Medicare Advantage and Prescription Drug Plans

November 17, 2010

Plan Communications User Guide *Appendices* Version 5.3

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

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Change Log

November 17, 2010 Updates

Section	Changes
Global Changes	Changed the version number from 5.2 to 5.3. Changed the publication date to - November 17, 2010. Remove all references to the OEP and OEP-NEW election types. Add Election type MA Disenrollment Period (MADP) "D". Please refer to this guide for all 2010 November Release changes. Additional changes have been made in the guide that is an update to the November Release.
Appendix A	No change
Appendix B	No change
Appendix C	2011 Marx Plan Monthly Schedule.
Appendix D	No change
Appendix E	Updated file layout E.9 Monthly Membership Detail Data File page E-49, updated fields 68-71 and 89. Updated file layout E.10 Monthly Membership Summary Data File page E-62. Updated file layout E.15 Transaction Reply Activity Data File page E-112, also updated field 63 to reflect filler instead of MSP indicator. Updated file layout E.17 Low-Income Subsidy/Late Enrollment Penalty Data File, field 4, to reflect position 15-22 page E-126. Added E.32 No Premium Due Data File layout page E-219.
Appendix F	No change
Appendix G	No change
Appendix H	Updated the definition to TRC 137. Updated the title to TRCs 245 -251. Added TRCs 256 - 300 to Table H-2 Transaction Reply Codes page H-3. Updated H.6 Disenrollment Reason Codes table page H-106.
Appendix I	Replaced sample report I.5 Monthly Membership Detail Report – Drug Report (Part D) page I-23. I.6 Monthly Membership Detail Report – Non Drug Report (Part C) page I-25. I.7 Monthly Membership Summary Report page I-27.
Appendix J	Update table J-1 All Transmissions Overview page J-1.
Appendix K	No change
Appendix L	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 (abnormal end).
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.
Auxiliary Beneficiary	A beneficiary who has a beneficiary identification code (BIC) that is not a primary BIC (A, M, J, T (second position is a space), or TA).
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 Plan	A type of contract under which a Plan is reimbursed by CMS for its reasonable costs.
Current Payment Month (CPM)	The month for which Plans receive payment from CMS, not the current calendar month. The current Processing Month (PM) is the current calendar month in which processing occurs to generate payments.
Creditable Coverage	Prescription Drug coverage, generally from an employer or union, that has been determined to be at least as good as the Medicare standard prescription drug coverage.
Data entry field	A field on a screen that requires the user to type in information.
Deductible	The amount a beneficiary pays for medical services or prescription drugs before a plan starts paying benefits.
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	Time periods during which a beneficiary may elect to join, change or leave Medicare Part C and/or Part D plans. These periods are fully defined in CMS Enrollment and Disenrollment guidance for Part C and D plans available on the web at: http://www.cms.gov/home/medicare.asp under "Eligibility and Enrollment."
Enrollment	A record submitted when a beneficiary joins an MCO or a drug plan.
Exception	A transaction that was not processed because it contains errors or internal inconsistencies.
Formulary	A list of drugs that a MA organization or prescription drug plan covers.
Gentran	The Gentran servers provide Electronic Data Interchange (EDI) capabilities between CMS and CMS business partners. These servers provide MARx with transaction files from the Plans, and provide the Plans with MARx reports.
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.
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.

Term	Definition
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.
Premium	The monthly payment a beneficiary makes to Medicare, an insurance company or a healthcare plan.
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.
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	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. There are two types of required fields: • 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	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). 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.
Special Needs Plan	A certain type of MA plan that serves a limited population of individuals in CMS defined special-needs categories, as defined in CMS Part C Enrollment and Eligibility Guidance.” This plan is fully defined on the web at: http://www.cms.gov/home/medicare.asp under “Health Plans.”
Submenu	A horizontal list of items below the screen’s menu. 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.

Term	Definition
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)
ADL	Activities of Daily Living
AE	Automated Enrollment
AEP	Annual Enrollment Period
APPS	Automated Plan Payment System
BAE	Best Available Evidence
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
CAP	Corrective Action Plan
CBC	Center for Beneficiary Choices
CCB	Change Control Board (now called Change Management Board (CMB))
C:D	Connect:Direct
CHF	Congestive Heart Failure
CMB	Change Management Board (formerly Change Control Board)
CMS	Centers for Medicare & Medicaid Services
CO	Central Office
COB	Close of Business
COB	Coordination of Benefits
CPM	Current Payment Month
CR	Change Request
CTM	Complaint Tracking Module
CUI	Common User Interface
CWF	Common Working File database (CMS' beneficiary database)
DCG	Diagnostic Cost Group
DDPS	Drug Data Processing System
DO	District Office
DOB	Date of Birth
DOD	Date of Death

DOE	Date of Entitlement
DOS	Date of Service
DPO	Division of Payment Operations
DSN	Data Set Name
ECRS	Electronic Correspondence Referral System
EDB	Enrollment Database
EGHP	Employer Group Health Plan
EOB	Explanation of Benefit
EOM	End of Month
EOY	End of Year
EPOC	External Point of Contact
ERC	Error Return Codes
ESRD	End Stage Renal Disease
FAQ	Frequently Asked Question
FE	Facilitated Enrollment
FERAS	Front End Risk Adjustment System
FFS	Fee-For-Service
FIPS	Federal Information Processing Standard
FIR	Financial Information Reporting
FOIA	Freedom of Information Act
FTR	Failed Transaction Report
GDCA	Gross Drug Covered Cost Above Threshold
GHP	Group Health Plan
GROUCH	GHP Report Output User Communication Help System
GUIDE	Medicare Advantage and Prescription Drug System Plan Communications User Guide
HCC	Hierarchical Condition Category
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
IPPR	Interim Plan Payment Report
IRC	Information Request Code
IT	Information Technology
IRE	Independent Review Entity
IUI	Integrated User Interface
LEP	Late Enrollment Penalty
LICS	Low Income Cost Sharing
LIS	Low Income Subsidy
LISHIST	Monthly Low Income Subsidy History Data File
LISPRM	Low Income Subsidy Premium Data File
LTC	Long Term Care
LTI	Long Term Institutional
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
MAO	Medicare Advantage Organization
MADP	Medicare Advantage Disenrollment Period
MA-PD	Medicare Advantage – Prescription Drug
MAPD	IUI Medicare Advantage Prescription Drug Integrated User Interface
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
MMCM	Medicare Managed Care Manual
MMCS	Medicare Managed Care System
MMR	Monthly Membership Report
MMRD	Monthly Membership Detailed Report
MMSR	Monthly Membership Summary Report
MPWR	Monthly Premium Withholding Report Data File
MSP	Medicare Secondary Payer
NCPDP	National Council of Prescription Drug Programs
NDM	Network Data Mover
NHC	Nursing Home Certifiable
NUNCMO	Number of Uncovered Months

OEPI	Open Enrollment Period for Institutionalized Individuals
OMB	Office of Management and Budget
OPM	Office of Personnel Management
PACE	Program of All-Inclusive Care for the Elderly
PAP	Patient Assistance Program
PBM	Pharmacy Benefit Manager
PBO	Payment Bill Option
PBP	Plan Benefit Package
PDE	Prescription Drug Event
PDP	Prescription Drug Plan
PFFS	Private Fee For Service
PHI	Personal Health Information
PIP-	DCG Principal Inpatient Diagnostic Cost Group
PM	Processing Month
PMPM	Per Member Per Month
POS	Point of Sale
POSFE	Point of Sale Facilitated Enrollment
PPO	Preferred Provider Organization
PPR	Plan Payment Report
PRS	Payment Reconciliation System
PSO	Provider Sponsored Organization
PWS	Premium Withhold System
QMB	Qualified Medicare Beneficiary Program
RACF	Resource Access Control Facility
RAS	Risk Adjustment System
RDS	Retiree Drug Subsidy
RO	CMS Regional Office
RRB	Railroad Retirement Board
RTG	Return to Government
RxHCC	Prescription Drug Hierarchical Condition Category
SCC	State and County Code
SEP	Special Election Period
SFTP	Secure Shell File Transfer Protocol
SHMO	Social Health Maintenance Organization
SLMB	Specified Low Income Medicare Beneficiary Program
SNP	Special Needs
SOP	Standard Operation Procedure

SPAP	State Pharmaceutical Assistance Program
SSA	Social Security Administration
SSA DO	Social Security Administration District Office
SSAFO	Social Security Administration Field Office
SSI	Supplemental Security Income
TBT	TrOOP Balance Transfer
TPA	Third Party Administrator
TRC	Transaction Reply Code
TrOOP	True Out Of Pocket
TRR	Transaction Reply Report
TSO	Time Sharing Option
UI	User Interface
URL	Universal Resource Locator (worldwide web address)
USPCC	United States Per Capita Cost
VA	Veteran's Administration

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B: *CMS Central Office Contact Information*

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

Note: For questions or issues on policy information contained in this guide or on any of the topics listed below, please contact your CMS Central Office Health Insurance Specialist in the Division of Payment Operations (DPO) for your particular region (See DPO contact list by region on page B-2 below).

Table B-1: CMS Central Office (DPO) Contact Information

Full Dual Eligibility *(Business Questions Only)* • Dual eligibility in general • Rules for auto assignment • Rules for passive enrollment • Info on SNPs - NOT the files	**Requirements & File Layouts** • Data Submission requirements • File layouts • Rules for field contents • Submittal and transmittal timing
Plan Payments • Calculation of payment • Delivery of payment • Payment errors • Premium calculations • APPS operation and APPS reports • Actual payments going to the plans Payment Rules • Payment Operations • Interim Payments	**MARx Reports** • Enrollment system transitioned to MARx • Transition from MMCS to MARx. Includes data comparability & how it will be transitioned
CMS Plan Reporting Requirements *(Not file format)*	**MARx File Layouts** *(Business Only)*
Reports • Report Contents, Timing, Enrollment and Payment (MARx and MMCS)	**MARx Requirements** *(Business Only)*
Enrollment Systems - Rules & Requirements *(Business Only)*	**All APPS Payment Reports** *(Business Only)*
Full Dual Eligibility *(Business Only)*	**MSP Survey**
Late Enrollment Penalty *(LEP) (Business Only)*	**Reed & Associates**
Monthly Membership Report *(MMR) (Not file format)*	**Retroactivity Questions** • Approvals to submit retroactive transactions • Submission of Retroactive files
CBC Plan Payment Letters	**Plan Communications User Guide**

CMS Central Office Health Insurance Specialists

Division of Payment Operations (DPO) by Region

Region	Contact	Telephone Number	Email Address
1. Boston:	Louise Matthews	(410) 786-6903	Louise.Matthews@cms.hhs.gov
2. New York and PACE Plans:	William Bucksten	(410) 786-7477	William.Bucksten@cms.hhs.gov
3. Philadelphia:	James Krall	(410) 786-6999	James.Krall@cms.hhs.gov
4. Atlanta:	Louise Matthews	(410) 786-6903	Louise.Matthews@cms.hhs.gov
5. Chicago:	Janice Bailey	(410) 786-7603	Janice.Bailey@cms.hhs.gov
6. Dallas:	Mary Stojak	(410) 786-6939	Mary.Stojak@cms.hhs.gov
7. Kansas City and Denver:	Terry Williams	(410) 786-0705	Terry.Williams@cms.hhs.gov
9. San Francisco and Seattle:	Kim Miegel	(410) 786-3311	Kim.Miegel@cms.hhs.gov
11. Demos	Mary Stojak	(410) 786-6939	Mary.Stojak@cms.hhs.gov
12. DPO Director	Marla Kilbourne	(410) 786-7622	Marla.Kilbourne@cms.hhs.gov

Special Note:

For beneficiary specific issues with enrollments, disenrollments, changes, premium withholding etc., please contact your designated regional caseworker at CMS who can assist you with research on individual beneficiary issues.

Email your inquiry or research request for non payment / premium issues to the home regional office associated with your beneficiary's address at PartDComplaints_RO#@cms.hhs.gov

Note: Replace the # sign in the above email address with the specific regional office number from the list above. For example – if your Beneficiary resides in Baltimore, you will send your inquiry to the Philadelphia regional office using the following email address:

Example: PartDComplaints_RO3@cms.hhs.gov

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

For non-payment-related software, database questions, errors or issues related to any of the topics listed below, please contact the MAPD Help desk at 1-800-927-8069 or via email at ***MAPDHelp@cms.hhs.gov.***

Table B-2: MAPD Help Desk Contact Information

• **File transfer software** *(Connect:Direct, Secure FTP, HTTPS)*	• **Supporting access to CMS systems** *(IACS, & Common UI)*
• **Ongoing Connectivity, File Transmission Support and Troubleshooting**	• **Coordination with other help desks for proper routing of issues**
• **Gentran mailbox server (electronic mailbox) [small plans]**	• **Questions related to file layouts (MAPD Help and OIS system letters), user guides, FAQs, etc.**

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

Table B-3: Plan Manager Contact Information

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

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

Table B-4: Account Manager Contact Information

• **On-line Enrollment Center**	• **General Part D Information**
• **General Part D Medicare Information**	• **General Part D MMA Information**
• **General Part D Policy Questions**	• **Part D Managed Care Appeals Policy**
• **Part D vs. Part B Drug Coverage**	• **HIPAA Privacy**
• **Creditable Coverage**	• **Marketing Requirements**
• **Financial Solvency – Application**	• **COB Survey**
• **Plan Finder & Formulary**	

C: *Monthly Schedule*

The following pages contain the Year 2010 Plan MARx Monthly Schedule. This schedule provides dates for the following:

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

NOTES:

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

For your convenience, a version of this calendar can also be found as a single document in the downloads section via the below link to the MAPD Help web site:
http://www.cms.gov/MAPDHelp/01_Overview.asp#TopOfPage

Both color and text 508 compliant versions of this schedule can be found at the above link.

MARx Plan Payment Processing Schedule Description - Calendar Year 2010

It is vital for everyone in the Plan's organization who is involved in the Medicare Enrollment and Payment Operations of the contract, to be aware of the schedule of target dates outlined in the schedule below. The schedule includes:

(1) PLAN DATA DUE -- This date is the last day on which you can transmit records to the CMS Data Center for processing in the month. The transmission MUST BE completed by the close of business (8 PM) in the eastern time zone on the date noted.

NOTE: Effective with the April 2010 Plan Data Due date (March 12, 2010), the cutoff time for Plan submissions to CMS has been extended from 6pm ET to 8pm ET.

(2) MARx DOWN DAY -- This is a day on which you can still access the Medicare Advantage Prescription Drug System (MARx) online, but CMS staff is unable to input any updates. Please note that on all work days, access can be gained unless a message on the MARx screen indicates otherwise. Also, be aware that the MARx System is not usually available on weekends. Hours of operation for MARx are 6 AM to 9 PM eastern time. You can submit batch transaction files on MARx down days and they will be processed.

(3) PAYMENT DUE PLANS -- This is the date of the deposit of the CMS monthly payment to your plan; all deposits will be made to arrive on the first calendar day of the month unless the first day falls on a weekend or a federal holiday. In this case the deposit will arrive on the last workday prior to the first of the month.

Note: The January deposit will always be the first business day of the month.

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

Note: No mailing is done for these reports; you must download them to receive them.

(5) ANNUAL ELECTION PERIOD BEGINS AND ENDS - The Annual Election Period (AEP) occurs during November 15 and December 31 every year. Elections made during the AEP are effective January 1 of the following year.

(6) CERTIFICATION DUE - This is the date by which the Certification to the accuracy of the enrollment and payment information of the MARx Report is required. The Certification should be sent to:

Reed & Associates, CPAs at
Reed & Associates
14301 FNB Parkway
Omaha, Nebraska 68154

(7) APPROVED RETROS TO CMS- Any records which will be processed as batch retroactive files must be in the hands of CMS by noon on the date shown along with the appropriate paperwork approved by CMS

YEAR 2011 MARx PLAN MONTHLY SCHEDULE

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

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

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

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

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

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

JANUARY 2011

- December 31, 2010 New Year's Day (Observed)
- 3 JANUARY Payment Due Plan
- **7 Certification of Enrollment for November 23, 2010 report**
- 12 Approved Retros to CMS (by noon)
- **14 PLAN DATA DUE (8pm Eastern Time)**
- **17 MARx DOWN DAY**
- 17 Martin Luther King, Jr. (Holiday)
- **24 MONTHLY REPORTS AVAILABLE**
- **28 MSP Updates to ECRS for February Cutoff**

FEBRUARY 2011

- **1 FEBRUARY Payment Due Plan**
- 2 Approved Retros to CMS (by noon)
- **4 Certification of Enrollment for December 22, 2010 report**
- **4 PLAN DATA DUE (8pm EasternTime)**
- **7 MARx DOWN DAY**
- 15 President's Birthday (Observed)
- **18 MONTHLY REPORTS AVAILABLE**
- 21 President's Birthday (Observed)

MARCH 2011

- 1 MARCH Payment Due Plan
- 9 Approved Retros to CMS (by noon)
- **10 Certification of Enrollment for January 24, 2011 report**
- **11 PLAN DATA DUE (8pm Eastern Time)**
- **14 MARx DOWN DAY**
- **25 MONTHLY REPORTS AVAILABLE**

APRIL 2011

- 1 APRIL Payment Due Plan
- **4 Certification of Enrollment for February 18, 2011 report**
- 6 Approved Retros to CMS (by noon)
- **8 PLAN DATA DUE (8pm Eastern Time)**
- **11 MARx DOWN DAY**
- **22 MONTHLY REPORTS AVAILABLE**
- **29 MAY Payment Due Plan**

MAY 2011

- MAY Payment Due Plan – April 29th
- 4 Approved Retros to CMS (by noon)
- **6 PLAN DATA DUE (8pm Eastern Time)**
- **9 Certification of Enrollment for March 25, 2011 report**
- **9 MARx DOWN DAY**
- **20 MONTHLY REPORTS AVAILABLE**
- 30 Memorial Day (Holiday)

JUNE 2011

- 1 JUNE Payment Due Plan
- **6 Certification of Enrollment for April 22, 2011 report**
- 8 Approved Retros to CMS (by noon)
- **10 PLAN DATA DUE (8pm Eastern Time)**
- **13 MARx DOWN DAY**
- **24 MONTHLY REPORTS AVAILABLE**

MARx DOWN DAY – UI READ ONLY ACCESS

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

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

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

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

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

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

YEAR 2011 MARx PLAN MONTHLY SCHEDULE

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

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

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

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

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

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

JULY 2011

1 JULY Payment Due Plan
4 Independence Day (Holiday)
4 Certification of Enrollment for May 20, 2011 report
6 Approved Retros to CMS (by noon)
8 PLAN DATA DUE (8pm Eastern Time)
11 MARx DOWN DAY
25 MONTHLY REPORTS AVAILABLE

AUGUST 2011

1 AUGUST Payment Due Plan
8 Certification of Enrollment for June 24, 2011 report
10 Approved Retros to CMS (by noon)
12 PLAN DATA DUE (8pm Eastern Time)
15 MARx DOWN DAY
25 MONTHLY REPORTS AVAILABLE

SEPTEMBER 2011

1 SEPTEMBER Payment Due Plan
5 Labor Day (Holiday)
7 Approved Retros to CMS (by noon)
8 Certification of Enrollment for July 25, 2011 report
9 PLAN DATA DUE (8pm Eastern Time)
12 MARx DOWN DAY
23 MONTHLY REPORTS AVAILABLE
30 OCTOBER Payment Due Plan

OCTOBER 2011

OCTOBER Payment Due Plan – September 30th
9 Certification of Enrollment for August 25, 2011 report
10 Columbus Day (Observed)
12 Approved Retros to CMS (by noon)
14 PLAN DATA DUE (8pm Eastern Time)
15 Annual Enrollment Period Begins
17 MARx DOWN DAY
25 MONTHLY REPORTS AVAILABLE

NOVEMBER 2011

1 NOVEMBER Payment Due Plan
7 Certification of Enrollment for September 23, 2011 Report
8 Approved Retros to CMS (by noon)
11 Veteran's Day (Holiday)
11 PLAN DATA DUE (8pm Eastern Time)
14 MARx DOWN DAY
23 MONTHLY REPORTS AVAILABLE
24 Thanksgiving Day (Holiday)

DECEMBER 2011

1 DECEMBER Payment Due Plan
5 Approved Retros to CMS (by noon)
7 Annual Enrollment Period Ends
7 PLAN DATA DUE (8pm Eastern Time)
9 Certification of Enrollment for October 25, 2011 report
12 MARx DOWN DAY
22 MONTHLY REPORTS AVAILABLE
26 Christmas Day (Observed)
January 3 - JANUARY 2012 Payment Due Plan
(January 2, 2012 New Year's Day Observed)

MARx DOWN DAY – UI READ ONLY ACCESS

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

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

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

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

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

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

D: *Enrollment Data Transmission Schedule*

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

1. Monday through Friday - 24 hours

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

2. Saturday, Sunday and system down days.

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

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

3. Enrollment Data Cutoff Day - Data is due by 8:00 p.m., ET.

   Plans may transmit enrollment data up to 8:00 p.m., ET.

NOTE: Effective with the April 2010 Plan Data Due date (March 12, 2010), the cutoff time for Plan submissions to CMS has been extended from 6pm ET to 8pm ET.

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

NOTE: Retro's are due by noon 2 days prior to the Plan Data Due / Submission cutoff day.

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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	September Preliminary PDP Notification File for Plans Losing Beneficiaries to Reassignment	E-9
E.3	Batch Completion Status Summary Data File	E-11
E.4	BIPA 606 Payment Reduction Data File	E-19
E.5	Bonus Payment Data File	E-21
E.6	Coordination of Benefits (COB) (Validated Other Insurer Information) Data File	E-23
E.7	MARx Batch Input Transaction Data File	E-33
E.8	Failed Transaction Data File	E-47
E.9	Monthly Membership Detail Data File	E-49
E.10	Monthly Membership Summary Data File	E-59
E.11	Monthly Premium Withholding Report Data File (MPWR)	E-63
E.12	Part B Claims Data File	E-67
E.13	Part C Risk Adjustment Model Output Data File	E-69
E.14	RAS RxHCC Model Output Data File aka Part D Risk Adjustment Model Output Data File	E-81
E.15	Transaction Reply Activity Data File (Weekly & Monthly)	E-95
E.16	Monthly Full Enrollment Data File	E-107
E.17	Low-Income Subsidy/Late Enrollment Penalty Data File	E-111
E.18	Loss of Subsidy Data File	E-117
E.19	LIS / Part D Premium Data File	E-119
E.20	LIS History Data File (LISHIST)	E-121
E.21	NoRx File	E-125

Section	Name	Page
E.22	Batch Eligibility Query (BEQ) Request File	E-131
E.23	Batch Eligibility Query (BEQ) Response File	E-137
E.24	MA Full Dual Auto Assignment Notification File	E-155
E.25	Auto Assignment PDP Address Notification File	E-159
E.26	Plan Payment Report (PPR) / Interim Plan Payment Report (IPPR) Data File	E-165
E.27	Low Income Subsidy (LIS) Weekly Activity History Data File	E-175
E.28	Long Term Institutionalized Resident Report Data File	E-181
E.29	Agent Broker Compensation Report Data File	E-183
E.30	Monthly MSP Information Data File	E-185
E.31	Other Health Coverage Information Data File	E-187
E.32	No Premium Due Data File Layout	E-196

E.1 *820 Format Payment Advice Data File*

The 820 Format Payment Advice data file is a Health Insurance Portability & Accountability Act of 1996 (HIPAA)-compliant version of the Plan Payment Report which is also known as the Automated Plan Payment System (APPS) Payment Letter. The data file itemizes the final monthly payment to the Plan. It is produced by APPS when final payments are calculated, and is made available to Plans as part of the month-end processing. This data file is not available through MARx.

The following records are included in this file:

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

The segments are listed in a required order:

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

The physical layout of a segment is:

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

Fields are mostly variable in length and do not contain leading/trailing spaces.
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 REQUIREMENTS[1]

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.

E.1.1 Header Record

Item	Segment	Data Element	Description	Length	Type	Contents
			820 Header Segment ID	2	AN	"ST"
		ST01	Transaction Set ID Code	3/3	ID	"820"
		ST02	Transaction Set Control Number	4/9	AN	Begin with "00001" Increment each Run
			Beginning Segment For Payment Order/Remittance Advice	3	AN	"BPR"
	BPR	BPR01	Transaction Handling Code	1/2	ID	"I" (Remittance Information Only)
	BPR	BPR02	Total Premium Payment Amount	1/18	R	Payment Letter – Net Payment See discussion on Balancing.

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

Item	Segment	Data Element	Description	Length	Type	Contents
	BPR	BPR03	Credit/Debit Flag Code	1/1	ID	"C" (Credit)
	BPR	BPR04	Payment Method Code	3/3	ID	"BOP" (Financial Institution Option)
	BPR	BPR16	Check Issue or EFT Effective Date	8/8	DT	Use Payment Letter – Payment Date in CCYYMMDD format
			Re-Association Key	3	AN	"TRN"
	TRN	TRN01	Trace Type Code	1/2	ID	"3" (Financial Re-association Trace Number)
	TRN	TRN02	Check or EFT Trace Number	1/30	AN	"USTREASURY"
			Coverage Period	3	AN	"DTM"
	DTM	DTM01	Date/Time Qualifier	3/3	ID	"582" (Report Period)
	DTM	DTM05	Date/Time Period Format Qualifier	2/3	ID	"RD8" (Range of dates expressed in format CCYYMMDD – CCYYMMDD)
	DTM	DTM06	Date/Time Period	1/35	AN	Range of Dates for Payment Month. See DTM05.
			Premium Receiver's Name	2	AN	"N1"
	1000A	N101	Entity Identifier Code	2/3	ID	"PE" (Payee)
	1000A	N102	Name	1/60	AN	Contract Name
	1000A	N103	Identification Code Qualifier	1/2	ID	"EQ" Insurance Company Assigned Identification Number
	1000A	N104	Identification Code	2/80	AN	Contract Number
			Premium Payor's Name	2	AN	"N1"
	1000B	N101	Entity Identifier Code	2/3	ID	"PR" (Payor)
	1000B	N102	Name	1/60	AN	"CMS"

Item	Segment	Data Element	Description	Length	Type	Contents
	1000B	N103	Identification Code Qualifier	1/2	ID	"EQ" Insurance Company Assigned Identification Number
	1000B	N104	Identification Code	2/80	AN	"CMS"

E.1.2 Detail Record

Item	Segment	Data Element	Description	Length	Type	Contents
			Organization Summary Remittance Detail	3	AN	"RMR"
	2300A	RMR01	Reference Identification Qualifier	2/3	ID	"CT"
	2300A	RMR02	Contract Number	1/30	AN	Payment Letter – Contract #
	2300A	RMR04	Detail Premium Payment Amount	1/18	R	Payment Letter – Net Payment See discussion on Balancing.
	2300A	RMR05	Billed Premium Amount	1/18	R	Payment Letter – Demographic Report Payment See discussion on Balancing.
			Summary Line Item	3	AN	"IT1"
	2310A	IT101	Line Item Control Number	1/20	AN	"1" (Assigned for uniqueness)
			Member Count	3	AN	"SLN"
	2315A	SLN01	Line Item Control Number	1/20	AN	"1" (Assigned for uniqueness)
	2315A	SLN03	Information Only Indicator	1/1	ID	"O" (For Information only)
	2315A	SLN04	Head Count	1/15	R	Payment Letter – Total Members
	2315A	SLN05-1	Unit or Basis for Measurement Code	2/2	ID	"IE" (used to identify that the value of SLN04 represents the number of contract holders with individual coverage)
			Organization Summary	3	AN	"ADX"

Item	Segment	Data Element	Description	Length	Type	Contents
			Remittance Level Adjustment			
	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)

E.1.3 Trailer Record

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

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E.2 *September Preliminary PDP Notification File for Plans Losing Beneficiaries to Reassignment*

This file is sent to PDPs losing beneficiaries to reassignment due to premium increase (i.e., the premium going above LIS benchmark in the next year, or going from basic to enhanced benefit). It is a preliminary list of those CMS expects the plan to lose due to reassignment. It is used to help PDPs target the appropriate Annual Notice of Change to these beneficiaries. Please note the file does not include individuals who may regain deemed status in October, nor those whom a State Pharmaceutical Assistance Program (SPAP) may reassign if it has the authority to enroll on behalf of its members.

There is no header or footer for this file.

Preliminary File Record

Item #	Data Field	Length	Position			Format	Valid Values
1	Beneficiary's Health Insurance Claim or Railroad Board Number	12	1	…	12	CHAR	
2	Beneficiary's First Name	12	13		24	CHAR	
3	Beneficiary's Last Name	28	25	…	52	CHAR	
4	Filler	1	53	…	53	CHAR	Space
5	Beneficiary's Gender Code	1	54	…	54	CHAR	
6	Filler	1	55	…	55	CHAR	Space
7	Beneficiary's Date of Birth	8	56	…	63	CHAR	Format CCYYMMDD
8	Filler	1	64	…	64	CHAR	Space
9	Contract Number	5	65	…	69	CHAR	
10	Filler	1	70	…	70	CHAR	Space
11	Plan Benefit Package Number	3	71	…	73	CHAR	
12	Filler	27	74	…	100	CHAR	Space
	Record Length =	**100**					

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E.3 *Batch Completion Status Summary 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 failed transactions. It also provides an image of the rejected, accepted and failed 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)
- All Failed Records (batch 1)

E.3.1 *Summary Record*

Item	Field Name	Size	Position	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

Item	Field Name	Size	Position	Description
14	Filler	225	117 - 341	Spaces
15	End of Status Summary Record	1	342	Content: ";"

E.3.2 *Rejected Record*

Item	Field Name	Size	Position	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
26	Part D Opt-Out Flag	1	119	From input transaction; otherwise blank
27	Filler	20	120 - 139	Field removed

Item	Field Name	Size	Position	Description
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	Spaces
35	Part D Rx BIN	6	245 - 250	From input transaction; otherwise blank
36	Part D Rx PCN	10	251 - 260	From input transaction; otherwise blank
37	Part D Rx Group	15	261 - 275	From input transaction; otherwise blank
38	Part D Rx ID	20	276 - 295	From input transaction; otherwise blank
39	Secondary Rx BIN	6	296 - 301	From input transaction; otherwise blank
40	Secondary Rx PCN	10	302 - 311	From input transaction; otherwise blank
41	Aged/Disabled MSP Status Flag	1	312	From input transaction; otherwise blank
42	Filler	12	313 - 324	Spaces
43	’01’ Transaction Action Code	1	325	From input transaction; otherwise blank
44	Transaction Reply Codes	15	326 - 340	Up to five, 3-character transaction reply codes, left justified
45	End of Rejected Transaction Record	2	341 - 342	Content: “;;”

E.3.3 *Accepted Record*

Item #	Field Name	Length	Position	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

Item #	Field Name	Length	Position	Description
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
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	Spaces
37	Part D Rx BIN	6	245 - 250	From input transaction; otherwise blank
38	Part D Rx PCN	10	251 - 260	From input transaction; otherwise blank
39	Part D Rx Group	15	261 - 275	From input transaction; otherwise blank
40	Part D Rx ID	20	276 - 295	From input transaction; otherwise blank
41	Secondary Rx BIN	6	296 - 301	From input transaction; otherwise blank
42	Secondary Rx PCN	10	302 - 311	From input transaction; otherwise blank
43	Aged/Disabled MSP Status Flag	1	312	From input transaction; otherwise blank
44	Filler	8	313 - 320	Spaces

Item #	Field Name	Length	Position	Description
45	Part D Premium Subsidy Level	3	321 - 323	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
46	Low-Income Co-Pay Category	1	324	Definitions of the co-payment categories: '0' = none, not low-income '1' = (High) '2' = (Low) '3' = (0) '4' = 15% '5' = Unknown
47	'01' Transaction Action Code	1	325	From input transaction; otherwise blank
48	Transaction Reply Codes	15	326 - 340	Up to five, 3-character transaction reply codes, left justified
49	End of Accepted Transaction Record	2	341 - 342	Content: ";;"

E.3.4 *Pending Record*

Item #	Field Name	Length	Position	Description
1	Pending Transaction Record Header	12	1 - 12	Content: "#PNDINGTRANS"
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

Item #	Field Name	Length	Position	Description
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
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	Spaces
35	Part D Rx BIN	6	245 - 250	From input transaction; otherwise blank
36	Part D Rx PCN	10	251 - 260	From input transaction; otherwise blank
37	Part D Rx Group	15	261 - 275	From input transaction; otherwise blank
38	Part D Rx ID	20	276 - 295	From input transaction; otherwise blank
39	Secondary Rx BIN	6	296 - 301	From input transaction; otherwise blank
40	Secondary Rx PCN	10	302 - 311	From input transaction; otherwise blank
41	Aged/Disabled MSP Status Flag	1	312	From input transaction; otherwise blank
42	Filler	12	313 - 324	Spaces
43	’01’ Transaction Action Code	1	325	From input transaction; otherwise blank
44	Transaction Reply Codes	15	326 - 340	Up to five, 3-character transaction reply codes, left justified
45	End of Rejected Transaction Record	2	341 - 342	Content: “;;”

E.3.5 *Failed Record*

Item #	Field Name	Length	Position	Description
1	Failed Transaction Record Header	12	1 - 12	Content: “#FAILEDTRANS”
2	Transaction Record Counter	8	13 - 20	Sequential count, ZZZZZZZ9, of failed records
3	Failed Input Transaction Record Text	300	21 - 320	From input transaction
4	Filler	5	321 - 325	Filler
5	Transaction Reply Codes	3	326 - 328	Reason for failure, One, 3-character transaction reply code, left justified.
6	End of failed Transaction Record	14	329 - 342	Content: “;;”

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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
19	Filler	18	116 – 133	Spaces

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E.5 *Bonus Payment Data File*

Item	Field	Size	Position	Description
1	Contract Number	5	1 – 5	Plan contract number
2	Run Date	8	6 – 13	YYYYMMDD; date the report was created
3	Payment Month	6	14 – 19	YYYYMM; the month 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) (Validated Other Insurer Information) Data File*

This file contains 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.

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	CHAR	0=unknown, 1 = male, 2 = female
6	Contract Number	5	34 - 38	CHAR	
7	Plan Benefit Package	3	39 - 41	CHAR	
8	Action Type	1	42	CHAR	2 = Full replacement
9	Filler	958	43 - 1000	CHAR	Spaces

Note: Record Length = 1000

E.6.3 *Primary Records: Subordinate to Detail Record (Unlimited Occurrences)*

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

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

Item	Field	Size	Position	Format	Valid Values/Description
13	MSP Reason (Entitlement Reason from COB)	1	111	CHAR	A=Working Aged B=ESRD C=Conditional Payment D=Automobile Insurance, No fault E=Workers Compensation F=Federal (public) G=Disabled H=Black Lung I=Veterans L=Liability
14	Coverage Code*	1	112	CHAR	A=Hospital and Medical U=Drug (network benefit) V=Drug with Major Medical (non-network benefit) W=Comprehensive, Hospital, Medical, Drug (network) X=Hospital and Drug (network) Y=Medical and Drug (network) Z=Health Reimbursement Account (hospital, medical, and drug)
15	Insurer's Name*	32	113 - 144	CHAR	
16	Insurer's Address-1*	32	145 - 176	CHAR	
17	Insurer's Address-2*	32	177 - 208	CHAR	
18	Insurer's City*	15	209 - 223	CHAR	
19	Insurer's State*	2	224 - 225	CHAR	
20	Insurer's Zip Code*	9	226 - 234	CHAR	
21	Insurer TIN	10	235 - 244	CHAR	
22	Individual Policy Number*	17	245 - 261	CHAR	
23	Group Policy Number*	20	262 - 281	CHAR	
24	Effective Date*	8	282 - 289	ZD	CCYYMMDD
25	Termination Date*	8	290 - 297	ZD	CCYYMMDD
26	Relationship Code*	2	298 - 299	CHAR	01=Bene is Policy Holder 02=Spouse 03=Child 04=Other

Item	Field	Size	Position	Format	Valid Values/Description
27	Payor ID*	10	300-309	CHAR	*This is a future element.*
28	Person Code*	3	310 - 312	CHAR	
29	Payer Order*	3	313 - 315	ZD	
30	Policy Holder's First Name	9	316 - 324	CHAR	
31	Policy Holder's Last Name	16	325 - 340	CHAR	
32	Policy Holder's SSN	12	341 - 352	CHAR	
33	Employee Information Code	1	353	CHAR	P=Patient S=Spouse M=Mother F=Father
34	Employer's Name	32	354 - 385	CHAR	
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	

Item	Field	Size	Position	Format	Valid Values/Description
55	Class Action Type	2	707 - 708	CHAR	
56	Administrator Name	32	709 - 740	CHAR	
57	Administrator Address 1	32	741 - 772	CHAR	
58	Administrator Address 2	32	773 - 804	CHAR	
59	Administrator City	15	805 - 819	CHAR	
60	Administrator State	2	820 - 821	CHAR	
61	Administrator Zip	9	822 - 830	CHAR	
62	WCSA Amount	9	831 - 842	ZD	Integer value
63	WCSA Indicator	2	843 - 844	CHAR	
64	WCMSA Settlement Date	8	845 – 852	ZD	CCYYMMDD
65	Administrator's Telephone Number	18	853 – 870	CHAR	
66	Total Rx Settlement Amount	12	871 – 882	CHAR	Includes decimal point: 9999999999.99
67	Rx $ included in the WCMSA Settlement Amount	1	883	CHAR	Y = Yes N = No
68	Filler	120	884–1000	CHAR	
Note: Record Length = 1000; *Indicates that these fields have same position in PRM and SUP record layouts.					

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

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

Item	Data Field	Size	Position	Format	Valid Values
10	Rx Plan Toll Free Number*	18	85 - 102	CHAR	
11	Sequence Number*	3	103 - 105	CHAR	
12	COB Source Code*	5	106 - 110	CHAR	11100 Non Payment/Payment Denial 11101 IEQ 11102 Data Match 11103 HMO 11104 Litigation Settlement BCBS 11105 Employer Voluntary Reporting 11106 Insurer Voluntary Reporting 11107 First Claim Development 11108 Trauma Code Development 11109 Secondary Claims Investigation 11110 Self Report 11111 411.25 11112 BCBS Voluntary Agreements 11113 Office of Personnel Management (OPM) Data Match 11114 Workers' Compensation Data Match 11118 Pharmacy Benefit Manager (PBM) 11120 COBA 11125 Recovery Audit Contractor (RAC) 1 (April Release) 11126 RAC 2 (April Release) 11127 RAC 3 (April Release) P0000 PBM S0000 Assistance Program Note: Contractor numbers 11100 - 11199 are reserved for COB

Item	Data Field	Size	Position	Format	Valid Values
13	Supplemental Type Code	1	111	CHAR	L=Supplemental M=Medigap N=State Program (Non Qualified SPAP) O=Other P=Patient Assistance Program Q=Qualified State Pharmaceutical Assistance Program (SPAP) R=Charity S=AIDS Drug Assistance Program T=Federal Health Program 1=Medicaid 2=Tricare 3 = Major Medical
14	Coverage Code*	1	112	CHAR	U=Drug (network benefit) V=Drug with Major Medical (non-network benefit)
15	Insurer's Name*	32	113 - 144	CHAR	
16	Insurer's Address-1*	32	145 - 176	CHAR	
17	Insurer's Address-2*	32	177 - 208	CHAR	
18	Insurer's City*	15	209 - 223	CHAR	
19	Insurer's State*	2	224 - 225	CHAR	
20	Insurer's Zip Code*	9	226 - 234	CHAR	
21	Filler	10	235 - 244	CHAR	Spaces
22	Individual Policy Number*	17	245 - 261	CHAR	
23	Group Policy Number*	20	262 - 281	CHAR	
24	Effective Date*	8	282 - 289	ZD	CCYYMMDD
25	Termination Date*	8	290 - 297	ZD	CCYYMMDD
26	Relationship Code*	2	298 - 299	CHAR	01=Bene is Policy Holder 02=Spouse 03=Child 04=Other
27	Payor ID*	10	300 - 309	CHAR	
28	Person Code*	3	310 - 312	CHAR	

Item	Data Field	Size	Position	Format	Valid Values
29	Payer Order*	3	313 - 315	ZD	
30	Filler	685	316 - 1000	SPACES	
	Record Length =	**1000**			

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

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E.7 *MARX Batch Input Transaction Data File*

A transaction file is submitted to CMS by a Plan, and consists of a header record followed by individual transaction records. The transaction code 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
- Enrollment (60/61/62) / Disenrollment (51/54) / PBP Change (71) Detail Record
- 4Rx Record Update (72) / NUNCMO (73) / Miscellaneous (74) / Premium Withhold Option (75) / Part D Opt-Out (41) Detail Record
- Correction (01) Record

E.7.1 *Header Record*

Item	Field	Size	Position	Header	Description
1	Header Message	12	1 – 12	R	‘AAAAAAHEADER’
2	Filler	1	13	N/A	Spaces
3	File Type	5	14 – 18	R	'blank', 'RETRO', 'POVER', 'SVIEW’
4	Filler	15	19 – 33	N/A	Spaces
5	Payment Month	6	34 – 39	R	MMYYYY
6	Filler	261	40 – 300	N/A	d

E.7.2 *Enrollment /Disenrollment/PBP Change Detail Record*

Item	Fields	Size	Position	Enrollment (60/61/62) [Note 1]	Disenrollment (51/54)	PBP Change (71) [Note 1 & Note 2]
1	HIC#	12	1 – 12	R	R	R
2	Surname	12	13 – 24	R	R	R

Item	Fields	Size	Position	Enrollment (60/61/62) [Note 1]	Disenrollment (51/54)	PBP Change (71) [Note 1 & Note 2]
3	First Name	7	25 – 31	R	R	R
4	M. Initial	1	32			
5	Sex	1	33	R	R	R
6	Birth Date (YYYYMMDD)	8	34 – 41	R	R	R
7	EGHP Flag	1	42	blank field has a meaning	N/A	blank field has a meaning
8	PBP #	3	43 – 45	R	N/A	R (Change-to value)
9	Election Type	1	46	R (for all plan types when [Note 1] is true; otherwise not required for HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demo, MDHO demo, MSHO demo, and PACE National plans)	R (for all plan types except HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demo, MDHO demo, MSHO demo, and PACE National plans)	R (for all plan types when [Note 1] is true; otherwise not required for HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demo, MDHO demo, MSHO demo, and PACE National plans)
10	Contract #	5	47 – 51	R	R	R
11	Application Receipt Date	8	52 – 59	R	N/A	R
12	Transaction Code	2	60 – 61	R	R	R
13	Disenrollment Reason (Required for Involuntary Disenrollments)	2	62 – 63	N/A	Required for Involuntary Disenrollments. Optional for Voluntary Disenrollments.	N/A
14	Effective Date (YYYYMMDD)	8	64 – 71	R	R	R
15	Segment ID	3	72 - 74	R, blank for non-segmented organizations; otherwise, 3-digits	N/A	R, blank for non-segmented organizations; otherwise, 3-digits
16	Filler	5	75 - 79	N/A	N/A	N/A

Item	Fields	Size	Position	Enrollment (60/61/62) [Note 1]	Disenrollment (51/54)	PBP Change (71) [Note 1 & Note 2]
17	ESRD Override	1	80	If applies; otherwise, zero or blank	N/A	If applies; otherwise, zero or blank
18	Premium Withhold Option/ Parts C-D	1	81	R (required for all plan types except HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demo, MSA/MA and MSA/demo plans)	N/A	R (required for all plan types except HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demo, MSA/MA and MSA/demo plans)
19	Part C Premium Amount (XXXXvXX)	6	82 – 87	R (required for all plan types except HCPP, COST 1, COST 2, CCIP/FFS demo, MSA/MA and MSA/demo plans)	N/A	R (required for all plan types except HCPP, COST 1, COST 2, CCIP/FFS demo, MSA/MA and MSA/demo plans)
20	Part D Premium Amount (XXXXvXX)	6	88 – 93	R (for all Part D plans); otherwise blank	N/A	R (for all Part D plans); otherwise blank
21	Creditable Coverage Flag	1	94	R (for all Part D plans); otherwise blank	N/A	R (for all Part D plans); otherwise blank
22	Number of Uncovered Months	3	95 - 97	R (for all Part D plans); otherwise blank. Blank = zero, meaning no uncovered months	N/A	R (for all Part D plans); otherwise blank. Blank = zero, meaning no uncovered months
23	Employer Subsidy Enrollment Override Flag	1	98	R if beneficiary has Employer Subsidy status for Part D; otherwise blank	N/A	R if beneficiary has Employer Subsidy status for Part D; otherwise blank
24	Part D Opt-Out Flag	1	99	N/A	Optional (for all Part D plans); otherwise blank	R (Y when Opting Out for Part D; N when Opting in for Part D); otherwise blank)
25	Filler	20	100 - 119	N/A	N/A	N/A
26	Filler	15	120 - 134	N/A	N/A	N/A

Item	Fields	Size	Position	Enrollment (60/61/62) [Note 1]	Disenrollment (51/54)	PBP Change (71) [Note 1 & Note 2]
27	Secondary Drug Insurance Flag	1	135	R (for all Part D plans, value is Y or N or Blank; for auto/facilitated enrollments and rollovers value should be blank); for non Part D plans, value should be blank.	N/A	R (for all Part D plans, value is Y or N or Blank; for auto/facilitated enrollments and rollovers value should be blank); for non Part D plans, value should be blank
28	Secondary Rx ID	20	136 - 155	R if secondary insurance; otherwise blank	N/A	R if secondary insurance; otherwise blank
29	Secondary Rx Group	15	156 - 170	R if secondary insurance; otherwise blank	N/A	R if secondary insurance; otherwise blank
30	Enrollment Source	1	171	R (for POS submitted enrollments transactions); otherwise optional.	N/A	R (for plan submitted auto-enrollments and facilitated enrollments transactions); otherwise optional.
31	Filler	9	172 - 180	FILLER	FILLER	FILLER
32	Filler	9	181 - 189	FILLER	FILLER	FILLER
33	Filler	17	190 - 206	FILLER	FILLER	FILLER
34	Filler	1	207	FILLER	FILLER	FILLER
35	Filler	17	208 - 224	FILLER	FILLER	FILLER
36	Part D Rx BIN	6	225 - 230	R (for all Part D plan except PACE National); otherwise blank	N/A	R (for all Part D plan except PACE National); otherwise blank
37	Part D Rx PCN	10	231 - 240	Change-to value (for all Part D plans except PACE National); otherwise blank	N/A	Change-to value (for all Part D plans except PACE National); otherwise blank
38	Part D Rx Group	15	241 - 255	Change-to value (for all Part D plans except PACE National); otherwise blank	N/A	Change-to value (for all Part D plans except PACE National); otherwise blank

Item	Fields	Size	Position	Enrollment (60/61/62) [Note 1]	Disenrollment (51/54)	PBP Change (71) [Note 1 & Note 2]
39	Part D Rx ID	20	256 - 275	R (for all Part D plan except PACE National); otherwise blank	N/A	R (for all Part D plan except PACE National); otherwise blank
40	Secondary Drug BIN	6	276 - 281	R if secondary insurance; otherwise blank	N/A	R if secondary insurance; otherwise blank
41	Secondary Drug PCN	10	282 - 291	R if secondary insurance; otherwise blank	N/A	R if secondary insurance; otherwise blank
42	Filler	9	292 - 300	Filler	Filler	Filler

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

Note 2: MA organizations and cost plans that auto/facilitate enroll LIS beneficiaries on behalf of CMS should use the appropriate newly-designated enrollment source code when submitting auto-enrollments or facilitated enrollments: E = Plan-submitted auto-enrollment, F = Plan-submitted facilitated enrollment, G = Point of Sale (POS) submitted enrollment (*for use by POS contractor only*), H = CMS reassignment enrollment, I = Assigned to Plan-submitted enrollment with enrollment source other than any of the following: B, E, F, G, H and blank

E.7.3 *4Rx Record Update/NUNCMO/Miscellaneous Record/Premium Withhold Option/Part D Opt Out Detail Record*

Item	Fields	Size	Position	4RX Record Update (72) [Notes 1 & 2]	NUNCMO Record Update (73) [Notes 1 & 3]	Miscellaneous Record Update (74) [Note 1]	Premium Withhold Option Update (75)	Part D Opt Out (41)
1	HIC#	12	1 – 12	R	R	R	R	R
2	Surname	12	13 – 24	R	R	R	R	R
3	First Name	7	25 – 31	R	R	R	R	R
4	M. Initial	1	32	Optional	Optional	Optional	Optional	Optional
5	Sex	1	33	R	R	R	R	R
6	Birth Date (YYYYMMDD)	8	34 – 41	R	R	R	R	R

Item	Fields	Size	Position	4RX Record Update (72) [Notes 1 & 2]	NUNCMO Record Update (73) [Notes 1 & 3]	Miscellaneous Record Update (74) [Note 1]	Premium Withhold Option Update (75)	Part D Opt Out (41)
7	EGHP Flag	1	42	N/A	N/A	Blank or change to value	N/A	N/A
8	PBP #	3	43 – 45	R	R	R	R	N/A
9	Election Type	1	46	N/A	N/A	N/A	N/A	N/A
10	Contract #	5	47 – 51	R	R	R	R	R (transaction for type 41 when beneficiary is enrolled in Medicare) ; otherwise N/A.
11	Application Date	8	52 – 59	N/A	N/A	N/A	N/A	N/A
12	Transaction Code	2	60 – 61	R	R	R	R	R
13	Disenrollment Reason (Required for Involuntary Disenrollments)	2	62 – 63	N/A	N/A	N/A	N/A	N/A
14	Effective Date (YYYYMMDD)	8	64 – 71	R	R	R	R Cannot be retroactive	N/A
15	Segment ID	3	72 - 74	N/A	N/A	Blank or change-to value for local plans; otherwise, N/A	N/A	N/A
16	Filler	5	75 - 79	N/A	N/A	N/A	N/A	N/A
17	Prior Commercial Override	1	80	N/A	N/A	N/A	N/A	N/A
18	Premium Withhold Option/ Parts C-D	1	81	N/A	N/A	N/A	Change-to value for Part C Only	N/A

Item	Fields	Size	Position	4RX Record Update (72) [Notes 1 & 2]	NUNCMO Record Update (73) [Notes 1 & 3]	Miscellaneous Record Update (74) [Note 1]	Premium Withhold Option Update (75)	Part D Opt Out (41)
19	Part C Premium Amount (XXXXvXX)	6	82 – 87	N/A	N/A	Blank or change to value	N/A	N/A
20	Part D Premium Amount (XXXXvXX)	6	88 – 93	N/A	N/A	N/A	N/A	N/A
21	Creditable Coverage Flag	1	94	N/A	R	N/A	N/A	N/A
22	Number of Uncovered Months	3	95 - 97	N/A	Blank or change to value	N/A	N/A	N/A
23	Employer Subsidy Enrollment Override Flag	1	98	N/A	N/A	N/A	N/A	N/A
24	Part D Opt-Out Flag	1	99	N/A	N/A	Blank or Change to value	N/A	R
25	Filler	20	100 - 119	N/A	N/A	N/A	N/A	N/A
26	Filler	15	120 - 134	N/A	N/A	N/A	N/A	N/A
27	Secondary Drug Insurance Flag	1	135	Blank or new value. Blank does not remove or replace existing data.	N/A	N/A	N/A	N/A
28	Secondary Rx ID	20	136 - 155	Blank or new additional value. Blank does not remove or replace existing data.	N/A	N/A	N/A	N/A

Item	Fields	Size	Position	4RX Record Update (72) [Notes 1 & 2]	NUNCMO Record Update (73) [Notes 1 & 3]	Miscellaneous Record Update (74) [Note 1]	Premium Withhold Option Update (75)	Part D Opt Out (41)
29	Secondary Rx Group	15	156 - 170	Blank or new additional value. Blank does not remove or replace existing data.	N/A	N/A	N/A	N/A
30	Enrollment Source	1	171	N/A	N/A	N/A	N/A	N/A
31	Filler	9	172 - 180	N/A	N/A	N/A	N/A	N/A
32	Filler	9	181 - 189	N/A	N/A	N/A	N/A	N/A
33	Filler	17	190 - 206	N/A	N/A	N/A	N/A	N/A
34	Filler	1	207	N/A	N/A	N/A	N/A	N/A
35	Filler	17	208 - 224	N/A	N/A	N/A	N/A	N/A
36	Part D Rx BIN	6	225 - 230	Required together with Part D Rx ID when changing 4Rx primary insurance information. Must either be the beneficiary's current field value or the change-to value. Can only be blank when not changing a beneficiary's 4Rx primary insurance information.	N/A	N/A	N/A	N/A

Item	Fields	Size	Position	4RX Record Update (72) [Notes 1 & 2]	NUNCMO Record Update (73) [Notes 1 & 3]	Miscellaneous Record Update (74) [Note 1]	Premium Withhold Option Update (75)	Part D Opt Out (41)
37	Part D Rx PCN	10	231 - 240	Change-to value, either a new value or a blank. Blank will remove the beneficiary's existing value.	N/A	N/A	N/A	N/A
38	Part D Rx Group	15	241 - 255	Change-to value, either a new value or a blank. Blank will remove the beneficiary's existing value.	N/A	N/A	N/A	N/A
39	Part D Rx ID	20	256 - 275	Required together with Part D Rx BIN when changing 4Rx primary insurance information. Must either be the beneficiary's current field value or the change-to value. Can only be blank when not changing a beneficiary's 4Rx primary insurance information.	N/A	N/A	N/A	N/A
40	Secondary Drug BIN	6	276 - 281	Blank or new additional value. Blank does not remove or replace existing data.	N/A	N/A	N/A	N/A

Item	Fields	Size	Position	4RX Record Update (72) [Notes 1 & 2]	NUNCMO Record Update (73) [Notes 1 & 3]	Miscellaneous Record Update (74) [Note 1]	Premium Withhold Option Update (75)	Part D Opt Out (41)
41	Secondary Drug PCN	10	282 - 291	Blank or new additional value. Blank does not remove or replace existing data.	N/A	N/A	N/A	N/A
42	Filler	9	292 – 300	FILLER	FILLER	FILLER	FILLER	FILLER

Note 1: 4Rx and NUNCMO transactions (Type 72 and 73) can be retroactive as well as prospective. Any effective date will be accepted as long as it matches an already existing Part D enrollment effective date.

Note 2: For 4Rx (Type 72) Record Update transactions, the current Primary 4Rx values, if any, are replaced with the Primary 4Rx values from the transaction. When Secondary 4Rx values are specified, the Secondary 4Rx values from the transaction are added as a new instance of Secondary 4Rx coverage. There is **no** mechanism for plans to **delete** or **replace** an instance of Secondary 4Rx coverage via MARx transactions.

Note 3: NUNCMO Record Update (creditable coverage) transaction (Type 73) information can be retroactive (not prior to August 2006) as well as prospective (not past CPM plus 2 months). Effective date on the transaction should match a Part D enrollment date if the creditable coverage flag is Y, N or blank. Effective date on the transaction can be within a Part D enrollment period if the creditable coverage flag is R or U.

E.7.4 *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 – 41	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	239	62 – 300	N/A	Spaces

E.7.5 *Notes for All Transaction Types*

Item	Fields	Description
1	HIC#	Claim Account Number (CAN) plus Beneficiary Identification Code (BIC)
2	Surname	No comment.
3	First Name	No comment.
4	M. Initial	No comment.
5	Sex	1 = male, 2 = female, 0 = unknown
6	Birth Date (YYYYMMDD)	YYYYMMDD
7	EGHP Flag	Y if EGHP; otherwise, blank = not EGHP for type 60, 61, 62 and 71 transactions. For type 72 transactions, Y if EGHP, N if not EGHP, and blank indicates no change.

