



# Medicare Advantage and Prescription Drug Plans

**November 7, 2005**

**Plan Communications  
User's Guide, Version 1.1  
Appendices**

***CENTERS FOR MEDICARE AND MEDICAID SERVICES***  
*Formerly HEALTH CARE FINANCING ADMINISTRATION (HCFA)*

*Center for Beneficiary Choices*  
*Division of Program Accountability and Payment Operations*



**Medicare Advantage and Prescription Drug  
Plan Communications  
User's Guide, Version 1.1  
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**(November 7, 2005)**

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## Appendix A — Glossary of Terms, and List of Abbreviations and Acronyms

### A.1 Glossary

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

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

Term	Definition
Medicaid	A jointly funded, federal-state health insurance program for certain low-income and needy people. It covers approximately 36 million individuals including children, the aged, blind, and/or disabled, and people who are eligible to receive federally assisted income maintenance payments.
Medicare+Choice (M+C) (now known as Medicare Advantage)	See Medicare Advantage
Medicare Advantage (formerly known as Medicare+Choice)	A type of contract under which a payment is received from CMS for each member, based on demographic characteristics and health status (also referred to as Risk). In a Risk or M+C contract, the MCO accepts the risk if the payment does not cover the cost of services (but keeps the difference if the payment is greater than the cost of services). Risk is managed by having a membership where the high cost for very sick members can be balanced by the lower cost for a larger number of relatively healthy members.
Menu	A horizontal list of items at the top of a screen. Clicking on a menu item will display a screen and possibly display a submenu of items corresponding to the selected menu item.
Medicare Managed Care System	The system that replaced Group Health Plan system.
Network Data Mover	Software used for transmitting and receiving data (replaced by Connect:Direct).
Nursing Home Certifiable	A code that reflects the relative frailty of an individual. Beneficiaries who are NHC are those whose condition would ordinarily require them to be cared for in a nursing home. Only acceptable for certain demonstration social health maintenance organization (SHMO)-type plans.
Off-cycle	A retroactive transaction waiting for approval from CMS. A retroactive transaction needs CMS approval because its effective date is too far in the past to be accepted automatically.
Online	An automated systems approach to processing that processes data in an interactive manner, normally through computer input.
Orbiting	When a transaction is submitted for a beneficiary that could not be found in the MBD or the beneficiary does not have the entitlement needed for the contract, the transaction will be periodically retried until (1) the beneficiary is found because the MBD has been updated or (2) the number of days specified in the system configuration parameter has passed.
Program for All Inclusive Care for the Elderly (PACE) Plans	The PACE program is a unique capitated managed care benefit for the frail elderly provided by a not-for-profit or public entity that features a comprehensive medical and social service delivery system. It uses a multidisciplinary team approach in an adult day health center supplemented by in-home and referral service in accordance with participants' needs.
Payment Month	The month and year in which payments are made to MCOs.
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.

Term	Definition
Reply Codes	Codes used to explain what action the system took in response to new information from CMS systems or in response to input from MCOs, CMS, or other users.
Required field	<p>A field on a screen that must be filled in before a button is clicked to take some action. If the button is clicked and the field is not filled in, an error message is displayed and the action is not carried out.</p> <p>There are two types of required fields:</p> <ul style="list-style-type: none"> <li>• Always required. These are marked with an asterisk (*)</li> <li>• 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 (+)</li> </ul>
Risk	<p>A type of contract under which beneficiaries are “locked in” to network providers and a payment is received from CMS for each member, based on demographic characteristics and health status (also referred to as M+C).</p> <p>In a Risk or M+C contract, the MCO accepts the risk if the payment does not cover the cost of services (but keeps the difference if the payment is greater than the cost of services). Risk is managed by having a membership where the high costs for very sick members can be balanced by the lower costs for a larger number of relatively healthy members.</p>
Special Needs	Needs of beneficiaries who are institutionalized, Medicaid-eligible, or who have severe or disabling chronic conditions.
Submenu	A horizontal list of items below the screen's menu. The items on the menu are specific to the selected menu item. Clicking on a submenu item will display a screen.
Transaction Reply Codes	See Reply Codes.
User ID	Valid user identification code for accessing the CMS Data Center and the Medicare Data Communications Network.
User Interface	The screens, forms, and menus that are displayed to a user logged on to an automated system.

## **A.2 List of Abbreviations and Acronyms**

AAPCC	Adjusted Average Per Capita Cost (now called M+C rates)
APPS	Automated Plan Payment System
BBA	Balanced Budget Act of 1997
BIC	Beneficiary Identification Code
BIPA	Benefits Improvement & Protection Act of 2000
BSF	Benefit Stabilization Fund
CAN	Claim Account Number
CHF	Congestive Heart Failure
CMS	Centers for Medicare & Medicaid Services
CO	Central Office
COB	Close of Business
COB	Coordination of Benefits
CUI	Common User Interface
CWF	Common Working File
DCG	Diagnostic Cost Group
DO	District Office
DOB	Date of Birth
DOD	Date of Death
DSN	Data Set Name
EDB	Enrollment Database
EGHP	Employer Group Health Plan
ESRD	End Stage Renal Disease
FFS	Fee-For-Service
FTR	Failed Transaction Report
GHP	Group Health Plan
GROUCH	GHP Report Output User Communication Help System
Guide	Medicare Advantage and Prescription Drug System Plan Communication User's Guide
HCC	Hierarchical Condition Code
HCFA	Health Care Financing Administration (renamed to CMS)
HIC	Health Insurance Claim
HICN	Health Insurance Claim Number
HMO	Health Maintenance Organization

HPMS	Health Plan Management System
HTML	Hypertext Markup Language
HTTPS	Hypertext Transfer Protocol Secure
ID	Identification
M+C	Medicare+Choice (now known as MA)
M+CO	Medicare+Choice Organization
MA	Medicare Advantage (formerly known as M+C)
MA BSF	Medicare Advantage Benefit Stabilization Fund
MA-PD	Medicare Advantage – Prescription Drug
MARx	Medicare Advantage and Prescription Drug System
MBD	Medicare Beneficiary Database
MCO	Managed Care Organization
MCSC	Medicare Customer Service Center (1-800-MEDICARE)
MMA	Medicare Modernization Act
MMCS	Medicare Managed Care System
MSP	Medicare Secondary Payer
NDM	Network Data Mover
NHC	Nursing Home Certifiable
PBO	Payment Bill Option
PBP	Plan Benefit Package
PDP	Prescription Drug Plan
PICS	Plan Information and Control System
PIP-DCG	Principal Inpatient Diagnostic Cost Group
RACF	Resource Access Control Facility
RAS	Risk Adjustment System
RO	CMS Regional Office
RRB	Railroad Retirement Board
RTG	Return to Government
SCC	State and County Code
SFTP	Secure Shell File Transfer Protocol
SHMO	Social Health Maintenance Organization
SNP	Special Needs Plan
SSA	Social Security Administration
SSA DO	Social Security Administration District Office
SSAFO	Social Security Administration Field Office
TRR	Transaction Reply Report

TSO	Time Sharing Option
UI	User Interface
USPCC	United States Per Capita Cost

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## **Appendix B — CMS Central Office Contact Information**

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

1. Boston:	Jacqueline Buise	410.786.7607
	John W. Campbell	410.786.0542
2. New York:	Jacqueline Buise	410.786.7607
	John W. Campbell	410.786.0542
3. Philadelphia:	James Dorsey	410.786.1143
4. Atlanta:	Gloria Webster	410.786.7655
5. Chicago:	Janice Bailey	410.786.7603
6. Dallas:	Joanne Weller	410.786.5111
7. Kansas City:	Gloria Webster	410.786.7655
8. Denver:	Luigi Distefano	410.786.7611
9. San Francisco:	Ed Howard	410.786.6368
10. Seattle:	David Evans	410.786.0412

If you have any questions on **technical information**, please contact your CMS Central Office Computer Specialist assigned to your regional area:

Boston, New York, Philadelphia, Kansas City  
*Denver, San Francisco:*  
Atlanta, Chicago, Dallas, *Seattle:*

Sarah Brown at 410.786.6358  
Susan Hartmann at 410.786.6192  
Francine Jordan at 410.786.6505

**Appendix C — Monthly Schedule**

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## YEAR 2006 PLAN MARx MONTHLY SCHEDULE

S	M	T	W	T	F	SA
<b>JANUARY</b>						
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
<b>FEBRUARY</b>						
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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
<b>MARCH</b>						
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5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
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S	M	T	W	T	F	SA
<b>APRIL</b>						
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
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<b>MAY</b>						
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28	29	30	31			
S	M	T	W	T	F	SA
<b>JUNE</b>						
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### JANUARY 2006

- 2 New Year's Day (Observed)
- 3 JANUARY Payment Due Plan
- 9 Certification of Enrollment for November 25, 2005 report
- 13 PLAN DATA DUE
- 16 MARx DOWN DAY
- 16 Martin Luther King, Jr. (Holiday)
- 17 MARx DOWN DAY
- 18 MARx DOWN DAY
- 25 MONTHLY REPORTS AVAILABLE

### FEBRUARY 2006

- 1 FEBRUARY Payment Due Plan
- 6 Certification of Enrollment for December 22, 2005 report
- 10 PLAN DATA DUE
- 13 MARx DOWN DAY
- 14 MARx DOWN DAY
- 15 MARx DOWN DAY
- 20 President's Birthday (Observed)
- 23 MONTHLY REPORTS AVAILABLE  
MMR List for Working Aged Survey 2007 Pmt.

### MARCH 2006

- 1 MARCH Payment Due Plan
- 13 Certification of Enrollment for January 25, 2006 Report
- 16 PLAN DATA DUE
- 20 MARx DOWN DAY
- 21 MARx DOWN DAY
- 27 MONTHLY REPORTS AVAILABLE
- 31 APRIL Payment Due Plan

### APRIL 2006

- 10 Certification of Enrollment for February 23, 2006 report
- 13 PLAN DATA DUE
- 14 MARx DOWN DAY
- 17 MARx DOWN DAY
- 18 MARx DOWN DAY
- 24 MONTHLY REPORTS AVAILABLE

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<b>JULY</b>						
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<b>AUGUST</b>						
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<b>SEPTEMBER</b>						
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<b>OCTOBER</b>						
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<b>NOVEMBER</b>						
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<b>DECEMBER</b>						
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**YEAR 2006 PLAN MARx MONTHLY SCHEDULE**

**SEPTEMBER 2006**

- 1 SEPTEMBER Payment Due Plan
- 4 Labor Day (Holiday)
- 7 Certification of Enrollment for July 24, 2006 report
- 14 PLAN DATA DUE
- 15 Working Aged Survey Results and Non-Respondent List Due (2007 Payment)
- 15 MARx DOWN DAY
- 18 MARx DOWN DAY
- 19 MARx DOWN DAY
- 25 MONTHLY REPORTS AVAILABLE

**OCTOBER 2006**

- 2 OCTOBER Payment Due Plan (1997 Balanced Budget Act-BBA)
- 9 Columbus Day (Observed)
- 10 Certification of Enrollment for August 25, 2006 report
- 17 PLAN DATA DUE
- 18 MARx DOWN DAY
- 19 MARx DOWN DAY
- 20 MARx DOWN DAY
- 26 MONTHLY REPORTS AVAILABLE

**NOVEMBER 2006**

- 1 NOVEMBER Payment Due Plan
- 6 Certification of Enrollment for Sept. 22, 2006 report
- 10 Veteran's Day (Holiday)
- 15 PLAN DATA DUE
- Annual Election Period Begins
- 16 MARx DOWN DAY
- 17 MARx DOWN DAY
- 23 Thanksgiving Day (Holiday)
- 28 MONTHLY REPORTS AVAILABLE

**DECEMBER 2006**

- 1 DECEMBER Payment Due Plan
- 8 PLAN DATA DUE
- 11 Certification of Enrollment for October 26, 2006 report
- 11 MARx DOWN DAY
- 12 MARx DOWN DAY
- 13 MARx DOWN DAY
- 14 MARx DOWN DAY
- 15 MARx DOWN DAY
- 18 MARx DOWN DAY
- 22 MONTHLY REPORTS AVAILABLE
- 25 Christmas Day (Holiday)
- 31 Annual Election Period Ends
- January 2- JANUARY 2007 Payment Due Plan

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JANUARY						
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FEBRUARY						
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MARCH						
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JULY						
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AUGUST						
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SEPTEMBER						
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OCTOBER						
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NOVEMBER						
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DECEMBER						
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## **Appendix D — Enrollment Data Transmission Schedule**

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

1. Monday through Friday **6:00 a.m. to 7:30 p.m.** ET  
Data **WILL** be received for monthly processing.
2. Monday through Friday **after 7:30 p.m.** ET  
Data **WILL NOT** be received for monthly processing until the next day.
3. Saturday, Sunday, and MARx down days.  
Data **WILL NOT** be received for monthly processing.  
Refer to the Plan MARx Monthly Schedule. (Refer to Appendix C).
4. Enrollment Data Cutoff Day - **Data Due by 5:00 pm** ET.  
Plans can transmit enrollment data up to 5pm ET.  
Please refer to the Plan MARx Monthly Schedule for each month's cutoff date.

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## Appendix E — Record Layouts

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The following record layouts are provided in this appendix, in the order shown:

**Table E-1. Record Layouts Lookup Table**

Section	Name	Page
E.1	Batch Completion Status Summary	E-2
E.2	BIPA 606 Payment Reduction	E-6
E.3	Bonus Payment Report	E-7
E.4	Enrollment/Disenrollment/Change/Correction Transactions	E-8
E.5	Monthly Membership Detail	E-23
E.6	Monthly Membership Summary	E-29
E.7	Part B Claims (Record Type 1 and Record Type 2)	E-32
E.8	Part C Risk Adjustment Model Output Data File	E-34
E.9	New RAS RxHCC MOR Record Format	E-49
E.10	Weekly/Monthly Transaction Reply	E-64
E.11	Auto and Facilitated Enrollment Address Data File	E-70
E.12	Coordination of Benefits Data File	E-71
E.13	Monthly Premium Withholding Report Data File	E-79
E.14	Failed Transaction Data File	E-83

## E.1 Batch Completion Status Summary

Output File Organization — One File Per Batch Consisting of

SUMMARY RECORD
ALL REJECTED RECORDS
ALL ACCEPTED RECORDS

### E.1.1 Summary Record

Item	Field	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	FILLER	187	75 – 261	Release 2.0 Use
10	End of Status Summary Record	1	262	Content: ";"

### E.1.2 Rejected Record

Item	Field	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

Item	Field	Size	Position	Description
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	Rx ID	20	120 – 139	From input transaction; otherwise blank
28	Rx Group	15	140 – 154	From input transaction; otherwise blank
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

Item	Field	Size	Position	Description
32	Enrollment Source	1	191	From input transaction; otherwise blank
33	Filler (MSA Fields — Future Use)	36	192 – 227	Future Use
34	Filler	17	228 – 244	
35	'01' Transaction Action Code	1	245	From input transaction; otherwise blank
36	Transaction Reply Codes	15	246 – 260	Up to five, 3-character transaction reply codes, left justified
37	End of Rejected Transaction Record	2	261 – 262	Content: “;,”

### E.1.3 Accepted Record

Item	Field	Size	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
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

Item	Field	Size	Position	Description
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	Rx ID	20	120 – 139	From input transaction; otherwise blank
28	Rx Group	15	140 – 154	From input transaction; otherwise blank
29	Secondary Drug Insurance Flag	1	155	From input transaction; otherwise blank
30	Secondary Rx ID	20	156 – 175	From input transaction; otherwise blank
31	Secondary Rx Group	15	176 – 190	From input transaction; otherwise blank
32	Enrollment Source	1	191	From input transaction; otherwise blank
33	Filler (MSA Fields — Future Use)	36	192 – 227	Future Use
34	Part D Premium Subsidy Level	3	228 – 230	Part D low-income premium subsidy category: '000' = No subsidy '025' = 25% subsidy level '050' = 50% subsidy level '075' = 75% subsidy level '100' = 100% subsidy level
35	Low-Income Co-Pay Category	1	231	Definitions of the co-payment categories: '0' = none, not low-income '1' = \$2/\$5 (High) '2' = \$1/\$3 (Low) '3' = \$0 (0) '4' = 15% '5' = Unknown
36	Filler	13	232 – 244	

Item	Field	Size	Position	Description
37	'01' Transaction Action Code	1	245	From input transaction; otherwise blank
38	Transaction Reply Codes	15	246 – 260	Up to five, 3-character transaction reply codes, left justified
39	End of Accepted Transaction Record	2	261 – 262	Content: “;”

**E.2 BIPA 606 Payment Reduction**

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

Item	Field	Size	Position	Description
18	Total Net Blended Payment/Adjustment Including BIPA606 Reduction Amount	9	107 – 115	-99999.99
19	FILLER	18	116 – 133	SPACES

### E.3 Bonus Payment Report

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

## E.4 Enrollment/Disenrollment/Change/Correction Transactions

### E.4.1 Header

Item	Field	Size	Position	Header	Description
1	Header Message	12	1 – 12	R	'AAAAAAHEADER'
2	Filler	21	13 – 33	N/A	Spaces
3	Payment Month	6	34 – 39	R	MMYYYY (Note that the date should be 1 month after the processing date, e.g., input 022006 for data submitted before the January 2006 cutoff.)
4	Filler	185	40 – 224	N/A	Spaces

### E.4.2 Enrollment

Item	Field	Size	Position	Enrollment (Employer & MCO 60/61)			Description
				MA	MA-PD	PDP	
1	HIC#	12	1 – 12	R	R	R	Nine-byte SSN of primary beneficiary (Beneficiary Claim Account Number); two-byte BIC (Beneficiary Identification Code); one-byte filler (except RRB)
2	Surname	12	13 – 24	R	R	R	Beneficiary's last name
3	First Name	7	25 – 31	R	R	R	Beneficiary's first name
4	M. Initial	1	32				Beneficiary's middle initial
5	Sex	1	33	R	R	R	'1' = male, '2' = female, '0' = unknown

Item	Field	Size	Position	Enrollment (Employer & MCO 60/61)			Description
				MA	MA-PD	PDP	
6	Birth Date (YYYYMMDD)	8	34 – 41	R	R	R	YYYYMMDD — Beneficiary's date of birth
7	EGHP Flag	1	42	Blank field has a meaning	Blank field has a meaning	Blank field has a meaning	'Y' if EGHP; otherwise, blank = not EGHP for transaction types 60 and 61
8	PBP #	3	43 – 45	R	R	R	3-blanks = non-PBP organizations, COST (if non-PBP) and non-MA Demos; otherwise, 3- character numeric = PBP number, zero-padded, 001-999 valid for MA, MA-PD, PDP, and certain COST, PACE and DEMO plans.
9	Election Type	1	46	R	R	R	'A' = AEP; 'E' = IEP, 'I' = ICEP; 'S' = SEP; 'O' = OEP; 'N' = OEPNEW; 'T' = OEPI. MA and MA- PDs have I, A, O, S, N, and T. PDPs have E, A, and S.
10	Contract #	5	47 – 51	R	R	R	Hxxxx = identifies local MAs and MA-PDs. Rxxxx = identifies regional MAs and MA-PDs. Sxxxx = identifies PDPs. Fxxxx = identifies fallback plans.
11	Application Date	8	52 – 59	R	R	R	YYYYMMDD — Either the date the plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper).
12	Transaction Code	2	60 – 61	R	R	R	'60' or '61' = Enrollment
13	Disenrollment Reason (Future Use)	2	62 – 63	N/A	N/A	N/A	Future use.

Item	Field	Size	Position	Enrollment (Employer & MCO 60/61)			Description
				MA	MA-PD	PDP	
14	Effective Date (YYYYMMDD)	8	64 – 71	R	R	R	YYYYMMDD — Enrollment effective date
15	Segment ID	3	72 – 74	R, blank for non-segmented organizations; otherwise, 3 digits	R, blank for non-segmented organizations; otherwise, 3 digits	N/A	3-blanks = non-segmented organization transaction; for segmented organization transactions, 3-character numeric = segment number, zero padded, 001-999 valid plan Segment ID range. Only local plans (Hxxxx) may have segments.
16	Filler	5	75 – 79	N/A	N/A	N/A	
17	Prior Commercial Override	1	80	If applies; otherwise, zero or blank	If applies; otherwise, zero or blank	N/A	Required if beneficiary is ESRD and wants to enroll in a MA, MA-PD, Cost, HCPP plans. Not required if plan is special needs plan (SNP). Alpha-numeric, 0-9 and A-F. Zero (0) and blank = no override.
18	Premium Withhold Option/ Parts C-D	1	81	R	R	R	D = direct self-pay; S = deduct from SSA benefits; R = deduct from RRB benefits; O = deduct from OPM benefits; N = No premium applicable. The option applies to both Part C and D premiums.
19	Part C Premium Amount (XXXXvXX)	6	82 – 87	R	R	N/A	6-digits with leading zeroes, or blank if premium does not apply. Decimal point assumed 2-digits from right, XXXXvXX. For example, '000000' is \$0.00 and '010073' is \$100.73.
20	Part D Premium Amount (XXXXvXX)	6	88 – 93	N/A	R	R	6-digits with leading zeroes, or blank if premium does not apply. Decimal point assumed 2-digits from right, XXXXvXX. For example, '000000' is \$0.00 and '010073' is \$100.73.

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

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

**E.4.3 Disenrollment**

Item	Field	Size	Position	Disenrollment 51			Description
				MA	MA-PD	PDP	
1	HIC#	12	1 – 12	R	R	R	Nine-byte SSN of primary beneficiary (Beneficiary Claim Account Number); two-byte BIC (Beneficiary Identification Code); one-byte filler (except RRB)
2	Surname	12	13 – 24	R	R	R	Beneficiary's last name
3	First Name	7	25 – 31	R	R	R	Beneficiary's first name
4	M. Initial	1	32				Beneficiary's middle initial
5	Sex	1	33	R	R	R	'1' = male, '2' = female, '0' = unknown
6	Birth Date (YYYYMMDD)	8	34 – 41	R	R	R	YYYYMMDD
7	EGHP Flag	1	42	N/A	N/A	N/A	N/A
8	PBP #	3	43 – 45	N/A	N/A	N/A	N/A
9	Election Type	1	46	R	R	R	'A' = AEP; 'E' = IEP, 'I' = ICEP; 'S' = SEP; 'O' = OEP; 'N' = OEPNEW; 'T' = OEPI. MA and MA-PDs have I, A, O, S, N, and T. PDPs have E, A, and S.
10	Contract #	5	47 – 51	R	R	R	Hxxxx = identifies local MAs and MA-PDs. Rxxxx = identifies regional MAs and MA-PDs. Sxxxx = identifies PDPs. Fxxxx = identifies fallback plans.
11	Application Date	8	52 – 59	N/A	N/A	N/A	N/A
12	Transaction Code	2	60 – 61	R	R	R	'51' = Disenrollment
13	Disenrollment Reason (Future Use)	2	62 – 63	N/A	N/A	N/A	Future use.
14	Effective Date (YYYYMMDD)	8	64 – 71	R	R	R	YYYYMMDD — disenrollment effective date
15	Segment ID	3	72 – 74	N/A	N/A	N/A	N/A
16	Filler	5	75 – 79	N/A	N/A	N/A	

Item	Field	Size	Position	Disenrollment 51			Description
				MA	MA-PD	PDP	
17	Prior Commercial Override	1	80	N/A	N/A	N/A	N/A
18	Premium Withhold Option/ Parts C-D	1	81	N/A	N/A	N/A	N/A
19	Part C Premium Amount (XXXXvXX)	6	82 – 87	N/A	N/A	N/A	N/A
20	Part D Premium Amount (XXXXvXX)	6	88 – 93	N/A	N/A	N/A	N/A
21	Creditable Coverage Flag	1	94	N/A	N/A	N/A	N/A
22	Number of Uncovered Months	3	95 – 97	N/A	N/A	N/A	N/A
23	Employer Subsidy Enrollment Override Flag	1	98	N/A	N/A	N/A	N/A
24	Part D Opt-Out Flag	1	99	N/A	R for auto-enrollees only; otherwise, N/A	R for auto-enrollees only; otherwise, N/A	Applies to full benefit dual eligible and facilitated enrolled beneficiaries. 'Y' = opt-out of auto-/facilitated-enrollment; blank = no change to opt-out status.
25	Filler	20	100 – 119	N/A	N/A	N/A	Spare.
26	Filler	15	120 – 134	N/A	N/A	N/A	Spare.
27	Secondary Drug Insurance Flag	1	135	N/A	N/A	N/A	N/A
28	Secondary Rx ID	20	136 – 155	N/A	N/A	N/A	N/A
29	Secondary Rx Group	15	156 – 170	N/A	N/A	N/A	N/A

Item	Field	Size	Position	Disenrollment 51			Description
				MA	MA-PD	PDP	
30	Enrollment Source	1	171	FILLER	FILLER	FILLER	Not currently available for MCO use.
31	SSN	9	172 – 180	N/A	FILLER	FILLER	Future use.
32	Trustee Routing Number	9	181 – 189	N/A	FILLER	FILLER	Future use.
33	Bank Account Number	17	190 – 206	N/A	FILLER	FILLER	Future use.
34	Bank Account Type	1	207	N/A	FILLER	FILLER	Future use.
35	Filler	17	208 – 224	N/A	N/A	N/A	Spare.

