmitted with a valid transaction code. <i>NOTE: Tran Codes 30 & 31 are valid for pre-2004 adjustments</i>
002 R	Invalid Correction Action Code	BAD ACTION CODE	A correction transaction attempted to process. The transaction was rejected, because the supplied action code was an invalid value. The valid action code values are D, E, F and G. The transaction should be resubmitted with a valid action code.
003 R	Invalid Contract Number	BAD CONTRACT #	An enrollment, disenrollment, correction, or demonstration factor update transaction attempted to process. The transaction was rejected because no current record was found in the contract file for the input contract number. <i>NOTE: Description is not on CMS website. Based on input from iCORP.</i>
004 R	Beneficiary Name Required	NEED MEMB NAME	An enrollment, disenrollment, or PBP change transaction attempted to process. The transaction was rejected, because a match could not be found for the beneficiary and the beneficiary name was not included on the transaction record. The transaction should be resubmitted with beneficiary name included.
005 R	Invalid Sex Code	BAD SEX CODE	A demonstration factor update transaction attempted to process (trans code 30 or 31). The transaction was rejected because the value in the sex field was not 0, 1 or 2. <i>NOTE: Description is not on CMS website. Based on input from iCORP.</i>

Code/Type*	Title	Short Definition	Definition
006 R	Invalid Birth Date	BAD BIRTH DATE	A demonstration factor update, enrollment, disenrollment, or PBP change transaction attempted to process. The transaction was rejected because a match could not be found for the beneficiary and the value in the date of birth field was not a valid date in the format YYYYMMDD. <i>NOTE: Description is not on CMS website. Based on input from iCORP.</i>
007 R	Invalid Claim Number	NO MATCH—HICN	An enrollment, disenrollment, PBP change, or correction transaction attempted to process. The transaction was rejected, because the claim number was not in a valid format. The valid format for a claim number could take one of two forms: 1. HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions alphanumeric. 2. RRB is a 7 to 12 position value, with the first 1 to 3 positions alpha and the last 6 or 9 positions numeric. The transaction should be resubmitted with a valid claim number (HICN) or RRB.
008 R	Beneficiary Not Found	BENE NOT FOUND	A transaction attempted to process. The transaction was rejected, because the claim number was not found in the CMS system. The transaction should be resubmitted with a valid claim number. <i>NOTE: In these cases, the incoming transaction is intended to update a record that was previously established on the managed care databases, that is, the beneficiary has already been enrolled in an MCO. The incoming transaction is attempting to add new information about status, applying a payment factor, or ending the enrollment period. The error code means that the original enrollment record is not found.</i>
009 R	No Match on Name	NO MATCH—NAME	A transaction attempted to process. The transaction was rejected because the name on the incoming record did not match a record on the database. The transaction should be resubmitted with the correct name. <i>NOTE: This label is not precise. This reply code indicates that the managed care system was not able to find a unique beneficiary that matched on 3 of 4 of the following: surname, first initial, date of birth, and sex code.</i>
010 R	Invalid Medicaid Transaction	INVALID MCAID	A correction transaction attempted to process with an action code of 'F' (turn Medicaid OFF). The transaction was rejected, because the Medicaid status was not set by the MCO and for that reason, could not be turned off by the MCO. <i>NOTE: Edit suspended in 2004 by CMS.</i>
011 A	Enrollment Accepted as Submitted	ENROLL ACCEPTED	The new enrollment has been successfully processed. The effective date of the new enrollment is shown in field 18 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.

Code/Type*	Title	Short Definition	Definition
012 A	Enrollment Accepted, with SCC Override	[obsolete]	This transaction code is obsolete. <i>NOTE: Description is not on CMS Website. Based on input from iCORP.</i>
013 A	Disenrollment Accepted as Submitted	DISENROL ACCEPT	The disenrollment has been successfully processed. The effective date of the disenrollment is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.
014 A	Disenrollment Due to Enrollment in Another Plan	DISNROL-NEW MCO	A new enrollment was successfully processed for the beneficiary, which placed them in another MCO. As a result, the beneficiary was disenrolled from the MCO receiving this message. The effective date of the disenrollment is shown in field 24 of the Transaction Reply record. In field 28 the Contract number of the source is shown. On the printed report, the disenrollment date is shown in the EFF DATE column, and the MCO causing the disenrollment is shown in the SOURCE ID column.
015 A	Enrollment Canceled	ENROLL CANCELED	An enrollment was canceled due to one of the following reasons: MCO disenrollment with same effective date; auto-disenrollment with same effective date; a MCO's disenrollment request dated the month prior to enrollment; a loss of Part A or B Entitlement; or the beneficiary is in the ESRD health status prior to enrollment. <i>NOTE: Auto-disenrollment occurs when a beneficiary is enrolled in another contract prior to the effective date.</i>
016 A	Enrollment Accepted, Out Of Area	ENROLL-OUT AREA	A new enrollment was processed, but the beneficiary's residence state and county codes place the beneficiary outside of the MCO's approved service area. The effective date of the new enrollment is shown in field 18 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column. If the SCC shown on the printed report differs from your records prompt the beneficiary to visit the Social Security Administration Field Office (SSAFO) to change their address. This will enable a more accurate payment for this beneficiary to be made. <i>NOTE: The 'conditional' aspect no longer applies; this TR code is now merely an alert that the beneficiary's SCC in CMS records is not within the service area.</i>

Code/Type*	Title	Short Definition	Definition
017 A	Enrollment Accepted, Payment Default Rate	ENROLL—BAD SCC	A new Part C enrollment was processed, but valid residence state and county codes were not available and could not be derived from the zip code. The enrollment is considered valid by the system; however, since there is no valid residence state and county codes, Part C payment is made for this beneficiary at the plan bid rate with no geographic adjustment. When valid residence information is provided to the system, payment will be made using the updated residence information. The effective date of the new enrollment is shown in field 18 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.
018 A	Automatic Disenrollment	AUTO DISENROLL	An action occurred which caused an automatic disenrollment of this beneficiary. A disenrollment action was not submitted by CMS or the plan. This action could result from a change in the beneficiary's personal characteristics. For example, a death notice, or loss of Part A or Part B Entitlement would cause an enrolled beneficiary to be automatically disenrolled. The effective date of the disenrollment is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column, and the reason for disenrollment is shown in the REMARKS column.
019 R	Enrollment Rejected - Loss Of Part A And B Entitlement	NO ENROLL-NO AB	An enrollment attempted to process. The enrollment failed because the beneficiary is not entitled to both Part A and Part B of Medicare.
020 R	Enrollment Rejected - PACE Under 55	NO ENROLL-NOT 55	An enrollment attempted to process for a PACE plan. The enrollment failed because the beneficiary is not yet 55 years of age
021 A	Enrollment Accepted, Date Modified	[Obsolete]	This transaction code is obsolete. <i>NOTE: Description is not on CMS Website. Obsolete in GHP.</i>
022 A	Enrollment Accepted, Claim Number Change	ENROLL-NEW HICN	A new enrollment was successfully processed for a beneficiary whose claim number has changed. The effective date of the new enrollment is shown in field 18 of the Transaction Reply record. The new claim number is shown in field 24. The old claim number will appear in field 1. On the printed report the enrollment date is shown in the EFF DATE column, and the new claim number is shown in the REMARKS column. Any further actions submitted for this beneficiary must use the new claim number.

Code/Type*	Title	Short Definition	Definition
023 A	Enrollment Accepted, Name Change	ENROLL-NEW NAME	A new enrollment was successfully processed for a beneficiary whose name has changed. The effective date of the new enrollment is shown in field 18 of the Transaction Reply record. The new name will appear in fields 2, 3 and 4. On the printed report, the enrollment date is shown in the EFF DATE column, and the new name is shown in the SURNAME, FIRST NAME and MI columns.
024 A	Disenrollment Accepted, Date Modified	[Obsolete]	This transaction reply code is obsolete. <i>NOTE: Description is not on CMS website. Obsolete in GHP.</i>
025 A	Disenrollment Accepted, Claim Number Change	DISROL-NEW HICN	A disenrollment was successfully processed for a beneficiary whose claim number has changed. The new claim number is shown in field 24. The old claim number will appear in field 1. On the printed report, the disenrollment date is shown in the EFF DATE column, and the new claim number is shown in the REMARKS column. Any further actions submitted for this beneficiary should use the new claim number.
026 A	Disenrollment Accepted, Name Change	DISROL-NEW NAME	A disenrollment was successfully processed for a beneficiary whose name has changed. The new name will appear in fields 2, 3, and 4. On the printed report, the disenrollment date is shown in the EFF DATE column, and the new name is shown in the SURNAME, FIRST NAME, and MI columns.
027 A	Demonstration Beneficiary Factor Set	DEMO FACTOR ON	A demonstration factor was successfully processed for a beneficiary. The effective start date of the factor is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column. <i>NOTE: This reply code is only applicable to transactions that update beneficiary-specific risk adjustment factors for certain demonstration MCO contracts, i.e., GHP_TRAN_CD 30 and 31.</i>
028 A	Demonstration Beneficiary Factor Terminated	DEMO FACTOR OFF	A demonstration factor with an end date was successfully processed for a beneficiary. The effective end date of the factor is show in field 24 of the Transaction Reply record. On the printed report the value is shown in the EFF DATE column. <i>NOTE: This reply code is only applicable to transactions that update beneficiary-specific risk adjustment factors for certain demonstration MCO contracts, i.e., GHP_TRAN_CD 30 and 31.</i>

Code/Type*	Title	Short Definition	Definition
029 A	Demo Beneficiary Factor Cancellation	DEMO FACTOR CAN	A demonstration factor was successfully processed for a beneficiary. A factor originally established has been cancelled, and is no longer valid. NOTE: This reply code is only applicable to transactions that update beneficiary-specific risk adjustment factors for certain demonstration MCO contracts, i.e., GHP_TRAN_CD 30 and 31. NOTE: Description is not on CMS website. Based on input from iCORP
030 R	Enrollment Held, Pending Medicare Entitlement Confirmation	[Obsolete]	An enrollment attempted to process, but the beneficiary does not appear on the Medicare Beneficiary database (MBD) or does not have Part A or Part B entitlement. Very infrequently, Medicare enrollments may not be posted in a timely fashion. In these cases, MARX will hold the enrollment for a period of time (3 months), to allow for the completion of the MBD record keeping. NOTE: Description is not on CMS website. Obsolete in GHP. Valid for MARX (transaction orbiting capability).
031 R	Enrollment Rejected, Data Not In Enrollment Database	MEMB NOT MCARE	An enrollment transaction attempted to process. The enrollment was rejected because the beneficiary could not be located in the MBD. Verify the claim number and name and resubmit the transaction. NOTE: This transaction reply code will be generated after the orbit period has elapsed if the beneficiary is still not found in the MBD.
032 R	Enrollment Rejected, Beneficiary Not Entitled to Part B	MEMB HAS NO B	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary did not have Medicare Part B Entitlement. Part B entitlement is required for enrollment in a managed care plan. NOTE: This edit is applied immediately; no orbit period.
033 R	Enrollment Rejected, Beneficiary Not Entitled to Part A	MEMB HAS NO A	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary did not have Medicare Part A Entitlement. Part A entitlement is required for enrollment in a managed care plans. NOTE: This edit is applied immediately; no orbit period.
034 R	Enrollment Rejected, Beneficiary is Not Age 65	MEMB NOT AGE 65	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary was not age 65 or older. The age requirement is MCO-specific.

Code/Type*	Title	Short Definition	Definition
035 R	Enrollment Rejected, Beneficiary is in Hospice Status	MEMB IN HOSPICE	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary was in Hospice status. The Hospice requirement is MCO specific (e.g., applies only to 1876 Cost Plans). The attempted enrollment date is shown in field 24 of the Transaction Reply record.
036 R	Enrollment Rejected, Beneficiary is Deceased	MEMB DECEASED	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary is deceased. The attempted enrollment date is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the REMARKS column.
037 R	Enrollment Rejected, Invalid Date	BAD ENROLL DATE	An enrollment transaction, PBP election or plan change attempted to process. The enrollment was rejected, because the submitted enrollment effective date was either an invalid numeric value; a date more than 3 months in the future; a date not the first of the month; or a code 60 was with a future date or a date more than 3 months before the prospective payment month. Retroactive PBP change requests are also rejected with this transaction reply code. The transaction should be resubmitted with a valid date.
038 D	Enrollment Rejected, Duplicate Transaction	DUPLICATE	An enrollment transaction attempted to process. The enrollment was rejected, because another enrollment transaction submitted by the same plan, with the same effective date, was already processed. The effective date appears in field 18 of the Transaction Reply record. No action is required by the plan.
039 R	Enrollment Rejected, Currently Enrolled in Same Plan	ALREADY ENROLL	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary was already enrolled in this plan. No action is required by the plan.
040 R	Enrollment Rejected, Multiple Enrollment Transactions	MULTIPLES	An enrollment transaction attempted to process. The enrollment was rejected, because the transaction was one of several that were submitted with the same effective date and application date.
041 R	Invalid Demonstration Beneficiary Factor Date	BAD FACTOR DATE	A beneficiary factor update request attempted to process. The transaction 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 effective end date.
042 R	Enrollment Rejected, Blocked	ENROLL BLOCKED	An enrollment transaction attempted to process. The enrollment was rejected, because the MCO is currently blocked from enrolling new beneficiaries.

Code/Type*	Title	Short Definition	Definition
043 R	Invalid Demonstration Beneficiary Factor	BAD FACTOR	A beneficiary factor update request attempted to process. The transaction was rejected, because the factor was not in a valid format; or the factor was larger than allowed. NOTE: the factor must be 7 positions long, with the 3 rd position being '.' and the other 6 positions numeric.
044 R	Enrollment Rejected, Outside Contracted Period	NO CONTRACT	An enrollment transaction attempted to process. The enrollment was rejected, because the submitted enrollment date is outside the contracted period with CMS.
045 R	Enrollment Rejected, Beneficiary is in ESRD Status	MEMB HAS ESRD	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary is in ESRD (end-stage renal disease) status. The attempted enrollment effective date is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the REMARKS column.
046 R	Enrollment Rejected; No response from HI Master	[obsolete]	This transaction reply code is obsolete. NOTE: Description is not on CMS website.
047 R	Enrollment Rejected, Retroactive Effective Date	RETRO ENROLL DT	An enrollment transaction attempted to process. The enrollment was rejected, because the enrollment effective date submitted was not within the acceptable retroactive period. The enrollment should be resubmitted with an effective date that is not less than one month before the prospective payment month.
048 A	Nursing Home Certifiable Status Set	NHC ON	A transaction has been processed placing the beneficiary in Nursing Home Certifiable (NHC) status. The NHC health status is MCO specific (e.g., applies only to SHMO plans). The NHC effective start date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
049 A	Nursing Home Certifiable Status Terminated	NHC OFF	This transaction code is obsolete. NOTE: NHC periods always have an end date. TR code 159 is used to acknowledge online changes to NHC periods.
050 R	Disenrollment Rejected, Not Enrolled	NOT ENROLLED	A disenrollment transaction attempted to process. The disenrollment was rejected, because the beneficiary was not currently enrolled in the plan.
051 R	Disenrollment Rejected, Invalid Date	BAD DISENR DATE	A disenrollment transaction attempted to process. The disenrollment was rejected, because the effective date was an invalid numeric value or outside the allowable time frame. The transaction should be resubmitted with a valid date.

Code/Type*	Title	Short Definition	Definition
052 R	Disenrollment Rejected, Duplicate Transaction	DUPLICATE	A second disenrollment transaction attempted to process. The disenrollment was rejected, duplicate transaction, no process necessary. The effective date of the disenrollment is displayed in field 18 of the Transaction Reply record. No action is required by the plan.
053 R	Disenrollment Rejected, Before Current Enrollment	DATE LT ENROLL	A disenrollment transaction attempted to process. The disenrollment was rejected, because the disenrollment effective date submitted was earlier than the effective enrollment date on record. The transaction should be resubmitted with a valid date.
054 R	Disenrollment Rejected, Retroactive Date	RETRO DISN DATE	A disenrollment transaction attempted to process. The disenrollment was rejected, because the effective date was outside the allowable time frame. The disenrollment should be resubmitted with a valid date.
055 M	ESRD Status Canceled	ESRD CANCELED	The ESRD status information which was previously set has been canceled. The effective date of the status period canceled is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.
056 R	Demonstration Enrollment Rejected	FAILS DEMO REQ	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary did not meet the Demonstration requirements. For example, the beneficiary is currently known to be Working Aged or not known to be ESRD. These requirements are MCO specific. The attempted enrollment effective date is shown in field 24 of the Transaction Reply record. On the print report, the value is shown in the EFF DATE column. NOTE: In the legacy system, this TR code was used only for ESRD Demonstrations. However, for MARX it can be used for Demos in general.
057 M	Risk Adjuster Factor Change	RA FACTOR CHG	The Risk Adjuster System (RAS) has created new factors for this beneficiary, which may result in payment adjustments. NOTE: Description is not on CMS website.
058 R	SSA Disenrollment Rejected, Cancel New Enrollment	CANNOT CANCEL	A disenrollment transaction from an SSAFO attempted to process. The disenrollment was rejected because the effective date of the disenrollment if applied would result in a cancellation of the enrollment period. The attempted disenrollment effective date is shown on the printed report under the EFF DATE column. NOTE: This code is obsolete with the implementation of new transaction formats for MARx.

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Code/Type*	Title	Short Definition	Definition
059 M	Working Aged Status Canceled	WA CANCEL	The working aged status information which was previously set has been canceled. The effective date of the status period canceled is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.
060 R	Correction Rejected, Not Enrolled in Plan	NOT ENROLLED	A correction transaction attempted to process. The correction was rejected, because the beneficiary is no longer enrolled under the incoming contract number. MCOs are not permitted to process transactions against beneficiaries that are not enrolled in their plan.
061 R	Correction Rejected, Retroactive Change	[Obsolete]	This transaction reply code is obsolete. NOTE: Description is not on CMS website. Obsolete in GHP.
062 R	Correction Rejected, Overlaps Other Period	INS-NHC OVERLAP	A correction transaction attempted to process. The correction was rejected, because another correction transaction submitted by the same plan, with the same effective date, was already processed. No action is required by the MCO. NOTE: Currently, this transaction reply refers to the overlap of an institutional period and an NHC period. These two types of periods are mutually exclusive.
063 R	Correction Rejected, Extend Past Death Date	[Obsolete]	This transaction code is obsolete. NOTE: Description is not on CMS website. Obsolete in GHP.
064 R	Correction Rejected, Invalid Date	[Obsolete]	This transaction code is obsolete. NOTE: Description is not on CMS website. Obsolete in GHP.
065 A	WA Accepted, Not Yet Posted	WA OK/NOT POST	A Working Aged (HUSP) transaction has been received by CMS. The transaction was sent on for further processing. This reply is to confirm that the request has been received and forwarded to the COB contractor. This does not mean acceptance by COB or CWF. NOTE: This code became obsolete in 2004 with the new working aged adjustment process and retirement of the HUSP process.
066 M	WA Status Set	WA ON	A Working Aged status has been set for a beneficiary. The effective Working Aged start date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column. NOTE: This code became obsolete in 2005 with the new working aged adjustment process.

Code/Type*	Title	Short Definition	Definition
067 M	WA Status Terminated	WA OFF	A Working Aged status has been terminated for a beneficiary. The effective Working Aged termination date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column. NOTE: This code became obsolete in 2005 with the new working aged adjustment process.
068 R	Working Aged Status Rejected	WA REJECT	A Working Aged transaction attempted to process. The transaction was rejected because the supplied input did not pass all required edits. The failed edits are noted by the SP Error Code, which can be found in the Plan Communications User's Guide under the appendix marked "MSP Maintenance Transaction Error Codes." NOTE: This code became obsolete in 2004 with the new working aged adjustment process and retirement of the HUSP process.
069 P	Working Aged Status Pending	[obsolete]	A Working Aged transaction has been received by CMS, but is pending because it has not completed processing. NOTE: This code became obsolete in 2004 with the new working aged adjustment process and retirement of the HUSP process.
070 A	Prior Commercial Enr Changed	COMM ENROL CHG	An online transaction changed the length of a previously reported period of commercial enrollment. NOTE: Description is not on CMS website. Based on input from iCORP
071 M	Hospice Status Set	HOSPICE ON	A notification has been received from CMS's Hospice system placing the beneficiary in Hospice status. The effective Hospice start date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
072 M	Hospice Status Terminated	HOSPICE OFF	A notification has been received from CMS's Hospice system terminating the beneficiary's Hospice status. The effective Hospice end date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
073 M	ESRD Status Set	ESRD ON	A notification has been received from CMS's ESRD system placing the beneficiary in ESRD status. The effective ESRD start date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
074 M	ESRD Status Terminated	ESRD OFF	A notification has been received from CMS's ESRD system terminating the beneficiary's ESRD status. The effective ESRD end date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.

Code/Type*	Title	Short Definition	Definition
075 A	Institutional Status Set	INSTITUTION ON	A transaction has been received placing the beneficiary in Institutional status. The effective Institutional start date is shown in field 22 and 24 of the Transaction Reply record. On the printed report this value is shown in the EFF DATE column. Institutional automatically ends each month; therefore, there is no termination status transaction.
076 A	Institutional Status Terminated	INSTITUTION OFF	This transaction reply code is obsolete. NOTE: Institutional periods always have an end date. TR code 158 is used to acknowledge online changes to institutional period dates.
077 A/M	Medicaid Status Set	MEDICAID ON	A transaction has been received placing the beneficiary in Medicaid Status. The effective Medicaid start date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
078 A/M	Medicaid Status Terminated	MEDICAID OFF	A transaction has been received terminating the beneficiary Medicaid status. The effective Medicaid end date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
079 M	Part A Termination	MEDICARE A OFF	A notification has been received terminating the beneficiary's Part A Entitlement. The effective Part A Entitlement end date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
080 M	Part A Reinstatement	MEDICARE A ON	A notification has been received reinstating the beneficiary's Part A Entitlement. The effective Part A Entitlement start date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column. NOTE: This reply code is only prepared if the beneficiary is still enrolled in some managed care contract. If the beneficiary has been disenrolled, but not re-enrolled, the reply code is not issued.
081 M	Part B Termination	MEDICARE B OFF	A notification has been received terminating the beneficiary's Part B Entitlement. The effective Part B Entitlement end date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.

Code/Type*	Title	Short Definition	Definition
082 M	Part B Reinstatement	MEDICARE B ON	A notification has been received reinstating the beneficiary's Part B Entitlement. The effective Part B Entitlement start date is shown in field 24 of the Transaction Reply Record. On the printed report, this value is shown in the EFF DATE column. NOTE: This reply code is only prepared if the beneficiary is still enrolled in some managed care contract. If the beneficiary has been disenrolled, but not re-enrolled, the reply code is not issued.
083 A	Enrollment Date Change	NEW ENROLL DATE	CMS staff changed the effective date for an enrollment. The new effective date of the enrollment is shown in field 24 of the Transaction Reply record. This value is also present in field 18. On the printed report, this value is shown in the EFF DATE column.
084 A	Disenrollment Date Change	NEW DISROL DATE	CMS staff changed the effective date for a disenrollment. The new effective date of the disenrollment is shown in field 24 of the Transaction Reply record. The effective enrollment date is shown in field 18. On the printed report, the effective disenrollment date is shown in the EFF DATE column.
085 M	State and County Code Change	NEW SCC	A notification has been received indicating that the beneficiary's State and County Code (SCC) information has changed. The new SCC is shown in fields 9-10 and 24 of the Transaction Reply record. On the printed report, the new SCC is shown in the REMARKS column.
086 M	Claim Number Change	NEW HICN	A notification has been received indicating that the beneficiary's claim number has changed. The new claim number is shown in field 24 of the Transaction Reply record. On the printed report, the new claim number is shown in the REMARKS column.
087 M	Name Change	NEW NAME	A notification has been received indicating that the beneficiary's name has changed. The new name is shown in fields, 2, 3 and 4 of the Transaction Reply record. On the printed report, the new name is shown in fields 2, 3 and 4 of the Transaction Reply record. On the printed report, the new name is shown in the SURNAME, FIRST NAME and MI columns.
088 M	Sex Code Change	NEW SEX CODE	A notification has been received indicating that the beneficiary's sex code has changed. The new Sex code is shown in field 5 of the Transaction Reply record. On the printed report, the new Sex code is in the SEX column.
089 M	Date of Birth Change	NEW BIRTH DATE	A notification has been received indicating that the beneficiary's date of birth has changed. The new date of birth is shown in field 6 of the Transaction Reply record. On the printed report, the new birth date is shown in the DATE OF BIRTH and EFF DATE columns.