Item	Fields	Description
8	PBP #	3-blanks = non-PBP organizations (HCPP, CCIP/FFS Demos); 3-character numeric = PBP number, zero-padded, 001-999 valid for all organizations except HCPP and CCIP/FFS demos.
9	Election Type	A=AEP; D=MADP; E=IEP; F – IEP2; I=ICEP; S=Other SEP; T=OEPI; U=Dual/LIS SEP; V=Permanent Change in Residence SEP; W=EGHP SEP; X=Administrative SEP; Y=CMS/Case Worker SEP. MAs have I, A, O, S, N, U, V, W, X, Y and T. MAPDs have I, A, O, S, U, V, W, X, Y, T and E and F, N and T. PDPs have A, S, U, V, W, X, Y, E and F.
10	Contract #	Hxxxx = identifies local plans. Rxxxx = identifies regional plans. Sxxxx = identifies PDPs. Fxxxx = identifies fallback plans, Exxxx=identifies employer sponsored MA/MA-PD and PDP plans.
11	Application Receipt Date	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	51/54 = disenrollment; 60/61 = enrollment; 62=retroactive batch enrollments for CPM-2; 71 =plan election (PBP change); 72 = plan change; 41=1-800-MEDICARE or CMS Contractors submitted.
13	Disenrollment Reason	Required for Involuntary Disenrollments.
14	Effective Date (YYYYMMDD)	YYYYMMDD
15	Segment ID	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 MA/MA-PD plans (Hxxxx) may have segments.
16	Filler	N/A
17	Prior Commercial Override	Required if beneficiary is ESRD and wants to enroll in a non PDP plans. Alpha-numeric, 0-9 and A-F. Zero (0) and blank = no override.
18	Premium Withhold Option/Parts C-D	D = direct self-pay; S = deduct from SSA benefits; R = deduct from RRB benefits; O = deduct from OPM benefits; N=No Premium. The option applies to both Part C and D premiums.
19	Part C Premium Amount (XXXXvXX)	6-digits with leading zeroes, or blank if premium does not apply. Decimal point assumed 2-digits from right, XXXXvXX. Any value other than a blank on a type 72 transaction indicates a change-to value. That is, 000000 is an acceptable change-to value meaning $0.00.
20	Part D Premium Amount (XXXXvXX)	6-digits with leading zeroes, or blank if premium does not apply. Decimal point assumed 2-digits from right, XXXXvXX. Any value other than a blank on a type 72 transaction indicates a change-to value. That is, 000000 is an acceptable change-to value meaning $0.00.

Item	Fields	Description
21	Creditable Coverage Flag	Valid for drug plans. For enrollment (type 60/61/62/71) transactions, valid values are Y, N, R and blank. For plan change (type 72) transaction, valid values are Y, N, R, U and blank. Y if covered, N if not covered, R if resetting uncovered months to zero due to a new IEP and U for resetting uncovered months to the value prior to using R.
22	Number of Uncovered Months	Count of total months without drug coverage. When creditable coverage flag is blank, value should be zero. When creditable coverage flag is Y, value should be zero. When creditable coverage flag is N, value should be greater than zero .When creditable coverage flag is R, value should be zero. When creditable coverage flag is U, value should be zero.
23	Employer Subsidy Override Flag	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	Applies to full benefit dual eligible and facilitated enrolled beneficiaries. Y= opt-out of Part D; blank=no change to opt-out status. For 71 type of transaction, applies when a beneficiary wants to opt out from MA-PD plan and desire to enroll in MA only PBP of the same contract. For 71 type of transaction, also applies when a beneficiary wants to change from MA plan and desire to enroll in MAPD only PBP of the same contract.
25	Filler	N/A
26	Filler	N/A
27	Secondary Drug Insurance Flag	For types 60, 61, 62, 71 and 72 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	Secondary insurance plan's ID number for a beneficiary. Alphanumeric, upper case when alpha; left justified. Upper case printable characters and default value of spaces. Applicable for transaction types 60, 61, 62, 71 and 72.
29	Secondary RX Group	Secondary insurance plan's group ID number for a beneficiary. Alphanumeric, upper case when alpha; left justified. Upper case printable characters and default value of spaces. Applicable for transaction types 60, 61, 62, 71 and 72.
30	Enrollment Source	A = auto-enrolled by CMS; B = beneficiary election; C = facilitated enrollment by CMS; D=System generated rollovers; E=Plan submitted auto-enrollments; F=Plan submitted facilitated enrollments, G=Point of Sale (POS) submitted enrollments and H=Re-assignments submitted by CMS or Plans. Plan submitted enrollments are defaulted to enrollment source of B when submitted with a blank enrollment source.
31	SSN	N/A
32	Trustee Routing Number	N/A

Item	Fields	Description
33	Bank Account Number	N/A
34	Bank Account Type	N/A
35	Filler	N/A
36	Part D Rx BIN	Part D insurance plan's BIN number for a beneficiary. Numeric; right justified (for example, if BIN is five position numeric (12345), plan should set BIN to six position numeric with zero added in the first position (012345)). Applicable for transaction types 60, 61, 62, 71 and 72.
37	Part D Rx PCN	Part D insurance plan's PCN number for a beneficiary. Alphanumeric, upper case when alpha; left justified. Limited to upper case characters (A-Z) and/or numeric (0-9) and default value of spaces. Applicable for transaction types 60, 61, 62, 71 and 72.
38	Part D Rx Group	Part D insurance plan's group ID number for a beneficiary. Alphanumeric, upper case when alpha; left justified. Limited to upper case characters (A-Z) and/or numeric (0-9) and default value of spaces. Applicable for transaction types 60, 61, 62, 71 and 72.
39	Part D Rx ID	Part D insurance plan's ID number for a beneficiary. Alphanumeric, upper case when alpha; left justified. Limited to upper case characters (A-Z) and/or numeric (0-9) and default value of spaces. Applicable for transaction types 60, 61, 62, 71 and 72.
40	Secondary Rx BIN	Secondary insurance plan's BIN number for a beneficiary. Numeric. Applicable for transaction types 60, 61, 62, 71 and 72.
41	Secondary Rx PCN	Secondary insurance plan's PCN number for a beneficiary. Alphanumeric, upper case when alpha; left justified. Upper case printable characters and default value of spaces. Applicable for transaction types 60, 61, 62, 71 and 72.
42	Filler	N/A

E.8 *Failed Transaction Data File - OBSOLETE*

Effective with the November 2009 Software Release, the Failed Transaction Data File will no longer be generated. The reporting of failed records has now been incorporated into Batch Completion Status Summary (BCSS) Data file. See E.3 page E-11 for an updated layout.

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

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

Item	Field Name	Size	Position	Description
17	Institutional	1	64	Y = Institutional (monthly)
18	NHC	1	65	Y = Nursing Home Certifiable
19	New Medicare Beneficiary Medicaid Status Flag	1	66	1. Prior to calendar 2008, payments and payment adjustments report as follows: • Y = Medicaid status, • Blank = not Medicaid. 2. In calendar 2008, payments and payment adjustments were reported as follows: • Y = Beneficiary is Medicaid and a default risk factor was used, • N = Beneficiary is not Medicaid and a default risk factor was used, • Blank = CMS is not using a default risk factor or the beneficiary is Part D only. 3. Beginning in calendar 2009: • Payment adjustments with effective dates in 2008 and after, and all prospective payments report as follows: o Y = Beneficiary is Medicaid and a default risk factor was used, o N = Beneficiary is not Medicaid and a default risk factor was used, o Blank = CMS is not using a default risk factor or the beneficiary is Part D only. • Payment adjustments with effective dates in 2007 and earlier report as follows: o Y = A payment adjustment was made at a “Medicaid” rate to the demographic component of a blended payment. o N = A payment adjustment was made to the demographic payment component of a blended payment. The adjustment was not at a “Medicaid” rate. o Blank = either the adjusted payment had no demographic component, or only the risk portion of a blended payment was adjusted.
20	LTI Flag	1	67	Y = Part C Long Term Institutional

Item	Field Name	Size	Position	Description
21	Medicaid Indicator	1	68	Y = Medicaid Add-on to beneficiary RAS factor Blank = No Medicaid Add-on
22	PIP-DCG	2	69 - 70	PIP-DCG Category - Only on pre-2004 adjustments
23	Default Risk Factor Code	1	71	• Prior to 2004, 'Y' indicates a new enrollee risk adjustment (RA) factor was in use. • In the period 2004 through 2008, 'Y' indicates that a default factor was generated by the system due to lack of a RA factor. • For 2009 and after, for payments and payment adjustments and regardless of the effective date of the adjustment, the following applies: '1' = Default Enrollee- Aged/Disabled '2' = Default Enrollee- ESRD dialysis '3' = Default Enrollee- ESRD Transplant Kidney, Month 1 '4' = Default Enrollee- ESRD Transplant Kidney, Months 2-3 '5' = Default Enrollee- ESRD Post Graft, Months 4-9 '6' = Default Enrollee- ESRD Post Graft, 10+Months '7' = Default Enrollee Chronic Care SNP Blank = The beneficiary is not a default enrollee.
24	Risk Adjuster Factor A	7	72 - 78	NN.DDDD
25	Risk Adjuster Factor B	7	79 - 85	NN.DDDD
26	Number of Paymt/Adjustmt Months Part A	2	86 - 87	FORMAT: 99
27	Number of Paymt/Adjustmt Months Part B	2	88 - 89	FORMAT: 99
28	Adjustment Reason Code	2	90 - 91	Always Spaces on Payment and MSA Deposit or Recovery Records, FORMAT: 99
29	Paymt/Adjustment/MSA Start Date	8	92 - 99	FORMAT: YYYYMMDD
30	Paymt/Adjustment/MSA End Date	8	100 - 107	FORMAT: YYYYMMDD

Item	Field Name	Size	Position	Description
31	Demographic Paymt/Adjustmt Rate A	9	108 - 116	FORMAT: -99999.99
32	Demographic Paymt/Adjustmt Rate B	9	117 - 125	FORMAT: -99999.99
33	Risk Adjuster Paymt/Adjustmt Rate A	9	126 - 134	Part A portion for the beneficiary's payment or payment adjustment dollars. For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA monthly deposit amount as a negative term. FORMAT: -99999.99
34	Risk Adjuster Paymt/Adjustmt Rate B	9	135 - 143	Part B portion for the beneficiary's payment or payment adjustment dollars. For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA monthly deposit amount as a negative term. FORMAT: -99999.99
35	LIS Premium Subsidy	8	144 - 151	FORMAT: -9999.99
36	ESRD MSP Flag	1	152	As of January 2011: T = Transplant/Dialysis P = Post Graft Blank = ESRD MSP not applicable Prior to 2011: Format X. Values = 'Y' or 'N'(default) Indicates if Medicare is the Secondary Payer.
37	MSA Part A Deposit/Recovery Amount	8	153 - 160	Medicare Savings Account (MSA) lump sum Part A dollars to be deposited / recovered. Deposits are positive values and recoveries are negative. FORMAT: -9999.99
38	MSA Part B Deposit/Recovery Amount	8	161 - 168	Medicare Savings Account (MSA) lump sum Part B dollars to be deposited / recovered. Deposits are positive values and recoveries are negative. FORMAT: -9999.99

Item	Field Name	Size	Position	Description
39	MSA Deposit/Recovery Months	2	169 - 170	Number of months associated with MSA deposit or recovery dollars
40	Current Medicaid Status	1	171-171	Beginning in mid-2008, this field reports the beneficiary's current Medicaid status. (Prior to 11/07, current Medicaid status was reported in field #19.) '1' = Beneficiary was determined to be Medicaid as of current payment month minus two (CPM –2) or minus one (CPM – 1), '0' = Beneficiary was not determined to be Medicaid as of current payment month minus two (CPM – 2) or minus one (CPM – 1), Blank = This is a retroactive transaction and Medicaid status is not reported.
41	Risk Adjuster Age Group (RAAG)	4	172 - 175	BBEE BB = Beginning Age EE = Ending Age Beginning in 2011, if the risk adjuster factor is from RAS, the Risk Adjuster Age Group reported will be the one used by RAS in calculating the risk factor.
42	Previous Disable Ratio (PRDIB)	7	176 - 182	NN.DDDD Percentage of Year (in months) for Previous Disable Add-On – Only on pre-2004 adjustments
43	De Minimis	1	183	**2009 and later:** N = "De Minimis" does not apply **2008 and earlier** N = "De Minimis" does not apply Y = "De Minimis" applies

Item	Field Name	Size	Position	Description
44	Beneficiary Dual and Part D Enrollment Status Flag	1	184	'0' - Non-Drug plan without drug benefit, beneficiary not dual enrolled '1' – Drug plan with drug benefit, beneficiary not dual enrolled '2' –Non-Drug plan without drug benefit, beneficiary dual enrolled '3' Drug plan with drug benefit, beneficiary dual enrolled.
45	Plan Benefit Package Id	3	185 - 187	Plan Benefit Package Id FORMAT 999
46	Race Code	1	188	Format X Values: 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = N. American Native
47	RA Factor Type Code	2	189 - 190	Type of factors in use (see Fields 24-25): C = Community C1 = Community Post-Graft I (ESRD) C2 = Community Post-Graft II (ESRD) D = Dialysis (ESRD) E = New Enrollee ED = New Enrollee Dialysis (ESRD) E1 = New Enrollee Post-Graft I (ESRD) E2 = New Enrollee Post-Graft II (ESRD) G1 = Graft I (ESRD) G2 = Graft II (ESRD) I = Institutional I1 = Institutional Post-Graft I (ESRD) I2 = Institutional Post-Graft II (ESRD) SE = New Enrollee Chronic Care SNP
48	Frailty Indicator	1	191	Y = MCO-level Frailty Factor Included

Item	Field Name	Size	Position	Description
49	Original Reason for Entitlement Code (OREC)	1	192	0 = Beneficiary insured due to age 1 = Beneficiary insured due to disability 2 = Beneficiary insured due to ESRD 3 = Beneficiary insured due to disability and current ESRD
50	Lag Indicator	1	193	Y = Encounter data used to calculate RA factor lags payment year by 6 months
51	Segment ID	3	194 - 196	Identification number of the segment of the PBP. Blank if there are no segments.
52	Enrollment Source	1	197	The source of the enrollment. Values are A = Auto-enrolled by CMS B = Beneficiary election C = Facilitated enrollment by CMS D = Systematic enrollment by CMS (rollover)
53	EGHP Flag	1	198	Employer Group flag; Y = member of employer group, N = member is not in an employer group
54	Part C Basic Premium – Part A Amount	8	199 - 206	The premium amount for determining the MA payment attributable to Part A. It is subtracted from the MA plan payment for plans that bid above the benchmark. -9999.99
55	Part C Basic Premium – Part B Amount	8	207 - 214	The premium amount for determining the MA payment attributable to Part B. It is subtracted from the MA plan payment for plans that bid above the benchmark. -9999.99
56	Rebate for Part A Cost Sharing Reduction	8	215 - 222	The amount of the rebate allocated to reducing the member's Part A cost-sharing. This amount is added to the MA plan payment for plans that bid below the benchmark. -9999.99

Item	Field Name	Size	Position	Description
57	Rebate for Part B Cost Sharing Reduction	8	223 - 230	The amount of the rebate allocated to reducing the member's Part B cost-sharing. This amount is added to the MA plan payment for plans that bid below the benchmark. -9999.99
58	Rebate for Other Part A Mandatory Supplemental Benefits	8	231 - 238	The amount of the rebate allocated to providing Part A supplemental benefits. This amount is added to the MA plan payment for plans that bid below the benchmark. -9999.99
59	Rebate for Other Part B Mandatory Supplemental Benefits	8	239 - 246	The amount of the rebate allocated to providing Part B supplemental benefits. This amount is added to the MA plan payment for plans that bid below the benchmark. -9999.99
60	Rebate for Part B Premium Reduction – Part A Amount	8	247 - 254	The Part A amount of the rebate allocated to reducing the member's Part B premium. This amount is retained by CMS for non ESRD members and it is subtracted from ESRD member's payments. -9999.99
61	Rebate for Part B Premium Reduction – Part B Amount	8	255 - 262	The Part B amount of the rebate allocated to reducing the member's Part B premium. This amount is retained by CMS for non ESRD members and it is subtracted from ESRD member's payments. -9999.99
62	Rebate for Part D Supplemental Benefits – Part A Amount	8	263 - 270	Part A Amount of the rebate allocated to providing Part D supplemental benefits. -9999.99
63	Rebate for Part D Supplemental Benefits – Part B Amount	8	271 - 278	Part B Amount of the rebate allocated to providing Part D supplemental benefits. -9999.99
64	Total Part A MA Payment	10	279 - 288	The total Part A MA payment. -999999.99

Item	Field Name	Size	Position	Description
65	Total Part B MA Payment	10	289 - 298	The total Part B MA payment. -999999.99
66	Total MA Payment Amount	11	299 - 309	The total MA A/B payment including MMA adjustments. This also includes the Rebate Amount for Part D Supplemental Benefits -9999999.99
67	Part D RA Factor	7	310 - 316	The member's Part D risk adjustment factor. NN.DDDD
68	Part D Low-Income Indicator	1	317	From 2006 through 2010, an indicator to identify if the Part D Low-Income multiplier is included in the Part D payment. Values are 1 (subset 1), 2 (subset 2) or blank. Beginning 2011, value 'Y' indicates the beneficiary is Low Income, value 'N' indicates the beneficiary is not Low Income for the payment/adjustment being made.
69	Part D Low-Income Multiplier	7	318 - 324	The member's Part D low-income multiplier. NN.DDDD For payment months 2011 and beyond, this field will be zero.
70	Part D Long Term Institutional Indicator	1	325	From 2006 through 2010, an indicator to identify if the Part D Long-Term Institutional multiplier is included in the Part D payment. Values are A (aged), D (disabled) or blank. For payment months 2011 and beyond, this field will be blank.
71	Part D Long Term Institutional Multiplier	7	326 - 332	The member's Part D institutional multiplier. NN.DDDD For payment months 2011 and beyond, this field will be zero.
72	Rebate for Part D Basic Premium Reduction	8	333 - 340	Amount of the rebate allocated to reducing the member's basic Part D premium. -9999.99
73	Part D Basic Premium Amount	8	341 - 348	The plan's Part D premium amount. -9999.99
74	Part D Direct Subsidy Payment Amount	10	349 - 358	The total Part D Direct subsidy payment for the member. -999999.99

Item	Field Name	Size	Position	Description
75	Reinsurance Subsidy Amount	10	359 - 368	The amount of the reinsurance subsidy included in the payment. -999999.99
76	Low-Income Subsidy Cost-Sharing Amount	10	369 - 378	The amount of the low-income subsidy cost-sharing amount included in the payment. -999999.99
77	Total Part D Payment	11	379 - 389	The total Part D payment for the member -9999999.99.
78	Number of Paymt/Adjustmt Months Part D	2	390 - 391	FORMAT: 99
79	PACE Premium Add On	10	392 - 401	Total Part D Pace Premium Add-on amount -999999.99
80	PACE Cost Sharing Add-on	10	402 - 411	Total Part D Pace Cost Sharing Add-on amount -999999.99
81	Part C Frailty Score Factor	7	412 – 418	Beneficiary's Part C frailty score factor. NN.DDDD: otherwise spaces.
82	MSP Factor	7	419 – 425	Beneficiary's Aged/Disabled or ESRD Medicare Secondary Payor (MSP) reduction factor. NN.DDDD: otherwise spaces.
83	MSP Reduction/Reduction Adjustment Amount – Part A	10	426 – 435	Net MSP reduction or reduction adjustment dollar amount – Part A. SSSSSS9.99
84	MSP Reduction/Reduction Adjustment Amount – Part B	10	436 – 435	Net MSP reduction or reduction adjustment dollar amount – Part B. SSSSSS9.99

Item	Field Name	Size	Position	Description
85	Medicaid Dual Status Code	2	446-447	Entitlement status for the dual eligible beneficiary. The valid values when Field 40 = 1 are: 01 = Eligible is entitled to Medicare- QMB only 02 = Eligible is entitled to Medicare- QMB AND Medicaid coverage 03 = Eligible is entitled to Medicare- SLMB only 04 = Eligible is entitled to Medicare- SLMB AND Medicaid coverage 05 = Eligible is entitled to Medicare- QDWI 06 = Eligible is entitled to Medicare- Qualifying individuals 08 = Eligible is entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB,QDWI or QI) with Medicaid coverage 09 = Eligible is entitled to Medicare – Other Dual Eligibles but without Medicaid coverage 99=Unknown The valid value when Field 40 = 0 is: 00 = No Medicaid Status The valid value when Field 40 is blank is: Blank
86	Part D Coverage Gap Discount Amount	8	448-455	The amount of the Coverage Gap Discount Amount included in the payment. -9999.99

Item	Field Name	Size	Position	Description
87	Part D RA Factor Type	2	456-457	Type of factors in use (see Field 67): D1 = Community Non-Low Income Continuing Enrollee, D2 = Community Low Income Continuing Enrollee, D3 = Institutional Continuing Enrollee, D4 = New Enrollee Community Non-Low Income Non-ESRD, D5 = New Enrollee Community Non-Low Income ESRD, D6 = New Enrollee Community Low Income Non-ESRD, D7 = New Enrollee Community Low Income ESRD, D8 = New Enrollee Institutional Non-ESRD, D9 = New Enrollee Institutional ESRD, Blank when it does not apply.
88	Default Part D Risk Factor Code	1	458	1=Not ESRD, Not Low Income, Not Originally Disabled, 2=Not ESRD, Not Low Income, Originally Disabled, 3=Not ESRD, Low Income, Not Originally Disabled, 4=Not ESRD, Low Income, Originally Disabled, 5= ESRD, Not Low Income, Not Originally Disabled, 6= ESRD, Low Income, Not Originally Disabled, 7= ESRD, Not Low Income, Originally Disabled, 8= ESRD, Low Income, Originally Disabled, Blank when it does not apply.
89	Filler	16	459 – 475	Spaces

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.

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

				COV GAP TOTAL ADJ HOSPIC ON HOSPIC OFF ESRD ON ESRD OFF INST ON INST OF MCAID ON MCAID OFF WKAGE ON WKAGE OFF NHC ON NHC OFF DEATH RETRO ENRO RETRO DISEN CORR PARTA RETRO SCC C CORR DEATH CORR BIRTH CORR SEX PTC RATE CORR PARTB DISENROLL P DEMO FACTO PTC RSK AD PTCRAF MID RETRO CHF HOSPICE RAT RTRO PTC P RTRO PTD L RTRO CST S

				RTRO EST R RTRO PTC R RTRO REBAT PTD RATE C PTD RAF SEG ID CHG PTDRAF MID RETRO MSP PLN SUB PREM ESRD MSP
6	Payment Adjustment Count	7	32-38	Beneficiary Count
7	Month count	7	39-45	For payment record it will always be 1 but for adjustment record it will be spaces
8	Part A Member count	7	46-52	For payment records, beneficiary count for Part A; for adjustment records, spaces
9	Part A Month count	7	53-59	For payment record it will always be 1 but for adjustment record it will be the number of months adjusted for Part A
10	Part B Member count	7	60-66	For payment records, beneficiary count for Part B; for adjustment records, spaces
11	Part B Month count	7	67-73	For payment record it will always be 1 but for adjustment record it will be the number of months adjusted for Part B
12	Part A Payment/Adjustment Amount	13	74-86	PART A Amount
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

#	Field Name	Len	Pos	Description
20	Part D Member Count	7	138-144	For payment records, beneficiary count for PART D; for adjustment records, spaces
21	Part D Month Count	7	145-151	For payment record 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 (MPWR)*

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). The enrollment processing system makes this report available to Plans as part of the month-end processing.

The file includes the following records:

- Header Record
- Detail Record
- Trailer Record

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)
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

Item	Field	Size	Position	Description
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	96	70 – 165	Spaces

E.12 *Part B Claims 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 Initial	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*

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

The following records are included in this file:

- Header Record
- Detail Record
- Trailer Record

E.13.1 *Header Record*

Item	Field	Size	Position	Description
1	Record Type	1	1	Set to “1”
2	Contract Number	5	2 – 6	Managed Care Organization (MCO) identification number
3	Run Date	8	7 – 14	Date when file was created, YYYYMMDD
4	Payment Year and Month	6	15 – 20	Identifies the risk adjustment payment year and month for the model run
5	Filler	142	21 – 162	Spaces

E.13.2 *Detail Record*

Item	Field	Size	Position	Description
1	Record Type	1	1	Set to “2”

Item	Field	Size	Position	Description
2	Health Insurance Claim Number	12	2 - 13	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.
3	Beneficiary Last Name	12	14 - 25	First 12 bytes of the Beneficiary Last Name
4	Beneficiary First Name	7	26 – 32	First 7 bytes of the Beneficiary First Name
5	Beneficiary Initial	1	33	Beneficiary Initial
6	Date of Birth	8	34 – 41	The date of birth of the Medicare Beneficiary. Format as YYYYMMDD.
7	Sex	1	42	Represents the sex of the Medicare Beneficiary. Examples include Male and Female. 0=unknown, 1=male, 2=female
8	Social Security Number	9	43 – 51	The beneficiary's current identification number that was assigned by the Social Security Administration.
9	Age Group Female0_34	1	52	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."
10	Age Group Female35_44	1	53	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."
11	Age Group Female45_54	1	54	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."
12	Age Group Female55_59	1	55	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."
13	Age Group Female60_64	1	56	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."

Item	Field	Size	Position	Description
14	Age Group Female65_69	1	57	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."
15	Age Group Female70_74	1	58	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."
16	Age Group Female75_79	1	59	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."
17	Age Group Female80_84	1	60	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."
18	Age Group Female85_89	1	61	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."
19	Age Group Female90_94	1	62	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."
20	Age Group Female95_GT	1	63	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."
21	Age Group Male0_34	1	64	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."
22	Age Group Male35_44	1	65	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."
23	Age Group Male45_54	1	66	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."
24	Age Group Male55_59	1	67	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."
25	Age Group Male60_64	1	68	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."

Item	Field	Size	Position	Description
26	Age Group Male65_69	1	69	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."
27	Age Group Male70_74	1	70	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."
28	Age Group Male75_79	1	71	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."
29	Age Group Male80_84	1	72	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."
30	Age Group Male85_89	1	73	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."
31	Age Group Male90_94	1	74	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."
32	Age Group Male95_GT	1	75	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."
33	Medicaid Female Disabled	1	76	Beneficiary is a female disabled and also entitled to Medicaid. Set to "1" if existed, otherwise '"0."
34	Medicaid Female Aged	1	77	Beneficiary is a female aged (> 64) and also entitled to Medicaid. Set to "1" if existed, otherwise '"0."
35	Medicaid Male Disabled	1	78	Beneficiary is a male disabled and also entitled to Medicaid. Set to "1" if existed, otherwise '"0."
36	Medicaid Male Aged	1	79	Beneficiary is a male aged (> 64) and also entitled to Medicaid. Set to "1" if existed, otherwise '"0."
37	Originally Disabled Female	1	80	Beneficiary is a female and original Medicare entitlement was due to disability. Set to "1" if existed, otherwise '"0."

Item	Field	Size	Position	Description
38	Originally Disabled Male	1	81	Beneficiary is a male and original Medicare entitlement was due to disability. Set to "1" if existed, otherwise "'0."
39	Disease Coefficients HCC1	1	82	HIV/AIDS. Set to "1" if existed, otherwise "'0."
40	Disease Coefficients HCC2	1	83	Septicemia/Shock. Set to "1" if existed, otherwise "'0."
41	Disease Coefficients HCC5	1	84	Opportunistic Infections. Set to "1" if existed, otherwise "'0."
42	Disease Coefficients HCC7	1	85	Metastatic Cancer and Acute Leukemia. Set to "1" if existed, otherwise "'0."
43	Disease Coefficients HCC8	1	86	Lung, Upper Digestive Tract, and Other Severe Cancers. Set to "1" if existed, otherwise "'0."
44	Disease Coefficients HCC9	1	87	Lymphatic, Head and Neck, Brain, and Other Major Cancers. Set to "1" if existed, otherwise "'0."
45	Disease Coefficients HCC10	1	88	Breast, Prostate, Colorectal and Other Cancers and Tumors. Set to "1" if existed, otherwise "'0."
46	Disease Coefficients HCC15	1	89	Diabetes with Renal or Peripheral Circulatory Manifestation. Set to "1" if existed, otherwise "'0."
47	Disease Coefficients HCC16	1	90	Diabetes with Neurologic or Other Specified Manifestation. Set to "1" if existed, otherwise "'0."
48	Disease Coefficients HCC17	1	91	Diabetes with Acute Complications. Set to "1" if existed, otherwise "'0."
49	Disease Coefficients HCC18	1	92	Diabetes with Ophthalmologic or Unspecified Manifestation. Set to "1" if existed, otherwise "'0."

Item	Field	Size	Position	Description
50	Disease Coefficients HCC19	1	93	Diabetes without Complication. Set to "1" if existed, otherwise "'0."
51	Disease Coefficients HCC21	1	94	Protein-Calorie Malnutrition. Set to "1" if existed, otherwise "'0."
52	Disease Coefficients HCC25	1	95	End-Stage Liver Disease. Set to "1" if existed, otherwise "'0."
53	Disease Coefficients HCC26	1	96	Cirrhosis of Liver Set to "1" if existed, otherwise "'0."
54	Disease Coefficients HCC27	1	97	Chronic Hepatitis. Set to "1" if existed, otherwise "'0."
55	Disease Coefficients HCC31	1	98	Intestinal Obstruction/Perforation. Set to "1" if existed, otherwise "'0."
56	Disease Coefficients HCC32	1	99	Pancreatic Disease. Set to "1" if existed, otherwise "'0."
57	Disease Coefficients HCC33	1	100	Inflammatory Bowel Disease. Set to "1" if existed, otherwise "'0."
58	Disease Coefficients HCC37	1	101	Bone/Joint/Muscle Infections/Necrosis. Set to "1" if existed, otherwise "'0."
59	Disease Coefficients HCC38	1	102	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease. Set to "1" if existed, otherwise "'0."
60	Disease Coefficients HCC44	1	103	Severe Hematological Disorders. Set to "1" if existed, otherwise "'0."
61	Disease Coefficients HCC45	1	104	Disorders of Immunity. Set to "1" if existed, otherwise "'0."

Item	Field	Size	Position	Description
62	Disease Coefficients HCC51	1	105	Drug/Alcohol Psychosis. Set to "1" if existed, otherwise "'0."
63	Disease Coefficients HCC52	1	106	Drug/Alcohol Dependence. Set to "1" if existed, otherwise "'0."
64	Disease Coefficients HCC54	1	107	Schizophrenia. Set to "1" if existed, otherwise "'0."
65	Disease Coefficients HCC55	1	108	Major Depressive, Bipolar, and Paranoid Disorders. Set to "1" if existed, otherwise "'0."
66	Disease Coefficients HCC67	1	109	Quadriplegia, Other Extensive Paralysis. Set to "1" if existed, otherwise "'0."
67	Disease Coefficients HCC68	1	110	Paraplegia. Set to "1" if existed, otherwise "'0."
68	Disease Coefficients HCC69	1	111	Spinal Cord Disorders/Injuries. Set to "1" if existed, otherwise "'0."
69	Disease Coefficients HCC70	1	112	Muscular Dystrophy. Set to "1" if existed, otherwise "'0."
70	Disease Coefficients HCC71	1	113	Polyneuropathy. Set to "1" if existed, otherwise "'0."
71	Disease Coefficients HCC72	1	114	Multiple Sclerosis. Set to "1" if existed, otherwise "'0."
72	Disease Coefficients HCC73	1	115	Parkinson’s and Huntington’s Diseases. Set to "1" if existed, otherwise "'0."
73	Disease Coefficients HCC74	1	116	Seizure Disorders and Convulsions. Set to "1" if existed, otherwise "'0."

Item	Field	Size	Position	Description
74	Disease Coefficients HCC75	1	117	Coma, Brain Compression/Anoxic Damage. Set to "1" if existed, otherwise '"0."
75	Disease Coefficients HCC77	1	118	Respirator Dependence/Tracheostomy Status. Set to "1" if existed, otherwise '"0."
76	Disease Coefficients HCC78	1	119	Respiratory Arrest. Set to "1" if existed, otherwise '"0."
77	Disease Coefficients HCC79	1	120	Cardio-Respiratory Failure and Shock. Set to "1" if existed, otherwise '"0."
78	Disease Coefficients HCC80	1	121	Congestive Heart Failure. Set to "1" if existed, otherwise '"0."
79	Disease Coefficients HCC81	1	122	Acute Myocardial Infarction. Set to "1" if existed, otherwise '"0."
80	Disease Coefficients HCC82	1	123	Unstable Angina and Other Acute Ischemic Heart Disease. Set to "1" if existed, otherwise '"0."
81	Disease Coefficients HCC83	1	124	Angina Pectoris/Old Myocardial Infarction. Set to "1" if existed, otherwise '"0."
82	Disease Coefficients HCC92	1	125	Specified Heart Arrhythmias. Set to "1" if existed, otherwise '"0."
83	Disease Coefficients HCC95	1	126	Cerebral Hemorrhage. Set to "1" if existed, otherwise '"0."
84	Disease Coefficients HCC96	1	127	Ischemic or Unspecified Stroke. Set to "1" if existed, otherwise '"0."
85	Disease Coefficients HCC100	1	128	Hemiplegia/Hemiparesis. Set to "1" if existed, otherwise '"0."

Item	Field	Size	Position	Description
86	Disease Coefficients HCC101	1	129	Cerebral Palsy and Other Paralytic Syndromes. Set to "1" if existed, otherwise '"0."
87	Disease Coefficients HCC104	1	130	Vascular Disease with Complications. Set to "1" if existed, otherwise '"0."
88	Disease Coefficients HCC105	1	131	Vascular Disease. Set to "1" if existed, otherwise '"0."
89	Disease Coefficients HCC107	1	132	Cystic Fibrosis. Set to "1" if existed, otherwise '"0."
90	Disease Coefficients HCC108	1	133	Chronic Obstructive Pulmonary Disease. Set to "1" if existed, otherwise '"0."
91	Disease Coefficients HCC111	1	134	Aspiration and Specified Bacterial Pneumonias. Set to "1" if existed, otherwise '"0."
92	Disease Coefficients HCC112	1	135	Pneumococcal Pneumonia, Emphysema, Lung Abscess. Set to "1" if existed, otherwise '"0."
93	Disease Coefficients HCC119	1	136	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage. Set to "1" if existed, otherwise '"0."
94	Disease Coefficients HCC130	1	137	Dialysis Status. Set to "1" if existed, otherwise '"0."
95	Disease Coefficients HCC131	1	138	Renal Failure. Set to "1" if existed, otherwise '"0."
96	Disease Coefficients HCC132	1	139	Nephritis. Set to "1" if existed, otherwise '"0."
97	Disease Coefficients HCC148	1	140	Decubitus Ulcer of Skin. Set to "1" if existed, otherwise '"0."

Item	Field	Size	Position	Description
98	Disease Coefficients HCC149	1	141	Chronic Ulcer of Skin, Except Decubitus. Set to "1" if existed, otherwise '"0."
99	Disease Coefficients HCC150	1	142	Extensive Third-Degree Burns. Set to "1" if existed, otherwise '"0."
100	Disease Coefficients HCC154	1	143	Severe Head Injury. Set to "1" if existed, otherwise '"0."
101	Disease Coefficients HCC155	1	144	Major Head Injury Set to "1" if existed, otherwise '"0."
102	Disease Coefficients HCC157	1	145	Vertebral Fractures without Spinal Cord Injury. Set to "1" if existed, otherwise '"0."
103	Disease Coefficients HCC158	1	146	Hip Fracture/Dislocation. Set to "1" if existed, otherwise '"0."
104	Disease Coefficients HCC161	1	147	Traumatic Amputation. Set to "1" if existed, otherwise '"0."
105	Disease Coefficients HCC164	1	148	Major Complications of Medical Care and Trauma. Set to "1" if existed, otherwise '"0."
106	Disease Coefficients HCC174	1	149	Major Organ Transplant Status. Set to "1" if existed, otherwise '"0."
107	Disease Coefficients HCC176	1	150	Artificial Openings for Feeding or Elimination. Set to "1" if existed, otherwise '"0."
108	Disease Coefficients HCC177	1	151	Amputation Status, Lower Limb/Amputation Complications. Set to "1" if existed, otherwise '"0."
109	Disabled Disease HCC5	1	152	Disabled*Opportunistic Infections. Set to "1" if existed, otherwise '"0."

Item	Field	Size	Position	Description
110	Disabled Disease HCC44	1	153	Disabled*Severe Hematological Disorders. Set to "1" if existed, otherwise '"0."
111	Disabled Disease HCC51	1	154	Disabled*Drug/Alcohol Psychosis. Set to "1" if existed, otherwise '"0."
112	Disabled Disease HCC52	1	155	Disabled*Drug/Alcohol Dependence. Set to "1" if existed, otherwise '"0."
113	Disabled Disease HCC107	1	156	Disabled*Cystic Fibrosis. Set to "1" if existed, otherwise '"0."
114	Disease Interactions INT1	1	157	DM_CHF. Set to "1" if existed, otherwise '"0."
115	Disease Interactions INT2	1	158	DM_CVD. Set to "1" if existed, otherwise '"0."
116	Disease Interactions INT3	1	159	CHF_COPD. Set to "1" if existed, otherwise '"0."
117	Disease Interactions INT4	1	160	COPD_CVD_CAD. Set to "1" if existed, otherwise '"0."
118	Disease Interactions INT5	1	161	RF_CHF. Set to "1" if existed, otherwise '"0."
119	Disease Interactions INT6	1	162	RF_CHF_DM. Set to "1" if existed, otherwise '"0."

E.13.3 *Trailer Record*

Item	Field	Size	Position	Description
1	Record Type	1	1	Set to “3”
2	Contract Number	5	2 – 6	Managed Care Organization (MCO) identification number
3	Total Record Count	9	7 – 15	Record count in display format 9(9). Includes header and trailer records.
4	Filler	147	16 – 162	Spaces

E.14 *RAS RxHCC Model Output Data File - aka 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 "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
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.

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
8	Social Security Number	Char(9)	43	51	9	Also known as SSN_NUM	The beneficiary's current identification number that was assigned by the Social Security Administration.
9	Age Group Female 0-34	Char(1)	52	52	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 0 through 34.
10	Age Group Female35_44	Char(1)	53	53	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 35 through 44.
11	Age Group Female45_54	Char(1)	54	54	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 45 through 54.
12	Age Group Female55_59	Char(1)	55	55	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 55 through 59.
13	Age Group Female60_64	Char(1)	56	56	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 60 through 64.
14	Age Group Female65_69	Char(1)	57	57	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 65 through 69.
15	Age Group Female70_74	Char(1)	58	58	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 70 through 74.
16	Age Group Female75_79	Char(1)	59	59	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 75 through 79.
17	Age Group Female80_84	Char(1)	60	60	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 80 through 84.
18	Age Group Female85_89	Char(1)	61	61	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 85 through 89.
19	Age Group Female90_94	Char(1)	62	62	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 90 through 94.

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
20	Age Group Female95_GT	Char(1)	63	63	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 95 and greater.
21	Age Group Male0_34	Char(1)	64	64	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 0 through 34.
22	Age Group Male35_44	Char(1)	65	65	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 35 through 44.
23	Age Group Male45_54	Char(1)	66	66	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 45 through 54.
24	Age Group Male55_59	Char(1)	67	67	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 55 through 59.
25	Age Group Male60_64	Char(1)	68	68	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 60 through 64.
26	Age Group Male65_69	Char(1)	69	69	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 65 through 69.
27	Age Group Male70_74	Char(1)	70	70	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 70 through 74.
28	Age Group Male75_79	Char(1)	71	71	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 75 through 79.
29	Age Group Male80_84	Char(1)	72	72	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 80 through 84.
30	Age Group Male85_89	Char(1)	73	73	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 85 through 89.
31	Age Group Male90_94	Char(1)	74	74	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 90 through 94.

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
32	Age Group Male95_GT	Char(1)	75	75	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 95 and greater.
33	Originally Disabled Female	Char(1)	76	76	1	Set to "1" if applicable, otherwise "'0"	Beneficiary is a female aged (age>64) and original Medicare entitlement was due to disability.
34	Originally Disabled Male	Char(1)	77	77	1	Set to "1" if applicable, otherwise "'0"	Beneficiary is a male aged (age>64) and original Medicare entitlement was due to disability.
35	Disease Coefficients RXHCC1	Char(1)	78	78	1	Set to "1" if applicable, otherwise "'0"	HIV/AIDS
36	Disease Coefficients RXHCC5	Char(1)	79	79	1	Set to "1" if applicable, otherwise "'0"	Opportunistic Infections
37	Disease Coefficients RXHCC8	Char(1)	80	80	1	Set to "1" if applicable, otherwise "'0"	Chronic Myeloid Leukemia
38	Disease Coefficients RXHCC9	Char(1)	81	81	1	Set to "1" if applicable, otherwise "'0"	Multiple Myeloma and Other Neoplastic Disorders
39	Disease Coefficients RXHCC10	Char(1)	82	82	1	Set to "1" if applicable, otherwise "'0"	Breast, Lung, and Other Cancers and Tumors
40	Disease Coefficients RXHCC11	Char(1)	83	83	1	Set to "1" if applicable, otherwise "'0"	Prostate and Other Cancers and Tumors
41	Disease Coefficients RXHCC14	Char(1)	84	84	1	Set to "1" if applicable, otherwise "'0"	Diabetes with Complications
42	Disease Coefficients RXHCC15	Char(1)	85	85	1	Set to "1" if applicable, otherwise "'0"	Diabetes without Complication
43	Disease Coefficients RXHCC18	Char(1)	86	86	1	Set to "1" if applicable, otherwise "'0"	Diabetes Insipidus and Other Endocrine and Metabolic Disorders

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
44	Disease Coefficients RXHCC19	Char(1)	87	87	1	Set to "1" if applicable, otherwise "'0"	Pituitary, Adrenal Gland, and Other Endocrine and Metabolic Disorders
45	Disease Coefficients RXHCC20	Char(1)	88	88	1	Set to "1" if applicable, otherwise "'0"	Thyroid Disorders
46	Disease Coefficients RXHCC21	Char(1)	89	89	1	Set to "1" if applicable, otherwise "'0"	Morbid Obesity
47	Disease Coefficients RXHCC23	Char(1)	90	90	1	Set to "1" if applicable, otherwise "'0"	Disorders of Lipoid Metabolism
48	Disease Coefficients RXHCC25	Char(1)	91	91	1	Set to "1" if applicable, otherwise "'0"	Chronic Viral Hepatitis
49	Disease Coefficients RXHCC30	Char(1)	92	92	1	Set to "1" if applicable, otherwise "'0"	Chronic Pancreatitis
50	Disease Coefficients RXHCC31	Char(1)	93	93	1	Set to "1" if applicable, otherwise "'0"	Pancreatic Disorders and Intestinal Malabsorption, Except Pancreatitis
51	Disease Coefficients RXHCC32	Char(1)	94	94	1	Set to "1" if applicable, otherwise "'0"	Inflammatory Bowel Disease
52	Disease Coefficients RXHCC33	Char(1)	95	95	1	Set to "1" if applicable, otherwise "'0"	Esophageal Reflux and Other Disorders of Esophagus
53	Disease Coefficients RXHCC38	Char(1)	96	96	1	Set to "1" if applicable, otherwise "'0"	Aseptic Necrosis of Bone
54	Disease Coefficients RXHCC40	Char(1)	97	97	1	Set to "1" if applicable, otherwise "'0"	Psoriatic Arthropathy
55	Disease Coefficients RXHCC41	Char(1)	98	98	1	Set to "1" if applicable, otherwise "'0"	Rheumatoid Arthritis and Other Inflammatory Polyarthropathy

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
56	Disease Coefficients RXHCC42	Char(1)	99	99	1	Set to "1" if applicable, otherwise "'0"	Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies
57	Disease Coefficients RXHCC45	Char(1)	100	100	1	Set to "1" if applicable, otherwise "'0"	Osteoporosis, Vertebral and Pathological Fractures
58	Disease Coefficients RXHCC47	Char(1)	101	101	1	Set to "1" if applicable, otherwise "'0"	Sickle Cell Anemia
59	Disease Coefficients RXHCC48	Char(1)	102	102	1	Set to "1" if applicable, otherwise "'0"	Myelodysplastic Syndromes, Except High-Grade
60	Disease Coefficients RXHCC49	Char(1)	103	103	1	Set to "1" if applicable, otherwise "'0"	Immune Disorders
61	Disease Coefficients RXHCC50	Char(1)	104	104	1	Set to "1" if applicable, otherwise "'0"	Aplastic Anemia and Other Significant Blood Disorders
62	Disease Coefficients RXHCC54	Char(1)	105	105	1	Set to "1" if applicable, otherwise "'0"	Alzheimer's Disease
63	Disease Coefficients RXHCC55	Char(1)	106	106	1	Set to "1" if applicable, otherwise "'0"	Dementia, Except Alzheimer's Disease
64	Disease Coefficients RXHCC58	Char(1)	107	107	1	Set to "1" if applicable, otherwise "'0"	Schizophrenia
65	Disease Coefficients RXHCC59	Char(1)	108	108	1	Set to "1" if applicable, otherwise "'0"	Bipolar Disorders
66	Disease Coefficients RXHCC60	Char(1)	109	109	1	Set to "1" if applicable, otherwise "'0"	Major Depression
67	Disease Coefficients RXHCC61	Char(1)	110	110	1	Set to "1" if applicable, otherwise "'0"	Specified Anxiety, Personality, and Behavior Disorders

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
68	Disease Coefficients RXHCC62	Char(1)	111	111	1	Set to "1" if applicable, otherwise "'0"	Depression
69	Disease Coefficients RXHCC63	Char(1)	112	112	1	Set to "1" if applicable, otherwise "'0"	Anxiety Disorders
70	Disease Coefficients RXHCC65	Char(1)	113	113	1	Set to "1" if applicable, otherwise "'0"	Autism
71	Disease Coefficients RXHCC66	Char(1)	114	114	1	Set to "1" if applicable, otherwise "'0"	Profound or Severe Mental Retardation/Developmental Disability
72	Disease Coefficients RXHCC67	Char(1)	115	115	1	Set to "1" if applicable, otherwise "'0"	Moderate Mental Retardation/Developmental Disability
73	Disease Coefficients RXHCC68	Char(1)	116	116	1	Set to "1" if applicable, otherwise "'0"	Mild or Unspecified Mental Retardation/Developmental Disability
74	Disease Coefficients RXHCC71	Char(1)	117	117	1	Set to "1" if applicable, otherwise "'0"	Myasthenia Gravis, Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease
75	Disease Coefficients RXHCC72	Char(1)	118	118	1	Set to "1" if applicable, otherwise "'0"	Spinal Cord Disorders
76	Disease Coefficients RXHCC74	Char(1)	119	119	1	Set to "1" if applicable, otherwise "'0"	Polyneuropathy
77	Disease Coefficients RXHCC75	Char(1)	120	120	1	Set to "1" if applicable, otherwise "'0"	Multiple Sclerosis
78	Disease Coefficients RXHCC76	Char(1)	121	121	1	Set to "1" if applicable, otherwise "'0"	Parkinson's Disease
79	Disease Coefficients RXHCC78	Char(1)	122	122	1	Set to "1" if applicable, otherwise "'0"	Intractable Epilepsy

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
80	Disease Coefficients RXHCC79	Char(1)	123	123	1	Set to "1" if applicable, otherwise "'0"	Epilepsy and Other Seizure Disorders, Except Intractable Epilepsy
81	Disease Coefficients RXHCC80	Char(1)	124	124	1	Set to "1" if applicable, otherwise "'0"	Convulsions
82	Disease Coefficients RXHCC81	Char(1)	125	125	1	Set to "1" if applicable, otherwise "'0"	Migraine Headaches
83	Disease Coefficients RXHCC83	Char(1)	126	126	1	Set to "1" if applicable, otherwise "'0"	Trigeminal and Postherpetic Neuralgia
84	Disease Coefficients RXHCC86	Char(1)	127	127	1	Set to "1" if applicable, otherwise "'0"	Pulmonary Hypertension and Other Pulmonary Heart Disease
85	Disease Coefficients RXHCC87	Char(1)	128	128	1	Set to "1" if applicable, otherwise "'0"	Congestive Heart Failure
86	Disease Coefficients RXHCC88	Char(1)	129	129	1	Set to "1" if applicable, otherwise "'0"	Hypertension
87	Disease Coefficients RXHCC89	Char(1)	130	130	1	Set to "1" if applicable, otherwise "'0"	Coronary Artery Disease
88	Disease Coefficients RXHCC93	Char(1)	131	131	1	Set to "1" if applicable, otherwise "'0"	Atrial Arrhythmias
89	Disease Coefficients RXHCC97	Char(1)	132	132	1	Set to "1" if applicable, otherwise "'0"	Cerebrovascular Disease, Except Hemorrhage or Aneurysm
90	Disease Coefficients RXHCC98	Char(1)	133	133	1	Set to "1" if applicable, otherwise "'0"	Spastic Hemiplegia
91	Disease Coefficients RXHCC100	Char(1)	134	134	1	Set to "1" if applicable, otherwise "'0"	Venous Thromboembolism

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
92	Disease Coefficients RXHCC101	Char(1)	135	135	1	Set to "1" if applicable, otherwise "'0"	Peripheral Vascular Disease
93	Disease Coefficients RXHCC103	Char(1)	136	136	1	Set to "1" if applicable, otherwise "'0"	Cystic Fibrosis
94	Disease Coefficients RXHCC104	Char(1)	137	137	1	Set to "1" if applicable, otherwise "'0"	Chronic Obstructive Pulmonary Disease and Asthma
95	Disease Coefficients RXHCC105	Char(1)	138	138	1	Set to "1" if applicable, otherwise "'0"	Pulmonary Fibrosis and Other Chronic Lung Disorders
96	Disease Coefficients RXHCC106	Char(1)	139	139	1	Set to "1" if applicable, otherwise "'0"	Gram-Negative/Staphylococcus Pneumonia and Other Lung Infections
98	Disease Coefficients RXHCC111	Char(1)	140	140	1	Set to "1" if applicable, otherwise "'0"	Diabetic Retinopathy
99	Disease Coefficients RXHCC113	Char(1)	141	141	1	Set to "1" if applicable, otherwise "'0"	Open-Angle Glaucoma
100	Disease Coefficients RXHCC120	Char(1)	142	142	1	Set to "1" if applicable, otherwise "'0"	Kidney Transplant Status
101	Disease Coefficients RXHCC121	Char(1)	143	143	1	Set to "1" if applicable, otherwise "'0"	Dialysis Status
102	Disease Coefficients RXHCC122	Char(1)	144	144	1	Set to "1" if applicable, otherwise "'0"	Chronic Kidney Disease Stage 5
103	Disease Coefficients RXHCC123	Char(1)	145	145	1	Set to "1" if applicable, otherwise "'0"	Chronic Kidney Disease Stage 4
104	Disease Coefficients RXHCC124	Char(1)	146	146	1	Set to "1" if applicable, otherwise "'0"	Chronic Kidney Disease Stage 3

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
105	Disease Coefficients RXHCC125	Char(1)	147	147	1	Set to "1" if applicable, otherwise "'0"	Chronic Kidney Disease Stage 1, 2, or Unspecified
106	Disease Coefficients RXHCC126	Char(1)	148	148	1	Set to "1" if applicable, otherwise "'0"	Nephritis
107	Disease Coefficients RXHCC142	Char(1)	149	149	1	Set to "1" if applicable, otherwise "'0"	Chronic Ulcer of Skin, Except Pressure
108	Disease Coefficients RXHCC145	Char(1)	150	150	1	Set to "1" if applicable, otherwise "'0"	Pemphigus
109	Disease Coefficients RXHCC147	Char(1)	151	151	1	Set to "1" if applicable, otherwise "'0"	Psoriasis, Except with Arthropathy
110	Disease Coefficients RXHCC156	Char(1)	152	152	1	Set to "1" if applicable, otherwise "'0"	Narcolepsy and Cataplexy
111	Disease Coefficients RXHCC166	Char(1)	153	153	1	Set to "1" if applicable, otherwise "'0"	Lung Transplant Status
112	Disease Coefficients RXHCC167	Char(1)	154	154	1	Set to "1" if applicable, otherwise "'0"	Major Organ Transplant Status, Except Lung, Kidney, and Pancreas
113	Disease Coefficients RXHCC168	Char(1)	155	155	1	Set to "1" if applicable, otherwise "'0"	Pancreas Transplant Status
The following fields are associated with the Rx HCC Continuing Enrollee Institutional Score only							
114	Originally Disabled	Char(1)	156	156	1	Set to "1" if applicable, otherwise "'0"	The original reason for Medicare entitlement was due to disability.

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
115	NONAGED RXHCC1	Char(1)	157	157	1	Set to "1" if applicable, otherwise '"0"	Non Aged and HIV/AIDS
116	NONAGED RXHCC58	Char(1)	158	158	1	Set to "1" if applicable, otherwise '"0"	Non Aged and Schizophrenia
117	NONAGED RXHCC59	Char(1)	159	159	1	Set to "1" if applicable, otherwise '"0"	Non Aged and Bipolar Disorders
118	NONAGED RXHCC60	Char(1)	160	160	1	Set to "1" if applicable, otherwise '"0"	Non Aged and Major Depression
119	NONAGED RXHCC61	Char(1)	161	161	1	Set to "1" if applicable, otherwise '"0"	Non Aged and Specified Anxiety, Personality, and Behavior Disorders
120	NONAGED RXHCC62	Char(1)	162	162	1	Set to "1" if applicable, otherwise '"0"	Non Aged and Depression

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
121	NONAGED RXHCC63	Char(1)	163	163	1	Set to "1" if applicable, otherwise '"0"	Non Aged and Anxiety Disorders
122	NONAGED RXHCC65	Char(1)	164	164	1	Set to "1" if applicable, otherwise '"0"	Non Aged and Autism
123	NONAGED RXHCC75	Char(1)	165	165	1	Set to "1" if applicable, otherwise '"0"	Non Aged and Multiple Sclerosis
124	NONAGED RXHCC78	Char(1)	166	166	1	Set to "1" if applicable, otherwise '"0"	Non Aged and Intractable Epilepsy
125	NONAGED RXHCC79	Char(1)	167	167	1	Set to "1" if applicable, otherwise '"0"	Non Aged and Epilepsy and Other Seizure Disorders, Except Intractable Epilepsy

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
126	NONAGED RXHCC80	Char(1)	168	168	1	Set to "1" if applicable, otherwise '"0"	Non Aged and Convulsions
		Total	168	168	168		

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.
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.