**E.4.4 PBP Change**

Item	Field	Size	Position	Plan Election (PBP Change) 71			Description
				MA	MA-PD	PDP	
1	HIC#	12	1 – 12	R	R	R	Nine-byte SSN of primary beneficiary (Beneficiary Claim Account Number); two-byte BIC (Beneficiary Identification Code); one-byte filler (except RRB)
2	Surname	12	13 – 24	R	R	R	Beneficiary's last name
3	First Name	7	25 – 31	R	R	R	Beneficiary's first name
4	M. Initial	1	32				Beneficiary's middle initial
5	Sex	1	33	R	R	R	'1' = male, '2' = female, '0' = unknown
6	Birth Date (YYYYMMDD)	8	34 – 41	R	R	R	YYYYMMDD
7	EGHP Flag	1	42	Blank field has a meaning	Blank field has a meaning	Blank field has a meaning	'Y' if EGHP; otherwise, blank = not EGHP for transaction type 71

Item	Field	Size	Position	Plan Election (PBP Change) 71			Description
				MA	MA-PD	PDP	
8	PBP #	3	43 – 45	R (Change-to value)	R (Change-to value)	R (Change-to value)	3-blanks = non-PBP organizations, COST (if non-PBP) and non-MA Demos; otherwise, 3-character numeric = PBP number, zero-padded, 001-999 valid for MA, MA-PD, PDP, and certain COST, PACE and DEMO plans.
9	Election Type	1	46	R	R	R	'A' = AEP; 'E' = IEP, 'I' = ICEP; 'S' = SEP; 'O' = OEP; 'N' = OEPNEW; 'T' = OEPI. MA and MA-PDs have I, A, O, S, N, and T. PDPs have E, A, and S.
10	Contract #	5	47 – 51	R	R	R	Hxxxx = identifies local MAs and MA-PDs. Rxxxx = identifies regional MAs and MA-PDs. Sxxxx = identifies PDPs. Fxxxx = identifies fallback plans.
11	Application Date	8	52 – 59	R	R	R	YYYYMMDD — Either the date the plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper).
12	Transaction Code	2	60 – 61	R	R	R	'71' = PBP Change
13	Disenrollment Reason (Future Use)	2	62 – 63	N/A	N/A	N/A	Future use.
14	Effective Date (YYYYMMDD)	8	64 – 71	R	R	R	YYYYMMDD — Enrollment effective date
15	Segment ID	3	72 – 74	R, blank for non-segmented organizations; otherwise, 3 digits	R, blank for non-segmented organizations; otherwise, 3 digits	N/A	3-blanks = non-segmented organization transaction; for segmented organization transactions, 3-character numeric = segment number, zero padded, 001-999 valid plan Segment ID range. Only local plans (Hxxxx) may have segments.
16	Filler	5	75 – 79	N/A	N/A	N/A	

Item	Field	Size	Position	Plan Election (PBP Change) 71			Description
				MA	MA-PD	PDP	
17	Prior Commercial Override	1	80	If applies; otherwise, zero or blank	If applies; otherwise, zero or blank	N/A	Required if beneficiary is ESRD and wants to enroll in a MA, MA-PD, Cost, HCPP plans. Not required if plan is special needs plan (SNP). Alpha-numeric, 0-9 and A-F. Zero (0) and blank = no override.
18	Premium Withhold Option/ Parts C-D	1	81	R	R	R	D = direct self-pay; S = deduct from SSA benefits; R = deduct from RRB benefits; O = deduct from OPM benefits; N = No premium applicable. The option applies to both Part C and D premiums.
19	Part C Premium Amount (XXXXvXX)	6	82 – 87	R	R	N/A	6 digits with leading zeroes, or blank if premium does not apply. Decimal point assumed 2 digits from right, XXXXvXX. For example, '000000' is \$0.00 and '010073' is \$100.73.
20	Part D Premium Amount (XXXXvXX)	6	88 – 93	N/A	R	R	6 digits with leading zeroes, or blank if premium does not apply. Decimal point assumed 2 digits from right, XXXXvXX. For example, '000000' is \$0.00 and '010073' is \$100.73.
21	Creditable Coverage Flag	1	94	N/A	R	R	'Y' if covered, 'N' if not covered.
22	Number of Uncovered Months	3	95 – 97	N/A	R, blank = zero, meaning no uncovered months	R, blank = zero, meaning no uncovered months	Count of total months without drug coverage, leading zeroes or right justified. Count must be greater than or equal to two (002) when "Creditable Coverage Flag," item (21) above, is 'N'. Count must be zero (000) when "Creditable Coverage Flag" is 'Y'.

Item	Field	Size	Position	Plan Election (PBP Change) 71			Description
				MA	MA-PD	PDP	
23	Employer Subsidy Enrollment Override Flag	1	98	N/A	R if beneficiary has Employer Subsidy status; otherwise blank	R if beneficiary has Employer Subsidy status; otherwise blank	If the beneficiary is in a plan receiving an employer subsidy, but still wants to enroll in a Part D plan, submit the enrollment with the override = 'Y'; otherwise, blank.
24	Part D Opt-Out Flag	1	99	N/A	N/A	N/A	N/A
25	Filler	20	100 – 119	N/A	N/A	N/A	Spare.
26	Filler	15	120 – 134	N/A	N/A	N/A	Spare.
27	Secondary Drug Insurance Flag	1	135	N/A	R	R	For MA-PD and PDP transactions, 'Y' = beneficiary has secondary drug insurance; 'N' = beneficiary does not have secondary drug insurance available; blank = do not know whether beneficiary has secondary drug insurance.
28	Secondary Rx ID	20	136 – 155	N/A	R if secondary insurance; otherwise, N/A	R if secondary insurance; otherwise, N/A	Secondary insurance plan's ID number for beneficiary. Alphanumeric; uppercase when alpha; left justified. Uppercase printable characters and default value of spaces.
29	Secondary Rx Group	15	156– 170	N/A	R if secondary insurance; otherwise, N/A	R if secondary insurance; otherwise, N/A	Secondary insurance plan's group ID number for beneficiary. Alphanumeric; uppercase when alpha; left justified. Uppercase printable characters and default value of spaces.
30	Enrollment Source	1	171	FILLER	FILLER	FILLER	Not currently available for MCO use.
31	SSN	9	172 – 180	R (If change to MSA)	FILLER	FILLER	Future use.
32	Trustee Routing Number	9	181 – 189	R (If change to MSA)	FILLER	FILLER	Future use.

Item	Field	Size	Position	Plan Election (PBP Change) 71			Description
				MA	MA-PD	PDP	
33	Bank Account Number	17	190 – 206	R (If change to MSA)	FILLER	FILLER	Future use.
34	Bank Account Type	1	207	R (If change to MSA)	FILLER	FILLER	Future use.
35	Filler	17	208 – 224	N/A	N/A	N/A	Spare.

**E.4.5 Plan Change**

Item	Field	Size	Position	Plan Change 72			Description
				MA	MA-PD	PDP	
1	HIC#	12	1 – 12	R	R	R	Nine-byte SSN of primary beneficiary (Beneficiary Claim Account Number); two-byte BIC (Beneficiary Identification Code); one-byte filler (except RRB)
2	Surname	12	13 – 24	R	R	R	Beneficiary's last name
3	First Name	7	25 – 31	R	R	R	Beneficiary's first name
4	M. Initial	1	32				Beneficiary's middle initial
5	Sex	1	33	R	R	R	'1' = male, '2' = female, '0' = unknown
6	Birth Date (YYYYMMDD)	8	34 – 41	R	R	R	YYYYMMDD — Beneficiary's date of birth
7	EGHP Flag	1	42	blank = no change	blank = no change	blank = no change	For type 72 transactions, 'Y' if EGHP, 'N' if not EGHP, and blank indicates no change.
8	PBP #	3	43 – 45	R	R	R	3-blanks = non-PBP organizations, COST (if non-PBP) and non-MA Demos; otherwise, 3-character numeric = PBP number, zero-padded, 001-999 valid for MA, MA-PD, PDP, and certain COST, PACE and DEMO plans.

Item	Field	Size	Position	Plan Change 72			Description
				MA	MA-PD	PDP	
9	Election Type	1	46	R for premium withhold option changes; otherwise, N/A	R for premium withhold option changes; otherwise, N/A	R for premium withhold option changes; otherwise, N/A	'S' = SEP for premium withhold option changes; otherwise, blank
10	Contract #	5	47 – 51	R	R	R	Hxxxx = identifies local MAs and MA-PDs. Rxxxx = identifies regional MAs and MA-PDs. Sxxxx = identifies PDPs. Fxxxx = identifies fallback plans.
11	Application Date	8	52 – 59	N/A	N/A	N/A	YYYYMMDD — Either the date the plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper).
12	Transaction Code	2	60 – 61	R	R	R	'72' = Plan Change
13	Disenrollment Reason (Future Use)	2	62 – 63	N/A	N/A	N/A	Future use.
14	Effective Date (YYYYMMDD)	8	64 – 71	R	R	R	YYYYMMDD — Enrollment effective date
15	Segment ID	3	72 – 74	Blank or change-to value for local plans; otherwise, N/A	Blank or change-to value for local plans; otherwise, N/A	N/A	Blank if no change; otherwise, for segment changes, 3-character numeric = segment number, zero padded; 001-999 valid plan Segment ID range. Only local plans (Hxxxx) may have segments.
16	Filler	5	75 – 79	N/A	N/A	N/A	Spare.
17	Prior Commercial Override	1	80	N/A	N/A	N/A	N/A

Item	Field	Size	Position	Plan Change 72			Description
				MA	MA-PD	PDP	
18	Premium Withhold Option/ Parts C-D	1	81	blank or change-to value	blank or change-to value	blank or change-to value	Blank if no change; otherwise, D = direct self-pay; S = deduct from SSA benefits; R = deduct from RRB benefits; O = deduct from OPM benefits; N = No premium applicable. The option applies to both Part C and D premiums.
19	Part C Premium Amount (XXXXvXX)	6	82 – 87	Blank or change-to value	Blank or change-to value	N/A	Blank if no change; otherwise, 6 digits with leading zeroes, decimal point assumed 2 digits from right, XXXXvXX. For example, '000000' is \$0.00 and '010073' is \$100.73.
20	Part D Premium Amount (XXXXvXX)	6	88 – 93	N/A	Blank or change-to value	Blank or change-to value	Blank if no change; otherwise, 6 digits with leading zeroes, decimal point assumed 2 digits from right, XXXXvXX. For example, '000000' is \$0.00 and '010073' is \$100.73.
21	Creditable Coverage Flag	1	94	N/A	Blank or change-to value	Blank or change-to value	Blank if no change; otherwise, 'Y' if covered, 'N' if not covered.
22	Number of Uncovered Months	3	95 – 97	N/A	Blank or change-to value	Blank or change-to value	Blank if no change; otherwise, count of total months without drug coverage, leading zeroes or right justified. Count must be greater than or equal to two (002) when "Creditable Coverage Flag," item (21) above, is 'N'. Count must be zero (000) when "Creditable Coverage Flag" is 'Y'.
23	Employer Subsidy Enrollment Override Flag	1	98	N/A	N/A	N/A	N/A
24	Part D Opt-Out Flag	1	99	N/A	N/A	N/A	N/A
25	Filler	20	100 – 119	N/A	N/A	N/A	Spare.
26	Filler	15	120 – 134	N/A	N/A	N/A	Spare.
27	Secondary Drug Insurance Flag	1	135	N/A	Blank or change-to value	Blank or change-to value	Blank if no change; otherwise, for MA-PD and PDP transactions, 'Y' = beneficiary has secondary drug insurance; 'N' = beneficiary does not have secondary drug insurance available.

Item	Field	Size	Position	Plan Change 72			Description
				MA	MA-PD	PDP	
28	Secondary Rx ID	20	136 – 155	N/A	R if secondary insurance change-to value is Y	R if secondary insurance change-to value is Y	Blank if no change; otherwise, secondary insurance plan's ID number for beneficiary. Alphanumeric; uppercase when alpha; left justified. Uppercase printable characters and default value of spaces.
29	Secondary Rx Group	15	156 – 170	N/A	R if secondary insurance change-to value is Y	R if secondary insurance change-to value is Y	Blank if no change; otherwise, secondary insurance plan's group ID number for beneficiary. Alphanumeric; uppercase when alpha; left justified. Uppercase printable characters and default value of spaces.
30	Enrollment Source	1	171	FILLER	FILLER	FILLER	Not currently available for MCO use.
31	SSN	9	172 – 180	FILLER	FILLER	FILLER	Future use.
32	Trustee Routing Number	9	181 – 189	Blank or change-to value	FILLER	FILLER	Future use.
33	Bank Account Number	17	190 – 206	Blank or change-to value	FILLER	FILLER	Future use.
34	Bank Account Type	1	207	Blank or change-to value	FILLER	FILLER	Future use.
35	Filler	17	208 – 224	N/A	N/A	N/A	Spare.

**E.4.6 Correction**

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

Item	Field	Size	Position	Correction	Description
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	163	62 – 224	N/A	Spaces

**E.5 Monthly Membership Detail**

Item	Field	Size	Position	Description
1	MCO Contract Number	5	1 – 5	MCO Contract Number
2	Run Date of the File	8	6 – 13	YYYYMMDD
3	Payment Date	6	14 – 19	YYYYMM
4	HIC Number	12	20 – 31	Member's HIC #
5	Surname	7	32 – 38	
6	First Initial	1	39 – 39	
7	Sex	1	40 – 40	M = Male, F = Female
8	Date of Birth	8	41 – 48	YYYYMMDD
9	Age Group	4	49 – 52	BBEE BB = Beginning Age EE = Ending Age
10	State & County Code	5	53 – 57	
11	Out of Area Indicator	1	58	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	Working Aged	1	63	Y = Working Aged
17	Institutional	1	64	Y = Institutional
18	NHC	1	65	Y = Nursing Home Certifiable
19	Medicaid	1	66	Y = Medicaid Status
20	FILLER	1	67	SPACES
21	Medicaid Indicator	1	68	Y = Medicaid Add-on
22	PIP-DCG	2	69 – 70	PIP-DCG Category — Only on pre-2004 adjustments

Item	Field	Size	Position	Description
23	Default Indicator	1	71	Y = default RA factor in use For pre-2004 adjustments, a "Y" indicates that a new enrollee RA factor is in use. For post-2003 payments and adjustments, a "Y" indicates that a default factor was generated by the system due to lack of a RA factor.
24	Risk Adjuster Factor A	7	72 – 78	NN.DDDD
25	Risk Adjuster Factor B	7	79 – 85	NN.DDDD
26	Number of Paymt/Adjustmt Months Part A	2	86 – 87	99
27	Number of Paymt/Adjustmt Months Part B	2	88 – 89	99
28	Adjustment Reason Code	2	90 – 91	99 Always Spaces on Payment
29	Paymt/Adjustmt Start Date	8	92 – 99	YYYYMMDD
30	Paymt/Adjustmt End Date	8	100 – 107	YYYYMMDD
31	Demographic Paymt/Adjustmt Rate A	9	108 – 116	-99999.99
32	Demographic Paymt/Adjustmt Rate B	9	117 – 125	-99999.99
33	Risk Adjuster Paymt/Adjustmt Rate A	9	126 – 134	-99999.99
34	Risk Adjuster Paymt/Adjustmt Rate B	9	135 – 143	-99999.99
35	FILLER	28	144 – 171	SPACES
36	Risk Adjuster Age Group (RAAG)	4	172 – 175	BBEE BB = Beginning Age EE = Ending Age
37	Previous Disable Ratio (PRDIB)	7	176 – 182	NN.DDDD Percentage of Year (in months) for Previous Disable Add-On — Only on pre-2004 adjustments.
38	FILLER	2	183 – 184	SPACES
39	Plan Benefit Package Id	3	185 – 187	Plan Benefit Package ID FORMAT 999

Item	Field	Size	Position	Description
40	Race Code	1	188	Format X Values: 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = Native American
41	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)
42	Frailty Indicator	1	191	Y = MCO-level Frailty Factor Included
43	Previously Disabled Indicator	1	192	Y = Previously Disabled – Only on post-2003 payments/adjustments.
44	Lag Indicator	1	193	Y = Encounter data used to calculate RA factor lags payment year by 6 months.
45	Segment ID	3	194 – 196	Identification number of the segment of the PBP. Blank if there are no segments.

Item	Field	Size	Position	Description
46	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).
47	EGHP Flag	1	198	Employer Group flag; Y = member of employer group, N = member is not in an employer group.
48	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
49	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
50	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
51	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
52	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

Item	Field	Size	Position	Description
53	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
54	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 members payments. -9999.99
55	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 members' payments. -9999.99
56	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
57	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
58	Total Part A MA Payment	10	279 – 288	The total Part A MA payment. -999999.99
59	Total Part B MA Payment	10	289 – 298	The total Part B MA payment. -999999.99
60	Total MA Payment Amount	11	299 – 309	The total MA A/B payment including MARx adjustments. This also includes the Rebate Amount for Part D Supplemental Benefits. -9999999.99
61	Part D RA Factor	7	310 – 316	The member's Part D risk adjustment factor. NN.DDDD

Item	Field	Size	Position	Description
62	Part D Low-Income Indicator	1	317	An indicator to identify if the Part D Low-Income multiplier is included in the Part D payment. Values are 1 (subset 1), 2 (subset 2) or blank.
63	Part D Low-Income Multiplier	7	318 – 324	The member's Part D low-income multiplier. NN.DDDD
64	Part D Long Term Institutional Indicator	1	325	An indicator to identify if the Part D Long-Term Institutional multiplier is included in the Part D payment. Values are A (aged), D (disabled), or blank.
65	Part D Long Term Institutional Multiplier	7	326 – 332	The member's Part D institutional multiplier. NN.DDDD
66	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
67	Part D Basic Premium Amount	8	341 – 348	The member's Part D premium amount. -9999.99
68	Part D Direct Subsidy Payment Amount	10	349 – 358	The total Part D Direct subsidy payment for the member. -999999.99
69	Reinsurance Subsidy Amount	10	359 – 368	The amount of the reinsurance subsidy included in the payment. -999999.99
70	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
71	Total Part D Payment	11	379 – 389	The total Part D payment for the member. -9999999.99.
72	Number of Paymt/Adjustmt Months Part D	2	390 – 391	99
73	Pace Premium Add On	10	392 – 401	Total Part D Pace Premium Add-on amount. -999999.99
74	Pace Cost Sharing Add-on	10	402 – 411	Total Part D Pace Cost Sharing Add-on amount. -999999.99

**E.6 Monthly Membership Summary**

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

Item	Field Name	Len	Pos	Description
				WKAGE ON /WKAGE OFF NHC ON /NHC OFF DEATH RETRO ENROLL RETRO DISENR CORR PARTA E RETRO SCC CH CORR DEATH CORR BIRTH CORR SEX PTC RATE CORR PARTB E DISENROLL PR DEMO FACTOR PTC RSK AD RETRO CHF HOSPICE RATE 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
6	Payment Adjustment Count	7	32-38	Beneficiary Count
7	Month count	7	39-45	For payment record it will always be 1 but for adjustment record it will be the number of months adjusted
8	Part A Member count	7	46-52	Beneficiary Count for Part A
9	Part A Month count	7	53-59	For payment record it will always be 1 but for adjustment record it will be the number of months adjusted for Part A

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

**E.7 Part B Claims (Record Type 1 and Record Type 2)**

**E.7.1 Record Type 1**

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

**E.7.2 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	Spare

## E.8 Part C Risk Adjustment Model Output Data File

### E.8.1 Header Record

Item	Field	Size	Position	Description
1	Record Type Code	1	1	'1' = Header, '2' = Details, '3' = Trailer  Set to '1' here.
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 – 262	Spaces

### E.8.2 Detail Record

Item	Field	Size	Position	Description
1	Record Type Code	1	1	'1' = Header, '2' = Details, '3' = Trailer  Set to '2' here.
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

Item	Field	Size	Position	Description
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".

Item	Field	Size	Position	Description
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".
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".

Item	Field	Size	Position	Description
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".

Item	Field	Size	Position	Description
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".
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".

Item	Field	Size	Position	Description
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".

Item	Field	Size	Position	Description
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".
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".

Item	Field	Size	Position	Description
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, Empyema, 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".

Item	Field	Size	Position	Description
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".
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".

Item	Field	Size	Position	Description
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	148	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	154	Disabled*Drug/Alcohol Dependence. Set to "1" if existed, otherwise "0".
113	Disabled Disease HCC107	1	155	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".

<b>Item</b>	<b>Field</b>	<b>Size</b>	<b>Position</b>	<b>Description</b>
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.8.3 Trailer Record**

Item	Field	Size	Position	Description
1	Record Type Code	1	1	'1' = Header, '2' = Details, '3' = Trailer Set to '3' here.
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	21 – 262	Spaces

## E.9 New RAS Rx HCC MOR Record Format

### E.9.1 Header

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

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

**E.9.2 Detail/Beneficiary Record Format**

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. Changes are required to the existing Detail/Beneficiary Record Format to support the new Drug Model factors. The new Rx MOR output file format is documented below.

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 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.

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 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.
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.

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
27	Age Group Male70_74	Char(1)	70	70	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between 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.
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 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,	Infectious Diseases

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
						otherwise "0"	
38	Disease Coefficients RXHCC8	Char(1)	81	81	1	Set to "1" if applicable, otherwise "0"	Acute Myeloid Leukemia
39	Disease Coefficients RXHCC9	Char(1)	82	82	1	Set to "1" if applicable, otherwise "0"	Metastatic Cancer, Acute Leukemia, and Severe Cancers
40	Disease Coefficients RXHCC10	Char(1)	83	83	1	Set to "1" if applicable, otherwise "0"	Lung, Upper Digestive Tract, and Other Severe Cancers
41	Disease Coefficients RXHCC17	Char(1)	84	84	1	Set to "1" if applicable, otherwise "0"	Diabetes with Specified Complications
42	Disease Coefficients RXHCC18	Char(1)	85	85	1	Set to "1" if applicable, otherwise "0"	Diabetes without Complication
43	Disease Coefficients RXHCC19	Char(1)	86	86	1	Set to "1" if applicable, otherwise "0"	Disorders of Lipoid Metabolism
44	Disease Coefficients RXHCC20	Char(1)	87	87	1	Set to "1" if applicable, otherwise "0"	Other Significant Endocrine and Metabolic Disorders
45	Disease Coefficients RXHCC21	Char(1)	88	88	1	Set to "1" if applicable, otherwise "0"	Other Specified Endocrine/Metabolic/Nutritional Disorders
46	Disease Coefficients RXHCC24	Char(1)	89	89	1	Set to "1" if applicable, otherwise "0"	Chronic Viral Hepatitis
47	Disease Coefficients RXHCC31	Char(1)	90	90	1	Set to "1" if applicable, otherwise "0"	Chronic Pancreatic Disease

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
48	Disease Coefficients RXHCC33	Char(1)	91	91	1	Set to "1" if applicable, otherwise "0"	Inflammatory Bowel Disease
49	Disease Coefficients RXHCC34	Char(1)	92	92	1	Set to "1" if applicable, otherwise "0"	Peptic Ulcer and Gastrointestinal Hemorrhage
50	Disease Coefficients RXHCC37	Char(1)	93	93	1	Set to "1" if applicable, otherwise "0"	Esophageal Disease
51	Disease Coefficients RXHCC39	Char(1)	94	94	1	Set to "1" if applicable, otherwise "0"	Bone/Joint/Muscle Infections/Necrosis
52	Disease Coefficients RXHCC40	Char(1)	95	95	1	Set to "1" if applicable, otherwise "0"	Behets Syndrome and Other Connective Tissue Disease
53	Disease Coefficients RXHCC41	Char(1)	96	96	1	Set to "1" if applicable, otherwise "0"	Rheumatoid Arthritis and Other Inflammatory Polyarthropathy
54	Disease Coefficients RXHCC42	Char(1)	97	97	1	Set to "1" if applicable, otherwise "0"	Inflammatory Spondylopathies
55	Disease Coefficients RXHCC43	Char(1)	98	98	1	Set to "1" if applicable, otherwise "0"	Polymyalgia Rheumatica
56	Disease Coefficients RXHCC44	Char(1)	99	99	1	Set to "1" if applicable, otherwise "0"	Psoriatic Arthropathy
57	Disease Coefficients RXHCC45	Char(1)	100	100	1	Set to "1" if applicable, otherwise "0"	Disorders of the Vertebrae and Spinal Discs
58	Disease Coefficients RXHCC47	Char(1)	101	101	1	Set to "1" if applicable, otherwise "0"	Osteoporosis and Vertebral Fractures

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

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
						otherwise "0"	
70	Disease Coefficients RXHCC75	Char(1)	113	113	1	Set to "1" if applicable, otherwise "0"	Attention Deficit Disorder
71	Disease Coefficients RXHCC76	Char(1)	114	114	1	Set to "1" if applicable, otherwise "0"	Motor Neuron Disease and Spinal Muscular Atrophy
72	Disease Coefficients RXHCC77	Char(1)	115	115	1	Set to "1" if applicable, otherwise "0"	Quadriplegia, Other Extensive Paralysis, and Spinal Cord Injuries
73	Disease Coefficients RXHCC78	Char(1)	116	116	1	Set to "1" if applicable, otherwise "0"	Muscular Dystrophy
74	Disease Coefficients RXHCC79	Char(1)	117	117	1	Set to "1" if applicable, otherwise "0"	Polyneuropathy, Except Diabetic
75	Disease Coefficients RXHCC80	Char(1)	118	118	1	Set to "1" if applicable, otherwise "0"	Multiple Sclerosis
76	Disease Coefficients RXHCC81	Char(1)	119	119	1	Set to "1" if applicable, otherwise "0"	Parkinson's Disease
77	Disease Coefficients RXHCC82	Char(1)	120	120	1	Set to "1" if applicable, otherwise "0"	Huntington's Disease
78	Disease Coefficients RXHCC83	Char(1)	121	121	1	Set to "1" if applicable, otherwise "0"	Seizure Disorders and Convulsions
79	Disease Coefficients RXHCC85	Char(1)	122	122	1	Set to "1" if applicable, otherwise "0"	Migraine Headaches