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Code/Type*	Title	Short Definition	Definition
090 M	Date of Death Established	MEMB DECEASED	A notification has been received indicating that the beneficiary is deceased. The date of death is shown in field 24 of the Transaction Reply record. On the printed report, the date of death is shown in the EFF DATE column.
091 M	Date Of Death Removed	DEATH DATE OFF	Previously, the Medicare Beneficiary Database reported a date of death for this beneficiary. That date has been removed, as the beneficiary is still alive. NOTE: This reply code is not issued if the beneficiary is no longer enrolled in any MCO. NOTE: Description is not on CMS website.
092 M	Date of Death Corrected	NEW DEATH DATE	A notification has been received indicating that the beneficiary's date of death has been corrected. The corrected date of death is shown in field 24 of the Transaction Reply record. On the printed report, the corrected date of death is shown in the EFF DATE column.
093	SCC Exemption Code Change	[Obsolete]	This transaction reply code is obsolete. NOTE: Description is not on CMS website. Code obsolete in GHP.
094 R	No Match on Name	[Obsolete]	This transaction reply code is obsolete. NOTE: Description is not on CMS website. Code obsolete in GHP.
095 R	Invalid State, County Or Zip Code	BAD ADDRESS	The State, County or ZIP code received from the MBD is invalid. If these codes differ from your records, prompt the beneficiary to visit the Social Security Administration Field Office (SSAFO) to change their address. This will enable MARX to make a more accurate payment for this enrollment. NOTE: Description is not on CMS website.
096	SCC Already Exists	[Obsolete]	This transaction reply code is obsolete. NOTE: Description is not on CMS website
097 R	Medicaid Previously Turned On	MCAID PREV ON	A transaction attempted to process the start of a Medicaid period and was rejected because the Medicaid status for the beneficiary was already on for the month in question. No action required by the plan.
098 R	Medicaid Status Previously Turned Off	MCAID PREV OFF	A transaction attempted to process the end of a Medicaid period and was rejected because the Medicaid status was already off for the month in question. No action required by the plan.
099 M	Medicaid Period Change/Cancellation	MCAID CHANGE	A change has been made to a period of Medicaid status information for the beneficiary. No action required by the plan.

Code/Type*	Title	Short Definition	Definition
100 A	Election Change Accepted as Submitted	ELECTION OK	An M+CO has submitted a transaction type 71 to move a member from one benefit package to another. All applicable edits have been passed; the transaction has successfully processed. The effective date of the PBP election is shown in field 24 of the Transaction Reply record.
101 R	Rejected; Invalid Institutional Flag	BAD INST FLAG	Code is for transaction types 71/61/60/51. Must be Y or spaces. NOTE: Made obsolete by the August 2002 Plan Communications Guide.
102 R	Rejected; Invalid or Missing Application Date	BAD APP DATE	A transaction was rejected (60/61/71) because it was submitted with an invalid or missing application date. The application date must be present, represent a valid date and precede the effective date on the transaction (effective date of the enrollment or PBP change). Note that the application date is not a required field on transaction type 51 or 72, nor is it required for any enrollment submitted online by CMS. The transaction should be resubmitted with a valid date.
103 R	ICEP/IEP Election with Missing A/B Entitlement Date	ICEP/IEP NO ENT	The transaction is rejected because the beneficiary does not have entitlement for Part A and/or Part B on record—required for enrollment transactions (Code 61). Code is for transaction type 61 and election types I and E only.
104 R	Rejected; Invalid or Missing Election Type	BAD ELECT TYPE	Election type is either missing, not valid for plan or transaction type. , Election types A, N, S, O and T are valid for transaction types 51/60/61/71. Election types I and E are valid for transaction type 60/61.
105 R	Rejected; Invalid Effective Date for Election Type	BAD ELECT DATE	Effective date specified is not valid for the election type. Code is for transaction types 71/61/60/51; applies only to election types A, I, E, N, O, and T.
106 R	Rejected; Another Transaction Received with a Later Application Date	LATER APPLIC	The transaction was rejected (60/61/71) because a transaction with a more recent application date was received for the same effective date. When multiple transactions are received for the same beneficiary with the same effective date but with different contract/PBP #s, the application date will be used to determine which election to accept. Note that this code does not apply to transaction type 51, nor does it apply to an enrollment submitted online by CMS. If the application dates are different, the system will accept the election containing the most recent date. If the application dates are the same, they will all be rejected with a code of 040.
107 R	Rejected; Invalid or Missing PBP Number	BAD PBP NUMBER	The transaction was rejected (60/61/71/72) because the PBP # was missing or invalid. Note that the PBP # is not required on transaction type 51. The PBP # submitted on the 60/61/71/72 must be valid for the contract number on the transaction. The transaction should be resubmitted with a valid PBP #.

Code/Type*	Title	Short Definition	Definition
108 R	Rejected; Election Limits Exceeded	NO MORE ELECTS	Election limit exceeded for this election type. Code is for transaction types 71/61/60/51 and election types A, I, E, N, and O.
109 R	Rejected; Duplicate PBP Number	DUPLICATE	The transaction was rejected (71) because the member was already enrolled in the PBP # on the transaction. This code only applies to transaction type 71. The effective date of the requested enrollment is in field 18 of the Transaction Reply report.
110 R	Rejected; No Part A and No EGHP Enrollment Waiver	NO PART A/EGHP	The transactions was rejected (60/61/71) because the beneficiary lacks Part A and there was no EGHP Part B-only waiver in place. MCOs can offer PBP for EGHP members only, and, if the MCO chooses, it can define such PBPs for individuals who do not have Part A.
111 R	PBP Rejected; Invalid Contract Number	BAD CONTRACT #	The transaction was rejected (71) because the contract number on the transaction does not match the member's enrollment record. This code applies only to transaction type 71. The requested effective date of the enrollment appears in field 18 of the Transaction Reply report. The transaction should be resubmitted with the correct contract number.
112 R	Rejected; Conflicting Effective Dates	CNFLT EFF DATE	For a 71 or 71-X transaction (Note: 71X transactions have been discontinued starting with the February 2003 run), no current enrollment record is found for the beneficiary that has an effective start date before or on the effective date on the transaction. Also, for 71-X, the effective date on the transaction is after the PBP startup cutoff date.
113 M	Part B Premium Reduction Rate Change	PARTB REDUCT CH	Acknowledgement that the Part B premium reduction amount has been changed (Formerly related to the "BIPA 606" legislation; for 2006 and forward, part of the MMA legislation.)
114 R	Drug Coverage Change Rejected; Election Type must be AEP or OEPI	RX NOT AEP/OEPI	A plan will receive TRC 114 when a transaction is submitted for a previously enrolled beneficiary, whose Part D coverage is being added or dropped during the Medicare Advantage Open Enrollment Period (MA-OEP or the OEPNEW). Beneficiaries are not allowed to use the MA-OEP (or OEPNEW) to drop or add Part D coverage.
115 R	Enrollment Rejected; Plan Not Open	PLAN NOT OPEN	An OEP, OEPNEW, or OEPI enrollment was rejected because the plan is closed to such enrollments.

Code/Type*	Title	Short Definition	Definition
116 R	Enrollment or Change Rejected; Invalid or Missing Segment number	BAD SEGMENT NUM	The transaction (60/61/71) was rejected because the enrollment is for a PBP that has been segmented, and segment number on the transaction was missing or invalid. The Segment number submitted on transaction type 60/61/71 must be valid for the PBP and contract number. Or, a code 72 transaction was rejected because the (non-blank) segment number provided was invalid for that contract/PBP combination. The transaction should be resubmitted with a valid Segment number. <i>NOTE: Segment number is not required for transaction type 51.</i>
117 A	FBD Auto Enrollment Accepted	FBD AUTO ENROLL	CMS has performed an auto-enrollment of a full-benefit dual eligible beneficiary into a Part D Plan.
118 A	LIS Facilitated Enrollment Accepted	LIS FAC ENROLL	CMS has performed a facilitated enrollment of a low-income subsidy beneficiary into a Part D Plan.
119 A	Premium Amount Change Accepted	PREM AMT CHG	Plan has submitted a change transaction to update the Part D or Part C premium amount. The transaction was successful.
120 A	Premium Withholding Option Change Accepted	WHOLD UPDATE	Plan or CMS submitted a change transaction that resulted in an update to the premium withholding option. The transaction has been accepted at CMS successfully and forwarded to SSA for processing.
121 M	Beneficiary Low Income Status Updated	LIS UPDATE	The beneficiary's Part D low-income subsidy status has changed.
122 R	Enrollment or Change Rejected, Invalid Premium Amount	BAD PREMIUM AMT	The transaction (60/61/71) was rejected because the Part C or Part D premium amount was not numeric. A code 72 change transaction was rejected because a non-blank Part C or Part D premium amount was not numeric. Transaction should be resubmitted with corrected premium amount.
123 R	Enrollment or Change Rejected, Invalid Premium Withholding Option Code	BAD W/HOLD OPT	The transaction (60/61/71) was rejected because the Premium Withholding Option code contained an invalid value (valid values are D, S, R, O and N). A code 72 change transaction was rejected because a non-blank Premium Withholding Option code contained an invalid value. Transactions should be resubmitted with corrected option codes.

Code/Type*	Title	Short Definition	Definition
124 R	Enrollment or Change Rejected; Invalid Uncovered Months Field	BAD UNCOV MNTHS	The transaction (60/61/71) was rejected because the "Number of Uncovered Months" field contained a non-numeric value; OR, the "Uncovered Months" field was zero when the Creditable Coverage Switch was set to "N"; OR, the "Uncovered Months" field was greater than zero when the Creditable Coverage Switch was set to "Y" or blank; OR, a code 72 change transaction was rejected because a non-blank "Number of Uncovered Months" field contained a non-numeric value. Transactions should be resubmitted with corrected fields.
125 R	MSA Enrollment or Change Rejected, Invalid MSA Fields	BAD MSA DATA	The transaction (60/61/71) for Medical Savings Account (MSA) was rejected because one or more of these required fields was missing: beneficiary's social security number, bank account number, bank routing number, or bank account type code.
126 R	Enrollment or Change Rejected; Invalid Creditable Coverage Flag	BAD CRED COV FL	The transaction (60/61/71) was rejected because the "Creditable Coverage Flag" field contained an invalid value. A code 72 change transaction was rejected because a non-blank "Creditable Coverage Flag" field contained an invalid value. Transactions should be resubmitted with corrected fields.
127 R	Part D Enrollment Rejected; Employer Subsidy Status	EMP SUB REJ	The Enrollment was rejected because the beneficiary has employer subsidy status. The plan should contact the beneficiary to explain the 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.
128 R	Part D Enrollment Rejected; Employer Subsidy Flag set; No Prior Transaction	EMP SUB OVR REJ	The Enrollment was rejected because the beneficiary has employer subsidy status and the Employer Subsidy Override Flag was set, but the override is not valid because there is no record that the enrollment was previously submitted and rejected due to employer subsidy status. MARX enforces this two-step process to ensure that the plan discusses the consequences of the Part D enrollment (i.e., possible loss of employer health coverage) with the beneficiary before MARX accepts the employer subsidy override.
129 A	Part D Enrollment Accepted; Employer Subsidy Flag set; Prior Transaction Rejected	EMP SUB ACC	The Enrollment was accepted. A prior transaction was rejected because the beneficiary has employer subsidy status. This transaction (with employer subsidy override flag set) indicates that the plan has contacted the beneficiary to explain the consequences of this enrollment, and that the beneficiary elects to join the Part D plan anyway. [These three scenarios—126, 127 and 128—are outlined in the CMS/DEPO letter to the plans dated March 8, 2005.]
130 R	Part D Opt-Out Rejected, Opt-Out Indicator Not Valid	BAD OPT OUT CD	The Part D Opt-Out Flag submitted by the plan has an invalid value.

Code/Type*	Title	Short Definition	Definition
131 A	Part D Opt-Out Accepted	OPT OUT OK	A valid disenrollment transaction was received with a Part D Opt-Out Flag set to Y. The beneficiary will not be subject to auto-enrollment into Part D by CMS in the future.
132 A	Part D Enrollment Accepted; Missing RxID and/or Rx Group [Obsolete]	Obsolete	Plans submitting Part D transactions (60/61/71) must provide their RxID and RxGroup information. Although the transaction was accepted, plan should follow up with RxID and RxGroup numbers on a change transaction (72).
133 R	Part D Enrollment Rejected; Invalid Secondary Insurance Flag	BAD 2 INS FLAG	Plans submitting Part D transactions (60/61/71) must provide a valid value for the secondary drug coverage flag.
134 A	Part D Enrollment Accepted; Invalid Secondary Insurance	NO 2 INS INFO	Plans submitting Part D transactions (60/61/71) must indicate when a beneficiary has secondary drug coverage. This transaction reply indicates that the secondary insurance flag was set, but the secondary insurance RxID and RxGroup were not supplied. Plan should follow up with secondary insurance RxID and RxGroup ID information on a change transaction (72).
135 M	Beneficiary Has Started Dialysis Treatments	DIALYSIS START	A notification has been received that a beneficiary has ESRD and has begun dialysis treatments.
136 M	Beneficiary Has Ended Dialysis Treatments	DIALYSIS END	A notification has been received that a beneficiary has ESRD and is no longer receiving dialysis treatments.
137 M	Beneficiary Has Received a Kidney Transplant	TRANSPLANT	A notification has been received that a beneficiary has ESRD and has received a transplanted kidney.
138 M	Beneficiary Address Change to Outside the U.S.	ADDR NOT U.S.	A notification has been received that the beneficiary's address is now outside of the U.S.
139 A	EGHP Flag Change Accepted	EGHP FLAG CHG	A change (72) transaction has been successfully processed to change the EGHP Flag for the beneficiary.
140 A	Segment ID Change Accepted	SEGMENT ID CHG	A change (72) transaction has been successfully processed to change the Segment ID for the beneficiary.
141 A	Creditable Coverage Change Accepted	CRED COV CHG	A change (72) transaction has been successfully processed to change the creditable coverage information (Creditable Coverage Flag, Number of Uncovered Months) for the beneficiary.

Code/Type*	Title	Short Definition	Definition
142 A	Part D Rx Number Change Accepted	[Obsolete]	A change (72) transaction has been successfully processed to change the Part D plan RxID and/or RxGroup numbers for the beneficiary.
143 A	Secondary Insurance Rx Number Change Accepted	2 INS Rx # CHG	A change (72) transaction has been successfully processed to change the Secondary Insurance RxID and/or RxGroup numbers for the beneficiary.
144 M	Premium withhold option change to direct bill	PREM WHOLD CHG	Enrollment requests (transaction types 60, 61 and 71) initially requiring more than 3 months of premium withholding, or notices received from the beneficiary's retirement system (SSA, RRB or OPM) that it was unable to withhold the entire premium amount from the beneficiary's monthly check, require the premium withhold option be changed to 'direct bill'. The plan should contact the beneficiary to explain the consequences of this change.
145 M	Beneficiary no longer incarcerated	INCARCERATE OFF	Notice has been received from the MBD that the beneficiary is no longer incarcerated.
146 A	Rollover successful	ROLLOVER	A termination-rollover action was processed. These actions allow all members of a terminating organization (contract, plan or segment) to be 'rolled over' (automatically enrolled) in a new organization. No action is required by the plan, unless the action is in error, and results in beneficiaries being moved incorrectly. In this case, contact your CMS plan representative.
147 A	Rollover successful, RxID and RxGroup update required	[Obsolete]	A termination-rollover action involving a PDP or MA-PD was processed, and CMS needs updated RxID and RxGroup IDs for this member. Plan should submit a change transaction '72' for this member, supplying the new information.
148 A	Rollover successful, Secondary RxID and RxGroup update required	RLLOVR NEED 2RX	A termination-rollover action involving a PDP or MA-PD was processed, and CMS needs updated secondary insurance RxID and RxGroup IDs for this member. Plan should submit a change transaction '72' for the member, supplying the new information. NOTE: This TR code is only created when a 'rolled over' member previously had secondary Rx insurance information on file.
150 A	Enrollment accepted, Exceeds Capacity Limit	OVER CAP LIMIT	An enrollment has been accepted, but the resulting enrollment count exceeds the capacity limit for the contract or PBP. NOTE: Capacity limits do not apply to PDPs.
151 A	Disenrollment Accepted, Invalid Disenrollment Reason Code	DISROL-BAD RC [future use]	A disenrollment was successfully processed for a beneficiary but the disenrollment reason code was invalid. NOTE: This code is for FUTURE use.

Code/Type*	Title	Short Definition	Definition
152 M	Race Code Change	NEW RACE CODE	A notification has been received indicating that the beneficiary's race code has changed.
153 M	Expiration of Temporary Address	TEMP ADR EXPIRE	Beneficiary's temporary address has expired.
154 M	Out of Area Status	OUT OF AREA	Beneficiary's address has changed and is no longer in the service area; or, service area has been reduced, and the beneficiary's county is no longer in the service area.
155 M	Incarceration	INCARCERATED	A notification has been received, indicating that the beneficiary is incarcerated.
156 R	Batch Transaction Rejected, User Not Authorized for Contract	BAD USR FOR PLN	A batch transaction has been submitted by a user who is not authorized to submit transactions for the contract in question.
157 R	Contract Not Authorized for Transaction Code	UNAUT REQUEST	An enrollment, disenrollment, change, correction, or demonstration factor update transaction attempted to process. The transaction was rejected because the plan is not authorized to submit that type of transaction.
158 M	Institutional Period Change/Cancellation	INST CHANGE	CMS staff changed or cancelled an Institutional period for the beneficiary. No action required by the plan.
159 M	NHC Period Change/Cancellation	NHC CHANGE	CMS staff changed or cancelled a NHC period for the beneficiary. No action required by the plan.
160 R	Batch Transaction Rejected, User Not Authorized for Batch Submission	[Obsolete]	This transaction code is obsolete.
161 M	Beneficiary Record Alert from MBD	MBD ALERT	This unusual reply code indicates a problem with the Medicare enrollee rosters. If you receive this reply, please contact your central office support analyst for advice about how to proceed.
162 R	Invalid EGHP Flag Value	BAD EGHP FLAG	An invalid EGHP Flag value was specified on an enrollment transaction. The value must be Y or blank. The enrollment was rejected.
163 A	EGHP Flag Value Set	EGHP FLAG ON	The EGHP Flag value was set to Y by an enrollment transaction.
164 R	EGHP Flag Value not 'Y'	EGHP FLAG NOT Y	An Employer Group enrollment transaction (Code 60 transaction) was submitted with an EGHP Flag value set to a value other than 'Y'. The value must be Y for this type of transaction. The enrollment was rejected.

Code/Type*	Title	Short Definition	Definition
165 R	Processing Delayed	SYSTEM DELAY	Processing of this transaction has been delayed due to MARX system conditions. No action is required by the user. MARX will process the transaction as soon as possible.
166 R	Part D FBD Autoenrollment or Facilitated Enrollment Rejected	PARTD AUTO REJ	An automatic Part D enrollment of a full-benefit dual eligible beneficiary or a facilitated Part D enrollment was rejected because the CMS has a record of an 'opt out' option on file for the beneficiary.
167 M	Change in Beneficiary Low Income Premium Subsidy	NEW LIS PREMIUM	The beneficiary's Part D low-income subsidy status has changed, resulting in a change to the beneficiary's premium subsidy. The new Premium subsidy amount will be displayed in Field 24 of the Transaction Reply record.
168 M	Change in Beneficiary Low Income Cost Sharing Subsidy	NEW LIS COPAYS	The beneficiary's Part D low-income subsidy status has changed, resulting in a change to the beneficiary's co-payment levels. The new co-payment level will be displayed in Field 24 of the Transaction Reply Record.
169 R	Reinsurance Demonstration Enrollment Rejected	EMP SUBSIDY	An enrollment into a <i>reinsurance demonstration</i> has been rejected because the beneficiary has employer subsidy status. The plan should contact the beneficiary to explain the 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.
170 A	Enrollment or Change Accepted; Premium Withhold Option Changed to Direct Billing	PREM WH OPT CHG	Premium withholding option has been changed to "Direct Billing" for enrollees who are retirees (transaction type 60, 61, 71 or 72). The plan should contact the beneficiary to explain the consequences of this change.
171 R	Plan Change Rejected, Invalid Change Effective Date	BAD CHG EFF DT	Plan change (code 72 type of transaction) attempted to process. The transaction was rejected because the submitted transaction effective date was either more than three months in the future or a date not in the first of the month. The transaction should be submitted with a valid date.
172 R	Change Rejected; Creditable Coverage and/or Secondary Drug Information Not Applicable	CRED COV/2RX NA	A change transaction (72) is rejected because the Creditable Coverage Information (Creditable Coverage Flag and Number of Uncovered Months) and/or Secondary Drug Information (Secondary Drug Insurance Flag, Secondary RX ID and Secondary Rx Group) are not applicable to the selected plan type (MAs and other plans without drug coverage).