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
28	Age Group Male75_79	Char(1)	71	71	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 through 79.
29	Age Group Male80_84	Char(1)	72	72	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 through 84.
30	Age Group Male85_89	Char(1)	73	73	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 through 89.
31	Age Group Male90_94	Char(1)	74	74	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 through 94.
32	Age Group Male95_GT	Char(1)	75	75	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 95 and greater.
33	Originally Disabled Female	Char(1)	76	76	1	Set to "1" if applicable, otherwise "'0"	Beneficiary is a female aged (age>64) and original Medicare entitlement was due to disability.
34	Originally Disabled Male	Char(1)	77	77	1	Set to "1" if applicable, otherwise "'0"	Beneficiary is a male aged (age>64) and original Medicare entitlement was due to disability.
35	Disease Coefficients RXHCC1	Char(1)	78	78	1	Set to "1" if applicable, otherwise "'0"	HIV/AIDS
36	Disease Coefficients RXHCC2	Char(1)	79	79	1	Set to "1" if applicable, otherwise "'0"	Opportunistic Infections
37	Disease Coefficients RXHCC3	Char(1)	80	80	1	Set to "1" if applicable, otherwise "'0"	Infectious Diseases
38	Disease Coefficients RXHCC8	Char(1)	81	81	1	Set to "1" if applicable, otherwise "'0"	Acute Myeloid Leukemia

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
39	Disease Coefficients RXHCC9	Char(1)	82	82	1	Set to "1" if applicable, otherwise "'0"	Metastatic Cancer, Acute Leukemia, and Severe Cancers
40	Disease Coefficients RXHCC10	Char(1)	83	83	1	Set to "1" if applicable, otherwise "'0"	Lung, Upper Digestive Tract, and Other Severe Cancers
41	Disease Coefficients RXHCC17	Char(1)	84	84	1	Set to "1" if applicable, otherwise "'0"	Diabetes with Specified Complications
42	Disease Coefficients RXHCC18	Char(1)	85	85	1	Set to "1" if applicable, otherwise "'0"	Diabetes without Complication
43	Disease Coefficients RXHCC19	Char(1)	86	86	1	Set to "1" if applicable, otherwise "'0"	Disorders of Lipoid Metabolism
44	Disease Coefficients RXHCC20	Char(1)	87	87	1	Set to "1" if applicable, otherwise "'0"	Other Significant Endocrine and Metabolic Disorders
45	Disease Coefficients RXHCC21	Char(1)	88	88	1	Set to "1" if applicable, otherwise "'0"	Other Specified Endocrine/Metabolic/ Nutritional Disorders
46	Disease Coefficients RXHCC24	Char(1)	89	89	1	Set to "1" if applicable, otherwise "'0"	Chronic Viral Hepatitis
47	Disease Coefficients RXHCC31	Char(1)	90	90	1	Set to "1" if applicable, otherwise "'0"	Chronic Pancreatic Disease
48	Disease Coefficients RXHCC33	Char(1)	91	91	1	Set to "1" if applicable, otherwise "'0"	Inflammatory Bowel Disease
49	Disease Coefficients RXHCC34	Char(1)	92	92	1	Set to "1" if applicable, otherwise "'0"	Peptic Ulcer and Gastrointestinal Hemorrhage

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
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"	Bechets Syndrome and Other Connective Tissue Disease
53	Disease Coefficients RXHCC41	Char(1)	96	96	1	Set to "1" if applicable, otherwise "'0"	Rheumatoid Arthritis and Other Inflammatory Polyarthropathy
54	Disease Coefficients RXHCC42	Char(1)	97	97	1	Set to "1" if applicable, otherwise "'0"	Inflammatory Spondylopathies
55	Disease Coefficients RXHCC43	Char(1)	98	98	1	Set to "1" if applicable, otherwise "'0"	Polymyalgia Rheumatica
56	Disease Coefficients RXHCC44	Char(1)	99	99	1	Set to "1" if applicable, otherwise "'0"	Psoriatic Arthropathy
57	Disease Coefficients RXHCC45	Char(1)	100	100	1	Set to "1" if applicable, otherwise "'0"	Disorders of the Vertebrae and Spinal Discs
58	Disease Coefficients RXHCC47	Char(1)	101	101	1	Set to "1" if applicable, otherwise "'0"	Osteoporosis and Vertebral Fractures
59	Disease Coefficients RXHCC48	Char(1)	102	102	1	Set to "1" if applicable, otherwise "'0"	Other Musculoskeletal and Connective Tissue Disorders
60	Disease Coefficients RXHCC51	Char(1)	103	103	1	Set to "1" if applicable, otherwise "'0"	Severe Hematological Disorders

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
61	Disease Coefficients RXHCC52	Char(1)	104	104	1	Set to "1" if applicable, otherwise "'0"	Disorders of Immunity
62	Disease Coefficients RXHCC54	Char(1)	105	105	1	Set to "1" if applicable, otherwise "'0"	Polycythemia Vera
63	Disease Coefficients RXHCC55	Char(1)	106	106	1	Set to "1" if applicable, otherwise "'0"	Coagulation Defects and Other Specified Blood Diseases
64	Disease Coefficients RXHCC57	Char(1)	107	107	1	Set to "1" if applicable, otherwise "'0"	Delirium and Encephalopathy
65	Disease Coefficients RXHCC59	Char(1)	108	108	1	Set to "1" if applicable, otherwise "'0"	Dementia with Depression/Behavioral Disturbance
66	Disease Coefficients RXHCC60	Char(1)	109	109	1	Set to "1" if applicable, otherwise "'0"	Dementia/Cerebral Degeneration
67	Disease Coefficients RXHCC65	Char(1)	110	110	1	Set to "1" if applicable, otherwise "'0"	Schizophrenia
68	Disease Coefficients RXHCC66	Char(1)	111	111	1	Set to "1" if applicable, otherwise "'0"	Other Major Psychiatric Disorders
69	Disease Coefficients RXHCC67	Char(1)	112	112	1	Set to "1" if applicable, otherwise "'0"	Other Psychiatric Symptoms/Syndromes
70	Disease Coefficients RXHCC75	Char(1)	113	113	1	Set to "1" if applicable, otherwise "'0"	Attention Deficit Disorder
71	Disease Coefficients RXHCC76	Char(1)	114	114	1	Set to "1" if applicable, otherwise "'0"	Motor Neuron Disease and Spinal Muscular Atrophy

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
72	Disease Coefficients RXHCC77	Char(1)	115	115	1	Set to "1" if applicable, otherwise "'0"	Quadriplegia, Other Extensive Paralysis, and Spinal Cord Injuries
73	Disease Coefficients RXHCC78	Char(1)	116	116	1	Set to "1" if applicable, otherwise "'0"	Muscular Dystrophy
74	Disease Coefficients RXHCC79	Char(1)	117	117	1	Set to "1" if applicable, otherwise "'0"	Polyneuropathy, Except Diabetic
75	Disease Coefficients RXHCC80	Char(1)	118	118	1	Set to "1" if applicable, otherwise "'0"	Multiple Sclerosis
76	Disease Coefficients RXHCC81	Char(1)	119	119	1	Set to "1" if applicable, otherwise "'0"	Parkinson's Disease
77	Disease Coefficients RXHCC82	Char(1)	120	120	1	Set to "1" if applicable, otherwise "'0"	Huntington's Disease
78	Disease Coefficients RXHCC83	Char(1)	121	121	1	Set to "1" if applicable, otherwise "'0"	Seizure Disorders and Convulsions
79	Disease Coefficients RXHCC85	Char(1)	122	122	1	Set to "1" if applicable, otherwise "'0"	Migraine Headaches
80	Disease Coefficients RXHCC86	Char(1)	123	123	1	Set to "1" if applicable, otherwise "'0"	Mononeuropathy, Other Abnormal Movement Disorders
81	Disease Coefficients RXHCC87	Char(1)	124	124	1	Set to "1" if applicable, otherwise "'0"	Other Neurological Conditions/Injuries
82	Disease Coefficients RXHCC91	Char(1)	125	125	1	Set to "1" if applicable, otherwise "'0"	Congestive Heart Failure

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

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
94	Disease Coefficients RXHCC113	Char(1)	137	137	1	Set to "1" if applicable, otherwise "'0"	Acute Bronchitis and Congenital Lung/Respiratory Anomaly
95	Disease Coefficients RXHCC120	Char(1)	138	138	1	Set to "1" if applicable, otherwise "'0"	Vitreous Hemorrhage and Vascular Retinopathy, Except Diabetic
96	Disease Coefficients RXHCC121	Char(1)	139	139	1	Set to "1" if applicable, otherwise "'0"	Macular Degeneration and Retinal Disorders, Except Detachment and Vascular Retinopathies
98	Disease Coefficients RXHCC122	Char(1)	140	140	1	Set to "1" if applicable, otherwise "'0"	Open-angle Glaucoma
99	Disease Coefficients RXHCC123	Char(1)	141	141	1	Set to "1" if applicable, otherwise "'0"	Glaucoma and Keratoconus
100	Disease Coefficients RXHCC126	Char(1)	142	142	1	Set to "1" if applicable, otherwise "'0"	Larynx/Vocal Cord Diseases
101	Disease Coefficients RXHCC129	Char(1)	143	143	1	Set to "1" if applicable, otherwise "'0"	Other Diseases of Upper Respiratory System
102	Disease Coefficients RXHCC130	Char(1)	144	144	1	Set to "1" if applicable, otherwise "'0"	Salivary Gland Diseases
103	Disease Coefficients RXHCC132	Char(1)	145	145	1	Set to "1" if applicable, otherwise "'0"	Kidney Transplant Status
104	Disease Coefficients RXHCC134	Char(1)	146	146	1	Set to "1" if applicable, otherwise "'0"	Chronic Renal Failure
105	Disease Coefficients RXHCC135	Char(1)	147	147	1	Set to "1" if applicable, otherwise "'0"	Nephritis

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
106	Disease Coefficients RXHCC137	Char(1)	148	148	1	Set to "1" if applicable, otherwise "'0"	Urinary Obstruction and Retention
107	Disease Coefficients RXHCC138	Char(1)	149	149	1	Set to "1" if applicable, otherwise "'0"	Fecal Incontinence
108	Disease Coefficients RXHCC139	Char(1)	150	150	1	Set to "1" if applicable, otherwise "'0"	Incontinence
109	Disease Coefficients RXHCC140	Char(1)	151	151	1	Set to "1" if applicable, otherwise "'0"	Impaired Renal Function and Other Urinary Disorders
110	Disease Coefficients RXHCC144	Char(1)	152	152	1	Set to "1" if applicable, otherwise "'0"	Vaginal and Cervical Diseases
111	Disease Coefficients RXHCC145	Char(1)	153	153	1	Set to "1" if applicable, otherwise "'0"	Female Stress Incontinence
112	Disease Coefficients RXHCC157	Char(1)	154	154	1	Set to "1" if applicable, otherwise "'0"	Chronic Ulcer of Skin, Except Decubitus
113	Disease Coefficients RXHCC158	Char(1)	155	155	1	Set to "1" if applicable, otherwise "'0"	Psoriasis
114	Disease Coefficients RXHCC159	Char(1)	156	156	1	Set to "1" if applicable, otherwise "'0"	Cellulitis and Local Skin Infection
115	Disease Coefficients RXHCC160	Char(1)	157	157	1	Set to "1" if applicable, otherwise "'0"	Bullous Dermatoses and Other Specified Erythematous Conditions
116	Disease Coefficients RXHCC165	Char(1)	158	158	1	Set to "1" if applicable, otherwise "'0"	Vertebral Fractures without Spinal Cord Injury

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
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
		Total	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 a length of 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 Length = 164

E.15 *Transaction Reply Activity Data File (Weekly/Monthly)*

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 the enrollment processing system 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 the enrollment processing system 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. HICN	12	1 – 12	Health Insurance Claim Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Initial	1	32	Beneficiary Middle Initial
5. Gender Code	1	33	Beneficiary Gender Identification Code ‘0’ = Unknown ‘1’ = Male ‘2’ = Female
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Filler	1	42	Space
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code; otherwise spaces if not applicable.
10. County Code	3	50 – 52	Beneficiary Residence County Code; otherwise spaces if not applicable.
11. Disability Indicator	1	53	‘1’ = Disabled ‘0’ = No Disability Space = not applicable.
12. Hospice Indicator	1	54	‘1’ = Hospice ‘0’ = No Hospice Space = not applicable.
13. Institutional/NHC Indicator	1	55	‘1’ = Institutional ‘2’ = NHC ‘0’ = No Institutional Space = not applicable.

Field	Size	Position	Description
14. ESRD Indicator	1	56	'1' = End-Stage Renal Disease '0' = No End-Stage Renal Disease Space = not applicable.
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code
16. Transaction Type Code	2	60 – 61	Transaction Type Code
17. Entitlement Type Code	1	62	Beneficiary Entitlement Type Code: 'Y' = Entitled to Part A and B Space = Entitled to Part A or B Space reported with TRC 121, 194 and 223 has no meaning.
18. Effective Date	8	63 – 70	YYYYMMDD Format; effective date is present for all Transaction Reply Codes. Note 1: 091 – Previously reported incorrect death date. Note 2: 121, 194 and 223 – PBP enrollment effective dates for enrollments affected by low-income subsidy (LIS) changes. Note 3: Field content for UI Transaction Reply Codes (TRCs) is TRC dependent. 701 – New enrollment period start date, 702 – Fill-in enrollment period start date, 703 – Start date of cancelled enrollment period, 704 – Start date of enrollment period cancelled for PBP correction, 705 – Start date of enrollment period for corrected PBP, 706 – Start date of enrollment period cancelled for segment correction, 707 – Start date of enrollment period for corrected segment, 708 – Enrollment period end date assigned to existing opened ended enrollment, 709 & 710 – New start date resulting from update, 711 & 712 – New end date resulting from update, 713 – "00000000" – End date removed. Original end date can be found in field 24.X.
19. WA Indicator	1	71	'1' = Working Aged; '0' = No Working Aged; Space = not applicable.
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 – 83	YYYYMMDD Format; Present for all transaction reply codes. For TRCs 121, 194, and 223, the report generation date.

Field	Size	Position	Description
23. UI Initiated Change Flag	1	84	'1' = transaction created through user interface; '0' = transaction from source other than user interface; Space = not applicable.
24. Positions 85 – 96 are dependent upon the 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, 71, 73, 77, 79, 81, and 197.
b. New Enrollment Effective Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 17
c. Claim Number (new)	12	85 – 96	Present only when Transaction Reply Code is one of the following: 22, 25, 86
d. Date of Death	8	85 – 92	YYYYMMDD Format; P resent 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

Field	Size	Position	Description
o. Part A Reinstate 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 Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 82
r. Old State and County Codes	5	85 – 89	Beneficiary's prior state and county code; Present only when Transaction Reply Code is 85
s. Attempted Enroll Effective Date	8	85 – 92	The effective date of an enrollment transaction that was submitted but rejected. Present only when Transaction Reply code is the following: 35, 36, 45, 56
t. PBP Effective Date	8	85 – 92	YYYYMMDD Format. Effective date of a beneficiary's PBP change. Present only when Transaction Reply Code is 100.
u. Correct Part D Premium Rate	12	85 - 96	ZZZZZZZZ9.99 Format; Part D premium amount reported by HPMS for the Plan. Present only when the Transaction Reply Code is 181.
v. Date Identifying Information Changed by UI User	8	85 – 92	YYYYMMDD Format; Field content is dependent on Transaction Reply Code: 702 – Fill-in enrollment period end date, 705 – End date of enrollment period for corrected PBP, blank when end date not provided by user, 707 – End date of enrollment period for corrected segment, blank when end date not provided by user, 709 & 710 – Enrollment period start date prior to start date change, 711, 712, & 713 – Enrollment period end date prior to end date change.
w. Modified Part C Premium Amount	12	85 - 96	ZZZZZZZZ9.99 Format; Part C premium amount reported by HPMS for the Plan. Present only when the Transaction Reply Code is 182.
x. Date of Death Removed	8	85 – 92	YYYYMMDD Format; Previously reported erroneous date of death. Present only when Transaction Reply Code is 091.
25. District Office Code	3	97 – 99	Code of the originating district office; Present only when Transaction Type Code is 53; otherwise, spaces if not applicable.

Field	Size	Position	Description
26. Previous Part D Contract/PBP for TrOOP Transfer	8	100 – 107	CCCCCPPP Format; Present only if previous enrollment exists within reporting year in Part D Contract. Otherwise, field will be spaces. CCCCC = Contract Number; PPP = Plan Benefit Package (PBP) Number.
27. Filler	8	108 – 115	Spaces
28. Source ID	5	116 – 120	Transaction Source Identifier
29. Prior Plan Benefit Package ID	3	121 – 123	Prior PBP number; present only when transaction type code is 71; otherwise, spaces if not applicable.
30. Application Date	8	124 – 131	The date the plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD; otherwise, spaces if not applicable.
31. UI User Organization Designation	2	132 – 133	'02' = Regional Office; '03' = Central Office; Spaces = not UI transaction
32. Out of Area Flag	1	134	'Y' = Out of area; Space = field not applicable for TRCs 121, 194, and 223.
33. Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries; otherwise, spaces if not applicable.
34. Part C Beneficiary Premium	8	138 – 145	Cost to beneficiary for Part C benefits; otherwise, spaces if not applicable.
35. Part D Beneficiary Premium	8	146 – 153	Cost to beneficiary for Part D benefits; otherwise, spaces if not applicable.
36. Election Type	1	154	'A' = AEP; 'D' = MADP; 'E' = IEP; 'F' = IEP2; 'I' = ICEP; 'T' = OEPI 'S'= Other SEP; 'U'=Dual/LIS SEP; 'V'=Permanent Change in Residence SEP; 'W'=EGHP SEP; 'X'=Administrative Action SEP; 'Y'=CMS/Case Work SEP; Space = not applicable. (MAs use I, A, D, S, T, U, V, W, X, and Y. MAPDs use I, A, D, E, F, S, T, U, V, W, X, Y. PDPs use A, E, F, S, U, V, W, X, and Y.)

Field	Size	Position	Description
37. Enrollment Source	1	155	'A' = Auto enrolled by CMS; 'B' = Beneficiary Election; 'C' = Facilitated enrollment by CMS; 'D' = CMS Annual Rollover; 'E' = Plan initiated auto-enrollment; 'F' = Plan initiated facilitated-enrollment; 'G' = Point-of-sale enrollment; 'H' = CMS or Plan reassignment; 'I' = Invalid submitted value (transaction is not rejected); Space = not applicable.
38. Part D Opt-Out Flag	1	156	'Y' = Opt-out of auto-enrollment; 'N' = Opted out of auto-enrollment; Space = No change to opt-out status
39. Premium Withhold Option/Parts C-D	1	157	'D' = Direct self-pay 'S' = Deduct from SSA benefits 'R' = Deduct from RRB benefits 'O' = Deduct from OPM benefits 'N' = No premium applicable Option applies to both Part C and D Premiums; Space = not applicable.
40. Number of Uncovered Months	3	158 – 160	Count of Total Months without drug coverage; Otherwise spaces if not applicable.
41. Creditable Coverage Flag	1	161	'Y' = Covered; 'N' = Not Covered; 'R' = Setting uncovered months to zero due to a new IEP; 'U' = Setting uncovered months to the value prior to using R; Space = not applicable.
42. Employer Subsidy Override Flag	1	162	'Y' = Beneficiary is in a plan receiving an employer subsidy, flag allows enrollment in a Part D plan; Space = no flag submitted by Plan.
43. Processing Timestamp	15	163 – 177	Transaction processing time, or, for TRCs 121, 194, and 223, the report generation time. Format: HH.MM.SS.SSSSSS
44. Filler	20	178 – 197	Spaces

Field	Size	Position	Description
45. Secondary Drug Insurance Flag	1	198	Type 61 & 71 MA-PD and PDP transactions: 'Y' = Beneficiary has secondary drug insurance; 'N' = Beneficiary does not have secondary drug insurance available; Space = No flag submitted by plan. Type 72 MA-PD and PDP transactions: 'Y' = Secondary drug insurance available; 'N' = No secondary drug insurance available; Space = no change. Space returned with any other transaction type has no meaning.
46. Secondary Rx ID	20	199 – 218	Beneficiary's secondary insurance Plan's ID number taken from the input transaction (60/61, 71, or 72); otherwise, spaces for any other transaction type.
47. Secondary Rx Group	15	219 – 233	Beneficiary's secondary insurance Plan's Group ID number taken from the input transaction (60/61, 71, or 72); otherwise, spaces for any other transaction type.
48. EGHP	1	234	Type 60, 61, 71 transactions: 'Y' = EGHP Space = not EGHP Type 74 transactions: 'Y' = EGHP 'N' = Not EGHP Space = no change Space reported with any other transaction type has no meaning.
49. Part D Low-Income Premium Subsidy Level	3	235 – 237	Part D low-income premium subsidy category: '000' = No subsidy, '025' = 25% subsidy level; '050' = 50% subsidy level; '075' = 75% subsidy level; '100' = 100% subsidy level; Spaces = not applicable.

Field	Size	Position	Description
50. Low-Income Co-Pay Category	1	238	Definitions of the co-payment categories: '0' = none, not low-income '1' = (High) '2' = (Low) '3' = (0) '4' = 15% '5' = Unknown Space = not applicable.
51. Low-Income Period Effective Date	8	239 – 246	Date low income period starts. Format: YYYYMMDD,
52. Part D Late Enrollment Penalty Amount	8	247 – 254	Calculated Part D late enrollment penalty, not including adjustments indicated by items (53) and (54). Format: -9999.99; otherwise, spaces if not applicable.
53. Part D Late Enrollment Penalty Waived Amount	8	255 – 262	Amount of Part D late enrollment penalty waived. Format: -9999.99; otherwise, spaces if not applicable.
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 – 270	Amount of Part D late enrollment penalty low-income subsidy. Format: -9999.99; otherwise, spaces if not applicable.
55. Low-Income Part D Premium Subsidy Amount	8	271 – 278	Amount of Part D low-income premium subsidy. Format: -9999.99; otherwise, spaces if not applicable.
56. Part D Rx BIN	6	279 – 284	Beneficiary's Part D Rx BIN taken from the input transaction (60/61, 71, or 72); otherwise, spaces for any other transaction type.
57. Part D Rx PCN	10	285 – 294	Beneficiary's Part D Rx PCN taken from the input transaction (60/61, 71, or 72); otherwise, spaces if not provided by one of the transactions.
58. Part D Rx Group	15	295 – 309	Beneficiary's Part D Rx Group taken from the input transaction (60/61, 71, or 72); otherwise, spaces if not provided by one of the transactions.
59. Part D Rx ID	20	310 – 329	Beneficiary's Part D Rx ID taken from the input transaction (60/61, 71, or 72); otherwise, spaces for any other transaction type.
60. Secondary Rx BIN	6	330 – 335	Beneficiary's secondary insurance BIN taken from the input transaction (60/61, 71, or 72); otherwise, spaces for any other transaction type.
61. Secondary Rx PCN	10	336 – 345	Beneficiary's secondary insurance PCN taken from the input transaction (60/61, 71, or 72); otherwise, spaces for any other transaction type.

Field	Size	Position	Description
62. De Minimis Differential Amount	8	346 – 353	Amount by which a Part D de Minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark. Format: -9999.99; otherwise, spaces if not applicable.
63. Filler	1	354	Spaces
64. Low Income Period End Date	8	355 – 362	Date low income period ends. The end date is either the last day of the PBP enrollment or the last day of the low income period itself, whichever is earlier. This field will be blank for LIS applicants with an open ended award or when the TRC is not one of the LIS TRCs 121, 194 and 223.
65. Low Income Subsidy Source Code	1	363	'A' = Approved SSA Applicant 'D' = Deemed eligible by CMS Space = not applicable
66. Enrollment Period Descriptor	1	364	Designation relative to the reporting date (Transmission Date, field #22) 'C' = Current enrollee; 'P' = Prospective enrollee; 'Y' = Previous enrollee; Space = not applicable.
67. Filler	136	365 – 500	Spaces

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E.16 *Monthly 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. HICN	12	1 – 12	Health Insurance Claim Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Initial	1	32	Beneficiary Middle Initial
5. Gender Code	1	33	Beneficiary Gender Identification Code 0 = Unknown 1 = Male 2 = Female
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. 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
20. Plan Benefit Package ID	3	72 – 74	PBP number

Field	Size	Position	Description
21. Filler	1	75	Spaces
22. Transaction Date	8	76 – 83	Set to Current Date (YYYYMMDD)
23. Filler	1	84	Spaces
24. Subsidy End Date	12	85 – 96	End date of Low Income Subsidy Period (Present if Bene is deemed for the full year, or if the Bene is losing Low Income status before the end of the current year.)
25. District Office Code	3	97 – 99	Spaces
26. Filler	8	100 – 107	Spaces
27. Filler	8	108 – 115	Spaces
28. Source ID	5	116 – 120	Spaces
29. Prior Plan Benefit Package ID	3	121 – 123	Spaces
30. Application Date	8	124 – 131	Spaces
31. Filler	2	132 – 133	Spaces
32. Out of Area Flag	1	134 – 134	Spaces
33. Segment Number	3	135 – 137	Default to '000' if blank
34. Part C Beneficiary Premium	8	138 – 145	Part C Premium Amount (This is the amount submitted on the enrollment record for Part C premium)
35. Part D Beneficiary Premium	8	146 – 153	Part D Premium Amount (This is the 'Part D Total Premium Net of Rebate' from the HPMS file.)
36. Election Type	1	154 – 154	Spaces
37. Enrollment Source	1	155 – 155	A = Auto Enrolled by CMS; B = Beneficiary Election; C = Facilitated Enrollment by CMS; D = CMS Annual rollover; E = Plan initiated auto-enrollment; F = Plan initiated facilitated-enrollment; G = Point-of-Sale enrollment; H=CMS or Plan reassignment; I = Invalid submitted value (transaction is not rejected).
38. Part D Opt-Out Flag	1	156 – 156	Spaces

Field	Size	Position	Description
39. Filler	1	157 – 157	Spaces
40. Number of Uncovered Months	3	158 – 160	Spaces
41. Creditable Coverage Flag	1	161 – 161	Spaces
42. Employer Subsidy Override Flag	1	162 – 162	Spaces
43. Rx ID	20	163 – 182	Spaces
44. Rx Group	15	183 – 197	Spaces
45. Secondary Drug Insurance Flag	1	198-198	Spaces
46. Secondary Rx ID	20	199 – 218	Spaces
47. Secondary Rx Group	15	219 – 233	Spaces
48. EGHP	1	234 - 234	Spaces
49. Part D 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’ = (High) ‘2’ = (Low) ‘3’ = $0 (0) ‘4’ = 15% ‘5’ = unknown
51. Low-Income Co-Pay Effective Date	8	239 - 246	YYYYMMDD Format
52. Part D 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	Part D Low Income Premium Subsidy Amount

E.17 *Low-Income Subsidy/Late Enrollment Penalty Data File*

E.17.1 *Header Record*

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

E.17.2 *Detail Record*

Item	Field Name	Size	Position	Description
1	Record Type	3	1 - 3	PD = Prospective Detail Record "Prospective" means Premium Period equals Payment Month reflected in Header Record AD = Adjustment Detail Record "Adjustment" means all premium periods other than Prospective PIC XXX
	***** PLAN IDENTIFICATION**			
2	MCO Contract Number	5	4 - 8	MCO Contract Number PIC X(5)

Item	Field Name	Size	Position	Description
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**			
11	Premium/Adjustment Period Start Date	6	45 - 50	PD: current processing month. AD: adjustment period. YYYYMM PIC 9(6)
12	Premium/Adjustment Period End Date	6	51 - 56	PD: current processing month. AD: adjustment period. YYYYMM PIC 9(6)
13	Number of Months in Premium/Adjustment Period	2	57 - 58	PIC 99

Item	Field Name	Size	Position	Description
14	PD: Net Monthly Part D Basic Premium AD: Net Monthly Part D Basic Premium Amount	8	59 - 66	Plan's Part D Basic Rate in effect for this premium period Net is Monthly Part D Basic Premium (minus) DE MINIMIS DIFFERENTIAL **Note**: PD always equals AD for this field PIC -9999.99
15	Low Income Premium Subsidy Percentage	3	67 - 69	Low Income Premium Subsidy Percentage Subsidy percentage in effect for this premium period Valid values: 100, 075, 050, 025, Blank PIC 999
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	Size	Position	Description
18	Net Late Enrollment Penalty Amount for Direct Billed Members	8	79 - 86	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. Net Late Enrollment Penalty Amount for Direct Billed Members = Late Enrollment Penalty Amount (minus) LEP Subsidy Amount (minus) Part D Penalty Waived Amount AD: For adjustments, compute the adjustment for each month in the (affected) payment period if the payment has already been made. PIC -9999.99
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	71	95 - 165	Spaces

E.17.3 *Trailer Record*

Totals by Contract, Plan and Segment for this Premium LIS/LEP data file.

Item	Field Name	Size	Position	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	Size	Position	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.18 *Loss of Subsidy Data File*

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

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

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

Field	Size	Position	Description
1. HICN	12	1 – 12	Health Insurance Claim Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Initial	1	32	Beneficiary Middle Initial
5. Gender Code	1	33	Beneficiary Gender Identification Code 0 = Unknown 1 = Male 2 = Female
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Filler	1	42	Spaces
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary State Code
10. County Code	3	50 – 52	Beneficiary County Code
11. Filler	4	53 – 56	Spaces
12. Transaction Reply Code	3	57 – 59	Transaction Reply Code '996'
13. Transaction Type Code	2	60 – 61	Transaction Type Code '01'
14. Filler	1	62	Spaces
15. Effective Date	8	63 – 70	YYYYMMDD Format will be 01/01 of the next year. Start of Beneficiary's Loss of Low-Income subsidy status.
16. Filler	1	71	Spaces

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

E.19 *LIS / Part D Premium 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 Format: YYYYMMDD
6. Subsidy Start Date	8	32 - 39	Beneficiary's Subsidy Start Date Format: YYYYMMDD
7. Subsidy End Date	8	40 – 47	Beneficiary's Subsidy End Date Format: 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	Co-Payment Category Definitions: '1' = High '2' = Low '3' = $0 '4' = 15%
10. Beneficiary Enrollment Effective Date	8	52 – 59	Beneficiary's Enrollment Effective Date, 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	Beneficiary's Part C Premium Amount (----9.99)
13. Part D Premium Amount	8	76 – 83	Beneficiary's Part D Premium Amount Net of De Minimis if Applicable, (----9.99)
14. Part D Late Enrollment Penalty Amount	8	84 - 91	Beneficiary's Part D Late Enrollment Penalty Amount (----9.99)

Field	Size	Position	Description
15. LIS Subsidy Amount	8	92 - 99	Beneficiary's LIS Subsidy Amount (----9.99)
16. LIS Penalty Subsidy Amount	8	100 - 107	Beneficiary's LIS Penalty Subsidy Amount, (----9.99)
17. Part D Penalty Waived Amount	8	108 - 115	Beneficiary's Part D Penalty Waived Amount, (----9.99)
18 Total Premium Amount	8	116 - 123	Total Calculated Premium for Beneficiary (----9.99)
19. De Minimis Differential Amount	8	124 – 131	Amount by which a Part D De Minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark.
20. Filler	147	132 – 278	Filler

E.20 *LIS History Data File (LISHIST)*

The Monthly LIS History Data File is produced along with the first weekly TRR of the month.. This file provides the most complete picture of LIS eligibility over a period of time not to exceed 36 months. This data file includes LIS activity for past, present, and future enrollees who have LIS.

Please note the following limitations:

- The LIS History Data File will display only those LIS history changes during active, contiguous enrollment with a contract over a period of time not to exceed 36 months.
- Enrollees whose LIS eligibility span is cancelled in its entirety will not be on the reports after the cancellation becomes effective. To identify these individuals more precisely, refer to the Weekly LIS Activity File E-27.

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

E.20.1 *Header Record*

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

Total Length = 165

E.20.2 *Detail Record (Transaction)*

Item #	Data Field	Length	Position	Format	Field Definition
1	Record Type	1	1	CHAR	'D' = Detail Record
2	MCO Contract Number	5	2 - 6	CHAR	Contract ID: 9xxxx, Exxxx, Fxxxx, Hxxxx, Rxxxx, or Sxxxx, where "xxxx" is the contract's numeric designation.
3	Plan Benefit Package Number	3	7 - 9	CHAR	Plan Benefit Package Number, blank when beneficiary premium profile is not available.
4	HIC Number	12	10 - 21	CHAR	Beneficiary's HIC #

Item #	Data Field	Length	Position	Format	Field Definition
5	Surname	12	22 - 33	CHAR	Beneficiary's Surname
6	First Name	7	34 - 40	CHAR	Beneficiary's First Initial
7	Middle Initial	1	41	CHAR	Beneficiary's Middle Initial
8	Sex	1	42	CHAR	M = Male, F = Female
9	Date of Birth	8	43 - 50	CHAR	Date of Birth YYYYMMDD
10	Low Income Period Start Date	8	51 - 58	CHAR	Start date for beneficiary's Low Income Period Amount: Format: YYYYMMDD
11	Low Income Period End Date	8	59 - 66	CHAR	End date for beneficiary's Low Income Period Amount: Format: YYYYMMDD
12	Low Income Premium Subsidy Percentage	3	67 - 69	CHAR	Beneficiary's Low Income Premium Subsidy Percentage '100' = 100% Premium subsidy '075' = 75% Premium subsidy '050' = 50% Premium subsidy '025' = 25% Premium subsidy
13	Premium Low Income Subsidy Amount	8	70 - 77	CHAR	Premium Low Income Subsidy Amount – the portion of the Part D basic premium paid by the Government on behalf of a low income individual. A zero dollar amount here represents several possibilities: 1. There is no plan premium and thus no premium subsidy. 2. Although the beneficiary is enrolled and LIS eligible, a system error occurred making premium data unavailable. Premium Low Income Subsidy Amount will be **spaces** when no data is available. Format: 99999.99
14	Low Income Co-pay Level ID	1	78	CHAR	Co-Payment Category Definitions: '1' = High '2' = Low '3' = $0 '4' = 15% Please note that co-pay level IDs 1 and 2 will change each year. In 2007, 1 = $2.15/$5.35 and 2 = $1/$3.10. In 2006 1 = $2/$5 and 2 = $1/$3.

Item #	Data Field	Length	Position	Format	Field Definition
15	Beneficiary Source of Subsidy Code	1	79	CHAR	Source of beneficiary subsidy. Valid values are: A = Determined Eligible for LIS by the Social Security Administration or a State Medicaid Agency D = Deemed Eligible for LIS
16	LIS Activity Flag	1	80	CHAR	'N' = No change in reported LIS data since last month's data file 'Y' = One of the following may have changed since the last month's data file: • Co-Payment level • Low-income premium subsidy level • Low-income period start or end date Changes happen to low-income information that are of no interest to the Plan. The changes are not yet separable from variations in which the Plan is interested. As a result, data records can be flagged as representing a change when, in fact, the data of interest to the Plan is unaffected.
17	PBP Start Date	8	81 - 88	CHAR	Plan Benefit Package(PBP) enrollment effective start date: Format: YYYYMMDD
18	Net Part D Premium Amount	8	89 - 96	CHAR	Net Part D Premium Amount which is the total Part D premium net of any Part A/B rebates minus the beneficiary's premium subsidy amount. Spaces when the premium record is not available. Format: 99999.99
19	Contract Year	4	97 - 100	CHAR	Calendar Year associated with the low income premium subsidy amount; Format : YYYY
20	FILLER	65	101-165	CHAR	Spaces

Total Length = 165

E.20.3 *Trailer Record*

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

Total Length = 165

E.21 *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.

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. The only distinction in the format between the two files is that the NoRx file detail record will show blanks, or no information, in fields such as REC TYPE, DATE OF BIRTH, RX BIN, etc.

The following records are included in this file:

- Header Record
- Detail Record
- Trailer Record

E.21.1 *Header Record*

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

From: CMS	**To: Plan**				
Data Field	**Size**	**Position**	**Format**	**Valid Values**	**Field Definition**
File ID Name	8	1 … 8	X(8)	“CMSNRX0H”	Critical Field This field will always be set to the value "CMSNRX0H." This code allows recognition of the record as the Header Record of a NoRx File.
Sending Entity	8	9 … 16	X(8)	“MBD “ (MBD + 5 spaces)	Critical Field This field will always be set to the value “MBD “. The value specifically is “MBD” followed by five spaces.
File Creation Date	8	17 … 24	X(8)	YYYYMMDD	Critical Field The date on which the NoRx file was created by CMS. This value should be formulated as YYYYMMDD

From: CMS	To: Plan				
Data Field	**Size**	**Position**	**Format**	**Valid Values**	**Field Definition**
File Control Number	9	25 … 33	X(9)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information.
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.

Total Length = 750

E.21.2 *Detail Record*

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

From: CMS	To: Plan				
Data Field	**Size**	**Position**	**Format**	**Valid Values**	**Field Definition**
Record Type	3	1 … 3	X(3)	“NRX”	Critical Field This field will be set to the value "**NRX**," which indicates that this detail record is a NoRx record. This code allows recognition of the detail record as a No Rx record from CMS.
Record Type from Original Detail	5	4 … 8	X(5)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information
HICN or RRB Number	12	9 ... 20	X(9)	Health Insurance Claim Number or Railroad Retirement Board Number from CMS	Critical Field This field contains either the Health Insurance Claim Number or the Railroad Retirement Board Number of the beneficiary that does not have 4Rx data.

From: CMS	**To: Plan**				
Data Field	**Size**	**Position**	**Format**	**Valid Values**	**Field Definition**
SSN	9	21 ... 29	X(9)	Social Security Number from CMS	Not a Critical Field This field may contain the Social Security Number of the beneficiary that does not have 4Rx data.
Beneficiary Date of Birth from Original Detail	8	30 … 37	X(8)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information.
Beneficiary Gender Code from Original Detail	1	38 … 38	X(1)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information.
Rx BIN from Original Detail	6	39 … 44	X(6)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information.
Rx PCN from Original Detail	10	45 … 54	X(10)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information.
Rx ID Number from Original Detail	20	55 … 74	X(20)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information.
Rx Group from Original Detail	15	75 … 89	X(15)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information.
Contract Number	5	90 ... 94	X(5)	Contract Number from CMS	Critical Field This field contains the Contract Number of the beneficiary that does not have 4Rx data.

From: CMS	To: Plan				
Data Field	**Size**	**Position**	**Format**	**Valid Values**	**Field Definition**
PBP Number	3	95 ... 97	X(3)	Plan Benefit Package Number from CMS	Critical Field This field contains the Plan Benefit Package number of the beneficiary that does not have 4Rx data.
Plan Benefit Package Enrollment Effective Date from Original Detail	8	98 …105	X(8)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information.
Record Sequence Number from Original Detail	7	106…112	X(7)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information.
Processed Flags	3	113…115	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.
Error Return Codes	36	116…151	X(36)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaning information.
Sending Entity from Original File	8	152…159	X(8)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information.
File Control Number from Original File	9	160…168	X(9)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information.
File Creation Date	8	169…176	X(8)	YYYYMMDD	Critical Field This field contains the date the NoRx record was created.

From: CMS	To: Plan				
Data Field	**Size**	**Position**	**Format**	**Valid Values**	**Field Definition**
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.

Total Length = 750

E.21.3 *Trailer Record*

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

From: CMS	To: Plan				
Data Field	**Size**	**Position**	**Format**	**Valid Values**	**Field Definition**
File ID Name	8	1 … 8	X(8)	“CMSNRX0T”	Critical Field This field will always be set to the value "CMSNRX0T.” This code allows recognition of the record as the Trailer Record of a NoRx File.
Sending Entity	8	9 … 16	X(8)	“MBD “ (MBD + 5 spaces)	Critical Field This field will always be set to the value “MBD “. The value specifically is “MBD” followed by five spaces.
File Creation Date	8	17 … 24	X(8)	YYYYMMDD	Critical Field The date on which the NoRx file was created by CMS. This value should be formulated as YYYYMMDD
File Control Number	9	25 … 33	X(9)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information.
File Record	7	34 … 40	9(7)	Numeric value greater than	Critical Field

From: CMS	**To: Plan**				
Data Field	**Size**	**Position**	**Format**	**Valid Values**	**Field Definition**
Count				Zero.	The total number of NoRx records on this file. This value will be right-justified in the field with leading zeros.
Filler	710	41 …750	X(710)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information.

Total Length = 750

E.22 *Batch Eligibility Query (BEQ) Request File*

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.

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

The following records are included in this file:

- Header Record
- Detail Record
- Trailer Record

E.22.1 *Header Record*

Data Field	Size	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.

Data Field	Size	Position	Format	Valid Values	Field Definition
File Creation Date	8	17 … 24	X(8)	CCYYYYMMDD	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 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 *Detail Record (Transaction)*

Data Field	Size	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.
Filler	9	18 ... 26	X(9)	Spaces	
Date of Birth (DOB)	8	27 ... 34	X(8)	CCYYYYMMDD	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	Size	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 *Trailer Record*

Data Field	Size	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)	CCYYYYMMDD	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	Size	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*

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.

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 6 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 2008 enrollments or 2009 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
- Detail Record
- Trailer Record

E.23.1 *Header Record*

Data Field	Size	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)	CCYYMMDD	The date on which the BEQ Response File was created by CMS. This value will be in the format of CCYYMMDD. 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 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.

Data Field	Size	Position	Format	Valid Values	Field Definition
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.

E.23.2 *Detail Record (Transaction)*

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

Data Field	Size	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. Here is the breakdown: • Record Type X95) position 4 … 8 • Bene. HICN / RRB # X(12) position 9 … 20 • Filler position 21 … 29 • Beneficiary DOB X(8) position 30 … 37 • Beneficiary Gender Code X(1) position 38 • Detail Record Sequence # 9(7) pos 39 … 45
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	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).

Data Field	Size	Position	Format	Valid Values	Field Definition
				due to an Invalid condition in the Transaction (Detail Record).	
Medicare Part A Entitlement Start Date	8	48 ... 55	X(8)	CCYYMMDD Spaces = Not currently enrolled or Data Not Found.	The Entitlement Start Date of the beneficiary's most recent or active Medicare Part A entitlement period.
Medicare Part A Entitlement End Date	8	56 ... 63	X(8)	CCYYMMDD Spaces = Not currently enrolled or Data Not Found.	The Entitlement End Date of the beneficiary's most recent or active Medicare Part A entitlement period.
Medicare Part B Entitlement Start Date	8	64 ... 71	X(8)	CCYYMMDD Spaces = Not currently enrolled or Data Not Found.	The Entitlement Start Date of the beneficiary's most recent or active Medicare Part B entitlement period.
Medicare Part B Entitlement End Date	8	72 ... 79	X(8)	CCYYMMDD Spaces = Not currently enrolled or Data Not Found.	The Entitlement End Date of the beneficiary's most recent or active Medicare Part B entitlement period.
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)	CCYYMMDD Spaces = No Drug coverage period for this occurrence or Data Not Found.	Effective start date of the Part D plan or the Start Date of the Employer Subsidy coverage for the beneficiary (most recent or presently active).
Part D Disenrollment Date/ Employer Subsidy	8	89 ... 96	X(8)	CCYYMMDD Spaces = No Drug	Effective disenrollment date of the Part D plan or the End Date of the Employer Subsidy coverage for the

Data Field	Size	Position	Format	Valid Values	Field Definition
End Date (Occurrence 1)				Coverage Period for this occurrence or Data Not Found.	beneficiary (most recent or presently active).
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 2)	8	97 ... 104	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D plan or the Start Date of the Employer Subsidy coverage for the beneficiary (second most recent).
Part D Disenrollment Date/ Employer Subsidy End Date (Occurrence 2)	8	105 ... 112	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D plan or the End Date of the Employer Subsidy coverage for the beneficiary (second most recent).
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 3)	8	113 ... 120	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D plan or the Start Date of the Employer Subsidy coverage for the beneficiary (third most recent).
Part D Disenrollment Date/ Employer Subsidy End Date (Occurrence 3)	8	121 ... 128	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D plan or the End Date of the Employer Subsidy coverage for the beneficiary (third most recent).
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 4)	8	129 ...136	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D plan or the Start Date of the Employer Subsidy coverage for the beneficiary (fourth most recent).
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 4)	8	137 ... 144	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not	Effective disenrollment date of the Part D plan or the End Date of the Employer Subsidy coverage for the beneficiary (fourth most recent).

Data Field	Size	Position	Format	Valid Values	Field Definition
				Found.	
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 5)	8	145 ... 152	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D plan or the Start Date of the Employer Subsidy coverage for the beneficiary (fifth most recent).
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 5)	8	153 ... 160	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D plan or the End Date of the Employer Subsidy coverage for the beneficiary (fifth most recent).
Part D Enrollment Effective Date / Employer Subsidy Start Date (Occurrence 6)	8	161 ... 168	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D plan or the Start Date of the Employer Subsidy coverage for the beneficiary (sixth most recent).
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 6)	8	169 ... 176	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D plan or the End Date of the Employer Subsidy coverage for the beneficiary (sixth most recent).
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 7)	8	177 ... 184	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D plan or the Start Date of the Employer Subsidy coverage for the beneficiary (seventh most recent)
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 7)	8	185 ... 192	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D plan or the End Date of the Employer Subsidy coverage for the beneficiary (seventh most recent)

Data Field	Size	Position	Format	Valid Values	Field Definition
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 8)	8	193 ... 200	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D plan or the Start Date of the Employer Subsidy coverage for the beneficiary (eighth most recent).
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 8)	8	201 ... 208	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D plan or the End Date of the Employer Subsidy coverage for the beneficiary (eighth most recent).
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 9)	8	209 ... 216	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D plan or the Start Date of the Employer Subsidy coverage for the beneficiary (ninth most recent).
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 9)	8	217 ... 224	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D plan or the End Date of the Employer Subsidy coverage for the beneficiary (ninth most recent).
Part D Enrollment Effective Date / Employer Subsidy Start Date (Occurrence 10)	8	225 ... 232	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D plan or the Start Date of the Employer Subsidy coverage for the beneficiary (tenth most recent).
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 10)	8	233 ... 240	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D plan or the End Date of the Employer Subsidy coverage for the beneficiary (tenth most recent).

Data Field	Size	Position	Format	Valid Values	Field Definition
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.
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)	CCYYMMDD	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)	CCYYMMDD	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)	CCYYMMDD	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)	CCYYMMDD	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:	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.

Data Field	Size	Position	Format	Valid Values	Field Definition
Deemed/Low Income Subsidy Effective Date (Occurrence 2)	8	294…301	X(8)	CCYYMMDD	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).
Deemed/ Low Income Subsidy End Date (Occurrence2)	8	302…309	X(8)	CCYYMMDD	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:	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.
RDS/Part D Indicator (Occurrence 1 for date fields beginning in position 81)	1	314…314	X(1)	R = RDS D = Part D	
RDS/Part D Indicator (Occurrence 2 for date fields beginning in position 97)	1	315…315	X(1)	R = RDS D = Part D	
RDS/Part D Indicator (Occurrence 3 for date fields beginning in position 113)	1	316…316	X(1)	R = RDS D = Part D	
RDS/Part D Indicator (Occurrence 4 for date fields beginning in position 129)	1	317…317	X(1)	R = RDS D = Part D	

Data Field	Size	Position	Format	Valid Values	Field Definition
RDS/Part D Indicator (Occurrence 5 for date fields beginning in position 145)	1	318…318	X(1)	R = RDS D = Part D	
RDS/Part D Indicator (Occurrence 6 for date fields beginning in position 161)	1	319…319	X(1)	R = RDS D = Part D	
RDS/Part D Indicator (Occurrence 7 for date fields beginning in position 177)	1	320…320	X(1)	R = RDS D = Part D	
RDS/Part D Indicator (Occurrence 8 for date fields beginning in position 193)	1	321…321	X(1)	R = RDS D = Part D	
RDS/Part D Indicator (Occurrence 9 for date fields beginning in position 209)	1	322…322	X(1)	R = RDS D = Part D	
RDS/Part D Indicator (Occurrence 10 for date fields beginning in position 225)	1	323…323	X(1)	R = RDS D = Part D	
Start Date (Occurrence 1)	8	324…331	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 1)	3	332…334	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 1)	1	335…335	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 1)	3	336…338	9(3)		Right justified with leading zeros.
Start Date (Occurrence 2)	8	339…346	X(8)	CCYYMMDD	

Data Field	Size	Position	Format	Valid Values	Field Definition
Number of Uncovered Months (Occurrence 2)	3	347…349	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 2)	1	350…350	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 2)	3	351…353	9(3)		Right justified with leading zeros.
Start Date (Occurrence 3)	8	354…361	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 3)	3	362…364	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 3)	1	365…365	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 3)	3	366…368	9(3)		Right justified with leading zeros.
Start Date (Occurrence 4)	8	369…376	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 4)	3	377…379	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 4)	1	380…380	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 4)	3	381…383	9(3)		Right justified with leading zeros.
Start Date (Occurrence 5)	8	384…391	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 5)	3	392…394	9(3)		Right justified with leading zeros.

Data Field	Size	Position	Format	Valid Values	Field Definition
Number of Uncovered Months Status Indicator (Occurrence 5)	1	395…395	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 5)	3	396…398	9(3)		Right justified with leading zeros.
Start Date (Occurrence 6)	8	399…406	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 6)	3	407…409	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 6)	1	410…410	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 6)	3	411…413	9(3)		Right justified with leading zeros.
Start Date (Occurrence 7)	8	414…421	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 7)	3	422…424	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 7)	1	425…425	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 7)	3	426…428	9(3)		Right justified with leading zeros.
Start Date (Occurrence 8)	8	429…436	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 8)	3	437…439	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 8)	1	440…440	X(1)		Right justified with leading zeros.

Data Field	Size	Position	Format	Valid Values	Field Definition
Total Number of Uncovered Months (Occurrence 8)	3	441…443	9(3)		Right justified with leading zeros.
Start Date Occurrence 9)	8	444…451	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 9)	3	452…454	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 9)	1	455…455	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 9)	3	456…458	9(3)		Right justified with leading zeros.
Start Date (Occurrence 10)	8	459…466	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 10)	3	467…469	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 10)	1	470…470	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 10)	3	471…473	9(3)		Right justified with leading zeros.
Start Date (Occurrence 11)	8	474…481	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 11)	3	482…484	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 11)	1	485…485	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 11)	3	486…488	9(3)		Right justified with leading zeros.

Data Field	Size	Position	Format	Valid Values	Field Definition
Start Date (Occurrence 12)	8	489…496	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 12)	3	497…499	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 12)	1	500…500	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 12)	3	501…503	9(3)		Right justified with leading zeros.
Start Date (Occurrence 13)	8	504…511	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 13)	3	512…514	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 13)	1	515…515	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 13)	3	516…518	9(3)		Right justified with leading zeros.
Start Date (Occurrence 14)	8	519…526	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 14)	3	527…529	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 14)	1	530…530	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 14)	3	531…533	9(3)		Right justified with leading zeros.
Start Date (Occurrence 15)	8	534…541	X(8)	CCYYMMDD	

Data Field	Size	Position	Format	Valid Values	Field Definition
Number of Uncovered Months (Occurrence 15)	3	542…544	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 15)	1	545…545	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 15)	3	546…548	9(3)		Right justified with leading zeros.
Start Date (Occurrence 16)	8	549…556	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 16)	3	557…559	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 16)	1	560…560	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 16)	3	561…563	9(3)		Right justified with leading zeros.
Start Date (Occurrence 17)	8	564…571	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 17)	3	572…574	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 17)	1	575…575	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 17)	3	576…578	9(3)		Right justified with leading zeros.
Start Date (Occurrence 18)	8	579…586	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 18)	3	587…589	9(3)		Right justified with leading zeros.

Data Field	Size	Position	Format	Valid Values	Field Definition
Number of Uncovered Months Status Indicator (Occurrence 18)	1	590…590	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 18)	3	591…593	9(3)		Right justified with leading zeros.
Start Date (Occurrence 19)	8	594…601	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 19)	3	602…604	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 19)	1	605…605	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 19)	3	606…608	9(3)		Right justified with leading zeros.
Start Date (Occurrence 20)	8	609…616	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 20)	3	617…619	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 20)	1	620…620	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 20)	3	621…623	9(3)		Right justified with leading zeros.
Beneficiary's Retrieved Date of Birth	8	624…631	X(8)	CCYYMMDD	Beneficiary's Retrieved Date of Birth (as retrieved from CMS database for matching beneficiary).
Beneficiary's Retrieved Gender Code	1	632…632	X(1)	0 = Unknown 1 = Male 2 = Female	Beneficiary's Retrieved Gender Code (as retrieved from CMS database for matching beneficiary).
Last Name	40	633…672	X(40)	CHAR	Beneficiary's Last Name
First Name	30	673…702	X(30)	CHAR	Beneficiary's First Name
Middle Initial	1	703…703	X(1)	CHAR	First Initial of Beneficiary's Middle Name
Current State Code	2	704…705	X(2)	CHAR	

Data Field	Size	Position	Format	Valid Values	Field Definition
Current County Code	3	706…708	X(3)	CHAR	
Date of Death	8	709…716	X(8)	CCYYMMDD format	
Part C/D Contract Number (if available)	5	717…721	X(5)	CHAR	
Part C/D Enrollment Start Date (if available)	8	722…729	X(8)	CHAR	
Part D Indicator	1	730…730	X(1)	CHAR	Y = yes; N = no; space
Part C Contract Number	5	731…735	X(5)	CHAR	
Part C Enrollment Start Date (if available)	8	736…743	X(8)	CHAR	
Part C Indicator (if available)	1	744…744	X(1)	CHAR	N = no; space
Filler	6	745…750	X(6)	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 *Trailer Record*

Data Field	Size	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)	CCYYMMDD	The date on which the BEQ Response File was created by CMS. This value will be formatted as CCYYMMDD. 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

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E.24 *MA Full Dual Auto Assignment Notification File*

This is a cumulative monthly file that identifies organizations' enrollees who are full-benefit dual eligibles. Please see section 9.1 of the PCUG Main Guide for details on its purpose.

The following records are included in this file:

- Header Record — This is the first record of the file. It will only occur once.
- Detail Record (Transaction) — 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.24.1 *Header Record*

Data Field	Size	Position	Format	Valid Values	Field Definition
File ID Name	8	1 … 8	X(8)	"MMAADUAH"	This field will always be set to the value "MMAADUAH." This code identifies the record as the Header Record of an Auto Assignment Full Dual Notification File.
Sending Entity (MBD)	8	9 … 16	X(8)	"MBD " (MBD + 5 Spaces)	This 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 Full Dual 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.
File Control Number	9	25 … 33	X(9)	Assigned by Sending Entity (MBD)	The specific Control Number assigned by CMS to the Full Dual Notification File. CMS will utilize this value to track the Full Dual Notification File through CMS processing and archive. This value will agree with the corresponding value in the Trailer Record.
Filler	67	34 … 100	X(67)	Spaces	No meaningful values are supplied in this field. This field 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 = 100

E.24.2 *Detail Record (Transaction)*

Field Name	Format	Position	
		Start	End
Contract Number (This field provides the Contract assigned to the beneficiary; CNTRCT_NUM in CME_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 CME_BENE)	X(12)	20	31
Beneficiary's Surname (This field provides the last name of the individual; BENE_LAST_NAME in CME_BENE_NAME)	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 CME_BENE_NAME)	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 CME_BENE)	9(8)	46	53
Filler (This field should be all spaces)	X(47)	54	100

E.24.3 *Trailer Record*

Data Field	Size	Position	Format	Valid Values	Field Definition
File ID Name	8	1 … 8	X(8)	"**MMAADUAT**"	This field will always be set to the value "**MMAADUAT.**" This code identifies the record as the Trailer Record of an Auto Assignment Full Dual Notification File.
Sending Entity (MBD)	8	9 … 16	X(8)	"MBD " (MBD + 5 Spaces)	This field 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 Full Dual Notification 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 Full Dual Notification File. CMS will utilize this value to track the Full Dual Notification File through CMS processing and archive. This value will agree with the corresponding value in the Header Record.
Record Count	9	34 … 42	9(9)	Numeric value greater than Zero.	The total number of Transactions (Detail Records) on the Full Dual Notification 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	58	43 …100	X(58)	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 = 100

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E.25 *Auto Assignment (PDP) Address Notification File*

This file contains monthly addresses of Beneficiaries who have been either Auto Assigned, Facilitated Assigned, or reassigned to PDPs. This file contains a header record, detail records and a trailer record. Please see section 9.2 for details on its use.

- Header Record — This is the first record of the file. It will only occur once.
- Detail Record — 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.

Starting October, 2009 CMS will modify how it populates the beneficiary address fields in the "Auto Assignment (PDP) Address Notification File." This change is expected to make it easier for PDPs to use these address data. The address data elements and related positions will remain the same, but how they are populated will change.

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

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

E.25.1 *Header Record*

Field Name	Format	Position	
		Start	End
Header Code (This field used for file/record identification purposes, 'MMAAPDPGH')	X(9)	1	9
Sending Entity (This field used to identify the sending entity, 'MBD '(MBD + 5 spaces))	X(8)	10	17
File Creation Date (The date the file was created in CCYYMMDD format)	9(8)	18	25
File Control Number (Unique file identifier created by Sending Entity)	X(9)	26	34

Field Name	Format	Position	
		Start	End
Filler (This field should be all spaces)	X(581)	35	615

E.25.2 *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

Field Name	Format	Position	
		Start	End
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
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

Field Name	Format	Position	
		Start	End
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 MMDDYYYY; For Facilitated, value will be spaces)	9(8)	247	254
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 *Trailer Record*

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

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E.26 *Plan Payment Report (PPR) / Interim Plan Payment Report (IPPR) Data File*

Also known as the "Payment Letter," this data file itemizes the final monthly payment to the MCO. This data file and subsequent 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.

The Interim APPS Plan Payment Data File and Report is provided when a Plan is approved for an interim payment outside of the normal monthly process. The data file / report will contain the amount and reason for the interim payment to the Plan.