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
80	Disease Coefficients RXHCC86	Char(1)	123	123	1	Set to "1" if applicable, otherwise "0"	Mononeuropathy, Other Abnormal Movement Disorders
81	Disease Coefficients RXHCC87	Char(1)	124	124	1	Set to "1" if applicable, otherwise "0"	Other Neurological Conditions/Injuries
82	Disease Coefficients RXHCC91	Char(1)	125	125	1	Set to "1" if applicable, otherwise "0"	Congestive Heart Failure
83	Disease Coefficients RXHCC92	Char(1)	126	126	1	Set to "1" if applicable, otherwise "0"	Acute Myocardial Infarction and Unstable Angina
84	Disease Coefficients RXHCC98	Char(1)	127	127	1	Set to "1" if applicable, otherwise "0"	Hypertensive Heart Disease or Hypertension
85	Disease Coefficients RXHCC99	Char(1)	128	128	1	Set to "1" if applicable, otherwise "0"	Specified Heart Arrhythmias
86	Disease Coefficients RXHCC102	Char(1)	129	129	1	Set to "1" if applicable, otherwise "0"	Cerebral Hemorrhage and Effects of Stroke
87	Disease Coefficients RXHCC105	Char(1)	130	130	1	Set to "1" if applicable, otherwise "0"	Pulmonary Embolism and Deep Vein Thrombosis
88	Disease Coefficients RXHCC106	Char(1)	131	131	1	Set to "1" if applicable, otherwise "0"	Vascular Disease
89	Disease Coefficients RXHCC108	Char(1)	132	132	1	Set to "1" if applicable, otherwise "0"	Cystic Fibrosis
90	Disease Coefficients RXHCC109	Char(1)	133	133	1	Set to "1" if applicable, otherwise "0"	Asthma and COPD

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
91	Disease Coefficients RXHCC110	Char(1)	134	134	1	Set to "1" if applicable, otherwise "0"	Fibrosis of Lung and Other Chronic Lung Disorders
92	Disease Coefficients RXHCC111	Char(1)	135	135	1	Set to "1" if applicable, otherwise "0"	Aspiration and Specified Bacterial Pneumonias
93	Disease Coefficients RXHCC112	Char(1)	136	136	1	Set to "1" if applicable, otherwise "0"	Empyema, Lung Abscess, and Fungal and Parasitic Lung Infections
94	Disease Coefficients RXHCC113	Char(1)	137	137	1	Set to "1" if applicable, otherwise "0"	Acute Bronchitis and Congenital Lung/Respiratory Anomaly
95	Disease Coefficients RXHCC120	Char(1)	138	138	1	Set to "1" if applicable, otherwise "0"	Vitreous Hemorrhage and Vascular Retinopathy, Except Diabetic
96	Disease Coefficients RXHCC121	Char(1)	139	139	1	Set to "1" if applicable, otherwise "0"	Macular Degeneration and Retinal Disorders, Except Detachment and Vascular Retinopathies
98	Disease Coefficients RXHCC122	Char(1)	140	140	1	Set to "1" if applicable, otherwise "0"	Open-angle Glaucoma
99	Disease Coefficients RXHCC123	Char(1)	141	141	1	Set to "1" if applicable, otherwise "0"	Glaucoma and Keratoconus
100	Disease Coefficients RXHCC126	Char(1)	142	142	1	Set to "1" if applicable, otherwise "0"	Larynx/Vocal Cord Diseases
101	Disease Coefficients RXHCC129	Char(1)	143	143	1	Set to "1" if applicable, otherwise "0"	Other Diseases of Upper Respiratory System
102	Disease Coefficients RXHCC130	Char(1)	144	144	1	Set to "1" if applicable, otherwise "0"	Salivary Gland Diseases

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
103	Disease Coefficients RXHCC132	Char(1)	145	145	1	Set to "1" if applicable, otherwise "0"	Kidney Transplant Status
104	Disease Coefficients RXHCC134	Char(1)	146	146	1	Set to "1" if applicable, otherwise "0"	Chronic Renal Failure
105	Disease Coefficients RXHCC135	Char(1)	147	147	1	Set to "1" if applicable, otherwise "0"	Nephritis
106	Disease Coefficients RXHCC137	Char(1)	148	148	1	Set to "1" if applicable, otherwise "0"	Urinary Obstruction and Retention
107	Disease Coefficients RXHCC138	Char(1)	149	149	1	Set to "1" if applicable, otherwise "0"	Fecal Incontinence
108	Disease Coefficients RXHCC139	Char(1)	150	150	1	Set to "1" if applicable, otherwise "0"	Incontinence
109	Disease Coefficients RXHCC140	Char(1)	151	151	1	Set to "1" if applicable, otherwise "0"	Impaired Renal Function and Other Urinary Disorders
110	Disease Coefficients RXHCC144	Char(1)	152	152	1	Set to "1" if applicable, otherwise "0"	Vaginal and Cervical Diseases
111	Disease Coefficients RXHCC145	Char(1)	153	153	1	Set to "1" if applicable, otherwise "0"	Female Stress Incontinence
112	Disease Coefficients RXHCC157	Char(1)	154	154	1	Set to "1" if applicable, otherwise "0"	Chronic Ulcer of Skin, Except Decubitus
113	Disease Coefficients RXHCC158	Char(1)	155	155	1	Set to "1" if applicable, otherwise "0"	Psoriasis

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

**E.9.3 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 new record will have length 164.

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



### E.10 Weekly/Monthly Transaction Reply

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

Field	Size	Position	Description
1. Claim Number	12	1 – 12	Claim Account Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Name	1	32	Beneficiary Middle Initial
5. Sex Code	1	33	Beneficiary Sex Identification Code 0 = Unknown 1 = Male 2 = Female
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Medicaid Indicator	1	42	1 = Medicaid 0 = No Medicaid
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code
10. County Code	3	50 – 52	Beneficiary Residence County Code
11. Disability Indicator	1	53	1 = Disabled 0 = No Disability
12. Hospice Indicator	1	54	1 = Hospice 0 = No Hospice
13. Institutional/NHC Indicator	1	55	1 = Institutional 2 = NHC 0 = No Institutional
14. ESRD Indicator	1	56	1 = End-Stage Renal Disease 0 = No End-Stage Renal Disease
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code
16. Transaction Type Code	2	60 – 61	Transaction Type Code

<b>Field</b>	<b>Size</b>	<b>Position</b>	<b>Description</b>
17. Entitlement Type Code	1	62	Beneficiary Entitlement Type Code
18. Effective Date	8	63 – 70	YYYYMMDD Format; Present only when the Transaction Reply Code is one of the following: 11, 12, 16, 17, 21 – 23, 38, 52, 80, 82 – 84, 100, 109 and 112
19. WA Indicator	1	71	1 = Working Aged 0 = No Working Aged
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 – 83	YYYYMMDD Format; Present for all transaction reply codes
23. Filler	1	84	Space
24. Positions 85 – 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for all codes except where indicated below.			
a. Disenrollment Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 14, 18, 84
b. Enrollment Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 83
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; Present only when Transaction Reply Code is one of the following: 36, 90, 91, 92
e. Hospice Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 35, 71
f. Hospice End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 72
g. ESRD Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 45, 73
h. ESRD End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 74

<b>Field</b>	<b>Size</b>	<b>Position</b>	<b>Description</b>
i. Institutional/ NHC Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 48, 75
j. Institutional/ NHC End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 49, 76
k. Medicaid Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 77
l. Medicaid End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 78
m. Part A End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 79
n. WA Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 66
o. WA End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 67
p. Part A Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 80
q. Part B End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 81
r. Part B Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 82
s. SCC	5	85 – 89	Beneficiary Residence State and County Code; Present only when Transaction Reply Code is the following: 85
25. District Office Code	3	97 – 99	Code of the originating district office; Present only when Transaction Type Code is 53
26. Filler	8	100 – 107	Part A Payments are no longer part of the TR data file, this field is now fill space.
27. Filler	8	108 – 115	Part B Payments are no longer part of the TR data file, this field is now fill space.
28. Source ID	5	116 – 120	Transaction Source Identifier
29. Prior Plan Benefit Package ID	3	121 – 123	Prior PBP number; present only when transaction type code is 71

Field	Size	Position	Description
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 <b>Note: This field was previously filler in MMCS</b>
31. Filler	2	132 – 133	Spaces
<b>MMA fields start here:</b>			<b>MMCS Data file ended with position 133.</b>
32. Out of Area Flag	1	134 – 134	Out of Area Indicator
33. Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries
34. Part C Beneficiary Premium	8	138 – 145	Cost to beneficiary for Part C benefits
35. Part D Beneficiary Premium	8	146 – 153	Cost to beneficiary for Part D benefits
36. Election Type	1	154 – 154	A = AEP; E = IEP; I = ICEP; S=SEP; O = OEP; N = OEPNEW; T = OEPI  MA/MA-PDs have I, A, O, S, N, T PDPs have E, A, and S
37. Enrollment Source	1	155 – 155	A = Auto enrolled by CMS B = Beneficiary Election C = Facilitated enrollment by CMS D = CMS Annual Rollover
38. Part D Opt-Out Flag	1	156 – 156	Y = Opt-out of auto enrollment Blank = No change to opt-out status
39. Premium Withhold Option/Parts C-D	1	157 – 157	D = Direct self-pay S = Deduct from SSA benefits R = Deduct from RRB benefits O = Deduct from OPM benefits N = No premium applicable Option applies to both Part C and D Premiums
40. Number of Uncovered Months	3	158 – 160	Count of Total Months without drug coverage

Field	Size	Position	Description
41. Creditable Coverage Flag	1	161 – 161	Y = Covered N = Not Covered
42. Employer Subsidy Override Flag	1	162 – 162	Y = Beneficiary is in a plan receiving an employer subsidy, flag allows enrollment in a Part D plan.
43. Filler	20	163 – 182	Part D plan's Rx ID number for beneficiary is no longer part of the TR data file, this field is now fill space.
44. Filler	15	183 – 197	Part D plan's Rx group ID number for beneficiary is no longer part of the TR data file, this field is now fill space.
45. Secondary Drug Insurance Flag	1	198-198	Type 61 & 71 MA-PD and PDP transactions: Y = Beneficiary has secondary drug insurance N = Beneficiary does not have secondary drug insurance available Blank – Do not know whether beneficiary has secondary drug insurance  Type 72 MA-PD and PDP transactions: Y = Secondary drug insurance available N = No secondary drug insurance available Blank = no change
46. Secondary Rx ID	20	199 – 218	Secondary Insurance plan's ID number for beneficiary
47. Secondary Rx Group	15	219 – 233	Secondary Insurance plan's Group ID number for beneficiary
48. EGHP	1	234 - 234	Type 60, 61, 71 transactions: Y = EGHP Blank = not EGHP  Type 72 transactions: Y = EGHP N = Not EGHP Blank = no change

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

**E.11 Auto and Facilitated Enrollment Address Data File**

Item	Field	Size	Position	Description
1	HICN#	12	1 – 12	Beneficiary's Health Insurance Clim Number
2	First Name	30	13 – 42	Beneficiary's First Name
3	Last Name	40	43 – 82	Beneficiary's Last Name
4	Middle Initial	1	83	Beneficiary's Middle Initial
5	Date of Birth	8	84 – 91	Format: YYYYMMDD
6	Sex	1	92	Sex Code: M = Male, F = Female, U = Unknown
7	Contract #	5	93 –97	
8	PBP #	3	98 – 100	
9	Segment #	3	101 – 103	
10	Low-Income Co-Pay Category	1	104	Definitions of the co-payment categories: '0' = none, not low-income '1' = \$2/\$5 (High) '2' = \$1/\$3 (Low) '3' = \$0 (0) '4' = 15% '5' = Unknown
11	Enrollment Effective Date	8	105 – 112	Format: YYYYMMDD
12	Beneficiary Address Line 1	40	113 – 152	
13	Beneficiary Address Line 2	40	153 – 192	
14	Beneficiary Address Line 3	40	193 – 232	
15	Beneficiary Address City	40	233 – 272	
16	Beneficiary Address State	2	273 – 274	
17	Beneficiary Zip Code	5	275 – 279	Standard Zip Code
18	Beneficiary Zip Code Extension	4	280 – 283	Zip Code Extension

## E.12 Coordination of Benefits Data File

### E.12.1 Detail Records: Indicates the Beginning of a Series of Beneficiary Subordinate Detail Records

Item	Field	Size	Position	Format	Valid Values/Description
1	Record Type	3	1-3	CHAR	"DTL"
2	HICN/RRB Number	12	4-15	CHAR	Spaces if unknown
3	SSN	9	16-24	ZD	000000000 if unknown
4	Date of Birth (DOB)	8	25-32	CHAR	YYYYMMDD
5	Gender Code	1	33-33	CHAR	0=unknown, 1 = male, 2 = female
6	Contract Number	5	34-38	CHAR	
7	Plan Benefit Package	3	39-41	CHAR	
8	Action Type	1	42-42	CHAR	2 = Full replacement
9	Filler	958	43-1000	CHAR	Spaces

Note: Record Length = 1000

### E.12.2 Primary Record: Subordinate to Detail Record (Unlimited Occurrences)

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

Item	Field	Size	Position	Format	Valid Values/Description
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
13	MSP Reason (Entitlement Reason from COB)	1	111-111	CHAR	A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No fault E Workers Compensation F Federal (public) G Disabled H Black Lung I Veterans L Liability

Item	Field	Size	Position	Format	Valid Values/Description
14	Coverage Code*	1	112-112	CHAR	A=Hospital and Medical U=Drug (network benefit) V=Drug with Major Medical (non-network benefit) W=Comprehensive, Hospital, Medical, Drug (network) X=Hospital and Drug (network) Y=Medical and Drug (network) Z=Health Reimbursement Account (hospital, medical, and drug)
15	Insurer's Name*	32	113-144	CHAR	
16	Insurer's Address-1*	32	145-176	CHAR	
17	Insurer's Address-2*	32	177-208	CHAR	
18	Insurer's City*	15	209-223	CHAR	
19	Insurer's State*	2	224-225	CHAR	
20	Insurer's Zip Code*	9	226-234	CHAR	
21	Insurer TIN	10	235-244	CHAR	
22	Individual Policy Number*	17	245-261	CHAR	
23	Group Policy Number*	20	262-281	CHAR	
24	Effective Date*	8	282-289	ZD	CCYYMMDD
25	Termination Date*	8	290-297	ZD	CCYYMMDD
26	Relationship Code*	2	298-299	CHAR	01=Bene is Policy Holder 02=Spouse 03=Child 04=Other
27	Payor ID*	10	300-309	CHAR	<i>This is a future element</i>
28	Person Code*	3	310-312	CHAR	
29	Payer Order*	3	313-315	ZD	
30	Policy Holder's First Name	9	316-324	CHAR	
31	Policy Holder's Last Name	16	325-340	CHAR	
32	Policy Holder's SSN	12	341-352	CHAR	
33	Employee Information Code	1	353-353	CHAR	P=Patient S=Spouse M=Mother F=Father

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

**E.12.3 Supplemental Record: Subordinate to DTL (Unlimited Occurrences)**

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

Data Field	Length	Position			Format	Valid Values
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
MSP Reason (Entitlement Reason from COB)	1	111	...	111	CHAR	A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No fault E Workers Compensation F Federal (public) G Disabled H Black Lung I Veterans L Liability

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Data Field	Length	Position			Format	Valid Values
Coverage Code*	1	112	...	112	CHAR	A=Hospital and Medical U=Drug (network benefit) V=Drug with Major Medical (non-network benefit) W=Comprehensive, Hospital, Medical, Drug (network) X=Hospital and Drug (network) Y=Medical and Drug (network) Z=Health Reimbursement Account (hospital, medical, and drug)
Insurer's Name*	32	113	...	144	CHAR	
Insurer's Address-1*	32	145	...	176	CHAR	
Insurer's Address-2*	32	177	...	208	CHAR	
Insurer's City*	15	209	...	223	CHAR	
Insurer's State*	2	224	...	225	CHAR	
Insurer's Zip Code*	9	226	...	234	CHAR	
Insurer TIN	10	235	...	244	CHAR	
Individual Policy Number*	17	245	...	261	CHAR	
Group Policy Number*	20	262		281	CHAR	
Effective Date*	8	282	...	289	ZD	CCYYMMDD
Termination Date*	8	290	...	297	ZD	CCYYMMDD
Relationship Code*	2	298	...	299	CHAR	01=Bene is Policy Holder 02=Spouse 03=Child 04=Other
Payor ID*	10	300	...	309	CHAR	<i>This is a future element</i>
Person Code*	3	310	...	312	CHAR	
Payer Order*	3	313	...	315	ZD	
Policy Holder's First Name	9	316	...	324	CHAR	
Policy Holder's Last Name	16	325	...	340	CHAR	
Policy Holder's SSN	12	341	...	352	CHAR	

<b>Data Field</b>	<b>Length</b>	<b>Position</b>			<b>Format</b>	<b>Valid Values</b>
Employee Information Code	1	353	...	353	CHAR	P=Patient S=Spouse M=Mother F=Father
Employer's Name	32	354	...	385	CHAR	
Employer's Address 1	32	386	...	417	CHAR	
Employer's Address 2	32	418	...	449	CHAR	
Employer's City	15	450	...	464	CHAR	
Employer's State	2	465	...	466	CHAR	
Employer's Zip Code	9	467	...	475	CHAR	
Filler	20	476	...	495	CHAR	
Employer TIN	10	496	...	505	CHAR	
Filler	20	506	...	525	CHAR	
Claim Diagnosis Code 1	10	526	...	535	CHAR	
Claim Diagnosis Code 2	10	536	...	545	CHAR	
Claim Diagnosis Code 3	10	546	...	555	CHAR	
Claim Diagnosis Code 4	10	556	...	565	CHAR	
Claim Diagnosis Code 5	10	566	...	575	CHAR	
Attorney's Name	32	576	...	607	CHAR	
Attorney's Address 1	32	608	...	639	CHAR	
Attorney's Address 2	32	640	...	671	CHAR	
Attorney's City	15	672	...	686	CHAR	
Attorney's State	2	687	...	688	CHAR	
Attorney's Zip	9	689	...	697	CHAR	
Lead Contractor	9	698	...	706	CHAR	
Class Action Type	2	707	...	708	CHAR	
Administrator Name	32	709	...	740	CHAR	
Administrator Address 1	32	741	...	772	CHAR	
Administrator Address 2	32	773	...	804	CHAR	

Data Field	Length	Position			Format	Valid Values
Administrator City	15	805	...	819	CHAR	
Administrator State	2	820	...	821	CHAR	
Administrator Zip	9	822	...	830	CHAR	
WCSA Amount	9	831	...	839	ZD	Integer value
WCSA Indicator	2	840	...	841	CHAR	
Filler	159	842	...	1000	CHAR	
<b>Record Length =</b>	<b>1000</b>					
*Indicates that these fields have same position in PRM and SUP record layouts						

#### E.12.4 General Organization of Records

Detail Record (DTL) Record 1
Primary (PRM) records associated with 'DTL' Record 1
Supplemental (SUP) records associated with 'DTL' Record 1
'DTL' Record 2
'PRM' records associated with 'DTL' Record 2
'SUP' records associated with 'DTL' Record 2
'DTL' Record 3
'PRM' records associated with 'DTL' Record 3
'SUP' records associated with 'DTL' Record 3
...
'DTL' Record n
'PRM' records associated with 'DTL' Record n
'SUP' records associated with 'DTL' Record n

## E.13 Monthly Premium Withholding Report Data File

### E.13.1 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.13.2 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)

Item	Field	Size	Position	Description
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
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

Item	Field	Size	Position	Description
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.13.3 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)

<b>Item</b>	<b>Field</b>	<b>Size</b>	<b>Position</b>	<b>Description</b>
5	Total Part C Premiums Collected	14	14 – 27	Total withholding collections as specified by Trailer Record type, field (1) PIC -9(10).99
6	Total Part D Premiums Collected	14	28 – 41	Total withholding collections as specified by Trailer Record type, field (1) PIC -9(10).99
7	Total Part D Late Enrollment Penalties Collected	14	42 – 55	Total withholding collections as specified by Trailer Record type, field (1) PIC -9(10).99
8	Total Premiums Collected	14	56 – 69	Total Premiums Collected = + Total Part C Premiums Collected + Total Part D Premiums Collected + Total Part D Penalties Collected PIC -9(10).99
9	FILLER	95	70 – 165	Spaces

## E.14 Failed Transaction Data File

### E.14.1 Failed Records for 54-, 60-, 61-, 71-, and 72-Type Transactions

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

Item	Field	Size	Position	Description
22	Premium Withhold Option/Parts C-D	1	127	From input transaction; otherwise blank
23	Part C Premium Amount	6	128 – 133	From input transaction; otherwise blank
24	Part D Premium Amount	6	134 – 139	From input transaction; otherwise blank
25	Creditable Coverage Flag	1	140	From input transaction; otherwise blank
26	Number of Uncovered Months	3	141 – 143	From input transaction; otherwise blank
27	Employer Subsidy Enrollment Override Flag	1	144	From input transaction; otherwise blank
28	Part D Opt-Out Flag	1	145	From input transaction; otherwise blank
29	Filler	20	146 – 165	Field removed
30	Filler	15	166 – 180	Field removed
31	Secondary Drug Insurance Flag	1	181	From input transaction; otherwise blank
32	Secondary Rx ID	20	182 – 201	From input transaction; otherwise blank
33	Secondary Rx Group	15	202 – 216	From input transaction; otherwise blank
34	Enrollment Source	1	217	From input transaction; otherwise blank
35	Filler (MSA Fields – Future Use)	36	218 – 253	Future Use
36	Filler	17	254 – 270	Spare

**E.14.2 Failed Records for 01- Type Transaction**

Item	Field	Size	Position	Description
1	User ID	8	1 – 8	Submitter identification, left justified, trailing blanks
2	Timestamp	26	9 – 34	Year, month, day, hours, minutes, seconds, and fraction of second YYYY-MM-DD-HH-MM-SS.ssssss
3	Transaction Reply Code	3	35 – 37	Transaction reply code for failure
4	Transaction Batch Number	9	38 – 46	MARx batch ID, right justified, leading zeroes
5	Beneficiary HICN#	12	47 – 58	From input transaction
6	Beneficiary Surname	12	59 – 70	From input transaction

Item	Field	Size	Position	Description
7	Beneficiary First Name	7	71 – 77	From input transaction
8	Beneficiary Middle Initial	1	78	From input transaction
9	Action Code	1	79	From input transaction; otherwise blank
10	Filler	13	80 – 92	Spare
11	Contract #	5	93 – 97	From input transaction; otherwise blank
12	Filler	8	98 – 105	Spare
13	Transaction Code	2	106 – 107	'01' = correction
14	Filler	163	108 – 270	Spare

Note: Failed File Layout, Unsorted, No Header or Trailer Records are identified by transaction code.