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Code/Type*	Title	Short Definition	Definition
173 R	Change Rejected; Premium Not Previously Set	NO PREMIUM INFO	The attempt to change a Beneficiary's Premium data element such as Premium Withhold Option for Part C or Part D, Part C Premium Amount, Part D Premium Amount, or Number of Uncovered Months rejected because the Beneficiary's Premium Enrollment was not previously established for the specified effective date.
174 A	Transaction Accepted	TRN ACCEPTED	Transaction 72 is processed and accepted with none of the change fields populated in the incoming transaction.
175 A	Change Accepted	SSN CHG ACCEPTED	MBD notification for change of Social Security Number is processed and accepted.
176 R	Transaction Rejected: Another Transaction Accepted	TRANSACTION REJECTED	A transaction (60/61/71) attempted to process. The beneficiary request for enrollment into a different contract was rejected by membership because of the beneficiary enrollment request into another contract for the same effective and application dates was successfully processed.
177 M	Change in Late Enrollment Penalty	NEW PENALTY AMOUNT	The beneficiary's total late enrollment penalty has changed as a result of a change to the beneficiary's number of uncovered months (but there are still uncovered months), the beneficiary's LIS status, or the addition, withdrawal, or change in the CMS-granted waiver of the penalty. The new total penalty amount can be determined by subtracting fields 53 (waived amount) and 54 (subsidized amount) from field 52 (base penalty).
178 M	Late Enrollment Penalty Rescinded	PENALTY RESCINDED	The beneficiary's base late enrollment penalty has changed to \$0 as a result of the beneficiary's number of uncovered months having changed to zero. The \$0 penalty amount will be in field 52 (base penalty).
179 A	Transaction Accepted – No Change to Premium Record	NO CHNG TO PREM	Transaction (code 72) is accepted with no data change made to the beneficiary's active premium record. The premium data changes as requested by the Plan change transaction are the same as the current data on the beneficiary's active premium record for the specified period. No further action required.
180 M	Informational Only – MARx and MBD Sync Project completed	MARX/MBD SYNC	Notification was previously provided informing Plan that this transaction was rejected. A Synchronization Project between MARx and MBD was successfully completed by processing another transaction with similar data. The original rejected transaction will not be reprocessed. <u>No further action required.</u>

Code/Type*	Title	Short Definition	Definition
181 M	Part D Premium Change	PART D PRM OVERRIDE	The Part D premium submitted with the input transaction does not agree with the Plan's defined premium rate. The premium has been adjusted to reflect the defined rate.
182 M (Future)	Part C Premium Change	PART C PREM OVERRIDE	The Part C premium submitted with the input transaction does not agree with plan's defined premium rate. The premium has been adjusted to reflect the defined rate.
183 M	Dual Status Not Confirmed	DUAL STATUS NOT CONFRMD	The enrollment request of dual eligible (Medicaid and Medicare) beneficiary is processed successfully. MARX was not able to validate the beneficiary's dual eligible status.
184 R	Enrollment Rejected, Beneficiary is in Medicaid Status	MEMB IS MEDICAID	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary is in Medicaid status. The Medicaid requirement is MCO specific (e.g., applies only to MSA/MA and MSA/Demo plans).
185 A	SSA Accepted Transaction	SSA ACCEPTED	CMS submitted a premium or enrollment transaction to SSA to update the premium withholding option. The request was accepted at SSA.
186 R	SSA Rejected Transaction	SSA REJECTED	CMS submitted a premium or enrollment transaction to SSA to update the premium withholding option. The request was rejected at SSA.
195 A	SSA Unsolicited Response	SSA WHOLD UPDATE	An unsolicited response has been received from SSA. The premium withholding option for this beneficiary is set to direct bill. This action is not in response to a Plan-initiated transaction.
199 R	Transaction Rejected – Pending	RTRN FOR RESRCH	Transactions (51/54/60/61/71/72/Notification) are rejected due to pending status of the request. This transaction was placed into a pending status due to multiple transactions were concurrently processed for the same beneficiary. Subsequent transactions may have been processed while this transaction was still pending. Therefore, the Plan must review the beneficiary current status and resubmit transaction(s) accordingly.
999 M	Active Enrollment in Plan (used only on full enrollment files)	ACTIVE ENROLLMENT	Transaction reply code was created for informational purposes only and contains full enrollment information. No actions needed. Note to CMS Reviewers: Please verify whether to include.

H.3 MMR Adjustment Reason Codes

Table H-3 lists the adjustment reasons and their associated codes.

Table H-3 - Adjustment Reason Codes

Code	Description
00	Sum of All Adjustment Types for the Plan for this Period
01	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	Disenroll 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 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 Status
32	Retroactive Change to Estimated Low Income Subsidy (LIS) 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, including change to Low Income Premium Subsidy Rate
37	Part D Risk Adjustment Factor Change
38	Retroactive Segment ID Change
41	Part D Risk Adjustment Factor Change (mid-year)
42	Retroactive ESRD MSP Factor Change

H.4 State Codes

Table H-4 lists the numeric and character code for all states.

Table H-4 - 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
Rhode Island	41	RI

State / Territory	Numeric Code	Character Code
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	
Canada	56	
U.S. Possessions	63	
American Samoa	64	

H.5 4Rx Notification Error Condition Tables

H.5.1 Notification File Error Records

The following table contains File Level Error information. File Level Errors represent conditions in which a 4Rx Notification File is rejected and not processed.

SOURCE OF ERROR	ERROR MESSAGE	ERROR CONDITION
Header Record	The Header Record is missing.	<ul style="list-style-type: none"> The Header Record is not provided on the file. The Header Record cannot be read. More than one Header Record is provided on the file.
	The Header Record is Invalid.	<ul style="list-style-type: none"> The Header Record is incorrectly formatted. The Header Record contains invalid values. The Header Record contains Critical Fields that are not provided.
Trailer Record	The Trailer Record is missing.	<ul style="list-style-type: none"> The Trailer Record is not provided on the file. The Trailer Record cannot be read. More than one Trailer Record is provided on the file.
	The Trailer Record is invalid.	<ul style="list-style-type: none"> The Trailer Record is incorrectly formatted. The Trailer Record contains invalid values. The Trailer Record contains Critical Fields that are not populated. The Record Count in the Trailer Record is more than two different from the actual number of Detail Records (Transactions) in the file.

SOURCE OF ERROR	ERROR MESSAGE	ERROR CONDITION
File Content	The File has no Transactions.	<ul style="list-style-type: none">• There are no Transactions (Detail Records) found in the file.
Record Length	The record length is invalid	<ul style="list-style-type: none">• The record length does not equal 750 characters/positions.

H.5.2 Notification 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.

FLAG	FLAG CODE	FLAG CODE RESULT	FLAG RESULT CONDITION
Processed Flag	Y	The Transaction was accepted for processing.	<ul style="list-style-type: none"> All critical fields on the Transaction were populated with valid values.
	N	The Transaction was not accepted for processing.	<ul style="list-style-type: none"> At least one critical field on the Transaction was populated with a value other than the prescribed valid values.
Beneficiary Match Flag	Y	The beneficiary on the Transaction was successfully located in the Medicare Beneficiary Database (MBD).	<ul style="list-style-type: none"> The beneficiary was successfully located by the combination of the Health Insurance Claim Number (HICN) or Railroad Retirement Board Number (RRB), the Social Security Number, the Date of Birth, and gender.

FLAG	FLAG CODE	FLAG CODE RESULT	FLAG RESULT CONDITION
Beneficiary Match Flag, cont'd.	N	The beneficiary on the Transaction was not successfully located in the Medicare Beneficiary Database (MBD).	<ul style="list-style-type: none"> The beneficiary was not successfully located by the combination of the Health Insurance Claim Number (HICN) or Railroad Retirement Board Number (RRB), the Social Security Number, the Date of Birth, and gender.
	SPACE	No attempt made to locate the beneficiary on the Medicare Beneficiary Database (MBD).	<ul style="list-style-type: none"> An Invalid condition was found to exist in the Transaction (Detail Record) such as an unexpected, absent, or invalid value in a Critical field.
PBP Enrollment Match Flag	Y	The beneficiary's PBP enrollment on the Transaction was successfully located in the Medicare Beneficiary Database (MBD).	<ul style="list-style-type: none"> The beneficiary's PBP enrollment was successfully located by the combination of the Contract Number and PBP Number.
	N	The beneficiary's PBP enrollment on the Transaction was not successfully located in the Medicare Beneficiary Database (MBD).	<ul style="list-style-type: none"> The beneficiary's PBP enrollment was not successfully located (verified) by the combination of the Contract Number and PBP Number
	SPACE	No attempt made to locate the PBP Enrollment on the Medicare Beneficiary Database (MBD).	<ul style="list-style-type: none"> An Invalid condition was found to exist in the Transaction (Detail Record) such as an unexpected, absent, or invalid value in a Critical field

H.5.3 Transaction (Detail Record) Level Error Information

The following table contains Transaction (Detail Record) Level Error information. Transaction (Detail Record) Level Errors represent conditions in which a 4Rx Notification Transaction (Detail Record) is either Rejected or processed:

Note: "ERC" stands for Error Return Code.

ERROR FIELD	ERROR CODE	ERROR MESSAGE	ERROR CONDITION
Record-Type-ERC	Spaces	Record Type is valid.	Record-type = "DTL02"
	001	Record Type is invalid.	<ul style="list-style-type: none"> ● Record-type not = "DTL02." ● Record Type is not provided.
HICN-RRB-Num-ERC	Spaces	HICN-RRB-NUM is valid.	<ul style="list-style-type: none"> ● HICN-RRB-NUM is in a valid format.
	001	HICN-RRB-NUM is invalid.	<ul style="list-style-type: none"> ● HICN-RRB-NUM is in an invalid format. ● HICN-RRB Number is not provided.
SSN-ERC	Spaces	SSN is valid.	<ul style="list-style-type: none"> ● SSN is in a valid format.
	001	SSN is invalid.	<ul style="list-style-type: none"> ● SSN is in an invalid format. ● SSN is not provided.
DOB-ERC	Spaces	DOB is valid.	<ul style="list-style-type: none"> ● DOB is in a valid format.
	001	DOB is invalid.	DOB could have any of the following error conditions: <ul style="list-style-type: none"> ● Format not CCYYMMDD ● Date is GT system date ● CCYY spaces, before 1890, greater than current CCYY ● DD spaces or not 01 - 31 ● MM spaces or not 01-12. ● Date of Birth not provided

ERROR FIELD	ERROR CODE	ERROR MESSAGE	ERROR CONDITION
Rx-Bin-ERC	Spaces	Rx-Bin is valid.	<ul style="list-style-type: none"> ● Rx-Bin is provided.
	001	Rx-Bin is invalid.	<ul style="list-style-type: none"> ● Rx-Bin is non-numeric. ● Rx-Bin not provided.
Rx-ID-ERC	Spaces	Rx-ID is valid.	<ul style="list-style-type: none"> ● Rx-ID is provided.
	001	Rx-ID is invalid.	<ul style="list-style-type: none"> ● Rx-ID is non-numeric. ● Rx-ID not provided.
Contract-Number-ERC	Spaces	Contract Number is valid.	<ul style="list-style-type: none"> ● Contract Number is provided.
	001	Contract Number is invalid.	<ul style="list-style-type: none"> ● Contract Number is not provided.
	002	Contract Number mismatch.	<ul style="list-style-type: none"> ● Contract Number does not match current value on the MBD database.
PBP-Number-ERC	Spaces	PBP Number is valid.	<ul style="list-style-type: none"> ● PBP Number is provided.
	001	PBP Number is invalid	<ul style="list-style-type: none"> ● PBP Number is not provided.
	002	PBP Mismatch.	<ul style="list-style-type: none"> ● PBP Number does not match current value on the MBD database.
PBP-Enrollment-Effective-Date-ERC	Spaces	PBP-Enrollment-Effective-Date is valid.	<ul style="list-style-type: none"> ● PBP-Enrollment-Effective-Date is in a valid format.
	001	PBP-Enrollment-Effective-Date is invalid.	<ul style="list-style-type: none"> ● PBP-Enrollment-Effective-Date is in an invalid format.

ERROR FIELD	ERROR CODE	ERROR MESSAGE	ERROR CONDITION
Part-D-Payment-Switch-ERC	002	Part D Payment Switch = "N"	<ul style="list-style-type: none">• Part D Payment Switch = "N" (beneficiary's Part D enrollment was not found on the MBD database)

H.6 Batch Eligibility Query (BEQ) Response File Error Condition Table

H.6.1 Request File Error Conditions

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

SOURCE OF ERROR	ERROR MESSAGE	ERROR CONDITION
Header Record	The Header Record is missing.	<ul style="list-style-type: none"> The Header Record is not provided on the file.
		<ul style="list-style-type: none"> The Header Record cannot be read.
		<ul style="list-style-type: none"> More than one Header Record is provided on the file.
	The Header Record is Invalid.	<ul style="list-style-type: none"> The Header Record is incorrectly formatted. The Header Record contains invalid values. The Header Record contains Critical Fields that are not provided.
Trailer Record	The Trailer Record is missing.	<ul style="list-style-type: none"> The Trailer Record is not provided on the file.
		<ul style="list-style-type: none"> The Trailer Record cannot be read.
		<ul style="list-style-type: none"> More than one Trailer Record is provided on the file.
	The Trailer Record is invalid.	<ul style="list-style-type: none"> The Trailer Record is incorrectly formatted. The Trailer Record contains invalid values. The Trailer Record contains Critical Fields that are not populated. The Record Count in the Trailer Record is more than 2 different from the actual number of Detail Records (Transactions) in the file.
File Content	The File has no Transactions.	<ul style="list-style-type: none"> There are no Transactions (Detail Records) found in the file.

H.6.2 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.

FLAG	FLAG CODE	FLAG CODE RESULT	FLAG RESULT CONDITION
Processed Flag	Y	The Transaction was accepted for processing.	All critical fields on the Transaction were populated with valid values.
	N	The Transaction was not accepted for processing.	At least one critical field on the Transaction was populated with a value other than the prescribed valid values.
Beneficiary Match Flag	Y	The beneficiary on the Transaction was successfully located in the Medicare Beneficiary Database (MBD).	The beneficiary was successfully located by the combination of the Health Insurance Claim Number (HICN) or Railroad Retirement Board Number (RRB), the Social Security Number, the Date of Birth, and gender.
	N	The beneficiary on the Transaction was not successfully located in the Medicare Beneficiary Database (MBD).	The beneficiary was not successfully located by the combination of the Health Insurance Claim Number (HICN) or Railroad Retirement Board Number (RRB), the Social Security Number, the Date of Birth, and gender.
	SPACE	No attempt made to locate the beneficiary on the Medicare Beneficiary Database (MBD).	An invalid condition was found to exist in the Transaction (Detail Record) such as an unexpected, absent, or invalid value in a Critical Field.

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I: Report Files

This appendix provides a description and sample snapshot of each report file. Table I-1 lists the names of all the reports that are accessible to Plans and on which page of this appendix (I) they can be found. 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 of for all reports sent to Plans. Dataset names are needed by the user to request a report through the mainframe.

Table I-1 - Reports Lookup Table

Section	Name	Page
I.1	BIPA 606 Payment Reduction Report	I-3
I.2	Bonus Payment Report	I-9
I.3	Demographic Report	I-17
I.4	HMO Bill Itemization Report	I-21
I.5	Monthly Membership Detail Report – Drug Report File Part D	I-23
I.6	Monthly Membership Detail Report – Non Drug Report File Part C	I-25
I.7	Monthly Membership Summary Report	I-26
I.8	Monthly Summary of Bills Report	I-30
I.9	Part C Risk Adjustment Model Output Report	I-31
I.10	Part D Risk Adjustment Model Output Report	I-33
I.11	Payment Records Report (Part B Claims Records Posted)	I-35
I.12	Plan Payment Report (APPS Payment Letter)	I-37
I.13	Transaction Reply Report (TRR) (Monthly)	I-43
I.14	Enrollment Transmission Message File (STATUS)	I-55
I.15	Batch Completion Status Summary	I-59

Note

See Appendix J for complete information on Dataset Names.

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I.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 will only reflect data for periods prior to 2006.

Example

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

BIPA606 PAYMENT REDUCTION REPORT

0 PBP ID: 026

0 CLAIM BLEND PT-B NUMBER PLUS BIPA	SURNAME BLEND TOT PLUS BIPA	F S I E DATE	BIRTH DATE	ADJ RC	PAY/ADJ DATES	BIPA RATE	BLEND TOT W/O BIPA	BIPA AMOUNT	BLEND PT-A
123456789A 215.63	PARR 578.27	H F	19121128		200401-200401	31.25	609.52	-31.25	362.64
123456789A 246.02	MONET 646.07	M F	19170402		200401-200401	31.25	677.32	-31.25	400.05
123456789D 276.15	GARRISO 713.30	M F	19130812		200401-200401	31.25	744.55	-31.25	437.15
123456789A 268.08	GEISEL 656.03	A M	19190407		200401-200401	31.25	687.28	-31.25	387.95
123456789A 250.69	BLAZE 657.14	H M	19170901		200401-200401	31.25	688.39	-31.25	406.45
123456789D 214.78	AMES 576.37	E F	19061027		200401-200401	31.25	607.62	-31.25	361.59

Plan Communications User's Guide Appendices, Version 2.0

123456789D 184.46	KLEIN 427.80	P F	19270531	200401-200401	31.25	459.05	-31.25	243.34
123456789A 311.40	DAVIDS 756.18	J M	19200513	200401-200401	31.25	787.43	-31.25	444.78
123456789B 269.77	DAVIDS 713.05	E F	19180521	200401-200401	31.25	744.30	-31.25	443.28
123456789A 275.01	MURRAY 693.70	E F	19190614	200401-200401	31.25	724.95	-31.25	418.69
123456789A 269.70	MURDOCK 703.55	P M	19161126	200401-200401	31.25	734.80	-31.25	433.85
123456789D 355.76	TROTTER 873.86	S F	19230411	200401-200401	31.25	905.11	-31.25	518.10
123456789A 343.17	RUSS 829.31	D M	19220119	200401-200401	31.25	860.56	-31.25	486.14
123456789A 231.45	PRINCE 615.72	A F	19041104	200401-200401	31.25	646.97	-31.25	384.27
123456789A 264.52	LONG 691.83	I M	19190101	200401-200401	31.25	723.08	-31.25	427.31
123456789A 320.50	SHAPIRO 827.04	S M	19100313	200401-200401	31.25	858.29	-31.25	506.54
123456789A 340.56	WEISMAN 868.90	W M	19160511	200401-200401	31.25	900.15	-31.25	528.34
123456789A 239.74	BERGER 610.35	B F	19190910	200401-200401	31.25	641.60	-31.25	370.61
123456789A 214.10	KELLER 549.54	H F	19190906	200401-200401	31.25	580.79	-31.25	335.44
123456789A 320.02	RYAN 825.96	J M	19181027	200401-200401	31.25	857.21	-31.25	505.94
123456789A 276.13	FALK 718.38	S M	19080704	200401-200401	31.25	749.63	-31.25	442.25
123456789A 228.39	DUFFY 609.65	S F	19120426	200401-200401	31.25	640.90	-31.25	381.26
123456789D 235.29	ADAMS 626.57	E F	19101114	200401-200401	31.25	657.82	-31.25	391.28
123456789A 230.04	TATE 612.57	V F	19160825	200401-200401	31.25	643.82	-31.25	382.53

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123456789A	SCOTT	P F	19140929	200401-200401	31.25	709.80	-31.25	422.54
256.01	678.55							
123456789D	SMALL	T F	19110616	200401-200401	31.25	633.83	-31.25	377.02
225.56	602.58							
123456789A	WILEY	R F	19100427	200401-200401	31.25	573.46	-31.25	341.11
201.10	542.21							
123456789D	DENNIS	D F	19020517	200401-200401	31.25	641.90	-31.25	381.47
229.18	610.65							
123456789A	HAMMIL	J M	19090425	200401-200401	31.25	822.26	-31.25	483.25
307.76	791.01							
123456789A	VOSS	E F	19060220	200401-200401	31.25	664.03	-31.25	394.51
238.27	632.78							
123456789A	TUTTLE	A M	19140320	200401-200401	31.25	948.38	-31.25	559.93
357.20	917.13							
123456789A	BARTLET	A M	19190119	200401-200401	31.25	939.40	-31.25	530.59
377.56	908.15							
123456789D	GREEN	H F	19220628	200401-200401	31.25	641.60	-31.25	370.61
239.74	610.35							
123456789A	RUSK	M M	19171115	200401-200401	31.25	859.79	-31.25	507.03
321.51	828.54							
123456789A	POWELL	W M	19061121	200401-200401	31.25	850.31	-31.25	501.80
317.26	819.06							
123456789D	MCDONAL	H F	19191007	200401-200401	31.25	565.59	-31.25	326.62
207.72	534.34							
123456789D	KING	L F	19130321	200401-200401	31.25	839.02	-31.25	498.73
309.04	807.77							
123456789D	LEWIS	M F	19150407	200401-200401	31.25	781.74	-31.25	464.48
286.01	750.49							
PBP ID: 026 TOTALS: 38					\$	27,602.25	\$	-1,187.50
\$ 26,414.75								
AGED REDUCTION:							\$	-1,187.50
DIB REDUCTION:							\$	0.00

1 RUN DATE: 2003/12/10

Plan Communications User's Guide Appendices, Version 2.0

PAY MONTH: 2004/01
 PAGE: 2
 CONTRACT#: H3333
 REPORT DATE: 2003/12/10

BIPA606 PAYMENT REDUCTION REPORT

0 PBP ID: 027

0 CLAIM BLEND PT-B NUMBER PLUS BIPA	SURNAME BLEND TOT I E DATE PLUS BIPA X	F S BIRTH DATE RC	ADJ RC	PAY/ADJ DATES	BIPA RATE	BLEND TOT W/O BIPA	BIPA AMOUNT	BLEND PT-A
123456789B 216.42	MARKS 611.92	E F 19220112		200401-200401	73.38	685.30	-73.38	395.50
123456789A 219.55	MONTGOM 650.02	M F 19111113		200401-200401	73.38	723.40	-73.38	430.47
123456789D 146.25	SCHREIB 446.71	A F 19190814		200401-200401	73.38	520.09	-73.38	300.46
123456789A 146.25	BECKER 446.71	V F 19191224		200401-200401	73.38	520.09	-73.38	300.46
123456789A 219.85	BRIDGE 642.36	H M 19171219		200401-200401	73.38	715.74	-73.38	422.51
123456789A 240.27	EDELMAN 692.56	S M 19160825		200401-200401	73.38	765.94	-73.38	452.29
123456789A 186.26	ZEMLACK 567.52	A F 19090715		200401-200401	73.38	640.90	-73.38	381.26
123456789A 218.25	ROSENST 638.87	L M 19180629		200401-200401	73.38	712.25	-73.38	420.62
123456789B 162.49	ROSENST 485.34	L F 19231014		200401-200401	73.38	558.72	-73.38	322.85
123456789D 183.43	ROLNICK 560.45	I F 19090215		200401-200401	73.38	633.83	-73.38	377.02
123456789D 264.40	KAIN 758.42	M F 19150907		200401-200401	73.38	831.80	-73.38	494.02
123456789A 255.90	SHANK 683.30	W M 19200707		200401-200401	73.38	756.68	-73.38	427.40

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123456789A 306.28	KAY 852.71	T M	19121119	200401-200401	73.38	926.09	-73.38	546.43
123456789A 227.57	GOLDMAN 661.42	S M	19160221	200401-200401	73.38	734.80	-73.38	433.85
123456789D 207.60	MILLMAN 618.95	E F	19110709	200401-200401	73.38	692.33	-73.38	411.35
123456789A 223.02	JARRETT 649.44	J M	19110519	200401-200401	73.38	722.82	-73.38	426.42
123456789B 187.90	JARRETT 570.41	E F	19170417	200401-200401	73.38	643.79	-73.38	382.51
123456789C1 84.04	MENG 273.73	A M	19500301	200401-200401	73.38	347.11	-73.38	189.69
123456789A 196.79	BLACK 592.06	M F	19151205	200401-200401	73.38	665.44	-73.38	395.27
123456789A 239.23	TAUBMAN 615.87	E F	19420723	200401-200401	73.38	689.25	-73.38	376.64
123456789D 134.17	DRUSKIN 351.13	M F	19290303	200401-200401	73.38	424.51	-73.38	216.96
123456789A 182.26	SMITH 557.83	V F	19130908	200401-200401	73.38	631.21	-73.38	375.57
123456789D 189.33	JEFFRIE 573.61	C F	19000201	200401-200401	73.38	646.99	-73.38	384.28
123456789A 223.04	PRITZKE 649.48	S M	19120929	200401-200401	73.38	722.86	-73.38	426.44
123456789A 219.04	SAMUELS 640.56	S M	19180331	200401-200401	73.38	713.94	-73.38	421.52
123456789A 191.32	KANTER 580.33	D F	19150103	200401-200401	73.38	653.71	-73.38	389.01
123456789D 162.99	NORMAN 486.48	F F	19230914	200401-200401	73.38	559.86	-73.38	323.49
123456789A 191.32	MARTIN 580.33	L F	19150709	200401-200401	73.38	653.71	-73.38	389.01
123456789A 258.89	COHEN 738.16	R M	19171019	200401-200401	73.38	811.54	-73.38	479.27
123456789D 274.84	RUBIN 784.36	J F	19121124	200401-200401	73.38	857.74	-73.38	509.52