E.26.1 *Header Record*

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

Total Length = 200

E.26.2 *Capitated Payment – Current Activity*

Item #	Data Element	Position	Length	Type	Description
7	Contract Number	1-5	5	Character	Contract Number

Item #	Data Element	Position	Length	Type	Description
8	Record Identification Code	6-6	1	Character	Record Type Identifier C = Capitated Payment
9	Table ID Number	7-7	1	Character	1
10	Adjustment Reason Code	8-9			Blank = for prospective pay For list of adjustment reason codes consult Section H.3 of the Medicare Advantage and Prescription Drug Plan Communications User Guide
11	Part A Total Members	10-17	8	Numeric	Number of beneficiaries Part A payments is being made prospectively. Format: ZZZZZZZ9
12	Part B Total Members	18-25	8	Numeric	Number of beneficiaries Part B payments is being made prospectively. Format: ZZZZZZZ9
16	Part D Payment Amount	60-72	13	Numeric	Total Part D Amount Format: SSSSSSSSS9.99
17	Coverage Gap Discount Amount	73 – 85	13	Numeric	The Coverage Gap Discount Amount included in Part D Payment. Format: SSSSSSSSS9.99
18	Total Payment	86- 98	13	Numeric	Total Payment Format: SSSSSSSSS9.99
19	Filler	99 – 200	102	Character	Spaces

Total Length = 200

E.26.3 Premium Settlement

Item #	Data Element	Position	Length	Type	Description
20	Contract Number	1 – 5	5	Character	Contract Number
21	Record Identification Code	6 – 6	1	Character	Record Type Identifier P = Premium Settlement
22	Table ID Number	7 – 7	1	Character	2

Item #	Data Element	Position	Length	Type	Description
23	Part C Premium Withholding Amount	8 – 20	13	Numeric	Total Part C Premium Amount Format: SSSSSSSSS9.99
24	Part D Premium Withholding Amount	21 – 33	13	Numeric	Total Part D Premium Amount Format: SSSSSSSSS9.99
25	Part D Low Income Premium Subsidy	34 – 46	13	Numeric	Total Low Income Premium Subsidy Format: SSSSSSSSS9.99
26	Part D Late Enrollment Penalty	47 – 59	13	Numeric	Total Late Enrollment Penalty Format: SSSSSSSSS9.99
27	Total Premium Settlement Amount	60 – 72	13	Numeric	Total Premium Settlement Format: SSSSSSSSS9.99
28	Filler	73 – 200	128	Character	Spaces

Total Length = 200

E.26.4 Fees

Item #	Data Element	Position	Length	Type	Description
29	Contract Number	1 – 5	5	Character	Contract Number
30	Record Identification Code	6 – 6	1	Character	Record Type Identifier F = FEES
31	Table ID Number	7 – 7	1	Character	3
32	NMEC Part A Subject to Fee	8 – 20	13	Numeric	Part A amount subject to National Medicare Educational Campaign fees. Format:ZZZZZZZZZ9.99
33	NMEC Part A Rate	21 – 27	7	Numeric	Rate used to calculate the fees for Part A. Format: 0.99999
34	Part A Fee Amount	28 – 40	13	Numeric	Fee Assessed for Part A Format:SSSSSS9.99

Item #	Data Element	Position	Length	Type	Description
35	NMEC Part B Subject to Fee	41 – 53	13	Numeric	Part B amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZ9.99
36	NMEC Part B Rate	54 – 60	7	Numeric	Rate used to calculate the fees for Part B. Format: 0.99999
37	Part B Fee Amount	61 – 73	13	Numeric	Fee Assessed for Part B Format: SSSSSS9.99
38	NMEC Part D Subject to Fee	74 – 86	13	Numeric	Part D amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZ9.99
39	NMEC Part D Rate	87 – 93	7	Numeric	Rate used to calculate the fees for Part D. Format: 0.99999
40	Part D Fee Amount	94 – 106	13	Numeric	Fee Assessed for Part D Format: SSSSSS9.99
41	Total NMEC Fee Assessed	107 – 119	13	Numeric	Total NMEC Fee Assessed for Part A, B and D Format: SSSSSSS9.99
42	Total Prospective Part D Members	120 – 127	8	Numeric	Total members for Part D Format: ZZZZZZZ9
43	Rate for COB Fees	128 – 131	4	Numeric	Rate used to calculate the COB fees. Format: 0.99
44	Amount of COB Fees	132 – 144	13	Numeric	COB Fee Format: SSSSSS9.99
45	Total of Assessed Fees	145 – 157	13	Numeric	Total of all Fees Assessments Format: SSSSSS9.99
46	Filler	158 – 200	43	Character	Spaces

Total Length = 200

E.26.5 Special Adjustments

Item #	Data Element	Position	Length	Type	Description
47	Contract Number	1 – 5	5	Character	Contract Number

Item #	Data Element	Position	Length	Type	Description
48	Record Identification Code	6 – 6	1	Character	Record Type Identifier S = Special Adjustments
49	Table ID Number	7 – 7	1	Character	4
50	Document ID	8 – 15	8	Numeric	The document ID for identifying the adjustment.
51	Source	16 – 20	5	Character	The CMS division responsible for initiating the adjustments.
52	Description	21 – 70	50	Character	The reason the adjustment was made.
53	Type	71 – 90	20	Character	The payment component the adjustment is for. Civil Monetary Penalty Cost Plan Adjustment Annual Part D Reconciliation Risk Adjustment Coverage Gap Invoice Other – default non-specific group.
54	Adjustment to Part A	91 – 103	13	Numeric	Adjustment amount for Part A Format: SSSSSSSSS9.99
55	Adjustment to Part B	104 – 116	13	Numeric	Adjustment amount for Part B Format: SSSSSSSSS9.99
56	Adjustment to Part D	117 – 129	13	Numeric	Adjustment amount for Part D. Format: SSSSSSSSS9.99
57	Premium C Withholding Part A	130 – 142	13	Numeric	Adjustment amount for Premium Withholding Part A. Format: SSSSSSSSS9.99

Item #	Data Element	Position	Length	Type	Description
58	Premium C Withholding Part B	143 – 155	13	Numeric	Adjustment amount for Premium Withholding Part B. Format: SSSSSSSSS9.99
59	Premium D Withholding	156 – 168	13	Numeric	Adjustment amount for Premium D Withholding. Format: SSSSSSSSS9.99
60	Part D Low Income Premium Subsidy	169 - 181	13	Numeric	Adjustment amount for Low Income Subsidy. Format: SSSSSSSSS9.99
61	Total Adjustment Amount	182 – 194	13	Numeric	Total Adjustments Format: SSSSSSSSS9.99
62	Filler	195 – 200	6	Character	Spaces

Total Length = 200

E.26.6 *Payment Sumary*

Item #	Data Element	Position	Length	Type	Description
63	Contract Number	1 – 5	5	Character	Contract Number
64	Record Identification Code	6 – 6	1	Character	Record Type Identifier A = Payment Summary
65	Table ID Number	7 – 7	1	Character	5
66	Part A Amount	8 – 20	13	Numeric	Part A amount from Table 1 Format: ZZZZZZZZZ9.99
67	Part B Amount	21 – 33	13	Numeric	Part B amount from Table 1 Format: ZZZZZZZZZ9.99
68	Part D Amount	34 – 46	13	Numeric	Part D amount from Table 1 Format: ZZZZZZZZZ9.99

Item #	Data Element	Position	Length	Type	Description
69	Part C Premium Withholding	47 – 59	13	Numeric	Part C Premium Amount from Table 2 Format: ZZZZZZZZZ9.99
70	Part D Premium Withholding	60 – 72	13	Numeric	Part D Premium amount from Table 2 Format: ZZZZZZZZZ9.99
71	Part D Low Income Premium Subsidy	73 – 85	13	Numeric	Part D Low Income Subsidy amount from Table 2 Format: ZZZZZZZZZ9.99
72	Part D Late Enrollment Penalty	86 – 98	13	Numeric	Part D Late Enrollment Penalty amount from Table 2 Format: SSSSSSSSS9.99
73	Education User Fee	99 – 111	13	Numeric	Total NMEC fee from Table 3 Format: SSSSSSS9.99
74	Part D COB User Fee	112 – 124	13	Numeric	Total COB fee from Table 3 Format:SSSSSSS9.99
75	CMS Special Adjustments	125 – 137	13	Numeric	Special CMS Adjustments from Table 4 Format: ZZZZZZZZZ9.99
76	Filler	138 – 200	63	Character	Spaces.

Total Length = 200

E.27 *Low Income Subsidy (LIS) Weekly Activity History Data File*

The Low-Income Subsidy (LIS) Weekly Activity History Data File reports full LIS profiles of prospectively, currently, and previously enrolled Part D beneficiaries. The profiles are created at the end of each week in which the LIS activity occurs. Data files are sent to those contracts that supported the Part D beneficiary's enrollment over some or all of the period of potential LIS change.

This data file contains the following records:

- Header Record
- Beneficiary and Enrollment Identification Record
- Beneficiary Active LIS Record
- Trailer Record

Note: The data file structure for Header Record, Contract #A uses the variables "m" and "n" to indicate additional data sequences that follow the established pattern.

Records are arranged as follows:

Header Record, Contract #A	Header
Beneficiary #1 enrollment period record #1 Beneficiary #1 enrollment period record #2 . . . Beneficiary #1 enrollment period record #n	Beneficiary #1's periods of non-contiguous enrollment in Contract #A
Beneficiary #1 LIS detail record #1 Beneficiary #1 LIS detail record #2 . . . Beneficiary #1 LIS detail record #n	Beneficiary #1's active low-income periods

Header Record, Contract #A	Header
Beneficiary #1 LIS change detail record(s) (Future Use)	**Future use - record undefined. Does not appear in April 2008 Software Release.**
Beneficiary #2 enrollment period record #1 Beneficiary #2 enrollment period record #2 . . . Beneficiary #2 enrollment period record #n	Beneficiary #2's periods of non-contiguous enrollment in Contract #A
Beneficiary #2 LIS detail record #1 Beneficiary #2 LIS detail record #2 . . . Beneficiary #2 LIS detail record #n	Beneficiary #2's active low-income periods
Beneficiary #2 LIS change detail record(s) (FUTURE USE)	**Future use - record undefined. Does not appear in April 2008 Software Release.**
. . .	Records for Beneficiaries #3 - # m-1
Beneficiary #m enrollment period record #1 Beneficiary #m enrollment period record #2 . . . Beneficiary #m enrollment period record #n	Beneficiary #m's periods of non-contiguous enrollment in Contract #A
Beneficiary #m LIS detail record #1 Beneficiary #m LIS detail record #2 . . . Beneficiary #m LIS detail record #n	Beneficiary #m's active low-income periods
Beneficiary #m LIS change detail record(s) (FUTURE USE)	**Future use - record undefined. Does not appear in April 2008 Software Release.**
Trailer Record, Contract #A	Trailer

E.27.1 *Header Record*

Item #	Data Field	Length	Position	Format	Field Definition
1	Record Type	1	1	CHAR	'H' = HEADER Plan and low-income period identification
2	Contract Number	5	2 - 6	CHAR	The following contract designations are accommodated: 9xxxx, Exxxx, Fxxxx, Hxxxx, Rxxxx or Sxxxx, where "xxxx" is the contract's numeric designation.
3	File Creation Date	8	7 - 14	CHAR	Calendar date the report was created. Format: YYYYMMDD
4	Payment Month	6	15 - 20	CHAR	Current payment month (CPM) under which the system operated when the report was created. Format: YYYYMM
5	Filler	145	21 - 165	CHAR	Spaces

Total Length = 165

E.27.2 *Beneficiary and Enrollment Identification Detail Record*

All beneficiaries whose enrollment start and/or end date(s) fall within the low-income change period. Beneficiary records repeat if there is more than one enrollment with this contract within the period of the potential change.

Item #	Data Field	Length	Position	Format	Field Definition
1	Record Type	1	1	CHAR	'B' = BENEFICIARY ENROLLMENT Beneficiary and enrollment period identification record
2	Contract Number	5	2 - 6	CHAR	The following contract designations are accommodated: 9xxxx, Exxxx, Fxxxx, Hxxxx, Rxxxx, or Sxxxx, where "xxxx" is the contract's numeric designation.
3	FILLER	3	7 - 9	CHAR	Spaces
4	HICN	12	10 - 21	CHAR	Beneficiary's Health Insurance Claim Number
5	Surname	40	22 - 61	CHAR	Beneficiary's last name
6	First Name	30	62 - 91	CHAR	Beneficiary's first name
7	Middle Initial	1	92	CHAR	Beneficiary's middle name first initial
8	Gender	1	93	CHAR	'M' = male, 'F' = female, 'U' = unknown.
9	Date of Birth	8	94 - 101	CHAR	Format, YYYYMMDD
10	Enrollee Type Flag	1	102	CHAR	Designation relative to report generation date: 'C' = current enrollee, 'P' = prospective enrollee, 'Y' = previous enrollee.
13	Enrollment Period Start Date	8	103 - 110	CHAR	Beneficiary's contract enrollment start date. Format, YYYYMMDD

Item #	Data Field	Length	Position	Format	Field Definition
14	Enrollment Period End Date	8	111 - 118	CHAR	Beneficiary's contract enrollment end date. Format YYYYMMDD; otherwise, blank if no end date.
15	LIS Activity Start Date	8	119 - 126	CHAR	Start date for possible low-income subsidy change(s) affecting the beneficiary. Format, YYYYMMDD
16	LIS Activity End Date	8	127 - 134	CHAR	End date for possible low-income subsidy change(s) affecting the beneficiary. Format, YYYYMMDD
17	FILLER	31	135 - 165	CHAR	Spaces

Total Length = 165

E.27.3 *Active LIS Detail Record*

Records repeat as necessary to report all the beneficiary's currently active low-income periods.

Item #	Data Field	Length	Position	Format	Field Definition
1	Record Type	1	1	CHAR	'D' = LIS DETAIL Beneficiary active low-income detail record
2	Low-Income Period Start Date	8	2 - 9	CHAR	Active low-income period start date. Format, YYYYMMDD; otherwise, blank if prior active LIS periods were removed and no LIS data currently exists for the beneficiary.
3	Low-income Period End Date	8	10 - 17	CHAR	Active low-income period end date. Format, YYYYMMDD; otherwise, blank if no end date or if prior active LIS periods were removed and no LIS data currently exists for the beneficiary.
4	Premium Subsidy Percentage	3	18 - 20	CHAR	Part D low-income premium subsidy category: '000' = No subsidy, active LIS periods were removed and no LIS data exists, '025' = 25% subsidy level, '050' = 50% subsidy level, '075' = 75% subsidy level, '100' = 100% subsidy level
5	Co-pay Level	1	21	CHAR	Definitions of the co-payment categories: '0' = none, not low-income, active LIS periods were removed and no LIS data exists, '1' = (High), $2/$5, '2' = (Low), $1/$3, '3' = (0), no co-payment, '4' = 15%.

Item #	Data Field	Length	Position	Format	Field Definition
6	Source of Subsidy Flag	1	22	CHAR	'A' = determined eligible for LIS by the Social Security Administration or a state Medicaid agency, 'D' = deemed eligible for LIS.
7	FILLER	143	23 - 165	CHAR	Spaces

Total Length = 165

E.27.4 *LIS Change Detail Record*

Item #	Data Field	Length	Position	Format	Field Definition
To be defined in a future software release					

Total Length = 165

E.27.5 *Trailer Record*

Item #	Data Field	Length	Position	Format	Field Definition
1	Record Type	1	1	CHAR	'T' = Trailer Record
2	Contract Number	5	2-6	CHAR	The following contract designations are accommodated: 9xxxx, Exxxx, Fxxxx, Hxxxx, Rxxxx, or Sxxxx, where "xxxx" is the contract's numeric designation.
3	Beneficiary Count	8	7-14	CHAR	Number of unique beneficiaries reported.
4	FILLER	151	15-165	CHAR	Spaces

Total Length = 165

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E.28 *Long Term Institutionalized Resident Report Data File*

The Long Term Institutionalized (LTI) Resident Report provides Part D sponsors a list of their beneficiaries who are LTI residents during July and January of each year. This report contains basic information on the beneficiaries and their institutions (Skilled Nursing Home or Nursing Home).

This new report will provide information to Part D Sponsors on which of their enrollees are institutionalized, as well as the names and addresses of the particular long-term care (LTC) facilities in which those beneficiaries reside. This information is obtained by linking Medicare enrollment information with data from the Minimum Data Set (MDS) of nursing home assessments. The list of beneficiaries represents those who are LTI residents as of July and January of each year who have a reported length of stay of over 90 days.

The file is sent via HPMS to Part D sponsors in late April and late September beginning in 2009. The report is provided in a fixed-length text format and the record layout is described below.

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

Item #	Data Field	Field Type	Length	Position	Description
10	Nursing Home Admission Date	DATE	8	125 – 132	Admission date associated with the last assessment for the resident. Format: CCYYMMDD
11	Last Nursing Home Assessment Date	DATE	8	133 – 140	Target date of the last assessment for the resident. Format: CCYYMMDD
12	Part A Indicator	CHAR	1	141	Reason for assessment (AA8B) associated with the last assessment for the resident. 0 = No 1 = Yes
13	Nursing Home Name	CHAR	50	142 – 191	Name of Nursing Home associated with the last assessment for the resident.
14	Medicare Provider ID	CHAR	12	192 – 203	Medicare Provider ID of Nursing Home associated with the last assessment for the resident.
15	Provider Telephone Number	CHAR	13	204 – 216	Telephone Number of Nursing Home associated with the last assessment for the resident.
16	Provider Address	CHAR	50	217 – 266	Address of Nursing Home associated with the last assessment for the resident.
17	Provider City	CHAR	20	267 – 286	City of Nursing Home associated with the last assessment for the resident.
18	Provider State Code	CHAR	2	287 – 288	State Code of Nursing Home associated with the last assessment for the resident.
19	Provider Zip Code	CHAR	11	289 – 299	Zip Code of Nursing Home associated with the last assessment for the resident.

E.29 *Agent Broker Compensation Report Data File*

For plan enrollments, the MARx system will establish a status of initial or renewal as well as a 6-year compensation cycle which will provide plans with the information necessary to determine how to pay agents for specific beneficiary enrollments. Plans can pay agents an initial amount or a renewal amount as provided in the CMS agent compensation guidance.

Based on the qualification rules, year 1 is the initial year and years 2 through 6 are the renewal years. Plans are responsible for using this information in conjunction with their internal payment and enrollment tracking systems to determine if an agent was used and how much the agent should be paid.

The Agent Broker Compensation Report Data File will be generated and sent to plans along with the first weekly Transaction Reply Report (TRR) of each calendar month.

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

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

E.30 *Monthly MSP Information Data File*

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

E.30.1 *Header Record*

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

E.30.2 *Detail Record*

FIELD NAME	SIZE	POSITION	TYPE	COMMENTS
RRB-HIC-NUM	12	1 - 12	CHAR	Use RRB_HIC_NUM if available; else, use 1st 9 bytes mapped to BENE_CAN_NUM; next 2 bytes mapped to BIC_CD ; 12th byte is a space
Date of Birth	8	13 - 20	CHAR	CCYYMMDD FORMAT
Gender Code	1	21	CHAR	Direct Mapping: 0 = Unknown, 1 = Male, 2 = Female
Contract Number	5	22 - 26	CHAR	Direct Mapping
PBP Number	3	27 - 29	CHAR	Direct Mapping

FIELD NAME	SIZE	POSITION	SIZE	COMMENTS
MSP Coverage Effective Date	8	30 - 37	INT	CCYYMMDD FORMAT
MSP Coverage Termination Date	8	38 - 45	INT	CCYYMMDD FORMAT
Primary Insurance Code	1	46	CHAR	**Convert as follows:** 12…A (Working Aged) 13…B (ESRD) 43…G (Disabled)
COB Contractor Number	5	47 - 51	CHAR	Direct Mapping
Insurer Name	32	52 - 83	CHAR	Direct Mapping
Insurer Address Line 1	32	84 - 115	CHAR	Direct Mapping
Insurer Address Line 2	32	116 - 147	CHAR	Direct Mapping
Insurer City name	15	148 - 162	CHAR	Direct Mapping
Insurer State Code	2	163 - 164	CHAR	Direct Mapping
Insurer Zip Code	9	165 - 173	CHAR	Direct Mapping
Policy Number	17	174 - 190	CHAR	Direct Mapping
FILLER	310	191 - 500	CHAR	Hard Coded as Spaces

E.30.3 *Trailer Record*

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

E.31 *Other Health Coverage Information Data File*

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

E.31.1 *Header Record*

FIELD NAME	SIZE	POSITION	TYPE	COMMENTS
Header Code	8	1 - 8	CHAR	File/record identification purposes only, **'CMSMSPDH'**.
Sending Entity	8	9 – 16	CHAR	Hard Coded as **'MBD ' (MBD + 5 spaces)**
File Creation Date	8	17 – 24	ZD	CCYYMMDD format
Filler	10976	25 – 11000	CHAR	All spaces

E.31.2 *Detail Record*

FIELD NAME	SIZE	POSITION	TYPE	COMMENTS
CAN	12	1 – 12	CHAR	Beneficiary HICN/RRB number
BIC	2	13 – 14	CHAR	Beneficiary HICN/RRB number
MSP Data – Occurs 17 times				
Delete Indicator	1	15	CHAR	D – Occurrence to be Deleted
Validity Indicator	1	16	CHAR	Validity of MSP Coverage Y = Beneficiary has MSP Coverage N = Beneficiary does not have MSP Coverage

FIELD NAME	SIZE	POSITION	TYPE	COMMENTS
MSP Code	1	17	CHAR	**MSP Coverage Type** A-Working Aged B-ESRD D-No-Fault E-Workers' Compensation F-Federal (Public Health) G-Disabled H-Black Lung I-Veterans L-Liability W-Worker's Compensation Set Aside
Contractor Number	5	18 – 22	CHAR	Identifies Contractor Establishing Entry
Data Entry Added	8	23 – 30	ZD	Date Entry was created (CCYYMMDD)
Updating Contractor	5	31 – 35	CHAR	Identifies Contractor that updated entry
Maintenance Date	8	36 – 43	ZD	Date Entry was created (CCYYMMDD)
CWF Occurrence Number	2	44 – 45	ZD	Number of occurrence as provided by CWF
Filler	4	46 – 49	CHAR	Spaces
Insurer Type	1	50	CHAR	Type of Primary Insurer A – M, Spaces
Insurer's Name	32	51 – 82	CHAR	Primary Insurer's Name
Insurer's Address -1	32	83 – 114	CHAR	Primary Insurer's Address Line 1
Insurer's Address -2	32	115 – 146	CHAR	Primary Insurer's Address Line 2
Insurer's City	15	147 – 161	CHAR	Primary Insurer's City
Insurere's State Code	2	162 – 163	CHAR	Primary Insurer's State Code
Insurer's Zip Code	9	164 – 172	CHAR	Primary Insurer's Zip Code
Policy Number	17	173 – 189	CHAR	Primary Insurance Policy Number of Insured
MSP Effective Date	8	190 – 197	CHAR	Effective Date of MSP Coverage (CCYYMMDD)
MSP Termination	8	198 – 205	ZD	Termination Date of MSP Coverage (CCYYMMDD)

FIELD NAME	SIZE	POSITION	TYPE	COMMENTS
Patient Relationship	2	206 – 207	CHAR	**Relationship of Patient to Insured** 01-Patient is Ins 02-Spouse 03-Natural Child, Insured has Financial Responsibility 04-Natural Child, Insured does not have Financial Responsibility 05-Step Child 06-Foster Child 07-Ward of the Court 08-Employee 09-Unknown 10-Handicapped Dependent 11-Organ Donor 12-Cadaver Donor 13-Grandchild 14-Niece/Nephew 15-Injured Plaintiff 16-Sponsored Dependent 17-Minor Dependent of a Minor Dependent 18-Parent 19-Grandparent dependent 20-Life Partner
Subscriber First Name	9	208 – 216	CHAR	First Name of Policy Holder
Subscriber Last Name Policy holder	16	217 – 232	CHAR	Last Name of Policy Holder
Employee ID Number	12	233 – 244	CHAR	Employee ID Number assigned by Employer

FIELD NAME	SIZE	POSITION	TYPE	COMMENTS
Source Code	2	245 – 246	CHAR	First Byte of Source Code: A-Claim Processing B-IRS/SSA/CMS Data Match C-First Claim Development D-IRS/SSA/CMS Data Match II E-Black Lung (DOL) F-Veterans (VA) G-Other Data Matches H-Worker's Compensation I-Notified by Beneficiary J-Notified by Provider K-Notified by Insurer L-Notified by Employer M-Notified by Attorney N-Notified by Group Health Plan/Primary Payer O-Initial Enrollment Questionnaire P-HMO Rate Cell Adjustment Q-Voluntary Insurer Reporting R-Office of Personnel Management Data Match S-Miscellaneous Reporting T-IRS/SSA/CMS Data Match III U-IRS/SSA/CMS Data Match IV V-IRS/SSA/CMS Data Match V W-IRS/SSA/CMS Data Match VI X-Self reports Y-411.25 SPACES-Unknown Second Byte of Source Code: 0-COB Contractor 1-Initial Enrollment questionnaire 2-IRS/SSA/CMS/data match 3-HMO Rate cell 4-Litigation settlement 5-Employer Voluntary Reporting 6-Insurer Voluntary Reporting 7-First claim development 8-Trauma Code development 9-Secondary claims investigation

FIELD NAME	SIZE	POSITION	TYPE	COMMENTS
Employee Data Code	1	247	CHAR	**To Whom the Employment Data Applies**: P-Patient S-Spouse M-Mother F-Father
Employer Name	32	248 – 279	CHAR	Employer providing coverage
Employer's Address1	32	280 – 311	CHAR	Employer's Street Address 1
Employer's Address2	32	312 – 343	CHAR	Employer's Street Address 2
Employer's City	15	344 – 358	CHAR	Employer's City
Employer's State	2	359 – 360	CHAR	Employer's State
Employer's Zip Code	9	361 – 369	CHAR	Employer's Zip Code
Insurance Group Number	20	370 – 389	CHAR	Group Number Assigned by Primary Payer
Insurance Group	17	390 – 406	CHAR	Name of Group Plan
Prepaid Health Plan Date	8	407 – 414	ZD	Date Beneficiary was notified that Medicare is secondary payer for services performed outside the prepaid health plan when they could have been performed by a prepaid health plan provider (CCYYMMDD)
Remarks Code -1	2	415 – 416	CHAR	'1-3', '01-12', '20-26', '30-44', '50-62', '70-72', and spaces
Remarks Code -2	2	417 - 418	CHAR	'1-3', '01-12', '20-26', '30-44', '50-62', '70-72', and spaces
Remarks Code -3	2	419 - 420	CHAR	'1-3', '01-12', '20-26', '30-44', '50-62', '70-72', and spaces
Diagnosis Codes – Occurs 25 Times				
Diagnosis Code Indicator	1	421	CHAR	'9' – ICD-9 code default
Diagnosis Code	7	422 – 428	CHAR	Diagnosis code ICD-9
Diagnosis Code Occurrence 2	8	429 – 436	CHAR	
Diagnosis Code Occurrence 3	8	437 – 444	CHAR	
Diagnosis Code Occurrence 4	8	445 – 452	CHAR	

FIELD NAME	SIZE	POSITION	TYPE	COMMENTS
Diagnosis Code Occurrence 5	8	453 – 460	CHAR	
Diagnosis Code Occurrence 6	8	461 – 468	CHAR	
Diagnosis Code Occurrence 7	8	469 – 476	CHAR	
Diagnosis Code Occurrence 8	8	477 – 484	CHAR	
Diagnosis Code Occurrence 9	8	485 – 492	CHAR	
Diagnosis Code Occurrence 10	8	493 – 500	CHAR	
Diagnosis Code Occurrence 11	8	501 – 508	CHAR	
Diagnosis Code Occurrence 12	8	509 – 516	CHAR	
Diagnosis Code Occurrence 13	8	517 – 524	CHAR	
Diagnosis Code Occurrence 14	8	525 – 532	CHAR	
Diagnosis Code Occurrence 15	8	533 – 540	CHAR	
Diagnosis Code Occurrence 16	8	541 – 548	CHAR	
Diagnosis Code Occurrence 17	8	549 – 556	CHAR	
Diagnosis Code Occurrence 18	8	557 – 564	CHAR	
Diagnosis Code Occurrence 19	8	565 – 572	CHAR	
Diagnosis Code Occurrence 20	8	573 – 580	CHAR	
Diagnosis Code Occurrence 21	8	581 – 588	CHAR	
Diagnosis Code Occurrence 22	8	589 – 596	CHAR	

FIELD NAME	SIZE	POSITION	TYPE	COMMENTS
Diagnosis Code Occurrence 23	8	597 – 604	CHAR	
Diagnosis Code Occurrence 24	8	605 – 612	CHAR	
Diagnosis Code Occurrence 25	8	613 – 620	CHAR	
Payer ID	10	621 – 630	CHAR	
MSP Data Occurrence Number 2	616	631 – 1246	CHAR	
MSP Data Occurrence Number 3	616	1247 – 1862	CHAR	
MSP Data Occurrence Number 4	616	1863 – 2478	CHAR	
MSP Data Occurrence Number 5	616	2479 – 3094	CHAR	
MSP Data Occurrence Number 6	616	3095 – 3710	CHAR	
MSP Data Occurrence Number 7	616	3711 – 4326	CHAR	
MSP Data Occurrence Number 8	616	4327 – 4942	CHAR	
MSP Data Occurrence Number 9	616	4943 – 5558	CHAR	
MSP Data Occurrence Number 10	616	5559 – 6174	CHAR	
MSP Data Occurrence Number 11	616	6175 – 6790	CHAR	
MSP Data Occurrence Number 12	616	6791 – 7406	CHAR	
MSP Data Occurrence Number 13	616	7407 – 8022	CHAR	
MSP Data Occurrence Number 14	616	8023 – 8638	CHAR	
MSP Data Occurrence Number 15	616	8639 – 9254	CHAR	

FIELD NAME	616	POSITION	TYPE	COMMENTS
MSP Data Occurrence Number 16	616	9255 – 9870	CHAR	
MSP Data Occurrence Number 17	616	9871 – 10486	CHAR	
Filler	515	10487 – 11000		

E.31.3 *Trailer Record*

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

E.32 *No Premium Due Data File Layout*

MA enrollees who elect optional supplemental benefits may also elect SSA premium withholding. In mid-November, the MARx system begins preparing the premium records for the next year. Since MARx cannot anticipate what optional premiums an enrollee may elect for next year, an enrollee only paying optional premiums may go from "SSA Premium Withholding" status in one year to "No Premium Due" status for the next year. The No Premium Due Data File can be used to identify enrollees in a "No Premium Due" status for the next year. Plans should review the report and submit both a Miscellaneous Record Update (Transaction Code 74) to update the Part C premium Amount, and a Premium Withhold Option Update (Transaction Code 75) to request SSA Withholding Status, for enrollees who are renewing both elections for the next year.

FIELD	SIZE	POSITION	DESCRIPTION
HICN	12	1 – 12	Health Insurance Claim Number
Surname	12	13 – 24	Beneficiary Surname
First Name	7	25 – 31	Beneficiary Given Name
Middle Initial	1	32	Beneficiary Middle Initial
Gender Code	1	33	Beneficiary Gender Identification Code '0' = Unknown; '1' = Male; '2' = Female.
Date of Birth	8	34 – 41	YYYYMMDD Format
Filler	1	42	Space
Contract Number	5	43 – 47	Plan Contract Number
State Code	2	48 – 49	Spaces
County Code	3	50 – 52	Spaces
Disability Indicator	1	53	Space
Hospice Indicator	1	54	Space
Institutional/NHC Indicator	1	55	Space
ESRD Indicator	1	56	Space
Transaction Reply Code	3	57 – 59	Transaction Reply Code Defaulted to '267'
Transaction Type Code	2	60 – 61	Transaction Type Code Defaulted to '01' for special reports
Entitlement Type Code	1	62	Space

FIELD	SIZE	POSITION	DESCRIPTION
Effective Date	8	63 – 70	YYYYMMDD Format; Example: 20110101 (set to first of January of the upcoming year)
WA Indicator	1	71	Space
Plan Benefit Package ID	3	72 – 74	PBP number
Filler	1	75	Space
Transaction Date	8	76 – 83	YYYYMMDD Format; Set to the report generation date.
UI Initiated Change Flag	1	84	Space
FILLER	12	85 – 96	Spaces
District Office Code	3	97 – 99	Spaces
Previous Part D Contract/PBP for TrOOP Transfer.	8	100 – 107	Spaces
End Date	8	108 – 115	Spaces
Source ID	5	116 – 120	Spaces
Prior Plan Benefit Package ID	3	121 – 123	Spaces
Application Date	8	124 – 131	Spaces
UI User Organization Designation	2	132 – 133	Spaces
Out of Area Flag	1	134 – 134	Space
Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries; Default to '000' when blank.
Part C Beneficiary Premium	8	138 – 145	Part C Premium Amount (Since this report is only reporting on beneficiaries that have No Premium Due, by definition, this amount will be zero)
Part D Beneficiary Premium	8	146 – 153	Part D Premium Amount (Since this report is only reporting on beneficiaries that have No Premium Due, by definition, this amount will be zero)
Election Type	1	154 – 154	Space
Enrollment Source	1	155 – 155	Space
Part D Opt-Out Flag	1	156 – 156	Space
Premium Withhold Option/Parts C-D	1	157 – 157	'N' = No premium applicable;
Number of Uncovered Months	3	158 – 160	Spaces

FIELD	SIZE	POSITION	DESCRIPTION
Creditable Coverage Flag	1	161 – 161	Space
Employer Subsidy Override Flag	1	162 – 162	Space
Processing Timestamp	15	163 – 177	The report generation time. Format: HH.MM.SS.SSSSSS
Filler	20	178 – 197	Spaces
Secondary Drug Insurance Flag	1	198-198	Space
Secondary Rx ID	20	199 – 218	Spaces
Secondary Rx Group	15	219 – 233	Spaces
EGHP	1	234 - 234	Space
Part D Low-Income Premium Subsidy Level	3	235 – 237	Spaces
Low-Income Co-Pay Category	1	238 – 238	Space
Low-Income Period Effective Date	8	239 - 246	Spaces
Part D Late Enrollment Penalty Amount	8	247 - 254	Spaces
Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Spaces
Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Spaces
Low-Income Part D Premium Subsidy Amount	8	271- 278	Spaces
Part D Rx BIN	6	279 - 284	Spaces
Part D Rx PCN	10	285 - 294	Spaces
Part D Rx Group	15	295 - 309	Spaces
Part D Rx ID	20	310 - 329	Spaces
Secondary Rx BIN	6	330 - 335	Spaces
Secondary Rx PCN	10	336 - 345	Spaces
De Minimis Differential Amount	8	346 - 353	Spaces
MSP Status Flag	1	354 - 354	Space
Low Income Period End Date	8	355 - 362	Spaces
Low Income Subsidy Source Code	1	363 - 363	Space
Enrollee Type Flag, PBP Level	1	364 - 364	Space
Application Date Indicator	1	365 - 365	Space
Filler	135	366 - 500	Spaces

F: *Screen Hierarchy*

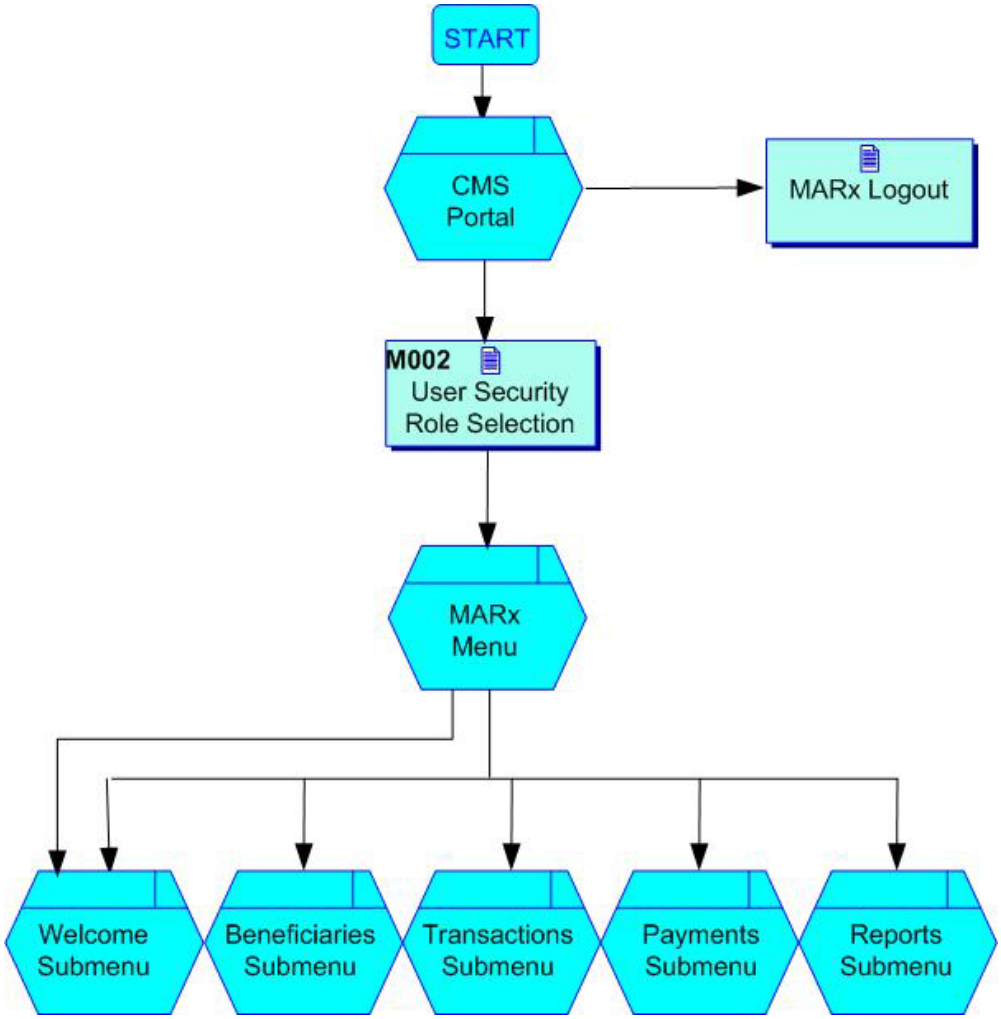
The Common UI screens are accessed using the "drill-down" method of navigation. Functions are grouped together under a common menu item (e.g., most of the beneficiary-specific information can be found under the Beneficiary menu item). **Table F-1** lists the names of the Common UI screens that are accessible 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

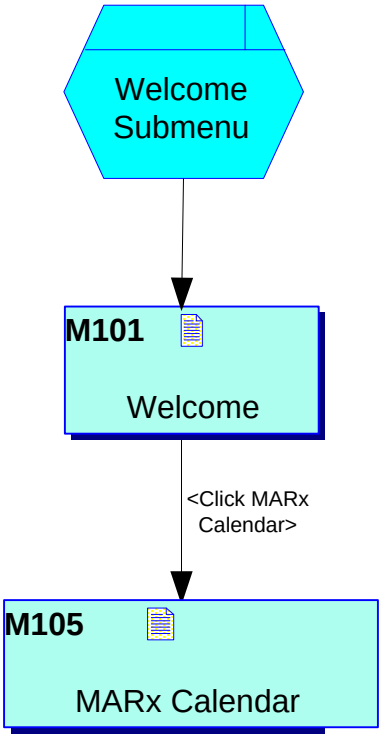
Screen Name	Screen Number	Page Number(s) in This Appendix
Logon, Logoff, and Welcome Screens		
MARx Logout		F-3
User Security Role Selection	M002	F-3
Welcome	M101	F-4
MARx Calendar	M105	F-4
Beneficiaries Screens		
Beneficiaries: Find	M201	F-5
Beneficiaries: Search Results	M202	F-5
Beneficiary Detail: 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
Beneficiary Detail: MSA Lump Sum	M235	F-3
Beneficiary Detail: Medicaid	M236	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

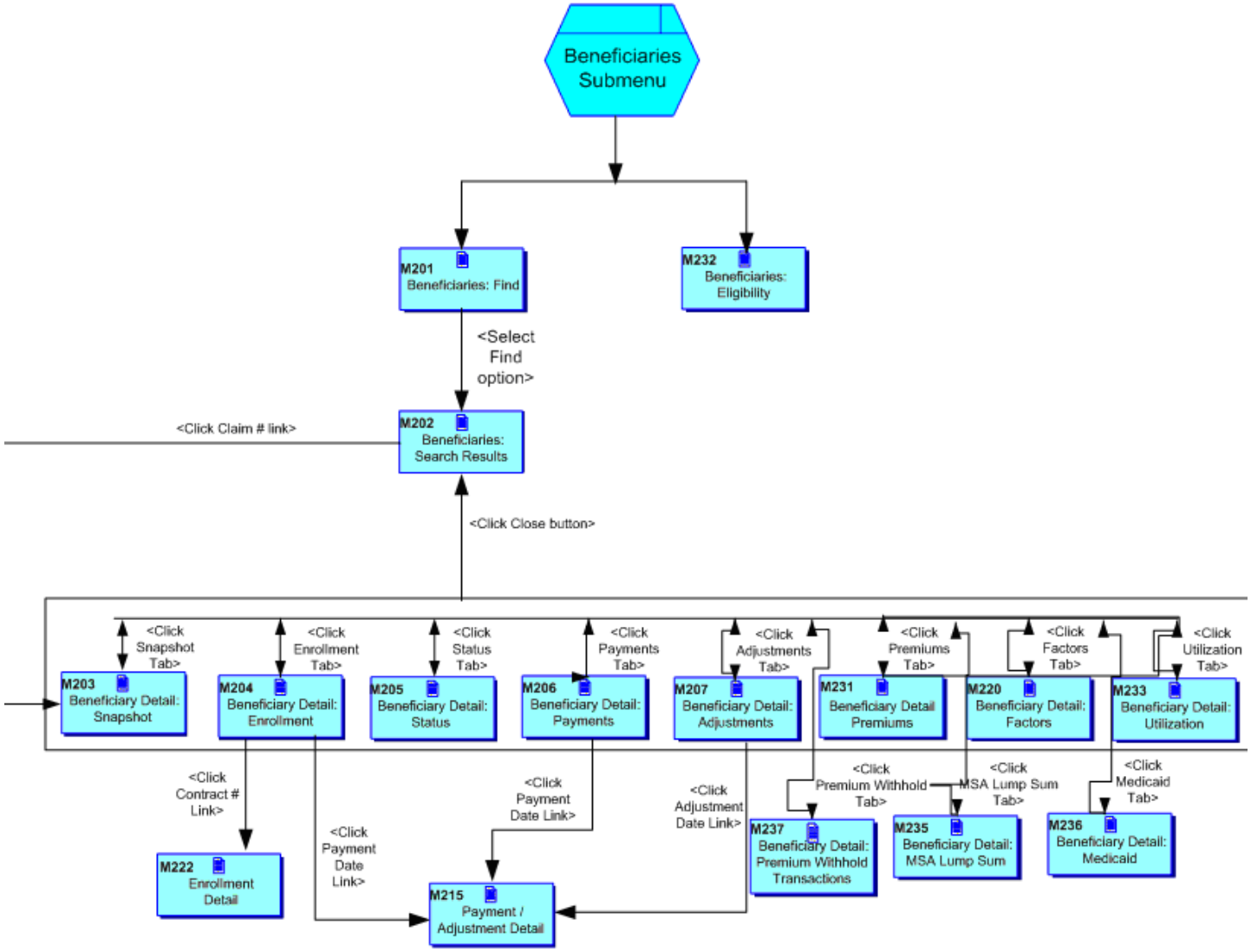
F.1 *Main Menu*


START
CMS Portal
MARx Logout
M002
User Security Role Selection
MARx Menu
Welcome Submenu
Beneficiaries Submenu
Transactions Submenu
Payments Submenu
Reports Submenu

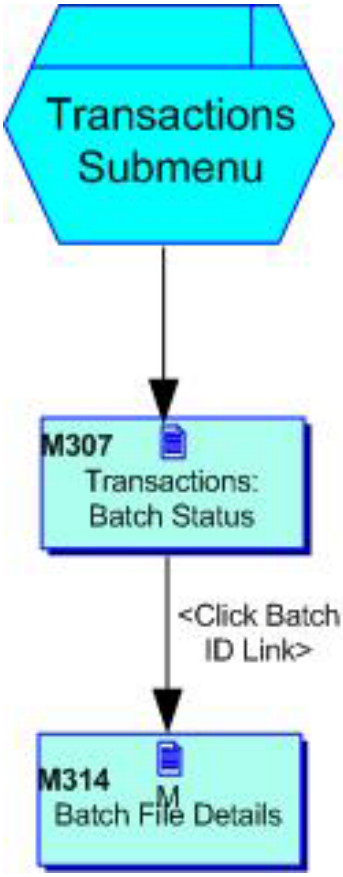
F.2 *Welcome Submenu*



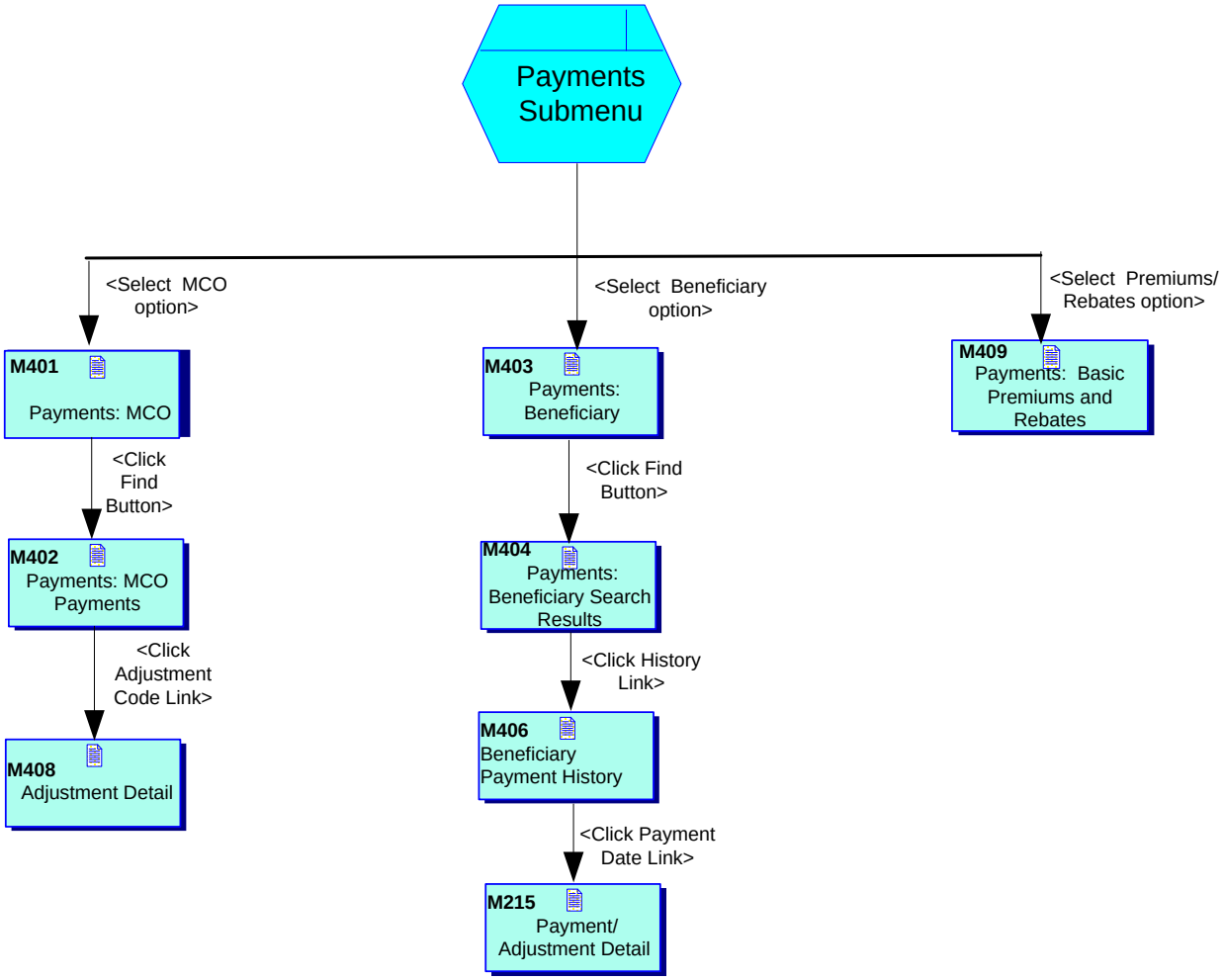
F.3 *Beneficiaries Submenu*



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**).

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 ‘E’, ‘H’, ‘R’, ‘S’, ‘X,’ or ‘9’ and be followed by 4 characters	Re-enter the field and follow the format indicated in the message.
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 and follow the format indicated in the message.
You do not have access rights to this contract	First, make sure that you entered the Contract # correctly. If not, re-enter it. If the user did, he/she should have rights to this contract; see the Security Administrator who can update 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 MARx Transaction Codes and the description of each code.

Table H-1 - Transaction Codes

Code	Description
01	MCO Correction
30	Turn Bene-Level Demonstration Factor On (Demo's Only)
31	Turn Bene-Level Demonstration Factor Off (Demo's Only)
41	Update to Opt-Out Flag (Submitted by CMS)
51	Disenrollment (MCO or CMS)
54	Disenrollment (Submitted by 1-800-MEDICARE)
60	Enrollment (Employer Group)
61	Enrollment
62	Retroactive Enrollment
71	Plan Benefit Package (PBP) Change
72	4Rx Record Update
73	NUNCMO Record Update
74	Miscellaneous Record Update
75	Premium Withhold Option Update

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H.2 *Transaction Reply Codes*

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

Transaction Reply Code Types:

A -	Accepted -	A transaction was accepted and the requested action was applied (Example: enrollment or disenrollment)
R -	Rejected -	A transaction was rejected due to an error or other condition. The requested action was not applied to the CMS System. The TRC code indicates the reason that the transaction was rejected. *These should be analyzed by the Plan to validate the submitted transaction and to determine if the transaction should be resubmitted with corrections.*
I -	Informational -	These replies accompany replies with Accepted TRCs. They give additional information about the transaction or beneficiary. For example: If an enrollment transaction for a beneficiary who is "out of area" is accepted, the Plan will receive an accepted TRC (TRC 011) and an additional reply will be included in the TRR that gives the Plan the additional information that the beneficiary is "Out of Area" (TRC 016).
M -	Maintenance -	These replies are sent to Plans to give them information about beneficiaries who are enrolled in their Plan. They are sent in response to information received by CMS. For example: If CMS is informed that a beneficiary's claim number has changed, a reply will be included in the Plan's TRR with TRC 086, giving the Plan the new claim number.
F -	Failed -	A transaction was failed due to an error or other condition. The requested action was not processed. The TRC code indicates the reason that the transaction failed. *These should be analyzed by the Plan and resubmitted with correction.*

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

Table H-2 Transaction Reply Codes

Code/Type*	Title	Short Definition	Definition
001 R	Invalid Transaction Code	BAD TRANS CODE	A transaction failed because the transaction type code (field 16) contained an invalid value. Valid transaction type code values are 01, 51, 60, 61, 62, 71, 72, 73, 74, 75 and 85. This transaction should be resubmitted with a valid transaction type code. ***Note:*** *Transaction Types 30 and 31 are valid for pre-2004 adjustments. Transaction Types 41 and 54 are not submitted by the Plans.* *This TRC code will be returned in the BCSS.* This TRC code will not be returned in the *TRR.* **Plan Action:** Correct the Transaction Code and resubmit if appropriate.
002 R	Invalid Correction Action Code	BAD ACTION CODE	A correction transaction (01) failed 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. *This TRC will be returned in the BCSS.* This TRC code will not be returned in the *TRR.* **Plan Action:** Correct the Action Code and resubmit if appropriate.
003 R	Invalid Contract Number	BAD CONTRACT #	A transaction (01, 51, 60, 61, 62, 71, 72, 73, 74, 75, 85) failed because CMS did not recognize the contract number. *This TRC will be returned in the BCSS.* This TRC code will not be returned in the *TRR.* **Plan Action:** Correct the Contract Number and resubmit if appropriate.

Code/Type*	Title	Short Definition	Definition
004 R	Beneficiary Name Required	NEED MEMB NAME	A transaction (01, 41, 51, 60, 61, 62, 71, 72, 73, 74, 75, 85) was rejected, because both of the beneficiary name fields (Surname and First Name) were blank. The beneficiary's name must be provided. The transaction should be resubmitted with beneficiary name included. **Plan Action:** Populate the Beneficiary Name fields and resubmit if appropriate.
006 R	Invalid Birth Date	BAD BIRTH DATE	A transaction (01, 41, 51, 60, 61, 62, 71, 72, 73, 74, 75, 85) failed or was rejected because the beneficiary Birth Date (field 6) was invalid or inappropriate. A value submitted in the Birth Date field must be a valid date in the format YYYYMMDD. If the Birth Date contains a non-blank invalid date (ex: "Aug 1940" or "19400199"), the transaction is returned with TRC 006 in the BCSS as a failed record (NOT the TRR). If the Birth Date contains a valid date but the birth year is before 1870 or greater than the current year, the transaction is rejected and a record with TRC 006 is returned in the TRR. ***Note:*** *A blank Birth Date does not result in TRC 006 but may affect the ability to identify the appropriate beneficiary. See TRC 009.* **Plan Action:** Correct the Birth Date and resubmit if appropriate.

Code/Type*	Title	Short Definition	Definition
007 R	Invalid Claim Number	BAD HICN FORMAT	A transaction (01, 41, 51, 60, 61, 62, 71, 72, 73, 74, 75, 85) was rejected, because the beneficiary claim number was not in a valid format. The valid format for a claim number could take one of two forms: • HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions alphanumeric. • RRB is a 7 to 12 position value, with the first 1 to 3 positions alpha and the last 6 or 9 positions numeric. **Plan Action:** Determine the correct claim number (HICN or RRB) for the beneficiary and resubmit the transaction if appropriate.
008 R	Beneficiary Claim Number Not Found	HICN NOT FOUND	A transaction (01, 41, 51, 60, 61, 62, 71, 72**,** 73, 74, 75, 85) was rejected, because a beneficiary with this claim number was not found. The transaction should be resubmitted with a valid claim number. **Plan Action:** Determine the correct claim number (HICN or RRB) for the beneficiary and resubmit the transaction if appropriate.
009 R	No beneficiary match	NO BENE MATCH	A transaction (01, 41, 51, 60, 61, 62, 71, 72**,** 73, 74, 75, 85) attempted to process but the system was unable to find the beneficiary based on the identifying information submitted in the transaction. A match on claim number (HICN) is required, along with a match on 3 of the following 4 fields: surname, first initial, date of birth and sex code. **Plan Action:** Correct the beneficiary identifying information and resubmit if appropriate.

Code/Type*	Title	Short Definition	Definition
011 A	Enrollment Accepted as Submitted	ENROLL ACCEPTED	The new enrollment (60, 61, 62) has been successfully processed. The effective date of the new enrollment is shown in the Effective Date (field 18) of the Transaction Reply record and in the EFF DATE column on the printed report. This is the definitive enrollment acceptance record. Other accompanying replies with different TRCs may give additional information about this acceptance enrollment. **Plan Action:** Ensure the Plan's system matches the information included in the TRR record. Take the appropriate actions as per CMS enrollment guidance.
013 A	Disenrollment Accepted as Submitted	DISENROL ACCEPT	A disenrollment transaction (51) has been successfully processed. The effective date of the disenrollment is reported in field 24 of the Transaction Reply record and is shown in the EFF DATE column on the printed report. The disenrollment effective date is always the last day of the month. **Plan Action:** Ensure the Plan's system matches the information included in the TRR record and that the beneficiary's disenrollment date matches the date in field 24. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
014 A	Disenrollment Due to Enrollment in Another Plan	DISNROL-NEW MCO	This TRC is returned on a reply with the successful processing of transaction types 51 (disenrollment), 60/ 61/ 62 (regular enrollment) and 71 (PBP Change). The effective date of the disenrollment is reported in field 24 of the Transaction Reply record and in the EFF DATE column on the printed report. The disenrollment date will always be the last day of the month. For the type 51 transaction, the beneficiary has been disenrolled from this Plan because they were successfully enrolled in another Plan The Source ID (field 28) contains the Contract number of the Plan that submitted the new enrollment which caused this disenrollment. For the 60, 61, 62 and 71 type transactions, the TRC will be issued whenever a retroactive enrollment runs into an existing enrollment that prevails according to application date edits. The Source ID (field 28) contains the Contract number of the prevailing plan. **Plan Action:** Update the Plan's records accordingly, ensuring that the beneficiary's information matches the data included in the TRR record and that the beneficiary's disenrollment date matches the date in field 24. Take the appropriate actions as per CMS enrollment guidance.
015 A	Enrollment Canceled	ENROLL CANCELED	An existing enrollment was cancelled. The effective date of the enrollment which has been cancelled is reported in the Effective Date (field 18). This will always be a disenrollment transaction type (51). A cancellation may be the result of an action on the part of the beneficiary, CMS or another Plan. When an enrollment is cancelled, it means that the enrollment never occurred. **Plan Action:** Because it was cancelled, this entire enrollment that was scheduled to begin on the date in field 18 should be removed from the Plan's enrollment records. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
016 I	Enrollment Accepted, Out Of Area	ENROLL-OUT AREA	The beneficiary's residence state and county codes placed the beneficiary outside of the Plan's approved service area. This TRC provides additional information about a new enrollment or PBP change (60, 61, 62, 71) for which an acceptance was sent in a separate Transaction Reply record with an enrollment acceptance TRC. The Effective Date of the enrollment for which this information is pertinent is reported in field 18 of the Transaction Reply record and in the EFF DATE column on the printed report. The transaction type will reflect the transaction type of the enrollment or PBP change (60, 61, 62. 71). **Plan Action:** Investigate the apparent discrepancy and take the appropriate actions as per CMS enrollment guidance.
017 I	Enrollment Accepted, Payment Default Rate	ENROLL—BAD SCC	CMS was unable to derive a valid state and county code for the beneficiary who has been successfully enrolled. Part C payment for this beneficiary will be at the plan bid rate with no geographic adjustment. This TRC provides additional information about a new enrollment or PBP change (60, 61, 62, 71) for which an acceptance was sent in a separate Transaction Reply with an enrollment acceptance TRC. The effective date of the new enrollment for which this information is pertinent is reported in fields 18 on the Transaction Reply record and in the EFF DATE column on the printed report. The transaction type reflects the transaction type of the enrollment or PBP change (60, 61, 62, 71). **Plan Action:** Contact your CMS Central Office Health Insurance Specialist for assistance.