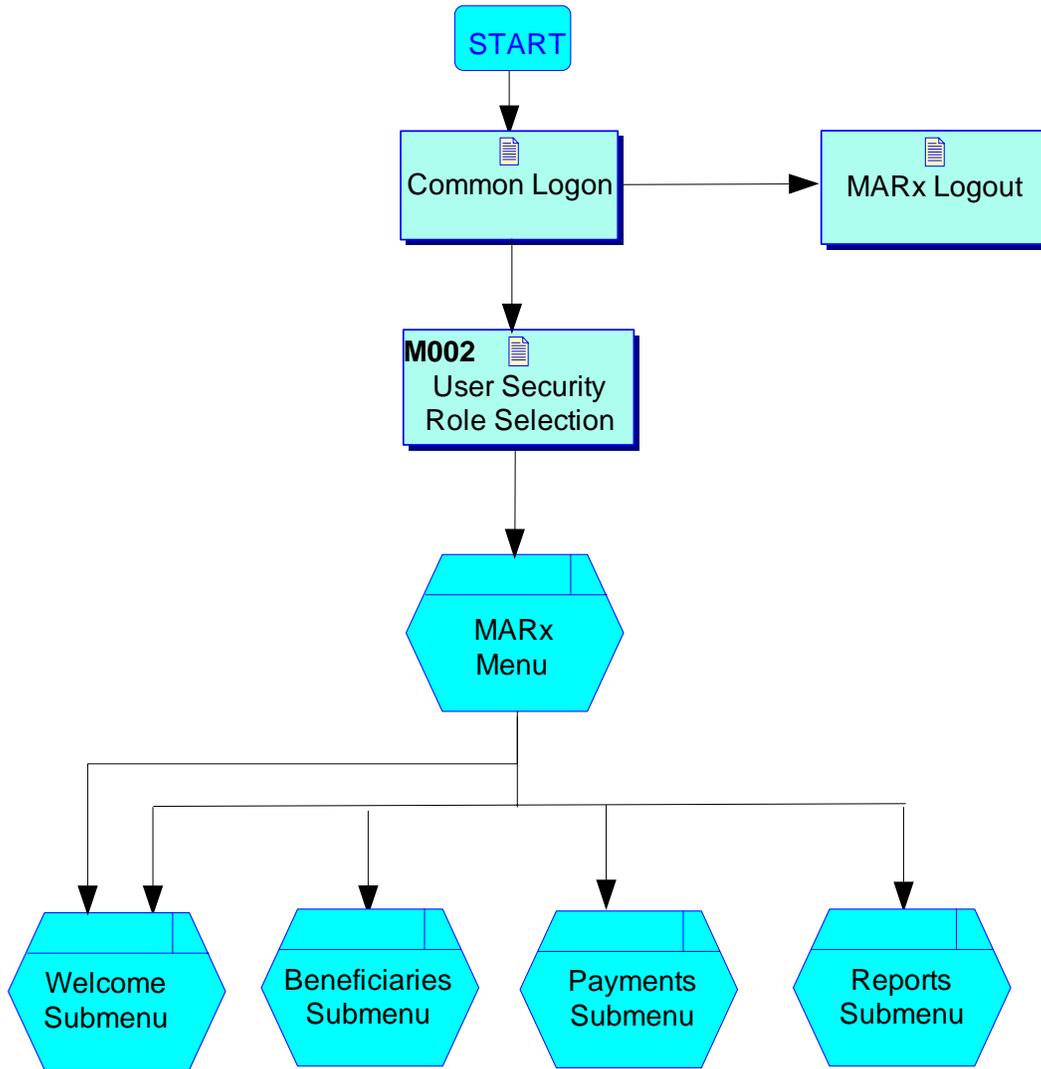
## Appendix F — Screen Hierarchy

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

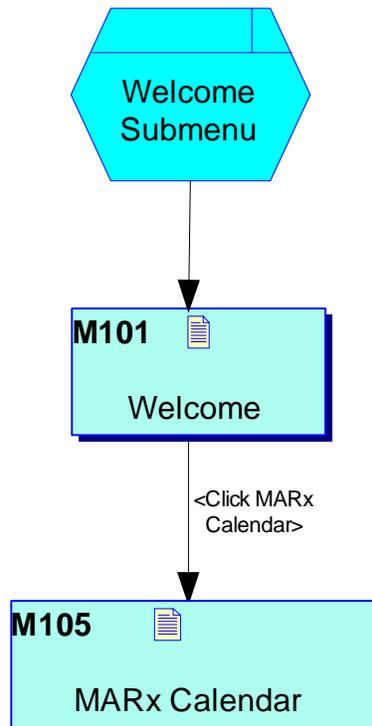
**Table F-1. MARx Screen Lookup Table**

Screen Name	Screen Number	Page Number(s) in This Appendix
<b>Logon, Logoff, and Welcome Screens</b>		
MARx Logout		2
User Security Role Selection	M002	2
Welcome	M101	3
MARx Calendar	M105	3
<b>Beneficiaries Screens</b>		
Beneficiaries: Find	M201	4
Beneficiaries: Search Results	M202	4
Beneficiary Detail: Snapshot	M203	4
Beneficiary Detail: Enrollment	M204	4
Beneficiary Detail: Status	M205	4
Beneficiary Detail: Payments	M206	4
Beneficiary Detail: Adjustments	M207	4
Payment/Adjustment Detail	M215	4, 5
Beneficiary Detail: Factors	M220	4
Enrollment Detail	M222	4
Beneficiary Detail: Premiums	M231	4
<b>Payments Screens</b>		
Payments: MCO	M401	5
Payments: MCO Payments	M402	5
Payments: Beneficiary	M403	5
Payments: Beneficiary Search Results	M404	5
Beneficiary Payment History	M406	5
Adjustment Detail	M408	5
Payments: Premiums and Rebates	M409	5
<b>Reports Screens</b>		
Reports: Find	M601	6
Reports: Search Results	M602	6

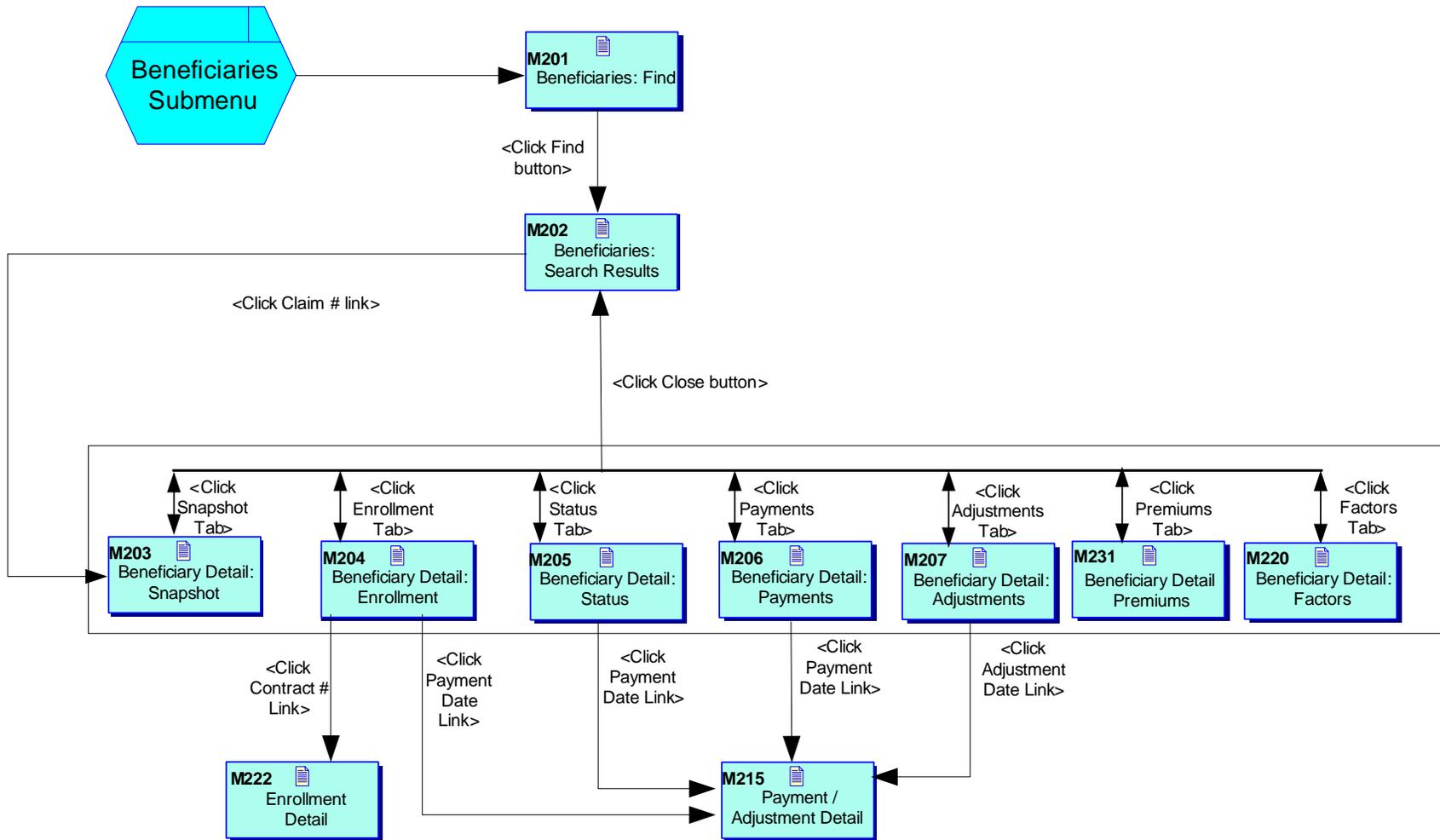
## F.1 Main Menu



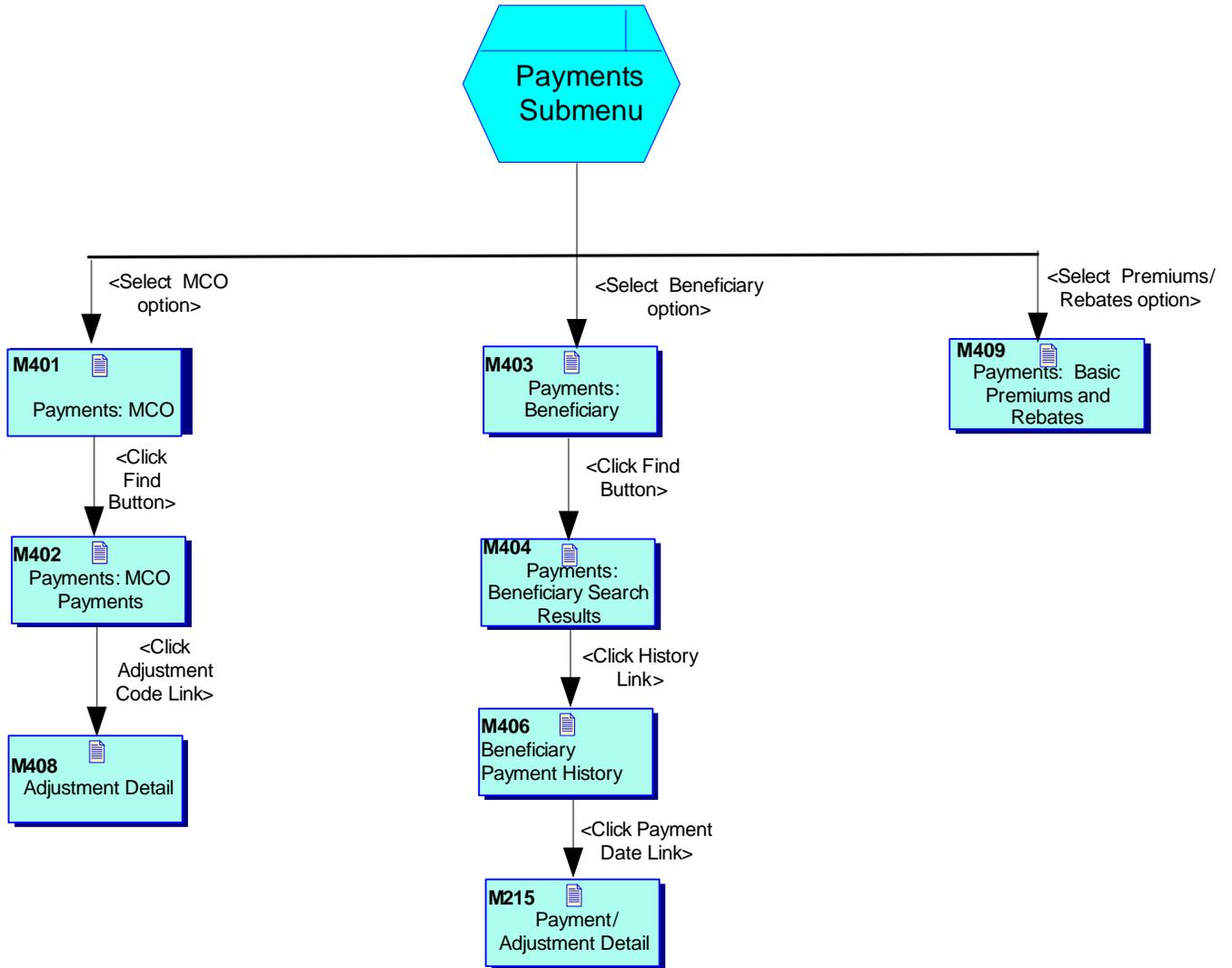
## F.2 Welcome Submenu



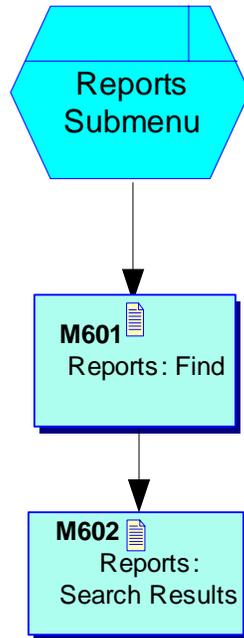
### F.3 Beneficiaries Submenu



## F.4 Payments Submenu



## F.5 Reports Submenu



## Appendix G — Validation Messages

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

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

**Figure G-1. Validation Message Placement on Screen**

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

**Table G-1. Validation Messages**

<b>Error Messages</b>	<b>Suggested Action</b>
A contract number must be entered	Enter the field specified by the message.
A contract number must start with an 'H', '9', 'R', 'S', or 'F' 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 without apostrophes, hyphens, and blanks.

<b>Error Messages</b>	<b>Suggested Action</b>
You do not have access rights to this contract	First, make sure that you entered the Contract # correctly. If not, re-enter it, if you did and you should have rights to this contract, see the Security Administrator who can update your user profile to give you these rights.

## **Appendix H — Codes**

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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 GHP Codes and the description of each code.

**Table H-1. Transaction Codes**

<b>GHP Code</b>	<b>Description</b>
1	MCO Correction
51	Disenrollment from MCO in Batch
54	Disenrollment (MEDICARE CSC)
60	Enrollment (Employer Group)
61	Enrollment
71	PBP Change
72	Plan Change

## H.2 MARx Transaction Reply Codes

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

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

**Table H-2. MARx Transaction Reply Codes**

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

Code/Type	Title	Short Definition	Definition
006 R	Invalid Birth Date	BAD BIRTH DATE	A demonstration factor update, enrollment, disenrollment, or PBP change transaction attempted to process. The transaction was rejected because a match could not be found for the beneficiary and the value in the date of birth field was not a valid date in the format YYYYMMDD. <b>NOTE:</b> Description is not on CMS Web site. Based on input from iCORP.
007 R	Invalid Claim Number	NO MATCH — HICN	An enrollment, disenrollment, PBP change, or correction transaction attempted to process. The transaction was rejected, because the claim number was not in a valid format. The valid format for a claim number could take one of two forms: 1. HICN is an 11 position value, with the first 9 positions numeric and the last 2 positions alphanumeric. 2. RRB is a 7- to 12-position value, with the first 1 to 3 positions alpha and the last 6 or 9 positions numeric. The transaction should be resubmitted with a valid claim number (HICN) or RRB.
008 R	Beneficiary Not Found on GHP	NOT ENROLLED	A disenrollment or correction transaction attempted to process. The transaction was rejected, because the claim number was not found in the MARx System. The transaction should be resubmitted with a valid claim number. <b>NOTE:</b> In these cases, the incoming transaction is intended to update a record that was previously established on the managed care databases; that is, the beneficiary has already been enrolled in an MCO. The incoming transaction is attempting to add new information about status, applying a payment factor, or ending the enrollment period. The error code means that the original enrollment record is not found. <b>NOTE:</b> This TR code also applies to demonstration factor updates.
009 R	No Match on Name	NO MATCH — NAME	A transaction attempted to process. The transaction was rejected because the name on the incoming record did not match a record on the database. The transaction should be resubmitted with the correct name. <b>NOTE:</b> This label is not precise. This reply code indicates that the managed care system was not able to find a unique beneficiary that matched on 3 of 4 of the following: surname, first initial, date of birth, and sex code.

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Code/Type	Title	Short Definition	Definition
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. <b>NOTE:</b> Edit suspended in 2004 by CMS.
011 A	Enrollment Accepted as Submitted	ENROLL ACCEPTED	The new enrollment has been successfully processed. The effective date of the new enrollment is shown in Field 18 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.
012 A	Enrollment Accepted, with SCC Override	[obsolete]	This transaction code is obsolete. <b>NOTE:</b> Description is not on CMS Web site. Based on input from iCORP.
013 A	Disenrollment Accepted as Submitted	DISENROL ACCEPT	The disenrollment has been successfully processed. The effective date of the disenrollment is shown in field 24 (see codes 18 – 28) of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.
014 A	Disenrollment Due to Enrollment in Another Plan	DISNROL — NEW MCO	A new enrollment was successfully processed for the beneficiary, which placed them in another MCO. As a result, the beneficiary was disenrolled from the MCO receiving this message. The effective date of the disenrollment is shown in Field 24 of the Transaction Reply record. In Field 27 the Contract number of the source is shown. On the printed report, the disenrollment date is shown in the EFF DATE column, and the MCO causing the disenrollment is shown in the SOURCE ID column.
015 A	Enrollment Canceled	ENROLL CANCELED	An enrollment was canceled due to one of the following reasons: a MCO's disenrollment request dated the month prior to enrollment; a loss of Part A or B Entitlement; or the beneficiary is in the ESRD health status prior to enrollment.

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Code/Type	Title	Short Definition	Definition
016 A	Enrollment Accepted, Out Of Area	ENROLL — OUT AREA	A new enrollment was processed, but the beneficiary's residence state and county codes place the beneficiary outside of the MCO's approved service area. The effective date of the new enrollment is shown in Field 18 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column. If the SCC shown on the printed report differs from your records prompt the beneficiary to visit the Social Security Administration Field Office (SSAFO) to change their address. This will enable a more accurate payment for this beneficiary to be made. <b>NOTE:</b> The 'conditional' aspect no longer applies; this TR code is now merely an alert that the beneficiary's SCC in CMS records is not within the service area.
017 A	Enrollment Accepted, Payment Default Rate	ENROLL — BAD SCC	A new Part C enrollment was processed, but valid residence state and county codes were not available and could not be derived from the ZIP code. The enrollment is considered valid by the system; however, since there is no valid residence state and county codes, Part C payment is made for this beneficiary at the plan bid rate with no geographic adjustment. When valid residence information is provided to the system, payment will be made using the updated residence information. The effective date of the new enrollment is shown in Field 18 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.
018 A	Automatic Disenrollment	AUTO DISENROLL	An action occurred which caused an automatic disenrollment of this beneficiary. A disenrollment action was not submitted by CMS or the plan. This action could result from a change in the beneficiary's personal characteristics. For example, a death notice, or loss of Part A or Part B Entitlement would cause an enrolled beneficiary to be automatically disenrolled. The effective date of the disenrollment is shown in Field 24 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column, and the reason for disenrollment is shown in the REMARKS column.
019 R	Enrollment Rejected — PACE Loss Of Part A And B Entitlement	NO ENROLL — NO A B	An enrollment attempted to process for a PACE plan or a Medicare+Choice (M+C) MCO. The enrollment failed because the beneficiary is not entitled to both Part A and Part B of Medicare.
020 R	Enrollment Rejected — PACE Under 55	NO ENROLL — NOT 55	An enrollment attempted to process for a PACE plan. The enrollment failed because the beneficiary is not yet 55 years of age.

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Code/Type	Title	Short Definition	Definition
021 A	Enrollment Accepted, Date Modified	[Obsolete]	This transaction code is obsolete. <b>NOTE:</b> Description is not on CMS Web site. Obsolete in GHP.
022 A	Enrollment Accepted, Claim Number Change	ENROLL — NEW HICN	A new enrollment was successfully processed for a beneficiary whose claim number has changed. The effective date of the new enrollment is shown in Field 18 of the Transaction Reply record. The new claim number is shown in Field 24. The old claim number will appear in Field 1. On the printed report the enrollment date is shown in the EFF DATE column, and the new claim number is shown in the REMARKS column. Any further actions submitted for this beneficiary must use the new claim number.
023 A	Enrollment Accepted, Name Change	ENROLL — NEW NAME	A new enrollment was successfully processed for a beneficiary whose name has changed. The effective date of the new enrollment is shown in Field 18 of the Transaction Reply record. The new name will appear in Fields 2, 3, and 4. On the printed report, the enrollment date is shown in the EFF DATE column, and the new name is shown in the SURNAME, FIRST NAME, and MI columns.
024 A	Disenrollment Accepted, Date Modified	[Obsolete]	This transaction reply code is obsolete. <b>NOTE:</b> Description is not on CMS Web site. Obsolete in GHP.
025 A	Disenrollment Accepted, Claim Number Change	DISROL — NEW HICN	A disenrollment was successfully processed for a beneficiary whose claim number has changed. The effective date of the disenrollment is shown in Field 21 of the Transaction Reply record. The new claim number is shown in Field 24. The old claim number will appear in Field 1. On the printed report the disenrollment date is shown in the EFF DATE column, and the new claim number is shown in the REMARKS column. Any further actions submitted for this beneficiary should use the new claim number.
026 A	Disenrollment Accepted, Name Change	DISROL — NEW NAME	A disenrollment was successfully processed for a beneficiary whose name has changed. The effective date of the disenrollment is shown in Field 21 of the Transaction Reply record. The new name will appear in Fields 2, 3, and 4. On the printed report, the disenrollment date is shown in the EFF DATE column, and the new name is shown in the SURNAME, FIRST NAME, and MI columns.

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Code/Type	Title	Short Definition	Definition
027 A	Demonstration Beneficiary Factor Set	DEMO FACTOR ON	A demonstration factor was successfully processed for a beneficiary. The effective start date of the factor is shown in Field 24 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column. <b>NOTE:</b> 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.
028 A	Demonstration Beneficiary Factor Terminated	DEMO FACTOR OFF	A demonstration factor with an end date was successfully processed for a beneficiary. The effective end date of the factor is show in Field 24 of the Transaction Reply record. On the printed report the value is shown in the EFF DATE column. <b>NOTE:</b> 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.
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). <b>NOTE:</b> Description is not on CMS Web site. Based on input from iCORP.
030 P	Enrollment Held, Pending Medicare Entitlement Confirmation	PENDING MCARE	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. <b>NOTE:</b> Description is not on CMS Web site. 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. <b>NOTE:</b> This transaction reply code will be generated after the orbit period has elapsed if the beneficiary is still not found in the MBD.

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Code/Type	Title	Short Definition	Definition
032 R	Enrollment Rejected, Beneficiary Not Entitled to Part B	MEMB HAS NO B	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary did not have Medicare Part B Entitlement. Part B entitlement is required for enrollment in a managed care plan. <b>NOTE:</b> Generated once the orbit period has expired.
033 R	Enrollment Rejected, Beneficiary Not Entitled to Part A	MEMB HAS NO A	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary did not have Medicare Part A Entitlement. Part A entitlement is required for enrollment in a managed care plans. <b>NOTE:</b> Generated once the orbit period has expired.
034 R	Enrollment Rejected, Beneficiary is Not Age 65	MEMB NOT AGE 65	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary was not age 65 or older. The age requirement is MCO-specific.
035 R	Enrollment Rejected, Beneficiary is in Hospice Status	MEMB IN HOSPICE	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary was in Hospice status. The Hospice requirement is MCO specific (e.g., applies only to 1876 Cost Plans). The attempted enrollment date is shown in Field 24 of the Transaction Reply record.
036 R	Enrollment Rejected, Beneficiary is Deceased	MEMB DECEASED	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary is deceased. The attempted enrollment date is shown in Field 24 of the Transaction Reply record. On the printed report, the value is shown in the REMARKS column.
037 R	Enrollment Rejected, Invalid Date	BAD ENROLL DATE	An enrollment transaction attempted to process. The enrollment was rejected, because the submitted enrollment effective date was either an invalid numeric value; a date more than 3 months in the future; a date not the first of the month; or a code 60 was with a future date or a date more than 3 months before the prospective payment month. Retroactive PBP change requests are also rejected with this transaction reply code. The transaction should be resubmitted with a valid date.
038 D	Enrollment Rejected, Duplicate Transaction	DUPLICATE	An enrollment transaction attempted to process. The enrollment was rejected, because another enrollment transaction submitted by the same plan, with the same effective date, was already processed. No action is required by the plan.
039 R	Enrollment Rejected, Currently Enrolled in Same Plan	ALREADY ENROLL	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary was already enrolled in this plan. No action is required by the plan.

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Code/Type	Title	Short Definition	Definition
040 R	Enrollment Rejected, Multiple Enrollment Transactions	MULTIPLES	An enrollment transaction attempted to process. The enrollment was rejected, because the transaction was one of several that were submitted with the same effective date and application date.
041 R	Invalid Demonstration Beneficiary Factor Date	BAD FACTOR DATE	A beneficiary factor update request attempted to process. The transaction was rejected, because the effective start and/or end date was not in a valid format; or the request specified an effective start date that was greater than the effective end date.
042 R	Enrollment Rejected, Blocked	ENROLL BLOCKED	An enrollment transaction attempted to process. The enrollment was rejected, because the MCO is currently blocked from enrolling new beneficiaries.
043 R	Invalid Demonstration Beneficiary Factor	BAD FACTOR	A beneficiary factor update request attempted to process. The transaction was rejected, because the factor was not in a valid format; or the factor was larger than allowed. <b>NOTE:</b> The factor must be 7 positions long, with the 3rd position being '.' and the other 6 positions numeric.
044 R	Enrollment Rejected, Outside Contracted Period	NO CONTRACT	An enrollment transaction attempted to process. The enrollment was rejected, because the submitted enrollment date is outside the contracted period with CMS.
045 R	Enrollment Rejected, Beneficiary is in ESRD Status	MEMB HAS ESRD	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary is in ESRD (end-stage renal disease) status. The attempted enrollment effective date is shown in Field 24 of the Transaction Reply record. On the printed report, the value is shown in the REMARKS column.
046 R	Enrollment Rejected; No response from HI Master	[obsolete]	This transaction reply code is obsolete. <b>NOTE:</b> Description is not on CMS Web site.
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 which is not less than 1 month before the prospective payment month.

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048 A	Nursing Home Certifiable Set	NHC ON	A transaction has been processed placing the beneficiary in Nursing Home Certifiable (NHC) status. The NHC health status is MCO specific (e.g., applies only to SHMO plans). The NHC effective start date is shown in Field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
049 A	Nursing Home Certifiable Terminated	NHC OFF	This transaction code is obsolete. <b>NOTE:</b> NHC periods always have an end date. TR code 159 is used to acknowledge online changes to NHC periods.
050 R	Disenrollment Rejected, Not Enrolled	NOT ENROLLED	A disenrollment transaction attempted to process. The disenrollment was rejected, because the beneficiary was not currently enrolled in the plan.
051 R	Disenrollment Rejected, Invalid Date	BAD DISENR DATE	A disenrollment transaction attempted to process. The disenrollment was rejected, because the effective date was one of invalid numeric value or a date outside the allowable time frame. The transaction should be resubmitted with a valid date.
052 D	Disenrollment Rejected, Duplicate Transaction	DUPLICATE	A second disenrollment transaction attempted to process. The disenrollment was rejected, duplicate transaction, no process necessary. No action is required by the plan.
053 R	Disenrollment Rejected, Before Current Enrollment	DATE LT ENROLL	A disenrollment transaction attempted to process. The disenrollment was rejected, because the disenrollment effective date submitted was earlier than the effective enrollment date on record. The transaction should be resubmitted with a valid date.
054 R	Disenrollment Rejected, Retroactive Date	RETRO DISN DATE	A disenrollment transaction attempted to process. The disenrollment was rejected, because the effective date was outside the allowable time frame. The disenrollment should be resubmitted with a valid date.
055 M	ESRD Status Canceled	ESRD CANCELED	The ESRD status information which was previously set has been canceled. The effective date of the status period canceled is shown in Field 24 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.