Plan Communications User's Guide Appendices, Version 2.0

123456789A	TROUTMA	J M	19110502	200401-200401	73.38	980.15	-73.38	577.46
329.31	906.77							
123456789A	ROUND	P F	19170127	200401-200401	73.38	569.89	-73.38	339.14
157.37	496.51							
123456789A	AZMAN	F F	19180203	200401-200401	73.38	734.82	-73.38	436.59
224.85	661.44							
123456789D	PRATT	F F	19080919	200401-200401	73.38	746.11	-73.38	443.95
228.78	672.73							
123456789A	LOMBARD	F F	19160926	200401-200401	73.38	834.62	-73.38	496.76
264.48	761.24							
123456789D	BALTIMO	M F	19080301	200401-200401	73.38	837.34	-73.38	498.26
265.70	763.96							
123456789D	HOWARD	J F	19070402	200401-200401	73.38	580.51	-73.38	345.61
161.52	507.13							
123456789A	COLUMBU	F M	19180904	200401-200401	73.38	1,004.55	-73.38	593.51
337.66	931.17							
123456789C2	CARROLL	K M	19580202	200401-200401	73.38	333.27	-73.38	182.23
77.66	259.89							
PBP ID: 027 TOTALS: 39					\$	26,783.70	\$	-2,861.82
\$	23,921.88							
	AGED REDUCTION:					\$		-2,568.30
	DIB REDUCTION:					\$		-293.52
0 CONTRACT: H3333 TOTALS: 77					\$	54,385.95	\$	-4,049.32
\$	50,336.63							
	AGED REDUCTION:					\$		-3,755.80
	DIB REDUCTION:					\$		-293.52

I.2 Bonus Payment Report

Description

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

Example

1 RUN DATE: 2003/10/03
 PAY MONTH: 2003/03
 PAGE: 2
 CONTRACT#: H5555
 REPORT DATE: 2003/10/03

BONUS PAYMENT REPORT

0 STATE/COUNTY CODE: 27030

0 CLAIM	SURNAME	F S	BIRTH	ADJ	PAY/ADJ	BONUS	BLENDDED	BONUS	BONUS	BONUS	---
-- BLENDDED PLUS BONUS ----											
NUMBER			I E DATE	RC	DATES	PCT	W/O BONUS	PART A	PART B	TOTAL	
PART A	PART B		TOTAL								
X											
123456789A	JONES	J M	19280611		200303-200303	3.00	480.44	7.66	6.75	14.41	
263.03	231.82	\$	494.85								
123456789A	CHANG	A M	19140222		200303-200303	3.00	647.58	11.47	7.96	19.43	
393.75	273.26	\$	667.01								
123456789B	CHANG	F F	19151105		200303-200303	3.00	569.89	10.17	6.92	17.09	
349.31	237.67	\$	586.98								
123456789A	COHEN	A M	19250714		200303-200303	3.00	650.30	10.65	8.86	19.51	
365.74	304.07	\$	669.81								
123456789A	PULASKI	W M	19290909		200303-200303	3.00	449.12	7.14	6.33	13.47	
245.23	217.36	\$	462.59								
* STATE/COUNTY 27030 TOTALS:				5		\$	2,797.33		\$	83.91	
\$ 2,881.24											

Plan Communications User's Guide Appendices, Version 2.0

0 STATE/COUNTY CODE: 27040

0 CLAIM SURNAME F S BIRTH ADJ PAY/ADJ BONUS BLENDED BONUS BONUS BONUS ---

-- BLENDED PLUS BONUS ----

NUMBER		I E DATE	RC	DATES	PCT	W/O BONUS	PART A	PART B	TOTAL
PART A	PART B	TOTAL							
		X							

123456789A	KIRBY	C M 19220222		200303-200303	3.00	599.47	10.16	7.83	17.99
348.73	268.73 \$	617.46							

* STATE/COUNTY 27040 TOTALS:			1		\$	599.47		\$	17.99
\$	617.46								

0 STATE/COUNTY CODE: 27080

0 CLAIM SURNAME F S BIRTH ADJ PAY/ADJ BONUS BLENDED BONUS BONUS BONUS ---

-- BLENDED PLUS BONUS ----

NUMBER		I E DATE	RC	DATES	PCT	W/O BONUS	PART A	PART B	TOTAL
PART A	PART B	TOTAL							
		X							

123456789C1	TAPLEY	P F 19500322		200303-200303	3.00	398.14	5.60	6.34	11.94
192.42	217.66 \$	410.08							

123456789A	WALT	A F 19350710		200303-200303	3.00	340.68	5.16	5.06	10.22
177.24	173.66 \$	350.90							

123456789A	ZIMMER	J M 19351008		200303-200303	3.00	358.55	5.46	5.29	10.75
187.58	181.72 \$	369.30							

123456789B6	ZIMMER	R F 19350717		200303-200303	3.00	307.84	4.62	4.62	9.24
158.58	158.50 \$	317.08							

* STATE/COUNTY 27080 TOTALS:			4		\$	1,405.21		\$	42.15
\$	1,447.36								

0 STATE/COUNTY CODE: 27110

Plan Communications User's Guide Appendices, Version 2.0

0 CLAIM	SURNAME	F S	BIRTH	ADJ	PAY/ADJ	BONUS	BLENDED	BONUS	BONUS	BONUS	---
--	BLENDED PLUS BONUS	----									
NUMBER		I E	DATE	RC	DATES	PCT	W/O BONUS	PART A	PART B	TOTAL	
PART A	PART B	TOTAL									
		X									
123456789A	DUNN	W M	19460531		200303-200303	3.00	375.60	6.28	4.99	11.27	
215.51	171.36 \$	386.87									
* STATE/COUNTY 27110 TOTALS:				1		\$	375.60		\$	11.27	
\$	386.87										

1 RUN DATE: 2003/10/03
 PAY MONTH: 2003/03
 PAGE: 3
 CONTRACT#: H5555
 REPORT DATE: 2003/10/03

BONUS PAYMENT REPORT

0 STATE/COUNTY CODE: 27130

0 CLAIM	SURNAME	F S	BIRTH	ADJ	PAY/ADJ	BONUS	BLENDED	BONUS	BONUS	BONUS	---
--	BLENDED PLUS BONUS	----									
NUMBER		I E	DATE	RC	DATES	PCT	W/O BONUS	PART A	PART B	TOTAL	
PART A	PART B	TOTAL									
		X									
123456789A	UNGER	W M	19280219		200303-200303	3.00	540.82	8.84	7.38	16.22	
303.52	253.52 \$	557.04									
* STATE/COUNTY 27130 TOTALS:				1		\$	540.82		\$	16.22	
\$	557.04										

0 STATE/COUNTY CODE: 27140

0 CLAIM	SURNAME	F S	BIRTH	ADJ	PAY/ADJ	BONUS	BLENDED	BONUS	BONUS	BONUS	---
--	BLENDED PLUS BONUS	----									

Plan Communications User's Guide Appendices, Version 2.0

NUMBER		I E DATE	RC	DATES	PCT	W/O BONUS	PART A	PART B	TOTAL
PART A	PART B	TOTAL							
		X							
123456789A	LABER	E F 19290807		200303-200303	3.00	384.07	5.89	5.63	11.52
202.18	193.41 \$	395.59							
123456789A	SESLER	S F 19371109		200303-200303	3.00	307.79	4.62	4.62	9.24
158.55	158.48 \$	317.03							
123456789B	TAPLEY	M F 19250503		200303-200303	3.00	476.04	7.59	6.69	14.28
260.53	229.79 \$	490.32							
123456789A	EVERETT	S F 19551018		200303-200303	3.00	398.14	5.60	6.34	11.94
192.42	217.66 \$	410.08							
123456789A	ROY	R M 19240904		200303-200303	3.00	541.75	8.86	7.40	16.26
304.05	253.96 \$	558.01							
123456789A	LEGAUL	E F 19490514		200303-200303	3.00	398.14	5.60	6.34	11.94
192.42	217.66 \$	410.08							
123456789A	NOYES	J M 19350402		200303-200303	3.00	358.55	5.46	5.29	10.75
187.58	181.72 \$	369.30							
123456789A	SAVAGE	L F 19370220		200303-200303	3.00	309.36	4.64	4.64	9.28
159.44	159.20 \$	318.64							
123456789A	BRUCAT	P M 19210502		200303-200303	3.00	599.47	10.16	7.83	17.99
348.73	268.73 \$	617.46							
123456789A	CAPOZZI	I F 19220115		200303-200303	3.00	511.73	8.87	6.49	15.36
304.39	222.70 \$	527.09							
123456789A	DYER	D M 19301227		200303-200303	3.00	449.12	7.14	6.33	13.47
245.23	217.36 \$	462.59							
123456789D	NAETHEL	L F 19340427		200303-200303	3.00	307.84	4.62	4.62	9.24
158.58	158.50 \$	317.08							
123456789A	DUFFY	R M 19260410		200303-200303	3.00	541.75	8.86	7.40	16.26
304.05	253.96 \$	558.01							
123456789A	RIVARD	J M 19280509		200303-200303	3.00	481.36	7.68	6.76	14.44
263.56	232.24 \$	495.80							
123456789A	BROWN	M F 19350908		200303-200303	3.00	307.84	4.62	4.62	9.24
158.58	158.50 \$	317.08							
123456789A	TEEPLE	A F 19450506		200303-200303	3.00	465.37	7.01	6.95	13.96
240.58	238.75 \$	479.33							

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123456789A	VICARY	C M	19361021	200303-200303	3.00	360.94	5.50	5.32	10.82
188.94	182.82	\$	371.76						
123456789A	HEATON	G M	19170306	200303-200303	3.00	647.58	11.47	7.96	19.43
393.75	273.26	\$	667.01						
123456789A	NOLLEY	J M	19460216	200303-200303	3.00	407.91	6.81	5.43	12.24
233.87	186.28	\$	420.15						
123456789A	JAMIESO	W M	19210627	200303-200303	3.00	599.47	10.16	7.83	17.99
348.73	268.73	\$	617.46						
123456789A	HORNE	J M	19171211	200303-200303	3.00	647.58	11.47	7.96	19.43
393.75	273.26	\$	667.01						
123456789A	BROWN	J M	19280428	200303-200303	3.00	457.37	7.28	6.44	13.72
249.92	221.17	\$	471.09						
123456789A	ARMSTRO	V F	19360130	200303-200303	3.00	307.84	4.62	4.62	9.24
158.58	158.50	\$	317.08						
123456789A	REESE	T M	19280415	200303-200303	3.00	457.37	7.28	6.44	13.72
249.92	221.17	\$	471.09						
123456789A	BESSLER	N F	19170530	200303-200303	3.00	569.89	10.17	6.92	17.09
349.31	237.67	\$	586.98						
123456789A	WAMBEKE	B F	19360803	200303-200303	3.00	310.39	4.66	4.65	9.31
160.03	159.67	\$	319.70						
123456789A	STEINBE	H F	19251012	200303-200303	3.00	451.39	7.18	6.36	13.54
246.52	218.41	\$	464.93						

* STATE/COUNTY 27140 TOTALS: 27 \$ 12,056.05 \$ 361.70
 \$ 12,417.75

1 RUN DATE: 2003/10/03

PAY MONTH: 2003/03

PAGE: 4

CONTRACT#: H5555

REPORT DATE: 2003/10/03

BONUS PAYMENT REPORT

0 STATE/COUNTY CODE: 27150

0 CLAIM	SURNAME	F	S	BIRTH	ADJ	PAY/ADJ	BONUS	BLENDEN	BONUS	BONUS	BONUS	---
--	BLENDEN	PLUS	BONUS	----								

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NUMBER		I E DATE	RC	DATES	PCT	W/O BONUS	PART A	PART B	TOTAL
PART A	PART B	TOTAL							
		X							
123456789A	COFFIN	A M 19290424		200303-200303	3.00	449.12	7.14	6.33	13.47
245.23	217.36 \$	462.59							
123456789C1	CARACCA	S M 19620723		200303-200303	3.00	296.38	5.20	3.69	8.89
178.49	126.78 \$	305.27							
123456789A	ALTMAN	R M 19251111		200303-200303	3.00	541.75	8.86	7.40	16.26
304.05	253.96 \$	558.01							
123456789A	ROBICH	R F 19241116		200303-200303	3.00	451.39	7.18	6.36	13.54
246.52	218.41 \$	464.93							
123456789A	RACHES	C M 19340308		200303-200303	3.00	358.55	5.46	5.29	10.75
187.58	181.72 \$	369.30							
123456789A	WELLS	A M 19340809		200303-200303	3.00	358.55	5.46	5.29	10.75
187.58	181.72 \$	369.30							
123456789A	WASHBU	H F 19140313		200303-200303	3.00	569.89	10.17	6.92	17.09
349.31	237.67 \$	586.98							
123456789A	ROSE	C M 19160131		200303-200303	3.00	647.58	11.47	7.96	19.43
393.75	273.26 \$	667.01							
123456789D	BEARDS	J F 19330729		200303-200303	3.00	318.53	4.80	4.76	9.56
164.66	163.43 \$	328.09							
123456789A	BENNETT	E M 19370325		200303-200303	3.00	359.85	5.49	5.31	10.80
188.33	182.32 \$	370.65							
123456789D	LOESER	S F 19320223		200303-200303	3.00	384.07	5.89	5.63	11.52
202.18	193.41 \$	395.59							
123456789A	ACKLEY	P F 19190304		200303-200303	3.00	580.72	10.01	7.41	17.42
343.60	254.54 \$	598.14							
123456789A	NEWMAN	R F 19290129		200303-200303	3.00	384.07	5.89	5.63	11.52
202.18	193.41 \$	395.59							
123456789A	LUZAR	B F 19361016		200303-200303	3.00	342.80	5.20	5.09	10.29
178.45	174.64 \$	353.09							
123456789A	CRAIG	R F 19330708		200303-200303	3.00	311.53	4.68	4.67	9.35
160.68	160.20 \$	320.88							
123456789A	ZUSSBLE	N M 19310707		200303-200303	3.00	449.12	7.14	6.33	13.47
245.23	217.36 \$	462.59							

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123456789A	TEMPLE	K M	19180322	200303-200303	3.00	645.95	11.44	7.94	19.38
392.82	272.51	\$	665.33						
123456789A	COFFIN	J F	19321201	200303-200303	3.00	384.07	5.89	5.63	11.52
202.18	193.41	\$	395.59						

* STATE/COUNTY 27150 TOTALS:	18	\$	7,833.92	\$	235.01
\$ 8,068.93					

0 STATE/COUNTY CODE: 42380

0 CLAIM	SURNAME	F S	BIRTH	ADJ	PAY/ADJ	BONUS	BLENDDED	BONUS	BONUS	BONUS	---
--	BLENDDED PLUS BONUS	----									
NUMBER		I E	DATE	RC	DATES	PCT	W/O BONUS	PART A	PART B	TOTAL	
PART A	PART B		TOTAL								
		X									

* STATE/COUNTY 42380 TOTALS:	0	\$	0.00	\$	0.00
\$ 0.00					

** CONTRACT H5555 TOTALS:	57	\$	25,608.40	\$	768.25
\$ 26,376.65					

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I.3 Demographic Report

Description

This report provides a summary, by state and county, of the membership of the MCO. Members are counted in categories that parallel the factors used in calculating the demographic payment (age and sex, Medicaid, and institutional status), as well as ESRD and hospice status.

Example

Below is a section of a Demographic Report that covers one state and county. The section is repeated for each SCC in which the MCO has members.

1	DEMOGRAPHIC REPORT FOR HMO			122003	OPERATING MONTH		
0	ST/CTY CODE 23620						
0	PART A ENTITLEMENT - MALE						
0	AGE			NON			
0	WORKING						
0	GROUP	INST		MEDICAID		MEDICAID	
0	AGED						
0	85 +	0	0.00	0	0.00	0	0.00
0	0.00						
0	80-84	0	0.00	0	0.00	2	380.07
0	0.00						
0	75-79	0	0.00	0	0.00	1	300.15
0	0.00						
0	70-74	0	0.00	0	0.00	0	0.00
0	0.00						
0	65-69	0	0.00	0	0.00	0	0.00
0	0.00						
0	60-64	0	0.00	0	0.00	1	232.87
0	0.00						
0	55-59	0	0.00	0	0.00	1	202.57
0	0.00						
0	45-54	0	0.00	0	0.00	1	149.42
0	0.00						

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0	35-44	0	0.00	0	0.00	0	0.00
0	0.00						
0	- 34	0	0.00	0	0.00	0	0.00
0	0.00						
0	- PART A ENTITLEMENT - FEMALE						
0	AGE					NON	
0	WORKING						
0	GROUP	INST		MEDICAID		MEDICAID	
0	AGED						
0	85 +	0	0.00	0	0.00	4	734.72
0	0.00						
0	80-84	0	0.00	0	0.00	2	305.91
0	0.00						
0	75-79	0	0.00	0	0.00	1	256.16
0	0.00						
0	70-74	0	0.00	0	0.00	2	199.00
0	0.00						
0	65-69	0	0.00	0	0.00	0	0.00
0	0.00						
0	60-64	0	0.00	0	0.00	0	0.00
0	0.00						
0	55-59	0	0.00	0	0.00	0	0.00
0	0.00						
0	45-54	0	0.00	0	0.00	0	0.00
0	0.00						
0	35-44	0	0.00	0	0.00	0	0.00
0	0.00						
0	- 34	0	0.00	0	0.00	0	0.00
0	0.00						
0	1 DEMOGRAPHIC REPORT FOR HMO			122003	OPERATING MONTH		
0	ST/CTY CODE 23620						
0	PART B ENTITLEMENT - MALE						
0	AGE					NON	
0	WORKING						
0	GROUP	INST		MEDICAID		MEDICAID	
0	AGED						

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0	85 +	0	0.00	0	0.00	0	0.00
0	0.00						
0	80-84	0	0.00	0	0.00	2	246.80
0	0.00						
0	75-79	0	0.00	0	0.00	1	210.73
0	0.00						
0	70-74	0	0.00	0	0.00	0	0.00
0	0.00						
0	65-69	0	0.00	0	0.00	0	0.00
0	0.00						
0	60-64	0	0.00	0	0.00	1	198.34
0	0.00						
0	55-59	0	0.00	0	0.00	1	111.10
0	0.00						
0	45-54	0	0.00	0	0.00	1	124.01
0	0.00						
0	35-44	0	0.00	0	0.00	0	0.00
0	0.00						
0	- 34	0	0.00	0	0.00	0	0.00
0	0.00						
0	- PART B ENTITLEMENT - FEMALE						
0	AGE					NON	
0	WORKING						
0	GROUP	INST		MEDICAID		MEDICAID	
0	AGED						
0	85 +	0	0.00	0	0.00	4	405.14
0	0.00						
0	80-84	0	0.00	0	0.00	2	251.61
0	0.00						
0	75-79	0	0.00	0	0.00	1	226.12
0	0.00						
0	70-74	0	0.00	0	0.00	2	138.10
0	0.00						
0	65-69	0	0.00	0	0.00	0	0.00
0	0.00						

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0	60-64	0	0.00	0	0.00	0	0.00
0	0.00						
0	55-59	0	0.00	0	0.00	0	0.00
0	0.00						
0	45-54	0	0.00	0	0.00	0	0.00
0	0.00						
0	35-44	0	0.00	0	0.00	0	0.00
0	0.00						
0	- 34	0	0.00	0	0.00	0	0.00
0	0.00						
0	TOTAL ESRD-A	0	TOTAL MONEY	\$	0.00	TOTAL ESRD-B	0 TOTAL
MONEY	\$	0.00					
0	TOTAL HOSPICE-A	0	TOTAL MONEY	\$	0.00	TOTAL HOSPICE-B	0 TOTAL
MONEY	\$	0.00					
0	TOTAL MEMBER-A	15	TOTAL MONEY	\$	2760.87	PTA AAPCC	\$ 184.05
0	TOTAL MEMBER-B	15	TOTAL MONEY	\$	1911.95	PTB AAPCC	\$ 127.46

I.4 HMO Bill Itemization Report

Description

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

Example

PART A BILLS POSTED IN OCT 2002														
* * * * * HMO H4444 * * * * *														
BILL TYPE: INPATIENT														
THRU	COV	REIM	NP		HMO	ADM	TOTAL	NON-COV	INP	NC	BLD	COINSURANCE	TOTAL	FROM
CLAIM NUM	NAME	PROV	INTER	PD	DATE	CHARGES	CHARGES	DED	DEDUCT	DAYS	CHGS	AMOUNT	DEDUCT	DATE
DATE	DAYS	AMT	CD	CR										
123456789A	BAKER	010084	00010		20020630	7821	0	812	0	0	0	0	812	
20020630	20020703	0		0										
123456789C2	MILLER	014007	00010		20020819	8320	8320	0	0	0	0	0	0	
20020819	20020920	0		0 N										
1														
PART A BILLS POSTED IN OCT 2002														
* * * * * HMO H4444 * * * * *														
BILL TYPE: HOSPICE														
THRU	COV	REIM	NP		HMO	ADM	TOTAL	NON-COV	INP	NC	BLD	COINSURANCE	TOTAL	FROM
CLAIM NUM	NAME	PROV	INTER	PD	DATE	CHARGES	CHARGES	DED	DEDUCT	DAYS	CHGS	AMOUNT	DEDUCT	DATE
DATE	DAYS	AMT	CD	CR										
1234567891	CANDLE	011570	00380		20020826	3084	0	0	0	0	0	0	0	
20020901	20020930	0		3084										
12345678946	FLICKE	011570	00380		20020912	1953	0	0	0	0	0	0	0	
20020912	20020930	0		1953										

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I.5 Monthly Membership Detail Report – Drug Report File (Part D)

Description

This report lists every Medicare member of the contract and provides details about the payments and adjustments made for each beneficiary. There are two Monthly Membership Detail Reports: one for drugs and one 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.

```

1RUN DATE:20051027                                MONTHLY MEMBERSHIP REPORT - DRUG
PAGE:          1
PAYMENT MONTH:200601                             PLAN(H9999) PBP(999) SEGMENT(000) ACME HEALTH SERVICES
0                                                    BASIC PREMIUM  3 ESTIMATED REINSURANCE
0                                                    PART D          $10.60  3          $0.00
0          S          --  FLAGS  --          -----  PAYMENTS/ADJUSTMENTS  -----
-----
CLAIM      E AGE  STATE  P P  S L L  ADJ RA FCTR  DATES  LOW-INCOME COST  LOW-INCOME
COST
NUMBER    X GRP  CNTY    A A E O O I  REA          START  END  SHARING PERCENTAGE  SHARING
SUBSIDY
-----  -  -----  -----  O R R G U I N  -----
-----
SURNAME F  DMG  BIRTH  O T T H R N S MTHS  DIRECT SUBSIDY  PACE  PACE COST
I  RA  DATE  A A B P C C T  D  PAYMENT AMT  PREMIUM ADD-0N  SHARING ADD-0N
TOTAL PAYMENT
-----
-----
123456789A  F 5559 33700          1.9770 200601 200601          000          $0.00
FISCHLE S  5559 19491130          B          1          $129.17          $0.00          $0.00
$129.17
987654321A  F 8084 10050          1.0300 200601 200601          000          $0.00
DEMOLFE M  8084 19240306          B          1          $62.22          $0.00          $0.00
$62.22
    
```

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I.6 Monthly Membership Detail Report – Non Drug Report File (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.