Code/Type*	Title	Short Definition	Definition
018 A	Automatic Disenrollment	AUTO DISENROLL	The beneficiary has been disenrolled from the Plan. This disenrollment record (type 51) reports the disenrollment date in fields 18 and 24 of the Transaction Reply record and in the EFF DATE column on the printed report. On the printed report the reason for disenrollment is shown in the REMARKS column. The disenrollment date will always be the last day of the month. The disenrollment may be the result of an action on the part of the beneficiary, CMS or another Plan. A TRR reply with this TRC is usually accompanied by one or more replies which make the reason for automatic disenrollment evident. For example, in the case of beneficiary death, the reply with TRC 018 is accompanied by two replies with TRC 090. **Plan Action:** Update the Plan's records to reflect the disenrollment using the date in field 24. Take the appropriate actions as per CMS enrollment guidance.
019 R	Enrollment Rejected – Loss Of Part A And B Entitlement	NO ENROLL-NO AB	A submitted enrollment or PBP change transaction (60, 61, 62,71) was rejected because the beneficiary does not have Medicare entitlement as of the effective date of the transaction. **Plan Action:** Take the appropriate actions as per CMS enrollment guidance.
020 R	Enrollment Rejected – PACE Under 55	NO ENROLL-NOT 55	A submitted enrollment or PBP change transaction (60, 61, 62, 71) for a PACE plan was rejected because the beneficiary is not yet 55 years of age. **Plan Action:** Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
022 A	Transaction Accepted, Claim Number Change	-NEW HICN	A transaction (60, 61, 62, 71, 72, 73, 74, 75, 85) has been successfully processed. The effective date of the transaction is shown in the Effective Date (field 18) of the Transaction Reply record and in the EFF DATE column on the printed report. **Additionally,** the claim number for this beneficiary has changed. The old claim number is in field 1 and the new claim number is reported in field 24. The new claim number is also shown in the REMARKS column on the printed report. For enrollment acceptance (60, 61, 62, 71), TRC-022 is reported in lieu of TRC 011. Other accompanying replies with different TRCs may give additional information about this enrollment. **Plan Action:** Ensure the Plan's system matches the information included in the TRR record. Take the appropriate actions as per CMS guidance. Change the beneficiary's claim number in the Plan's records. Any future submitted transactions for this beneficiary must use the new claim number.
023 A	Transaction Accepted, Name Change	-NEW NAME	A transaction (60, 61, 62, 71, 72, 73, 74, 75, 85) has been successfully processed. The effective date of the transaction is shown in the Effective Date (field 18) of the Transaction Reply record and in the EFF DATE column on the printed report. **Additionally**, the beneficiary's name has changed. The new name is reported in fields 2, 3 and 4 and in the corresponding columns in the printed report. For enrollment acceptance (60, 61, 62, 71), TRC-023 is reported in lieu of TRC 011. Other accompanying replies with different TRCs may give additional information about this enrollment. **Plan Action:** Ensure the Plan's system matches the information included in the TRR record. Take the appropriate actions as per CMS enrollment guidance. Change the beneficiary's name in the Plan's records. To ensure accurate identification of the beneficiary, future submitted transactions for this beneficiary should use the new name.

Code/Type*	Title	Short Definition	Definition
025 A	Disenrollment Accepted, Claim Number Change	DISROL-NEW HICN	A disenrollment transaction (51) submitted by the Plan has been successfully processed. The effective date of the disenrollment is reported in the effective date field 18 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column. The disenrollment date will always be the last day of the month. **Additionally**, the claim number for this beneficiary has changed. The old claim number is in field 1 and the new claim number is reported in field 24. The new claim number is also shown in the REMARKS column on the printed report. **Plan Action:** Update the Plan's records to reflect the disenrollment using the date in field 24. Take the appropriate actions as per CMS enrollment guidance. Change the beneficiary's claim number in the Plan's records. Any future submitted transactions for this beneficiary must use the new claim number.
026 A	Disenrollment Accepted, Name Change	DISROL-NEW NAME	A disenrollment transaction (51) submitted by the Plan has been successfully processed. The effective date of the disenrollment is reported in the effective date field 18 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column. The disenrollment date will always be the last day of the month. **Additionally**, the beneficiary's name has changed. The new name is reported in fields 2, 3 and 4 and in the corresponding columns in the printed report. **Plan Action:** Update the Plan's records to reflect the disenrollment using the date in field 24. Take the appropriate actions as per CMS enrollment guidance. Change the beneficiary's name in the Plan's records. To ensure accurate identification of the beneficiary, future submitted transactions for this beneficiary should use the new name.

Code/Type*	Title	Short Definition	Definition
027 A	Demonstration Beneficiary Factor Set	DEMO FACTOR ON	A transaction to turn on the beneficiary-level demonstration factor (30) was successfully processed. The effective start date of the factor is shown in field 24 of the Transaction Reply record and in the EFF DATE column on the printed report. ***Note:*** This reply code is only applicable to transactions that update beneficiary-specific risk adjustment factors for certain demonstration contracts, **Plan Action:** Update the Plan's records.
028 A	Demonstration Beneficiary Factor Terminated	DEMO FACTOR OFF	A transaction to turn off the beneficiary-level demonstration factor (31) was successfully processed. The effective end date of the factor is show in field 24 of the Transaction Reply record and in the EFF DATE column on the printed report. ***Note:*** This reply code is only applicable to transactions that update beneficiary-specific risk adjustment factors for certain demonstration contracts. **Plan Action:** Update the Plan's records.
032 R	Enrollment Rejected, Beneficiary Not Entitled to Part B	MEMB HAS NO B	A submitted enrollment or PBP change transaction (60, 61, 62, 71) was rejected because the beneficiary did not have Medicare Part B Entitlement. Part B entitlement is required for enrollment in a managed care plan. (MA, MAPD, HCPP, Cost 1, Cost 2 or Demos) **Plan Action:** Take the appropriate actions as per CMS enrollment guidance.
033 R	Enrollment Rejected, Beneficiary Not Entitled to Part A	MEMB HAS NO A	A submitted enrollment or PBP change transaction (60, 61, 62, 71) was rejected because the beneficiary did not have Medicare Part A Entitlement. Part A entitlement is required for enrollment in a managed care plan (MA, MAPD, or Demos). **Plan Action:** Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
034 R	Enrollment Rejected, Beneficiary is Not Age 65	MEMB NOT AGE 65	A submitted enrollment or PBP change transaction (60, 61, 71) was rejected because the beneficiary was not age 65 or older. The age requirement is Plan-specific. **Plan Action:** Take the appropriate actions as per CMS enrollment guidance.
035 R	Enrollment Rejected, Beneficiary is in Hospice Status	MEMB IN HOSPICE	A submitted enrollment or PBP change transaction (60, 61, 62, 71) was rejected because the beneficiary was in Hospice status. The Hospice requirement is Plan-specific (e.g. applies only to MSA/MA, MSA/Demo, OFM Demo, ESRD I Demo, ESRD II Demo, and PACE National Plans). The attempted enrollment date is reported in field 24 of the Transaction Reply record. **Plan Action:** Update the Plan records accordingly and take the appropriate actions as per CMS enrollment guidance.
036 R	Enrollment Rejected, Beneficiary is Deceased	MEMB DECEASED	A submitted enrollment or PBP change transaction (60, 61, 62, 71) was rejected because the beneficiary is deceased. The attempted enrollment date is reported in field 24 of the Transaction Reply record and in the REMARKS column of the printed report. **Plan Action:** Update the Plan records accordingly and take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
037 R	Transaction Rejected, Invalid Date	BAD EFF DATE	An enrollment transaction (60, 61, 62), PBP change (71), or Record Update transaction (72, 73, 74, 75) failed or was rejected because the submitted effective date was invalid or inappropriate. If the Effective Date is blank or contains a non-blank invalid date (ex: “Aug 2007” or “20070199”), the transaction is returned with TRC 037 in the BCSS as a failed record (NOT the TRR). If the Effective Date contains a valid date that is not appropriate for the submitted transaction, TRC 037 is returned in the TRR. Inappropriate effective dates include: • Date is not first day of the month • Date more than two months beyond the CPM (CPM + 2) • Type-61 or -71 transactions with date more than one month prior to Current Payment Month (CPM). • Type-60 transaction with future date or date more than three months prior to CPM. A type 60 transaction must have a date that is either CPM – 2 or CPM – 3. • Type-62 transaction with an effective date not equal to CPM -2. • Type-72 4Rx Record Update transaction with an effective date not equal to the effective date of an existing enrollment period • Type-73 Uncovered Months Change transaction (Creditable Coverage Flag = N or Y) with an effective date not equal to the effective date of an existing enrollment period • Type-73 Uncovered Months Reset transaction (Creditable Coverage Flag = R) with an effective date that is not within an existing enrollment period • Type-73 Uncovered Months Reset UNDO (Creditable Coverage Flag = U) with an effective date not equal to the effective date of an existing reset • Type-74 Miscellaneous Record Update transaction (Not 4 Rx nor NUNMCO nor premium withhold change) with an effective date that is not within an existing enrollment period • Type-75 Premium Withhold Change transaction with an effective date not equal to the effective date of an existing enrollment period **Plan Action:** Correct the Effective Date and resubmit if appropriate. If this is a retroactive transaction, contact CMS for instructions on submitting retroactive transactions.

Code/Type*	Title	Short Definition	Definition
038 R	Enrollment Rejected, Duplicate Transaction	DUPLICATE	An enrollment or PBP change transaction (60, 61, 62, 71) was rejected because it was a duplicate transaction. CMS has already processed another enrollment transaction submitted by the same Plan with the same Contract, PBP, application date and effective date. **Plan Action:** None required
039 R	Enrollment Rejected, Currently Enrolled in Same Plan	ALREADY ENROLL	An enrollment or PBP change transaction (60, 61, 62, 71) was rejected because the beneficiary is already enrolled in this Plan. **Plan Action:** None required
040 R	Enrollment Rejected, Multiple Enrollment Transactions	MULTIPLES	An enrollment or PBP change transaction (60, 61, 62, 71) was rejected because it was one of several that were submitted with the same effective date and application date. **Plan Action:** None required.
041 R	Invalid Demonstration Beneficiary Factor Date	BAD FACTOR DATE	A beneficiary factor update request attempted to process. This was rejected because the effective start and/or end date was not in a valid format or the request specified an effective start date that was greater than the end date. **Plan Action:** If this TRC is included in the Plan's TRR, call the MMA HelpDesk to request guidance.
042 R	Enrollment Rejected, Blocked	ENROLL BLOCKED	An enrollment or PBP change transaction (60, 61, 62, 71) was rejected because the Plan is currently blocked from enrolling new beneficiaries. **Plan Action:** Check HPMS and contact CMS.
044 R	Enrollment Rejected, Outside Contracted Period	NO CONTRACT	An enrollment or PBP change transaction (60, 61, 62, 71) was rejected because the submitted enrollment date is outside the Plan's contracted period with CMS. **Plan Action:** Check HPMS and contact CMS.

Code/Type*	Title	Short Definition	Definition
045 R	Enrollment Rejected, Beneficiary is in ESRD Status	MEMB HAS ESRD	An enrollment or PBP change transaction (60, 61, 62, 71) was rejected because the beneficiary is in ESRD (end-stage renal disease) status. The attempted enrollment effective date is reported in field 24 of the Transaction Reply record and in the REMARKS column on the printed report. Affected Plans cannot enroll ESRD members unless the individual was previously enrolled in the commercial side of the plan or the plan has been previously approved for such enrollments. **Plan Action:** Review full CMS guidance on enrollment of ESRD beneficiaries in the ***Medicare Managed Care Manual*** or ***PDP Enrollment Guidance***. If the Plan has approval to enroll ESRD members, they should resubmit the enrollment with an A in the Prior Commercial Indicator field (position 80).
048 A	Nursing Home Certifiable Status Set	NHC ON	A correction transaction (01) placed the beneficiary in Nursing Home Certifiable (NHC) status. The NHC health status is Plan specific (e.g. applies to SHMO I, Mass. Dual Eligible, MDHO and MSHO plans). The effective date of the NHC status is reported in field 24 of the Transaction Reply record and in the EFF DATE column on the printed report. ***Note:*** *This TRC is only applicable for effective dates prior to 1/1/2008.* **Plan Action:** Update the Plan records.
050 R	Disenrollment Rejected, Not Enrolled	NOT ENROLLED	A disenrollment transaction (51) was rejected, because the beneficiary was not enrolled in the Plan as of the effective date of the disenrollment. **Plan Action:** Verify the Plan's enrollment information for this beneficiary.

Code/Type*	Title	Short Definition	Definition
051 R	Disenrollment Rejected, Invalid Date	BAD DISENR DATE	A disenrollment transaction (51) failed or was rejected because the submitted enrollment effective date was invalid or inappropriate. If the Effective Date is blank or contains a non-blank invalid date (ex: “Aug 1940” or “19400199”), the transaction is returned with TRC 051 in the BCSS as a failed record (NOT the TRR). If the Effective Date contains a valid date that is not appropriate for the submitted transaction, TRC 051 is returned in the TRR. Examples of inappropriate effective dates: • Date is not first day of the month • Date is more than two months beyond the CPM ***Note:*** *Transactions with effective dates that are prior to the appropriate date range are returned with TRC 054.* **Plan Action:** Correct the Effective Date and resubmit if appropriate. If this is a retroactive transaction, contact CMS for instructions on submitting retroactive transactions
052 R	Disenrollment Rejected, Duplicate Transaction	DUPLICATE	A disenrollment transaction (51) was rejected because it was a duplicate transaction. CMS has already processed another disenrollment transaction submitted by the same plan with the same effective date. The effective date of the disenrollment is reported in the Effective Date field (18) on the Transaction Reply record. **Plan Action:** None required

Code/Type*	Title	Short Definition	Definition
054 R	Disenrollment Rejected, Retroactive Date	RETRO DISN DATE	A disenrollment transaction (51 or 54) was rejected because the submitted effective date was prior to the earliest allowed date for disenrollment transactions. Effective dates for disenrollment transactions (51) can be no earlier than one month prior to Current Payment Month (CPM) or two months prior for type 54 transactions. The requested effective date of the disenrollment is reported in the Effective Date field (18) on the Transaction Reply Record. **Plan Action:** Correct the Effective Date and resubmit if appropriate. If this is a retroactive transaction, contact CMS for instructions on submitting retroactive transactions
055 M	ESRD Status Canceled	ESRD CANCELED	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. This beneficiary was previously in End State Renal Disease (ESRD) status. That status has been cancelled. The effective date of the ESRD status cancellation is reported in field 24 of the Transaction Reply record and in the EFF DATE column on the printed report. **Plan Action:** Update the Plan records.
056 R	Demonstration Enrollment Rejected	FAILS DEMO REQ	An enrollment or PBP change transaction (60, 61, 62, 71) 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 Plan specific. The attempted enrollment effective date is reported in fields 24 and 18 of the Transaction Reply record and in the EFF DATE column on the printed report. **Plan Action:** Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
057 M	Risk Adjuster Factor Change	OBSOLETE	This is an informational TRC. The Risk Adjuster System (RAS) has created new factors for this beneficiary, which may result in payment adjustments. **Plan Action:** Refer to the monthly RAS reports to update the Plan's records.
060 R	Correction or Change Rejected, Not Enrolled	NOT ENROLLED	A Correction (01) or enrollment Record Update transaction (72, 73, 74, 75) was rejected because the beneficiary is not currently enrolled in the Plan. Plans are not permitted to submit transactions for beneficiaries who are not enrolled in their plan. **Plan Action:** Verify the beneficiary identifying information and resubmit the transaction with updated information, if appropriate.
062 R	Correction Rejected, Overlaps Other Period	INS-NHC OVERLAP	A correction transaction (01) was rejected because this transaction would have resulted in overlapping Institutional and Nursing Home Certifiable (NHC) periods. The beneficiary is not allowed to be in both Institutional and NHC status. These two types of periods are mutually exclusive. ***Note:*** This TRC is only applicable for effective dates prior to 1/1/2008. **Plan Action:** Ensure that the Plan's records reflect the correct dates.

Code/Type*	Title	Short Definition	Definition
071 M	Hospice Status Set	HOSPICE ON	This TRC is returned on a reply with transaction type 01 and occasionally with 60, 61, 62, or 71. When returned with transaction type 01, the TRC is in response to a change in beneficiary Hospice status. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. In the case of transaction type 01, a notification has been received that this beneficiary is in Hospice status. The date on which Hospice Status became effective is reported in fields 18 and 24 on the Transaction Reply record and in the EFF DATE column on the printed report The effective date for Hospice Status is not restricted to the first or last day of the month. It may be any day of the month. When this TRC is returned with transaction types 60, 61, 62, or 71, the TRC is in response to a retroactive enrollment and is identifying the fact that an enrollment end date has been established due to the beneficiary's hospice status. The enrollment start date is in field 18 and the enrollment end date is in field 24. In this circumstance it is accompanied by TRC-018, Automatic Disenrollment. **Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
072 M	Hospice Status Terminated	HOSPICE OFF	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. A notification has been received that this beneficiary's Hospice Status has been terminated. The end date for the Hospice Status is reported in fields 18 and 24 on the Transaction Reply record and in the EFF DATE column on the printed report. The date for termination of Hospice Status is not restricted to the first or last day of the month. It may be any day of the month. **Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.
073 M	ESRD Status Set	ESRD ON	This TRC is returned on a reply with transaction type 01 and occasionally with 60, 61, 62, or 71. When returned with transaction type 01, the TRC is in response to a change in beneficiary ESRD status . It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. In the case of transaction type 01, a notification has been received that this beneficiary is in End Stage Renal Disease (ESRD) status. The date on which ESRD Status became effective reported in fields 18 and 24 on the Transaction Reply record and in the EFF DATE column on the printed report. When this TRC is returned with transaction types 60, 61, 62, or 71, the TRC is in response to a retroactive enrollment and is identifying the fact that an enrollment end date has been established due to the beneficiary's ESRD status. The enrollment start date is in field 18 and the enrollment end date is in field 24. In this circumstance it is accompanied by TRC-018, Automatic Disenrollment. **Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
074 M	ESRD Status Terminated	ESRD OFF	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. A notification has been received that this beneficiary's End Stage Renal Disease (ESRD) Status has been terminated. The end date for the ESRD Status is reported in fields 18 and 24 on the Transaction Reply record and in the EFF DATE column on the printed report. **Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.
075 A	Institutional Status Set	INSTITUTION ON	A correction transaction (01) placed the beneficiary in Institutional status. The effective date of the Institutional status is shown in field 24 of the TRR record and in the EFF DATE column on the printed report. Institutional status automatically ends each month; therefore, there is no Institutional Status termination transaction. This TRC is only applicable for application dates prior to 01/01/2008. **Plan Action:** Update the Plan records. Take the appropriate actions as per CMS enrollment guidance. ***Note:*** *This TRC is only applicable for effective dates prior to 01/01/2008.*

Code/Type*	Title	Short Definition	Definition
077 A/M	Medicaid Status Set	MEDICAID ON	A reply with this TRC is seen for plan submitted retroactive 01 transactions and occasionally 60, 61, 62, or 71 enrollment transactions. In the case of transaction type 01, this beneficiary has been placed in Medicaid Status by the plan. The effective date of the Medicaid Status is reported in field 18 of the TRR and in the EFF DATE column on the printed report. This date is always the first of the month and is retroactive. When this TRC is returned with transaction types 60, 61, 62, or 71, the TRC is in response to a retroactive enrollment and is identifying the fact that an enrollment end date has been established due to the beneficiary having a Medicaid status. The enrollment start date is in field 18 and the enrollment end date is in field 24. In this circumstance it is accompanied by TRC-018, Automatic Disenrollment. **Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.
078 A/M	Medicaid Status Terminated	MEDICAID OFF	A reply with this TRC may be informational from CMS or in response to an 01 transaction submitted by the Plan. This beneficiary's Medicaid Status has been terminated. The effective date of the termination of Medicaid Status is reported in fields 18 and 24 of the TRR and in the EFF DATE column on the printed report. This date is always the last day of the month. **Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
079 M	Part A Termination	MEDICARE A OFF	This TRC is returned on a reply with transaction type 01 and occasionally with 60, 61, 62, or 71. When returned with transaction type 01, the TRC is in response to a change in beneficiary Part A Entitlement. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. In the case of transaction type 01, this beneficiary's Part A Entitlement has been terminated. The effective date of the termination is reported in fields 18 and 24 on the transaction reply record and in the EFF DATE column of the printed report. When this TRC is returned with transaction types 60, 61, 62, or 71, the TRC is in response to a retroactive enrollment and is identifying the fact that an enrollment end date has been established due to the beneficiary's termination of Part A. The enrollment start date is in field 18 and the enrollment end date is in field 24. In this circumstance it is accompanied by TRC-018, Automatic Disenrollment. ***Note:*** *A TRR record with this reply code is only reported to the Plan in which the beneficiary is currently enrolled, even if it affects periods of enrollment in other Plans.* **Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
080 M	Part A Reinstatement	MEDICARE A ON	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. This beneficiary's Part A Entitlement has been reinstated. The effective date of the start of Part A entitlement is reported in fields 18 and 24 on the transaction reply record and in the EFF DATE column of the printed report. ***Note:*** *A TRR record with this reply code is only reported to the Plan in which the beneficiary is currently enrolled, even if it affects periods of enrollment in other Plans. If, as a result of a loss of Part A entitlement, the beneficiary has been disenrolled and does not continue to be enrolled in some managed care contract, the reply code is not issued.* **Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
081 M	Part B Termination	MEDICARE B OFF	This TRC is returned on a reply with transaction type 01 and occasionally with 60, 61, 62, or 71. When returned with transaction type 01, the TRC is in response to a change in beneficiary Part B Entitlement. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. In the case of transaction type 01, this beneficiary's Part B Entitlement has been terminated. The effective date of the termination is reported in fields 18 and 24 on the transaction reply record and in the EFF DATE column of the printed report. When this TRC is returned with transaction types 60, 61, 62, or 71, the TRC is in response to a retroactive enrollment and is identifying the fact that an enrollment end date has been established due to the beneficiary's termination of Part B. The enrollment start date is in field 18 and the enrollment end date is in field 24. In this circumstance it is accompanied by TRC-018, Automatic Disenrollment. ***Note:*** *A TRR record with this reply code is only reported to the Plan in which the beneficiary is currently enrolled, even if it affects periods of enrollment in other Plans.* **Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
082 M	Part B Reinstatement	MEDICARE B ON	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. This beneficiary's Part B Entitlement has been reinstated. The effective date of the start of Part B entitlement is reported in fields 18 and 24 on the transaction reply record and in the EFF DATE column of the printed report. ***Note:*** *A TRR record with this reply code is only reported to the Plan in which the beneficiary is currently enrolled, even if it affects periods of enrollment in other Plans. If, as a result of a loss of Part B entitlement, the beneficiary has been disenrolled, but not re-enrolled, the reply code is not issued.* **Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.
085 M	State and County Code Change	NEW SCC	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. This beneficiary's State and County Code (SCC) information has changed. The new SCC information will be reported in fields 9, 10 and 24 of the Transaction Reply record. **Plan Action:** Update the Plan's records.
086 M	Claim Number Change	NEW HICN	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. This beneficiary's claim number (HICN) has changed. The new claim number is reported in field 24 of the Transaction Reply record and in the REMARKS column of the printed report. **Plan Action:** Update the Plan's records. The new claim number must be used on all future transactions for this beneficiary.

Code/Type*	Title	Short Definition	Definition
087 M	Name Change	NEW NAME	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. This beneficiary's name has changed. The new name is reported in the name fields (2, 3 and 4) of the Transaction Reply record and in the SURNAME, FIRST NAME and MI columns of the printed report. The effective date field (field 18) reports the date the name change was processed by CMS. **Plan Action:** Update the Plan's records. To ensure accurate identification of the beneficiary, future submitted transactions for this beneficiary should use the new name.
088 M	Sex Code Change	NEW SEX CODE	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. This beneficiary's sex code has changed. The new sex code is reported in field 5 of the Transaction Reply record and in the SEX column of the printed report. The effective date field (field 18) reports the date the sex code change was processed by CMS. **Plan Action:** Update the Plan's records. To ensure accurate identification of the beneficiary, future submitted transactions for this beneficiary should use the new sex code.

Code/Type*	Title	Short Definition	Definition
089 M	Date of Birth Change	NEW BIRTH DATE	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. This beneficiary's date of birth has changed. The new date of birth is reported in field 6 (DOB) and field 24 of the Transaction Reply record and in the DATE OF BIRTH and EFF DATE columns of the printed report. Field 18 (Effective Date) of the Transaction Reply record reports the date the DOB change was processed by CMS. **Plan Action:** Update the Plan's records. To ensure accurate identification of the beneficiary, future submitted transactions for this beneficiary should use the new date of birth.

Code/Type*	Title	Short Definition	Definition
090 M	Date of Death Established	MEMB DECEASED	This TRC is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. When CMS is notified of a beneficiary's death, the Plan receives three replies in their TRR. • Type 01 with TRC 090 – *only received by the Plan in which the beneficiary is enrolled during the CPM.* • Type 51 with TRC 090 • Type 51 with TRC 018 or TRC 015 • Transaction replies with other TRCs may also accompany these three replies. Examples include status terminations and SSA responses. On a type 01 transaction with TRC 090, the beneficiary's actual date of death is reported in fields 18 and 24 on the TRR and in the EFF DATE column on the printed report. On a type 51 transaction with TRC 090, fields 18 and 24 report the effective date of the disenrollment that result from the death. This will always be the 1st of the month following the death if the beneficiary is actively enrolled in a plan. If the Plan's enrollment is not yet effective, these fields will report the effective date of the enrollment being cancelled. **Plan Action:** Update the Plan's records with the beneficiary's date of death from the type 01 transaction. It is the type 51 transaction with TRC 018 or 015 that should be processed as the auto-disenrollment or cancellation. Take the appropriate actions as per CMS enrollment guidance. ***Note:*** *The above three transaction replies may not appear in the same weekly TRR.*

Code/Type*	Title	Short Definition	Definition
091 M	Date Of Death Removed	DEATH DATE OFF	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. Although the Plan has previously received a transaction reply reporting a date of death for this beneficiary, the date of death has been removed. The beneficiary is still alive. Fields 18 and 24 contain the date of death that was previously reported to the Plan. If the date of death is removed after the auto disenrollment has taken effect, the Plan will not receive this transaction reply. **Plan Action:** Update the Plan's records and restore the beneficiary's enrollment with the original enrollment start and end dates. Take the appropriate actions as per CMS enrollment guidance.
092 M	Date of Death Corrected	NEW DEATH DATE	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. The date of death for this beneficiary has been corrected. The corrected date of death is reported in field 24 of the Transaction Reply record and in the EFF DATE column on the printed report. **Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.
097 R	Medicaid Previously Turned On	MCAID PREV ON	A correction transaction (01) was rejected because this transaction attempted to set the Medicaid status for the beneficiary to ON. The Medicaid status for the beneficiary was already ON for the month in question. ***Note:*** *This TRC is only applicable for submitted correction transactions (01) with effective dates prior to 1/1/2008.* **Plan Action:** None required. Verify the Plan records.

Code/Type*	Title	Short Definition	Definition
098 R	Medicaid Status Previously Turned Off	MCAID PREV OFF	A correction transaction (01) was rejected because this transaction attempted to set the Medicaid status for the beneficiary to OFF. The Medicaid status for the beneficiary was already OFF for the month in question. ***Note:*** *This TRC is only applicable for submitted correction transactions (01) with effective dates prior to 1/1/2008.* **Plan Action:** None required. Verify the Plan records.
099 M	Medicaid Period Change/Cancellation	MCAID CHANGE	A change has been made to a period of Medicaid status information for the beneficiary. **Plan Action**: Plan should update beneficiary record.
100 A	PBP Change Accepted as Submitted	PBP CHANGE OK	A submitted PBP Change transaction (71) has been successfully processed. The beneficiary has been moved from the original PBP to the new PBP. The effective date of enrollment in the new PBP is reported in fields 18 and 24 of the Transaction Reply record and in the EFF DATE column on the printed report. The effective date will always be the first day of the month. This is the definitive PBP Change acceptance record. Other accompanying replies with different TRCs may give additional information about this accepted PBP Change. Field 20 (Plan Benefit Package ID) contains the new PBP identifier. The old PBP is reported in field 29 (Prior Plan Benefit Package ID). **Plan Action:** Ensure the Plan's system matches the information included in the TRR record. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
102 R	Rejected; Invalid or Missing Application Date	BAD APP DATE	An enrollment or PBP change transaction (60, 61, 62, 71) failed or was rejected because the Application Date was missing or invalid or inappropriate. If the Application Date contains a non-blank invalid date (ex: “Aug 1940” or “19400199”), the transaction is returned with TRC 102 in the BCSS as a failed record (NOT the TRR). If the Application Date is blank or contains a valid date that is not appropriate for the submitted transaction, TRC 102 is returned in the TRR record. Examples of inappropriate application dates: • Date is blank (***Note:*** *Blank Application Dates are accepted on Disenrollment (51) or* Record Update (72, 73, 74, 75) *transactions because this is not a required field).)* • Date is later than the submitted Effective Date. • Date does not lie within the election period specified on the submitted transaction (***Note:*** *Plans should see Chapter 2 of the Medicare Managed Care Manual or the PDP Guidance on Eligibility, Enrollment and Disenrollment for detailed descriptions of the Election Periods.)* **Plan Action:** Correct the Application Date and resubmit if appropriate.
103 R	ICEP/IEP Election with Missing A/B Entitlement Date	ICEP/IEP NO ENT	An enrollment transaction (60, 61, 62) was rejected because the beneficiary does not have entitlement for Part A and/or enrollment in Part B on record (required for enrollment transactions). This TRC will only be returned on enrollment transactions submitted with election type I (Initial Coverage Election Period) or E (Initial Enrollment Period for Part D). **Plan Action:** Verify the beneficiary’s Part A / Part B entitlement / enrollment. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
104 R	Rejected; Invalid or Missing Election Type	BAD ELECT TYPE	An enrollment, disenrollment or PBP change transaction (60, 61, 62, 51, 71) was rejected because the submitted Election Type is either missing, contains an invalid value or is not appropriate for the plan or for the transaction type. The valid Election Type values are: A – Annual Election Period (AEP) D – Medicare Advantage Disenrollment Period (MADP) E – Initial Enrollment Period for Part D (IEP) F -- Second Initial Enrollment Period for Part D (IEP2) I – Initial Coverage Election Period (ICEP) T – Open Enrollment Period for Institutionalized Individuals (OEPI) **Special Enrollment Periods:** U - SEP for Loss of Dual Eligibility or for Loss of LIS V - SEP for Changes in Residence W - SEP EGHP (Employer/Union Group Health Plan) Y - SEP for CMS Casework Exceptional Conditions X - SEP for Administrative Change • *Plan Submitted "Rollover"* • *Involuntary Disenrollment* • *Premium Withhold Change* • *Plan-submitted "Canceling" Transaction* *Z – SEP for:* • *Auto-Enrollment (Enrollment Source Code = A)* • *Facilitated Enrollment (Enrollment Source Code = C)* • *Plan-Submitted Auto-Enrollment (Enrollment Source Code = E) and Transaction Type 71 (PBP Change) and MA or Cost Plan (all conditions must be met)* • *POS Enrollment (Enrollment Source Code = G)* S – Special Enrollment Period (SEP) The value expected in Election Type depends on the Plan and transaction type, as well as on when the beneficiary gains entitlement. Each Election Type Code can be used only during the election period associated with that election type. Additionally, there are limits on the number of times each election type may be used by the beneficiary.

Code/Type*	Title	Short Definition	Definition
104 R (Continued)	Rejected; Invalid or Missing Election Type	BAD ELECT TYPE	**Plan Action:** Review the detailed information on Election Periods in *Chapter 2 of the Medicare Managed Care Manual* or the *PDP Guidance on Eligibility, Enrollment and Disenrollment*. Determine the appropriate Election Type value and resubmit, if appropriate.
105 R	Rejected; Invalid Effective Date for Election Type	BAD ELECT DATE	An enrollment, PBP change, or disenrollment transaction (60, 61, 62, 71, 51) was rejected because the Effective Date was not valid for the election type or for the submitted application date. Examples of inappropriate effective dates: • Date is outside of the election period defined by the submitted election type. (ex: Election Type = A and Effective Date = 2/1/2007) • Date is not appropriate for the application date (ex: App date = 6/10/2007 & Eff Date =11/01/2007) **Plan Action:** Correct the Effective Date or Election Type and resubmit if appropriate. *Review Chapter 2 of the Medicare Managed Care Manual or the PDP Guidance on Eligibility, Enrollment and Disenrollment for detailed descriptions of the Election Periods and corresponding effective dates.*
106 R	Rejected; Another Transaction Received with a Later Application Date	LATER APPLIC	An enrollment or PBP change transaction (60, 61, 62, 71) was rejected because a transaction with a more recent application date was received for the same effective date. The submitted enrollment has been overridden by an enrollment in another contract/PBP. When multiple transactions are received for the same beneficiary with the same effective date but with different contract/PBP #s, the application date is used to determine which enrollment to accept. If the application dates are different, the system will accept the election containing the most recent date. If the transactions have the same application dates, they will be rejected with TRC 040. **Plan Action:** The beneficiary is not enrolled in the Plan. Update the Plan records.

Code/Type*	Title	Short Definition	Definition
107 R	Rejected; Invalid or Missing PBP Number	BAD PBP NUMBER	An enrollment, PBP change or Record Update transaction (60, 61, 62, 71, 72, 73, 74, 75) was rejected because the PBP # was missing or invalid. The PBP # must be of the correct format and be valid for the contract on the transaction. ***Note:*** *PBP # is not required on disenrollment transactions (51) but if submitted it must be valid for the contract number on the transaction.* **Plan Action:** Correct the PBP # and resubmit the transaction if appropriate.
108 R	Rejected; Election Limits Exceeded	NO MORE ELECTS	A transaction for which an election type is required (51, 60, 61, 62, 71) was rejected because the transaction will exceed the beneficiary's election limits for the submitted election type. The valid Election Type values which have limits are: A – Annual Election Period (AEP) 1 per calendar year D – Medicare Advantage Disenrollment Period (MADP) E – Initial Enrollment Period for Part D (IEP) 1 per lifetime F - Initial Enrollment Period for Part D (IEP2) 1 per lifetime I – Initial Coverage Election Period (ICEP) 1 per lifetime **Plan Action:** Review the discussion of election type requirements in *Chapter 2 of the Medicare Managed Care Manual* or the *PDP Guidance on Eligibility, Enrollment and Disenrollment.* Correct the election type and resubmit the transaction if appropriate.
109 R	Rejected; Duplicate PBP Number	DUPLICATE	A PBP Change transaction (71) was rejected because the member is already enrolled in the PBP # on the transaction. The effective date of the requested enrollment is reported in field 18 of the TRR record. **Plan Action:** If the submitted PBP was correct, no Plan action is required. If another PBP was intended, correct the PBP # and resubmit if appropriate.

Code/Type*	Title	Short Definition	Definition
110 R	Rejected; No Part A and No EGHP Enrollment Waiver	NO PART A/EGHP	An enrollment or PBP change transaction (60, 61, 62, 71) was rejected because the beneficiary lacks Part A and there was no EGHP Part B-only waiver in place. Plans can offer a PBP for EGHP members only, and, if the Plan chooses, it can define such PBPs for individuals who do not have Part A. **Plan Action:** Review CMS enrollment guidance in *Chapter 2 of the Medicare Managed Care Manual* or the *PDP Guidance on Eligibility, Enrollment and Disenrollment* and notify the beneficiary.
111 R	PBP Rejected; Invalid Contract Number	BAD CONTRACT #	A PBP change transaction (71) was rejected because the Contract Number submitted on the transaction does not match the Contract Number of the Plan in which the beneficiary is currently enrolled. The requested effective date of enrollment in the new PBP is reported in field 18 of the TRR record. A PBP Change transaction (71) is only used to move a beneficiary from one PBP to another within a specific Contract. **Plan Action:** If appropriate, resubmit the transaction with the correct contract number. If the Plan is attempting to move the beneficiary to a new contract number, an enrollment transaction (61, 60, 62) must be used.
112 R	Rejected; Conflicting Effective Dates	CNFLT EFF DATE	A PBP change transaction (71) was rejected because beneficiary was not enrolled in the submitted contract as of the effective date for the PBP change. A beneficiary must be enrolled in a PBP of a contract in order to change to another PBP. The effective date of the enrollment within the contract must be equal to or before the effective date of the PBP change. **Plan Action:** Correct the effective date of the PBP Change transaction and resubmit if appropriate. If the Plan is attempting to enroll a beneficiary in a different PBP with an effective date earlier than the original enrollment, the Plan must us an Enrollment transaction (60, 61, 62).

Code/Type*	Title	Short Definition	Definition
115 R	Enrollment Rejected; Plan Not Open	OBSOLETE	An enrollment or PBP change transaction (60, 61, 62, 71) was rejected because this Plan is closed to enrollments using an OEPI (T) election type. **Plan Action*:*** Correct the enrollment type and resubmit the transaction if appropriate.
116 R	Enrollment or Change Rejected; Invalid or Missing Segment number	BAD SEGMENT NUM	An enrollment or PBP change transaction (60, 61, 62, 71) was rejected because the enrollment is for a PBP that has been segmented, and the segment number on the submitted transaction was missing or invalid. -OR- A Miscellaneous Record Update transaction (74) was submitted with a non-blank Segment number, and the segment number was invalid for the PBP. Any submitted segment number must be valid for the Contract / PBP combination. *Segment number is not required for a disenrollment transaction (51).* **Plan Action*:*** Correct the Segment number and resubmit the transaction if appropriate.
117 A	FBD Auto Enrollment Accepted	FBD AUTO ENROLL	This new enrollment transaction (61, 62, 71) was the result of a Plan-submitted or CMS-initiated auto-enrollment of a full-benefit dual-eligible beneficiary into a Part D Plan. The enrollment was accepted. The effective date of the new enrollment is shown in the Effective Date (field 18) of the Transaction Reply record and in the EFF DATE column on the printed report. Other accompanying replies with different TRCs may give additional information about this new enrollment. **Plan Action:** Ensure the Plan's system matches the information included in the TRR record. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
118 A	LIS Facilitated Enrollment Accepted	LIS FAC ENROLL	This new enrollment transaction(61, 62, 71) was the result of a Plan-submitted or CMS-initiated facilitated enrollment of a low income beneficiary into a Part D Plan. The effective date of the new enrollment is shown in the Effective Date (field 18) of the Transaction Reply record and in the EFF DATE column on the printed report. Other accompanying replies with different TRCs may give additional information about this new enrollment. **Plan Action:** Ensure the Plan's system matches the information included in the TRR record. Take the appropriate actions as per CMS enrollment guidance.
119 A	Premium Amount Change Accepted	PREM AMT CHG	A Miscellaneous Record Update transaction (74) was accepted. The Part C premium amount has been updated with the amount submitted on the transaction. The amount may have also been updated by CMS. A Record Update transaction (74) was received with a Part C premium that exceeded the stored Maximum Part C amount; MARx has reset this value to the stored Part C Basic plus Mandatory Supplemental Premium Rebate, Net of Rebate. The effective date of the new premium will be reported in field 18 of the TRR record and in the EFF DATE column on the printed report. The amount of the new Part C premium will be reported in field 19 of the TRR record. All data provided for change other than the Part C Premium, EGHP Flag, Segment ID or Opt Out Flag fields has been ignored. **Plan Action:** Update the Plan's records accordingly, ensuring that the beneficiary's premium amounts are implemented as of the effective date in field 18. Take the appropriate actions as per CMS enrollment guidance. ***Note:*** *If a change to the Part D Premium amount is submitted and it is not the amount recorded in HPMS, CMS will change the Part D Premium to the correct amount and issue a reply with TRC 181.*

Code/Type*	Title	Short Definition	Definition
120 I	Premium Withholding Option Change Sent to SSA	WHOLD UPDATE	As a result of an accepted Plan-submitted transaction (51, 60, 61, 62, 71, 73, 74, 75) or UI update to a beneficiary's records, information has been forwarded to SSA to update SSA records and implement any requested premium withholding changes. Any requested change will not take effect until an SSA acceptance is received. Plans are notified of the SSA acceptance with a TRC 185 on a future TRR. **Plan Action:** None required. Take the appropriate actions as per CMS enrollment guidance. ***Note:*** *The Plan will not see the result of any Premium Withholding Option change until they have received a TRC 185 on a future TRR.*
121 M	Low Income Period Status	LIS UPDATE	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. It is created in response to an enrollment transaction or change in a beneficiary's low income profile. Each TRC-121 returns start and end dates, premium subsidy percentage, and copayment category for one low income period affecting a PBP enrollment. There may be more than one TRC-121 returned. The effective date for the co-pay period is shown in the Low-Income Period Effective Date field (field 51). Premium subsidy percentage and co-pay level are reported in the Part D Low-Income Premium Subsidy Level field (field #49), and Low-Income Co-Pay Category field (field 50), respectively. The Effective Date field (field 18) contains the PBP enrollment period start date. Low income subsidy TRCs 194 and/or 223 may accompany TRC-121. These three TRCs convey the beneficiary's low income subsidy profile at the time of report generation. They provide a full replacement set of low income subsidy data affecting the identified PBP enrollment period. **Plan Action:** Update the Plan's records to reflect the given data for the beneficiary's LIS period. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
122 R	Enrollment or Change Rejected, Invalid Premium Amount	BAD PREMIUM AMT	An enrollment, PBP change or Record Update transaction (60, 61, 62, 71, 74) was rejected because the submitted Part C or Part D premium amount was not blank and was not numeric. If the Part C and/ or Part D premium fields are blank on submitted Enrollments or PBP change transactions (60, 61, 62, 71), the blank will be converted to zeros. Any submitted value must be numeric. Blank Part C and/or Part D premium fields are permitted on the Record Update transaction (72). If either of these fields is populated, the field must contain a numeric value. **Plan Action:** Correct the Part C and/or Part D premium amounts and resubmit if appropriate.
123 R	Enrollment or Change Rejected, Invalid Premium Withholding Option Code	BAD W/HOLD OPT	An enrollment, PBP change or Premium Withhold Option Record Update transaction (60, 61, 62, 71, 75) was rejected because the value submitted in the Premium Withholding Option Code field was an invalid value. The valid values include: • D – Direct Bill – Self Pay • S – Deduct from SSA benefits • N – No premium applicable R (Deduct from RRB) and O (Deduct from OPM benefits) are not currently available. They are scheduled for future implementation. **Plan Action:** Correct the Premium Withholding Option code and resubmit if appropriate.

Code/Type*	Title	Short Definition	Definition
124 R	Enrollment or Change Rejected; Invalid Uncovered Months Field	BAD UNCOV MNTHS	An enrollment PBP Change or Number of Uncovered Months Record Update transaction (60, 61, 62, 71, 73) was rejected because the 'Number of Uncovered Months' field was not correctly populated. This rejection could be the result of the following conditions: • The field contained a non-numeric value • The Uncovered Months field was zero when the Creditable Coverage Switch was set to N • The Uncovered Months field was greater than zero when the Creditable Coverage Switch was set to Y or blank • On a type **73** transaction, the non-blank Uncovered Months field contained a non-numeric value **Plan Action:** Correct the Number of Uncovered Months value and resubmit the transaction if appropriate. Verify that the Creditable Coverage Flag and Number of Uncovered Months combination is valid.
126 R	Enrollment or Change Rejected; Invalid Creditable Coverage Flag	BAD CRED COV FL	An enrollment, PBP Change or Number of Uncovered Months Record Update transaction (60, 61, 62, 71, 73) was rejected because the 'Creditable Coverage Flag' field was not correctly populated. The valid values for Creditable Coverage Flag are Y, N and blank. **Plan Action:** Correct the Creditable Coverage Flag value and resubmit the transaction if appropriate. Verify that the Creditable Coverage Flag and Number of Uncovered Months combination is valid.

Code/Type*	Title	Short Definition	Definition
127 R	Part D Enrollment Rejected; Employer Subsidy Status	EMP SUB REJ	An enrollment transaction (60, 61, 62) was rejected because the beneficiary has employer subsidy periods overlapping with the requested enrollment period. The requested effective date is reported in field 18 of the TRR record. **Plan Action:** Take the appropriate actions as per CMS enrollment guidance. Contact the beneficiary to explain the potential consequences of this enrollment. If the beneficiary elects to join the Part D plan anyway, the enrollment should be resubmitted with the Employer Subsidy Override Flag set to Y.
128 R	Part D Enrollment Rejected; Employer Subsidy Flag set; No Prior Transaction	EMP SUB OVR REJ	An enrollment transaction (60, 61, 62) was rejected because the beneficiary has employer subsidy periods overlapping with the requested enrollment period. Even through this transaction was submitted with the Employer Subsidy Override Flag set to Y, the override is not valid because there is no record that the enrollment was previously submitted and rejected with TRC 127 (Part D Enrollment Rejected; Employer Subsidy Status). CMS enforces this two-step process to ensure that the Plan discusses the potential consequences of the Part D enrollment (i.e. possible loss of employer health coverage) with the beneficiary before CMS accepts the employer subsidy override. **Plan Action:** Take the appropriate actions as per CMS enrollment guidance. Contact the beneficiary to explain the potential consequences of this enrollment. If the beneficiary elects to join the Part D plan anyway, the enrollment should be resubmitted with the Employer Subsidy Override Flag set.

Code/Type*	Title	Short Definition	Definition
129 I	Part D Enrollment Accepted; Employer Subsidy Flag set; Prior Transaction Rejected	EMP SUB ACC	This TRC provides additional information about a new enrollment (60, 61, 62) for which an acceptance was sent in a separate Transaction Reply with an enrollment acceptance TRC. The Effective Date of the enrollment for which this information is pertinent is reported in field 18 of the Transaction Reply record and in the EFF DATE column on the printed report. The transaction type will reflect the transaction type of the enrollment (60, 61, 62). This newly enrolled beneficiary had employer subsidy periods overlapping with the requested enrollment period. A prior enrollment transaction was rejected with TRC 127 or 128. The Plan resubmission of the enrollment transaction with the Employer Subsidy Override Flag set to Y indicates that the Plan has contacted the beneficiary to explain the potential consequences of this enrollment, and that the beneficiary elects to join the Part D Plan anyway. **Plan Action:** No action required. Process the accompanying transaction enrollment acceptance transaction.
130 R	Part D Opt-Out Rejected, Opt-Out Indicator Not Valid	BAD OPT OUT CD	An Opt-Out, disenrollment, PBP Change or Miscellaneous Record Update transaction (41, 51, 54, 71, 74) was rejected because the 'Part D Opt-Out Flag' field was not correctly populated. The valid values for Part D Opt-Out Flag are: Type 41 transaction – Y or N All other transaction types – Y, N or blank **Plan Action:** If submitted by the Plan (51, 71, 74), correct the Part D Opt-Out Flag value and resubmit the transaction if appropriate. If submitted by CMS (41, 54), no Plan action is required.

Code/Type*	Title	Short Definition	Definition
131 I	Part D Opt-Out Accepted	OPT OUT OK	A transaction (41, 51, 54, 71, 74) was received that specified a Part D Opt-Out Flag value or a change to the Part D Opt-Out Flag value. The Part D Opt-Out Flag has been accepted The new Part D Opt-Out Flag value is reported in field 38 on the TRR record. Relative to the 74 transaction, all data provided for change other than the Part C Premium, EGHP Flag, Segment ID or Opt Out Flag fields has been ignored. **Plan Action:** No action necessary.
133 R	Part D Enrollment Rejected; Invalid Secondary Insurance Flag	BAD 2 INS FLAG	An enrollment, PBP Change or 4Rx Record Update transaction (60, 61, 62,71, 72) was rejected because the 'Secondary Drug Coverage Flag' field was not correctly populated. The valid values for Secondary Drug Coverage Flag are Y, N or blank. **Plan Action:** Correct the Secondary Drug Coverage Flag and resubmit the transaction if appropriate.
134 I	Missing Secondary Insurance Information	NO 2 INS INFO	An Enrollment, PBP Change, or 4Rx Record Update transaction (60, 61, 62, 71, 72) was submitted with the Secondary Insurance Flag set to Y, but the associated secondary insurance fields (Secondary RxID and Secondary RxGroup) were not populated. No changes to the beneficiary's secondary insurance information were made. **This is not a transaction rejection.** The submitted transaction was accepted and a reply was provided in the TRR with an appropriate acceptance TRC. This reply provides additional information about the transaction. The Effective Date of the transaction for which this information is pertinent is reported in field 18 of the Transaction Reply record and in the EFF DATE column on the printed report. The transaction type will reflect the transaction type of the submitted transaction. (60, 61, 62, 71, 72). **Plan Action: If appropriate,** submit a 4Rx Record Update transaction (72) with the correct Secondary Insurance RxID and Secondary Insurance RxGroup values.

Code/Type*	Title	Short Definition	Definition
135 M	Beneficiary Has Started Dialysis Treatments	DIALYSIS START	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has been notified that the beneficiary has ESRD and has begun dialysis treatments. The effective date of the change is reported in field 18 of the TRR record and in the EFF DATE column on the printed report. **Plan Action:** Update the Plan's beneficiary records with the information in the TRR. Take the appropriate actions as per CMS enrollment guidance.
136 M	Beneficiary Has Ended Dialysis Treatments	DIALYSIS END	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has been notified that the beneficiary has ESRD and is no longer receiving dialysis treatments. The effective date of the change is reported in field 18 of the TRR record and in the EFF DATE column on the printed report. **Plan Action:** Update the Plan's beneficiary records with the information in the TRR. Take the appropriate actions as per CMS enrollment guidance.
137 M	Beneficiary Has Received a Kidney Transplant	TRANSPLANT ADD	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has been notified that the beneficiary has ESRD and has received a transplanted kidney. The effective date of the change is reported in field 18 of the TRR record and in the EFF DATE column on the printed report. **Plan Action:** Update the Plan's beneficiary records with the information in the TRR. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
138 M	Beneficiary Address Change to Outside the U.S.	ADDR NOT U.S.	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has been notified that the beneficiary's address is now outside of the U.S. The effective date of the change is reported in field 18 of the TRR record and in the EFF DATE column on the printed report. **Plan Action:** Research the beneficiary's new address and update the Plan's beneficiary records. Take the appropriate actions as per CMS enrollment guidance.
139 A	EGHP Flag Change Accepted	EGHP FLAG CHG	A Miscellaneous Record Update transaction (74) was accepted. This transaction changed the beneficiary's EGHP flag. The Miscellaneous Record Update transaction may have been submitted by the Plan or initiated by a CMS User. The value in field 48 on the TRR record will contain the new EGHP flag. The effective date of the change is reported in field 18 of the TRR record and in the EFF DATE column on the printed report. All data provided for change other than the Part C Premium, EGHP Flag, Segment ID or Opt Out Flag fields has been ignored. **Plan Action:** Ensure the Plan's system matches the information included in the TRR record. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
140 A	Segment ID Change Accepted	SEGMENT ID CHG	A Miscellaneous Record Update transaction (74) was accepted. This transaction changed the Segment ID for the beneficiary. The value in field 33 on the TRR record will contain the new Segment ID. The effective date of the change is reported in field 18 of the TRR record and in the EFF DATE column on the printed report. All data provided for change other than the Part C Premium, EGHP Flag, Segment ID or Opt Out Flag fields has been ignored. **Plan Action:** Ensure the Plan's system matches the information included in the TRR record. Take the appropriate actions as per CMS enrollment guidance.
141 A	Uncovered Months Change Accepted	UNCOV MNTHS CHG	A **Number of Uncovered Months Record Update** transaction (73) was accepted. This transaction updated the creditable coverage information (Creditable Coverage Flag and/or Number of Uncovered Months) for the beneficiary. The values in fields 40 and 41 on the TRR record will contain the new creditable coverage values. The effective date of the change is reported in field 18 of the TRR record and in the EFF DATE column on the printed report. All data provided for change, other than the Uncovered Months fields, has been ignored. **Plan Action:** Ensure the Plan's system matches the information included in the TRR record. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
143 A	Secondary Insurance Rx Number Change Accepted	2 INS Rx # CHG	A 4Rx Record Update transaction (72) was accepted. This transaction updated the secondary drug insurance information (Secondary RxID, Secondary RxBIN, Secondary Rx Group, Secondary RxPCN) for the beneficiary. The 4Rx Record Update transaction may have been submitted by the Plan or initiated by a CMS User. The values in fields 46, 47, 60 & 61 on the TRR record will contain the new secondary drug insurance information. The effective date of the change is reported in field 18 of the TRR record and in the EFF DATE column on the printed report. All data provided for change, other than the 4Rx fields, has been ignored. **Plan Action:** Ensure the Plan's system matches the information included in the TRR record. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
144 M	Premium withhold option change to direct bill	PREM WH OPT CHG	CMS has changed the premium withhold option specified on the transaction to "D – Direct Bill" for one of the following reasons: • Retroactive premium withholding was requested. • The beneficiary's retirement system (SSA, RRB or OPM) was unable to withhold the entire premium amount from the beneficiary's monthly check. • The beneficiary has a BIC of M or T and chose "SSA" as the withhold option. SSA cannot withhold premiums for these beneficiaries (there is no benefit check to withhold from). • The beneficiary chose "OPM" as the withhold option. OPM are not withholding premiums at this time. • The Plan has submitted a Part C premium amount that exceeds the maximum Part C premium value provided by HPMS. • RRB Withholding was requested for an effective date prior to 1/1/2011. This TRC may be generated in response to an accepted enrollment, PBP change or Record Update transaction (61, 62, 71) or may be initiated by CMS. **Plan Action:** Update the Plan's beneficiary records to reflect the direct bill payment method. Take the appropriate actions as per CMS enrollment guidance.
146 A (Not Currently Used)	Rollover successful	ROLLOVER	A termination-rollover action was processed. These actions allow all members of a terminating Plan (contract or PBP) to be 'rolled over' (automatically enrolled) in a new Plan. This normally occurs at year end if a contract or PBP changes for the new year. The transaction is an enrollment transaction (61) and has the new Contract and PBP in fields 8, 20 and 33. The effective date of the rollover is reported in field 18 and in the EFF DATE column on the printed report. **Plan Action:** Submit a 4Rx Record Update transaction (72) supplying the beneficiary's new insurance field (4Rx) values. If the move resulted in beneficiaries being moved incorrectly, contract your CMS plan representative.