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Code/Type	Title	Short Definition	Definition
056 R	Demonstration Enrollment Rejected	FAILS DEMO REQ	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary did not meet the Demonstration requirements. For example, the beneficiary is currently known to be Working Aged or not known to be ESRD. These requirements are MCO specific. The attempted enrollment effective date is shown in Field 24 of the Transaction Reply record. On the print report, the value is shown is the EFF DATE column. <b>NOTE:</b> In the legacy system, this TR code was used only for ESRD Demonstrations. However, for MARx it can be used for Demos in general.
057 M	Risk Adjuster Factor Change	RA FACTOR CHG	The Risk Adjustment System (RAS) has created new factors for this beneficiary, which may result in payment adjustments. <b>NOTE:</b> Description is not on CMS Web site.
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.
059 M	Working Aged Status Canceled	WA CANCEL	The working aged status information which was previously set has been canceled. The effective date of the status period canceled is shown in Field 24 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.
060 R	Correction Rejected, Not Enrolled in Plan	NOT ENROLLED	A correction transaction attempted to process. The correction was rejected, because the beneficiary is no longer enrolled under the incoming contract number. MCOs are not permitted to process transactions against beneficiaries that are not enrolled in their plan.
061 R	Correction Rejected, Retroactive Change	[Obsolete]	This transaction reply code is obsolete. <b>NOTE:</b> Description is not on CMS Web site. Obsolete in GHP.
062 R	Correction Rejected, Overlaps Other Period	INS-NHC OVERLAP	A correction transaction attempted to process. The correction was rejected, because another correction transaction submitted by the same plan, with the same effective date, was already processed. No action is required by the MCO. <b>NOTE:</b> Currently, this transaction reply refers to the overlap of an institutional period and an NHC period. These two types of periods are mutually exclusive.

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Code/Type	Title	Short Definition	Definition
063 R	Correction Rejected, Extend Past Death Date	[Obsolete]	This transaction code is obsolete. <b>NOTE:</b> Description is not on CMS Web site. Obsolete in GHP.
064 R	Correction Rejected, Invalid Date	[Obsolete]	This transaction code is obsolete. <b>NOTE:</b> Description is not on CMS Web site. 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 Common Working File (CWF). <b>NOTE:</b> 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. <b>NOTE:</b> This code became obsolete in 2005 with the new working aged adjustment process.
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. <b>NOTE:</b> 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." <b>NOTE:</b> 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	WA PENDING	A Working Aged transaction has been received by CMS, but is pending because it has not completed processing. <b>NOTE:</b> This code became obsolete in 2004 with the new working aged adjustment process and retirement of the HUSP process.

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Code/Type	Title	Short Definition	Definition
070 A	Prior Commercial Enr Changed	COMM ENROL CHG	An online transaction changed the length of a previously reported period of commercial enrollment. <b>NOTE:</b> Description is not on CMS Web site. Based on input from iCORP
071 M	Hospice Status Set	HOSPICE ON	A notification has been received from CMS's Hospice system placing the beneficiary in Hospice status. The effective Hospice start date is shown in Field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
072 M	Hospice Status Terminated	HOSPICE OFF	A notification has been received from CMS's Hospice system terminating the beneficiary's Hospice status. The effective Hospice end date is shown in Field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
073 M	ESRD Status Set	ESRD ON	A notification has been received from CMS's ESRD system placing the beneficiary in ESRD status. The effective ESRD start date is shown in Field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
074 M	ESRD Status Terminated	ESRD OFF	A notification has been received from CMS's ESRD system terminating the beneficiary's ESRD status. The effective ESRD end date is shown in Field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
075 A	Institutional Status Set	INSTITUTION ON	A transaction has been received placing the beneficiary in Institutional status. The effective Institutional start date is shown in Fields 21 and 23 of the Transaction Reply record. On the printed report this value is shown in the EFF DATE column. Institutional automatically ends each month; therefore, there is no termination status transaction.
076 A	Institutional Status Terminated	INSTITUTION OFF	This transaction reply code is obsolete. <b>NOTE:</b> Institutional periods always have an end date. TR code 158 is used to acknowledge online changes to institutional period's dates.
077 A/M	Medicaid Status Set	MEDICAID ON	A transaction has been received placing the beneficiary in Medicaid Status. The effective Medicaid start date is shown in Field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
078 A/M	Medicaid Status Terminated	MEDICAID OFF	A transaction has been received terminating the beneficiary Medicaid status. The effective Medicaid end date is shown in Field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.

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Code/Type	Title	Short Definition	Definition
079 M	Part A Termination	MEDICARE A OFF	A notification has been received terminating the beneficiary's Part A Entitlement. The effective Part A Entitlement end date is shown in Field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
080 M	Part A Reinstatement	MEDICARE A ON	A notification has been received reinstating the beneficiary's Part A Entitlement. The effective Part A Entitlement start date is shown in Field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column. <b>NOTE:</b> This reply code is only prepared if the beneficiary is still enrolled in some managed care contract. If the beneficiary has been disenrolled, but not re-enrolled, the reply code is not issued.
081 M	Part B Termination	MEDICARE B OFF	A notification has been received terminating the beneficiary's Part B Entitlement. The effective Part B Entitlement end date is shown in Field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
082 M	Part B Reinstatement	MEDICARE B ON	A notification has been received reinstating the beneficiary's Part B Entitlement. The effective Part B Entitlement start date is shown in Field 24 of the Transaction Reply Record. On the printed report, this value is shown in the EFF DATE column. <b>NOTE:</b> This reply code is only prepared if the beneficiary is still enrolled in some managed care contract. If the beneficiary has been disenrolled, but not re-enrolled, the reply code is not issued.
083 A	Enrollment Date Change	NEW ENROLL DATE	CMS staff changed the effective date for an enrollment. The new effective date of the enrollment is shown in Field 24 of the Transaction Reply record. This value is also present in Field 18. On the printed report, this value is shown in the EFF DATE column.
084 A	Disenrollment Date Change	NEW DISROL DATE	CMS staff changed the effective date for a disenrollment. The new effective date of the disenrollment is shown in Field 24 of the Transaction Reply record. The effective enrollment date is shown in Field 18. On the printed report, the effective disenrollment date is shown in the EFF DATE column.
085 M	State and County Code Change	NEW SCC	A notification has been received indicating that the beneficiary's State and County Code (SCC) information has changed. The new SCC is shown in Fields 9 and 23 of the Transaction Reply record. On the printed report, the new SCC is shown in the REMARKS column.

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Code/Type	Title	Short Definition	Definition
086 M	Claim Number Change	NEW HICN	A notification has been received indicating that the beneficiary's claim number has changed. The new claim number is shown in Field 24 of the Transaction Reply record. On the printed report, the new claim number is shown in the REMARKS column.
087 M	Name Change	NEW NAME	A notification has been received indicating that the beneficiary's name has changed. The new name is shown in Fields 2, 3, and 4 of the Transaction Reply record. On the printed report, the new name is shown in fields 2, 3 and 4 of the Transaction Reply record. On the printed report, the new name is shown in the SURNAME, FIRST NAME, and MI columns.
088 M	Sex Code Change	NEW SEX CODE	A notification has been received indicating that the beneficiary's sex code has changed. The new Sex code is shown in Field 5 of the Transaction Reply record. On the printed report, the new Sex code is in the SEX column.
089 M	Date of Birth Change	NEW BIRTH DATE	A notification has been received indicating that the beneficiary's date of birth has changed. The new date of birth is shown in Field 6 of the Transaction Reply record. On the printed report, the new birth date is shown in the DATE OF BIRTH and EFF DATE columns.
090 M	Date of Death Established	MEMB DECEASED	A notification has been received indicating that the beneficiary is deceased. The date of death is shown in Field 24 of the Transaction Reply record. On the printed report, the date of death is shown in the EFF DATE column.
091 M	Date Of Death Removed	DEATH DATE OFF	Previously, the Medicare Beneficiary Database reported a date of death for this beneficiary. That date has been removed, as the beneficiary is still alive. <b>NOTE:</b> This reply code is not issued if the beneficiary is no longer enrolled in any MCO. <b>NOTE:</b> Description is not on CMS Web site.
092 M	Date of Death Corrected	NEW DEATH DATE	A notification has been received indicating that the beneficiary's date of death has been corrected. The corrected date of death is shown in Field 24 of the Transaction Reply record. On the printed report, the corrected date of death is shown in the EFF DATE column.
093	SCC Exemption Code Change	[Obsolete]	This transaction reply code is obsolete. <b>NOTE:</b> Description is not on CMS Web site. Code obsolete in GHP.
094 R	No Match on Name	[Obsolete]	This transaction reply code is obsolete. <b>NOTE:</b> Description is not on CMS Web site. Code obsolete in GHP.

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Code/Type	Title	Short Definition	Definition
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. <b>NOTE:</b> Description is not on CMS Web site.
096	SCC Already Exists	[Obsolete]	This transaction reply code is obsolete. <b>NOTE:</b> Description is not on CMS Web site.
097 R	Medicaid Previously Turned On	MCAID PREV ON	A transaction attempted to process the start of a Medicaid period and was rejected because the Medicaid status for the beneficiary was already on for the month in question. No action required by the plan.
098 R	Medicaid Status Previously Turned Off	MCAID PREV OFF	A transaction attempted to process the end of a Medicaid period and was rejected because the Medicaid status was already off for the month in question. No action required by the plan.
099 M	Medicaid Period Change/Cancellation	MCAID CHANGE	A change has been made to a period of Medicaid status information for the beneficiary. No action required by the plan.
100 A	Election Change Accepted as Submitted	ELECTION OK	An M+CO has submitted a transaction type 71 to move a member from one benefit package to another. All applicable edits have been passed; the transaction has successfully processed. The effective date of the PBP election is shown in Field 24 of the Transaction Reply record.
101 R	Rejected; Invalid Institutional Flag	BAD INST FLAG	Code is for transaction types 71/61/60/51. Must be Y or spaces. <b>NOTE:</b> Made obsolete by the August 2002 Plan Communications Guide.
102 R	Rejected; Invalid or Missing Application Date	BAD SIGN DATE	A transaction was rejected (60/61/71) because it was submitted with an invalid or missing application date. The application date must be present, represent a valid date and precede the effective date on the transaction (effective date of the enrollment or PBP change). Note that the application date is not a required field on transaction type 51, nor is it required for any enrollment submitted online by CMS. The transaction should be resubmitted with a valid date.
103 P	Transaction Orbiting; ICEP/IEP Election with Missing A/B Entitlement Date	ICEP/IEP ORBIT	Beneficiary does not have entitlement on record. Transaction will be held (orbited) for 3 months maximum waiting for entitlement. Code is for transaction type 61 and election types I and E only, orbit is 3 months maximum. <b>NOTE:</b> Election types are on hold until 11/15/2005.

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Code/Type	Title	Short Definition	Definition
104 R	Rejected; Invalid or Missing Election Type	BAD ELECT TYPE	Election type is either missing, not valid for plan or transaction type, or not valid for the current time. Code is for transaction types 71/61/60/51 and election types A, I, E, N, S, O, and T; except that I and E are not valid for 51 or 71. <b>NOTE:</b> Election types are on hold until 11/15/2005.
105 R	Rejected; Invalid Effective Date for Election Type	BAD ELECT DATE	Effective date specified is not valid for the election type. Code is for transaction types 71/61/60/51; applies only to election types A, I, E, N, O, and T. <b>NOTE:</b> Election types are on hold until 11/15/2005.
106 R	Rejected; Another Transaction Received with a Later Application Date	LATER APPLIC	The transaction was rejected (60/61/71) because a transaction with a more recent application date was received for the same effective date. When multiple transactions are received for the same beneficiary with the same effective date but with different contract/PBP #s, the application date will be used to determine which election to accept. Note that this code does not apply to transaction type 51, nor does it apply to an enrollment submitted online by CMS. If the application dates are different, the system will accept the election containing the most recent date. If the application dates are the same, they will all be rejected with a code of 040.
107 R	Rejected; Invalid or Missing PBP Number	BAD PBP NUMBER	The transaction was rejected (60/61/71) because the PBP # was missing or invalid. Note that the PBP # is not required on transaction type 51. The PBP # submitted on the 60/61/71 must be valid for the contract number on the transaction. The transaction should be resubmitted with a valid PBP #.
108 R	Rejected; Election Limits Exceeded	NO MORE ELECTS	Election limit exceeded for this election type. Code is for transaction types 71/61/60/51 and election types A, I, E, N, and O. <b>NOTE:</b> Election types are on hold until 11/15/2005.
109 D	Rejected; Duplicate PBP Number	DUPLICATE	The transaction was rejected (71) because the member was already enrolled in the PBP # on the transaction. This code only applies to transaction type 71.
110 R	Rejected; No Part A and No EGHP Enrollment Waiver	NO PART A/EGHP	The transactions was rejected (60/61/71) because the beneficiary lacks Part A and there was no EGHP Part B-only waiver in place. MCOs can offer PBP for EGHP members only, and, if the MCO chooses, it can define such PBPs for individuals who do not have Part A.

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Code/Type	Title	Short Definition	Definition
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 transaction should be resubmitted with the correct contract number.
112 R	Rejected; Conflicting Effective Dates	CNFLT EFF DATE	For a 71 or 71-X transaction ( <b>NOTE:</b> 71 X transactions have been discontinued starting with the February 2003 run), no current enrollment record is found for the beneficiary that has an effective start date before or on the effective date on the transaction. Also, for 71-X, the effective date on the transaction is after the PBP startup cutoff date.
113 M	Part B Premium Reduction Rate Change	PARTB REDUCT CH	Acknowledgement that the Part B premium reduction amount has been changed (Formerly related to the "BIPA 606" legislation; for 2006 and forward, part of the MMA legislation.)
114 R	Drug Coverage Change Rejected; Not AEP or OEPI	RX NOT AEP/OEPI	Existing plan members cannot add or drop drug coverage except during an AEP or OEPI. Code is for transaction types 71/61/60/51 and election types N, O or S.
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.
116 R	Enrollment or Change Rejected; Invalid or Missing Segment number	BAD SEGMENT NUM	The transaction (60/61/71/72) was rejected because the enrollment is for a PBP that has been segmented, and segment number on the transaction was missing or invalid. The Segment number submitted on transaction type 60/61/71/72 must be valid for the PBP and contract number. The transaction should be resubmitted with a valid Segment number. <b>NOTE:</b> Segment number is not required for transaction type 51.
117 A	FBD Auto Enrollment Accepted	FBD AUTO ENROLL	CMS has performed an auto-enrollment of a full-benefit dual eligible beneficiary into a Part D plan.
118 A	LIS Facilitated Enrollment Accepted	LIS FAC ENROLL	CMS has performed a facilitated enrollment of a low-income subsidy beneficiary into a Part D plan.
119 A	Premium Amount Change Accepted	PREM AMT CHG	Plan has submitted a change transaction to update the Part D or Part C premium amount. The transaction was successful.
120 A	Premium Withholding Option Change Accepted	WHOLD UPDATE	Plan or CMS submitted a change transaction to update the premium withholding option. The transaction was successful.

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<b>Code/Type</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
121 M	Beneficiary Low Income Status Updated	LIS UPDATE	The beneficiary's Part D low-income subsidy status has changed.
122 R	Enrollment or Change Rejected, Invalid Premium Amount	BAD PREMIUM AMT	The transaction (60/61/71) was rejected because the Part C or Part D premium amount was not numeric. A code 72 correction transaction was rejected because a non-blank Part C or Part D premium amount was not numeric. Transaction should be resubmitted with corrected premium amount.
123 R	Enrollment or Change Rejected, Invalid Premium Withholding Option Code	BAD W/HOLD OPT	The transaction (60/61/71) was rejected because the Part C or Part D premium amount was greater than zero and the Premium Withholding Option code contained an invalid value (valid values are D, S, R, and O). A code 72 correction transaction was rejected because a non-blank Premium Withholding Option code contained an invalid value. Transactions should be resubmitted with corrected option codes.
124 R	Enrollment or Change Rejected; Invalid Uncovered Months Field	BAD UNCOV MNTHS	The transaction (60/61/71) was rejected because the "Number of Uncovered Months" field contained a non-numeric value. A code 72 correction transaction was rejected because a non-blank "Number of Uncovered Months" field contained a non-numeric value. Transactions should be resubmitted with corrected fields.
125 R	MSA Enrollment or Change Rejected, Invalid MSA Fields	BAD MSA DATA	The transaction (60/61/71) for Medical Savings Account (MSA) was rejected because one or more of these required fields was missing: beneficiary's social security number, bank account number, bank routing number, or bank account type code.
126 R	Enrollment or Change Rejected; Invalid Creditable Coverage Flag	BAD CRED COV FL	The transaction (60/61/71) was rejected because the "Creditable Coverage Flag" field contained an invalid value. A code 72 correction transaction was rejected because a non-blank "Creditable Coverage Flag" field contained an invalid value. Transactions should be resubmitted with corrected fields.
127 R	Part D Enrollment Rejected; Employer Subsidy Status	EMP SUB REJ	The Enrollment was rejected because the beneficiary has employer subsidy status. The plan should contact the beneficiary to explain the consequences of this enrollment. If the beneficiary elects to join the Part D plan anyway, the enrollment should be resubmitted with the Employer Subsidy Override Flag set.

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Code/Type	Title	Short Definition	Definition
128 R	Part D Enrollment Rejected; Employer Subsidy Flag set; No Prior Transaction	EMP SUB OVR REJ	The Enrollment was rejected because the beneficiary has employer subsidy status and the Employer Subsidy Override Flag was set, but the override is not valid because there is no record that the enrollment was previously submitted and rejected due to employer subsidy status. MARx enforces this two-step process to ensure that the plan discusses the consequences of the Part D enrollment (i.e., possible loss of employer health coverage) with the beneficiary before MARx accepts the employer subsidy override.
129 A	Part D Enrollment Accepted; Employer Subsidy Flag set; Prior Transaction Rejected	EMP SUB ACC	The Enrollment was accepted. A prior transaction was rejected because the beneficiary has employer subsidy status. This transaction (with employer subsidy override flag set) indicates that the plan has contacted the beneficiary to explain the consequences of this enrollment, and that the beneficiary elects to join the Part D plan anyway. [These three scenarios — 126, 127 and 128 — are outlined in the CMS/DEPO letter to the plans dated March 8, 2005.]
130 R	Part D Opt-Out Rejected, Opt-Out Indicator Not Valid	BAD OPT OUT CD	The Part D Opt-Out Flag submitted by the plan has an invalid value.
131 A	Part D Opt-Out Accepted	OPT OUT OK	A valid disenrollment transaction was received with a Part D Opt-Out Flag set to Y. The beneficiary will not be subject to auto-enrollment into Part D by CMS in the future.
132 A	Part D Enrollment Accepted; Missing Rx ID and/or Rx Group	NO RXID NUMBERS	Plans submitting Part D transactions (60/61/71/72) must provide their Rx ID and Rx Group information. Although the transaction was accepted, plan should follow up with Rx ID and Rx Group numbers on a change transaction (72).
133 R	Part D Enrollment Rejected; Invalid Secondary Insurance Flag	BAD 2 INS FLAG	Plans submitting Part D transactions (60/61/71/72) must provide a valid value for the secondary drug coverage flag.
134 A	Part D Enrollment Accepted; Invalid Secondary Insurance	NO 2 INS INFO	Plans submitting Part D transactions (60/61/71/72) must indicate when a beneficiary has secondary drug coverage. This transaction reply indicates that the secondary insurance flag was set, but the secondary insurance Rx ID and Rx Group were not supplied. Plan should follow up with secondary insurance Rx ID and Rx Group ID information on a change transaction (72).

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Code/Type	Title	Short Definition	Definition
135 M	Beneficiary Has Started Dialysis Treatments	DIALYSIS START	A notification has been received that a beneficiary has ESRD and has begun dialysis treatments.
136 M	Beneficiary Has Ended Dialysis Treatments	DIALYSIS END	A notification has been received that a beneficiary has ESRD and is no longer receiving dialysis treatments.
137 M	Beneficiary Has Received a Kidney Transplant	TRANSPLANT	A notification has been received that a beneficiary has ESRD and has received a transplanted kidney.
138 M	Beneficiary Address Change to Outside the U.S.	ADDR NOT U.S.	A notification has been received that the beneficiary's address is now outside of the United States.
139 A	EGHP Flag Change Accepted	EGHP FLAG CHG	A change (72) transaction has been successfully processed to change the EGHP Flag for the beneficiary.
140 A	Segment ID Change Accepted	SEGMENT ID CHG	A change (72) transaction has been successfully processed to change the Segment ID for the beneficiary.
141 A	Creditable Coverage Change Accepted	CRED COV CHG	A change (72) transaction has been successfully processed to change the creditable coverage information (Creditable Coverage Flag, Number of Uncovered Months) for the beneficiary.
142 A	Part D Rx Number Change Accepted	PARTD Rx # CHG	A change (72) transaction has been successfully processed to change the Part D plan Rx ID and/or Rx Group numbers for the beneficiary.
143 A	Secondary Insurance Rx Number Change Accepted	2 INS Rx # CHG	A change (72) transaction has been successfully processed to change the Secondary Insurance Rx ID and/or Rx Group numbers for the beneficiary.
144 M	Premium withhold option change from retirement system	PREM WHOLD CHG	Notice has been received from the beneficiary's retirement system (SSA, RRB, or OPM) that it was unable to withhold the entire premium amount from the beneficiary's monthly check, as requested. In these cases, the premium withhold option will be changed to 'direct bill.'
146 A	Rollover successful	ROLLOVER	A termination-rollover action was processed. These actions allow all members of a terminating organization (contract, plan or segment) to be 'rolled over' (automatically enrolled) in a new organization. No action is required by the plan, unless the action is in error, and results in beneficiaries being moved incorrectly. In this case, contact your CMS plan representative.

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Code/Type	Title	Short Definition	Definition
147 A	Rollover successful, Rx ID and Rx Group update required	ROLLOVR NEED RX	A termination-rollover action involving a PDP or MA-PD was processed, and CMS needs updated Rx ID and Rx Group IDs for this member. Plan should submit a change transaction '72' for this member, supplying the new information.
148 A	Rollover successful, Secondary Rx ID and Rx Group update required	RLLOVR NEED 2RX	A termination-rollover action involving a PDP or MA-PD was processed, and CMS needs updated secondary insurance Rx ID and Rx Group IDs for this member. Plan should submit a change transaction '72' for the member, supplying the new information. <b>NOTE:</b> This TR code is only created when a 'rolled over' member previously had secondary Rx insurance information on file.
150 A	Enrollment accepted, Exceeds Capacity Limit	OVER CAP LIMIT	An enrollment has been accepted, but the resulting enrollment count exceeds the capacity limit for the contract or PBP. <b>NOTE:</b> Capacity limits do not apply to PDPs.
151 A	Disenrollment Accepted, Invalid Disenrollment Reason Code	DISROL-BAD RC [future use]	A disenrollment was successfully processed for a beneficiary but the disenrollment reason code was invalid. <b>NOTE:</b> This code is for FUTURE use.
152 M	Race Code Change	NEW RACE CODE	A notification has been received indicating that the beneficiary's race code has changed.
153 M	Expiration of Temporary Address	TEMP ADR EXPIRE	Beneficiary's temporary address has expired.
154 M	Out of Area Status	OUT OF AREA	Beneficiary's address has changed and is no longer in the service area; or, service area has been reduced, and the beneficiary's county is no longer in the service area.
155 M	Incarceration	INCARCERATED	A notification has been received, indicating that the beneficiary is incarcerated.
156 R	Batch Transaction Rejected, User Not Authorized for Contract	BAD USR FOR PLN	A batch transaction has been submitted by a user who is not authorized to submit transactions for the contract in question.
157 R	Contract Not Authorized for Transaction Code	UNAUT REQUEST	An enrollment, disenrollment, change, correction, or demonstration factor update transaction attempted to process. The transaction was rejected because the plan is not authorized to submit that type of transaction.

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<b>Code/Type</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
158 M	Institutional Period Change/Cancellation	INST CHANGE	CMS staff changed or cancelled an Institutional period for the beneficiary. No action required by the plan.
159 M	NHC Period Change/Cancellation	NHC CHANGE	CMS staff changed or cancelled a NHC period for the beneficiary. No action required by the plan.
160 R	Batch Transaction Rejected, User Not Authorized for Batch Submission	UNAUT BATCH SUB	A batch transaction has been submitted by a user who is not authorized to submit batch transactions.
161 M	Beneficiary Record Deleted from MBD	MBD DELETE	This unusual reply code indicates a problem with the Medicare enrollee rosters. If you receive this reply, please contact your central office support analyst for advice about how to proceed.
165 R	Processing Delayed	SYSTEM DELAY	Processing of this transaction has been delayed due to MARx system conditions. No action is required by the user. MARx will process the transaction as soon as possible.