RUN DATE:20061020		MONTHLY MEMBERSHIP REPORT - NON DRUG										PAGE: 1	
PAYMENT MONTH:200611		PLAN(H0004) PBP(001) SEGMENT(000) MMA NON-DRUG PLAN OF USA											
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	\$19.44	\$4.91	\$0.00	\$0.00	\$0.00							
PART B	\$0.00	\$17.71	\$4.48	\$0.00	\$0.00	\$0.00							
PAYMENTS/ADJUSTMENTS													
CLAIM NUMBER	S	E AGE STATE	P P	FLAGS	S A MTHS	DATES	LAG	FTYPE					
X GRP CNTY		A H E I	C R R D E E O D A B	O R R O S N N A A D D F G U M	START	END							
SURNAME	F	DMG BIRTH	O T T S R S H I I I O A H R S P I P	ADJ	REA	FCTR-A	FCTR-B	PART A	PART B	TOTAL PAYMENT			
I	RA	DATE	A A B P D T C D L B N U P C P DCG										
123456789A	F	8084 33800				200405	200405	Y	C				
FIRST	H	8084 19250228	Y Y	0		0.8570	0.8570	\$349.80	\$312.26	\$662.06			
987654321B	M	7074 01010			1 1	200611	200611	C					
SECOND	M	7074 19330828	Y Y	0		0.4530	0.4530	\$214.66	\$201.19	\$415.85			
123459876C	M	6569 01010			1 1	200611	200611	C					
THIRD	C	6868 19371228	Y Y	1	B	2.1000	2.1000	\$627.78	\$581.55	\$1209.33			

I.7 Monthly Membership Summary Report

Description

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

Example

1RUN DATE:20051027		MONTHLY MEMBERSHIP SUMMARY REPORT (PAGE 1 OF 2)				
PAYMENT MONTH:200601		PLAN: H9999 PBP(999) SEG(000) ACME HEALTH SERVICES				
CURRENT PAYMENTS						
0PART A -----	COUNTS -----	TOTAL MONEY	PART B -----	COUNTS -----	TOTAL MONEY	PART D -----
- COUNTS -----	TOTAL MONEY					
0HOSPICE	0	\$0.00	HOSPICE	0	\$0.00	
ESRD	40	\$50,751.38	ESRD	40	\$66,476.54	
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	20	\$2,123.78	MCAID	20	\$1,833.94	
PART C PREMIUM	26	\$0.00	PART C PREMIUM	26	\$0.00	DIR SUBSDY
46	\$3,250.48					
A/B COST SHR	26	\$459.16	A/B COST SHR	26	\$423.80	LIS COST SHR
0	\$0.00					
A/B MAN SUP BN	26	\$0.00	A/B MAN SUP BN	26	\$0.00	ESTIMATD REINS
46	\$0.00					
D BAS PRM REDU	20	\$0.00	D BAS PRM REDU	20	\$0.00	PACE PRM ADDON
0	\$0.00					
D SUPP BENFITS	26	\$0.00	D SUPP BENFITS	26	\$0.00	PACE CSR ADDON
0	\$0.00					
B BAS PRM REDU	20	\$205.00	B BAS PRM REDU	20	\$295.00	
MEMBERS	46	\$55,702.84	MEMBERS	46	\$70,763.36	MEMBERS
46	\$3,250.48					
MONTHS	46		MONTHS	46		MONTHS
46						
AVERAGE		\$1,210.93	AVERAGE		\$1,538.33	AVERAGE
\$70.66						
0OUT OF AREA	150					

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1RUN DATE:20051027
 PAYMENT MONTH:200601
 0ADJUSTMENT PAYMENTS
 0ADJ

MONTHLY MEMBERSHIP SUMMARY REPORT (PAGE 2 OF 2)
 PLAN: H9999 PBP(999) SEG(000) ACME HEALTH SERVICES

REA	ADJUSTMENT	NUMBER	MONTHS	MONTHS	MONTHS	-----	ADJUSTMENT	AMOUNT	-
CDE	DESCRIPTION	OF ADJS	A	B	D		PART A	PART B	
PART D	TOTAL								
01	DEATH	0	0	0	0		\$0.00	\$0.00	
\$0.00		\$0.00							
02	RETRO ENROLL	0	0	0	0		\$0.00	\$0.00	
\$0.00		\$0.00							
03	RETRO DISENR	0	0	0	0		\$0.00	\$0.00	
\$0.00		\$0.00							
04	CORR ENROLL	0	0	0	0		\$0.00	\$0.00	
\$0.00		\$0.00							
05	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									
08	ESRD	0	0	0	0		\$0.00	\$0.00	
\$0.00									
09	INST	0	0	0	0		\$0.00	\$0.00	
\$0.00									
10	MCAID	0	0	0	0		\$0.00	\$0.00	
\$0.00									
11	RETRO SCC CH	0	0	0	0		\$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									
18	PTC RATE	0	0	0	0		\$0.00	\$0.00	
\$0.00									

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19 CORR PARTB E		0	0	0	0	\$0.00	\$0.00
\$0.00	\$0.00						
20 WKAGE		0	0	0		\$0.00	\$0.00
\$0.00							
21 NHC		0	0	0		\$0.00	\$0.00
\$0.00							
22 DISENROLL PR		0	0	0	0	\$0.00	\$0.00
\$0.00	\$0.00						
23 DEMO FACTOR		0	0	0		\$0.00	\$0.00
\$0.00							
25 PTC RSK ADJF		0	0	0	0	\$0.00	\$0.00
\$0.00	\$0.00						
27 RETRO CHF		0	0	0		\$0.00	\$0.00
\$0.00							
29 HOSPICE RATE		0	0	0		\$0.00	\$0.00
\$0.00							
30 RTRO PTD PM		0			0		
\$0.00	\$0.00						
31 RTRO PTD LIP		0			0		
\$0.00	\$0.00						
32 RTRO CST SHR		0			0		
\$0.00	\$0.00						
33 RTRO EST REI		0			0		
\$0.00	\$0.00						
34 RTRO PTC PM		0	0	0		\$0.00	\$0.00
\$0.00							
35 RTRO REBATE		0	0	0		\$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						
90 HIST ALIGNMT		0	0	0	0	\$0.00	\$0.00
\$0.00	\$0.00						
0TOTAL ADJUSTMENT							
	MONTHS A :	0				PART A AMOUNT :	\$0.00
	MONTHS B :	0				PART B AMOUNT :	\$0.00
	MONTHS D :	0				PART D AMOUNT :	\$0.00
NUMBER OF ADJUSTMENTS :		0				TOTAL AMOUNT :	\$0.00

-TOTAL PYMT AMT A	\$55,702.84
TOTAL PYMT AMT B	\$70,763.36
TOTAL PYMT AMT D	\$3,250.48
SUM TOTAL AMOUNT	\$129,716.68

I.8 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

MONTHLY SUMMARY OF BILLS PAID BY INTERMEDIARIES FOR HMO ENROLLEES										
HMO NO H9999			HMO NAME ACME INSURANCE COMPANY				HMO FY ENDING 03/2006			
CURRENT MONTH 01/2006										
BILLS THROUGH 01/25/2006										
----- INPATIENT BILLS -----			----- OUTPATIENT BILLS -----							
-- HHA BILLS -----										
			NON							
REIMB	TOTAL	TOTAL	COVERED	REIMB	COVERED	TOTAL	COVERED	REIMB	TOTAL	TOTAL
AMOUNT	VISITS	CHARGES	CHARGES	AMOUNT	DAYS	BILLS	CHARGES	AMOUNT	BILLS	CHARGES
NO ACTIVITY FOR THIS HMO FOR THIS PERIOD										
FY TOTAL		\$23,142		\$58,124		23		\$1,733-		\$0
0				\$0		3-		\$14,435-		24
\$0		0								

MONTHLY SUMMARY OF CLAIMS PAID BY CARRIERS FOR HMO ENROLLEES				
HMO NO H9999		HMO NAME ACME INSURANCE COMPANY		HMO FY ENDING 03/2006
CURRENT MONTH 01/2006		TOTALS FOR THIS MONTH		
	CARRIER	MEDICAL	REIMB	TOTAL
	NUMBER	CHARGES	AMOUNT	BILLS
NO ACTIVITY FOR THIS HMO FOR THIS PERIOD				
FY TOTAL		\$9,122-	\$7,319-	96

I.9 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.

```

1***GROUP=H8888 , CONTRACT=H8888 ,
1RUN DATE: 20031219                RISK ADJUSTMENT MODEL OUTPUT REPORT
PAGE:      1
  PAYMENT MONTH: 200401            PLAN: H8888 CHAMPION INSURANCE
RAPMORP1
0          LAST          FIRST          I          DATE OF
  HIC      NAME          NAME          I          BIRTH    SEX &
AGE GROUP
-----
-----
123456789A  WOOD          CHARLES          W          19250225
Male75-79

123456789B  TREE          LILLIAN          L          19270418
Female75-79

123456789A  GRASS          ALBERT          A          19421213
Male60-64

HCC DISEASE GROUPS:  HCC019 Diabetes without Complication
                    HCC080 Congestive Heart Failure
                    HCC092 Specified Heart Arrhythmias

INTERACTIONS:      INTI01 DM_CHF
    
```

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I.10 Part D 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 are the first few lines of a Risk Adjustment Model Output report. The full report shows all of the beneficiaries in the contract.

```

1RUN DATE: 20060124                RISK ADJUSTMENT MODEL OUTPUT REPORT
PAGE:      1
PAYMENT MONTH: 200602            PLAN: H9999 ACME INSURANCE COMPANY
RAPMORP2
0          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
    
```

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I.11 Payment Records Report (Part B Claims Records Posted)

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

PART B CLAIMS RECORDS POSTED IN OCT 2002											
* * * * *HMO H2222 * * * * *											
0 CLAIM	NAME	EXPENSE	DATES	ALLOWED	REIMB	COINSURANCE	DED	PHYS	PAY		
CARRIER	CARRIER	INFORMATION									
NUMBER	FIRST	LAST	TOTAL	AMT	AMT	APP	SUPP	ID	IND		
NUMBER PAID	CONTROL	NUMBER	CHARGES								
123456789A	JONES	20020917	20020917	9.72	7.78	1.94	.00	L99999	1	11111	
20021014	6209022830	27160									
123456789A	JONES	20020920	20020920	12.00	9.60	2.40	.00	L88888	1	11111	
20021014	6209022830	27550									
123456789A	JONES	20020830	20020830	12.65	10.12	2.53	.00	P77777	1	11111	
20021017	6209022830	28810									
123456789A	JONES	20020831	20020831	12.00	9.60	2.40	.00	P77777	1	11111	
20021014	6209022830	28800									
123456789A	JONES	20020915	20020915	12.00	9.60	2.40	.00	P77777	1	11111	
20021014	6209022830	28820									
123456789A	HOWARD	20020708	20020708	5.43	5.43	.00	.00	0000000000	1	22222	
20021023	0226282855	3000									
123456789A	WILLS	20020908	20020908	87.97	70.38	17.59	.00	6666666666	1	22222	
20021018	0225481523	30000									
123456789A	LEE	20020920	20020920	27.21	21.77	5.44	.00	5555555555	1	22222	
20021016	0227030167	6000									
123456789A	BRILL	20011019	20011119	26.46	21.17	5.29	.00	4444444444	1	33333	
20021013	0226617116	5000									

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123456789D	SOMMER	20020916	20020916	134.47	107.58	26.89	.00	333333333	1	22222
20021023	02262834339000									
123456789A	JONES	20020917	20020919	115.79	92.63	23.16	.00	222222	1	11111
20021005	620202275864060									
123456789A	JONES	20020925	20020925	11.16	11.16	.00	.00	111111	1	11111
20021024	620202294476660									
123456789A	JONES	20021010	20021010	28.97	28.97	.00	.00	111111	1	11111
20021024	620202294476670									
123456789A	JONES	20021011	20021011	28.97	28.97	.00	.00	111111	1	11111
20021024	620202294476680									

I.12 Plan Payment Report (APPS Payment Letter)

Description

Also known as the “Payment Letter,” this report itemizes the final monthly payment to the MCO. This report is produced by the Automated Plan Payment System (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 Coordination of Benefits (COB) User Fees and premium settlement information. There is one version of the PPR applicable to all plans and it will be provided monthly

2006

The revised version of this report was effective with the January payments.

The PPR contains payment data in a similar manner as the schedule provided in the July 5, 2005 systems letter related to the Monthly Premium Withholding Report. It has been repeated in this document.

Contents of the Plan Payment Report

PAYMENT #	PAYMENT DATE	PAYMENT CONTAINS....	PPR CONTAINS....
1	January 1, 2006	January Part D capitated and LIS payments from CMS	January Part D capitated and LIS payments from CMS
2	February 1, 2006	February Part D capitated and LIS payments from CMS + January Withheld premiums from SSA, RRB & OPM	February Part D capitated and LIS payments from CMS + January Withheld premiums from SSA, RRB & OPM
3	March 1, 2006	March Part D capitated and LIS payments from CMS + February Withheld premiums from SSA, RRB & OPM	March Part D capitated and LIS payments from CMS + February Withheld premiums from SSA, RRB & OPM
4	April 1, 2006	April Part D capitated and LIS payments from CMS + March Withheld premiums from SSA, RRB & OPM	April Part D capitated and LIS payments from CMS + March Withheld premiums from SSA, RRB & OPM

The PPR displays the summarized amounts that constitute the monthly amount wired to Plans by the Treasury Department. This includes the Part A/B and D payment amounts. Some of the adjustments will have Part A/B and D components and there are also five adjustment types related to Part D.

The User Fees are applied as follows during January through September of each year.

- The NMEC user fee will be applied against (1) MA-PD payments at 0.058% and (2) PDP payments at 0.051%.
- The COB user fee will be applied against members electing Part D at \$.11 for January – August and at \$.12 for September.

The PPR also includes low-income premium subsidy payments made to Plans on behalf of the Plan's eligible members as well as the withheld premium amounts.

NOTE: The PPR contains the summarized LIS amounts paid to Plans monthly. This may be problematic because the report does not provide beneficiary-level LIS information. The beneficiary-level LIS information can be obtained from the Bi-Weekly LIS Datafile (see section E.19). The amounts also can be derived using the following information from the MMR:

- Identify all members that have a low-income cost sharing payment component.
- Obtain the difference between the Total Part D Payment (field 71) and the sum of the Direct Subsidy (field 68) + the Reinsurance amount (field 69) + Low-Income Cost Sharing amount (field 70) + the Rebate for Part D Basic Premium Reduction (field 66).

This difference is the Low-Income Premium subsidy for the member.

Example

-----1-----2-----3-----4-----5-----6-----7-----8-----9-----0-----1-----2-----3-----	
CMS PLAN PAYMENT REPORT	
PLAN NUMBER: H9999	
PLAN NAME: ABC HEALTH PLANS INC	
PAYMENT TYPE:	
MEMBERS: ZZ,ZZZ,ZZ9	
MEMBERS: ZZ,ZZZ,ZZ9	
1. PROSPECTIVE PAYMENT:	
A/B PAYMENT	D PAYMENT
D PAYMENT	
NET PAYMENT	
-----1-----2-----3-----4-----5-----6-----7-----8-----9-----0-----1-----2-----3-----	
2. ADJUSTMENTS TO PRIOR MONTHS AFFECTING A/B & D PAYMENTS:	
(01) DEATH OF BENEFICIARY.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(02) RETROACTIVE ACCRETION.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(03) RETROACTIVE DELETION.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(04) CORRECTION TO ACCRETION.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(05) CORRECTION TO DELETION.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(06) PART A ENTITLEMENT LOSS.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(12) CORRECTION TO DEATH.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(19) CORRECTION TO PART B ENT.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(22) RETRO DELETE DUE TO ESRD.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(35) RETRO CHANGE TO REBATE.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
3. ADJUSTMENTS TO PRIOR MONTHS AFFECTING A/B PAYMENTS:	
(07) HOSPICE.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(08) ESRD.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(09) INSTITUTIONAL.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(10) MEDICALD.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(11) RETRO SCC.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(13) CORRECTION TO BIRTH.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(14) CORRECTION TO SEX.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(18) A/B RATE.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(20) WORKING AGED.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(21) NHC.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(23) DEMO FACTOR ADJUSTMENT.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(25) RETRO RA RECON.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(26) RETRO RA ONGOING.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(27) RETRO CHF.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(29) HOSPICE RATE.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(34) PART C BASIC PREMIUM.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
4. ADJUSTMENTS TO PRIOR MONTHS AFFECTING D PAYMENTS:	
(30) PART D PREMIUM.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(32) ESTIMATED LICs.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(33) ESTIMATED REINSURANCE.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(36) PART D RATE.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
(37) PART D RA FACTOR.....COUNT: ZZ,ZZZ,ZZ9	\$ -Z,ZZZ,ZZZ,ZZ9.99
-----1-----2-----3-----4-----5-----6-----7-----8-----9-----0-----1-----2-----3-----	

NOTE: THE NEGATIVE SIGN SHOULD FLOAT BUT THE DOLLAR SIGN (" \$ ") CAN REMAIN IN A FIXED POSITION.

PAYMENT TYPE:	A/B PAYMENT	D PAYMENT	NET PAYMENT
5. PLAN LEVEL ADJUSTMENTS:			
A. EDUCATION USER FEE			
1) AMOUNT SUBJECT TO FEE	\$ Z,ZZZ,ZZZ,ZZ9.99	\$ -Z,ZZZ,ZZZ,ZZ9.99	
2) X FEE RATE	-0.9999%		
B. COB USER FEE			
1) PROSP D MEMBERS	ZZ,ZZZ,ZZ9		
2) X FEE RATE	\$ -0.99	\$ -Z,ZZZ,ZZZ,ZZ9.99	
C. WORKING AGED/DISABLED ADJUSTMENT			
1) ADJUSTED DEMOG PMT	\$ Z,ZZZ,ZZZ,ZZ9.99		
2) X PLAN DEMOG RATE	-0.9999%		
3) ADJUSTED RA PMT	\$ Z,ZZZ,ZZZ,ZZ9.99		
4) X PLAN RA RATE	-0.9999%		
D. BIPA 606 PAYMENT REDUCTION			
1) ADJUSTMENTS PRIOR TO 2006		\$ -Z,ZZZ,ZZZ,ZZ9.99	
E. BBRA BONUS PAYMENTS			
1) ADJUSTMENTS PRIOR TO 2004		\$ -Z,ZZZ,ZZZ,ZZ9.99	
6. CMS ADJUSTMENTS:			
<== DESCRIPTION TEXT FOR MANUAL ADJUSTMENTS ==>		\$ -Z,ZZZ,ZZZ,ZZ9.99	
<== DESCRIPTION TEXT (OPTIONAL LINES) ==>		\$ -Z,ZZZ,ZZZ,ZZ9.99	
7. SUBTOTALS BEFORE PREMIUM SETTLEMENT:			
		\$ -Z,ZZZ,ZZZ,ZZ9.99	\$ -Z,ZZZ,ZZZ,ZZ9.99
8. PREMIUM SETTLEMENT:			
A. PREMIUM WITHHOLDING			
1) PART C PREMIUMS		\$ -Z,ZZZ,ZZZ,ZZ9.99	\$ -Z,ZZZ,ZZZ,ZZ9.99
2) PART D PREMIUMS		\$ -Z,ZZZ,ZZZ,ZZ9.99	\$ -Z,ZZZ,ZZZ,ZZ9.99
B. LOW INCOME SUBSIDY			
1) PROSPECTIVE LIS		\$ Z,ZZZ,ZZZ,ZZ9.99	\$ Z,ZZZ,ZZZ,ZZ9.99
2) ADJUSTMENTS TO LIS		\$ -Z,ZZZ,ZZZ,ZZ9.99	\$ -Z,ZZZ,ZZZ,ZZ9.99
C. LATE ENROLLMENT PENALTY (DIRECT BILL ONLY)			
		\$ Z,ZZZ,ZZZ,ZZ9.99	\$ Z,ZZZ,ZZZ,ZZ9.99
9. NET PAYMENT:			
			\$ Z,ZZZ,ZZZ,ZZ9.99

NOTE: THE NEGATIVE SIGN SHOULD FLOAT BUT THE DOLLAR SIGN (" \$") CAN REMAIN IN A FIXED POSITION.