Code/Type*	Title	Short Definition	Definition
148 I	Rollover successful, Secondary Drug Insurance 4Rxupdate required	OBSOLETE	A beneficiary was “rolled over” into a new Plan (Contract and/or PBP). Updated 4RX drug insurance information is needed by CMS for the primary drug coverage and the secondary if applicable. This TRC provides the Plan with additional information on a rollover transaction that was processed successfully. It will be received by Plans which offer Part D coverage (PDP, MA-PD, demonstration or other Plan with Part D). The effective date of the new rolled-over enrollment will be reported in field 18 and in the EFF DATE column on the printed report. **Plan Action:** Submit a change transaction (72) supplying the beneficiary’s new insurance field (4Rx) values.
150 I	Enrollment accepted, Exceeds Capacity Limit	OVER CAP LIMIT	Although a submitted enrollment or PBP change transaction was accepted, the resulting enrollment count exceeds the capacity limit for the contract or PBP. This TRC provides additional information about a new enrollment or PBP change (60, 61, 62, 71) for which an acceptance was sent in a separate Transaction Reply with an enrollment acceptance TRC. The effective date of the new enrollment for which this information is pertinent is reported in field 18 on the Transaction Reply record and in the EFF DATE column on the printed report. The transaction type reflects the transaction type of the enrollment or PBP change (60, 61, 71). **Plan Action:** Follow the procedures in CMS enrollment guidance and contact your CMS Central Office Health Insurance Specialist.

Code/Type*	Title	Short Definition	Definition
151 I	Disenrollment Accepted, Invalid Disenrollment Reason Code	DISROL-BAD RC [future use]	Although a submitted disenrollment transaction (51) was accepted, the disenrollment reason submitted in the transaction was invalid. This TRC provides additional information about a transaction for which an acceptance was sent in a separate Transaction Reply with TRC 013 or 015. The effective date of the disenrollment for which this information is pertinent is reported in field 18 on the Transaction Reply record and in the EFF DATE column on the printed report. **Plan Action:** THIS IS NOT CURRENTLY IMPLEMENTED. IT IS FOR FUTURE USE.
152 M	Race Code Change	NEW RACE CODE	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has been notified that the beneficiary's race code has changed. The effective date of the change is reported in field 18 of the TRR record and in the EFF DATE column on the printed report. The new race code will be reported in the next Monthly Membership Detail Report (MMR). **Plan Action:** Update the Plan's records accordingly, ensuring that the beneficiary's information matches the data included in the TRR record
154 M	Out of Area Status	OUT OF AREA	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has been notified that the beneficiary is no longer in the Plan's service area. This can be the result of: • The beneficiary's address has changed and is no longer in the Plan's service area. • The Plan's service area has been reduced and the beneficiary's county is no longer in the service area. **Plan Action:** Update the Plan's beneficiary records with the information in the TRR. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
155 M	Incarceration	INCARCERATED	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has been notified that the beneficiary is incarcerated. The effective date of the change is reported in field 18 of the TRR record and in the EFF DATE column on the printed report. **Plan Action:** Contact the beneficiary to confirm the incarceration. Review full CMS guidance on enrollment of incarcerated beneficiaries in the ***Medicare Managed Care Manual*** or ***PDP Enrollment Guidance*** and take appropriate actions.
156 R	Batch Transaction Rejected, User Not Authorized for Contract	BAD USR FOR PLN	This transaction (60, 61, 62, 51, 71, 72, 73, 74, 75, 01, 85) failed because it was submitted by a user who is not authorized to submit transactions for the contract. *This will be returned in the BCSS.* This TRC code will not be returned in the *TRR.* **Plan Action:** Resubmit using the correct submitter. If appropriate.
157 R	Contract Not Authorized for Transaction Code	UNAUT REQUEST	A transaction (41, 51, 54, 60, 61, 62, 71, 72, 73, 74, 75, 85) was rejected because the Plan is not authorized to submit that type of transaction. **Plan Action:** Correct the transaction type and resubmit if appropriate.
158 M	Institutional Period Change/Cancellation	INST CHANGE	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has changed or cancelled an Institutional period for the beneficiary. **Plan Action:** Update the Plan's beneficiary records with the information in the TRR. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
159 M	NHC Period Change/Cancellation	NHC CHANGE	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has changed or cancelled a NHC period for the beneficiary. **Plan Action:** Update the Plan's beneficiary records with the information in the TRR. Take the appropriate actions as per CMS enrollment guidance.
161 M	Beneficiary record Alert from MBD	MBD ALERT	This unusual reply code indicates a problem with the Medicare enrollee rosters which should be reported to CMS. **Plan Action:** Contact the Plan's central office support analyst for guidance.
162 R	Invalid EGHP Flag Value	BAD EGHP FLAG	An Enrollment, PBP Change or Miscellaneous Record Update transaction (60, 61, 62, 71, 74) was rejected because the submitted EGHP Flag value was invalid. The valid values for EGHP Flag are Y or blank for transactions types 60, 61, 62 and 71. Y, N or blank are accepted for Record Update transactions (74). **Plan Action:** Correct the EGHP Flag value and resubmit if appropriate.

Code/Type*	Title	Short Definition	Definition
164 R	EGHP Flag Value not 'Y'	EGHP FLAG NOT Y	An Employer Group Health Plan enrollment or PBP change transaction (60) was rejected because the 'EGHP Flag' field was not correctly populated. When a type 60 enrollment transaction is submitted, the EGHP flag must always be set to Y. Employer Group Health Plans are permitted to submit enrollment transactions with effective dates up to three months prior to the CPM. EGHPs use type 61 transactions when submitting transactions that are one month retroactive. When submitting transactions for effective dates CPM-2 or CPM-3, the Plan uses the type 60 transaction and the EGHP flag must be accurately populated. **Plan Action:** Correct the EGHP Flag value and resubmit the transaction if appropriate. ***Note:*** *The type 60 transaction and the EGHP Flag cannot be used by non-EGHP Plans.*
165 R	Processing delayed due to MARx system problems	SYSTEM DELAY	Processing of this transaction has been delayed due to CMS system conditions. No action is required by the user. CMS will process the transaction as soon as possible. **Plan Action:** Wait for further information from CMS.
166 R	Part D FBD Auto enrollment or Facilitated Enrollment Rejected	PARTD AUTO REJ	A plan-submitted auto or facilitated Part D enrollment was rejected because CMS has a record of an 'opt out' option on file for the beneficiary. This beneficiary has "opted out" of auto or facilitated enrollment. **Plan Action**: Update the Plan's records to ensure that the beneficiary is not enrolled in the Plan. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
167 M	Change in Beneficiary Low Income Premium Subsidy	OBSOLETE	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. This beneficiary's Part D low-income subsidy amount and/or percentage have changed. The effective date of the change is reported in field 18 of the TRR record and in the EFF DATE column on the printed report. Field 55 reports the beneficiary's Part D premium subsidy amount as of the effective date of the transaction. If the change affects the Part D low-income subsidy for the Current Payment Month (CPM), the new amount will be reported in field 24. Replies with TRC 167 are often accompanied by replies with TRC 168 and TRC 121. ***Note:*** *Fields 24 and 49 – 54 always represent the beneficiary's LIS and LEP values for the current CPM. If this change is retroactive, these values may not reflect the values of the period being changed. Refer to the LISHIST report to determine the correct values for retroactive changes.* **Plan Action:** Adjust the beneficiary's Part D LIS amount and/or percentage as of the effective date in field 18. Take the appropriate actions as per CMS enrollment guidance. If the change is retroactive, refer to the LISHIST report to verify the correct amount for the affected period.

Code/Type*	Title	Short Definition	Definition
168 M	Change in Beneficiary Low Income Cost Sharing Subsidy	OBSOLETE	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. This beneficiary's Part D low-income cost sharing level (co-pay) has changed. The effective date of the change is reported in field 18 of the TRR record and in the EFF DATE column on the printed report. If the change affects the Part D low-income cost sharing level for the Current Payment Month (CPM), the new level will be reported in field 24. Replies with TRC 168 are often accompanied by replies with TRC 167 and TRC 121. ***Note:*** *Fields 24 and 49 – 54 always represent the beneficiary's LIS and LEP values for the current CPM. If this change is retroactive, these values may not reflect the values of the period being changed. Refer to the LISHIST report to determine the correct values for retroactive changes. . Field 55 reports the beneficiary's Part D premium subsidy amount as of the effective date of the transaction.* **Plan Action:** Adjust the beneficiary's Part D LIS cost-sharing level as of the effective date in field 18. Take the appropriate actions as per CMS enrollment guidance. If the change is retroactive, refer to the LISHIST report to verify the correct level for the affected period.

Code/Type*	Title	Short Definition	Definition
169 R	Reinsurance Demonstration Enrollment Rejected	EMP SUBSIDY	An enrollment transaction (60, 61, 62) placing the beneficiary into a reinsurance demonstration Plan was rejected because the beneficiary has employer subsidy periods overlapping with the requested enrollment period. This TRC is equivalent to TRC 127 except that it applies to Reinsurance Demonstration Plans only. The requested effective date is reported in field 18 of the TRR record. **Plan Action:** Contact the beneficiary to explain the potential consequences of this enrollment. If the beneficiary elects to join the Part D plan anyway, the enrollment should be resubmitted with the Employer Subsidy Override Flag set to Y.
170 A	Enrollment or Change Accepted; Premium Withhold Option Changed to Direct Billing	PREM WH OPT CHG	The beneficiary's Premium Withholding Option has been changed to Direct Billing (D) because the beneficiary is a member of an employer group. Retirees who are members of an employer group cannot elect SSA withholding. This TRC provides additional information about an enrollment, PBP change, or Premium Withhold Option Record Update transaction (60, 61, 62, 71, 75) for which an acceptance was sent in a separate Transaction Reply with an enrollment acceptance TRC. The Effective Date of the enrollment for which this information is pertinent is reported in field 18 of the Transaction Reply record and in the EFF DATE column on the printed report. The transaction type will reflect the transaction type of the submitted transaction (60, 61, 62, 71, 75). **Plan Action:** Update the Plan's billing method and contact the beneficiary to explain the consequences of this change.

Code/Type*	Title	Short Definition	Definition
171 R	Record Update Rejected, Incorrect Chg Effective Dt	BAD CHG EFF DT	A **Record Update** transaction (74, 75) was rejected because the submitted transaction effective date was incorrect. The Effective date on the Type 75 transaction has to be in the CPM to CPM+2 range. The Effective date on the Type 74 transaction has to be in the CPM-1 to CPM+3 range. **Plan Action:** Correct the effective date and resubmit the transaction if appropriate.
172 R	Change Rejected; Creditable Coverage and/or Primary/Secondary Drug Information Not Applicable	CRED COV RX NA	A Record Update transaction (72, 73) was rejected because the reported drug coverage information was not applicable to the selected plan type (Mas and other plans without drug coverage). Non-drug plans should not submit drug plan information. The inappropriate information included on the transaction could be any or all of the following: • Creditable Coverage Information (Creditable Coverage Flag and Number of Uncovered Months) • Primary Drug Insurance Information (Rx ID, Rx GRP, Rx PCN and Rx BIN) • Secondary Drug Insurance Information (Secondary Insurance Flag, Rx ID, Rx GRP, Rx PCN and Rx BIN) **Plan Action:** Verify that the above fields are not populated and resubmit the transaction if appropriate.
173 R	Change Rejected; Premium Not Previously Set	NO PREMIUM INFO	A Record Update transaction (73, 74, 75) attempted to change one of the Premium data elements: Premium Withhold Option, Part C Premium Amount, Part D Premium Amount, or Number of Uncovered Months. This change was rejected because the Beneficiary's Premium was not previously established for the effective date. **Plan Action:** Review the beneficiary's premium data and resubmit if appropriate.

Code/Type*	Title	Short Definition	Definition
174 R	Transaction Rejected: No Data Updates Submitted	TRN REJECTED	A Record Update transaction (74) was rejected because none of the change-to fields, EGHP Flag, Segment ID, Opt-Out Flag and Part C Premium, were populated in the submitted transaction. All other change-to data unrelated to transaction 74 has been ignored. This transaction had no effect on the beneficiary's records. **Plan Action:** None required unless a change was intended. If a change was intended, populate the correct field(s) and resubmit the transaction. ***Note:*** The implementation of MAPD_0775/CR1678 reinstated this TRC.
176 R	Transaction Rejected: Another Transaction Accepted	TRANSACTION REJECTED	An enrollment or PBP Change transaction (60, 61, 62, 71) was rejected. A transaction enrolling the beneficiary into another contract was previously accepted. That transaction and this submitted one had the same effective and application dates. The beneficiary is not enrolled in the Plan in this newly submitted transaction. **Plan Action:** Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
177 M	Change in Late Enrollment Penalty	NEW PENALTY AMOUNT	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. The beneficiary's total late enrollment penalty has changed. This may be the result of: • A change to the beneficiary's number of uncovered months (but there are still uncovered months) • A change to the beneficiary's LIS status • The addition, withdrawal, or change in the CMS-granted waiver of the penalty. **Plan Action:** Adjust the beneficiary's payment amount. The new total penalty amount can be determined by subtracting fields 53 (waived amount) and 54 (subsidized amount) from field 52 (base penalty). Take the appropriate actions as per CMS enrollment guidance.
178 M	Late Enrollment Penalty Rescinded	PENALTY RESCINDED	This TRC, is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. The incremental number of uncovered months associated with the specified effective date has been rescinded to zero. The resulting LEP penalty amount reported in field 52 (base penalty) is the computed penalty associated with all remaining periods of uncovered months. **Plan Action:** Adjust the beneficiary's payment amount. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
179 A	Transaction Accepted – No Change to Premium Record	NO CHNG TO PREM	A Record Update transaction (73, 74) was submitted, however, no data change was made to the beneficiary's active premium record. The submitted transaction contained premium data values that matched those already on record with CMS for the specified period. For the 74 transaction, this TRC only refers to the fields relevant to the Premium Record (Part C Premium and Segment ID). This transaction had no effect on the beneficiary's records. **Plan Action:** Ensure that the Plan's system reflects the amounts in the TRR record.
181 I	Invalid PTD premium submitted, corrected	PTD PRM OVERIDE	The Part D premium submitted on the enrollment or PBP change transaction (60, 61, 62, 71) does not agree with the Plan's defined Part D premium rate. The premium has been adjusted to reflect the defined rate. The correct Part D premium rate is reported in field 24. This TRC provides additional information about an enrollment or PBP change transaction (60, 61, 62, 71) for which an acceptance was sent in a separate Transaction Reply with an enrollment acceptance TRC. The Effective Date of the enrollment for which this information is pertinent is reported in field 18 of the Transaction Reply record and in the EFF DATE column on the printed report. The transaction type will reflect the transaction type of the submitted transaction (60, 61, 62, 71). **Plan Action:** Update the Plan's beneficiary records with the premium information in the TRR record. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
182 I	Invalid PTC premium submitted, corrected	PTC PRM OVERIDE	The Part C premium submitted on the enrollment, PBP change or Miscellaneous Record Update transaction (60, 61, 62, 71, 74) does not agree with the Plan's defined Part C premium rate. The premium has been adjusted to reflect the defined rate. The correct Part C premium rate is reported in field 24. If the submitted Part C premium is less than the Basic Part C premium for the plan, MARx will reset the premium to the Part C Basic plus Mandatory Supplemental Premium Rate, Net of Rebate from the HPMS file. This TRC provides additional information about an enrollment, PBP change, or Miscellaneous Record Update transaction (60, 61, 62, 71, 74) for which an acceptance was sent in a separate Transaction Reply with an enrollment acceptance TRC. The Effective Date of the enrollment for which this information is pertinent is reported in field 18 of the Transaction Reply record and in the EFF DATE column on the printed report. The transaction type will reflect the transaction type of the submitted transaction (60, 61, 62, 71, 74). **Plan Action:** Update the Plan's beneficiary records with the premium information in the TRR record. Take the appropriate actions as per CMS enrollment guidance.
184 R	Enrollment Rejected, Beneficiary is in Medicaid Status	MEMB IS MEDICAID	An Enrollment or PBP Change transaction (60, 61, 62, 71) was rejected because the beneficiary is in Medicaid status and the Plan is not eligible to enroll Medicaid beneficiaries. This TRC is Plan specific. It only applies to MSA/MA and MSA/Demo plans. **Plan Action**: Update the Plan's beneficiary records to reflect the fact that the beneficiary is not enrolled in the Plan. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
185 I	SSA Accepted Transaction	SSA ACCEPTED	CMS submitted information on a beneficiary to SSA (See TRC 120). TRC 185 is sent to the Plan when SSA acknowledges that they have accepted and processed the beneficiary data. If the submittal to SSA was the result of a requested premium withholding change, TRC 185 informs the Plan that SSA has accepted and processed the change. The beneficiary's premium withholding option is reported in field 39 of the transaction reply record. The effective date of the premium withholding option change is reported in field 18 of the transaction reply record and in the EFF DATE column of the printed report. ***Note:*** *The reported new premium withholding option may be the same as the existing premium withholding option* Plans will not see the results of any requested premium withholding changes until TRC 185 is received. **Plan Action:** Ensure the Plan's system matches the information, primarily the premium withholding option, included in the TRR record.
186 I	SSA Rejected Transaction	SSA REJECTED	CMS submitted information on a beneficiary to SSA (See TRC 120). This data transmittal was rejected by SSA. This is exclusive to the communication between CMS and SSA. CMS will continue to interface with SSA to resolve the rejection. If CMS is unable to resolve this rejection and the Beneficiary requested premium withhold, the Plan may receive a TRC 144. **Plan Action:** No action required.

Code/Type*	Title	Short Definition	Definition
187 I	No Change in Number of Uncovered Months Information	DUP NO UNCV MTH	A Number of Uncovered Months Record Update transaction (73) was accepted, however, no data change was made to the beneficiary's record. The submitted transaction contained Number of Uncovered Months Information that matched those already on record with CMS. This transaction had no effect on the beneficiary's records. **Plan Action:** None required.
188 I	No Change in Segment ID	DUPSEGMENT ID	A Miscellaneous Record Update transaction (74) was accepted, however, no data change was made to the beneficiary's record. The submitted transaction contained a Segment ID value that matched the Segment ID already on record with CMS. This transaction had no effect on the beneficiary's records. **Plan Action:** None required.
189 I	No Change in EGHP Flag	DUP EGHP FLAG	A Miscellaneous Record Update transaction (74) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained an EGHP Flag value that matched the EGHP Flag already on record with CMS. This transaction had no effect on the beneficiary's records. **Plan Action:** None required.
190 I	No Change in Secondary Drug Information	DUP SECNDARY RX	A **4Rx Record Update** transaction (72) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained Secondary Drug Insurance Information (Secondary Drug Insurance flag, Secondary Rx ID, Secondary Rx Group, Secondary Rx BIN, Secondary Rx PCN) that matched the Secondary Drug Insurance values already on record with CMS. This transaction had no effect on the beneficiary's records. **Plan Action:** None required.

Code/Type*	Title	Short Definition	Definition
191 I	No Change in Premium Withhold Option	DUP PRM WH OPTN	A Premium Withhold Option Record Update transaction (75) was submitted, however, no data change was made to the beneficiary's record for one of the following reasons: 1. The submitted transaction contained a Premium Withhold Option value that matched the Premium Withhold Option already on record with CMS. 2. Beneficiary has a premium. Setting the "no premium" withhold option, "N", is not acceptable. Beneficiary premium may be due wholly or in part to late enrollment penalty. 3. Beneficiary premiums are zero. Withholding cannot be established. 4. A Premium Withhold request of 'Deduct from SSA (S)' or 'Deduct from RRB (R)' was submitted on a Premium Withhold Option Record Update transaction (75) when the beneficiary has 'No Premiums'. The Premium Withhold Option was set to 'N', which matches the Premium Withhold Option already on record with CMS. This transaction had no effect on the beneficiary's records. **Plan Action:** None required.
192 I	No Change in Part C Premium Amount (Currently Not Used)	DUP PTC PRM AMT	A Miscellaneous Record Update transaction (74) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained a Part C Premium Amount value that matched the Part C Premium Amount already on record with CMS. This transaction had no effect on the beneficiary's records. **Plan Action:** None required.

Code/Type*	Title	Short Definition	Definition
193 I	No Change in Part D Premium Amount	OBSOLETE	A Record Update transaction (72) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained a Part D Premium Amount value that matched the Part D Premium Amount already on record with CMS. This transaction had no effect on the beneficiary's records. **Plan Action:** None required. ***Note:*** The implementation of MAPD_0775/CR1678 made this TRC obsolete.
194 M	Deemed Correction	DEEMD CORR	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has manually added or updated a co-pay period for this beneficiary. This added or updated co-pay period occurs within a period during which the beneficiary is DEEMED by CMS. This is a correction. Each TRC-194 returns start and end dates, premium subsidy percentage, and copayment category for one low income subsidy period affecting a beneficiary's PBP enrollment. There may be more than one TRC-194 returned. The effective date for the added or updated deemed low-income subsidy period is shown in the Low-Income Period Effective Date field (field 51). The new co-pay level is reported in the Low-Income Co-Pay Category field (field 50).). The Effective Date field (field 18) contains the PBP enrollment period start date. Low income scenarios TRCs 121 and/or 223 may accompany TRC-194. These three TRCs convey the beneficiary's low income subsidy profile at the time of report generation. They provide a full replacement set of low income subsidy data affecting the identified PBP enrollment period. **Plan Action:** Update the Plan's records to reflect the given data for the beneficiary's LIS period. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
195 M	SSA Unsolicited Response	SSA WHOLD UPDTE	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. The effective date of the change is reported in field 18 of the Transaction Reply record and in the EFF DATE column of the printed report. **Plan Action:** Change the beneficiary to direct bill as of the effective date in field 18. Take the appropriate actions as per CMS enrollment guidance.
196 R	Enrollment Rejected, Beneficiary not eligible for Part D	MEMB HAS NO PTD	A submitted enrollment or PBP change transaction (60, 61, 62, 71) was rejected because the beneficiary is not eligible for Medicare Part D. Part D eligibility is required for enrollment into Part D Plans. **Plan Action:** Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
197 M	Part D Eligibility Termination	PART D OFF	This TRC is returned on a reply with transaction type 01 and occasionally with 60, 61, 62, or 71. When returned with transaction type 01, the TRC is in response to a change in beneficiary Part D Eligibility. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. In the case of transaction type 01, this beneficiary's Part D eligibility has been terminated. The effective date of the termination is reported in fields 18 and 24 on the transaction reply record and in the EFF DATE column of the printed report. If applicable, CMS will automatically H-70isenrolls the beneficiary from the plan. A 51 transaction will be sent in this or another TRR. When this TRC is returned with transaction types 60, 61, 62, or 71, the TRC is in response to a retroactive enrollment and is identifying the fact that an enrollment end date has been established due to the beneficiary's termination of Part D. The enrollment start date is in field 18 and the enrollment end date is in field 24. In this circumstance it is accompanied by TRC-018, Automatic Disenrollment. ***Note:*** *A TRR record with this reply code is only reported to the Plan in which the beneficiary is currently enrolled, even if it affects periods of enrollment in other Plans.* **Plan Action:** Update the Plan's beneficiary records with the information in the TRR. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
198 M	Part D Eligibility Reinstatement	PART D ON	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. This beneficiary's Part D eligibility has been reinstated. The effective date Part D eligibility start date is reported in fields 18 and 24 on the transaction reply record and in the EFF DATE column of the printed report. ***Note:*** *A TRR record with this reply code is only reported to the Plan in which the beneficiary is currently enrolled, even if it affects periods of enrollment in other Plans. If, as a result of a loss of Part D eligibility, the beneficiary has been disenrolled, but not re-enrolled, the reply code is not issued.* **Plan Action:** Update the Plan's beneficiary records with the information in the TRR. Take the appropriate actions as per CMS enrollment guidance.
199 R	Transaction Rejected – Pending	RTRN FOR RESRCH	A submitted transaction (51, 60, 61, 62, 71, 72, 73, 74, 75, 01, 85) was rejected. This transaction was placed into a pending status due to multiple transactions that were concurrently processed for the same beneficiary. Subsequent transactions may have been processed while this transaction was pending. As a result, this transaction may no longer be valid. **Plan Action:** Research the beneficiary's current status and resubmit any appropriate transactions.
200 R	Rx BIN Blank or Not Valid	BIN BLANK/INVLID	A submitted enrollment, PBP change or 4Rx Record Update transaction (60, 61, 62, 71, 72) was rejected because the primary drug insurance Rx BIN field was either blank or does not have a valid value. Exception: Rx Bin for primary drug insurance is not a mandatory field for enrollments transactions for PACE National Part D plans and Record Update transactions (72). If Rx Bin is provided when not required, it must be a valid value. **Plan Action:** Correct the Primary Rx BIN value and resubmit the transaction if appropriate.

Code/Type*	Title	Short Definition	Definition
201 R	Rx ID Blank or Not Valid	ID BLANK/INVLID	A submitted enrollment, PBP change or 4Rx Record Update transaction (60, 61, 62, 71, 72) was rejected because the primary drug insurance Rx ID field was either blank or does not have a valid value. Exception: Rx ID for primary drug insurance is not a mandatory field for enrollments transactions for PACE National Part D plans and Record Update transactions (72). If Rx ID is provided when not required, it must be a valid value. **Plan Action:** Correct the Primary Rx ID value and resubmit the transaction if appropriate.
202 R	Rx Group Not Valid	RX GRP INVALID	A submitted enrollment, PBP change or 4Rx Record Update transaction (60, 61, 62, 71, 72) was rejected because the primary drug insurance Rx GRP field does not have a valid value. **Plan Action:** Correct the Primary Rx GRP value and resubmit the transaction if appropriate.
203 R	Rx PCN Not Valid	RX PCN INVALID	A submitted enrollment, PBP change or 4Rx Record Update transaction (60, 61, 62, 71, 72) was rejected because the primary drug insurance Rx PCN field does not have a valid value. **Plan Action:** Correct the Primary Rx PCN value and resubmit the transaction if appropriate.
204 A	Record Update for Primary 4Rx Data Successful	4RX CHNG ACPTED	A submitted 4Rx Record Update transaction (72) included a request to change primary drug insurance 4Rx data. The 4Rx data were successfully changed. All data provided for change, other than the 4Rx fields, has been ignored. ***Note:*** *At a minimum, values must be provided for both of the mandatory primary 4Rx fields, RX BIN and RX ID* **Plan Action:** No action required.

Code/Type*	Title	Short Definition	Definition
205 I	Invalid Disenrollment Reason Code	INVLD DISENROLL RSN	A disenrollment transaction (51) was submitted with a blank or invalid disenrollment reason code. CMS substituted the default value of '99' for the disenrollment reason code. See CMS enrollment guidance for the valid disenrollment reason codes. This TRC provides the Plan with additional information on a disenrollment that was processed successfully. It is received in addition to the appropriate disenrollment acceptance TRC. **Plan Action:** None required.
206 I	The PartC Premium has been corrected to zero	PTC PREM ZEROED	An enrollment, PBP change or Miscellaneous Record Update transaction (60, 61, 62, 71, 74) was submitted and accepted for a Part D only Plan. This transaction contained an amount other than zero in the Part C premium field. Since a Part C premium does not apply to a Part D only Plan, the Part C premium has been corrected to be zero. This TRC provides additional information about an enrollment, PBP change, or Miscellaneous Record Update transaction (60, 61, 62, 71, 74) for which an acceptance was sent in a separate Transaction Reply with an acceptance TRC. The Effective Date of the enrollment for which this information is pertinent is reported in field 18 of the Transaction Reply record and in the EFF DATE column on the printed report. The transaction type will reflect the transaction type of the submitted transaction (60, 61, 62, 71, 74). **Plan Action:** Update the Plan's records accordingly, ensuring that the beneficiary's information matches zero Part C premium amount included in the TRR record.

Code/Type*	Title	Short Definition	Definition
207 I	The PartD Premium has been corrected to zero	PTD PREM ZEROED	An enrollment or PBP change transaction (60, 61, 62, 71) was submitted and accepted for a Part C only Plan. This transaction contained an amount other than zero in the Part D premium field. Since a Part D premium does not apply to a Part C only Plan, the Part D premium has been corrected to be zero. This TRC provides additional information about an enrollment or PBP change transaction (60, 61, 62, 71) for which an acceptance was sent in a separate Transaction Reply with an acceptance TRC. The Effective Date of the enrollment for which this information is pertinent is reported in field 18 of the Transaction Reply record and in the EFF DATE column on the printed report. The transaction type will reflect the transaction type of the submitted transaction (60, 61, 62, 71). **Plan Action:** Update the Plan's records accordingly, ensuring that the beneficiary's information matches zero Part D premium amount included in the TRR record.
208 R	Record Update Rejected, Both 4Rx and non-4Rx Changes	OBSOLETE	A Record Update transaction (72) was rejected because it contained information for both 4Rx and non-4Rx record updates. If any of the 4Rx (primary and secondary drug insurance) fields are populated, no other record updates can be included on the transaction. **Plan Action:** Submit separate Record Update transactions (72) for 4Rx and non-4Rx record updates. ***Note:*** The implementation of MAPD_0775/CR1678 made this TRC obsolete.
209 R	4Rx Change Rejected, Invalid Change Effective Date	NO ENROLL MATCH	A 4Rx Record Update (72) transaction for 4Rx information for primary drug insurance was rejected because the beneficiary was not enrolled as of the submitted transaction effective date. Plans may only submit 4Rx data for periods when the beneficiary is enrolled in the Plan. **Plan Action:** Correct the dates and resubmit the transaction if appropriate.

Code/Type*	Title	Short Definition	Definition
210 A	POS Enrollment Accepted	POS ENROLLMENT	An enrollment into a POS designated Part D plan that was submitted by a Point Of Sale (POS/POS 10) contractor or CMS(MBD) has been successfully processed. The effective date of the new enrollment is shown in the Effective Date (field 18) of the Transaction Reply record and in the EFF DATE column on the printed report. The date in field 18 will always be the first day of the month. **Plan Action:** Ensure the Plan's system matches the information included in the TRR record. Take the appropriate actions as per CMS enrollment guidance.
211 R	Re-Assignment Enrollment Rejected	RE-ASSMNT ENROLLMENT REJECTED	A reassignment enrollment request transaction (71) which would move the beneficiary into another Part D plan was rejected because CMS has record of an "opt-out" option on file for the beneficiary. The beneficiary has 'opted out' of auto or facilitated enrollment. **Plan Action:** Do not move the beneficiary's enrollment to the new Plan. Keep the beneficiary in the Plan in which they are currently enrolled. Take the appropriate actions as per CMS enrollment guidance.
212 A	Re-Assignment Enrollment Accepted	REASSIGN ACCEPT	A reassignment enrollment request transaction (60, 61, 62, 71) to move the beneficiary into a new Part D Plan has been successfully processed. The beneficiary has been moved from the original contract and PBP to the new contract and PBP. The effective date of enrollment in the new PBP is reported in fields 18 and 24 of the Transaction Reply record and in the EFF DATE column on the printed report. Other accompanying replies with different TRCs may give additional information about this accepted reassignment. On a PBP change transaction (71), Field 20 (Plan Benefit Package ID) contains the new PBP identifier And the old PBP is reported in field 29 (Prior Plan Benefit Package ID). **Plan Action:** Update the Plan's records accordingly with the information in the TRR record, ensuring that the Plan's beneficiary's information reflects enrollment in the new contract and PBP.

Code/Type*	Title	Short Definition	Definition
213 I	Premium Withhold Exceeds Safety Net Amount	Exceed SNET Amt	CMS has changed the premium withhold option specified on the transaction to "D – Direct Bill" because the transaction would result in SSA withholding exceeding the Safety Net amount from the beneficiary's check in one month. This TRC may be generated in response to an accepted Enrollment (60, 61 62, 63), PBP change (71), NUNCMO Record Update (73), Miscellaneous Record Update (74) Premium Withhold Option Update (75) or may be initiated by CMS. **Plan Action:** Change the beneficiary to direct bill and contact them to explain the consequences of the Premium Withhold option change. Take the appropriate actions as per CMS enrollment guidance.
214 R	Record Update Rejected; Both Uncovered Months and Other non-4Rx Changes	OBSOLETE	A Record Update (72) transaction was rejected because the submitted transaction included changes in the number of uncovered month's data fields as well as in other change fields. Plans must submit changes to the number of uncovered month's data as a separate Record Update (72) transaction. Transactions with data in uncovered month's fields AND other change fields are rejected. **Plan Action:** Submit changes to uncovered months as a separate Record Update (72) transaction. ***Note:*** The implementation of MAPD_0775/CR1678 made this TRC obsolete.

Code/Type*	Title	Short Definition	Definition
215 R	Uncovered Months Change Rejected, Incorrect Eff Date	BAD NUNCMO EFF	A Number of Uncovered Months Record Update (73) transaction which was attempting to update the number of uncovered month's data was rejected because the submitted effective date was. Incorrect or the beneficiary is not currently enrolled in the Plan which submitted the transaction. Only the Plan in which the beneficiary is currently enrolled can submit changes to previous uncovered months values. The date may have been invalid for one of the following reasons: • The effective date is prior to August 1, 2006 • The effective date is after the Current Prospective Payment month (CPM) plus 2 • The effective date does not match any existing period of enrollment in a Plan providing creditable coverage. **Plan Action:** Correct the effective date and resubmit the transaction if appropriate. If the Plan is trying to correct the uncovered months value for a beneficiary who is no longer enrolled in the Plan, contact their CMS Representative.
216 I	Uncovered months exceeds max possible value	NUNCMO EXDS MAX	The Number of Uncovered Months provided on an accepted enrollment transaction (60, 61, 62, 71) exceeds the maximum possible value. The number of uncovered months value associated with the enrollment transaction has been set to zero (this value is referred to as the "incremental" number of uncovered months). This informational TRC is generated in addition to the transactions acceptance TRC. **Plan Action:** Update the Plan's beneficiary records to reflect the zero uncovered months. If the number of uncovered months should be another value, review CMS enrollment guidance and correct the Number of Uncovered Months value using a new Number of Uncovered Months Record Update (73) transaction.

Code/Type*	Title	Short Definition	Definition
217 R	Cant Change number of uncovered months	CANT CHG NUNCMO	A Number of Uncovered Months Record Update transaction (73) was rejected because the submitted transaction attempted to change the Number of Uncovered Months for an effective date corresponding to an “LEP Reset” transaction in the CMS database. **Plan Action:** Review CMS enrollment guidance. If appropriate, submit a Number of Uncovered Months Record Update transaction (73) to UNDO the LEP Reset.
218 A	LEP Reset Undone	LEP RESET UNDONE	A Number of Uncovered Months Record Update transaction (73) to UNDO an “LEP Reset” transaction was successfully processed. The beneficiary’s LEP has been recalculated. **Plan Action:** Update the Plan’s records accordingly, ensuring that the beneficiary’s LEP information matches the data included in the TRR record. Take the appropriate actions as per CMS enrollment guidance.
219 A	LEP Reset Accepted	LEP RESET	A Number of Uncovered Months Record Update or enrollment transaction (73, 60, 61, 62, 71) was submitted with a Creditable coverage flag of R (Reset). The Reset was accepted and the accumulation of uncovered months (total uncovered months) was set to zero as of the effective date of the transaction. The Late Enrollment Penalty (LEP) was recalculated for each enrollment that occurred after the reset date. ***Note:*** Any uncovered months reported for enrollment periods with effective dates after the reset date, will be included in the total number of uncovered months used to calculate the LEP for those enrollment periods. **Plan Action:** Update the Plan’s records accordingly, ensuring that the beneficiary’s LEP information matches the data included in the TRR record. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
220 R	Transaction Rejected: Invalid POS Enroll Source CD	BAD POS SRC CD	Enrollment source code submitted by a POS/POS 10 contractor for a POS/POS 10 enrollment transaction was other than 'G'. Transaction rejected. **Plan Action:** Correct the Enrollment Source Code and resubmit transaction if appropriate.
222 I	Bene Excluded from Transmission to SSA/RRB	SSA/RRB EXCLUDE	This TRC can be returned on a reply with various transaction types (51, 54, 60, 61, 62, 71, 73, 74, and 75) and the maintenance transaction response (01). It is intended to supply the Plan with additional information about the beneficiary. CMS has excluded beneficiary from transmission to SSA/RRB. **Plan Action:** None required.
223 I	Low Income Period Removed from Enrollment Period	LIS REMOVED	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. It is returned for each low income subsidy period removed and not replaced over the course of a PBP enrollment. Each TRC-223 returns start and end dates, premium subsidy percentage, and copayment category for one low income period affecting a beneficiary's PBP enrollment. There may be more than one TRC-223 returned. The effective date of the removed low income subsidy period is shown in the Low-Income Period Effective Date field (field 51). The removed premium subsidy percentage and co-pay level are reported in the Part D Low-Income Premium Subsidy Level field (field 49) and Low-Income Co-Pay Category field (field 50), respectively. The Effective Date field (field 18) contains the PBP enrollment period start date. Low income subsidy TRCs 194 and/or 121 may accompany TRC-223. These three TRCs convey the beneficiary's low income subsidy profile at the time of report generation. They provide a full replacement set of low income subsidy data affecting the PBP enrollment period. **Plan Action:** Update the Plan's records to reflect the given data for the beneficiary's LIS period. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
224 A	A/D MSP Beneficiary transaction Accepted	MSP ACCEPTED	Aged/Disabled MSP Beneficiary transaction (85) accepted. **Plan Action:** None Required**.**
225 I	Exceeds SSA Benefit & Safety Net Amount	INSUF FUND&SNET	CMS has changed the premium withhold option specified on the transaction to "D – Direct Bill" because the transaction would result in SSA benefit being insufficient to cover the withholding and the withholding would exceed the Safety Net amount. This TRC may be generated in response to an accepted Enrollment (60, 61, 62, 63), PBP change (71), NUNCMO Record Update (73), Miscellaneous Record Update (74), Premium Withhold Option Update (75) or may be initiated by CMS. **Plan Action:** Change the beneficiary to direct bill and contact them to explain the consequences of the Premium Withhold option change. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
226 R	A/D MSP Transactn Rjctd–Incorrct Effctv Yr	MSP EFFCTV YR	Aged/Disabled MSP Beneficiary transaction (85) rejected because effective year of transaction not equal to "survey" year. **Plan Action:** Complete the effective date, as per CMS Aged / Disabled MSP guidance, and resubmit if appropriate.
227 R	A/D MSP Transctn Rjctd–Not Within Time Limit	MSP TIME LIMITS	Aged/Disabled MSP Beneficiary transaction (85) rejected because transaction not submitted in acceptable time period as defined by CMS. **Plan Action:** None required, as per CMS Aged / Disabled MSP guidance.
228 R	A/D MSP Transactn Rjctd-No Enrollment	MSP NO ENRLLMNT	Aged/Disabled MSP Beneficiary transaction (85) rejected because beneficiary has no active enrollment information for contract in March of the submitted effective year. **Plan Action**: None required, as per CMS Aged / Disabled MSP guidance.
229 R	A/D MSP Transactn Rjctd–Invalid Status Flag	MSP STATUS FLAG	Aged/Disabled MSP Beneficiary transaction (85) rejected because submitted value of Aged/Disabled MSP status flag is not recognized. **Plan Action:** Complete the Aged / Disabled MSP status flag, as per CMS Aged / Disabled MSP guidance, and resubmit if appropriate.
230 R	A/D MSP Transactn Rjctd-Bene ESRD	MSP BENE ESRD	Aged/Disabled MSP Beneficiary transaction (85) rejected because beneficiary is ESRD (on dialysis or has had a transplant) for March period of the submitted effective year. **Plan Action:** None required, as per CMS Aged / Disabled MSP guidance.
231 R	A/D MSP Transactn Rjctd-Bene Hospice	MSP BENE HOSPCE	Aged/Disabled MSP Beneficiary transaction (85) rejected because beneficiary is hospice for March period of the submitted effective year. **Plan Action:** None required, as per CMS Aged / Disabled MSP guidance.
232 R	A/D MSP Transactn Rjctd– No Cost Plan Submission	MSP COST PLAN	Aged/Disabled MSP Beneficiary transaction (85) rejected because submission by a cost contract is not applicable. **Plan Action:** None required, as per CMS Aged / Disabled MSP guidance.

Code/Type*	Title	Short Definition	Definition
233 R	A/D MSP Transactn Rjctd–No Demo Submission	MSP DEMO	Aged/Disabled MSP Beneficiary transaction (85) rejected because submission by a non-SHMO demonstration contract is not applicable. **Plan Action:** None required, as per CMS Aged / Disabled MSP guidance.
234 R	A/D MSP Transactn Rjctd–No PDP Submission	MSP DRUG PLAN	Aged/Disabled MSP Beneficiary transaction (85) rejected because submission by a drug-only contract is not applicable. **Plan Action:** None required, as per CMS Aged / Disabled MSP guidance.
235 I	SSA Accepted Part B Reduction Transaction	SSA PT B ACCEPT	CMS submitted Part B Reduction information on a beneficiary to SSA (See TRC 237). TRC 235 is sent to the Plan when SSA acknowledges that they have accepted and processed the beneficiary data. If the submittal to SSA was the result of a requested Part B Reduction change, TRC 235 informs the Plan that SSA has accepted and processed the change. Plans will not see the results of any requested Part B Reduction changes until TRC 235 is received. **Plan Action:** No action required.
236 I	SSA Rejected Part B Reduction Transaction	SSA PT B REJECT	CMS submitted Part B Reduction information on a beneficiary to SSA (See TRC 237). This data transmittal was rejected by SSA. This is exclusive to the communication between CMS and SSA. CMS will continue to interface with SSA to resolve the rejection. **Plan Action**: No action required**.**

Code/Type*	Title	Short Definition	Definition
237 I	Part B Premium Reduction Sent to SSA	PT B RED UPDATE	As a result of an accepted Plan-submitted transaction (51, 60, 61, 62, 71, 75) or UI update to a beneficiary's records, information has been forwarded to SSA to update SSA records and implement any requested Part B premium reduction changes. Any requested change will not take effect until an SSA acceptance is received. Plans are notified of the SSA acceptance with a TRC 235 on a future TRR. **Plan Action:** None required. Take the appropriate actions as per CMS enrollment guidance. ***Note:*** *The Plan will not see the result of any Part B Reduction change until they have received a TRC 235 on a future TRR.*
240 A	Transaction Received, Withhold Change Pending	WHOLD UPDATE	As a result of an accepted Plan-submitted transaction to update a beneficiary's premium withhold option (75) or a UI update of same, a request will soon be forwarded to SSA. Plans will receive TRC-120 when this request is forwarded to SSA. Plans are notified of the subsequent SSA acceptance or rejection of the premium withhold option change with a TRC 185 or 186, respectively, on a future TRR. All data provided for change other than the Premium Withhold Option field has been ignored. **Plan Action:** Take the appropriate actions as per CMS enrollment guidance. ***Note:*** *The Plan will not see the result of any Premium Withholding Option change until they have received a TRC 185 on a future TRR.*

Code/Type*	Title	Short Definition	Definition
241 I	No Change in Part D Opt Out Flag	**DUP PTD OPT OUT**	A Miscellaneous Record Update transaction (74) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained a Part D Opt Out Flag value that matched the Part D Opt Out Flag already on record with CMS. This transaction had no effect on the beneficiary's records. **Plan Action**: None required.
242 I	No Change in Primary Drug Information	**DUP PRIMARY RX**	A 4Rx Record Update transaction (72) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained Primary Drug Insurance Information (Primary Rx ID, Primary Rx Group, Primary Rx BIN, Primary Rx PCN) that matched the Primary Drug Insurance values already on record with CMS. This transaction had no effect on the beneficiary's records. **Plan Action**: None required.
243 R	Change to SSA Withholding rejected due to no SSN	NO SSN AT CMS	A Premium Withhold Update transaction (75) was submitted and the withhold option was SSA withholding; however, there is no Social Security Number (SSN) on file at CMS. **Plan Action**: Update the Plan's beneficiary record accordingly. Take the appropriate action with member as per CMS enrollment guidance.
245 I	Member has MSP	MEMB MSP Start	The beneficiary has other insurance and Medicare is secondary payer. All plans whose payments are impacted by the MSP notification will receive TRC 245 with a start date of the MSP period. **Plan Action**: Update the Plan's records accordingly.
246 A	Filler		
247 A	Filler		

Code/Type*	Title	Short Definition	Definition
248 R	Filler		
249 R	Filler		
250 R	Filler		
251 R	Filler		
252 M	Withhold option changed to direct bill; no SSN	W/O CHG;NO SSN	CMS has changed the premium withhold option specified on the transaction to "D – Direct Bill" because the beneficiary does not have a Social Security number on file at CMS. This TRC may be generated in response to an accepted enrollment, PBP change or Record Update transaction (61, 62, 71, 75) or may be initiated by CMS. **Plan Action:** Update the Plan's beneficiary records to reflect the direct bill payment method. Take the appropriate actions with member as per CMS enrollment guidance.
253 M	Changed to direct bill; no funds withheld	W/O CHG; NO W/H	*CMS has changed the premium withhold option to "D-Direct Bill: because no funds have been withheld by the withholding agency in the two months since withholding was accepted* **Plan Action:** Update the Plan's beneficiary records to reflect the direct bill payment method. Take the appropriate actions with member as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
254 R	Beneficiary set to Direct Bill, spans jurisdiction	W/O CHG; NO W/H	CMS has changed the premium withhold option to “D-Direct Bill” because the withholding request spans two different withholding agency jurisdictional periods. This could occur for one of the following reasons: • SSA is the beneficiary’s current withholding agency but the withholding request contains one or more periods from when RRB was the beneficiaries withholding agency. • RRB is the beneficiary’s current withholding agency but the withholding request contains one or more periods from when SSA was the beneficiaries withholding agency. **Plan Action:** Update the Plan’s beneficiary records to reflect the direct bill payment method. Take the appropriate actions with member as per CMS enrollment guidance.
255 I	Plan submitted RRB w/h for SSA beneficiary	W/O CHG; JURIS	CMS has changed the premium withhold option to “S-SSA Withhold” because SSA is the correct withholding agency for this beneficiary. **Plan Action:** None required.
256 I	Plan submitted SSA w/h for RRB beneficiary	W/O CHG; JURIS	CMS has changed the premium withhold option to “R-RRB Withhold” because RRB is the correct withholding agency for this beneficiary. **Plan Action:** None required.
262 R	Bad RRB Premium Withhold Effective Date	BAD W/H EFF DT	A Premium Withhold Update Transaction (75) was rejected because request for RRB withholding is NOT allowed for effective date prior to 1/1/2011. **Plan Action:** Correct the Effective date and resubmit.
267 M	PPO is set to No Premium Due Status	PPO SET TO N	This occurs as part of an end of year process based on the upcoming year’s plan’s Basic Part C premium. **Plan action:** Submit a transaction to reset the C premium and to renew a request for withholding status if appropriate.

Code/Type*	Title	Short Definition	Definition
268 M	Beneficiary Has Dialysis Period	DIALYSIS EXISTS	**Appendix A**This TRC is returned on an enrollment. It is intended to supply the Plan with additional information about the beneficiary. Each TRC-268 returns start and end dates for each dialysis period that overlaps the enrollment period. There may be more than one TRC-268 returned. The effective date for the dialysis period is shown in the Effective Date field (field 18). The end date, if one exists, is shown in Dialysis End Date (field 24). **Plan Action:** Update the Plan's beneficiary records with the information in the TRR. Take the appropriate actions as per CMS enrollment guidance.
Appendix B2 69 M	Beneficiary Has Transplant	TRNSPLNT EXISTS	**Appendix C**This TRC is returned on an enrollment. It is intended to supply the Plan with additional information about the beneficiary. Each TRC-269 returns transplant and failure dates for each kidney transplant that overlaps the enrollment period. There may be more than one TRC-269 returned. The transplant date is shown in the Effective Date field (field 18). The end date, if one exists, is shown in Transplant End Date (field 24). **Plan Action:** Update the Plan's beneficiary records with the information in the TRR. Take the appropriate actions as per CMS enrollment guidance.
Appendix D2 70 M	Beneficiary Transplant has Ended	TRANSPLANT END	**Appendix E**This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has been notified that the beneficiary's transplant has failed or was an error. The effective date of the failure or removal is reported in field 18 of the TRR record and in the EFF DATE column on the printed report. **Plan Action:** Update the Plan's beneficiary records with the information in the TRR. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
Appendix F280 I	**Appendix G**Member's MSP Period has ended	**Appendix H**MEMB MSP End	The beneficiary's Medicare as Secondary Payer period has ended. All plans whose payments are impacted by the MSP notification will receive TRC 280 with the end date of the MSP period. **Appendix IPlan Action:** Update the Plan's records accordingly.
300 R	NUNCMO Change Rejected;exceeds max possible value	NM CHG EXDS MAX	A Number of Uncovered Months Record Update transaction (73) was rejected because the Number of Uncovered Months provided exceeds the maximum possible value. The original (existing) number of uncovered months has been retained. **Plan Action:** Review the number of uncovered months and/or the effective date submitted. If the number of uncovered months and/or the effective date should be another value, review CMS enrollment guidance and correct the Number of Uncovered Months value using a new Number of Uncovered Months Record Update (73) transaction.
600 R	UI Transaction Override	UI OVERRIDE	*This TRC is used for special Enrollment Reconciliation TRRs.* A discrepancy enrollment transaction (60, 61, 71) was rejected because it attempted to change an existing enrollment record that was previously entered by a CMS User through the User Interface. **Plan Action:** Update plan records accordingly and take the appropriate actions as per CMS enrollment guidance (send "Enrollment Status Update" notice to the beneficiary).
601 R	Casework Beneficiary	CASEWORK BENE	*This TRC is used for special Enrollment Reconciliation TRRs.* A discrepancy enrollment transaction (60, 61, 71) was rejected because the beneficiary's enrollment was updated by CMS casework. **Plan Action:** Update plan records accordingly and take the appropriate actions as per CMS enrollment guidance (send "Enrollment Status Update" notice to the beneficiary).

Code/Type*	Title	Short Definition	Definition
602 R	No Discrepancy	NO DISCREPANCY	*This TRC is used for special Enrollment Reconciliation TRRs.* A discrepancy enrollment transaction (60, 61, 71) was rejected because the enrollment effective date and contract/PBP in the submitted transaction matches the existing enrollment on file. There is no update to the beneficiary's enrollment period. **Plan Action:** None required
603 R	2007 Date is Not Valid	2007 DT INVALID	*This TRC is used for special Enrollment Reconciliation TRRs.* A discrepancy enrollment transaction (60, 61, 71) was rejected because 2007 effective dates were not considered for the 2006 enrollment reconciliation. This rejection could have been caused by one of the following reasons: • A 2007 enrollment or PBP was submitted and rejected because there was not a 2006 discrepancy submitted along with the 2007 enrollment. • A 2006 enrollment transaction AND a 2007 PBP change record attempted to process as a Rollover. The transaction rejected because the enrollment record and the PBP change record did not have the same application signature date. **Plan Action:** Update plan records accordingly. If the Plan has a 2007 enrollment to correct, contact the DMS DPO representative to process a retroactive enrollment transaction.
604 A	Disenrollment	DISENROLLMENT	*This TRC is used for special Enrollment Reconciliation TRRs.* As a result of the Enrollment Reconciliation process, this beneficiary has been disenrolled due to enrollment in another Plan. **Plan Action:** Update plan records accordingly and take the appropriate actions as per CMS enrollment guidance (send "Enrollment Status Update" notice to the beneficiary).

Code/Type*	Title	Short Definition	Definition
605 R	Recon Transaction Denied	TRANS DENIED	*This TRC is used for special Enrollment Reconciliation TRRs.* A discrepancy enrollment transaction (60, 61, 71) was denied following reconciliation processing. **Plan Action:** Update plan records accordingly and take the appropriate actions as per CMS enrollment guidance (send "Enrollment Status Update" notice to the beneficiary).
606 I	Direct Bill	DIRECT BILL	*This TRC is used for special Enrollment Reconciliation TRRs.* This beneficiary has been changed to "direct bill" for this enrollment period. Even though a Premium Withhold Option other than D was specified in the transaction, direct bill is the only valid option for reconciliation transactions. This transaction response will accompany the acceptance TRC for the submitted discrepancy transaction. **Plan Action:** Update the Plan's records accordingly, ensuring that the beneficiary is in direct bill status for the enrollment period. Take the appropriate actions as per CMS enrollment guidance.
607 A	Enrollment Accepted as Submitted	ENROLL OK	*This TRC is used for special Enrollment Reconciliation TRRs.* The submitted discrepancy enrollment transaction (60, 61, 71) was accepted. The effective date of the enrollment period is reported in field 18. **Plan Action:** Ensure that the Plan records correctly represent this enrollment. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
608 A	Enrollment Accepted with CMS established effective and CMS end date	ENRLD/CMS DTS	*This TRC is used for special Enrollment Reconciliation TRRs.* The submitted discrepancy enrollment transaction (60, 61, 71) was accepted but the effective date and end date for the enrollment period were provided by CMS. The new effective date of the enrollment period is reported in field 18. **Plan Action:** Update Plan records to be consistent with the dates in fields 18 and 54. Review ALL enrollment periods in the Full Enrollment file to determine the beneficiary's status. Take the appropriate actions as per CMS enrollment guidance (send appropriate "Enrollment Status Update" notice).
609 A	Enrollment Accepted with CMS established effective date	ENRLD/CMS EFF	*This TRC is used for special Enrollment Reconciliation TRRs.* The submitted discrepancy enrollment transaction (60, 61, 71) was accepted but the effective date for the enrollment period was provided by CMS. The effective date of the new enrollment period is reported in field 18. **Plan Action:** Update Plan records to be consistent with the dates in fields 18 and 54. Review ALL enrollment periods in the Full Enrollment file to determine the beneficiary's status. Determine if a premium refund is required. Take the appropriate actions as per CMS enrollment guidance (send appropriate "Enrollment Status Update" notice).
610 A	Enrollment Accepted with CMS established end date	ENRLD/CMS END	*This TRC is used for special Enrollment Reconciliation TRRs.* The submitted discrepancy enrollment transaction (60, 61, 71) was accepted but the end date for the enrollment period was provided by CMS. The submitted effective date of the enrollment period is reported in field 18. **Plan Action:** Update Plan records to be consistent with the dates in fields 18 and 54. Review ALL enrollment periods in the Full Enrollment file to determine the beneficiary's status. Determine if a premium refund is required. Take the appropriate actions as per CMS enrollment guidance (send appropriate "Enrollment Status Update" notice).

Code/Type*	Title	Short Definition	Definition
611 R	No Discrepancy in 2006	NO DISCREP 2006	*This TRC is used for special Enrollment Reconciliation TRRs.* A discrepancy enrollment transaction (60, 61, 71) was rejected because the enrollment matched exactly what CMS has on file for the calendar year of the reconciliation. However, CMS has identified an enrollment discrepancy which exists in another contract or calendar year. **Plan Action:** Review ALL enrollment periods in the Full Enrollment file to confirm the status of the beneficiary. The Plan should work through the established retroactive process to correct discrepancies associated with a calendar year other than the year being reconciled.
701 A	New UI Enrollment (Open Ended)	UI ENROLLMENT	A CMS User enrolled this beneficiary in this contract under the indicated PBP (if applicable) and segment (if applicable). TRR field #18 contains the enrollment effective date. This is an open-ended enrollment which does not have a disenrollment date. The Part C Premium amount may have been populated automatically with the base Part C premium amount. **Plan Action:** Update the Plan's beneficiary records with the information in the TRR. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance.

Code/Type*	Title	Short Definition	Definition
702 A	UI Fill-In Enrollment	UI FIL-IN ENROL	A CMS User enrolled this beneficiary in this contract under the indicated PBP (if applicable) and segment (if applicable). This enrollment is a Fill-In Enrollment and represents a complete enrollment period that begins on the date in TRR field #18 and ends on the date in TRR field #24. This is a distinct enrollment period and does not affect any existing enrollments. The Part C Premium amount may have been populated automatically with the base Part C premium amount. **Plan Action:** Update the Plan's records to reflect the beneficiary's enrollment as of the effective date in field 18 and the ending on the date in field 24. This end date should not affect the beginning of any existent enrollment periods. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance.
703 A	UI Enrollment Cancel (Delete)	UI ENROLL CANCL	A CMS User cancelled the beneficiary's existing enrollment and the beneficiary is disenrolled. When an enrollment is cancelled, it means that the enrollment never occurred. TRR field #18 contains the effective date (start date) of the cancelled enrollment period. **Plan Action:** Remove the indicated enrollment from the Plan's records. Take the appropriate actions as per CMS enrollment guidance.
704 A	UI Enrollment Cancel PBP Correction	UI CNCL PBP COR	A CMS User updated the PBP on an existing enrollment. This generates two transaction replies, a 51 with TRC 704 and a 61 with TRC 705. This reply with TRC 704 (transaction type 51) represents the cancellation of the enrollment in the original PBP. The effective (start) and disenrollment (end) dates of the enrollment being cancelled are found in TRR fields 18 & 24, respectively. When an enrollment is cancelled it means that the enrollment never occurred. **Plan Action:** Remove the indicated enrollment in the original PBP from the Plan's records. Look for the accompanying reply with TRC 705 to determine the replacement enrollment period. Take the appropriate actions as per CMS enrollment guidance.