<b>Code</b>	<b>Description</b>
35	Retroactive Rebate Amount Change
36	Part D Rate Change
37	Part D Risk Adjustment Factor Change

### H.3 Adjustment Reason Codes

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

**Table H-3. Adjustment Reason Codes**

Code	Description
1	Notification of Death
2	Retroactive Enrollment
3	Retroactive Disenrollment
4	Correction of Enrollment Date
5	Correction of Disenrollment Date
6	Correction of Part A Entitlement
7	Retroactive Hospice Status
8	Retroactive ESRD Status
9	Retroactive Institutional Status
10	Retroactive Medicaid Status
11	Retroactive SCC Change
12	Correction of Date of Death
13	Correction of Date of Birth
14	Correction of Sex
15	Retroactive Change in DCG Category
16	Beneficiary Recalculation
17	RTG Change
18	AAPCC Rate Change
19	Correction of Part B Entitlement
20	Retroactive Working Aged Status
21	Retroactive NHC Status
22	Disenroll Due to Prior ESRD
23	Demo Factor Adjustment
24	Retroactive Change to Bonus Payment
25	Part C Risk Adj Change/Recon
26	Risk Adj Factor Change/Ongoing
27	Retroactive Change in CHF Payment
28	Retroactive BIPA Part B Premium Reduction Change
29	Hospice Rate Change
30	Retroactive Basic Part D Premium Change
31	Retroactive Part D Low-Income Premium Subsidy Change
32	Retroactive EST Cost-Sharing Amount Change
33	Retroactive EST Reinsurance Amount Change
34	Retroactive Basic Part C Premium Change

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## Appendix I — Reports

This appendix shows the MARx reports and data files. For each report or data file, a description and example are provided. 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. The examples provided for the reports DO NOT represent the actual outputs since the database does not contain actual data. Actual outputs of these reports will be provided at a future date. Table I-2 identifies the naming conventions of the datasets containing the monthly report and data file. Dataset names are needed to access a report or data file through the mainframe.

**Table I-1. Reports Lookup Table**

Section	Name	Page
I.1	BIPA 606 Payment Reduction Data File	I-3
I.2	BIPA 606 Payment Reduction Report	I-5
I.3	Bonus Payment Data File	I-8
I.4	Bonus Payment Report	I-10
I.5	Demographic Report	I-14
I.6	HMO Bill Itemization Report	I-16
I.7	Monthly Membership Detail Data File	I-19
I.8	Monthly Membership Detail Report	I-28
I.9	Monthly Membership Summary Data File	I-33
I.10	Monthly Membership Summary Report	I-39
I.11	Monthly Summary of Bills Report	I-42
I.12	Part B Claims Data File	I-46
I.13	Payment Records Report	I-47
I.14	Plan Payment Report	I-48
I.15	Part C Risk Adjustment Model Output Data File	I-53
I.16	Part C Risk Adjustment Model Output Report	I-54
I.17	Transaction Reply/Weekly/Monthly Activity Data File	I-56
I.18	Transaction Reply/Weekly/Monthly Activity Report	I-63
I.19	Monthly Premium Withholding Report Data File	I-67
I.20	Auto and Facilitated Enrollment Address Data File Report	I-72
I.21	Batch Completion Status Summary Data File	I-78
I.22	Coordination of Benefits Data File	I-79
I.23	Failed Transaction Data File	I-80

**Table I-2. Monthly Report Dataset Names**

<b>Naming Convention:</b> <a href="#">P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.[report_mnemonic]</a> , where XXXXX is the contract number, mmyyyy is calendar month and year, report mnemonic is below. For Connect:Direct users – <a href="#">P#MMA.@BDG5050</a> is replaced with a 9-character plan provided qualifier.	
BIPA 606 Payment Reduction Data File	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.BIPA606D
BIPA 606 Payment Reduction Report	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.BIPA606R
Bonus Payment Data File	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.BONUSDAT
Bonus Payment Report	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.BONUSRPT
Demographic Report	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.DEMOGRPH
HMO Bill Itemization Report	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.BILLITEM
Monthly Membership Detail Data File	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.MONMEMD
Monthly Membership Detail Report	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.MONMEMR
Monthly Membership Summary Data File	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.MONMEMSD
Monthly Membership Summary Report	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.MONMEMSR
Monthly Summary of Bills Report	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.SUMBILLS
Part B Claims Data File	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.CLAIMDAT
Payment Records Report	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.PAYRECDS
Plan Payment Report	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.PLANPAY
Risk Adjustment Model Output Data File	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.HCCMODD
Risk Adjustment Model Output Report	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.HCCMODR
Transaction Reply/Monthly Activity Data File	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.TRNDATA
Transaction Reply/Monthly Activity Report	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.TRNREPLY
Monthly Premium Withholding Report Data File	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.MPWRD
Auto and Facilitated Enrollment Address Data File	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.AUTENRLD
Batch Completion Status Summary Data File	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.BATCHSTD
Coordination of Benefits Data File	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.COBD
Failed Transaction Data File	P#MMA.@BGD5050.PLNXXXXX.RMMYYYY.FAILED

<b>Note</b>
These are MARx file names. They may be modified when pushing reports to the plans to meet the plans respective file naming conventions.

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## I.1 BIPA 606 Payment Reduction Data File

### Description

This data file 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

H333302620031210200401	200401200401997032566A	PARR	HF19121128	31.25	609.52	-31.25	362.64	215.63	578.27
H333302620031210200401	200401200401997032570A	MONET	MF19170402	31.25	677.32	-31.25	400.05	246.02	646.07
H333302620031210200401	200401200401997032575D	GARRI	SOMF19130812	31.25	744.55	-31.25	437.15	276.15	713.30
H333302620031210200401	200401200401997032591A	GEI SEL	AM19190407	31.25	687.28	-31.25	387.95	268.08	656.03
H333302620031210200401	200401200401997032592A	BLAZE	HM19170901	31.25	688.39	-31.25	406.45	250.69	657.14
H333302620031210200401	200401200401997032594D	AMES	EF19061027	31.25	607.62	-31.25	361.59	214.78	576.37
H333302620031210200401	200401200401997141328D	KLEI N	PF19270531	31.25	459.05	-31.25	243.34	184.46	427.80
H333302620031210200401	200401200401997032506A	DAVI DS	JM19200513	31.25	787.43	-31.25	444.78	311.40	756.18
H333302620031210200401	200401200401997032506B	DAVI DS	EF19180521	31.25	744.30	-31.25	443.28	269.77	713.05
H333302620031210200401	200401200401997032508A	MURRAY	EF19190614	31.25	724.95	-31.25	418.69	275.01	693.70
H333302620031210200401	200401200401997032522A	MURDOCKPM	19161126	31.25	734.80	-31.25	433.85	269.70	703.55
H333302620031210200401	200401200401997032525D	TROTTERS	F19230411	31.25	905.11	-31.25	518.10	355.76	873.86
H333302620031210200401	200401200401997032528A	RUSS	DM19220119	31.25	860.56	-31.25	486.14	343.17	829.31
H333302620031210200401	200401200401998032539A	PRINCE	AF19041104	31.25	646.97	-31.25	384.27	231.45	615.72
H333302620031210200401	200401200401998032551A	LONG	IM19190101	31.25	723.08	-31.25	427.31	264.52	691.83
H333302620031210200401	200401200401998032564A	SHAPI	ROSM19100313	31.25	858.29	-31.25	506.54	320.50	827.04
H333302620031210200401	200401200401998032571A	WEI SMANWM	19160511	31.25	900.15	-31.25	528.34	340.56	868.90
H333302620031210200401	200401200401998032584A	BERGER	BF19190910	31.25	641.60	-31.25	370.61	239.74	610.35
H333302620031210200401	200401200401998032589A	KELLER	HF19190906	31.25	580.79	-31.25	335.44	214.10	549.54
H333302620031210200401	200401200401998032596A	RYAN	JM19181027	31.25	857.21	-31.25	505.94	320.02	825.96
H333302620031210200401	200401200401998032565A	FALK	SM19080704	31.25	749.63	-31.25	442.25	276.13	718.38
H333302620031210200401	200401200401998032571A	DUFFY	SF19120426	31.25	640.90	-31.25	381.26	228.39	609.65
H333302620031210200401	200401200401998032587D	ADAMS	EF19101114	31.25	657.82	-31.25	391.28	235.29	626.57
H333302620031210200401	200401200401998032590A	TATE	VF19160825	31.25	643.82	-31.25	382.53	230.04	612.57
H333302620031210200401	200401200401998032594A	SCOTT	PF19140929	31.25	709.80	-31.25	422.54	256.01	678.55
H333302620031210200401	200401200401999032516D	SMALL	TF19110616	31.25	633.83	-31.25	377.02	225.56	602.58
H333302620031210200401	200401200401999032540A	WI LEY	RF19100427	31.25	573.46	-31.25	341.11	201.10	542.21
H333302620031210200401	200401200401999032545D	DENNI S	DF19020517	31.25	641.90	-31.25	381.47	229.18	610.65
H333302620031210200401	200401200401999032507A	HAMMI L	JM19090425	31.25	822.26	-31.25	483.25	307.76	791.01
H333302620031210200401	200401200401999032508A	VOSS	EF19060220	31.25	664.03	-31.25	394.51	238.27	632.78
H333302620031210200401	200401200401999032513A	TUTTLE	AM19140320	31.25	948.38	-31.25	559.93	357.20	917.13
H333302620031210200401	200401200401999032514A	BARTLETAM	19190119	31.25	939.40	-31.25	530.59	377.56	908.15
H333302620031210200401	200401200401999032519D	GREEN	HF19220628	31.25	641.60	-31.25	370.61	239.74	610.35
H333302620031210200401	200401200401999032523A	RUSK	MM19171115	31.25	859.79	-31.25	507.03	321.51	828.54
H333302620031210200401	200401200401999032534A	POWELL	WM19061121	31.25	850.31	-31.25	501.80	317.26	819.06
H333302620031210200401	200401200401999032545D	MCDONALHF	19191007	31.25	565.59	-31.25	326.62	207.72	534.34
H333302620031210200401	200401200401999032553D	KI NG	LF19130321	31.25	839.02	-31.25	498.73	309.04	807.77
H333302620031210200401	200401200401999103571D	LEWIS	SF19150407	31.25	781.74	-31.25	464.48	286.01	750.49
H333302720031210200401	200401200401997032596B	MARKS	EF19220112	73.38	685.30	-73.38	395.50	216.42	611.92
H333302720031210200401	200401200401997032599A	MONTGOMMF	19111113	73.38	723.40	-73.38	430.47	219.55	650.02
H333302720031210200401	200401200401997032524D	SCHREI	BAF19190814	73.38	520.09	-73.38	300.46	146.25	446.71
H333302720031210200401	200401200401997032531A	SCHREI	VF19191224	73.38	520.09	-73.38	300.46	146.25	446.71
H333302720031210200401	200401200401997032533A	BRI DGE	HM19171219	73.38	715.74	-73.38	422.51	219.85	642.36
H333302720031210200401	200401200401997032552A	EDELMANSM	19160825	73.38	765.94	-73.38	452.29	240.27	692.56

H333302720031210200401	200401200401997032555A	ZEMLACKAF19090715	73.38	640.90	-73.38	381.26	186.26	567.52
H333302720031210200401	200401200401997032556A	ROSENSTLM19180629	73.38	712.25	-73.38	420.62	218.25	638.87
H333302720031210200401	200401200401997032556B	ROSENSTLF19231014	73.38	558.72	-73.38	322.85	162.49	485.34
H333302720031210200401	200401200401997032571D	ROLNICKI F19090215	73.38	633.83	-73.38	377.02	183.43	560.45
H333302720031210200401	200401200401997032591D	KAIN MF19150907	73.38	831.80	-73.38	494.02	264.40	758.42
H333302720031210200401	200401200401997032596A	SHANK WM19200707	73.38	756.68	-73.38	427.40	255.90	683.30
H333302720031210200401	200401200401997032599A	KAY TM19121119	73.38	926.09	-73.38	546.43	306.28	852.71
H333302720031210200401	200401200401998032519A	GOLDMANSM19160221	73.38	734.80	-73.38	433.85	227.57	661.42
H333302720031210200401	200401200401998032560D	MI LLMANEF19110709	73.38	692.33	-73.38	411.35	207.60	618.95
H333302720031210200401	200401200401998032565A	JARRETTJM19110519	73.38	722.82	-73.38	426.42	223.02	649.44
H333302720031210200401	200401200401998032565B	JARRETTEF19170417	73.38	643.79	-73.38	382.51	187.90	570.41
H333302720031210200401	200401200401998032585C1	MENG AM19500301	73.38	347.11	-73.38	189.69	84.04	273.73
H333302720031210200401	200401200401998032589A	BLACK MF19151205	73.38	665.44	-73.38	395.27	196.79	592.06
H333302720031210200401	200401200401998329803A	TAUBMANEF19420723	73.38	689.25	-73.38	376.64	239.23	615.87
H333302720031210200401	200401200401998032554D	DRUSKI NMF19290303	73.38	424.51	-73.38	216.96	134.17	351.13
H333302720031210200401	200401200401998032556A	SMITH VF19130908	73.38	631.21	-73.38	375.57	182.26	557.83
H333302720031210200401	200401200401998032561D	JEFFRI ECF19000201	73.38	646.99	-73.38	384.28	189.33	573.61
H333302720031210200401	200401200401998032581A	PRI TZKESM19120929	73.38	722.86	-73.38	426.44	223.04	649.48
H333302720031210200401	200401200401998032589A	SAMUELSSM19180331	73.38	713.94	-73.38	421.52	219.04	640.56
H333302720031210200401	200401200401998032500A	KANTER DF19150103	73.38	653.71	-73.38	389.01	191.32	580.33
H333302720031210200401	200401200401998032501D	NORMAN FF19230914	73.38	559.86	-73.38	323.49	162.99	486.48
H333302720031210200401	200401200401998032507A	MARTIN LF19150709	73.38	653.71	-73.38	389.01	191.32	580.33
H333302720031210200401	200401200401999032566A	COHEN RM19171019	73.38	811.54	-73.38	479.27	258.89	738.16
H333302720031210200401	200401200401999032568D	RUBIN JF19121124	73.38	857.74	-73.38	509.52	274.84	784.36
H333302720031210200401	200401200401999032569A	TROUTMAJM19110502	73.38	980.15	-73.38	577.46	329.31	906.77
H333302720031210200401	200401200401999032573A	ROUND PF19170127	73.38	569.89	-73.38	339.14	157.37	496.51
H333302720031210200401	200401200401999032576A	AZMAN FF19180203	73.38	734.82	-73.38	436.59	224.85	661.44
H333302720031210200401	200401200401999032585D	PRATT FF19080919	73.38	746.11	-73.38	443.95	228.78	672.73
H333302720031210200401	200401200401999032596A	LOMBARDF19160926	73.38	834.62	-73.38	496.76	264.48	761.24
H333302720031210200401	200401200401999032527D	BALTI MOMF19080301	73.38	837.34	-73.38	498.26	265.70	763.96
H333302720031210200401	200401200401999032535D	HOWARD JF19070402	73.38	580.51	-73.38	345.61	161.52	507.13
H333302720031210200401	200401200401999032549A	COLUMBUF19180904	73.38	1004.55	-73.38	593.51	337.66	931.17
H333302720031210200401	200401200401999032520C2	CARROLLKM19580202	73.38	333.27	-73.38	182.23	77.66	259.89





997032596A	SHANK	W M	19200707	200401-200401	73.38	756.68	-73.38	427.40	255.90	683.30
997032599A	KAY	T M	19121119	200401-200401	73.38	926.09	-73.38	546.43	306.28	852.71
033032519A	GOLDMAN	S M	19160221	200401-200401	73.38	734.80	-73.38	433.85	227.57	661.42
998032560D	MILLMAN	E F	19110709	200401-200401	73.38	692.33	-73.38	411.35	207.60	618.95
998032565A	JARRETT	J M	19110519	200401-200401	73.38	722.82	-73.38	426.42	223.02	649.44
998032565B	BLACK	E F	19170417	200401-200401	73.38	643.79	-73.38	382.51	187.90	570.41
998032585C1	MENG	A M	19500301	200401-200401	73.38	347.11	-73.38	189.69	84.04	273.73
998032589A	TAUBMAN	M F	19151205	200401-200401	73.38	665.44	-73.38	395.27	196.79	592.06
998329803A	DRUSKIN	E F	19420723	200401-200401	73.38	689.25	-73.38	376.64	239.23	615.87
998032554D	SMITH	M F	19290303	200401-200401	73.38	424.51	-73.38	216.96	134.17	351.13
998032556A	HELLER	V F	19130908	200401-200401	73.38	631.21	-73.38	375.57	182.26	557.83
998032561D	JEFFRIE	C F	19000201	200401-200401	73.38	646.99	-73.38	384.28	189.33	573.61
998032581A	PRI TZKE	S M	19120929	200401-200401	73.38	722.86	-73.38	426.44	223.04	649.48
998032589A	SAMUELS	S M	19180331	200401-200401	73.38	713.94	-73.38	421.52	219.04	640.56
998032500A	KANTER	D F	19150103	200401-200401	73.38	653.71	-73.38	389.01	191.32	580.33
998032501D	NORMAN	F F	19230914	200401-200401	73.38	559.86	-73.38	323.49	162.99	486.48
998032507A	MARTIN	L F	19150709	200401-200401	73.38	653.71	-73.38	389.01	191.32	580.33
999032566A	COHEN	R M	19171019	200401-200401	73.38	811.54	-73.38	479.27	258.89	738.16
999032568D	RUBIN	J F	19121124	200401-200401	73.38	857.74	-73.38	509.52	274.84	784.36
999032569A	TROUTMA	J M	19110502	200401-200401	73.38	980.15	-73.38	577.46	329.31	906.77
999032573A	ROUND	P F	19170127	200401-200401	73.38	569.89	-73.38	339.14	157.37	496.51
999032576A	AZMAN	F F	19180203	200401-200401	73.38	734.82	-73.38	436.59	224.85	661.44
999032585D	PRATT	F F	19080919	200401-200401	73.38	746.11	-73.38	443.95	228.78	672.73
999032596A	LOMBARD	F F	19160926	200401-200401	73.38	834.62	-73.38	496.76	264.48	761.24
999032527D	BALTIMO	M F	19080301	200401-200401	73.38	837.34	-73.38	498.26	265.70	763.96
999032535D	HOWARD	J F	19070402	200401-200401	73.38	580.51	-73.38	345.61	161.52	507.13
999032549A	COLUMBU	F M	19180904	200401-200401	73.38	1,004.55	-73.38	593.51	337.66	931.17
999032520C2	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		
O CONTRACT:	H3333	TOTALS:	77	\$	54,385.95	\$	-4,049.32	\$	50,336.63
		AGED REDUCTION:			\$		-3,755.80		
		DIB REDUCTION:			\$		-293.52		

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### I.3 Bonus Payment Data File

#### Description

This data file 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

H111120031003200303	20030320030327030998242358A	JONES	JM192806113.000	480.44	7.66	6.75	14.41	263.03	231.82	494.85
H111120031003200303	20030320030327030999075028A	CHANG	AM191402223.000	647.58	11.47	7.96	19.43	393.75	273.26	667.01
H111120031003200303	20030320030327030999075028A	CHANG	FF191511053.000	569.89	10.17	6.92	17.09	349.31	237.67	586.98
H111120031003200303	20030320030327030997141918A	COHEN	AM192507143.000	650.30	10.65	8.86	19.51	365.74	304.07	669.81
H111120031003200303	20030320030327030998245678A	PULASKI	WM192909093.000	449.12	7.14	6.33	13.47	245.23	217.36	462.59
H111120031003200303	200303200303270400997101278A	KI RBY	CM192202223.000	599.47	10.16	7.83	17.99	348.73	268.73	617.46
H111120031003200303	20030320030327080998098448C1	TAPLEY	PF195003223.000	398.14	5.60	6.34	11.94	192.42	217.66	410.08
H111120031003200303	20030320030327080999169748A	WALT	AF193507103.000	340.68	5.16	5.06	10.22	177.24	173.66	350.90
H111120031003200303	20030320030327080999766208A	ZI MMER	JM193510083.000	358.55	5.46	5.29	10.75	187.58	181.72	369.30
H111120031003200303	20030320030327080999766208B6	ZI MMER	RF193507173.000	307.84	4.62	4.62	9.24	158.58	158.50	317.08
H111120031003200303	20030320030327110008328968A	DUNN	WM194605313.000	375.60	6.28	4.99	11.27	215.51	171.36	386.87
H111120031003200303	20030320030327130081200938A	UNGER	WM192802193.000	540.82	8.84	7.38	16.22	303.52	253.52	557.04
H111120031003200303	20030320030327140001206008A	LABER	EF192908073.000	384.07	5.89	5.63	11.52	202.18	193.41	395.59
H111120031003200303	20030320030327140002263788A	SESLER	SF193711093.000	307.79	4.62	4.62	9.24	158.55	158.48	317.03
H111120031003200303	20030320030327140003098448B	TAPLEY	MF192505033.000	476.04	7.59	6.69	14.28	260.53	229.79	490.32
H111120031003200303	20030320030327140004486718A	EVERETT	SF195510183.000	398.14	5.60	6.34	11.94	192.42	217.66	410.08
H111120031003200303	20030320030327140005185168A	ROY	RM192409043.000	541.75	8.86	7.40	16.26	304.05	253.96	558.01
H111120031003200303	20030320030327140005527448A	LEGAULTE	FM194905143.000	398.14	5.60	6.34	11.94	192.42	217.66	410.08
H111120031003200303	20030320030327140009224508A	NOYES	JM193504023.000	358.55	5.46	5.29	10.75	187.58	181.72	369.30
H111120031003200303	20030320030327140013345888A	SAVAGE	LF193702203.000	309.36	4.64	4.64	9.28	159.44	159.20	318.64
H111120031003200303	20030320030327140014167668A	BRUCATOP	M192105023.000	599.47	10.16	7.83	17.99	348.73	268.73	617.46
H111120031003200303	20030320030327140019036448A	CAPOZZO	F192201153.000	511.73	8.87	6.49	15.36	304.39	222.70	527.09
H111120031003200303	20030320030327140030226108A	DYER	DM193012273.000	449.12	7.14	6.33	13.47	245.23	217.36	462.59
H111120031003200303	20030320030327140031283968D	NAETHE	LF193404273.000	307.84	4.62	4.62	9.24	158.58	158.50	317.08
H111120031003200303	20030320030327140038121058A	DUFFY	RM192604103.000	541.75	8.86	7.40	16.26	304.05	253.96	558.01
H111120031003200303	20030320030327140039166348A	RI VARD	JM192805093.000	481.36	7.68	6.76	14.44	263.56	232.24	495.80
H111120031003200303	20030320030327140049265358A	BROWN	MF193509083.000	307.84	4.62	4.62	9.24	158.58	158.50	317.08
H111120031003200303	20030320030327140053368728A	TEEPLE	AF194505063.000	465.37	7.01	6.95	13.96	240.58	238.75	479.33
H111120031003200303	20030320030327140055326258A	VI CARY	CM193610213.000	360.94	5.50	5.32	10.82	188.94	182.82	371.76
H111120031003200303	20030320030327140064167848A	HEATON	GM191703063.000	647.58	11.47	7.96	19.43	393.75	273.26	667.01
H111120031003200303	20030320030327140064383228A	NOLLEY	JM194602163.000	407.91	6.81	5.43	12.24	233.87	186.28	420.15
H111120031003200303	20030320030327140069146718A	JAMI ESOW	M192106273.000	599.47	10.16	7.83	17.99	348.73	268.73	617.46
H111120031003200303	20030320030327140075163288A	HORNE	JM191712113.000	647.58	11.47	7.96	19.43	393.75	273.26	667.01
H111120031003200303	20030320030327140084263748A	BROWN	JJM192804283.000	457.37	7.28	6.44	13.72	249.92	221.17	471.09
H111120031003200303	20030320030327140084308228A	ARMSTROV	F193601303.000	307.84	4.62	4.62	9.24	158.58	158.50	317.08
H111120031003200303	20030320030327140085227508A	REESE	TM192804153.000	457.37	7.28	6.44	13.72	249.92	221.17	471.09
H111120031003200303	20030320030327140091036968A	BESSLER	NF191705303.000	569.89	10.17	6.92	17.09	349.31	237.67	586.98
H111120031003200303	20030320030327140096726428A	WAMBEKE	BEF193608033.000	310.39	4.66	4.65	9.31	160.03	159.67	319.70
H111120031003200303	20030320030327140099184578A	STEI NBEH	F192510123.000	451.39	7.18	6.36	13.54	246.52	218.41	464.93
H111120031003200303	20030320030327150001201528A	COFFIN	AM192904243.000	449.12	7.14	6.33	13.47	245.23	217.36	462.59
H111120031003200303	20030320030327150010225068C1	CARACCI	SM196207233.000	296.38	5.20	3.69	8.89	178.49	126.78	305.27
H111120031003200303	20030320030327150011241238A	ALTMAN	RM192511113.000	541.75	8.86	7.40	16.26	304.05	253.96	558.01
H111120031003200303	20030320030327150020348888A	ROBI CHAR	F192411163.000	451.39	7.18	6.36	13.54	246.52	218.41	464.93
H111120031003200303	20030320030327150028249538A	RACHES	CM193403083.000	358.55	5.46	5.29	10.75	187.58	181.72	369.30