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1RUN DATE: 08/21/2006
 REPORTING MONTH: 09/2006

TRANSACTION REPLIES/MONTHLY ACTIVITY

REPORT ID: 10
 PAGE: 2

PLAN(Hnnn6) PBP(011) SGM(000) YOUR HEALTH CARE INC

*** DISTRICT OFFICE - SUBMITTED TRANSACTIONS: ACCEPTED ***

0----- T R A N S A C T I O N ----- R E P L Y -----
 0 S

TC CLAIM NUMBER	SURNAME I X	BIRTH DATE	EFF DATE	DISTRICT OFFICE NUMBER	SPECIAL STATUS	RPLY CODE	REMARKS
-----------------	-------------	------------	----------	------------------------	----------------	-----------	---------

NO TRANSACTIONS FOUND FOR THIS SECTION

*** DISTRICT OFFICE - SUBMITTED TRANSACTIONS: REJECTED ***

0----- T R A N S A C T I O N ----- R E P L Y -----
 0 S

TC CLAIM NUMBER	SURNAME I X	BIRTH DATE	EFF DATE	DISTRICT OFFICE NUMBER	SPECIAL STATUS	RPLY CODE	REMARKS
-----------------	-------------	------------	----------	------------------------	----------------	-----------	---------

NO TRANSACTIONS FOUND FOR THIS SECTION

*** MEDICARE CUSTOMER SERVICE SUBMITTED TRANSACTIONS: ACCEPTED ***

0----- T R A N S A C T I O N ----- R E P L Y -----
 0 S

TC CLAIM NUMBER	SURNAME I X	BIRTH DATE	EFF DATE	SCC	A T ID	STATUS	S	DATE	PT C	PT D	CODE	REMARKS
-----------------	-------------	------------	----------	-----	--------	--------	---	------	------	------	------	---------

NO TRANSACTIONS FOUND FOR THIS SECTION

*** MEDICARE CUSTOMER SERVICE SUBMITTED TRANSACTIONS: REJECTED ***

0----- T R A N S A C T I O N ----- R E P L Y -----
 0 S

TC CLAIM NUMBER	SURNAME I X	BIRTH DATE	EFF DATE	SCC	A T ID	STATUS	S	DATE	PT C	PT D	CODE	REMARKS
-----------------	-------------	------------	----------	-----	--------	--------	---	------	------	------	------	---------

NO TRANSACTIONS FOUND FOR THIS SECTION

*** AUTOMATIC DISENROLLMENTS ***

0----- T R A N S A C T I O N ----- R E P L Y -----
 0 S

TC CLAIM NUMBER	SURNAME I X	BIRTH DATE	EFF DATE	SPECIAL STATUS	I	EFF	RPLY CODE	REMARKS
-----------------	-------------	------------	----------	----------------	---	-----	-----------	---------

NO TRANSACTIONS FOUND FOR THIS SECTION

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1RUN DATE: 08/21/2006                                TRANSACTION REPLIES/MONTHLY ACTIVITY                                REPORT ID: 10
REPORTING MONTH: 09/2006                            PLAN(Hnnn6) PBP(011) SGM(000) YOUR HEALTH CARE INC                                PAGE: 3
0                                                    *** BENEFICIARY FACTOR TRANSACTIONS:  ACCEPTED ***
0----- T R A N S A C T I O N ----- R E P L Y -----
0
          S                                L CO-PAY
          F E DATE OF EFF                SPECIAL I EFF                RPLY
TC CLAIM NUMBER SURNAME I X BIRTH    DATE                STATUS S DATE                CODE  REMARKS
-----
NO TRANSACTIONS FOUND FOR THIS SECTION
0
          *** BENEFICIARY FACTOR TRANSACTIONS:  REJECTED ***
0----- T R A N S A C T I O N ----- R E P L Y -----
0
          S                                L CO-PAY
          F E DATE OF EFF                SPECIAL I EFF                RPLY
TC CLAIM NUMBER SURNAME I X BIRTH    DATE                STATUS S DATE                CODE  REMARKS
-----
NO TRANSACTIONS FOUND FOR THIS SECTION
0
          *** MAINTENANCE ACTIONS ***
0----- T R A N S A C T I O N ----- R E P L Y -----
0
          S                                L CO-PAY
          F E DATE OF EFF                SPECIAL I EFF                RPLY
TC CLAIM NUMBER SURNAME I X BIRTH    DATE                STATUS S DATE                CODE  REMARKS
-----
NO TRANSACTIONS FOUND FOR THIS SECTION
    
```

Plan Communications User's Guide Appendices, Version 2.0

1RUN DATE: 08/21/2006
 REPORTING MONTH: 09/2006

TRANSACTION REPLIES/MONTHLY ACTIVITY
 PLAN(Hnnn6) PBP(011) SGM(000) YOUR HEALTH CARE INC

REPORT ID: 10
 PAGE: 4

	TC 72	TC 71	TC 60	TC 61	TC 51	TC 53	TC 54	TC 30	TC 31	TC 01	ALL
0											
0											
+											
ACCEPTED ACTN	0	0	0	2	0	0	0	0	0	0	2
OREJECTED ACTN	0	0	0	0	0	0	0	0	0	0	0
OREGION ACTNS	0	0	0	0	0	0	0	0	0	0	0
OCNTRL OFFICE ACT	0	0	0	0	0	0	0	0	0	0	0
ODISTR OFFICE ACT	0	0	0	0	0	0	0	0	0	0	0
ACCEPTED:	0	0	0	0	0	0	0	0	0	0	0
REJECTED:	0	0	0	0	0	0	0	0	0	0	0
DUPLICATES:	0	0	0	0	0	0	0	0	0	0	0
OMCARE CUST SRVC	0	0	0	0	0	0	0	0	0	0	0
ACCEPTED:	0	0	0	0	0	0	0	0	0	0	0
REJECTED:	0	0	0	0	0	0	0	0	0	0	0
OBENE FACT ACTN	0	0	0	0	0	0	0	0	0	0	0
ACCEPTED:	0	0	0	0	0	0	0	0	0	0	0
REJECTED:	0	0	0	0	0	0	0	0	0	0	0
OAUTO-DISENROLL	0	0	0	0	0	0	0	0	0	0	0
OMAINTENANCE	0	0	0	0	0	0	0	0	0	0	0
0** TOTAL ACTNS*	0	0	0	2	0	0	0	0	0	0	2
ACCEPTED:	0	0	0	2	0	0	0	0	0	0	2
REJECTED:	0	0	0	0	0	0	0	0	0	0	0
0* ORBIT/PENDING *	0	0	0	0	0	0	0	0	0	0	0

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1RUN DATE: 08/21/2006
REPORTING MONTH: 09/2006
0
0AUTOMATIC DISENROLLMENTS
+

TRANSACTION REPLIES/MONTHLY ACTIVITY
PLAN(Hnnn6) PBP(011) SGMT(000) YOUR HEALTH CARE INC
* * * TRANSACTION REPLY SUMMARY * * *

REPORT ID: 10
PAGE: 5

	TOTALS
PART A TERMINATION	0
PART B TERMINATION	0
REPORT OF BENEFICIARY DEATH	0
TERMINATION OF CONTRACT (HCFA)	0
TERMINATION OF CONTRACT (PLAN)	0
UNRESOLVED SERVICE AREA DISCREPANCY	0
BENE DOES NOT MEET AGE CRITERION	0
ROLLOVER	0
* * * TOTAL * * *	0

Plan Communications User's Guide Appendices, Version 2.0

1RUN DATE: 08/21/2006
 REPORTING MONTH: 09/2006
 OMAINTENANCE ACTIONS

TRANSACTION REPLIES/MONTHLY ACTIVITY
 PLAN(Hnnn6) PBP(011) SGMT(000) YOUR HEALTH CARE INC

REPORT ID: 10
 PAGE: 6

+		
CLAIM NUMBER IS INVALID (TEST)	0	
NHC STATUS TERMINATED	0	
ESRD CANCELLATION	0	
WA CANCELLED	0	
WA STATUS SET	0	
WA STATUS TERMINATED	0	
PRIOR COMMERCIAL ENR CHANGED	0	
HOSPICE STATUS SET	0	
HOSPICE STATUS TERMINATED	0	
ESRD STATUS SET	0	
ESRD STATUS TERMINATED	0	
INSTITUTIONAL STATUS SET	0	
INSTITUTIONAL STATUS TERMINATED	0	
MEDICAID STATUS SET	0	
MEDICAID STATUS TERMINATED	0	
PART A TERMINATION	0	
PART A REINSTATEMENT	0	
PART B TERMINATION	0	
PART B REINSTATEMENT	0	
ENROLLMENT DATE CHANGE	0	
DISENR DATE CHANGE	0	
STATE AND COUNTY CODE CHANGE	0	
CLAIM NUMBER CHANGE	0	
NAME CHANGE	0	
SEX CODE CHANGE	0	
DATE OF BIRTH CHANGE	0	
DATE OF DEATH ESTABLISHED	0	
DATE OF DEATH REMOVED	0	
DATE OF DEATH CORRECTED	0	
SCC EXEMPTION CODE CHANGE	0	
MEDICAID PERIOD CHANGE/CANCEL	0	
SEGMENT ID CHANGE	0	
LOW INCOME STATUS UPDATED	0	
EGHP FLAG CHANGE	0	
OUT OF COUNTRY ADDRESS CHANGE	0	
PART C/D PREMIUM CHANGE	0	
PREMIUM WITHOLD CHANGE	0	
CREDITABLE CVRG CHANGE/CANCEL	0	
PART D OPT-OUT ACCEPTED	0	
PART D RX ID/GROUP CHANGE	0	
SECONDARY RX ID/GROUP CHANGE	0	
* * * TOTAL * * *	0	

Plan Communications User's Guide Appendices, Version 2.0

LRUN DATE: 08/21/2006
 REPORTING MONTH: 09/2006

TRANSACTION REPLIES/MONTHLY ACTIVITY
 PLAN(Hnnn6) PBP(012) SGM(000) YOUR HEALTH CARE INC
 * * * PLAN-SUBMITTED TRANSACTIONS: ACCEPTED * * *

REPORT ID: 10
 PAGE: 1

T R A N S A C T I O N													R E P L Y			
TC	CLAIM NUMBER	SURNAME	S	F E	DATE OF	EFF	SCC	O E	L	CO-PAY	--PREMIUMS--		RPLY	REMARKS		
			I X	BIRTH	DATE			A T	I D	SPECIAL	I	EFF	PT C	PT D	CODE	
01	xxxxxxxxxA	LNAME3	R	M	10/11/22	09/01/06	03110		Hnnn6	M	1	01/01/06	.00	.00	077	MEDICAID ON
51	xxxxxxxxxD	LNAME4	M	F	04/08/23	06/01/06	03110	S	AUTOD		3	01/01/06	1.00-	1.00-	090	REPORT OF DEATH
01	xxxxxxxxxA	LNAME5	C	M	05/12/24	09/01/06	03110		Hnnn6	M	2	01/01/06	.00	.00	077	MEDICAID ON
01	xxxxxxxxxA	LNAME6	C	F	07/14/25	09/01/06	03090	Y	Hnnn6	M	2	07/01/06	.00	.00	077	MEDICAID ON
51	xxxxxxxxxA	LNAME7	S	F	12/21/26	08/01/06	03110	S	Hnnn1	M	2	01/01/06	.00	.00	014	DISNROL-NEW MCO
51	xxxxxxxxxB6	LNAME8	M	F	08/25/27	08/01/06	03010	S	Hnnn1	M	2	01/01/06	.00	.00	014	DISNROL-NEW MCO
51	xxxxxxxxxB1	LNAME9	G	M	09/01/28	08/01/06	03110	S	Hnnn1	M	2	01/01/06	.00	.00	014	DISNROL-NEW MCO
51	xxxxxxxxxA	LNAME10	J	M	12/24/29	08/01/06	03110	S	Hnnn1	M	2	01/01/06	.00	.00	014	DISNROL-NEW MCO
51	xxxxxxxxxB	LNAME11	L	F	08/21/30	08/01/06	03110	S	Hnnn1	M	2	01/01/06	.00	.00	014	DISNROL-NEW MCO
51	xxxxxxxxxD	LNAME12	L	F	08/16/31	08/01/06	03090	S	AUTOD	M	2	01/01/06	1.00-	1.00-	090	REPORT OF DEATH
51	xxxxxxxxxA	LNAME13	E	F	11/09/32	09/01/06	03110	S	AUTOD	M	2	01/01/06	1.00-	1.00-	090	REPORT OF DEATH
51	xxxxxxxxxA	LNAME14	E	M	01/19/33	08/01/06	03110	S	Hnnn1	M	2	01/01/06	.00	.00	014	DISNROL-NEW MCO
51	xxxxxxxxxB	LNAME15	M	F	06/10/34	08/01/06	03110	S	Hnnn1	M	2	01/01/06	.00	.00	014	DISNROL-NEW MCO
51	xxxxxxxxxA	LNAME16	M	F	06/03/35	08/01/06	03110	S	Hnnn1	M	2	01/01/06	.00	.00	014	DISNROL-NEW MCO
01	xxxxxxxxxA	LNAME17	M	F	06/10/36	09/01/06	03110		Hnnn6	M	2	01/01/06	.00	.00	077	MEDICAID ON
51	xxxxxxxxxA	LNAME18	E	F	01/23/37	08/01/06	03110	S	Hnnn1	M	2	01/01/06	.00	.00	014	DISNROL-NEW MCO
01	xxxxxxxxxA	LNAME19	C	F	09/19/38	09/01/06	03110		Hnnn6	M	2	01/01/06	.00	.00	077	MEDICAID ON
01	xxxxxxxxxA	LNAME20	H	F	06/01/39	09/01/06	03110		Hnnn6	M	2	05/01/06	.00	.00	077	MEDICAID ON
51	xxxxxxxxxA	LNAME21	R	M	04/07/40	08/01/06	03110	S	Hnnn1	M	2	01/01/06	.00	.00	014	DISNROL-NEW MCO
51	xxxxxxxxxA	LNAME22	F	F	11/18/39	08/01/06	03110	S	Snnn0	M	2	01/01/06	.00	.00	014	DISNROL-NEW MCO
01	xxxxxxxxxB	LNAME23	J	F	10/20/38	09/01/06	03010		Hnnn6	M	2	01/01/06	.00	.00	077	MEDICAID ON
51	xxxxxxxxxA	LNAME24	F	M	11/23/37	08/01/06	03110	S	Hnnn1	M	2	01/01/06	.00	.00	014	DISNROL-NEW MCO
01	xxxxxxxxxA	LNAME25	L	F	11/02/36	09/01/06	03110		Hnnn6	M	2	01/01/06	.00	.00	077	MEDICAID ON
51	xxxxxxxxxA	LNAME26	C	F	08/30/35	08/01/06	03010	Y	S Hnnn4	M	2	01/01/06	.00	.00	014	DISNROL-NEW MCO
61	xxxxxxxxxA	LNAME27	R	M	10/11/33	08/01/06	03110	S	Hnnn6	M	1	01/01/06	.00	.00	011	ENROLL ACCEPTED
61	xxxxxxxxxA	LNAME27	R	M	10/11/33	08/01/06	03110	S	Hnnn6	M	1	01/01/06	.00	.00	181	PTD PRM OVERIDE
61	xxxxxxxxxA	LNAME28	C	M	05/12/32	08/01/06	03110	S	Hnnn6	M	2	01/01/06	.00	.00	011	ENROLL ACCEPTED
61	xxxxxxxxxA	LNAME28	C	M	05/12/32	08/01/06	03110	S	Hnnn6	M	2	01/01/06	.00	.00	181	PTD PRM OVERIDE
61	xxxxxxxxxA	LNAME29	C	F	07/14/30	08/01/06	03090	Y	I Hnnn6	M	2	07/01/06	.00	.00	011	ENROLL ACCEPTED
61	xxxxxxxxxA	LNAME29	C	F	07/14/30	08/01/06	03090	Y	I Hnnn6	M	2	07/01/06	.00	.00	016	ENROLL-OUT AREA
61	xxxxxxxxxA	LNAME29	C	F	07/14/30	08/01/06	03090	Y	I Hnnn6	M	2	07/01/06	.00	.00	181	PTD PRM OVERIDE
71	xxxxxxxxxA	LNAME30	D	M	04/05/27	08/01/06	99999	Y	S Hnnn6	M	0		.00	14.90	016	ENROLL-OUT AREA
71	xxxxxxxxxA	LNAME30	D	M	04/05/27	08/01/06	99999	Y	S Hnnn6	M	0		.00	14.90	017	ENROLL-BAD SCC
71	xxxxxxxxxA	LNAME30	D	M	04/05/27	08/01/06	99999	Y	S Hnnn6	M	0		.00	14.90	100	ELECTION OK
71	xxxxxxxxxA	LNAME30	D	M	04/05/27	08/01/06	99999	Y	S Hnnn6	M	0		.00	14.90	181	PTD PRM OVERIDE
61	xxxxxxxxxA	LNAME31	M	F	06/10/23	08/01/06	03110	S	Hnnn6	M	2	01/01/06	.00	.00	011	ENROLL ACCEPTED
61	xxxxxxxxxA	LNAME31	M	F	06/10/23	08/01/06	03110	S	Hnnn6	M	2	01/01/06	.00	.00	181	PTD PRM OVERIDE
61	xxxxxxxxxA	LNAME32	C	F	09/19/21	08/01/06	03110	S	Hnnn6	M	2	01/01/06	.00	.00	011	ENROLL ACCEPTED
61	xxxxxxxxxA	LNAME32	C	F	09/19/21	08/01/06	03110	S	Hnnn6	M	2	01/01/06	.00	.00	181	PTD PRM OVERIDE
61	xxxxxxxxxA	NAME33	N	F	06/01/20	08/01/06	03110	S	Hnnn6	M	2	05/01/06	.00	.00	011	ENROLL ACCEPTED
61	xxxxxxxxxA	NAME34	H	F	06/01/20	08/01/06	03110	S	Hnnn6	M	2	05/01/06	.00	.00	181	PTD PRM OVERIDE

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TRANSACTION REPLIES/MONTHLY ACTIVITY
 PLAN(Hnnn6) PBP(012) SGM(000) YOUR HEALTH CARE INC

REPORT ID: 10
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*** PLAN-SUBMITTED TRANSACTIONS: ACCEPTED ***

0----- T R A N S A C T I O N ----- R E P L Y -----

0 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 xxxxxxxxxxB	LNAME35	J F	10/20/21	08/01/06	03010	S Hnnn6	M 2		01/01/06	.00	.00	011	ENROLL ACCEPTED
61 xxxxxxxxxxB	LNAME35	J F	10/20/21	08/01/06	03010	S Hnnn6	M 2		01/01/06	.00	.00	181	PTD PRM OVERRIDE
61 xxxxxxxxxxA	LNAME36	L F	11/02/22	08/01/06	03110	S Hnnn6	M 2		01/01/06	.00	.00	011	ENROLL ACCEPTED
61 xxxxxxxxxxA	LNAME36	L F	11/02/22	08/01/06	03110	S Hnnn6	M 2		01/01/06	.00	.00	181	PTD PRM OVERRIDE

*** PLAN-SUBMITTED TRANSACTIONS: REJECTED ***

0----- T R A N S A C T I O N ----- R E P L Y -----

0 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
NO TRANSACTIONS FOUND FOR THIS SECTION													

*** PLAN-SUBMITTED WA TRANSACTIONS: PENDING ***

0----- T R A N S A C T I O N ----- R E P L Y -----

0 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
NO TRANSACTIONS FOUND FOR THIS SECTION													

*** REGIONAL OFFICE - SUBMITTED TRANSACTIONS ***

0----- T R A N S A C T I O N ----- R E P L Y -----

0 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
NO TRANSACTIONS FOUND FOR THIS SECTION													

*** CENTRAL OFFICE - SUBMITTED TRANSACTIONS ***

0----- T R A N S A C T I O N ----- R E P L Y -----

0 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
NO TRANSACTIONS FOUND FOR THIS SECTION													

NO TRANSACTIONS FOUND FOR THIS SECTION

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```

1RUN DATE: 08/21/2006                TRANSACTION REPLIES/MONTHLY ACTIVITY                REPORT ID: 10
REPORTING MONTH: 09/2006            PLAN(Hnnn6) PBP(012) SGM(000) YOUR HEALTH CARE INC                PAGE: 3
0          * * * DISTRICT OFFICE - SUBMITTED TRANSACTIONS:  ACCEPTED * * *
0----- T R A N S A C T I O N ----- R E P L Y -----
0          S
          F E DATE OF EFF      DISTRICT OFFICE  SPECIAL  RPLY
TC CLAIM NUMBER SURNAME I X BIRTH  DATE          NUMBER    STATUS  CODE  REMARKS
-----
NO TRANSACTIONS FOUND FOR THIS SECTION
0          * * * DISTRICT OFFICE - SUBMITTED TRANSACTIONS:  REJECTED * * *
0----- T R A N S A C T I O N ----- R E P L Y -----
0          S
          F E DATE OF EFF      DISTRICT OFFICE  SPECIAL  RPLY
TC CLAIM NUMBER SURNAME I X BIRTH  DATE          NUMBER    STATUS  CODE  REMARKS
-----
NO TRANSACTIONS FOUND FOR THIS SECTION
0          * * * MEDICARE CUSTOMER SERVICE SUBMITTED TRANSACTIONS:  ACCEPTED * * *
0----- T R A N S A C T I O N ----- R E P L Y -----
0          S
          F E DATE OF EFF      O E          L CO-PAY
TC CLAIM NUMBER SURNAME I X BIRTH  DATE    SCC  A T ID  STATUS S  DATE    PT C  PT D  CODE REMARKS
-----
NO TRANSACTIONS FOUND FOR THIS SECTION
0          * * * MEDICARE CUSTOMER SERVICE SUBMITTED TRANSACTIONS:  REJECTED * * *
0----- T R A N S A C T I O N ----- R E P L Y -----
0          S
          F E DATE OF EFF      O E          L CO-PAY
TC CLAIM NUMBER SURNAME I X BIRTH  DATE    SCC  A T ID  STATUS S  DATE    PT C  PT D  CODE REMARKS
-----
NO TRANSACTIONS FOUND FOR THIS SECTION
0          * * * AUTOMATIC DISENROLLMENTS * * *
0----- T R A N S A C T I O N ----- R E P L Y -----
0          S
          F E DATE OF EFF      SPECIAL  I EFF      RPLY
TC CLAIM NUMBER SURNAME I X BIRTH  DATE    STATUS  S  DATE    CODE  REMARKS
-----
51 xxxxxxxxxxD  LNAME37 M F 04/08/23 06/01/06          3 01/01/06 018  AUTO DISENROLL
51 xxxxxxxxxxD  LNAME38 L F 08/16/24 08/01/06          M 2 01/01/06 018  AUTO DISENROLL
51 xxxxxxxxxxA  LANEM39 E F 11/09/25 09/01/06          M 2 01/01/06 018  AUTO DISENROLL
    
```

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TRANSACTION REPLIES/MONTHLY ACTIVITY
 PLAN(Hnnn6) PBP(012) SGM(000) YOUR HEALTH CARE INC

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0 * * * BENEFICIARY FACTOR TRANSACTIONS: ACCEPTED * * *
 0----- T R A N S A C T I O N ----- R E P L Y -----
 0 S L CO-PAY
 F E DATE OF EFF SPECIAL I EFF RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH DATE STATUS S DATE CODE REMARKS

NO TRANSACTIONS FOUND FOR THIS SECTION

0 * * * BENEFICIARY FACTOR TRANSACTIONS: REJECTED * * *
 0----- T R A N S A C T I O N ----- R E P L Y -----
 0 S L CO-PAY
 F E DATE OF EFF SPECIAL I EFF RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH DATE STATUS S DATE CODE REMARKS

NO TRANSACTIONS FOUND FOR THIS SECTION

0 * * * MAINTENANCE ACTIONS * * *
 0----- T R A N S A C T I O N ----- R E P L Y -----
 0 S L CO-PAY
 F E DATE OF EFF SPECIAL I EFF RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH DATE STATUS S DATE CODE REMARKS

TC	CLAIM NUMBER	SURNAME	I	X	BIRTH	DATE	STATUS	S	DATE	CODE	REMARKS	
01	xxxxxxxxxA	LNAME40	L	F	03/03/26	05/31/06		1	01/01/06	078	MEDICAID STATUS TERMINATED	
01	xxxxxxxxxD	LNAME41	M	F	04/08/27	05/26/06		3	01/01/06	072	HOSPICE STATUS TERMINATED	
01	xxxxxxxxxD	LNAME41	M	F	04/08/27	05/26/06		3	01/01/06	090	DATE OF DEATH ESTABLISHED	
01	xxxxxxxxxD	LNAME41	M	F	04/08/27	05/31/06		3	01/01/06	078	MEDICAID STATUS TERMINATED	
01	xxxxxxxxxA	LNAME42	H	M	11/20/28	07/01/06		M	2	07/01/06	167	NEW LIS PREMIUM
01	xxxxxxxxxA	LNAME43	A	M	02/04/29	10/02/01		M	3	05/01/06	154	OUT OF AREA
01	xxxxxxxxxA	LNAME44	G	F	06/15/30	06/01/06		M	2	01/01/06	077	MEDICAID STATUS SET
01	xxxxxxxxxD	LNAME45	L	F	08/16/31	07/17/06		2	01/01/06	090	DATE OF DEATH ESTABLISHED	
01	xxxxxxxxxD	LNAME45	L	F	08/16/31	07/31/06		2	01/01/06	078	MEDICAID STATUS TERMINATED	
01	xxxxxxxxxA	LNAME46	E	F	11/09/32	07/20/06	H	M	2	01/01/06	071	HOSPICE STATUS SET
01	xxxxxxxxxA	LNAME46	E	F	11/09/32	08/02/06		2	01/01/06	090	DATE OF DEATH ESTABLISHED	
01	xxxxxxxxxA	LNAME46	E	F	11/09/32	08/31/06		2	01/01/06	078	MEDICAID STATUS TERMINATED	
01	xxxxxxxxxA	LNAME47	F	M	06/13/33	07/08/02		M	2	01/01/06	154	OUT OF AREA
01	xxxxxxxxxA	LNAME48	E	M	09/09/35	08/10/06		2	01/01/06	152	NEW RACE CODE	
01	xxxxxxxxxD	LNAME49	F	F	02/25/36	07/26/06		2	01/01/06	086	CLAIM NUMBER CHANGE	
01	xxxxxxxxxA	LNAME50	M	F	08/15/37	06/18/04		M	2	01/01/06	154	OUT OF AREA
01	xxxxxxxxxA	LNAME51	A	F	05/29/38	05/01/06		M	2	01/01/06	077	MEDICAID STATUS SET