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

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

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

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

Code/Type*	Title	Short Definition	Definition
990 - 995			These codes appear only on special TRRs that are generated for specific purposes; for example, those generated to communicate Full Enrollment or to report beneficiaries losing low-income deeming. When a special TRR produces one of these TRCs, CMS will provide the Plans with communications which define the TRC descriptions and Plan actions (if applicable).
996 I	EOY Loss of Low Income Subsidy Status	EOY LOSS SBSDY	Identifies those beneficiaries who are losing their deemed or LIS Applicant status as of December 31st of the current year with no low income status determined for January of the following year. **Plan Action**: Update Plan records accordingly.
997 - 999			These codes appear only on special TRRs that are generated for specific purposes; for example, those generated to communicate Full Enrollment or to report beneficiaries losing low-income deeming. When a special TRR produces one of these TRCs, CMS will provide the Plans with communications which define the TRC descriptions and Plan actions (if applicable).

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Transaction Type Code	TRANSACTION REPLY CODE TITLE
Batch TRC's	
	4RX TRC GROUPING
143 A	SECONDARY INSURANCE RX NUMBER CHANGE ACCEPTED
190 I	NO CHANGE IN SECONDARY DRUG INFORMATION
200 R	RX BIN BLANK OR NOT VALID
201 R	RX ID BLANK OR NOT VALID
202 R	RX GROUP NOT VALID
203 R	RX PCN NOT VALID
204 A	RECORD UPDATE FOR PRIMARY 4RX DATA SUCCESSFUL
209 R	4RX CHANGE REJECTED, INVALID CHANGE EFFECTIVE DATE
242 I	NO CHANGE IN PRIMARY DRUG INFORMATION
	ALL TRANSACTIONS TRC GROUPING
001 R	INVALID TRANSACTION CODE
002 R	INVALID CORRECTION ACTION CODE
003 R	INVALID CONTRACT NUMBER
004 R	BENEFICIARY NAME REQUIRED
006 R	INVALID BIRTH DATE
007 R	INVALID CLAIM NUMBER
008 R	BENEFICIARY NOT FOUND
022 A	ENROLLMENT ACCEPTED, CLAIM NUMBER CHANGE
023 A	ENROLLMENT ACCEPTED, NAME CHANGE
037 R	ENROLLMENT REJECTED, INVALID DATE
104 R	REJECTED; INVALID OR MISSING ELECTION TYPE
105 R	REJECTED; INVALID EFFECTIVE DATE FOR ELECTION TYPE
106 R	REJECTED, ANOTHER TRANS RCVD WITH LATER APP DATE
107 R	REJECTED; INVALID OR MISSING PBP NUMBER
108 R	REJECTED, ELECTION LIMITS EXCEEDED
109 R	REJECTED, DUPLICATE PBP NUMBER
112 R	REJECTED; CONFLICTING EFFECTIVE DATES
156 R	TRANSACTION REJECTED, USER NOT AUTHORIZED FOR CONTRACT
157 R	CONTRACT NOT AUTHORIZED FOR TRANSACTION CODE
199 R	TRANSACTION REJECTED - PENDING
	DEMONSTRATION TRC GROUPING
027 A	DEMO BENEFICIARY FACTOR SET
028 A	DEMO BENEFICIARY FACTOR TERMINIATED
041 R	INVALID DEMONSTRATION BENEFICIARY FACTOR DATE
056 R	DEMONSTRATION ENROLLMENT REJECTED
169 R	REINSURANCE DEMONSTRATION ENROLLMENT REJECTED
	DISENROLLMENT TRC GROUPING
013 A	DISENROLLMENT ACCEPTED AS SUBMITTED
014 A	DISENROLLMENT DUE TO ENROLLMENT IN ANOTHER PLAN
018 I	AUTOMATIC DISENROLLMENT
025 A	DISENROLLMENT ACCEPTED, CLAIM NUMBER CHANGE
026 A	DISENROLLMENT ACCEPTED, NAME CHANGE
050 R	DISENROLLMENT REJECTED, NOT ENROLLED
051 R	DISENROLLMENT REJECTED, INVALID DATE
052 R	DISENROLLMENT REJECTED, DUPLICATE TRANSACTION
054 R	DISENROLLMENT REJECTED, RETROACTIVE DATE
114 R	DRUG COVERAGE CHANGE REJECTED; NOT AEPI
151 I	DISENROLLMENT ACCEPTED, INVALID DISENR REASON CODE
205 I	INVALID DISENROLLMENT REASON CODE

EGHP TRC GROUPING

110 R	REJECTED; NO PART A AND NO EGHP ENROLLMENT WAIVER
127 R	PART D ENROLLMENT REJECTED, EMPLOYER SUBSIDY
128 R	PART D ENROLL REJECT, EMPLYR SBSDY SET: NO PRIOR TRN
129 I	PART D ENROLL ACCEPT, EMP SBSDY SET: PRIOR TURN REJECT
139 A	EGHP FLAG CHANGE ACCEPTED
162 R	INVALID EGHP FLAG VALUE
164 R	EGHP FLAG VALUE NOT 'Y'
189 I	NO CHANGE IN EGHP FLAG

ENROLLMENT TRC GROUPING

009 R	NO BENEFICIARY MATCH
011 A	ENROLLMENT ACCEPTED AS SUBMITTED
015 A	ENROLLMENT CANCELED
016 I	ENROLLMENT ACCEPTED OUT OF AREA
017 I	ENROLLMENT ACCEPTED, PAYMENT DEFAULT RATE
019 R	ENROLLMENT REJECTED- NO PART- A/PART-B ENTITLEMENT
020 R	ENROLLMENT REJECTED-PACE UNDER 55
032 R	ENROLLMENT REJECTED, BENEFICIARY NOT ENTIT PART B
033 R	ENROLLMENT REJECTED, BENEFICIARY NOT ENTIT PART A
034 R	ENROLLMENT REJECTED, BENEFICIARY IS NOT AGE 65
035 R	ENROLLMENT REJECTED, BENEFICIARY IS IN HOSPICE
036 R	ENROLLMENT REJECTED, BENEFICIARY IS DECEASED
038 R	ENROLLMENT REJECTED, DUPLICATE TRANSACTION
039 R	ENROLLMENT REJECTED, CURRENTLY ENOLL IN SAME PLAN
040 R	ENROLLMENT REJECTED, MULTIPLE ENROLLMENTS TRANS
042 R	ENROLLMENT REJECTED, BLOCKED
044 R	ENROLLMENT REJECTED, OUTSIDE CONTRACT PERIOD
045 R	ENROLLMENT REJECTED, BENEFICIARY IS IN ESRD
100 A	PBP CHANGE ACCEPTED AS SUBMITTED
102 R	REJECTED; INVALID OR MISSING APPLICATION DATE
103 R	ICEP/IEP ELECTION, MISSING A/B ENTITLEMENT DATE
116 R	ENROLLMENT OR CHANGE REJECTED; INVALID SEGMT NUM
133 R	PART D ENROLL REJECTED; INVALID SECNDRY INSUR FLAG
150 I	ENROLLMENT ACCEPTED, EXCEEDS CAPACITY LIMIT
176 R	REJECTED, 2ND RQST WITH SAME EFF AND APPL DATE
196 R	ENROLLMENT REJECTED, BENE NOT ELIGIBLE FOR PART D
211 R	RE-ASSIGNMENT ENROLLMENT REJECTED
212 A	RE-ASSIGNMENT ENROLLMENT ACCEPTED
246A	GAP ENROLLMENT ACCEPTED; NO CHANGE TO DATES
247A	GAP ENROLLMENT ACCEPTED; NEW END DATE
248R	GAP ENROLLMENT REJECTED; INVALID END DATE
249R	GAP ENROLLMENT OVERLAP AE, FE OR POS/LI NET PERIOD
250R	GAP ENROLLMENT DATES FALL WITHIN ANOTHER ENROLLMENT
251R	GAP ENROLLMENT NOT IN RETRO FILE
114 R	DRUG COVERAGE CHANGE REJECTED; NOT AEP I

ESRD TRC GROUPING

055 M	ESRD CANCELLATION
073 M	ESRD STATUS SET
074 M	ESRD STATUS TERMINIATED
135 M	BENEFICIARY HAS STARTED DIALYSIS TREATMENTS
136 M	BENEFICIARY HAS ENDED DIALYSIS TREATMENTS
137 M	BENEFICIARY HAS RECEIVED A KIDNEY TRANSPLANT

HOSPICE TRC GROUPING

071 M	HOSPICE STATUS SET

072 M	HOSPICE STATUSTERMINATED
	LIS TRC GROUPING
117 A	FBD AUTO ENROLLMENT ACCEPTED
118 A	LIS FACILITATED ENROLLMENT ACCEPTED
121 M	BENEFICIARY LOW INCOME STATUS UPDATED
166 R	PART D FBD AUTO ENROLLMENT OR FACILITATED ENROLLMENT REJECTED
194 M	DEEMED CORRECTION
223 I	LOW INCOME PERIOD CLOSED
	MEDICAID TRC GROUPING
077 A/M	MEDICAID STATUS SET
078 A/M	MEDICAID STATUS TERMINIATED
097 R	MEDICAID PREVIOUSLY TURNED ON
098 R	MEDICAID PREVIOUSLY TURNED OFF
099 M	MEDICAID PERIOD CHANGE/CANCELLATION
184 R	ENROLLMENT REJECTED, BENEFICIARY IS IN MEDICAID
	MEDICARE SECONDARY PAYER TRC GROUPING
227 R	AGED/DISABLED TRANSACTION REJECTED-INVALID TRANSACTION TYPE
245I	MEMBER IS AGED/DISABLED MSP
	NUMBER OF UNCOVERED MONTHS TRC GROUPING
124 R	ENROLLMENT/CHANGE REJECTED, INVALID UNCOV MONTHS
126 R	ENROLLMENT/CHANGE REJECTED, INVALID CRED CVRG FLAG
141 A	UNCOVERED MONTHS CHANGE ACCEPTED
177 M	CHANGE IN LATE ENROLLMENT PENALTY
178 M	LATE ENROLLMENT PENALTY RESCINDED
187 I	NO CHANGE IN CREDITABLE COVERAGE INFORMATION
215 R	UNCOVERED MONTHS CHANGE REJECTED, INCORRECT EFF DATE
216 I	UNCOVERED MONTHS EXCEEDS MAX POSSIBLE VALUE
217 R	CAN'T CHANGE NUMBER OF UNCOVERED MONTHS
218 A	LEP RESET UNDONE
219 A	LEP RESET ACCEPTED
	PLAN CHANGES TRC GROUPING
060 R	CORRECTION REJECTED, NOT ENROLLED IN PLAN
134 I	MISSING SECONDARY INSURANCE INFORMATION
140 A	SEGMENT ID CHANGE ACCEPTED
171 R	RECORD UPDATE REJECTED, INVALID CHG EFFECTIVE DATE
172 R	CHANGE REJECTED; CREDITABLE COVERAGE AND/OR PRIMARY/SECONDARY DRUG INFORMATION NOT APPLICABLE
174 A	TRANSACTION REJECTED; NO DATA UPDATES SUBMITTED
188 I	NO CHANGE IN SEGMENT ID
	PART D OPT OUT TRC GROUPING
130 R	PART D OPT-OUT REJECTED, OPT-OUT FLAG NOT VALID
131 I	PART D OPT-OUT ACCEPTED
241 I	NO CHANGE IN PART D OPT OUT FLAG
	POINT OF SALE (POS) TRC GROUPING
210 A	POS ENROLLMENT ACCEPTED
220 R	TRANSACTION REJECTED; INVALID POS ENROLL SOURCE CODE
	PREMIUM WITHHOLD TRC GROUPING
119 A	PREMIUM AMOUNT CHANGE ACCEPTED

120 A	PREMIUM WITHHOLDING OPTION CHANGE ACCEPTED
122 R	ENROLLMENT/CHANGE REJECTED, INVALID PREM AMT
123 R	ENROLLMENT/CHANGE REJECTED, INVALID PREM OPT CD
144 M	PREMIUM WITHHOLD OPTION CHANGE TO DIRECT BILL
170 A	ENROLL/CHANGE ACCEPTED, PREM WITHHOLD DIRECT BILL
173 R	CHANGE REJECTED; PREMIUM NOT PREVIOUSLY SET
179 A	TRANSACTION ACCEPTED- NO CHANGE TO PREMIUM RECORD
181 I	INVALID PTD PREMIUM SUBMITTED, CORRECTED
182 I	INVALID PTC PREMIUM SUBMITTED, CORRECTED
191 I	NO CHANGE IN PREMIUM WITHHOLD OPTION
192 I	NO CHANGE IN PART C PREMIUM AMOUNT (CURRENTLY NOT USED)
206 I	PART C PREMIUM HAS BEEN CORRECTED TO ZERO
207 I	THE PART D PREMIUM HAS BEEN CORRECTED TO ZERO
213 A	PREMIUM WITHHOLD OPTION CHANGE TO DIRECT BILL
222 I	BENE EXCLUDED FROM TRANSMISSION TO SSA/RRB
237 I	PART B PREMIUM REDUCTION SENT TO SSA
240 A	TRANSACTION RECEIVED, WITHHOLD CHANGE PENDING
243R	CHANGE TO SSA WITHHOLDING REJECTED DUE TO NO SSN
252M	WITHHOLD OPTION CHANGED TO DIRECT BILL; NO SSN
253M	CHANGED TO DIRECT BILL; NO FUNDS WITHHELD
	ROLLOVER TRC GROUPING
146 A	ROLLOVER SUCCESSFUL
	SCC ADDRESS TRC GROUPING
085 M	STATE AND COUNTY CODE CHANGE
138 M	BENEFICIARY ADDRESS CHANGE TO OUTSIDE THE U.S.
154 M	OUT OF AREA STATUS
	SSA TRC GROUPING
185 I	SSA ACCEPTED TRANSACTION
186 I	SSA REJECTED TRANSACTION
195 M	SSA UNSOLICITED RESPONSE (SSA WITHHOLD UPDATE)
235 I	SSA ACCEPTED PART B REDUCTION TRANSACTION
236 I	SSA REJECTED PART B REDUCTION TRANSACTION
	SYSTEM NOTIFICATION TRC GROUPING
048 R	NURSEING HOME CERTIFIABLE STATUS SET
062 R	CORRECTION REJECTED,,OVERLAPS OTHER PERIOD
075 A	INSTITUTIONAL STATUS SET
079 M	PART A TERMINATION
080 M	PART A REINSTATEMENT
081 M	PART B TERMINIATION
082 M	PART B REINSTATEMENT
086 M	CLAIM NUMBER CHANGE
087 M	NAME CHANGE
088 M	SEX CODE CHANGE
089 M	DATE OF BIRTH CHANGE
090 M	DATE OF DEATH ESTABLISHED
091 M	DATE OF DEATH REMOVED
092 M	DATE OF DEATH CORRECTED
152 M	RACE CODE CHANGE
155 M	INCARCERATION NOTIFICATION RECEIVED
158 M	INSTITUTIONAL PERIOD CHANGE/CANCELLATION
159 M	NURSING HOME CERT PERIOD CHANGE/CANCELLATION
161 M	BENEFICIARY RECORD ALERT FROM MBD
165 R	PROCESSING DELAYED DUE TO MARX SYSTEM PROBLEMS
197 M	REJECTED, RETURN TO PLAN FOR ADDITIONAL RESEARCH

198 M	PART D ELIGIBILITY REINSTATEMENT
	ENROLLMENT RECON TRC GROUPING
600R	UI TRANSACTION OVERRIDE
601R	CASEWORK BENEFICIARY
602R	NO DISCREPANCY
603R	2007 DATE IS NOT VALID
604A	DISENROLLMENT
605R	RECON TRANSACTION DENIED
606I	DIRECT BILL
607A	ENROLLMENT ACCEPTED AS SUBMITTED
608A	ENROLLMENT ACCEPTED WITH CMS ESTABLISHED EFFECTIVE AND CMS END DATE
609A	ENROLLMENT ACCEPTED WITH CMS ESTABLISHED EFFECTIVE
610A	ENROLLMENT ACCEPTED WITH CMS ESTABLISHED END DATE
611R	NO DISCREPANCY IN 2006
	CMS-ONLINE UPDATES TRC GROUPING
701 A	NEW UI ENROLLMENT (OPEN ENDED)
702 A	UI FILL-IN ENROLLMENT
703 A	UI ENROLLMENT CANCEL (DELETE)
704 A	UI ENROLLMENT CANCEL-PBP CORRECTION
705 A	UI ENROLLMENT PBP CORRECTION
706 A	UI ENROLLMENT CANCEL SEGMENT CORRECTION
707 A	UI ENROLLMENT SEGMENT CORRECTION
708 A	UI ASSIGNS END DATE
709 A	UI MOVED START DATE EARLIER
710 A	UI MOVED START DATE LATER
711 A	UI MOVED END DATE EARLIER
712 A	UI MOVED END DATE LATER
713 A	UI REMOVED ENROLLMENT END DATE
714 A	UI PART D OPT OUT CHANGE ACCEPTED
715 M	MEDICAID CHANGE ACCEPTED
716 A	UI CHANGED THE NUMBER OF UNCOVERED MONTHS
717A	UI CHANGED ONLY THE APPLICATION DATE
	SPECIAL REPLY TRC GROUPING
990-995	APPEAR ON SPECIAL TRR GENERATED FOR SPECIFIC PURPOSE. WHEN A SPECIAL TRR PRODUCES ONE OF THESE CODES, CMS WILL PROVIDE COMMUNICATIONS TO EXPLAIN THE TRC
996	EOY LOSS OR LOW INCOME SUBSIDY STATUS
997-999	APPEAR ON SPECIAL TRR GENERATED FOR SPECIFIC PURPOSE. WHEN A SPECIAL TRR PRODUCES ONE OF THESE CODES, CMS WILL PROVIDE COMMUNICATIONS TO EXPLAIN THE TRC

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	Notification of Death of Beneficiary
02	Retroactive Enrollment
03	Retroactive Disenrollment
04	Correction to Enrollment Date
05	Correction to Disenrollment Date
06	Correction to Part A Entitlement
07	Retroactive Hospice Status
08	Retroactive ESRD Status
09	Retroactive Institutional Status
10	Retroactive Medicaid Status
11	Retroactive Change to State County Code
12	Date of Death Correction
13	Date of Birth Correction
14	Correction to Sex Code
15	Obsolete
16	Obsolete
17	For APPS use only
18	Part C Rate Change
19	Correction to Part B Entitlement
20	Retroactive Working Aged Status
21	Retroactive NHC Status
22	Disenrolled Due to Prior ESRD
23	Demo Factor Adjustment
24	Retroactive Change to Bonus Payment
25	Part C Risk Adj Factor Change/Recon
26	Mid-year 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

Code	Description
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
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-5 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

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

H.5 *Entitlement Status and Enrollment Reason Codes*

Table H-5 lists the codes for Part A and Part B Enrollment, Entitlement and Non-Entitlement

Table H-5 – Entitlement Status Code Table

Part A – Entitlement Status Codes

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

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

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

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

Part A – Non Entitlement Status Codes

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

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

Part A - Enrollment Reason Codes

Code	Definition
A	Attainment of age 65
B	Equitable relief

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

Part B - Entitlement Status Codes

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

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

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

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

Part B – Non Entitlement Reason Codes

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

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

Part B - Enrollment Reason Codes

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

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H.6 *Disenrollment Reason Codes*

Table H-6 lists the reason codes for Disenrollment.

Table H-6 - Disenrollment Reason Code Table

Code	Disenrollment Reason	Additional Information on Use
5	Loss of Part B entitlement	CMS Use
6	Loss of Part A entitlement (Plan specific)	CMS Use
7	For cause	CMS Use
8	Report of death	CMS Use
9	Termination of contract (CMS-initiated)	CMS Use
10	Termination of contract (Plan withdrawal)	CMS Use
11	Voluntary Disenrollment through plan	Plan Use Beneficiary requested disenrollment during a valid enrollment period.
13	Disenrollment because of enrollment in another Plan	CMS Use
14	Retroactive	CMS Use
18	Terminated in error by CMS systems	CMS Use
61	Loss of Part D eligibility	CMS Use
91	Failure to Pay Plan Premiums (Involuntary Disenrollment)	Plan Use Beneficiary has failed to pay Plan premiums and Plan has completed all the necessary steps in CMS disenrollment guidance to effectuate an involuntary disenrollment.
92	Move Out of Plan Service Area (Involuntary Disenrollment)	Plan Use Beneficiary has been determined to be out of the Plan service area according to the procedures in CMS disenrollment guidance, and all requirements necessary to effectuate an involuntary disenrollment have been met.
93	Loss of SNP Eligibility (Involuntary Disenrollment)	Plan Use Beneficiary has been determined to no longer meet the eligibility requirements for enrollment in an exclusive SNP, and all requirements to effectuate an involuntary disenrollment, as defined in CMS disenrollment guidance (including the deemed continuous eligibility provisions) have been met.
99	Other (not supplied by bene)	CMS Use

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H.7 *Batch Eligibility Query (BEQ) Response File Error Condition Table*

H.7.1 *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.	● 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.
Header Record	The Header Record is Invalid.	● The Header Record is incorrectly formatted. ● The Header Record contains invalid values. ● The Header Record contains Critical Fields that are not provided.
Trailer Record	The Trailer Record is missing.	● The Trailer Record is not provided on the file. ● The Trailer Record cannot be read. ● More than one Trailer Record is provided on the file.
Trailer Record	The Trailer Record is invalid.	● The Trailer Record is incorrectly formatted. ● The Trailer Record contains invalid values. ● The Trailer Record contains Critical Fields that are not populated. ● The Record Count in the Trailer Record is more than 2 different from the actual number of Detail Records (Transactions) in the file.
File Content	The File has no Transactions.	● There are no Transactions (Detail Records) found in the file.

H.7.2 *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.
Processed Flag	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**.**
Beneficiary Match Flag	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.
Beneficiary Match Flag	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.

H.8 *Obsolete Transaction Reply Codes*

Table H-8 lists the ***obsolete*** Transaction Reply Codes (TRC)'s that have been marked for deletion beginning November 2006.

Table H-8 – Obsolete Transaction Reply Codes

Code/Type Obsolete	Title	Short Definition	Definition	Comment
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. **NOTE**: Description is not on CMS website based on input from iCORP.	No rejections are done on the Sex Code. M is changed to 1, F is changed to 2. Any other value is changed to 0 (unknown).
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. **NOTE**: Edit suspended in 2004 by CMS.	**Obsolete - REMOVE** System no longer requires that Medicaid indicator only be turned off by the plan which set it.
012 A	Enrollment Accepted, with SCC Override	[obsolete]	This transaction code is obsolete. **NOTE**: Description is not on CMS Website. Based on input from iCORP.	
021 A	Enrollment Accepted, Date Modified	[Obsolete]	This transaction code is obsolete. **NOTE**: Description is not on CMS Website. Obsolete in GHP.	
024 A	Disenrollment Accepted, Date Modified	[Obsolete]	This transaction reply code is obsolete. **NOTE**: Description is not on CMS website. Obsolete in GHP.	

Code/Type Obsolete	Title	Short Definition	Definition	Comment
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 Confirmatio n	**[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.	When a beneficiary can't be found TRC 008 is issued.
043 R	Invalid Demonstrati on 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 3rd position being '.' and the other 6 positions numeric.	This edit doesn't happen.

Code/Type Obsolete	Title	Short Definition	Definition	Comment
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.	Plan receives TRC 037
049 A	Nursing Home Certifiable Status Terminated	NHC OFF	This transaction code is obsolete. **NOTE**: NHC periods always have an end date. TRC code 159 is used to acknowledge online changes to NHC periods.	
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.	Plan receives TRC 050.
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.	Plans are not notified of factor changes via the TRR.
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.	

Code/Type Obsolete	Title	Short Definition	Definition	Comment
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.	
061 R	Correction Rejected, Retroactive Change	[Obsolete]	This transaction reply code is obsolete. **NOTE**: Description is not on CMS website. Obsolete in GHP.	
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 Obsolete	Title	Short Definition	Definition	Comment
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	Not reported to Plans
076 A	Institutional Status Terminated	INSTITUTION OFF	This transaction reply code is obsolete. **NOTE**: Institutional periods always have an end date. TRC code 158 is used to acknowledge online changes to institutional period dates.	

Code/Type Obsolete	Title	Short Definition	Definition	Comment
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.	Replaced by the new UI TRCs (701-716)
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.	Replaced by the new UI TRCs (701-716)
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.	MARx does not check MBD addresses for validity.
096	SCC Already Exists	[Obsolete]	This transaction reply code is obsolete. **NOTE**: Description is not on CMS website	
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.	

Code/Type Obsolete	Title	Short Definition	Definition	Comment
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.	Plan receives TRC 003
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.)	Not reported as part of TRR. For MARx internal use only.
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.	Reported as obsolete per CSC.
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.	
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).	
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.	
145 M	Beneficiary no longer incarcerated	INCARCERATE OFF	Notice has been received from the MBD that the beneficiary is no longer incarcerated.	Not reported to the Plan.

Code/Type Obsolete	Title	Short Definition	Definition	Comment
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.	
153 M	Expiration of Temporary Address	TEMP ADR EXPIRE	Beneficiary's temporary address has expired.	Address info not sent through TRR.
160 R	Batch Transaction Rejected, User Not Authorized for Batch Submission	[Obsolete]	This transaction code is obsolete.	
163 A	EGHP Flag Value Set	EGHP FLAG ON	The EGHP Flag value was set to Y by an enrollment transaction.	

Code/Type Obsolete	Title	Short Definition	Definition	Comment
167 M	Change in Beneficiary Low Income Premium Subsidy	OBSOLETE	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. This beneficiary's Part D low-income subsidy amount and/or percentage have changed. The effective date of the change is reported in field 18 of the TRR record and in the EFF DATE column on the printed report. Field 55 reports the beneficiary's Part D premium subsidy amount as of the effective date of the transaction. If the change affects the Part D low-income subsidy for the Current Payment Month (CPM), the new amount will be reported in field 24. Replies with TRC 167 are often accompanied by replies with TRC 168 and TRC 121. **Note**: Fields 24 and 49 – 54 always represent the beneficiary's LIS and LEP values for the current CPM. If this change is retroactive, these values may not reflect the values of the period being changed. Refer to the LISHIST report to determine the correct values for retroactive changes. **Plan Action**: Adjust the beneficiary's Part D LIS amount and/or percentage as of the effective date in field 18. Take the appropriate actions as per CMS enrollment guidance. If the change is retroactive, refer to the LISHIST report to verify the correct amount for the affected period.	Removed as part of the July 2009 release for LIS

Code/Type Obsolete	Title	Short Definition	Definition	Comment
168 M	Change in Beneficiary Low Income Cost Sharing Subsidy	OBSOLETE	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. This beneficiary's Part D low-income cost sharing level (co-pay) has changed. The effective date of the change is reported in field 18 of the TRR record and in the EFF DATE column on the printed report. If the change affects the Part D low-income cost sharing level for the Current Payment Month (CPM), the new level will be reported in field 24. Replies with TRC 168 are often accompanied by replies with TRC 167 and TRC 121. **Note**: Fields 24 and 49 – 54 always represent the beneficiary's LIS and LEP values for the current CPM. If this change is retroactive, these values may not reflect the values of the period being changed. Refer to the LISHIST report to determine the correct values for retroactive changes. Field 55 reports the beneficiary's Part D premium subsidy amount as of the effective date of the transaction. **Plan Action:** Adjust the beneficiary's Part D LIS cost-sharing level as of the effective date in field 18. Take the appropriate actions as per CMS enrollment guidance. If the change is retroactive, refer to the LISHIST report to verify the correct level for the affected period.	
175 A	Change Accepted	SSN CHG ACCEPTED	MBD notification for change of Social Security Number is processed and accepted.	

Code/Type Obsolete	Title	Short Definition	Definition	Comment
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. No further action required.	Made obsolete by CME.
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.	MARx does no validation of bene's dual eligible status.
193 I	No Change in Part D Premium Amount	DUPLICATE PART D PREMIUM AMOUNT	A Plan Change transaction (72) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained a Part D Premium Amount value that matched the Part D Premium Amount already on record with CMS. This transaction had no effect on the beneficiary's records. **Plan Action:** None required.	Obsolete as of Spring 2009
208 R	Record Update Rejected, Both 4Rx and non-4Rx Changes	NO 4RX AND NON	A Record Update transaction (72) was rejected because it contained information for both 4Rx and non-4Rx record updates. If any of the 4Rx (primary and secondary drug insurance) fields are populated, no other record updates can be included on the transaction. **Plan Action**: Submit separate Record Update transactions (72) for 4Rx and non-4Rx record updates.	Obsolete as of Spring 2009

Code/Type Obsolete	Title	Short Definition	Definition	Comment
214 R	Plan Change Rejected; Both Uncovered Months and Other non-4Rx Changes	BOTH PLN CHG RQST	A Plan change (72) transaction was rejected because the submitted transaction included changes in the number of uncovered month's data fields as well as in other change fields. Plans must submit changes to the number of uncovered month's data as a separate Plan change (72) transaction. Transactions with data in uncovered month's fields AND other change fields are rejected. **Plan Action**: Submit changes to uncovered months as a separate Plan change (72) transaction.	Obsolete as of Spring 2009

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 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 (Part D)	I-23
I.6	Monthly Membership Detail Report – Non Drug Report (Part C)	I-25
I.7	Monthly Membership Summary Report	I-27
I.8	Monthly Summary of Bills Report	I-31
I.9	Part C Risk Adjustment Model Output Report	I-33
I.10	RAS RxHCC Model Output Report AKA - Part D Risk Adjustment Model Output Report	I-35
I.11	Payment Records Report	I-37
I.12	Plan Payment Report (PPR) (APPS Payment Letter)	I-39
I.13	Interim Plan Payment Report (IPPR)	I-45
I.14	Transaction Reply Activity Report (Weekly & Monthly)	I-47
I.15	Enrollment Transmission Message File (STATUS)	I-61
I.16	Sample BEQ Request File Pass and Fail Acknowledgement	I-67

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                                    BIPA606 PAYMENT REDUCTION REPORT
PAGE:                 1
  CONTRACT#: H3333
REPORT DATE: 2003/12/10


0 PBP ID: 026
0 CLAIM        SURNAME F S BIRTH   ADJ    PAY/ADJ       BIPA    BLEND TOT             BIPA      BLEND
BLEND PT-B       BLEND TOT
  NUMBER               I E DATE     RC     DATES        RATE     W/O BIPA           AMOUNT       PT-A
PLUS BIPA       PLUS BIPA
                         X


  123456789A   PARR    H F 19121128    200401-200401    31.25      609.52           -31.25     362.64
215.63         578.27
  123456789A   MONET   M F 19170402    200401-200401    31.25      677.32           -31.25     400.05
246.02         646.07
  123456789D   GARRISO M F 19130812    200401-200401    31.25      744.55           -31.25     437.15
276.15         713.30
  123456789A   GEISEL  A M 19190407    200401-200401    31.25      687.28           -31.25     387.95
268.08         656.03
  123456789A   BLAZE   H M 19170901    200401-200401    31.25      688.39           -31.25     406.45
250.69         657.14
  123456789D   AMES    E F 19061027    200401-200401    31.25      607.62           -31.25     361.59
214.78         576.37
  123456789D   KLEIN   P F 19270531    200401-200401    31.25      459.05           -31.25     243.34
184.46         427.80
```

```
  123456789A   DAVIDS  J M 19200513    200401-200401    31.25      787.43           -31.25     444.78
311.40         756.18
  123456789B   DAVIDS  E F 19180521    200401-200401    31.25      744.30           -31.25     443.28
269.77         713.05
  123456789A   MURRAY  E F 19190614    200401-200401    31.25      724.95           -31.25     418.69
275.01         693.70
  123456789A   MURDOCK P M 19161126    200401-200401    31.25      734.80           -31.25     433.85
269.70         703.55
  123456789D   TROTTER S F 19230411    200401-200401    31.25      905.11           -31.25     518.10
355.76         873.86
  123456789A   RUSS    D M 19220119    200401-200401    31.25      860.56           -31.25     486.14
343.17         829.31
  123456789A   PRINCE  A F 19041104    200401-200401    31.25      646.97           -31.25     384.27
231.45         615.72
  123456789A   LONG    I M 19190101    200401-200401    31.25      723.08           -31.25     427.31
264.52         691.83
  123456789A   SHAPIRO S M 19100313    200401-200401    31.25      858.29           -31.25     506.54
320.50         827.04
  123456789A   WEISMAN W M 19160511    200401-200401    31.25      900.15           -31.25     528.34
340.56         868.90
  123456789A   BERGER  B F 19190910    200401-200401    31.25      641.60           -31.25     370.61
239.74         610.35
  123456789A   KELLER  H F 19190906    200401-200401    31.25      580.79           -31.25     335.44
214.10         549.54
  123456789A   RYAN    J M 19181027    200401-200401    31.25      857.21           -31.25     505.94
320.02         825.96
  123456789A   FALK    S M 19080704    200401-200401    31.25      749.63           -31.25     442.25
276.13         718.38
  123456789A   DUFFY   S F 19120426    200401-200401    31.25      640.90           -31.25     381.26
228.39         609.65
  123456789D   ADAMS   E F 19101114    200401-200401    31.25      657.82           -31.25     391.28
235.29         626.57
  123456789A   TATE    V F 19160825    200401-200401    31.25      643.82           -31.25     382.53
230.04         612.57
  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
  PAY MONTH: 2004/01                                  BIPA606 PAYMENT REDUCTION REPORT
PAGE:                2
```

```
  CONTRACT#: H3333
REPORT DATE: 2003/12/10

0 PBP ID: 027
0 CLAIM        SURNAME F S BIRTH   ADJ    PAY/ADJ       BIPA    BLEND TOT            BIPA      BLEND
BLEND PT-B       BLEND TOT
  NUMBER               I E DATE     RC     DATES        RATE     W/O BIPA           AMOUNT       PT-A
PLUS BIPA       PLUS BIPA
                         X

  123456789B   MARKS   E F 19220112    200401-200401    73.38      685.30           -73.38     395.50
216.42         611.92
  123456789A   MONTGOM M F 19111113    200401-200401    73.38      723.40           -73.38     430.47
219.55         650.02
  123456789D   SCHREIB A F 19190814    200401-200401    73.38      520.09           -73.38     300.46
146.25         446.71
  123456789A   BECKER  V F 19191224    200401-200401    73.38      520.09           -73.38     300.46
146.25         446.71
  123456789A   BRIDGE  H M 19171219    200401-200401    73.38      715.74           -73.38     422.51
219.85         642.36
  123456789A   EDELMAN S M 19160825    200401-200401    73.38      765.94           -73.38     452.29
240.27         692.56
  123456789A   ZEMLACK A F 19090715    200401-200401    73.38      640.90           -73.38     381.26
186.26         567.52
  123456789A   ROSENST L M 19180629    200401-200401    73.38      712.25           -73.38     420.62
218.25         638.87
  123456789B   ROSENST L F 19231014    200401-200401    73.38      558.72           -73.38     322.85
162.49         485.34
  123456789D   ROLNICK I F 19090215    200401-200401    73.38      633.83           -73.38     377.02
183.43         560.45
  123456789D   KAIN    M F 19150907    200401-200401    73.38      831.80           -73.38     494.02
264.40         758.42
  123456789A   SHANK   W M 19200707    200401-200401    73.38      756.68           -73.38     427.40
255.90         683.30
  123456789A   KAY     T M 19121119    200401-200401    73.38      926.09           -73.38     546.43
306.28         852.71
```

```
  123456789A   GOLDMAN S M 19160221    200401-200401    73.38      734.80           -73.38     433.85
227.57         661.42
  123456789D   MILLMAN E F 19110709    200401-200401    73.38      692.33           -73.38     411.35
207.60         618.95
  123456789A   JARRETT J M 19110519    200401-200401    73.38      722.82           -73.38     426.42
223.02         649.44
  123456789B   JARRETT E F 19170417    200401-200401    73.38      643.79           -73.38     382.51
187.90         570.41
  123456789C1  MENG    A M 19500301    200401-200401    73.38      347.11           -73.38     189.69
84.04         273.73
  123456789A   BLACK   M F 19151205    200401-200401    73.38      665.44           -73.38     395.27
196.79         592.06
  123456789A   TAUBMAN E F 19420723    200401-200401    73.38      689.25           -73.38     376.64
239.23         615.87
  123456789D   DRUSKIN M F 19290303    200401-200401    73.38      424.51           -73.38     216.96
134.17         351.13
  123456789A   SMITH   V F 19130908    200401-200401    73.38      631.21           -73.38     375.57
182.26         557.83
  123456789D   JEFFRIE C F 19000201    200401-200401    73.38      646.99           -73.38     384.28
189.33         573.61
  123456789A   PRITZKE S M 19120929    200401-200401    73.38      722.86           -73.38     426.44
223.04         649.48
  123456789A   SAMUELS S M 19180331    200401-200401    73.38      713.94           -73.38     421.52
219.04         640.56
  123456789A   KANTER  D F 19150103    200401-200401    73.38      653.71           -73.38     389.01
191.32         580.33
  123456789D   NORMAN  F F 19230914    200401-200401    73.38      559.86           -73.38     323.49
162.99         486.48
  123456789A   MARTIN  L F 19150709    200401-200401    73.38      653.71           -73.38     389.01
191.32         580.33
  123456789A   COHEN   R M 19171019    200401-200401    73.38      811.54           -73.38     479.27
258.89         738.16
  123456789D   RUBIN   J F 19121124    200401-200401    73.38      857.74           -73.38     509.52
274.84         784.36
  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                                  BONUS PAYMENT REPORT                  PAGE:   2
  CONTRACT#: H5555
REPORT DATE: 2003/10/03

0 STATE/COUNTY CODE: 27030
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   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
```

```
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
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                            BONUS PAYMENT REPORT                              PAGE:  3
  CONTRACT#: H5555
REPORT DATE: 2003/10/03

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 ----
  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
  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                                    BONUS PAYMENT REPORT
PAGE:                 4
  CONTRACT#: H5555
REPORT DATE: 2003/10/03

0 STATE/COUNTY CODE: 27150
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   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
  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   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

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

0    ** 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 ENTITILEMENT - MALE
0       AGE                                                                  NON
WORKING
0      GROUP          INST                      MEDICAID                     MEDICAID
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
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 ENTITILEMENT - FEMALE
0       AGE                                                                    NON
WORKING
0      GROUP          INST                      MEDICAID                      MEDICAID
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 ENTITILEMENT - MALE
0       AGE                                                                    NON
WORKING
0      GROUP          INST                      MEDICAID                      MEDICAID
AGED
0      85 +           0           0.00            0             0.00            0              0.00
0           0.00
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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 ENTITILEMENT - FEMALE
0       AGE                                                                     NON
WORKING
0      GROUP          INST                      MEDICAID                      MEDICAID
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
0      60-64          0           0.00            0             0.00            0              0.00
0           0.00
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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

```
1                                                PART A BILLS POSTED IN OCT  2002
PAGE   1
                                                   * * * * * HMO H4444 * * * * *
   BILL TYPE:  INPATIENT
                                 HMO  ADM      TOTAL  NON-COV INP NC BLD      COINSURANCE    TOTAL   FROM
THRU  COV   REIM NP
  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
PAGE   2
                                                   * * * * * HMO H4444 * * * * *
   BILL TYPE:  HOSPICE
                                 HMO  ADM      TOTAL  NON-COV INP NC BLD      COINSURANCE    TOTAL   FROM
THRU  COV   REIM NP
  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 (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.

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RUN DATE:20050115                           MONTHLY MEMBERSHIP REPORT-DRUG                                    PAGE:         1
PAYMENT MONTH:200502                   PLAN(Hzzzz) PBP(nnn) SEGMENT(mmm) PLAN NAME HERE

                                              BASIC PREMIUM | ESTIMATED REINSURANCE
                                       PART D    $SS9.99    |        $SS9.99
             S                ---  FLAGS  -----      ------------------ PAYMENTS/ADJUSTMENTS ---------------------------
CLAIM        E AGE  STATE       P P   S L L D C ADJ  RA FCTR     DATES       LOW-INCOME COST     LOW-INCOME COST
NUMBER       X GRP  CNTY        A A E 0 O I E M RES           START  END     SHARING PERCENTAGE  SHARING SUBSIDY
------------ - ---- -----     O R R G U I N M C ---- -------------------------------------------------------------------
   SURNAME F   DMG  BIRTH     O T T H R N S I A MTHS DIRECT SUBSIDY   COVERAGE GAP
           I   RA   DATE      A A B P C C T N I  D    PAYMENT AMT     DISCOUNT                            TOTAL PAYMENT
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1234567890AB F      33800     XXXXXXXXXXXX       99  20.0405  200504 200505        ZZ              $SSSSSS9.99
 FIRST     G   8084 19200206 Y Y N         N Y  Z9    $SSSSSS9.99     $SSSSSS9.99                          $SSSSSSS9.99
0987654321AB M 8084 33800                       Z9  20.0405  200504 200505        ZZ              $SSSSSS9.99
 SECOND    H   8084 19251008 Y Y Y         Y N  Z9    $SSSSSS9.99     $SSSSSS9.99                          $SSSSSSS9.99
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I.6 *Monthly Membership Detail Report – Non Drug Report (Part C)*

Description

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

Example

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

(above benchmark bid)

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(below benchmark bid)

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

	BASIC PREMIUM	REBATES: COST SHR REDUC	MAND SUPP BENEFIT	PART D SUPP BENEFIT	PART B BAS PRM REDUC	PART D BAS PRM REDUC
PART A	N/A	$SSS9.99	$SSS9.99	$SSS9.99	$SSS9.99	$SSS9.99
PART B	N/A	$SSS9.99	$SSS9.99	$SSS9.99	$SSS9.99	$SSS9.99

E NUMBER	AGE	STATE	S X	P GRP	P CNTY	FLAGS: M O A	F R A	A R R	D O H	S R O	C S E	R N I	O N N	M D A	D F A	E G H	E U R	O M S	M C A	A ---- PIP	B --- DCG	PAYMENT DATE START	PAYMENT DATE END	LAG REA	FTYPE	FACTORS: FCTR-A	FACTORS: FCTR-B	AMOUNT: PART A	AMOUNT: PART B	AMOUNT: TOTAL PAYMENT	CLAIM MSP
SURNAME			F I	DMG RA	BIRTH DATE	O A	T A	T B	S P	R D	S T	H C	I D	I L	E C	O N	A U	H P	R C	S P	A I	PIP DCG	ADJ REA								
1234567890AB			F	8084	33800																			200405	200405	Y	C	99.9999	$SSSS9.99		
FIRST			G	8084	19200206	Y	Y	N								1			Y	Z9Z9		ZZ		1.0650	1.0650	$SSSSSS9.99	$SSSSSS9.99		$SSSSSSS9.99		
0987654321AB			M	8084	33800																			200405	200405	Y	C	99.9999	99.9999	$SSSS9.99	
SECOND			H	8084	19251008	Y	Y	Y		Y						4			P	N	Z9Z9		ZZ	1.0650	1.0650	$SSSSSS9.99	$SSSSSS9.99		$SSSSSSS9.99		

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

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RUN DATE:yyyymmdd                          MONTHLY MEMBERSHIP SUMMARY REPORT (PAGE 1 OF 2)
PAYMENT MONTH:yyyymm                         PLAN: H9999 PBP(mmm) SEG(nnn) Name-of-Provider-Here
CURRENT PAYMENTS
PART A ---------- COUNTS ----- TOTAL MONEY   PART B --------   COUNTS ----- TOTAL MONEY   PART D ---------- COUNTS ----- TOTAL MONEY
HOSPICE        z,zzz,zz9 $$,$$$,$$$,$$9.99   HOSPICE        z,zzz,zz9 $$,$$$,$$$,$$9.99
ESRD           z,zzz,zz9 $$,$$$,$$$,$$9.99   ESRD           z,zzz,zz9 $$,$$$,$$$,$$9.99
WA             z,zzz,zz9 $$,$$$,$$$,$$9.99   WA             z,zzz,zz9 $$,$$$,$$$,$$9.99
INST           z,zzz,zz9 $$,$$$,$$$,$$9.99   INST           z,zzz,zz9 $$,$$$,$$$,$$9.99
NHC            z,zzz,zz9 $$,$$$,$$$,$$9.99   NHC            z,zzz,zz9 $$,$$$,$$$,$$9.99
MCAID          z,zzz,zz9 $$,$$$,$$$,$$9.99   MCAID          z,zzz,zz9 $$,$$$,$$$,$$9.99
PART C PREMIUM z,zzz,zz9 $$,$$$,$$$,$$9.99   PART C PREMIUM z,zzz,zz9 $$,$$$,$$$,$$9.99   DIR SUBSDY     z,zzz,zz9 $$,$$$,$$$,$$9.99
A/B COST SHR   z,zzz,zz9 $$,$$$,$$$,$$9.99   A/B COST SHR   z,zzz,zz9 $$,$$$,$$$,$$9.99   LIS COST SHR   z,zzz,zz9 $$,$$$,$$$,$$9.99
A/B MAN SUP BN z,zzz,zz9 $$,$$$,$$$,$$9.99   A/B MAN SUP BN z,zzz,zz9 $$,$$$,$$$,$$9.99   ESTIMATD REINS z,zzz,zz9 $$,$$$,$$$,$$9.99
D BAS PRM REDU z,zzz,zz9 $$,$$$,$$$,$$9.99   D BAS PRM REDU z,zzz,zz9 $$,$$$,$$$,$$9.99   PACE PRM ADDON z,zzz,zz9 $$,$$$,$$$,$$9.99
D SUPP BENFITS z,zzz,zz9 $$,$$$,$$$,$$9.99   D SUPP BENFITS z,zzz,zz9 $$,$$$,$$$,$$9.99   PACE CSR ADDON z,zzz,zz9 $$,$$$,$$$,$$9.99
B BAS PRM REDU z,zzz,zz9 $$,$$$,$$$,$$9.99   B BAS PRM REDU z,zzz,zz9 $$,$$$,$$$,$$9.99   COV GAP DISC   z,zzz,zz9 $$,$$$,$$$,$$9.99
A/D MSP REDU   z,zzz,zz9 $$,$$$,$$$,$$9.99   A/D MSP REDU   z,zzz,zz9 $$,$$$,$$$,$$9.99
ESRD MSP REDU  z,zzz,zz9 $$,$$$,$$$,$$9.99   ESRD MSP REDU  z,zzz,zz9 $$,$$$,$$$,$$9.99
MEMBERS        z,zzz,zz9 $$,$$$,$$$,$$9.99   MEMBERS        z,zzz,zz9 $$,$$$,$$$,$$9.99   MEMBERS        z,zzz,zz9 $$,$$$,$$$,$$9.99
MONTHS         z,zzz,zz9                     MONTHS         z,zzz,zz9                     MONTHS         z,zzz,zz9
AVERAGE                    $$$$,$$$,$$9.99   AVERAGE                    $$$$,$$$,$$9.99   AVERAGE                    $$$$,$$$,$$9.99
OUT OF AREA    z,zzz,zz9

B PRM REDU - A           $$,$$$,$$$,$$9.99   B PRM REDU - A           $$,$$$,$$$,$$9.99
B PRM REDU - D           $$,$$$,$$$,$$$.99   B PRM REDU - D           $$,$$$,$$$,$$$.99
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 23 DEMO FACTOR         zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
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 26 RISK ADJ FAC        zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 29 HOSPICE RATE        zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 30 RTRO PTD PM         zzzzzz9                 zzzzzz9                                       $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 31 RTRO PTD LIP        zzzzzz9                 zzzzzz9                                       $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 32 RTRO CST SHR        zzzzzz9                 zzzzzz9                                       $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 33 RTRO EST REI        zzzzzz9                 zzzzzz9                                       $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 34 RTRO PTC PM         zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 35 RTRO REBATE         zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 36 PTD RATE CHG        zzzzzz9 zzzzzz9 zzzzzz9 zzzzzz9 $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 37 PTD RAF CHG         zzzzzz9 zzzzzz9 zzzzzz9 zzzzzz9 $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 38 SEG ID CHG          zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 41 PTD RAF ONGO        zzzzzz9                 zzzzzz9                                       $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 42 RETRO MSP           zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 43 PLN WVD PRM         zzzzzz9                 zzzzzz9                                       $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-

TOTAL ADJUSTMENT        zzzzzz9 zzzzzz9 zzzzzz9 zzzzzz9 $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-


TOTAL ADJUSTMENTS
                   Months A :  zzzzzzz9                      Part A Amount : $$$,$$$,$$$,$$9.99-
                   Months B :  zzzzzzz9                      Part B Amount : $$$,$$$,$$$,$$9.99-
                   Months D :  zzzzzzz9                      Part D Amount : $$$,$$$,$$$,$$9.99-
      Number of Adjustments :  zzzzzzz9                       Total Amount : $$$,$$$,$$$,$$9.99-

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

```
1                                        MONTHLY SUMMARY OF CLAIMS PAID BY CARRIERS FOR HMO ENROLLEES
0      HMO NO H123A     HMO NAME  ABC FOUNDATION, INC.                        HMO FY ENDING  12/2004            CURRENT MONTH 01/2009
0                                        TOTALS FOR THIS MONTH
0                         CARRIER      MEDICAL           REIMB       TOTAL
                          NUMBER       CHARGES          AMOUNT       BILLS

                     NO ACTIVITY FOR THIS HMO FOR THIS PERIOD


                FY TOTAL              $198,903-       $151,602-      4,266
1                                        MONTHLY SUMMARY OF BILLS PAID BY INTERMEDIARIES FOR HMO ENROLLEES
0      HMO NO H123B     HMO NAME  ABC FOUNDATION, INC.                        HMO FY ENDING  12/2005            CURRENT MONTH 01/2009
                                                                                                            BILLS THROUGH 01/30/2009
0            ------------------ INPATIENT BILLS -------------- ------ OUTPATIENT BILLS -------- -------------- HHA BILLS ------------
                                NON
                TOTAL      COVERED      REIMB  COVERED   TOTAL     COVERED      REIMB    TOTAL     TOTAL        REIMB   TOTAL  TOTAL
               CHARGES     CHARGES      AMOUNT   DAYS    BILLS     CHARGES      AMOUNT   BILLS     CHARGES     AMOUNT  VISITS  BILLS

                     NO ACTIVITY FOR THIS HMO FOR THIS PERIOD

 FY TOTAL  $123,526,251           $113,627,247          42,572                $570,708-           $245,326                    9
                      $1,315,398              16,614          $3,309,867-              1,606                $229,640           617
1                                        MONTHLY SUMMARY OF CLAIMS PAID BY CARRIERS FOR HMO ENROLLEES
0      HMO NO H123C     HMO NAME  ABC FOUNDATION, INC.                        HMO FY ENDING  12/2005            CURRENT MONTH 01/2009
0                                        TOTALS FOR THIS MONTH
0                         CARRIER      MEDICAL           REIMB       TOTAL
                          NUMBER       CHARGES          AMOUNT       BILLS

                     NO ACTIVITY FOR THIS HMO FOR THIS PERIOD


                FY TOTAL              $548,050-       $428,202-      8,315
1                                        MONTHLY SUMMARY OF BILLS PAID BY INTERMEDIARIES FOR HMO ENROLLEES
0      HMO NO H123D     HMO NAME  ABC FOUNDATION, INC.                        HMO FY ENDING  12/2006            CURRENT MONTH 01/2009
                                                                                                            BILLS THROUGH 01/30/2009
0            ------------------ INPATIENT BILLS -------------- ------ OUTPATIENT BILLS -------- -------------- HHA BILLS ------------
                                NON
                TOTAL      COVERED      REIMB  COVERED   TOTAL     COVERED      REIMB    TOTAL     TOTAL        REIMB   TOTAL  TOTAL
               CHARGES     CHARGES      AMOUNT   DAYS    BILLS     CHARGES      AMOUNT   BILLS     CHARGES     AMOUNT  VISITS  BILLS
```

```
0INTER NO 0000A
 PROV NO
 00000A          1,147         0       1,147       0       1          0          0       0          0          0      0      0
 ---------------------------------------------------------------------------------------------------------------------------------
 INT TOTAL       1,147         0       1,147       0       1          0          0       0          0          0      0      0
0INTER NO 0000B
 PROV NO
 00000B          4,488         0           0       0       2          0          0       0          0          0      0      0
 00000C              0         0           0       0       0         78-        90-      1          0          0      0      0
 00000D              0         0           0       0       0        102-        90-      1          0          0      0      0
 ---------------------------------------------------------------------------------------------------------------------------------
 INT TOTAL       4,488         0           0       0       2        180-       180-      2          0          0      0      0
0INTER NO 0000C
 PROV NO
 00000E        182,012         0           0      23       2          0          0       0          0          0      0      0
 ---------------------------------------------------------------------------------------------------------------------------------
 INT TOTAL     182,012         0           0      23       2          0          0       0          0          0      0      0
-HMO TOTAL     187,647         0       1,147      23       5        180-       180-      2          0          0      0      0

 FY TOTAL  $116,001,944           $85,570,972          34,354                $937,010-          $159,078                 102
                       $2,835,588              14,675          $6,493,082-              2,876                $162,661           485
1
```

MONTHLY SUMMARY OF CLAIMS PAID BY CARRIERS FOR HMO ENROLLEES

```
0      HMO NO H123E     HMO NAME  ABC FOUNDATION, INC.                      HMO FY ENDING  12/2006            CURRENT MONTH 01/2009
0                                      TOTALS FOR THIS MONTH
0                         CARRIER      MEDICAL           REIMB       TOTAL
                          NUMBER       CHARGES          AMOUNT       BILLS
0                         01192            224             161           1
0               HMO TOTAL                  224             161           1

                FY TOTAL              $750,298-       $574,946-      8,412
```

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                                                    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 *RAS RxHCC Model Output Report - aka - 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*

Description

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

Example

```
1                                    PART B CLAIMS RECORDS POSTED IN  OCT  2002
PAGE   1
0                                                  * * * * *HMO H2222 * * * * *
0  CLAIM       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 620902283027160
 123456789A   JONES  20020920 20020920      12.00        9.60        2.40         .00  L88888     1   11111
20021014 620902283027550
 123456789A   JONES  20020830 20020830      12.65       10.12        2.53         .00  P77777     1   11111
20021017 620902283028810
 123456789A   JONES  20020831 20020831      12.00        9.60        2.40         .00  P77777     1   11111
20021014 620902283028800
 123456789A   JONES  20020915 20020915      12.00        9.60        2.40         .00  P77777     1   11111
20021014 620902283028820
 123456789A   HOWARD 20020708 20020708       5.43        5.43         .00         .00  0000000000 1   22222
20021023 02262828553000
 123456789A   WILLS  20020908 20020908      87.97       70.38       17.59         .00  666666666  1   22222
20021018 02254815230000
 123456789A   LEE    20020920 20020920      27.21       21.77        5.44         .00  555555555  1   22222
20021016 02270301676000
 123456789A   BRILL  20011019 20011119      26.46       21.17        5.29         .00  4444444444 1   33333
20021013 02266171165000
```

```
 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

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 MA-PD payments and PDP payments.
- The COB user fee will be applied against payments for members electing Part D.

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 data file (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.