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H111120031003200303	20030320030327150028268588A	WELLS AM193408093.000	358.55	5.46	5.29	10.75	187.58	181.72	369.30
H111120031003200303	20030320030327150035017428A	WASHBURHF191403133.000	569.89	10.17	6.92	17.09	349.31	237.67	586.98
H111120031003200303	20030320030327150043013398A	ROSE CM191601313.000	647.58	11.47	7.96	19.43	393.75	273.26	667.01
H111120031003200303	20030320030327150048103318D	BEARDSLJF193307293.000	318.53	4.80	4.76	9.56	164.66	163.43	328.09
H111120031003200303	20030320030327150048288078A	BENNETTEM193703253.000	359.85	5.49	5.31	10.80	188.33	182.32	370.65
H111120031003200303	20030320030327150050184628D	LOESER SF193202233.000	384.07	5.89	5.63	11.52	202.18	193.41	395.59
H111120031003200303	20030320030327150054145838A	ACKLEY PF191903043.000	580.72	10.01	7.41	17.42	343.60	254.54	598.14
H111120031003200303	20030320030327150059246538A	NEWMAN RF192901293.000	384.07	5.89	5.63	11.52	202.18	193.41	395.59
H111120031003200303	20030320030327150059305978A	LUZAR BF193610163.000	342.80	5.20	5.09	10.29	178.45	174.64	353.09
H111120031003200303	20030320030327150066329418A	CRAIG RF193307083.000	311.53	4.68	4.67	9.35	160.68	160.20	320.88
H111120031003200303	20030320030327150083244758A	ZUSSBLANM193107073.000	449.12	7.14	6.33	13.47	245.23	217.36	462.59
H111120031003200303	20030320030327150096162138A	TEMPLE KM191803223.000	645.95	11.44	7.94	19.38	392.82	272.51	665.33
H111120031003200303	20030320030327150097349078A	COFFIN JF193212013.000	384.07	5.89	5.63	11.52	202.18	193.41	395.59



0 STATE/COUNTY CODE: 27080

0 CLAIM NUMBER	SURNAME	F S	BIRTH DATE	ADJ RC	PAY/ADJ DATES	BONUS PCT	BLENDED W/O BONUS	BONUS PART A	BONUS PART B	BONUS TOTAL	----- BLENDED PLUS BONUS -----	PART A	PART B	TOTAL
998098448C1	TAPLEY	P F	19500322		200303-200303	3.00	398.14	5.60	6.34	11.94		192.42	217.66 \$	410.08
999169748A	WALT	A F	19350710		200303-200303	3.00	340.68	5.16	5.06	10.22		177.24	173.66 \$	350.90
999766208A	ZIMMER	J M	19351008		200303-200303	3.00	358.55	5.46	5.29	10.75		187.58	181.72 \$	369.30
999766208B6	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 NUMBER	SURNAME	F S	BIRTH DATE	ADJ RC	PAY/ADJ DATES	BONUS PCT	BLENDED W/O BONUS	BONUS PART A	BONUS PART B	BONUS TOTAL	----- BLENDED PLUS BONUS -----	PART A	PART B	TOTAL
998828968A	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

CONTRACT#: H5006

BONUS PAYMENT REPORT

PAGE: 3

REPORT DATE: 2003/10/03

0 STATE/COUNTY CODE: 27130

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

999770938A 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

O STATE/COUNTY CODE: 27140

O CLAIM NUMBER	SURNAME	F S I E	BIRTH DATE	ADJ RC	PAY/ADJ DATES	BONUS PCT	BLENDED W/O BONUS	BONUS PART A	BONUS PART B	BONUS TOTAL	----- BLENDED PLUS BONUS ----- PART A	PART B	----- TOTAL
997206008A	LABER	E F	19290807		200303-200303	3.00	384.07	5.89	5.63	11.52	202.18	193.41 \$	395.59
997263788A	SESLER	S F	19371109		200303-200303	3.00	307.79	4.62	4.62	9.24	158.55	158.48 \$	317.03
998098448B	TAPLEY	M F	19250503		200303-200303	3.00	476.04	7.59	6.69	14.28	260.53	229.79 \$	490.32
998186718A	EVERETT	S F	19551018		200303-200303	3.00	398.14	5.60	6.34	11.94	192.42	217.66 \$	410.08
998187168A	ROY	R M	19240904		200303-200303	3.00	541.75	8.86	7.40	16.26	304.05	253.96 \$	558.01
998527448A	LEGAUL	E F	19490514		200303-200303	3.00	398.14	5.60	6.34	11.94	192.42	217.66 \$	410.08
998829508A	NOYES	J M	19350402		200303-200303	3.00	358.55	5.46	5.29	10.75	187.58	181.72 \$	369.30
999045888A	SAVAGE	L F	19370220		200303-200303	3.00	309.36	4.64	4.64	9.28	159.44	159.20 \$	318.64
999067668A	BRUCAT	P M	19210502		200303-200303	3.00	599.47	10.16	7.83	17.99	348.73	268.73 \$	617.46
999136448A	CAPOZZI	I F	19220115		200303-200303	3.00	511.73	8.87	6.49	15.36	304.39	222.70 \$	527.09
999286108A	DYER	D M	19301227		200303-200303	3.00	449.12	7.14	6.33	13.47	245.23	217.36 \$	462.59
999293968D	NAETHEL	L F	19340427		200303-200303	3.00	307.84	4.62	4.62	9.24	158.58	158.50 \$	317.08
999321058A	DUFFY	R M	19260410		200303-200303	3.00	541.75	8.86	7.40	16.26	304.05	253.96 \$	558.01
999366348A	RI VARD	J M	19280509		200303-200303	3.00	481.36	7.68	6.76	14.44	263.56	232.24 \$	495.80
999565358A	BROWN	M F	19350908		200303-200303	3.00	307.84	4.62	4.62	9.24	158.58	158.50 \$	317.08
999598728A	TEEPLE	A F	19450506		200303-200303	3.00	465.37	7.01	6.95	13.96	240.58	238.75 \$	479.33
999646258A	VI CARY	C M	19361021		200303-200303	3.00	360.94	5.50	5.32	10.82	188.94	182.82 \$	371.76
999717848A	HEATON	G M	19170306		200303-200303	3.00	647.58	11.47	7.96	19.43	393.75	273.26 \$	667.01
999723228A	NOLLEY	J M	19460216		200303-200303	3.00	407.91	6.81	5.43	12.24	233.87	186.28 \$	420.15
999736718A	JAMI ESO	W M	19210627		200303-200303	3.00	599.47	10.16	7.83	17.99	348.73	268.73 \$	617.46
999763288A	HORNE	J M	19171211		200303-200303	3.00	647.58	11.47	7.96	19.43	393.75	273.26 \$	667.01
999775748A	BROWN	J M	19280428		200303-200303	3.00	457.37	7.28	6.44	13.72	249.92	221.17 \$	471.09
999776228A	ARMSTRO	V F	19360130		200303-200303	3.00	307.84	4.62	4.62	9.24	158.58	158.50 \$	317.08
999776508A	REESE	T M	19280415		200303-200303	3.00	457.37	7.28	6.44	13.72	249.92	221.17 \$	471.09
999776968A	BESSLER	N F	19170530		200303-200303	3.00	569.89	10.17	6.92	17.09	349.31	237.67 \$	586.98
999777428A	WAMBEKE	B F	19360803		200303-200303	3.00	310.39	4.66	4.65	9.31	160.03	159.67 \$	319.70
999824578A	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		



## 1.5 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. The data in the example below are for periods prior to 2006.

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

0	- 34	0	0.00	0	0.00	0	0.00	0	0.00	
0	1	DEMOGRAPHIC REPORT FOR HMO		122003	OPERATING MONTH					
0		ST/CTY CODE 23620								
0		PART B ENTITLEMENT - MALE								
0		AGE								
0	GROUP	INST		MEDI CAID		NON		WORKING		
0						MEDI CAID		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	246.80	0	0.00	
0	75-79	0	0.00	0	0.00	1	210.73	0	0.00	
0	70-74	0	0.00	0	0.00	0	0.00	0	0.00	
0	65-69	0	0.00	0	0.00	0	0.00	0	0.00	
0	60-64	0	0.00	0	0.00	1	198.34	0	0.00	
0	55-59	0	0.00	0	0.00	1	111.10	0	0.00	
0	45-54	0	0.00	0	0.00	1	124.01	0	0.00	
0	35-44	0	0.00	0	0.00	0	0.00	0	0.00	
0	- 34	0	0.00	0	0.00	0	0.00	0	0.00	
0	-	PART B ENTITLEMENT - FEMALE								
0		AGE								
0	GROUP	INST		MEDI CAID		NON		WORKING		
0						MEDI CAID		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	
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 HOSPI CE-A	0	TOTAL MONEY	\$	0.00	TOTAL HOSPI CE-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.6 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

CLAIM NUM	NAME	PROV	INTER	ADM PD	HMO DATE	TOTAL CHARGES	NON-COV CHARGES	INP DED	NC DEDUCT	BLD	COI DAYS	INSURANCE CHGS	TOTAL AMOUNT	FROM DATE	THRU DATE	COV DAYS	REIM NP	AMT CD CR
997508694A	BAKER	010084	00010		20020630	7821	0	812	0	0	0	0	812	20020630	20020703	0	0	
999075499C2	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

CLAIM NUM	NAME	PROV	INTER	ADM PD	HMO DATE	TOTAL CHARGES	NON-COV CHARGES	INP DED	NC DEDUCT	BLD	COI DAYS	INSURANCE CHGS	TOTAL AMOUNT	FROM DATE	THRU DATE	COV DAYS	REIM NP	AMT CD CR
9974078961	CANDLE	011570	00380		20020826	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084	
99720102946	FLICKE	011570	00380		20020912	1953	0	0	0	0	0	0	0	20020912	20020930	0	1953	
99704052140	KELLER	011509	00380		20020719	3116	0	0	0	0	0	0	0	20020901	20020930	0	3084	
99717341641	CARTER	011518	00380		20020910	2159	0	0	0	0	0	0	0	20020910	20020930	0	2159	
997367253A	RAND	011509	00380		20020809	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084	
997405595A	KAUFMA	011570	00380		20020827	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084	
997019027A	HUDSON	011570	00380		20020719	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084	
997225775A	HOLMES	011509	00380		20020720	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084	
997348705A	GRAY	011509	00380		20020906	2570	0	0	0	0	0	0	0	20020906	20020930	0	2570	
997540166D	CHAN	011536	00380		20020725	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084	
997244509A	WEBSTE	011570	00380		20020713	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084	
998076811D	GRAND	011527	00380		20020701	3510	0	0	0	0	0	0	0	20020901	20020926	0	2673	
998092727D	BARNES	011536	00380		20020419	3084	0	0	0	0	0	0	0	20020601	20020630	0	3084	
998092727D	BARNES	011536	00380		20020419	3187	0	0	0	0	0	0	0	20020501	20020531	0	3187	
998095866A	NOBLE	011570	00380		20020919	1233	0	0	0	0	0	0	0	20020919	20020930	0	1233	
998162471A	CRAIG	011571	00380		20020514	3475	0	0	0	0	0	0	0	20020701	20020731	0	3219	
998162471A	CRAIG	011571	00380		20020514	3187	0	0	0	0	0	0	0	20020701	20020731	0	3187	CR
998162471A	CRAIG	011571	00380		20020812	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084	
998345081A	DAVIES	011571	00380		20020819	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084	
998425806B6	FARBMA	011571	00380		20020905	2673	0	0	0	0	0	0	0	20020905	20020930	0	2673	
998428028A	GROSS	011527	00380		20020709	4735	0	0	0	0	0	0	0	20020901	20020930	0	3110	

998018375A	BENJAM	011509	00380	20020818	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084
998127785D	ABRAMS	011571	00380	20020806	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084
998366517A	LEVI TT	011536	00380	20020823	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084
998462098D	SHI NDL	011509	00380	20020804	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084
998010060D6	FUNK	011571	00380	20020911	2056	0	0	0	0	0	0	0	20020911	20020930	0	2056
998105591D	HARRI S	011527	00380	20020820	4050	0	0	0	0	0	0	0	20020901	20020930	0	3084
998142555A	LAWREN	011571	00380	20020826	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084
999014376D	GOLDWA	011571	00380	20020604	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084
999300987A	SOSNI C	011570	00380	20020702	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084
999305198A	WHEEL E	011518	00380	20020801	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084
999307037A	KERBEL	011509	00380	20020731	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084
999348557A	CAPLAN	011509	00380	20011009	3116	0	0	0	0	0	0	0	20011101	20011130	0	3084
999365702A	GOLDMA	011570	00380	20020820	3073	0	0	0	0	0	0	0	20020901	20020912	0	3073
999057474D	GLAZER	011570	00380	20020823	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084
999186878A	ROSSMA	011571	00380	20020820	4512	0	0	0	0	0	0	0	20020901	20020930	0	4512
999229484A	WEI NST	011570	00380	20020809	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084
999225546A	LARRAB	011509	00380	20020811	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084
999245569A	FOX	011543	00380	20020814	3210	0	0	0	0	0	0	0	20020901	20020930	0	3084
999442743A	SCHMAL	011518	00380	20020708	3112	0	0	0	0	0	0	0	20020901	20020930	0	3110
999463064A	GOLI NK	011509	00380	20020614	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084
999093466A	KOVEL	011509	00380	20020713	2982	0	0	0	0	0	0	0	20020901	20020929	0	2981
999145206A	LARI C	011570	00380	20020729	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084
999167377D	MI LLER	011570	00380	20020821	2982	0	0	0	0	0	0	0	20020901	20020929	0	2981
999283729A	HABER	011501	00380	20020722	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084
999288502A	WADE	011509	00380	20020628	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084
999288853A	FRWEI	011571	00380	20020821	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084

1

PART A BILLS POSTED IN OCT 2002

PAGE 3

\* \* \* \* \* HMO H4444 \* \* \* \* \*

BILL TYPE: HOSPICE

CLAIM NUM	NAME	PROV	INTER	HMO	ADM	TOTAL	NON-COV	INP	NC	BLD	COINSURANCE	TOTAL	FROM	THRU	COV	REIM NP
			PD		DATE	CHARGES	CHARGES	DED	DEDUCT	DAYS	CHGS	AMOUNT	DATE	DATE	DAYS	AMT CD CR
997343673A	WALTER	011570	00380		20020813	3084	0	0	0	0	0	0	20020901	20020930	0	3084
997362706A	GROSSM	011570	00380		20020730	3084	0	0	0	0	0	0	20020901	20020930	0	3084
997408492A	BODER	011571	00380		20020702	3084	0	0	0	0	0	0	20020901	20020930	0	3084
997409970A	BROWNI	011536	00380		20020416	3187	0	0	0	0	0	0	20020501	20020531	0	3187
997409970A	BROWNI	011536	00380		20020215	3084	0	0	0	0	0	0	20020401	20020430	0	3084
997422768A	CEDERB	011571	00380		20020731	3084	0	0	0	0	0	0	20020901	20020930	0	3084
998546255A	REI SMA	011570	00380		20020801	3084	0	0	0	0	0	0	20020901	20020930	0	3084
998090951A	GRI FF	011514	00380		20020821	3360	0	0	0	0	0	0	20020901	20020930	0	3084
998186024D	GI LDEN	011570	00380		20020729	3084	0	0	0	0	0	0	20020901	20020930	0	3084
998284779A	MARR	011509	00380		20020612	3187	0	0	0	0	0	0	20020701	20020731	0	3187
998329647A	NEESAN	011570	00380		20020905	2673	0	0	0	0	0	0	20020905	20020930	0	2673

999462122A	CRANDL	011509	00380	20020805	3116	0	0	0	0	0	0	0	20020901	20020930	0	3084
999366329A	LENO	011570	00380	20020726	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084
999121281A	LETTER	011536	00380	20020801	3084	0	0	0	0	0	0	0	20020901	20020930	0	3084

1 PART A BILLS POSTED IN OCT 2002 PAGE 4

\* \* \* \* \* HMO H4444 \* \* \* \* \*

BILL TYPE: OUTPATIENT

CLAIM NUM	NAME	PROV	INTER	PD	HMO TYP	DATE OF SER 1ST SER	DATE OF LAST SER	BLOOD DEDUCT	CASH DEDUCT	COI N AMT	TOTAL CHARGES	PMT DI ST PROVI DER	PMT DI ST PATI ENT
997324897A	HUNTER	010114	00010		0	20020831	20020831	.00	.00	148.03	665.00	307.11	.00
998402448A	QUEEN	013853	00390	1	0	20020630	20020630	.00	.00	.00	50.00	.00	.00
998402448A	QUEEN	013853	00390	1	0	20020906	20020906	.00	.00	.00	50.00	.00	.00
998402448A	QUEEN	013853	00390	1	0	20020807	20020807	.00	.00	.00	50.00	.00	.00
998402448A	QUEEN	013853	00390	1	0	20020906	20020906	.00	.00	.00	50.00	.00	.00
998529804A	STALLE	110004	00390	1	0	20020901	20020902	.00	.00	.00	882.25	.00	.00
999269958A	GOLD	013873	00390	1	0	20020415	20020415	.00	.00	.00	46.00	.00	.00
999269958A	NADLER	013873	00390	1	0	20021004	20021004	.00	.00	.00	46.00	.00	.00

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## ***1.7 Monthly Membership Detail Data File***

### ***Description***

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

### ***Example***

The example is part of a Monthly Membership Detail Data File. The full file includes all members in the contract. (**NOTE:** The records are very long, so they are shown as wrapping around in this document. The wrap-around is not in an actual data file.)

H050420051028200601000000000T	JOHNSONSF19491130555933700YYY Y	01.	028001.02800101	2006010120060131	00000.00	00000.00	02743.78
03915.34	5559	0231D	Y000B	0000.00	0000.00	0000.00	0010.25
0014.75	0000.00	0000.00	002733.53	003900.59	0006763.2901.	9770	0000.00
0000129.1701	000000.00	000000.00					0000.00
0000129.1701	000000.00	000000.00					0000.00
H050420051028200601000000000A	JOHNSONMF19240306808410050YYY	01.	148001.14800101	2006010120060131	00169.05	00135.47	00199.32
00181.49	8084	0231	Y000B	0000.00	0000.00	0017.66	0016.30
0000.00	0000.00	0000.00	000209.41	000186.29	0000457.9201.	0300	0000.00
0000062.2201	000000.00	000000.00					0000.00
0000062.2201	000000.00	000000.00					0000.00
H050420051028200601000000000A	JOHNSONKF19470428555939620YYY	00.	846000.84600101	2006010120060131	00000.00	00000.00	00146.88
00133.74	5559	0231E	Y000B	0000.00	0000.00	0017.66	0016.30
0000.00	0000.00	0000.00	000127.82	000116.61	0000324.8201.	2870	0000.00
0000080.3901	000000.00	000000.00					0000.00
0000080.3901	000000.00	000000.00					0000.00
H050420051028200601000000000A	JOHNSONTF19220506808405200 YY	01.	148001.14800101	2006010120060131	00172.15	00137.95	00204.09
00185.85	8084	0231	Y000B	0000.00	0000.00	0017.66	0016.30
0000.00	0000.00	0000.00	000213.77	000190.18	0000466.1701.	0300	0000.00
0000062.2201	000000.00	000000.00					0000.00
0000062.2201	000000.00	000000.00					0000.00
H050420051028200601000000000A	JOHNSONGF19420801606429010YYY Y Y	00.	596000.59600101	2006010120060131	00000.00	00000.00	00103.48
00094.22	6064	0231C	Y000B	0000.00	0000.00	0017.66	0016.30
0000.00	0000.00	0000.00	000095.27	000086.97	0000259.7401.	0962101.0800	0000.00
0000077.5001	000000.00	000000.00					0000.00
0000077.5001	000000.00	000000.00					0000.00
H050420051028200601000000000A	JOHNSONRF19330503707411370YYY YYY	02.	242002.24200101	2006010120060131	00169.05	00163.99	00389.26
00354.44	7074	0231I	Y000B	0000.00	0000.00	0017.66	0016.30
0000.00	0000.00	0000.00	000351.87	000323.13	0000796.2501.	7150	0000.00
0000121.2501	000000.00	000000.00				A01.0800	0000.00
0000121.2501	000000.00	000000.00					0000.00
H050420051028200601000000000C1	JOHNSONMM19620923354403060YYY Y Y Y	02.	954002.95400101	2006010120060131	00000.00	00000.00	01144.29
01041.96	3544	0231C2	Y000B	0000.00	0000.00	0000.00	0000.00
0014.75	0000.00	0000.00	001134.04	001027.21	0002238.3701.	0908101.0800	0000.00
0000077.1201	000000.00	000000.00					0000.00
0000077.1201	000000.00	000000.00					0000.00
H050420051028200601000000000A	JOHNSONPM19250201808403060YYY	02.	039002.03900101	2006010120060131	00193.20	00163.99	00354.01
00322.35	8084	0231C	Y000B	0000.00	0000.00	0017.66	0016.30
0000.00	0000.00	0000.00	000331.47	000299.06	0000702.4401.	1670	0000.00
0000071.9101	000000.00	000000.00					0000.00
0000071.9101	000000.00	000000.00					0000.00
H050420051028200601000000000A	JOHNSONJM19200111859939620YYY Y	01.	374001.37400101	2006010120060131	00000.00	00000.00	03478.38
04963.22	8589	0232D	Y000B	0000.00	0000.00	0000.00	0010.25
0014.75	0000.00	0000.00	003468.13	004948.47	0008509.2201.	4600	0000.00
0000092.6201	000000.00	000000.00					0000.00
0000092.6201	000000.00	000000.00					0000.00
H050420051028200601000000000A	JOHNSONEM19231201808405200 YY Y Y	00.	989000.98900101	2006010120060131	00385.28	00246.86	00175.82
00160.11	8084	0232C	Y000B	0000.00	0000.00	0017.66	0016.30
0000.00	0000.00	0000.00	000245.85	000198.10	0000475.4000.	4449101.0800	0000.00
0000031.4501	000000.00	000000.00					0000.00
0000031.4501	000000.00	000000.00					0000.00
H050420051028200601000000000A	JOHNSONJF19480329555905200 YY	00.	465000.46500101	2006010120060131	00160.17	00190.03	00082.67
00075.28	5559	0231C	Y000B	0000.00	0000.00	0017.66	0016.30
0000.00	0000.00	0000.00	000119.71	000120.27	0000316.6901.	2350	0000.00
0000076.7101	000000.00	000000.00					0000.00
0000076.7101	000000.00	000000.00					0000.00
H050420051028200601000000000A	JOHNSONMF19220322808424260YYY YYY	01.	576001.57600101	2006010120060131	00273.70	00178.25	00273.63
00249.15	8084	0231I	Y000B	0000.00	0000.00	0017.66	0016.30
0000.00	0000.00	0000.00	000291.31	000247.73	0000644.4801.	4914	0000.00
0000105.4401	000000.00	000000.00				A01.0800	0000.00
0000105.4401	000000.00	000000.00					0000.00
H050420051028200601000000000B	JOHNSONMF19210616808405200 YY	00.	572000.57200101	2006010120060131	00172.15	00137.95	00101.69
00092.60	8084	0231C	Y000B	0000.00	0000.00	0017.66	0016.30
0000.00	0000.00	0000.00	000136.97	000120.24	0000281.4700.	4930	0000.00
0000024.2601	000000.00	000000.00					0000.00
0000024.2601	000000.00	000000.00					0000.00
H050420051028200601000000000A	JOHNSONEM19381216656905200 YY Y	02.	342002.34200101	2006010120060131	00000.00	00000.00	01084.56
00987.60	6767	0233	Y000B	0000.00	0000.00	0000.00	0010.25
0014.75	0000.00	0000.00	001074.31	000972.85	0002092.8400.	7960	0000.00
0000045.6801	000000.00	000000.00					0000.00
0000045.6801	000000.00	000000.00					0000.00