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1RUN DATE: 08/21/2006	TRANSACTION REPLIES/MONTHLY ACTIVITY										REPORT ID: 10
REPORTING MONTH: 09/2006	PLAN(Hnnn6) PBP(012) SGMT(000) YOUR HEALTH CARE INC										PAGE: 5
0	* * * TRANSACTION REPLY SUMMARY * * *										
0	TC 72	TC 71	TC 60	TC 61	TC 51	TC 53	TC 54	TC 30	TC 31	TC 01	ALL
+											
ACCEPTED ACTN	0	4	0	17	16	0	0	0	0	8	45
OREJECTED ACTN	0	0	0	0	0	0	0	0	0	0	0
OREGION ACTNS	0	0	0	0	0	0	0	0	0	0	0
OCNTRL OFFICE ACT	0	0	0	0	0	0	0	0	0	0	0
ODISTR OFFICE ACT	0	0	0	0	0	0	0	0	0	0	0
ACCEPTED:	0	0	0	0	0	0	0	0	0	0	0
REJECTED:	0	0	0	0	0	0	0	0	0	0	0
DUPLICATES:	0	0	0	0	0	0	0	0	0	0	0
OMCARE CUST SRVC	0	0	0	0	0	0	0	0	0	0	0
ACCEPTED:	0	0	0	0	0	0	0	0	0	0	0
REJECTED:	0	0	0	0	0	0	0	0	0	0	0
OBENE FACT ACTN	0	0	0	0	0	0	0	0	0	0	0
ACCEPTED:	0	0	0	0	0	0	0	0	0	0	0
REJECTED:	0	0	0	0	0	0	0	0	0	0	0
OAUTO-DISENROLL	0	0	0	0	3	0	0	0	0	0	3
OMAINTENANCE	0	0	0	0	0	0	0	0	0	17	17
0** TOTAL ACTNS*	0	4	0	17	19	0	0	0	0	25	65
ACCEPTED:	0	4	0	17	16	0	0	0	0	8	45
REJECTED:	0	0	0	0	0	0	0	0	0	0	0
0* ORBIT/PENDING *	0	0	0	0	0	0	0	0	0	0	0

1RUN DATE: 08/21/2006	TRANSACTION REPLIES/MONTHLY ACTIVITY										REPORT ID: 10
REPORTING MONTH: 09/2006	PLAN(Hnnn6) PBP(012) SGMT(000) YOUR HEALTH CARE INC										PAGE: 6
0	* * * TRANSACTION REPLY SUMMARY * * *										
0AUTOMATIC DISENROLLMENTS	TOTALS										
+											
PART A TERMINATION											0
PART B TERMINATION											0
REPORT OF BENEFICIARY DEATH											0
TERMINATION OF CONTRACT (HCFA)											0
TERMINATION OF CONTRACT (PLAN)											0
UNRESOLVED SERVICE AREA DISCREPANCY											0
BENE DOES NOT MEET AGE CRITERION											0
ROLLOVER											0
* * * TOTAL * * *											3

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1RUN DATE: 08/21/2006
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 OMAINTENANCE ACTIONS

TRANSACTION REPLIES/MONTHLY ACTIVITY
 PLAN(Hnnn6) PBP(012) SGMT(000) YOUR HEALTH CARE INC

REPORT ID: 10
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+	
CLAIM NUMBER IS INVALID (TEST)	0
NHC STATUS TERMINATED	0
ESRD CANCELLATION	0
WA CANCELLED	0
WA STATUS SET	0
WA STATUS TERMINATED	0
PRIOR COMMERCIAL ENR CHANGED	0
HOSPICE STATUS SET	1
HOSPICE STATUS TERMINATED	1
ESRD STATUS SET	0
ESRD STATUS TERMINATED	0
INSTITUTIONAL STATUS SET	0
INSTITUTIONAL STATUS TERMINATED	0
MEDICAID STATUS SET	2
MEDICAID STATUS TERMINATED	4
PART A TERMINATION	0
PART A REINSTATEMENT	0
PART B TERMINATION	0
PART B REINSTATEMENT	0
ENROLLMENT DATE CHANGE	0
DISENR DATE CHANGE	0
STATE AND COUNTY CODE CHANGE	0
CLAIM NUMBER CHANGE	1
NAME CHANGE	0
SEX CODE CHANGE	0
DATE OF BIRTH CHANGE	0
DATE OF DEATH ESTABLISHED	3
DATE OF DEATH REMOVED	0
DATE OF DEATH CORRECTED	0
SCC EXEMPTION CODE CHANGE	0
MEDICAID PERIOD CHANGE/CANCEL	0
SEGMENT ID CHANGE	0
LOW INCOME STATUS UPDATED	0
EGHP FLAG CHANGE	0
OUT OF COUNTRY ADDRESS CHANGE	0
PART C/D PREMIUM CHANGE	0
PREMIUM WITHOLD CHANGE	0
CREDITABLE CVRG CHANGE/CANCEL	0
PART D OPT-OUT ACCEPTED	0
PART D RX ID/GROUP CHANGE	0
SECONDARY RX ID/GROUP CHANGE	0
* * * TOTAL * * *	12

I.14 Enrollment Transmission Message File (STATUS)

Description

This file is a summary of the batch transaction file providing counts of transactions by type. It will contain a unique Batch ID that can be used to associate submissions to the Batch Completion Status Summary. Plans should use this file to monitor the successful (or unsuccessful) receipt of their batch transaction files.

Example

Below is a section of an Enrollment Transmission Message File (STATUS).

Section	Name
I.	Enrollment Transmission Message File (STATUS).

- If the file processes normally, the following STATUS messages are generated:

(The FAIL message occurs only if transactions failed.)

```
***** Top of Data *****  
TRANSACTIONS RECEIVED ON 2006-01-30 AT 17.04.11
```

```
TRANSACTIONS PROCESSED ON 2006-01-30 AT 17.04.27
```

```
HEADER CODE= AAAAAAHEADER
```

```
HEADER DATE= 032006
```

```
BATCH ID    = 015953955
```

```
USER ID     = P218
```

```
TRAN CNTS1 = 00000043 T01 00000013 T51 00000001 T60 00000004 T61 00000008
```

```
TRAN CNTS2 =           T71 00000006 T72 00000007 TXX 00000004
```

```
TOTAL TRANSACTIONS PROCESSED=           43
```

```
TOTAL REJECTED TRANSACTIONS =           5
```

```
TOTAL FAILED TRANSACTIONS   =           17
```

```
DATA FAILED
```

```
CHECK FAIL FILE FOR FAILED TRANSACTIONS
```

CORRECT FAILED RECORDS AND RESUBMIT

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

- The following status messages are generated when an error condition prevents the transaction file from processing.

1. Invalid User Id

***** Top of Data *****

TRANSACTIONS RECEIVED ON 2006-01-27 AT 16.59.49

PROCESSING STOPPED ON 2006-01-27 AT 17.00.39

USER ID (OB13) NOT AUTHENTICATED: 2-USER ID NOT FOUND

HEADER CODE= AAAAAAHEADER

HEADER DATE= 012006

BATCH ID = 015953937

USER ID = OB13

TRAN CNTS1 = 00000043 T01 00000013 T51 00000003 T60 00000004 T61 00000009

TRAN CNTS2 = T71 00000006 T72 00000007 TXX 00000001

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

2. Invalid header date

***** Top of Data*****

TRANSACTIONS RECEIVED ON 2006-01-27 AT 16.23.22

PROCESSING STOPPED ON 2006-01-27 AT 16.23.42

HEADER RECORD IS MISSING OR INVALID

HEADER CODE= AAAAAAHEADER

HEADER DATE= XX2006

BATCH ID = 015953933

USER ID = P218

TRAN CNTS1 = 00000068 T01 00000000 T51 00000017 T60 00000000 T61 00000019

TRAN CNTS2 = T71 00000017 T72 00000015 TXX 00000000

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

3. Missing Header record

***** Top of Data *****

TRANSACTIONS RECEIVED ON AT

PROCESSING STOPPED ON 2006-01-25 AT 18.11.38

HEADER RECORD IS MISSING OR INVALID

HEADER CODE= XXXHEADERZZZ
HEADER DATE= 112005
BATCH ID =
USER ID =
TRAN CNTS1 =
TRAN CNTS2 =
***** Bottom of Data *****

4. Future Header Date

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

PROCESSING STOPPED ON 2006-01-30 AT 16.48.55
HEADER RECORD DATE IS A FUTURE PROCESSING MONTH
RESUBMIT DURING THE CORRECT PROCESSING MONTH
PROCESSING MONTH=032006
HEADER CODE= AAAAAAHEADER
HEADER DATE= 032007
BATCH ID = 015953953
USER ID = P218
TRAN CNTS1 = 00000043 T01 00000013 T51 00000001 T60 00000004 T61 00000008
TRAN CNTS2 = T71 00000006 T72 00000007 TXX 00000004
***** Bottom of Data *****

5. Header Date earlier than CPM

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

PROCESSING STOPPED ON 2006-01-30 AT 16.54.13
HEADER RECORD DATE IS NOT EQUAL TO THE CURRENT PAYMENT MONTH
PROCESSING MONTH=032006
HEADER CODE= AAAAAAHEADER
HEADER DATE= 092005
BATCH ID = 015953954
USER ID = P218
TRAN CNTS1 = 00000043 T01 00000013 T51 00000001 T60 00000004 T61 00000008
TRAN CNTS2 = T71 00000006 T72 00000007 TXX 00000004
***** Bottom of Data *****

- If the file is a RETRO file, the following STATUS messages are generated:

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

HEADER CODE= AAAAAAHEADER RETRO
HEADER DATE= 012006
BATCH ID    = 015953928
USER ID     = P218
TRAN CNTS1 = 00000068 T01 00000000 T51 00000017 T60 00000000 T61 00000019
TRAN CNTS2 =          T71 00000017 T72 00000015 TXX 00000000

PROCESSING STOPPED ON 2006-01-27 AT 14:23:39
RETRO FILE DETECTED FOR USERID P218
HEADER CODE= AAAAAAHEADER RETRO
HEADER DATE= 012006
***** Bottom of Data *****
```

- If CAPTURE mode is in effect, the following STATUS messages are generated:

```
***** Top of Data *****
TRANSACTIONS RECEIVED ON 2006-01-27 AT 16.11.03

HEADER CODE= AAAAAAHEADER
HEADER DATE= 012006
BATCH ID    = 015953932
USER ID     = P218
TRAN CNTS1 = 00000068 T01 00000000 T51 00000017 T60 00000000 T61 00000019
TRAN CNTS2 =          T71 00000017 T72 00000015 TXX 00000000

PROCESSING STOPPED ON 2006-01-27 AT 16:11:44
MARX MONTH END CAPTURE MODE IS IN EFFECT
***** Bottom of Data *****
```


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```

#ACPTEDTRANS      2xxxxxxxxxC1 LASTNAME7   KATHRYN 219370412 004SSnnnn2006081561  20060901000      0D000000001490Y000
N                  B                               1003                               011                          ;;
#ACPTEDTRANS      3xxxxxxxxxD  LASTNAME8   MARION  B219381213 004SSnnnn2006081661  20060901000      0D000000001490Y000
N                  B                               1003                               011                          ;;
#ACPTEDTRANS      4xxxxxxxxxA  LASTNAME9   RALPH  L119390930 004SSnnnn2006081661  20060901000      0D000000001490Y000
N                  B                               1003                               011                          ;;
#BATCHDSPSTN0000244052772006-08-2121-49-18      15      14      1      0      000000015 idid      2006-08-2114.40.40
;C1IA 0024405277100000000
#RJCTEDTRANS      1xxxxxxxxxA  LASTNAME10  MARION L219401222 134SSnnnn2006081061  20060901000      0D006371002929Y000
N                  B                               107
#ACPTEDTRANS      1xxxxxxxxxA  LASTNAME11  BETTY  J219401101 005ISnnnn2006081761  20060901000      0D004000002929Y000
N                  B                               0000                              011                          ;;
#ACPTEDTRANS      2xxxxxxxxxA  LASTNAME12  SARAH  K219391005 019SSnnnn2006081661  20060901000      0D006371002929Y000
N                  B                               0000                              011                          ;;
#ACPTEDTRANS      3xxxxxxxxxA  LASTNAME13  RUBY   J219381003 019ISnnnn2006081761  20061001000      0D006371002929Y000
N                  B                               0000                              011                          ;;
#ACPTEDTRANS      4xxxxxxxxxA  LASTNAME14  MARY   E219370610Y019SSnnnn2006081661  20060901000      0D006371002929Y000
N                  B                               1001                              011170                       ;;
#ACPTEDTRANS      5xxxxxxxxxA  LASTNAME15  RANDA  119360929 019ISnnnn2006081661  20060901000      0D006371002929Y000
N                  B                               0000                              011                          ;;
#ACPTEDTRANS      6xxxxxxxxxA  LASTNAME16  RONNIE G119350921 019ISnnnn2006081661  20060901000      0D006371002929Y000
N                  B                               0000                              011                          ;;
#ACPTEDTRANS      7xxxxxxxxxA  LASTNAME17  ROBY   P119340822 019NSnnnn2006081661  20060901000      0D006371002929Y000
Y                  B                               0000                              011                          ;;
#ACPTEDTRANS      8xxxxxxxxxA  LASTNAME18  DEBORAH A219330722 005IH44562006081661  20060901000      0D004000002929Y000
N                  B                               0000                              011                          ;;

```

J: All Transmissions Overview

Table J-1 - All Transmissions Overview

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Dataset naming conventions key: [GUID] = 7 character IACS User ID [P/T]: P = Production Data T = Test Data [.ZIP] = Appended if the file is compressed		[directory] = optional directory specification from non-mainframe C:D clients pn = Processing number of varying length assigned to the file by Gentran cccc = Contract number Pcccc = Plan Contract Number for C:D Uuuu-uuuuuu = 4-7 character transmitter RACF ID (if no RACFID, insert none)			xxxxx = 5 character Contract ID uuuu = 4 character transmitter User ID zzzzzzz = Plan-provided high level qualifier hhmm = hour and minute freq = Frequency code of file sssss = Sequentially assigned number mmyyyy = Calendar month & year	yyyyymmdd = Calendar year, month & day yymmdd = two digit year, month, day 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 hlq = High Level Qualifier or Directory per VSAM File
Plan Submittals to CMS						
1	MARx Enrollment Transaction File Header Enrollment Transaction (Employer & Plan - 60/61) Disenrollment Transaction (51) Plan Elections (PBP Change) Transaction (71) Plan Change Transaction (72) Correction (01)	Enrollment Transaction file to CMS MARx system requesting new enrollment, disenrollment, changes, etc.	MARx	Data File	Batch - Daily PRN	Gentran mailbox: ** no change for 2007 [GUID].[RACFID].MARX.D.xxxxx.FUTURE.[P/T][.ZIP] Note: FUTURE is part of the filename and does not change. Connect:Direct: (Current) uuuu.@BGD5050.TRANSFER.DATA Connect:Direct: (must be used by January 2007) [P/T]#EFT.IN.uuuuuu.MARXTR.DYMMDD.THHMSST Note: DYMMDD.THHMSST must be coded as shown, as it is a literal
2	4RX Notification File Header Detail Trailer	File used to provide CMS with additional information on Plan enrollments to support point of sale and other pharmacy related information needs. The file contains CMX Primary payor data (BIN, PCN, Group, Member). The objective is to make available 4Rx data to the TrOOP Facilitator and Coordination of Benefits (COB) contractor beginning 11/15/2005.	MBD	Data File	PRN (Plans can send multiple files in a day)	Gentran mailbox: ** no change for 2007 [GUID].[RACFID].MBD.D.xxxxx.4RX.[P/T][.ZIP] Connect:Direct: (Current) P#MBD.#BTCH4.xxxxx.IN.RQST.NDM Connect:Direct: (must be used by January 2007) [P/T]#EFT.IN.PLxxxx.BEQ4RX.DYMMDD.THHMSST Note: DYMMDD.THHMSST must be coded as shown, as it is a literal
3	Batch Eligibility Query (BEQ) Request File Header Detail Trailer	File of transactions submitted by plans to request eligibility information for prospective Plan enrollees. Used to do initial eligibility checks against CMS MBD system to verify member is Part A./B eligible	MBD	Data File	PRN (no more than one per day)	Gentran mailbox: ** no change for 2007 [GUID].[RACFID].MBD.D.xxxxx.BEQ.[P/T][.ZIP] Connect:Direct: (Current) P#MBD.#BTCH4.xxxxx.IN.RQST.NDM Connect:Direct: (must be used by January 2007) [P/T]#EFT.IN.PLxxxx.BEQ4RX.DYMMDD.THHMSST Note: DYMMDD.THHMSST must be coded as shown, as it is a literal

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Dataset naming conventions key: [GUID] = 7 character IACS User ID [P/T]: P = Production Data T = Test Data [.ZIP] = Appended if the file is compressed		[directory] = optional directory specification from non-mainframe C:D clients pn = Processing number of varying length assigned to the file by Gentran cccc = Contract number Pcccc = Plan Contract Number for C:D Uuuu-uuuuuu = 4-7 character transmitter RACF ID (if no RACFID, insert none)			xxxx = 5 character Contract ID uuuu = 4 character transmitter User ID zzzzzzz = Plan-provided high level qualifier hhmm = hour and minute freq = Frequency code of file sssss= Sequentially assigned number mmyyyy = Calendar month & year	yyyyymmdd = Calendar year, month & day yymmdd = two digit year, month, day Annnnn & Bnnnnn = MARx batch transaction ID, nnnnnnnn split into two nodes A...and B ...with leading zeroes as necessary to complete ten character batch ID hlq = High Level Qualifier or Directory per VSAM File
4	ECRS Batch Submittal File	File used by plans to submit other healthcare information (OHI) to CMS (<i>rather than submittal through the ECRS on-line system</i>)	ECRS	Data File	Daily	Gentran mailbox: ** no change for 2007 [GUID].[RACFID].ECRS.D.ccccc.FUTURE.[P/T] Connect:Direct: ** no change for 2007 TRANSMITTED TO GHI
5	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: ** no change for 2007 [GUID].[RACFID].PDE.D.ccccc.FUTURE.[P/T] Connect:Direct: ** no change for 2007 TRANSMITTED TO PALMETTO
6	Front-End Risk Adjustment System (FERAS) Response Reports	File of transactions submitted by the plans with diagnoses for FFS beneficiaries	FERAS	Data File	Daily	Gentran mailbox: ** no change for 2007 [GUID].[RACFID].RAPS.D.ccccc.FUTURE.[P/T] Connect:Direct: ** no change for 2007 TRANSMITTED TO PALMETTO
CMS Transmittals to the Users (Submitters)						
7	Failed Transaction Data File	Report detailing transactions that cannot be loaded into MARx for processing due to formatting errors. These records are the result of errors with the file header, user authentication, transaction format or incorrect data types for transaction data elements. This report is sent to the user who submitted the batch.	MARx	Data File	Resp. to transaction batch file	Gentran mailbox: uuuu.@BGD5050.YMyyyyymm.Ddd.HMhmm.FAILED.pn Connect:Direct (mainframe): zzzzzzz.uuuu.YMyyyyymm.Ddd.HMhmm.FAILED Connect:Direct (non-mainframe): \[directory]uuuu.@BGD5050.YMyyyyymm.Ddd.HMhmm.FAILED
8	Batch Completion Status Summary Data File Summary Record Rejected Records Accepted Records	Data file sent to the submitter once a batch of submitted transactions have 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. (As of 4/17 one of these will be produced for each submitted batch)	MARx	Data File	Once batch is processed	Gentran mailbox: uuuu.@BGD5050.Dyymmdd.Annnnn.Bnnnnn.BATCHSTD.pn Connect:Direct (mainframe): zzzzzzz.uuuu.Dyymmdd.Annnnn.Bnnnnn.BATCHSTD Connect:Direct (non-mainframe): \directoryuuuu.@BGD5050.Dyymmdd.Annnnn.Bnnnnn.BATCHSTD

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ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Dataset naming conventions key: [GUID] = 7 character IACS User ID [P/T]: P = Production Data T = Test Data [.ZIP] = Appended if the file is compressed		[directory] = optional directory specification from non-mainframe C:D clients pn = Processing number of varying length assigned to the file by Gentran cccc = Contract number Pcccc = Plan Contract Number for C:D Uuuu-uuuuuu = 4-7 character transmitter RACF ID (if no RACFID, insert none)			xxxx = 5 character Contract ID uuuu = 4 character transmitter User ID zzzzzzzz = Plan-provided high level qualifier hhmm = hour and minute freq = Frequency code of file sssss = Sequentially assigned number mmyyyy = Calendar month & year	yyyyymmdd = Calendar year, month & day yymmdd = two digit year, month, day 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 hlq = High Level Qualifier or Directory per VSAM File
9	Enrollment Transmission Message File (STATUS)	Summary of the batch enrollment transaction file providing counts of transactions by type. It will contain a unique Batch ID that can be used to associate submissions to the Batch Completion Status Summary. Plans should use this file to monitor the successful (or unsuccessful) receipt of their batch transaction files.	MARx	Report	Resp. to transaction batch file	<p align="center">Gentran mailbox: uuuu.@BGD5050.YMyyyymm.Ddd.HMhhmm.STATUS.pn Connect:Direct (mainframe): zzzzzzzz.uuuu.YMyyyymm.Ddd.HMhhmm.STATUS Connect:Direct (non-mainframe): \\directory\uuuu.@BGD5050.YMyyyymm.Ddd.HMhhmm.STATUS</p>
CMS Transmittals to the Plans						
10	Transaction Reply Report (TRR) - of auto enrollments - to PDPs	Report in the same format as the Transaction Reply Activity Report that lists all of the auto enrollments.	MARx	Report	November, 2005	<p align="center">Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.YMyyyymm.Ddd.TRWEEKR.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.YMyyyymm.Ddd.TRWEEKR Connect:Direct (Non-Mainframe): \\directory\ P#MMA.@BGD5050.PLNxxxxx.YMyyyymm.Ddd.TRWEEKR</p>
11	Transaction Reply Report (TRR) data file - of auto enrollments - to PDPs	Data file version of the Transaction Reply Report of auto enrollments.	MARx	Data File	November, 2005	<p align="center">Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.YMyyyymm.Ddd.TRWEEKD.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.YMyyyymm.Ddd.TRWEEKD Connect:Direct (Non-Mainframe): \\directory\ P#MMA.@BGD5050.PLNxxxxx.YMyyyymm.Ddd.TRWEEKD</p>
12	HPMS Complaints Tracking Module Data File CTM Complaint ID, HICN, and complaint data Transfer	Data file containing the unique complaint ID, HICN, and complaint data from the HPMS Part D Complaints Tracking Module (CTM) for a specific contract ID, for beneficiaries that have filed a Part D complaint with CMS. This file will include data collected by 1-800 MEDICARE, assist plans with identifying the correct beneficiary filing a complaint, and enable resolution of the complaint in a timely manner.	HPMS (CTM)	Data File	Batch - Daily PRN	<p align="center">Gentran mailbox: cccc.CTM.BENECOMP.ssssss Connect:Direct (Mainframe): hlq.Pcccc.CTM.BENECOMP.Ussssss Connect:Direct (Non-Mainframe): \\directory\ hlq.Pcccc.CTM.BENECOMP.Ussssss</p>