Following is an updated example of a Plan Payment Report (APPS Payment Letter):

CMS MONTHLY PLAN PAYMENT REPORT

PAGE: 1/5

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

ARC	PAYMENT TYPE	COUNT	PART A	PART B	PART D	NET PAYMENT
	PROSPECTIVE PART A PAYMENT	30,013	13,922,935.06			13,922,935.06
	PROSPECTIVE PART B PAYMENT	30,012		12,314,291.90		12,314,291.90
	PROSPECTIVE PART D PAYMENT	29,309			3,788,851.64	3,788,851.64
(01)	DEATH OF BENEFICIARY	80	-69,898.31	-61,241.89	-13,719.33	-144,859.53
(02)	RETROACTIVE ACCRETION	527	229,997.69	201,512.01	73,704.78	505,214.48
(03)	RETROACTIVE DELETION	273	-151,632.43	-132,867.73	-42,636.73	-327,136.89
(06)	PART A ENTITLEMENT LOSS	6	-2,100.55	-1,863.46	-605.76	-4,569.77
(07)	HOSPICE	137	-109,599.45	-95,176.25	0.00	-204,775.70
(08)	ESRD	7	30,818.40	36,294.14	0.00	67,112.54
(09)	INSTITUTIONAL	0	0.00	0.00		0.00
(10)	MEDICAID	71	33,170.80	34,729.67		67,900.47
(11)	RETRO SCC	43	-285.09	-249.67		-534.76
(12)	CORRECTION TO DEATH	0	0.00	0.00	0.00	0.00
(13)	CORRECTION TO BIRTH	0	0.00	0.00	0.00	0.00
(14)	CORRECTION TO SEX	0	0.00	0.00	0.00	0.00
(18)	A/B RATE	0	0.00	0.00	0.00	0.00
(19)	CORRECTION TO PART B ENT	6	-1,937.51	-1,697.54	-825.23	-4,460.28
(20)	WORKING AGED	0	0.00	0.00	0.00	0.00
(21)	NHC	0	0.00	0.00	0.00	0.00
(22)	RETRO DELETE DUE TO ESRD	0	0.00	0.00	0.00	0.00
(23)	DEMO FACTOR ADJUSTMENT	0	0.00	0.00	0.00	0.00
(25)	RETRO RA RECON	0	0.00	0.00	0.00	0.00
(26)	RETRO RA RECON (MID-YEAR)	0	0.00	0.00	0.00	0.00
(27)	RETRO CHF	0	0.00	0.00	0.00	0.00
(31)	PART D LOW-INCOME STATUS	143			10,664.66	10,664.66
(36)	PART D RATE	0			0.00	0.00
(37)	PART D RA FACTOR	0			0.00	0.00
(38)	RETRO SEGMENT ID CHANGE	0	0.00	0.00	0.00	0.00
(41)	PART D RA FACTOR(MID-YEAR)	0			0.00	0.00
(42)	RETRO ESRD MSP FACTOR CHG	0	0.00	0.00		0.00
TOTALS		90,627	13,881,468.61	12,293,731.18	3,815,434.03**	29,990,633.82

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

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

CMS MONTHLY PLAN PAYMENT REPORT

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

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

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

CMS MONTHLY PLAN PAYMENT REPORT

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

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

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

CMS MONTHLY PLAN PAYMENT REPORT

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

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

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

CGD = Invoice for Coverage Gap Discount
CMP = Civil Monetary Penalty
CST = Cost Plan Adjustment
PTD = Annual Part D Reconciliation
OTH = Other - non-specific adjustment group
RSK = Risk Adjustments

CMS MONTHLY PLAN PAYMENT REPORT

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

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

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

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I.13 *Interim Plan Payment Report (IPPR)*

Description

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

Interim Plan Payment Report (IPPR)

The Interim APPS Plan Payment Report is provided when a Plan is approved for an interim payment outside of the normal monthly process. The report will contain the amount and reason for the interim payment to the Plan.

The report (IPPR) can also be requested via the MARx User Interface (Common UI) under the weekly reports section of the menu.

Note: For a sample of this report, refer to I-12 Plan Payment Report (PPR) for the file format.

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I.14 *Transaction Reply Activity Report (TRR) (Weekly & Monthly)*

Description

This report lists all of the transactions that CMS processed for an MCO in that week, regardless of source, and gives a final disposition code for each transaction.

Note: A monthly version of this report is also made available to Plans. The report uses the same format as the Weekly TRR.

Example

```
1RUN DATE:  08/02/2007                          TRANSACTION REPLIES/WEEKLY ACTIVITY                                  REPORT ID:  10
 REPORTING MONTH: 09/2007               PLAN(S5967) PBP(056) SGMT(000) WELLCARE PRESCRIPTION INSURANCE, INC.              PAGE:   4
0                                                 * * * TRANSACTION REPLY SUMMARY * * *
0                      TC 51    TC 54    TC 60    TC 61    TC 62    TC 71    TC 72    TC 73    TC 74    TC 75    TC 85  TC OTH    ALL
+                      _____    _____    _____    _____    _____    _____    _____    _____    _____    _____    _____  _____    _____
 ACCEPTED ACTN           0        0        0        5        0        0        0        0        0        0        0     0        5
0REJECTED ACTN           0        0        0        0        0        0        0        0        0        0        0     0        0
0REGION    ACTNS         0        0        0        0        0        0        0        0        0        0        0     0        0
0CNTRL OFFICE ACT        0        0        0        0        0        0        0        0        0        0        0     0        0
0DISTR OFFICE ACT        0        0        0        0        0        0        0        0        0        0        0     0        0
       ACCEPTED:         0        0        0        0        0        0        0        0        0        0        0     0        0
       REJECTED:         0        0        0        0        0        0        0        0        0        0        0     0        0
     DUPLICATES:         0        0        0        0        0        0        0        0        0        0        0     0        0
0MCARE CUST SRVC         0        0        0        0        0        0        0        0        0        0        0     0        0
       ACCEPTED:         0        0        0        0        0        0        0        0        0        0        0     0        0
       REJECTED:         0        0        0        0        0        0        0        0        0        0        0     0        0
0BENE FACT ACTN          0        0        0        0        0        0        0        0        0        0        0     0        0
       ACCEPTED:         0        0        0        0        0        0        0        0        0        0        0     0        0
       REJECTED:         0        0        0        0        0        0        0        0        0        0        0     0        0
0AUTO-DISENROLL          0        0        0        0        0        0        0        0        0        0        0     0        0
OMAINTANENCE             0        0        0        0        0        0        0        0        0        0        0     0        0
0** TOTAL ACTNS*         0        0        0        7        0        0        0        0        0        0        0     0        5
       ACCEPTED:         0        0        0        7        0        0        0        0        0        0        0     0        5
       REJECTED:         0        0        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     0        0
```

```
1RUN DATE:  08/21/2006                          TRANSACTION REPLIES/MONTHLY ACTIVITY                                 REPORT ID:  10
 REPORTING MONTH: 09/2006               PLAN(Hnnn6) PBP(011) SGMT(000) YOUR HEALTH CARE INC                               PAGE:   1
0                                                 * * * 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 xxxxxxxxxD   LNAME1  M F 07/18/20 08/01/06 03010   S Hnnn6         0               .00     .00  011  ENROLL ACCEPTED
 61 xxxxxxxxxA   LNAME2  J M 08/12/21 08/01/06 03010   I Hnnn6         0               .00     .00  011  ENROLL ACCEPTED
0                                        * * * 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
0                                        * * * 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
0                                        * * * 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
0                                        * * * 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

1RUN DATE:  08/21/2006                          TRANSACTION REPLIES/MONTHLY ACTIVITY                                REPORT ID:  10
 REPORTING MONTH: 09/2006              PLAN(Hnnn6) PBP(011) SGMT(000) YOUR HEALTH CARE INC                              PAGE:   2
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                        O E              L  CO-PAY
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```
                        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
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                        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
0                                        * * * AUTOMATIC DISENROLLMENTS * * *
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
```

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1RUN DATE:  08/21/2006                          TRANSACTION REPLIES/MONTHLY ACTIVITY                                REPORT ID:  10
 REPORTING MONTH: 09/2006               PLAN(Hnnn6) PBP(011) SGMT(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
```

1RUN DATE: 08/21/2006 TRANSACTION REPLIES/MONTHLY ACTIVITY REPORT ID: 10
REPORTING MONTH: 09/2006 PLAN(Hnnn6) PBP(011) SGMT(000) YOUR HEALTH CARE INC PAGE: 4
0 * * * TRANSACTION REPLY SUMMARY * * *

0	TC 72	TC 71	TC 60	TC 61	TC 62	TC 51	TC 53	TC 54	TC 30	TC 31	TC OTH	ALL
+												
ACCEPTED ACTN	0	0	0	26	0	0	0	0	0	0	0	26
0REJECTED ACTN	0	0	0	0	0	0	0	0	0	0	0	0
0REGION ACTNS	0	0	0	0	0	0	0	0	0	0	0	0
0CNTRL OFFICE ACT	0	0	0	0	0	0	0	0	0	0	0	0
0DISTR OFFICE ACT	0	0	0	0	0	0	0	0	0	0	0	0
ACCEPTED:	0	0	0	0	0	0	0	0	0	0	0	0
REJECTED:	0	0	0	0	0	0	0	0	0	0	0	0
DUPLICATES:	0	0	0	0	0	0	0	0	0	0	0	0
0MCARE CUST SRVC	0	0	0	0	0	0	0	0	0	0	0	0
ACCEPTED:	0	0	0	0	0	0	0	0	0	0	0	0
REJECTED:	0	0	0	0	0	0	0	0	0	0	0	0
0BENE FACT ACTN	0	0	0	0	0	0	0	0	0	0	0	0
ACCEPTED:	0	0	0	0	0	0	0	0	0	0	0	0
REJECTED:	0	0	0	0	0	0	0	0	0	0	0	0
0AUTO-DISENROLL	0	0	0	0	0	0	0	0	0	0	0	0
0MAINTENANCE	0	0	0	0	0	0	0	0	0	0	0	0
0** TOTAL ACTNS*	0	0	0	26	0	0	0	0	0	0	0	26
ACCEPTED:	0	0	0	26	0	0	0	0	0	0	0	26
REJECTED:	0	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	0

```
1RUN DATE:  08/21/2006                          TRANSACTION REPLIES/MONTHLY ACTIVITY                                REPORT ID:  10
 REPORTING MONTH: 09/2006               PLAN(Hnnn6) PBP(011) SGMT(000) YOUR HEALTH CARE INC                          PAGE:   5
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    * * *                      0
```

```
1RUN DATE:  08/21/2006                          TRANSACTION REPLIES/MONTHLY ACTIVITY                                REPORT ID:  10
 REPORTING MONTH: 09/2006               PLAN(Hnnn6) PBP(011) SGMT(000) YOUR HEALTH CARE INC                            PAGE:   6
0MAINTENANCE ACTIONS
+___________________
 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
```

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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:   1
0                                           * * * 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
 ---------------------------------------------------------------------------------------------------------------------------------
 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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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:   2
0                                          * * * 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 xxxxxxxxxB   LNAME35 J F 10/20/21 08/01/06 03010   S Hnnn6      M  2  01/01/06     .00     .00  011  ENROLL ACCEPTED
 61 xxxxxxxxxB   LNAME35 J F 10/20/21 08/01/06 03010   S Hnnn6      M  2  01/01/06     .00     .00  181  PTD PRM OVERIDE
 61 xxxxxxxxxA   LNAME36 L F 11/02/22 08/01/06 03110   S Hnnn6      M  2  01/01/06     .00     .00  011  ENROLL ACCEPTED
 61 xxxxxxxxxA   LNAME36 L F 11/02/22 08/01/06 03110   S Hnnn6      M  2  01/01/06     .00     .00  181  PTD PRM OVERIDE
0                                          * * * 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
0                                          * * * 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
0                                          * * * 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
0                                          * * * 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
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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:   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                        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
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                        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
0                                          * * * AUTOMATIC DISENROLLMENTS * * *
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
 ------------------------------------------------------------------------------------------------------------------------
 51 xxxxxxxxxD   LNAME37 M F 04/08/23 06/01/06           3  01/01/06  018   AUTO DISENROLL
 51 xxxxxxxxxD   LNAME38 L F 08/16/24 08/01/06       M   2  01/01/06  018   AUTO DISENROLL
 51 xxxxxxxxxA   LANEM39 E F 11/09/25 09/01/06       M   2  01/01/06  018   AUTO DISENROLL
```

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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:   4
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
 ---------------------------------------------------------------------------------------------------------------
 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
```

```
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 51   TC 54   TC 60   TC 61   TC 62   TC 71   TC 72   TC 73   TC 74   TC 75   TC 85  TC OTH          ALL
+                        _____   _____   _____   _____   _____   _____   _____   _____   _____   _____   _____  _____         _____
ACCEPTED ACTN                0       0       0       7       0       0       0       0       0       0       0       0             7
0REJECTED ACTN               0       0       0       0       0       0       0       0       0       0       0       0             0
0REGION    ACTNS             0       0       0       0       0       0       0       0       0       0       0       0             0
0CNTRL OFFICE ACT            0       0       0       0       0       0       0       0       0       0       0       0             0
0DISTR OFFICE ACT            0       0       0       0       0       0       0       0       0       0       0       0             0
       ACCEPTED:             0       0       0       0       0       0       0       0       0       0       0       0             0
       REJECTED:             0       0       0       0       0       0       0       0       0       0       0       0             0
     DUPLICATES:             0       0       0       0       0       0       0       0       0       0       0       0             0
0MCARE CUST SRVC             0       0       0       0       0       0       0       0       0       0       0       0             0
       ACCEPTED:             0       0       0       0       0       0       0       0       0       0       0       0             0
       REJECTED:             0       0       0       0       0       0       0       0       0       0       0       0             0
0BENE FACT ACTN              0       0       0       0       0       0       0       0       0       0       0       0             0
       ACCEPTED:             0       0       0       0       0       0       0       0       0       0       0       0             0
       REJECTED:             0       0       0       0       0       0       0       0       0       0       0       0             0
0AUTO-DISENROLL              0       0       0       0       0       0       0       0       0       0       0       0             0
0MAINTENANCE                 0       0       0       0       0       0       0       0       0       0       0       0             0
0** TOTAL ACTNS*             0       0       0       7       0       0       0       0       0       0       0       0             7
       ACCEPTED:             0       0       0       7       0       0       0       0       0       0       0       0             7
       REJECTED:             0       0       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       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
```

```
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:   7
0MAINTENANCE ACTIONS
+___________________
 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
```

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I.15 *No Premium Due Report Format*

```
         1         2         3         4         5         6         7         8         9         0         1         2         3
123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123

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

I.16 *Enrollment Transmission Message File (STATUS)*

Description

The Enrollment Transmission Message File (STATUS) file provides an explanation of the status of a submitted transaction batch file.

I.16.1 *Normal Processing*

If a file processes normally, the following message is generated:

```
********************************** 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= <MMCCYY>
BATCH ID   = <nnnnnnnnn>
```

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


TOTAL TRANSACTIONS PROCESSED=          nnnn
TOTAL REJECTED TRANSACTIONS =          nnnn
TOTAL FAILED TRANSACTIONS   =          nnnn

   DATA FAILED
CHECK BCSS FILE FOR FAILED TRANSACTIONS
CORRECT FAILED RECORDS AND RESUBMIT
******************************** Bottom of Data ***************************
```

I.16.2 *Error Condition*

The five following STATUS file messages are generated when an **error** condition prevents the transaction from processing.

1. Invalid User Id

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

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

2. Invalid Header Date

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

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

3. Missing Header Record

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

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

4. Future Header Date

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

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

5. Header Date earlier than 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=<MMCCYY>
HEADER CODE= AAAAAAHEADER
HEADER DATE= <MMCCYY>
BATCH ID   = <nnnnnnnnn>
USER ID    = <aaaa>
TRAN CNTS1 = nnnnnnnn T01 nnnnnnnn T51 nnnnnnnn T60 nnnnnnnn T61 nnnnnnnn
TRAN CNTS2 =          T71 nnnnnnnn T72 nnnnnnnn TXX nnnnnnnn T62 nnnnnnnn
TRAN CNTS3 =          T73 nnnnnnnn T74 nnnnnnnn T75 nnnnnnnn T85 nnnnnnnn
TRAN CNTS4 =          T63 nnnnnnnn
******************************** Bottom of Data **************************
```

6. Transaction File Rejection Reason

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

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

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

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

I.16.3 *Specialty Files*

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

1. Retro File Detected

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

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

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

2. Rollover File Detected

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

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

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

3. Review File Detected

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

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

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

I.17 *Sample BEQ Request File Pass and Fail Acknowledgments*

Description

An email acknowledgment of receipt and status is issued by the Enrollment Processing System to the Sending Entity. If the status is Accepted, the file will be processed. If the status is 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.

Example

Sample email notifications showing a Pass Acknowledgement and a Fail Acknowledgement appear below:

Example of BEQ Request File "Pass" Acknowledgment

TO: Jim.Doe@xxs.net

TO: Chris.Doe@dxxx.org

TO: Falcon.Doe@xxxx.org

TO: eevs.helpdesk@ngc.com

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

Subject: CMS MMA DATA EXCHANGE FOR MMABTCH

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

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

INPUT HEADER RECORD

MMABEQRHS0094 20070306F20070306

INPUT TRAILER RECORD

MMABEQRTS0094 20070306F200703060000074

Example of BEQ Request File "Fail" Acknowledgment

TO: Jim.Doe@xxs.net

TO: Chris.Doe@dxxx.org

TO: Falcon.Doe@xxxx.org

TO: eevs.helpdesk@ngc.com

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

Subject: CMS MMA DATA EXCHANGE FOR MMABTCH

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

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

INPUT HEADER RECORD

MMABEQRHH0030 20070228 84433346

INPUT TRAILER RECORD

MMABEQRTH0030 20070221 844333460074065

THE TRAILER RECORD IS INVALID

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 = Production Data [.ZIP] = Appended if the file is compressed [directory] = optional directory specification from non-mainframe C:D clients (if present, may consist of up to 60 characters). If none exists, directory defaults to the constant "EFTO." for Production files and "EFTT." for Test files.		pn = Processing number of varying length assigned to the file by Gentran ccccc = Contract number Pccccc = Plan Contract Number for C:D Uuuu-uuuuuuu = 4-7 character transmitter RACF ID xxxxx = 5 character Contract ID yyyymmdd = Calendar year, month & day yymmdd = two digit year, month, day zzzzzzzz = Plan-provided high level qualifier eeee = Year for which final yearly RAS file was produced vvvvv = Sequence counter for final yearly RAS files			Annnnn & Bnnnnn = MARx batch transaction ID, nnnnnnnnnn split into two nodes A…and B …with leading zeroes as necessary to complete ten-character batch ID hhmm = hour and minute ssssss= Sequentially assigned number mmyyyy = Calendar month & year hlq = High Level Qualifier or Directory per VSAM File freq = Frequency code of file	
Plan Submittals to CMS						
1	MARx Batch Input Transaction Data File Header Record Enrollment Transaction (Employer & Plan - 60/61/62) Detail Record Disenrollment Transaction (51/54) Detail Record Plan Elections (PBP Change) Transaction (71) Detail Record 4Rx Data Update (72) NUNCMO Update (73) Other Enrollment record Update (74) Premium Withhold Option Update (75) **PCUG Record Layout – E.7**	Enrollment Transaction file to CMS MARx system requesting new enrollment, disenrollment, changes, etc. Only the 1-800-Medicare group submits a Part D Opt-Out (41) transaction.	MARx	Data File	Batch - Daily PRN	**Gentran mailbox: **** [GUID].[RACFID].MARX.D.xxxxx.FUTURE.[P/T][.ZIP] Note: FUTURE is part of the filename and does not change. **Connect:Direct:** P#EFT.IN.uuuuuuu.MARXTR.DYYMMDD.THHMMSST Note: DYYMMDD.THHMMSST must be coded as shown, as it is a literal
2	**Batch Eligibility Query (BEQ) Request File** Header Record Detail Record Trailer Record **PCUG Record Layout – E.22**	File of transactions submitted by plans to request eligibility information for prospective Plan enrollees. Used to do initial eligibility checks against CMS MBD system to verify member is Part A./B eligible	MBD	Data File	PRN (Plans can send multiple files in a day)	**Gentran mailbox: **** [GUID].[RACFID].MBD.D.xxxxx.BEQ.[P/T][.ZIP] **Connect:Direct:** P#EFT.IN.PLxxxxx.BEQ4RX.DYYMMDD.THHMMSST Note: DYYMMDD.THHMMSST must be coded as shown, as it is a literal

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Dataset naming conventions key: [GUID] = 7 character IACS User ID P = Production Data [.ZIP] = Appended if the file is compressed [directory] = optional directory specification from non-mainframe C:D clients (if present, may consist of up to 60 characters). If none exists, directory defaults to the constant "EFTO." for Production files and "EFTT." for Test files.		pn = Processing number of varying length assigned to the file by Gentran ccccc = Contract number Pccccc = Plan Contract Number for C:D Uuuu-uuuuuuu = 4-7 character transmitter RACF ID xxxxx = 5 character Contract ID yyyymmdd = Calendar year, month & day yymmdd = two digit year, month, day zzzzzzzz = Plan-provided high level qualifier eeee = Year for which final yearly RAS file was produced vvvvv = Sequence counter for final yearly RAS files			Annnnn & Bnnnnn = MARx batch transaction ID, nnnnnnnnnn split into two nodes A…and B …with leading zeroes as necessary to complete ten-character batch ID hhmm = hour and minute ssssss= Sequentially assigned number mmyyyy = Calendar month & year hlq = High Level Qualifier or Directory per VSAM File freq = Frequency code of file	
3	**ECRS Batch Submittal File**	File used by plans to submit other healthcare information (OHI) to CMS (*rather than submittal through the ECRS on-line system)*	ECRS	Data File	Daily	**Gentran mailbox:** [GUID].[RACFID].ECRS.D.ccccc.FUTURE.[P/T] [.ZIP] **Connect:Direct:** TRANSMITTED TO GHI
4	**Prescription Drug Event (PDE) Submittal File**	File of transactions submitted by the plans with Prescription Drug Events.	PDE	Data File	Can be Daily	**Gentran mailbox:** [GUID].[RACFID].PDE.D.ccccc.FUTURE.[P/T] [.ZIP] **Connect:Direct:** TRANSMITTED TO PALMETTO
5	**RAPS Submittal File**	File of transactions submitted by the plans with diagnoses for FFS beneficiaries	RAPS	Data File	Daily	**Gentran mailbox:** [GUID].[RACFID].RAPS.D.ccccc.FUTURE.[P/T] [.ZIP] **Connect:Direct:** TRANSMITTED TO PALMETTO
CMS Transmittals to the Users (Submitters)						
6	**Failed Transaction Data File** Header Record Failed Record	This report is no longer generated as a result of the November 2009 software release. Failed Records are now reported on the Batch Completion Status Summary (BCSS) data file.	MARx	Data File	Response to transaction batch file	Obsolete

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
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7	**Batch Completion Status Summary Data File** Summary Record Rejected Records Accepted Records **PCUG Record Layout – E.3**	Data file sent to the submitter once a batch of submitted transactions has been processed. Provides a count of all transactions within the batch and details the number of rejected and accepted transactions. It provides an image of the rejected and accepted transactions. *(As of 4/17/08 one of these will be produced for each submitted batch)*	MARx	Data File	Once batch is processed	**Gentran mailbox:** P.uuuuuuu.BATCHSTD.Annnnn.Bnnnnn.Thhmmss.pn **Connect:Direct [Mainframe]**: zzzzzzzz.uuuuuuu.BATCHSTD.Annnnn.Bnnnnn.Thhmmss **Connect:Direct [Non-mainframe]:** **[directory]**uuuuuuu.BATCHSTD.Annnnn.Bnnnnn.Thhmmss
8	**Enrollment Transmission Message File (STATUS)** Normal Processing Error Condition Retro Files Capture Mode **PCUG Sample Report – I.15**	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. Plans submitting RETRO batch files will receive two STATUS files. The first, at the time of submission, acknowledges receipt of the RETRO batch file. The second indicates either approval by CMS and subsequent processing or disapproval by CMS and subsequent rejection.	MARx	Report	Response to transaction batch file	**Gentran mailbox:** P.uuuuuuu.STATUS.Dyymmdd.Thhmmsst.pn **Connect:Direct [Mainframe]**: zzzzzzzz.uuuuuuu.STATUS.Dyymmdd.Thhmmsst **Connect:Direct [Non-mainframe]:** **[directory]**uuuuuuu.STATUS.Dyymmdd.Thhmmsst

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CMS Transmittals to the Plans						
9	**Coordination of Benefits (Validated Other Insurer Information) Data File** Detail Record Primary Record Supplemental Record **PCUG Record Layout – E.6**	File containing members' primary and secondary coverage that has been validated through COB processing. MARx forwards this report whenever a plan's enrollees are affected. It may be as often as daily.The enrollees included on the report are those newly enrolled who have known Other Health Insurance (OHI) and those plan enrollees with changes to their OHI.	MBD (MARx)	Data File	As Needed (can be daily)	**Gentran mailbox:** P.Rxxxxx.MARXCOB.Dyymmdd.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.MARXCOB.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.MARXCOB.Dyymmdd.Thhmmsst
10	**MA Full Dual Auto Assignment Notification File** Header Record Detail Record (Transaction) Trailer Record **PCUG Record Layout – E.24**	Monthly file of Full Dual Beneficiaries in an existing plan.	MBD	Data File	Monthly	**Gentran mailbox:** P.Rxxxxx.#ADUA4.Dyymmdd.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.#ADUA4.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.#ADUA4.Dyymmdd.Thhmmsst
11	**Auto Assignment (PDP) Address Notification File** Header Record Detail Record(s) Trailer Record **PCUG Record Layout – E.25**	Monthly file of addresses of Beneficiaries who have been either Auto Assigned or Facilitated Assigned to PDPs	MBD	Data File	Monthly	**Gentran mailbox:** P.Rxxxxx.#APDP4.Dyymmdd.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.#APDP4.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.#APDP4.Dyymmdd.Thhmmsst

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12	**NoRx File** Header Record Detail Record Trailer Record **PCUG Record Layout – E.21**	File containing records identifying those enrollees that do not currently have 4Rx information stored in CMS files. A Detail Record Type containing a value of "NRX" in positions 1 – 3 of the file layout will indicate that this record is a request for your organization to send CMS 4Rx information for the beneficiary.	MBD	Data File	Monthly	**Gentran mailbox:** P.Rxxxxx.#NORX.Dyymmdd.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.#NORX.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.#NORX.Dyymmdd.Thhmmsst
13	**Batch Eligibility Query (BEQ) Request File Acknowledgment (Accept/Reject)** **PCUG Sample Report – I.16**	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	Response to BEQ	N/A
14	**Batch Eligibility Query (BEQ) Response File** Header Record Detail Record (Transaction) Trailer Record **PCUG Record Layout – E.23**	File containing records produced as a result of processing the transactions of accepted BEQ Request files. Detail records for all submitted records that were successfully processed will contain Processed Flag = Y. Detail records for all submitted records that were not successfully processed contain Processed Flag = N.	MBD	Data File	Response to BEQ	**Gentran mailbox:** P.Rxxxxx.#BQN4.Dyymmdd.Thhmmsst.pn **Connect:Direct [Mainframe]**: zzzzzzzz.Rxxxxx.#BQN4.Dyymmdd.Thhmmsst **Connect:Direct [Non-mainframe]:** [directory]Rxxxxx.#BQN4.Dyymmdd.Thhmmsst

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15	**ECRS Data File**	File containing errors and statuses of ECRS submissions.	ECRS	Data File	Daily	**Gentran mailbox:** PCOB.BA.ECRS.ccccc.RESPONSE.ssssss **Connect:Direct:** TRANSMITTED FROM GHI
16	**Prescription Drug Event (PDE) PDFS Response Data File**	File containing responses if files are accepted or rejected.	PDE	Data File	Daily	**Gentran mailbox:** RSP.PDFS_RESP_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
17	**Prescription Drug Event (PDE) DDPS Return Data File**	File provides feedback on every record processed in a batch. Up to 10 specific errors are reported for each PDE in the file.	PDE	Data File	Daily	**Gentran mailbox:** RPT.DDPS_TRANS_VALIDATION_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
18	**Prescription Drug Event (PDE) DDPS Transaction Error Summary Data File**	File provides frequency of occurrence for each error code encountered during the processing of a PDE file. The percentage to the total errors is also computed and displayed for each error code.	PDE	Data File	Daily	**Gentran mailbox:** RPT.DDPS_ERROR_SUMMARY_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO

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19	**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
20	**Front-End Risk Adjustment System (FERAS) Response Data Files**	**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
21	**Front-End Risk Adjustment System (FERAS) Response Reports Transaction Error Report**	**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
22	**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

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23	**Front-End Risk Adjustment System (FERAS) Response Reports Duplicate Diagnosis Cluster Report**	Report identifies diagnosis clusters with 502 error message, clusters accepted, but not stored.	FERAS	Report	Daily	**Gentran mailbox:** RPT.RAPS_DUPDX_RPT_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
Weekly Transmittals (Data & Reports)						
24	**Transaction Reply / Weekly Activity Report (Weekly TRR)** **PCUG Sample Report – I.14**	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.Rxxxxx.TRWEEKR.Dyymmdd.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.TRWEEKR.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.TRWEEKR.Dyymmdd.Thhmmsst
25	**Transaction Reply Weekly Activity Data File** **PCUG Record Layout – E.15**	Data file version of the Transaction Reply Weekly Activity Report.	MARx	Data File	Weekly	**Gentran mailbox:** P.Rxxxxx.TRWEEKD.Dyymmdd.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.TRWEEKD.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.TRWEEKD.Dyymmdd.Thhmmsst

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26	**LIS Weekly Activity History Data File** Header Beneficiary Enrollment Period Beneficiary Active LIS Trailer **PCUG Record Layout – E.27**	The Weekly Low-Income Subsidy (LIS) Activity History Data File reports full LIS profiles of prospectively, currently, and previously enrolled Part D beneficiaries. The profiles are created at the end of each week in which the LIS activity occurs. Data files are sent to those contracts that supported the Part D beneficiary's enrollment over some or all of the LIS activity period.	MARx	Data File	Weekly	**Gentran mailbox:** P.Rxxxxx.LISAHD.Dyymmdd.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.LISAHD.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.LISAHD.Dyymmdd.Thhmmsst
27	**LIS / Part D Premium Data File** **PCUG Record Layout – E.19**	The data in the report reflects LIS info, premium subsidy levels, Low-income co-pay levels, etc. for all beneficiaries who have a low-income designation enrolled in a plan. This data file is produced bi-weekly. It is not automatically transmitted to the plans. Through the MARx UI plans can request or reorder this data file.	MARx	Data File	Biweekly	**Gentran mailbox:** P.Rxxxxx.LISPRMD.Dyymmdd.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.LISPRMD.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.LISPRMD.Dyymmdd.Thhmmsst

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Monthly Transmittals (Data & Reports)						
28	**Transaction Reply / Monthly Activity Report (Monthly TRR)** **PCUG Sample Report – I.14**	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. Note: The date in the file name will default to "01" denoting the first day of the current payment month	MARx	Report	Monthly	**Gentran mailbox:** P.Rxxxxx.TRNREPLY.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.TRNREPLY.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.TRNREPLY.Dyymm01.Thhmmsst
29	**Transaction Reply Weekly / Monthly Activity Data File** **PCUG Record Layout – E.15**	Data file version of the Transaction Reply Monthly Activity Report. Note: The date in the file name will default to "01" denoting the first day of the current payment month	MARx	Data File	Monthly	**Gentran mailbox:** P.Rxxxxx.TRNDATA.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.TRNDATA.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.TRNDATA.Dyymm01.Thhmmsst
30	**Part C Monthly Membership Detail Report (Non Drug Report)** aka: Monthly Membership Report (MMR) **PCUG Sample Report – I.6**	Report listing every Part C Medicare member of the contract and providing details about the payments and adjustments made for each. Note: The date in the file name will default to "01" denoting the first day of the current payment month	MARx	Report	Monthly	**Gentran mailbox:** P.Rxxxxx.MONMEMR.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.MONMEMR.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.MONMEMR.Dyymm01.Thhmmsst

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31	**Part D Monthly Membership Detail Report (Drug Report)** aka: Monthly Membership Report (MMR) **PCUG Sample Report – I.5**	Report listing every Part D Medicare member of the contract and providing details about the payments and adjustments made for each. Note: The date in the file name will default to "01" denoting the first day of the current payment month	MARx	Report	Monthly	**Gentran mailbox:** P.Rxxxxx.MONMEDR.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.MONMEDR.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.MONMEDR.Dyymm01.Thhmmsst
32	**Monthly Membership Detail Data File** **PCUG Record Layout – E.9**	Data file version of the Monthly Membership Detail Reports. This file contains the data for both Part C and Part D members. Note: The date in the file name will default to "01" denoting the first day of the current payment month	MARx	Data File	Monthly	**Gentran mailbox:** P.Rxxxxx.MONMEMD.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.MONMEMD.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.MONMEMD.Dyymm01.Thhmmsst
33	**Monthly Membership Summary Report** **PCUG Sample Report – I.7**	Report summarizing payments to a plan for the month, in several categories, and adjustments, by all adjustment categories. This report contains data for both Part C and Part D members. Note: The date in the file name will default to "01" denoting the first day of the current payment month	MARx	Report	Monthly	**Gentran mailbox:** P.Rxxxxx.MONMEMSR.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.MONMEMSR.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.MONMEMSR.Dyymm01.Thhmmsst

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34	**Monthly Membership Summary Data File** **PCUG Record Layout – E.10**	Data file version of the Monthly Membership Summary Report for both Part C and Part D members. Note: The date in the file name will default to "01" denoting the first day of the current payment month	MARx	Data File	Monthly	**Gentran mailbox:** P.Rxxxxx.MONMEMSD.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.MONMEMSD.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.MONMEMSD.Dyymm01.Thhmmsst
35	**RAS RxHCC Model Output Report** ***AKA: Part D Risk Adjustment Model Output Report*** **PCUG Sample Report – I.10**	Report showing the Part D risk adjustment factors for each beneficiary. MARx forwards this report that is produced by RAS to plans as part of the month-end processing. Note: The date in the file name will default to "01" denoting the first day of the current payment month	RAS (MARx)	Report (.pdf)	Monthly	**Gentran mailbox:** P.Rxxxxx.PTDMODR.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.PTDMODR.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.PTDMODR.Dyymm01.Thhmmsst
36	**RAS RxHCC Model Output Data File** ***AKA: Part D Risk Adjustment Model Output Data File*** Header Record Detail / Beneficiary Record Format Trailer Record **PCUG Record Layout – E.14**	Data file version of the RAS RxHCC Model Output Report. MARx forwards this report that is produced by RAS to plans as part of the month-end processing. Note: The date in the file name will default to "01" denoting the first day of the current payment month	RAS (MARx)	Data File	Monthly	**Gentran mailbox:** P.Rxxxxx.PTDMODD.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.PTDMODD.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.PTDMODD.Dyymm01.Thhmmsst

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37	**Part C Risk Adjustment Model Output Report** **PCUG Sample Report – I.9**	Report showing the Hierarchical Condition Codes (HCCs) used by the Risk Adjustment System (RAS) to calculate Part C risk adjustment factors for each beneficiary. MARx forwards this report that is produced by RAS to plans as part of the month-end processing. Note: The date in the file name will default to "01" denoting the first day of the current payment month	RAS (MARx)	Report	Monthly	**Gentran mailbox:** P.Rxxxxx.HCCMODR.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.HCCMODR.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.HCCMODR.Dyymm01.Thhmmsst
38	**Part C Risk Adjustment Model Output Data File** Header Record Detail Record Trailer Record **PCUG Record Layout – E.13**	Data file version of the Risk Adjustment Model Output Report Note: The date in the file name will default to "01" denoting the first day of the current payment month	RAS (MARx)	Data File	Monthly	**Gentran mailbox:** P.Rxxxxx.HCCMODD.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.HCCMODD.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.HCCMODD.Dyymm01.Thhmmsst

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39	**BIPA 606 Payment Reduction Report** **PCUG Sample Report – I.1**	Report listing members for whom the plan is paying a portion of the Part B premium. Generated only if there are pre-2006 adjustments that involve BIPA 606 premium reductions. Note: The date in the file name will default to "01" denoting the first day of the current payment month	MARx	Report	Monthly, if applicable	**Gentran mailbox:** P.Rxxxxx.BIPA606R.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.BIPA606R.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.BIPA606R.Dyymm01.Thhmmsst
40	**BIPA 606 Payment Reduction Data File** **PCUG Record Layout – E.4**	Data file version of the BIPA 606 Reduction Report. Note: The date in the file name will default to "01" denoting the first day of the current payment month	MARx	Data File	Monthly, if applicable	**Gentran mailbox:** P.Rxxxxx.BIPA606D.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.BIPA606D.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.BIPA606D.Dyymm01.Thhmmsst
41	**Bonus Payment Report** **PCUG Sample Report – I.2**	Report listing members for whom the plan is to be paid a bonus. (Plans are paid a bonus for extending services to beneficiaries in some underserved areas.) Generated only if there are pre-2006 adjustments that involve bonus payments. Note: The date in the file name will default to "01" denoting the first day of the current payment month	MARx	Report	Monthly, if applicable	**Gentran mailbox:** P.Rxxxxx.BONUSRPT.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.BONUSRPT.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.BONUSRPT.Dyymm01.Thhmmsst

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42	**Bonus Payment Data File** **PCUG Record Layout – E.5**	Data file version of the Bonus Payment Report Note: The date in the file name will default to "01" denoting the first day of the current payment month	MARx	Data File	Monthly, if applicable	**Gentran mailbox:** P.Rxxxxx.BONUSDAT.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.BONUSDAT.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.BONUSDAT.Dyymm01.Thhmmsst
43	**Demographic Report** **PCUG Sample Report – I.3**	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. Note: The date in the file name will default to "01" denoting the first day of the current payment month	MARx	Report	Monthly	**Gentran mailbox;** P.Rxxxxx.DEMOGRPH.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.DEMOGRPH.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.DEMOGRPH.Dyymm01.Thhmmsst
44	**Monthly Summary of Bills Report** **PCUG Sample Report – I.8**	Report summarizing all Medicare fee-for-service activity, both Part A and Part B, for beneficiaries enrolled in the contract Note: The date in the file name will default to "01" denoting the first day of the current payment month	MARx	Report	Monthly	**Gentran mailbox:** P.Rxxxxx.SUMBILLS.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.SUMBILLS.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.SUMBILLS.Dyymm01.Thhmmsst

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45	**HMO Bill Itemization Report** **PCUG Sample Report – I.4**	Report listing the Part A bills that were processed under Medicare fee-for-service for beneficiaries enrolled in the contract. Note: The date in the file name will default to "01" denoting the first day of the current payment month	MARx	Report	Monthly	**Gentran mailbox:** P.Rxxxxx.BILLITEM.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.BILLITEM.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.BILLITEM.Dyymm01.Thhmmsst
46	**Part B Claims Data File** Record Type 1 Record Type 2 **PCUG Record Layout – E.12**	Data file listing the Part B physician and supplier claims and Part B home health claims that were processed under Medicare fee-for-service for beneficiaries enrolled in the contract. Note: The date in the file name will default to "01" denoting the first day of the current payment month	MARx	Data File	Monthly	**Gentran mailbox:** P.Rxxxxx.CLAIMDAT.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.CLAIMDAT.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.CLAIMDAT.Dyymm01.Thhmmsst
47	**Payment Records Report** **PCUG Sample Report – I.11**	Report listing the Part B physician and supplier claims that were processed under Medicare fee-for-service for beneficiaries enrolled in the contract. Note: The date in the file name will default to "01" denoting the first day of the current payment month	MARx	Report	Monthly	**Gentran mailbox:** P.Rxxxxx.PAYRECDS.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.PAYRECDS.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.PAYRECDS.Dyymm01.Thhmmsst

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48	**Monthly Premium Withholding Report Data File (MPWR)** Header Record Detail Record Trailer - T1 - Total at segment level Trailer - T2 - Total at PBP level Trailer - T3 - Total at contract level **PCUG Record Layout – E.11**	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. Note: The date in the file name will default to "01" denoting the first day of the current payment month	PWS (MARx)	Data File	Monthly	**Gentran mailbox:** P.Rxxxxx.MPWRD.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.MPWRD.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.MPWRD.Dyymm01.Thhmmsst
49	**Plan Payment Report (APPS Payment Letter)** **PCUG Sample Report – I.12**	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. **Note:** The date in the file name will default to "01" denoting the first day of the current payment month.	APPS	Report	Monthly	**Gentran mailbox:** P.Rxxxxx.PLANPAY.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.PLANPAY.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.PLANPAY.Dyymm01.Thhmmsst

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50	**Plan Payment Report (APPS Payment Letter) Data File** **PCUG Record Layout – E.26**	This data file itemizes the final monthly payment to the MCO. This data file and subsequent report is produced by the Automated Plan Payment System (APPS) when final payments are calculated. CMS makes this report available to MCO's as part of month-end processing. Note: The date in the file name will default to "01" denoting the first day of the current payment month	APPS	Data File	Monthly	**Gentran mailbox:** P.Rxxxxx.PPRD.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.PPRD.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory].Rxxxxx.PPRD.Dyymm01.Thhmmsst
51	**Interim APPS Plan Payment Report** **PCUG Sample Report – I.13**	When a Plan is approved for an interim payment outside of the normal monthly process, an interim Plan Payment Report will be distributed to that Plan. The report will contain the amount and reason for the interim payment. These reports can also be requested via the MARx user interface under the weekly report section of the menu.	APPS	Report	As needed	**Gentran mailbox:** P.Rxxxxx.PLNPAYI.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.PLNPAYI.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.PLNPAYI.Dyymm01.Thhmmsst
52	**Interim APPS Plan Payment Report Data File** **PCUG Sample Layout – E.26**	The Interim APPS Plan Payment Data File and Report is provided when a Plan is approved for an interim payment outside of the normal monthly process. The data file / report will contain the amount and reason for the interim payment to the Plan.	APPS	Data File	As needed	**Gentran mailbox:** P.Rxxxxx.PPRID.Dyymmdd.Thhmmsst.p**n** **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.PPRID.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory].Rxxxxx.PPRID.Dyymmdd.Thhmmsst

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53	**820 Format Payment Advice Data File** **PCUG Record Layout – E.1**	HIPAA-Compliant version of the Plan Payment Report. This data file itemizes the final monthly payment to the plan. *This data file is not available through MARx.* Note: The date in the file name will default to "01" denoting the first day of the current payment month	APPS	Data File	Monthly	**Gentran mailbox:** P.Rxxxxx.PLAN820D.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.PLAN820D.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.PLAN820D.Dyymm01.Thhmmsst
54	**Monthly Full Enrollment Data File** **PCUG Record Layout – E.16**	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. Note: The date in the file name will default to "01" denoting the first day of the current payment month and can be used to distinguish this file from the Loss of Subsidy (Deemed Status) Data File	MARx	Data File	Monthly	**Gentran mailbox:** P.Rxxxxx.FEFD.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.FEFD.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.FEFD.Dyymm01.Thhmmsst
55	**Prescription Drug Event (PDE) DBC Cumulative Beneficiary Summary Report**	File includes summary for the beneficiary of accumulated overall totals in PDE amount fields with accumulated totals for covered drugs.	PDE	Data File	Monthly	**Gentran mailbox:** RPT.DDPS.CUM_BENE_ACT_COV_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO

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56	**Prescription Drug Event (PDE) DBC Cumulative Beneficiary Summary Report**	File includes summary for the beneficiary of accumulated overall totals in PDE amount fields with accumulated totals for enhanced drugs.	PDE	Data File	Monthly	**Gentran mailbox:** RPT.DDPS_CUM_BENE_ACT_ENH_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
57	**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
58	**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
59	**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
60	**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

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61	**LIS/LEP Data File** Header Record Detail Record Trailer Record **PCUG Record Layout – E.17**	This report provides information on low-income subsidized beneficiaries and on direct-billed beneficiaries with late enrollment penalties. Note: The date in the file name will default to "01" denoting the first day of the current payment month.	MARx	Data File	Monthly	**Gentran mailbox:** P.Rxxxxx.LISLEPD.Dyymm01.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.LISLEPD.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.LISLEPD.Dyymm01.Thhmmsst
62	**LIS History Data File (LISHIST)** **PCUG Record Layout – E.20**	This file supplements existing files that provide LIS notifications. It provides a complete picture of a beneficiary's LIS eligibility over a period of time not to exceed 36 months. Note: The date in the file name will default to "dd" denoting the day of the calendar month	MARx	Data File	Monthly	**Gentran mailbox:** P.Rxxxxx.LISHIST.Dyymmdd.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.LISHIST.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.LISHIST.Dyymmdd.Thhmmsst

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63	**Agent Broker Compensation Data File** **PCUG Record Layout – E.29**	This data file provides six-year broker compensation cycle-year counts. Data is sent to plans 1) when a beneficiary enrolls, 2) each January when the cycle-year count increments and 3) as necessary when retroactive change affects the compensation cycle. The 6-year Broker Compensation Report Data File" can also be re-ordered by plans via the UI.	MARx	Data File	Monthly, generally with the first weekly TRR of the month	**Gentran mailbox:** P.Rnnnnn.COMPRPT.Dyymmdd.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rnnnnn.COMPRPT.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rnnnnn.COMPRPT.Dyymmdd.Thhmmsst
64	**Monthly MSP Information Data File** **PCUG Record Layout – E.30**	This data file is sent directly to Plans on the first Monday after the MARx month-end processing completes. This file contains a subset of information to allow Plans to reconcile payment; the full monthly MSP COB file that will be distributed at the beginning of each month will contain more detail.	MDB	Data File	Monthly	**Gentran mailbox:** P.Rxxxxx.MSPCOBAD.Dyymmdd.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.MSPCOBAD.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory].Rxxxxx.MSPCOBAD.Dyymmdd.Thhmmsst
65	**Other Health Coverage Information Data File**	CMS will provide plans with a file listing the beneficiaries who are enrolled in their plan(s) where Medicare is listed secondary. As a monthly report, this vehicle will provide Plans with regular updates to the MSP data.	MDB	Data File	Monthly	**Gentran:** P.Rxxxxx.MSPCOBMA.Dyymmdd.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.MSPCOBMA.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory].Rxxxxx.MSPCOBMA.Dyymmdd.Thhmmsst

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Quarterly Report						
66	**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
Yearly Reports						
67	**RAS Final Yearly Model Output Report, Part D**	Report showing the year end 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)	Yearly	**Gentran mailbox:** P.Rxxxxx.PTDMOFR.Yeeee.Cvvvvv.Thhmmss.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.PTDMOFR.Yeeee.Cvvvvv.Thhmmss **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.PTDMOFR. Yeeee.Cvvvvv.Thhmmss
68	**RAS Final Yearly Model Output Data File, Part D**	Data file version of the year end Part D RAS Model Output Report. MARx forwards this report that is produced by RAS to plans as part of the month-end processing.	RAS (MARx)	Data File	Yearly	**Gentran mailbox:** P.Rxxxxx.PTDMOFD.Yeeee.Cvvvvv.Thhmmss.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.PTDMOFD.Yeeee.Cvvvvv.Thhmmss **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.PTDMOFD.Yeeee.Cvvvvv.Thhmmss

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69	**RAS Final Yearly Model Output Report, Part C**	Report showing the year end 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 (.pdf)	Yearly	**Gentran mailbox:** P.Rxxxxx.HCCMOFR.Yeeee.Cvvvvv.Thhmmss.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.HCCMOFR.Yeeee.Cvvvvv.Thhmmss **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.HCCMOFR.Yeeee.Cvvvvv.Thhmmss
70	**RAS Final Yearly Model Output Data File, Part C**	Data file version of the year end Part C RAS Model Output Report. MARx forwards this report that is produced by RAS to plans as part of the month-end processing.	RAS (MARx)	Data File	Yearly	**Gentran mailbox:** P.Rxxxxx.HCCMOFD.Yeeee.Cvvvvv.Thhmmss.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.HCCMOFD.Yeeee.Cvvvvv.Thhmmss **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.HCCMOFD.Yeeee.Cvvvvv.Thhmmss
71	**Loss of Subsidy Data File** **PCUG Record Layout – E.18**	The first file is sent in September and identifies members who will receive a joint CMS and SSA letter informing them they will no longer be deemed for the following year. The second file is sent in December and is an updated version of the September file, indicating those beneficiaries who still do not have deemed status for the following year. The data file will have record length of 500 bytes. The TRC used for this special file type is 996. TRC 996 indicates the loss of deeming, which means the beneficiary will not be redeemed for the upcoming period.	MARx	Data File	Twice Yearly	**Gentran mailbox:** P.Rxxxxx.EOYLOSD.Dyymmdd.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.EOYLOSD.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.EOYLOSD.Dyymmdd.Thhmmsst

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72	**PDP Loss Data File**	Once a year notification file, sent by CMS providing a preliminary listing of LIS-eligible beneficiaries whom CMS will reassign to a new PDP or to a new PBP within the same plan sponsor effective January 1, 2008. The LOSS file will notify PDPs of their members who will be reassigned to other Plans. These members are classified as losing members.	MBD	Data File	Yearly	**Gentran mailbox:** P.Rxxxxx.APDP5.LOSS.Dyymmdd.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.APDP5.LOSS.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.APDP5.LOSS.Dyymmdd.Thhmmsst
73	**PDP Gain Data File**	Once a year notification file, sent by CMS providing a preliminary listing of LIS-eligible beneficiaries whom CMS will reassign to a new PDP or to a new PBP within the same plan sponsor effective January 1, 2008. The GAIN file will notify PDPs of members they will gain as a result of the yearly reassignment. These members are classified as gaining members.	MBD	Data File	Yearly	**Gentran mailbox:** P.Rxxxxx.APDP5.GAIN.Dyymmdd.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.APDP5.GAIN.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.APDP5.GAIN.Dyymmdd.Thhmmsst

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74	**September Preliminary PDP Notification File for Plans Losing Beneficiaries to Reassignment** **PCUG Record Layout – E.2**	This file is sent to PDPs losing beneficiaries to reassignment due to premium increase (i.e., the premium going above LIS benchmark in the next year, or going from basic to enhanced benefit). It is a preliminary list of those CMS expects the plan to lose due to reassignment. It is used to help PDPs target the appropriate Annual Notice of Change to these beneficiaries. Please note the file does not include individuals who may regain deemed status in October, nor those whom a State Pharmaceutical Assistance Program (SPAP) may reassign if it has the authority to enroll on behalf of its members.	MBD	Data File	Yearly	**Gentran mailbox:** P.Rxxxxx.APDP5.PRLIM.Dyymmdd.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.APDP5.PRLIM.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.APDP5.PRLIM.Dyymmdd.Thhmmsst
75	**Long Term Institutionalized Resident Report** **PCUG Record Layout – E.28**	The Long Term Institutionalized (LTI) Resident Report provides Part D sponsors a list of their beneficiaries who are LTI residents during July and January of each year. This report contains basic information on the beneficiaries and their institutions (Skilled Nursing Home or Nursing Home).	MDS	Report	Twice Yearly	**Gentran mailbox:** P.Rxxxxx.LTCRPT.Dyymmdd.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.LTCRPT.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.LTCRPT.Dyymmdd.Thhmmsst

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
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76	**No Premium Due Data File PCUG Record Layout – E.32**	The no premium due data file reports members that had a Part C premium, but will no longer have the Part C premium in the upcoming year. This data file is produced during MARx end of year processing.	MARx	Data File	Yearly	P.Rxxxxx.SPCLPEX.Dyymmdd.Thhmmsst.pn

K: *MA Plan Connectivity Checklist*

Getting Started				
☑ or N/A	#	**Task**	**Checkpoint**	**Notes**
☐	1.	Obtain a Contract Number from CMS/HPMS	Once completed, Task #4 may be initiated.	Contract #:
☐	2.	Enter Connectivity Data into HPMS Plan Connectivity Data Module (Plans are required to mail/fax completed forms to MAPD Help Desk)		
	3.	Complete T1/Connect:Direct information in the PCD module	Must be started at least 6 weeks prior to target connectivity testing date.	
☐ or N/A		1. CMS Connect:Direct data entry into HPMS		
☐ or N/A		2. CMS SPOE ID Request form		
Security and Access				
☑ or N/A	#	**Task**	**Checkpoint**	**Notes**
☐	4.	Submit EPOC Designation Letter to CMS	After completion of Task #1.	
☐	5.	EPOC registered in IACS (Allow 5 business days once EPOC letter is submitted before registering in IACS)	After completion of Task #4.	
☐	6.	EPOC approval received from CMS		
☐	7.	User/Submitter(s) registered in IACS for Enrollment, BEQ and ECRS	After EPOC registration is complete.	
☐ or N/A	8.	User/Representative(s) registered in IACS for Enrollment, BEQ and ECRS	After EPOC registration is complete.	
☐ or N/A	9.	User/Submitter(s) registered in IACS for PDE/RAPS	Gentran Submitters only. May be completed the same time as Task #7 or at a later date.	
Connectivity – Setup **Note: Plans perform either Task #10 or Task #11.**				
☐ or N/A	#	**Task**	**Checkpoint**	**Notes**
	10.	Each item listed in this Task is **required** by Plans submitting data via Connect:Direct. Set up T1/Connect:Direct to CMS:	Must be started at least 6 weeks prior to target connectivity testing date.	
☐ or N/A		1. Contact AT&T or an AT&T reseller to establish connectivity to CMS via AGNS.		
☐ or N/A		2. Verify access to CMS via AGNS		
☐ or N/A		3. High-level qualifier and/or security designations verified as accessible to CMS.		

❑ or N/A		4. Obtain Connect:Direct Software from Sterling Commerce.		
❑ or N/A		5. Complete installation and configuration of Connect:Direct Software.		
❑ or N/A		6. Submitter successfully registered in IACS (see Task #8).		
❑ or N/A		7. Obtain SPOE ID from CMS (see Task #3.2).		
	11.	Each item listed in this Task is **required** by Plans submitting data via Gentran. Set up Gentran access:		
❑ or N/A		1. Submitter successfully registered in IACS (see Task #7).		
❑ or N/A		2. Obtain and install SFTP Software (if not using HTTPS)		
❑ or N/A		3. Open required firewalls/ports: SFTP Port: 10022 HTTPS Port: 3443		
Connectivity – Testing **Note: Plans perform either Task #12 or Task #13. Plans submitting PDE/RAPS data must also perform Task #14.**				
❑ or N/A	**#**	**Task**	**Checkpoint**	**Notes**
	12.	Each item listed in this Task is **required** by Plans submitting data via Connect:Direct. Test T1/Connect:Direct to CMS:		
❑ or N/A		1. Appropriate telecommunications and technical resources participate in conference call with appropriate CMS Resources (initiated by MAPD Help Desk).		
❑ or N/A		2. Successfully transfer data **to** CMS		
❑ or N/A		3. Successfully receive data **from** CMS		
	13.	Each item listed in this Task is **required** by Plans submitting data via Gentran. Test Gentran:	Task # 7 must be completed successfully before this task can be completed.	
❑ or N/A		1. Mailbox(s) established at CMS is accessible		
❑ or N/A		2. Screenshot of successful access to 1 Gentran mailbox e-mailed to the MAPD Help Desk.		
❑ or N/A		3. Send test file to Gentran mailbox		
❑ or N/A	14.	Contact CSSC Help Desk for assistance with Connectivity Testing of PDE/RAPS data submission.		

L: *Valid Election Types for Plan Submitted Transactions*

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

Table L-1 – Valid Election Types for Plans

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

Election Types						
PLANS	**AEP (A)**	**OEPI (T)**	**SEP (Note 2)**	**IEP (E/F)**	**MADP**	**ICEP (I)**
MSHO Demo	**None Required**					
MSA	**Y**	**N**	**Y**	**N**	**N**	**Y**
MSA Demo	**Y**		**Y**		**N**	**Y**

Note 1: For usage of these codes, refer to the previously released MMA Guidance and PDP Guidance.

Note 2: For election type SEP, the following values may be used under these specific circumstances:

- U - for Duals and Individuals with LIS
- W - for EGHP
- V - for permanent moves
- Y - CMS Casework use only (not submitted by plans)
- S - Any other SEP as provided in guidance that is not one of the above values.

Note 3: In addition to these election period identifiers, CMS has provided a valid value of 'X' for use in the election period identifier field. This value is an Administrative Action and may be used when a transaction being submitted is not reflective of an actual beneficiary election, as follows:

- Plan submitted "rollover"- Year-end processing occasionally requires that Plans submit transactions to accomplish the Plan crosswalk from one contract year to another. When required, as defined in the CMS Call Letter instructions, Plans should use the 'X' value in the election period field of the enrollment transaction being submitted for this purpose.

- Involuntary Disenrollment - In limited circumstances, Plans may involuntarily disenroll individuals for specific reasons and meeting all of the conditions provided in CMS enrollment guidance. Since these actions are not "elections," Plans should use the value of 'X' in the election period field of the disenrollment transaction being submitted for this purpose.

- Premium Withhold Option Change - Plans may submit changes to an individual's premium withhold status via a 72 transaction. When doing so, Plans should use the 'X' value in the election period field of the 72 transaction being submitted for this purpose.

- Plan-submitted "canceling" Transaction - Since beneficiaries may choose to cancel an enrollment or disenrollment request prior to the effective date of the request, occasionally Plans submit "canceling" transactions to CMS to cancel an already

submitted action. Plans should use the value of ‘X’ in the election period field of the enrollment or disenrollment transaction being submitted for this purpose.

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