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Dataset naming conventions key: [GUID] = 7 character IACS User ID [P/T]: P = Production Data T = Test Data [.ZIP] = Appended if the file is compressed		[directory] = optional directory specification from non-mainframe C:D clients pn = Processing number of varying length assigned to the file by Gentran cccc = Contract number Pcccc = Plan Contract Number for C:D Uuuu-uuuuuu = 4-7 character transmitter RACF ID (if no RACFID, insert none)			xxxx = 5 character Contract ID uuuu = 4 character transmitter User ID zzzzzzz = Plan-provided high level qualifier hhmm = hour and minute freq = Frequency code of file sssss = Sequentially assigned number mmyyyy = Calendar month & year	yyyyymmdd = Calendar year, month & day yymmdd = two digit year, month, day Annnnn & Bnnnnn = MARx batch transaction ID, nnnnnnnn split into two nodes A...and B ...with leading zeroes as necessary to complete ten character batch ID hlq = High Level Qualifier or Directory per VSAM File
13	Coordination of Benefits (Validated Other Insurer Information) Detail Primary Supplemental	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	PRN (can be daily)	Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.YMyyyymm.Ddd.Thhmm.C.pn Connect:Direct (Mainframe): zzzzzzz.PLNxxxxx.YMyyyymm.Ddd.Thhmm.C Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.YMyyyymm.Ddd.Thhmm.C
14	MA Full Dual Auto Assignment Notification File	Monthly file of Full Dual Beneficiaries in an existing plan.	MBD	Data File	Monthly	Gentran mailbox: P#MBD.#ADUA4.xxxxx.OUT.NOTIF.pn Connect:Direct (Mainframe): zzzzzzz.#ADUA4.xxxxx.OUT.NOTIF Connect:Direct (Non-Mainframe): \[directory]\P#MBD.#ADUA4.xxxxx.OUT.NOTIF
15	PDP Address file from Full Dual & Facilitated Assignments	Monthly file of addresses of Beneficiaries who have been either Auto Assigned or Facilitated Assigned to PDPs	MBD	Data File	Monthly	Gentran mailbox: P#MBD.#APDP4.xxxxx.OUT.NOTIF.pn Connect:Direct (Mainframe): zzzzzzz.#APDP4.xxxxx.OUT.NOTIF Connect:Direct (Non-Mainframe): \[directory]\P#MBD.#APDP4.xxxxx.OUT.NOTIF
16	4Rx Notification File Acknowledgment (Accept/Reject)	MBD will determine if a 4Rx Notification File is Accepted or Rejected. MBD will issue an email acknowledgment of receipt and status to the Sending Entity. If Accepted the file will be processed. If Rejected, the email shall inform the Sending Entity of the first File Error Condition that caused the 4Rx Notification File to be Rejected. A rejected file will not be returned.	MBD	E-mail	Resp. to 4Rx	N/A

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		[directory] = optional directory specification from non-mainframe C:D clients pn = Processing number of varying length assigned to the file by Gentran cccc = Contract number Pcccc = Plan Contract Number for C:D Uuuu-uuuuuu = 4-7 character transmitter RACF ID (if no RACFID, insert none)			xxxxx = 5 character Contract ID uuuu = 4 character transmitter User ID zzzzzzzz = Plan-provided high level qualifier hhmm = hour and minute freq = Frequency code of file ssssss = Sequentially assigned number mmyyyy = Calendar month & year	yyyyymdd = Calendar year, month & day yymmdd = two digit year, month, day Annnnn & Bnnnnn = MARx batch transaction ID, nnnnnnnnn split into two nodes A...and B ...with leading zeroes as necessary to complete ten character batch ID hlq = High Level Qualifier or Directory per VSAM File
17	4Rx Response File Header Detail Trailer	File containing records produced as a result of processing the transactions of accepted 4Rx Notification 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	Resp. to 4Rx	<p align="center">CURRENT</p> <p align="center">Gentran mailbox:P#MBD.#RXN4.xxxxx.OUT.RESPONSE.pn Connect:Direct (Mainframe):zzzzzzz.#RXN4.xxxxx.OUT.RESPONSE Connect:Direct (Non-Mainframe):\directory\p#MBD.#RXN4.xxxxx.OUT.RESPONSE</p> <p align="center">BEGINNING JANUARY 2007</p> <p align="center">Gentran mailbox: [P/T].Rxxxx.#RXN4.Dyymmdd.Thhmsst.pn Connect:Direct (Mainframe): zzzzzzz.Rxxxx.#RXN4.Dyymmdd.Thhmsst Connect:Direct (Non-Mainframe): \directory\Rxxxx.#RXN4.Dyymmdd.Thhmsst</p>
18	NoRx File	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	<p align="center">Gentran mailbox: P#MBD.#NORX.xxxxx.OUT.NTFCTN Connect:Direct (Mainframe): zzzzzzzz.#NORX.xxxxx.OUT.NTFCTN Connect:Direct (Non-Mainframe): \directory\p#MBD.#NORX.xxxxx.OUT.NTFCTN</p>
19	Batch Eligibility Query (BEQ) Request File Acknowledgment (Accept/Reject)	MBD will determine if a BEQ Request File is Accepted or Rejected. MBD will issue an email acknowledgment of receipt and status to the Sending Entity. If Accepted the file will be processed. If Rejected, the email 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	Resp. to BEQ	N/A
20	Batch Eligibility Query (BEQ) Response File Header Detail Trailer	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	Resp. to BEQ	<p align="center">CURRENT</p> <p align="center">Gentran mailbox:P#MBD.#BQN4.xxxxx.OUT.RESPONSE.pn Connect:Direct (Mainframe):zzzzzzz.#BQN4.xxxxx.OUT.RESPONSE Connect:Direct (Non-Mainframe):\directory\p#MBD.#BQN4.xxxxx.OUT.RESPONSE</p> <p align="center">BEGINNING JANUARY 2007</p> <p align="center">Gentran mailbox: [P/T].Rxxxx.#BQN4.Dyymmdd.Thhmsst.pn Connect:Direct (Mainframe): zzzzzzz.Rxxxx.#BQN4.Dyymmdd.Thhmsst Connect:Direct (Non-Mainframe): \directory\Rxxxx.#BQN4.Dyymmdd.Thhmsst</p>

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21	ECRS	File containing errors and statuses of ECRS submissions.	ECRS	Data File	Daily	Gentran mailbox: PCOB.BA.ECRS.cccc.RESPONSE.ssssss Connect:Direct: TRANSMITTED FROM GHI	
22	Prescription Drug Event (PDE) PDFS Response Report	File containing responses if files are accepted or rejected.	PDE	Data File	Daily	Gentran mailbox: RSP.PDFS_RESP_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO	
23	Prescription Drug Event (PDE) DDPS Return 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: RPT.DDPS_TRANS_VALIDATION_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO	
24	Prescription Drug Event (PDE) DDPS Transaction Error Summary Report	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: RPT.DDPS_ERROR_SUMMARY_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO	
25	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: RSP.FERAS_RESP_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO	

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26	Front-End Risk Adjustment System (FERAS) Response Reports	File will contain all of the submitted transactions whether or not the file contains errors.	FERAS	Data File	Daily	Gentran mailbox: RPT.RAPS_RETURN_FLAT_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO	
27	Front-End Risk Adjustment System (FERAS) Response Reports Transaction Error File	Report lists the transactions that contained errors and identifies the errors that were found.	FERAS	Report	Daily	Gentran mailbox: RPT.RAPS_ERRORRPT_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO	
28	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: RPT.RAPS_SUMMARY_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO	
29	Front-End Risk Adjustment System (FERAS) Response Reports Duplicate Diagnosis Cluster File	Report identifies diagnosis clusters with 502 error message, clusters accepted, but not stored.	FERAS	Report	Daily	Gentran mailbox: RPT.RAPS_DUPDX_RPT_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO	
Weekly Transmittals (Data & Reports)							
30	Transaction Reply Weekly Activity Report (Weekly TRR)	Report listing all of the transactions that MARx processed for a plan in the week regardless of source, and gives a final disposition code for each transaction.	MARx	Report	Weekly	Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.YMyyyymm.Ddd.TRWEEKR.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.YMyyyymm.Ddd.TRWEEKR Connect:Direct (Non-Mainframe): \[directory]P#MMA.@BGD5050.PLNxxxxx.YMyyyymm.Ddd.TRWEEKR	

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31	Transaction Reply Weekly Activity Data File	Data file version of the Transaction Reply Weekly Activity Report.	MARx	Data File	Weekly	<p align="center">Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKD.pn Connect:Direct (Mainframe): zzzzzzz.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKD Connect:Direct (Non-Mainframe): \[directory]P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKD</p>	
32	Bi-Weekly LIS/Premium Report	The data in the report reflects LIS info, premium subsidy levels, Low-income co-pay levels, etc. for all beneficiaries who have a low-income designation enrolled in a plan. This data file is produced bi-weekly. It is not automatically transmitted to the plans. Through the MARx UI plans can request this data file.	MARx	Data File	Biweekly	<p align="center">Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.LISPRMD Connect:Direct (Mainframe): zzzzzzz.PLNxxxxx.YMyyyyymm.Ddd.LISPRMD Connect:Direct (Non-Mainframe): \[directory]P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.LISPRMD</p>	
Monthly Transmittals (Data & Reports)							
33	Transaction Reply/Monthly Activity Report (Monthly TRR)	Report listing all of the transactions that MARx processed for a plan in the month, regardless of source, and gives a final disposition code for each transaction.	MARx	Report	Monthly	<p align="center">Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.TRNREPLY.pn Connect:Direct (Mainframe): zzzzzzz.PLNxxxxx.Rmmyyyy.TRNREPLY Connect:Direct (Non-Mainframe): \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.TRNREPLY</p>	

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ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions	
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34	Transaction Reply/Monthly Activity Data File	Data file version of the Transaction Reply/Monthly Activity Report.	MARx	Data File	Monthly	Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.TRNDATA.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.TRNDATA Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.TRNDATA	
35	Part C Monthly Membership Detail Report <i>AKA: Monthly Membership Report (MMR)</i>	Report listing every Part C Medicare member of the contract and providing details about the payments and adjustments made for each.	MARx	Report	Monthly	Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMR.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.MONMEMR Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMR	
36	Part D Monthly Membership Detail Report <i>AKA: Monthly Membership Report (MMR)</i>	Report listing every Part D Medicare member of the contract and providing details about the payments and adjustments made for each.	MARx	Report	Monthly	Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEDR.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.MONMEDR Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEDR	
37	Monthly Membership Detail Data File	Data file version of the Monthly Membership Detail Reports. This file contains the data for both Part C and Part D members.	MARx	Data File	Monthly	Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMD.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.MONMEMD Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMD	
38	Monthly Membership Summary Report	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.	MARx	Report	Monthly	Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMSR.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.MONMEMSR Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMSR	

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39	Monthly Membership Summary Data File	Data file version of the Monthly Membership Summary Report for both Part C and Part D members.	MARx	Data File	Monthly	Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMSD.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.MONMEMSD Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMSD	
40	RAS RxHCC Model Output Report <i>AKA: Part D Risk Adjustment Model Output Report</i>	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.	RAS (MARx)	Report (.pdf)	Monthly	Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PTDMODR.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.PTDMODR Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PTDMODR	
41	RAS RxHCC Model Output Data File <i>AKA: Part D Risk Adjustment Model Output Data File</i>	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.	RAS (MARx)	Data File	Monthly	Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PTDMODD.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.PTDMODD Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PTDMODD	
42	Auto and Facilitated Enrollment Address Data File	Data file containing the addresses for beneficiaries who are facilitated or auto-enrolled each month. The plans receive the information on these enrollments through their Transaction Reply Reports.	MARx	Data File	Monthly	Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.AUTENRLD.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.AUTENRLD Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.AUTENRLD	
43	Part C Risk Adjustment Model Output Report	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.	RAS (MARx)	Report	Monthly	Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.HCCMODR.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.HCCMODR Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.HCCMODR	
44	Part C Risk Adjustment Model Output Data File	Data file version of the Risk Adjustment Model Output Report	RAS (MARx)	Data File	Monthly	Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.HCCMODD.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.HCCMODD Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.HCCMODD	

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45	Benefits Improvement & Protection Act of 2000 (BIPA) 606 Payment Reduction Report	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.	MARx	Report	Monthly, if applicable	<p align="center">Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BIPA606R.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.BIPA606R Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BIPA606R</p>
46	BIPA 606 Payment Reduction Data File	Data file version of the BIPA 606 Reduction Report.	MARx	Data File	Monthly, if applicable	<p align="center">Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BIPA606D.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.BIPA606D Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BIPA606D</p>
47	Bonus Payment Report	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.	MARx	Report	Monthly, if applicable	<p align="center">Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BONUSRPT.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.BONUSRPT Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BONUSRPT</p>
48	Bonus Payment Data File	Data file version of the Bonus Payment Report	MARx	Data File	Monthly, if applicable	<p align="center">Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BONUSDAT.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.BONUSDAT Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BONUSDAT</p>
49	Demographic Report	Summary, by state and county, of the membership of the plan. Members are counted in categories that parallel the factors used in calculating the demographic payment, as well as ESRD and hospice status.	MARx	Report	Monthly	<p align="center">Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.DEMOGRPH.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.DEMOGRPH Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.DEMOGRPH</p>

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50	Monthly Summary of Bills Report	Report summarizing all Medicare fee-for-service activity, both Part A and Part B, for beneficiaries enrolled in the contract	MARx	Report	Monthly	<p align="center">Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.SUMBILLS.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.SUMBILLS Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.SUMBILLS</p>	
51	HMO Bill Itemization Report	Report listing the Part A bills that were processed under Medicare fee-for-service for beneficiaries enrolled in the contract.	MARx	Report	Monthly	<p align="center">Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BILLITEM.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.BILLITEM Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BILLITEM</p>	
52	Part B Claims Data File	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.	MARx	Data File	Monthly	<p align="center">Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.CLAIMDAT.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.CLAIMDAT Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.CLAIMDAT</p>	
53	Payment Records Report	Report listing the Part B physician and supplier claims that were processed under Medicare fee-for-service for beneficiaries enrolled in the contract.	MARx	Report	Monthly	<p align="center">Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PAYRECDS.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.PAYRECDS Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PAYRECDS</p>	
54	Monthly Premium Withholding Report Data File (MPWR) Header Detail Trailer - T1 - Total at segment level Trailer - T2 - Total at PBP level Trailer - T3 - Total at contract level	Monthly reconciliation file of premiums withheld from SSA, RRB, or OPM 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.	PWS (MARx)	Data File	Monthly	<p align="center">Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MPWRD.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.MPWRD Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MPWRD</p>	

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55	Plan Payment Report (APPS Payment Letter)	Report itemizing the final monthly payment to the plan. This report is produced by the Automated Plan Payment System (APPS) when final payments are calculated. MARx makes this report available to plans as part of the month-end processing.	APPS (MARx)	Report	Monthly	<p align="center">Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PLANPAY.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.PLANPAY Connect:Direct (Non-Mainframe): \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PLANPAY</p>
56	820 Format Payment Advice	HIPAA-Compliant version of the Plan Payment Report. This data file itemizes the final monthly payment to the plan. <i>This data file is not available through MARx.</i>	APPS	Data File	Monthly	<p align="center">Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PLAN820D.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.PLAN820D Connect:Direct (Non-Mainframe): \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PLAN820D</p>
57	Monthly Full Enrollment Data File	File includes all active membership for a plan on the date the file was run. This file is considered a definitive statement of current plan enrollment. This file uses the same format as the weekly TRR. CMS will announce the availability of each month's file.	MARx	Data File	Monthly	<p align="center">Gentran mailbox: P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKD.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKD Connect:Direct (Non-Mainframe): \[directory]P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKD</p>
58	Prescription Drug Event (PDE) DBC Cumulative Beneficiary Summary Report	File includes summary for the beneficiary of accumulated overall totals in PDE amount fields with accumulated totals for covered drugs.	PDE	Data File	Monthly	<p align="center">Gentran mailbox: RPT.DDPS.CUM_BENE_ACT_COV_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO</p>
59	Prescription Drug Event (PDE) DBC Cumulative Beneficiary Summary Report	File includes summary for the beneficiary of accumulated overall totals in PDE amount fields with accumulated totals for enhanced drugs.	PDE	Data File	Monthly	<p align="center">Gentran mailbox: RPT.DDPS_CUM_BENE_ACT_ENH_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO</p>

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60	Prescription Drug Event (PDE) DBC Cumulative Beneficiary Summary Report	File includes summary for the beneficiary of accumulated overall totals in PDE amount fields with accumulated totals for over-the-counter drugs.	PDE	Data File	Monthly	Gentran mailbox: RPT.DDPS_CUM_BENE_ACT_OTC_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO	
61	Front-End Risk Adjustment System (FERAS) Response Reports Monthly Plan Activity Report	Report provides monthly summary of the status of submissions by submitter and plan number.	FERAS	Report	Monthly	Gentran mailbox: RPT.RAPS_MONTHLY_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO	
62	Front-End Risk Adjustment System (FERAS) Response Reports Cumulative Plan Activity Report	Report provides cumulative summary of the status of submissions by Submitter ID and plan number.	FERAS	Report	Monthly	Gentran mailbox: RPT.RAPS_CUMULATIVE_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO	
63	Front-End Risk Adjustment System (FERAS) Response Reports Frequency Report Monthly Report	Report provides monthly summary of all errors on all file submissions within the month.	FERAS	Report	Monthly	Gentran mailbox: RAPS_ERRORFREQ_MNTH_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO	
64	LIS/LEP Data File	This report provides information on low-income subsidized beneficiaries and on direct-billed beneficiaries with late enrollment penalties.	MARX	Data File	Monthly	Gentran mailbox: P#MMA.@BGD5050.PLNxxxx.Rmmyyyy.LISLEPD.pn Connect:Direct: zzzzzzz.PLNxxxx.Rmmyyyy.LISLEPD Connect:Direct (Non-Mainframe): \[directory]P#MMA.@BGD5050.PLNxxxx.Rmmyyyy.LISLEPD	
Quarterly Reports							

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65	Front-End Risk Adjustment System (FERAS) Response Reports Frequency Report Quarterly Report	Report provides quarterly summary of all errors on all file submissions within the 3-month quarter.	FERAS	Report	Quarterly	Gentran mailbox: RAPS_ERRORFREQ_QTR_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO

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K: MMA Plan Connectivity Test Checklist

Getting Started				
<input checked="" type="checkbox"/> or N/A	#	Task	Checkpoint	Notes
<input type="checkbox"/>	1.	Obtain a Contract Number from CMS/HPMS	Once completed, Task #5 may be initiated.	Contract #:
<input type="checkbox"/>	2.	Open a progress tracking ticket with the MMAHelp Desk		Ticket #:
<input type="checkbox"/>	3.	Complete connectivity paperwork		
<input type="checkbox"/> or N/A	4.	Complete T1/Connect:Direct Forms:	Must be started at least 6 weeks prior to target connectivity testing date.	
<input type="checkbox"/> or N/A		1. CMS Connect:Direct form		
<input type="checkbox"/> or N/A		2. CMS SPOE ID Request form		
Security and Access				
<input checked="" type="checkbox"/> or N/A	#	Task	Checkpoint	Notes
<input type="checkbox"/>	5.	Submit EPOC Designation Letter to CMS	After completion of Task #1.	
<input type="checkbox"/>	6.	EPOC registered in IACS	After completion of Task #5.	
<input type="checkbox"/>	7.	EPOC approval received from CMS		
<input type="checkbox"/>	8.	User/Submitter(s) registered in IACS for Enrollment, 4RX, and BEQ (ECRS)	After EPOC registration is complete.	
<input type="checkbox"/> or N/A	9.	User/Representative(s) registered in IACS for Enrollment, 4RX, and BEQ (ECRS)	After EPOC registration is complete.	
<input type="checkbox"/> or N/A	10.	User/Submitter(s) registered in IACS for PDE/RAPS	Gentran Submitters only. May be completed the same time as Task #8 or at a later date.	
Connectivity – SetUp				
Note: Plans perform either Task #11 or Task #12.				
<input checked="" type="checkbox"/> or N/A	#	Task	Checkpoint	Notes
<input type="checkbox"/> or N/A	11.	Each item listed in this Task is required by Plans submitting data via Connect:Direct.	Must be started at least 6 weeks prior to target connectivity testing date.	
<input type="checkbox"/> or N/A		Set up T1/Connect:Direct to CMS:		
<input type="checkbox"/> or N/A		1. Contact AT&T or an AT&T reseller to establish connectivity to CMS via AGNS. 2. Verify access to CMS via AGNS		

<input type="checkbox"/> or N/A		3. High-level qualifier and/or security designations verified as accessible to CMS.		
<input type="checkbox"/> or N/A		4. Obtain Connect:Direct Software from Sterling Commerce.		
<input type="checkbox"/> or N/A		5. Complete installation and configuration of Connect:Direct Software.		
<input type="checkbox"/> or N/A		6. Submitter successfully registered in IACS (see Task #8).		
<input type="checkbox"/> or N/A		7. Obtain SPOE ID from CMS (see Task #4.2).		
<input type="checkbox"/> or N/A		6. Contact MMAHelp Desk to schedule connectivity testing timeframe.		
	12.	Each item listed in this Task is required by Plans submitting data via Gentran. Set up Gentran access:		
<input type="checkbox"/> or N/A		1. Submitter successfully registered in IACS (see Task #8).		
<input type="checkbox"/> or N/A		2. Obtain and install SFTP Software (if not using HTTPS)		
<input type="checkbox"/> or N/A		3. Open required firewalls/ports: SFTP Port: 10022 HTTPS Port: 3443		

Connectivity – Testing

Note: Plans perform either Task #13 or Task #14. Plans submitting PDE/RAPS data must also perform Task #15.

<input checked="" type="checkbox"/> or N/A	#	Task	Checkpoint	Notes
	13.	Each item listed in this Task is required by Plans submitting data via Connect:Direct. Test T1/Connect:Direct to CMS:		
<input type="checkbox"/> or N/A		1. Appropriate telecommunications and technical resources participate in conference call with appropriate CMS Resources (initiated by MMAHelp Desk).		
<input type="checkbox"/> or N/A		2. Successfully transfer data to CMS		
<input type="checkbox"/> or N/A		3. Successfully receive data from CMS		
	14.	Each item listed in this Task is required by Plans submitting data via Gentran. Test Gentran:	Task #'s 8 and/or 10 must be completed successfully before this task can be completed.	
<input type="checkbox"/> or N/A		1. Mailbox(s) established at CMS is accessible		
<input type="checkbox"/> or N/A		2. Screenshot of successful access to 1 Gentran mailbox e-mailed to the MMAHelp Desk.		
<input type="checkbox"/> or N/A		3. Send test file to Gentran mailbox		
<input type="checkbox"/> or N/A	15.	Contact CSSC Help Desk for assistance with Connectivity Testing of PDE/RAPS data submission.		

L: Disaster Recovery Implications for Plans

Appendix L, Disaster Recovery Implications for Plans, is currently being worked on by the Central DBAs within CMS.

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M: Valid Election Types for Plans

Appendix M table shows which election types are valid for enrollment in various plans.

Table M-1 – Valid Election Types for Plans

<i>Election Types</i>							
PLANS	AEP (A)	OEP (O)	OEPI (T)	OEPNEW (N)	SEP (S)	IEP (E)	ICEP (I)
MA	Y	Y	Y	Y	Y		Y
MA-PD	Y	Y	Y	Y	Y	Y	Y
PDP	Y	Y <i>(if switching from MA-PD)</i>	Y <i>(if switching from MA or MA-PD)</i>	Y <i>(if switching from MA-PD)</i>	Y	Y	
SHMO I	Y	Y	Y	Y	Y		Y
SHMO II	Y	Y	Y	Y	Y		Y
SCO					Y		
Cost with Part D	Y	Y <i>(if switching from MA-PD)</i>	Y <i>(if switching from MA or MA-PD)</i>	Y <i>(if switching from MA-PD)</i>	Y	Y	
ESRD I					Y		
ESRD II					Y		
Cost 1 & Cost 2 without drug	None Required						
PACE National	None Required						
MDHO & MSHO Demo	None Required						
WPP Demo	None Required						
CCIP / FFS Demos	None Required						

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