H050420051028200601000000000A	JOHNSONVF19041208859905200	YY	00.	805000.80500101	2006010120060131	00196.74	00145.21	00143.11
00130.32	9599	0231C	Y000B	0000.00	0000.00	0017.66	0016.30	0000.00
0000.00	0000.00	0000.00	000174.18	000150.34	0000346.3700	4590	0000.00	0000.00
0000021.8501	000000.00	000000.00				0000.00	0010.60	000021.85
000000.00	000000.00						000000.00	000000.00
H050420051028200601000000000A	JOHNSONRM19400524656905200	YY Y	01.	348001.34800101	2006010120060131	00000.00	00000.00	03675.75
05245.41	6565	0231D	Y000B	0000.00	0000.00	0000.00	0000.00	0000.00
0014.75	0000.00	0000.00	003665.50	005230.66	0008997.1201	5780	0000.00	0010.60
0000100.9601	000000.00	000000.00					000000.00	000000.00
H050420051028200601000000000A	JOHNSONCM19230803808405200	YY Y	01.	168001.16800101	2006010120060131	00000.00	00000.00	03184.93
04544.98	8084	0231	Y000B	0000.00	0000.00	0000.00	0000.00	0010.25
0014.75	0000.00	0000.00	003174.68	004530.23	0007760.8400	9410	0000.00	0010.60
0000055.9301	000000.00	000000.00					0000055.93	000000.00
H050420051028200601000000000T	JOHNSONJM19400715656905200	YY	00.	528000.52800101	2006010120060131	00106.57	00116.17	00093.87
00085.48	6565	0232E	Y000B	0000.00	0000.00	0017.66	0016.30	0000.00
0000.00	0000.00	0000.00	000114.71	000109.45	0000266.8000	7530	0000.00	0000.00
0000042.6401	000000.00	000000.00					0000.00	0010.60
000000.00	000000.00						000042.64	000000.00
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05821.31	6064	0231D	Y000B	0000.00	0000.00	0000.00	0000.00	0010.25
0014.75	0000.00	0000.00	004069.07	005806.56	0010040.9902	3389	D01.2100	0000.00
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H050420051028200601000000000A	JOHNSONGF19660130354405200	YY Y	05.	179005.17900101	2006010120060131	00000.00	00000.00	02398.34
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H050420051028200601000000000M	JOHNSONVF19300928757905200	YY Y	00.	666000.66600101	2006010120060131	00237.73	00181.51	00118.40
00107.82	7579	0235C	Y000B	0000.00	0000.00	0017.66	0016.30	0000.00
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000000.00	000000.00						000028.41	000000.00
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01028.50	3544	0235C2	Y000B	0000.00	0000.00	0000.00	0000.00	0010.25
0014.75	0000.00	0000.00	001119.23	001013.75	0002233.6901	4245101.0800	0000.00	0010.60
0000100.7101	000000.00	000000.00					0000090.11	000000.00
H050420051028200601000000000A	JOHNSONJM19390612656905200	YY Y	00.	901000.90100101	2006010120060131	00000.00	00000.00	02456.86
03506.02	6666	0234D	Y000B	0000.00	0000.00	0000.00	0000.00	0010.25
0014.75	0000.00	0000.00	002446.61	003491.27	0006042.0301	4731201.0500	0000.00	0010.60
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H052320051028200601000000000A	JOHNSONVM19371016656905200	YY	02.	978002.97800101	2006010120060131	00256.71	00279.85	01321.82
01203.62	6868	8055C	Y000B	0000.00	0000.00	0002.53	0002.33	0005.63
0000.00	0000.00	0000.00	001063.70	000980.21	0002177.0401	6190	0015.90	0032.20
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H052420051028200601000000000M	JOHNSONKF19181026859905200	Y	00.	665000.6650	01	2006010120060131	00000.00	00149.09
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H054220051028200601000000000A	JOHNSONEF19410405606405200	YY	01.	877001.87700101	2006010120060131	01080.21	00956.76	00869.22
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04414.16	7579	0012D	Y000B	0000.00	0000.00	0000.00	0000.00	0000.00
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0000146.9401	000032.00	000022.00					
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0000118.6601	000032.00	000022.00					
H054220051028200601000000000D	JOHNSONTF19200321859905200 YY	Y Y	01.484001.48400101	2006010120060131	01080.21	00956.76	00687.23
00625.79	8589	0012C Y Y000B	0000.00	0000.00	0000.00	0000.00	0000.00
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H054220051028200601000000000A	JOHNSONBF19400720656924260YYY	01.	122001.12200101	2006010120060131	00868.96	00769.68	00469.06
00427.12	6565	0011E Y Y000B	0000.00	0000.00	0000.00	0000.00	0000.00
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0000.00	0000.00	0000.00	000954.94	000869.53	0001999.6601.5340	0000.00	0054.31
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00960.71	8084	0021I Y000B		0000.00	0000.00	0000.00	0000.00	0000.00
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0000.00	0000.00	0000.00	0000.00	003926.62	005603.40	0009663.0701.6640	0000.00	0049.76
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0000.00	0000.00	0000.00	0000.00	002212.18	002014.41	0004298.4000.9770	0000.00	0022.60
0000071.8101	000000.00	000000.00					000000.00	000000.00
H05432005102820060100000000A	JOHNSONEM19470301555905200	YY Y	00.	721000.72100101	2006010120060131	00000.00	00000.00	01966.04
02805.59	5559	0652D	Y000B	0000.00	0000.00	0000.00	0000.00	0000.00
0000.00	0000.00	0000.00	0000.00	001966.04	002805.59	0004815.8200.6430	0000.00	0022.60
0000044.1901	000000.00	000000.00					000000.00	000000.00
H05432005102820060100000000A	JOHNSONBF19421111606431150	YYY Y	01.	233001.23300101	2006010120060131	00000.00	00000.00	03405.87
04860.36	6064	0651D	Y000B	0000.00	0000.00	0000.00	0000.00	0000.00
0000.00	0000.00	0000.00	0000.00	003405.87	004860.36	0008417.5101.9380	0000.00	0022.60
0000151.2801	000000.00	000000.00					000000.00	000000.00
H05432005102820060100000000A	JOHNSONMF19140616859910050	YYY Y Y	04.	034004.03400101	2006010120060131	00848.00	00447.09	01667.21
01518.16	9094	0651C	Y000B	0000.00	0000.00	0033.95	0031.34	0002.26
0000.00	0001.01	0000.94	001499.64	001284.75	0003093.0402.3954101.0800	0000.00	0022.60	000175.50
0000308.6501	000000.00	000000.00					000000.00	000000.00

H054320051028200601000000000A	JOHNSONJF19470320555905200	YY Y	Y	01.	016001.01600101	2006010120060131	00000.00	00000.00	02770.45
	03953.51	5559	0652G2	Y000B	0000.00	0000.00	0000.00	0000.00	0000.00
	0000.00	0000.00	0000.00	002770.45	003953.51	0006911.1400	9266101.0800	0000.00	0022.60
	0000187.1801	000000.00	000000.00					000054.03	000013.61
	000096.94								
H054320051028200601000000000D	JOHNSONWF19300117757905200	YY		00.	483000.48300101	2006010120060131	00343.24	00339.79	00199.62
	00181.77	7579	0652C	Y000B	0000.00	0000.00	0033.95	0031.34	0002.26
	0000.00	0001.01	0000.94	000272.76	000255.64	0000619.9701	2160	0000.00	0022.60
	0000091.5701	000000.00	000000.00					000077.96	000013.61
	000000.00								
H054320051028200601000000000A	JOHNSONRF19370116656905200	YY Y		01.	362001.36200101	2006010120060131	00000.00	00000.00	03713.93
	05299.88	6868	0651D	Y000B	0000.00	0000.00	0000.00	0000.00	0000.00
	0000.00	0000.00	0000.00	003713.93	005299.88	0009177.8302	0920	0000.00	0022.60
	0000164.0201	000000.00	000000.00					000150.41	000013.61
	000000.00								
H054320051028200601000000000A	JOHNSONSF19441022606429010YYY			00.	375000.37500101	2006010120060131	00489.80	00485.30	00154.98
	00141.13	6064	0651C	Y000B	0000.00	0000.00	0033.95	0031.34	0002.26
	0000.00	0001.01	0000.94	000275.92	000261.53	0000584.1200	6730	0002.09	0000.00
	0000046.6701	000000.00	000000.00					000033.06	000013.61
	000000.00								
H054320051028200601000000000A	JOHNSONEM19341023707403060YYY	YYY	01.	566001.56600101	2006010120060131	00605.72	00482.85	00647.21	
	00589.35	7074	0651I	Y000B	0000.00	0000.00	0033.95	0031.34	0002.26
	0000.00	0001.01	0000.94	000674.07	000597.09	0001514.3401	6038	A01.0800	0000.00
	0000243.1801	000000.00	000000.00					000110.03	000013.61
	000096.94								
H054320051028200601000000000D	JOHNSONDF19270512757905200	YY	Y Y	00.	666000.66600101	2006010120060131	00585.52	00447.09	00275.25
	00250.64	7579	0651C	Y000B	0000.00	0000.00	0033.95	0031.34	0002.26
	0000.00	0001.01	0000.94	000390.05	000334.11	0000873.4700	4687101.0800	0002.09	0000.00
	0000149.3101	000000.00	000000.00					000016.16	000013.61
	000096.94								
H054320051028200601000000000C3	JOHNSONDM19700615354405200	YY	Y Y	01.	047001.04700101	2006010120060131	00452.12	00465.08	00432.71
	00394.03	3544	0652C	Y000B	0000.00	0000.00	0033.95	0031.34	0002.26
	0000.00	0001.01	0000.94	000474.79	000446.15	0001151.8801	4558101.0800	0002.09	0000.00
	0000230.9401	000000.00	000000.00					000097.79	000013.61
	000096.94								
H054320051028200601000000000A	JOHNSONGF19370222656905200	YY Y		03.	490003.49000101	2006010120060131	00000.00	00000.00	01616.18
	01471.70	6868	0651C2	Y000B	0000.00	0000.00	0000.00	0000.00	0000.00
	0000.00	0000.00	0000.00	001616.18	001471.70	0003223.2001	7450	0000.00	0022.60
	0000135.3201	000000.00	000000.00					000121.71	000013.61
	000000.00								
H054320051028200601000000000A	JOHNSONCM19410603606405200	YY		00.	342000.34200101	2006010120060131	00376.77	00384.20	00141.35
	00128.71	6064	0654C	Y000B	0000.00	0000.00	0033.95	0031.34	0002.26
	0000.00	0001.01	0000.94	000237.44	000226.94	0000504.6800	5960	0002.09	0000.00
	0000040.3001	000000.00	000000.00					000026.69	000013.61
	000000.00								
H054320051028200601000000000A	JOHNSONMM19370130656903060YYY Y			00.	841000.84100101	2006010120060131	00000.00	00000.00	01883.33
	02686.78	6868	0651D	Y000B	0000.00	0000.00	0000.00	0000.00	0000.00
	0000.00	0000.00	0000.00	001883.33	002686.78	0004610.0800	5920	0000.00	0022.60
	0000039.9701	000000.00	000000.00					000026.36	000013.61
	000000.00								
H054320051028200601000000000B	JOHNSONJF19290806757903060YYY			00.	979000.97900101	2006010120060131	00343.24	00339.79	00404.61
	00368.44	7579	0651	Y000B	0000.00	0000.00	0033.95	0031.34	0002.26
	0000.00	0001.01	0000.94	000426.50	000395.64	0000898.1701	0280	0002.09	0000.00
	0000076.0301	000000.00	000000.00					000062.42	000013.61
	000000.00								
H054320051028200601000000000A	JOHNSONDM19370519656905200	YY Y		01.	016001.01600101	2006010120060131	00000.00	00000.00	02770.45
	03953.51	6868	0651G2	Y000B	0000.00	0000.00	0000.00	0000.00	0000.00
	0000.00	0000.00	0000.00	002770.45	003953.51	0006764.1800	5950	0000.00	0022.60
	0000040.2201	000000.00	000000.00					000026.61	000013.61
	000000.00								
H054320051028200601000000000A	JOHNSONRM19430728606405200	YY Y		01.	016001.01600101	2006010120060131	00000.00	00000.00	02770.45
	03953.51	6064	0651G2	Y000B	0000.00	0000.00	0000.00	0000.00	0000.00
	0000.00	0000.00	0000.00	002770.45	003953.51	0006840.5901	5190	0000.00	0022.60
	0000116.6301	000000.00	000000.00					000103.02	000013.61
	000000.00								
H054320051028200601000000000A	JOHNSONBM19430127606405200	YY Y	Y	02.	954002.95400101	2006010120060131	00000.00	00000.00	01367.97
	01245.67	6064	0654	Y000B	0000.00	0000.00	0000.00	0000.00	0000.00
	0000.00	0000.00	0000.00	001367.97	001245.67	0002823.2401	1977101.0800	0000.00	0022.60
	0000209.6001	000000.00	000000.00					000076.45	000013.61
	000096.94								

H054320051028200601000000000A	JOHNSONAF19450502606405200	YY Y	01.	016001.01600101	2006010120060131	00000.00	00000.00	02770.45
	03953.51	6064	0652G2	Y000B	0000.00	0000.00	0000.00	0000.00
	0000.00	0000.00	0000.00	002770.45	003953.51	0006819.7501.2670	0000.00	0022.60
	0000095.7901	000000.00	000000.00				000082.18	000013.61
	000000.00							000000.00
H054320051028200601000000000A	JOHNSONCF19170415859905200	YY	01.	289001.28900101	2006010120060131	00484.57	00357.67	00532.73
	00485.10	8589	0651	Y000B	0000.00	0000.00	0033.95	0031.34
	0000.00	0001.01	0000.94	000557.92	000487.60	0001119.6401.0050	0000.26	0002.09
	0000074.1201	000000.00	000000.00				0000.00	0000.00
	000000.00						000060.51	000013.61
	000000.00							000000.00
H054320051028200601000000000A	JOHNSONJM19730713003405200	YY Y Y Y	00.	749000.74900101	2006010120060131	00000.00	00000.00	02042.39
	02914.55	0034	0655D	Y000B	0000.00	0000.00	0000.00	0000.00
	0000.00	0000.00	0000.00	002042.39	002914.55	0005180.2901.3640101.0800	0000.00	0022.60
	0000223.3501	000000.00	000000.00				000090.20	000013.61
	000000.00							000096.94
	000000.00							000000.00
H054320051028200601000000000A	JOHNSONEM19620219354405200	YY Y YYY	01.	860001.86000101	2006010120060131	00000.00	00000.00	05071.89
	07237.73	3544	0655D	Y000B	0000.00	0000.00	0000.00	0000.00
	0000.00	0000.00	0000.00	005071.89	007237.73	0012679.4403.1351	0000.00	0000.00
	0000369.8201	000000.00	000000.00				D01.2100	0000236.67
	000000.00						000013.61	000096.94
	000000.00							000000.00
H054320051028200601000000000A	JOHNSONKF19610130455403060YYY Y	01.	834001.83400101	2006010120060131	00000.00	00000.00	00710.44	
	00646.91	4554	0651C2	Y000B	0000.00	0000.00	0000.00	0000.00
	0000.00	0000.00	0000.00	000710.44	000646.91	0001439.0801.0970	0000.00	0022.60
	0000081.7301	000000.00	000000.00				000068.12	000013.61
	000000.00							000000.00
H054320051028200601000000000A	JOHNSONMF19191018859905200	YY Y YYY	03.	334003.33400101	2006010120060131	00000.00	00000.00	01543.94
	01405.91	8589	0651	Y000B	0000.00	0000.00	0000.00	0000.00
	0000.00	0000.00	0000.00	001543.94	001405.91	0003128.1900.8197	A01.0800	000045.19
	0000178.3401	000000.00	000000.00				000013.61	000096.94
	000000.00							000000.00
H054320051028200601000000000A	JOHNSONRM19450726606405200	YY Y	01.	101001.10100101	2006010120060131	00000.00	00000.00	03002.23
	04284.27	6064	0654	Y000B	0000.00	0000.00	0000.00	0000.00
	0000.00	0000.00	0000.00	003002.23	004284.27	0007369.2201.1090	0000.00	0022.60
	0000082.7201	000000.00	000000.00				000069.11	000013.61
	000000.00							000000.00
H054320051028200601000000000A	JOHNSONJM1948122855905200	YY Y	01.	070001.07000101	2006010120060131	00000.00	00000.00	02917.70
	04163.64	5559	0651	Y000B	0000.00	0000.00	0000.00	0000.00
	0000.00	0000.00	0000.00	002917.70	004163.64	0007164.0601.1090	0000.00	0022.60
	0000082.7201	000000.00	000000.00				000069.11	000013.61
	000000.00							000000.00
H054320051028200601000000000M	JOHNSONLF19400612656905200	YY	00.	486000.48600101	2006010120060131	00222.10	00250.37	00200.86
	00182.90	6565	0653E	Y000B	0000.00	0000.00	0033.95	0031.34
	0000.00	0001.01	0000.94	000243.40	000234.13	0000543.2200.9030	0002.26	0002.09
	0000065.6901	000000.00	000000.00				000052.08	000013.61
	000000.00							000000.00
H054420051028200601000000000A	JOHNSONJF19430122606433420YYY		00.	575000.57500101	2006010120060131	00395.85	00392.22	00186.56
	00169.88	6064	0012C	Y000B	0000.00	0000.00	0050.65	0046.76
	0000.00	0014.20	0013.10	000312.31	000293.25	0000669.8801.0850	0008.58	0007.92
	0000064.3201	000000.00	000000.00				000064.32	000000.00
	000000.00							000000.00
H054420051028200601000000000A	JOHNSONEM19201130859905200	YYY	00.	000000.00000101	2006010120060131	00000.00	00000.00	00000.00
	00000.00	8589	0011	000B	0000.00	0000.00	0050.65	0046.76
	0000.00	0014.20	0013.10	000073.43	000067.78	0000192.8400.8710	0008.58	0007.92
	0000051.6301	000000.00	000000.00				000051.63	000000.00
	000000.00							000000.00
H054420051028200601000000000A	JOHNSONCM19331230707433420YYY		00.	919000.91900101	2006010120060131	00278.56	00275.76	00298.17
	00271.51	7074	0012	Y000B	0000.00	0000.00	0050.65	0046.76
	0000.00	0014.20	0013.10	000366.70	000340.35	0000759.0400.8770	0008.58	0007.92
	0000051.9901	000000.00	000000.00				000051.99	000000.00
	000000.00							000000.00
H054420051028200601000000000A	JOHNSONRM19541105455439620YYY Y		01.	810001.81000101	2006010120060131	00000.00	00000.00	00788.58
	00718.06	4554	0012C2	Y000B	0000.00	0000.00	0000.00	0000.00
	0011.80	0000.00	0000.00	000780.38	000706.26	0001561.1001.2560	0000.00	0000.00
	0000074.4601	000000.00	000000.00				000074.46	000000.00
	000000.00							000000.00
H054420051028200601000000000A	JOHNSONDF19160710859939620YYY Y Y		01.	545001.54500101	2006010120060131	00000.00	00000.00	03911.28
	05580.91	8589	0012D	Y000B	0000.00	0000.00	0000.00	0000.00
	0011.80	0000.00	0000.00	003903.08	005569.11	0009598.3301.7798101.0800	0000.00	0000.00
	0000126.1401	000000.00	000000.00				000105.51	000000.00
	000000.00							000020.63

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H054420051028200601000000000A JOHNSONRM19400218656924260YYY 00.528000.52800101 2006010120060131 00213.02 00232.22 00171.31  
00155.99 6565 0011E Y000B 0000.00 0000.00 0050.65 0046.76 0008.58 0007.92 0000.00  
0000.00 0014.20 0013.10 000255.17 000242.83 0000542.6400.7530 0000.00 0000.00 000044.64 000000.00 000000.00  
0000044.6401 000000.00 000000.00  
H054420051028200601000000000A JOHNSONHF19240927808429010YYY 00.840000.84000101 2006010120060131 00344.11 00275.76 00272.54  
00248.17 8084 0011C Y000B 0000.00 0000.00 0050.65 0046.76 0008.58 0007.92 0000.00  
0000.00 0014.20 0013.10 000363.86 000322.85 0000755.8301.1660 0000.00 0000.00 000069.12 000000.00 000000.00  
0000069.1201 000000.00 000000.00

## I.8 Monthly Membership Detail Report

### 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 1

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

1\*\*\*GROUP=H0504, CONTRACT=H0504,  
 1RUN DATE: 20051028  
 PAYMENT MONTH: 200601

MONTHLY MEMBERSHIP REPORT - DRUG

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PLAN(H0504) PBP(023) SEGMENT(000) CA PHYSICIANS SERV/DBA BLUE SHIELD OF CALIF  
 BASIC PREMIUM<sup>3</sup> ESTIMATED REINSURANCE  
 PART D \$10.60<sup>3</sup> \$0.00

CLAIM NUMBER	S E AGE STATE X GRP CNTY	SURNAME F I	DMG BIRTH RA DATE	-- FLAGS --		ADJ RA FCTR REA	DATES		PAYMENTS/ADJUSTMENTS		TOTAL PAYMENT
				P P S L L A A E O O I	TH R N S MTHS		START END	LOW-INCOME COST SHARING PERCENTAGE	LOW-INCOME COST SHARING SUBSIDY		
				O T T H R N S MTHS		DI RECT SUBSIDY	PACE		PACE COST		
				A A B P C C T D	PAYMENT AMT	PREMI UM	ADD-ON	SHARI NG	ADD-ON		
000000000T	F 5559 33700	JOHNSO S	5559 19491130	B	1	1.9770	200601	200601	000	\$0.00	\$129.17
000000000A	F 8084 10050	JOHNSO M	8084 19240306	B	1	\$129.17	1.0300	200601	200601	000	\$0.00
000000000A	F 5559 39620	JOHNSO K	5559 19470428	B	1	\$62.22	1.2870	200601	200601	000	\$0.00
000000000A	F 8084 05200	JOHNSO T	8084 19220506	B	1	\$80.39	1.0300	200601	200601	000	\$0.00
000000000A	F 6064 29010	JOHNSO G	6064 19420801	B	1	\$62.22	1.0962	200601	200601	000	\$0.00
000000000A	F 7074 11370	JOHNSO R	7074 19330503	B	1	\$66.90	1.7150	200601	200601	000	\$0.00
000000000C1	M 3544 03060	JOHNSO M	3544 19620923	B	A 1	\$110.65	1.0908	200601	200601	000	\$121.25
000000000A	M 8084 03060	JOHNSO P	8084 19250201	B	1	\$66.52	1.1670	200601	200601	000	\$0.00
000000000A	M 8599 39620	JOHNSO J	8589 19200111	B	1	\$71.91	1.4600	200601	200601	000	\$0.00
000000000A	M 8084 05200	JOHNSO E	8084 19231201	B	1	\$92.62	0.4449	200601	200601	000	\$0.00
000000000A	F 5559 05200	JOHNSO J	5559 19480329	B	1	\$20.85	1.2350	200601	200601	000	\$0.00
000000000A	F 8084 24260	JOHNSO M	8084 19220322	B	A 1	\$76.71	1.4914	200601	200601	000	\$0.00
						\$94.84				\$0.00	\$105.44



		PART D		\$32.20	3	\$0.00	PAYMENTS/ADJUSTMENTS						
CLAIM NUMBER	SURNAME	E AGE	STATE	PP	SL	ADJ	RA	FCTR	DATES	LOW-INCOME COST	LOW-INCOME COST		
		X GRP	CNTY	AA	EO	IOI	REA		START	END	SHARING PERCENTAGE	SHARING SUBSIDY	
				OR	RG	UIN							
				OT	TH	RNS	MTHS	DI	RECT	SUBSIDY	PACE	PACE COST	
				AA	BP	CC	CT	D	PAYMENT	AMT	PREMIUM	ADD-ON	
											SHARING	TOTAL	
											ADD-ON	PAYMENT	
000000000M	F	8599	05200						0.3950	200601	200601	000	\$0.00
JOHNSO K		8589	19181026		B		1		\$4.26			\$0.00	\$4.26
000000000M	M	7579	05200						1.2260	200601	200601	000	\$0.00
JOHNSO L		7579	19260601		B		1		\$80.96			\$0.00	\$80.96

1\*\*\*GROUP=H0542, CONTRACT=H0542,

### Example 2

The Monthly Membership Detail Report containing non-drug information is as follows:

1\*\*\*GROUP=H0504, CONTRACT=H0504,

1RUN DATE: 20051028

PAYMENT MONTH: 200601

MONTHLY MEMBERSHIP REPORT - NON DRUG  
 PLAN(H0504) PBP(023) SEGMENT(000) CA PHYSICIANS SERV/DBA BLUE SHIELD OF CALIF

PAGE: 1

		BASIC PREMIUM		3	COST	SHR	REDUC	MAND	SUPP	BENEFIT	REBATES		PART D SUPP BENEFIT		PART B BAS PRM REDUC		PART D BAS PRM REDUC	
PART A		\$0.00		3	\$0.00				\$0.00				\$0.00		\$10.25		\$0.00	
PART B		\$0.00		3	\$0.00				\$0.00				\$0.00		\$14.75		\$0.00	
000000000T	F	5559	33700										1	1	200601	200601	Y	D
JOHNSON S		5559	19491130	Y	Y	Y			B				1.0280	1.0280	\$2733.53	\$3900.59		\$6634.12
000000000A	F	8084	10050										1	1	200601	200601	Y	
JOHNSON M		8084	19240306	Y	Y	Y			B				1.1480	1.1480	\$209.41	\$186.29		\$395.70
000000000A	F	5559	39620										1	1	200601	200601	Y	E
JOHNSON K		5559	19470428	Y	Y	Y			B				0.8460	0.8460	\$127.82	\$116.61		\$244.43
000000000A	F	8084	05200										1	1	200601	200601	Y	
JOHNSON T		8084	19220506	Y	Y				B				1.1480	1.1480	\$213.77	\$190.18		\$403.95
000000000A	F	6064	29010										1	1	200601	200601	Y	C
JOHNSON G		6064	19420801	Y	Y	Y		Y	Y	B			0.5960	0.5960	\$95.27	\$86.97		\$182.24
000000000A	F	7074	11370										1	1	200601	200601	Y	I
JOHNSON R		7074	19330503	Y	Y	Y		Y	Y	B			2.2420	2.2420	\$351.87	\$323.13		\$675.00
000000000C1	M	3544	03060										1	1	200601	200601	Y	C2



CLAIM NUMBER	SURNAME	E AGE	STATE	P P	FLAGS	DATES	LAG	PAYMENTS/ADJUSTMENTS			
NUMBER		GRP	CNTY	A A H E I	C R R D E E O A B	START	END				
				O R R O S N N	A A D D F G U						
				O T T S R S H I I I	O A H R P I P						
				A A B P D T C D L B N U P C	DCG	REA	FCTR-A	FCTR-B	PART A	PART B	TOTAL PAYMENT
000000000A	M	6569	05200			1 1	200601	200601	Y	C	
JOHNSON V		6868	19371016	Y Y		B	2.9780	2.9780	\$1063.70	\$980.21	\$2043.91

1\*\*\*GROUP=H0524, CONTRACT=H0524,  
1RUN DATE: 20051028  
PAYMENT MONTH: 200601

MONTHLY MEMBERSHIP REPORT - NON DRUG  
PLAN(H0524) PBP(807) SEGMENT(000) KAISER FOUNDATION HP, INC. PAGE: 1

REBATES											
	BASIC PREMIUM	COST SHR	REDUC	MAND SUPP	BENEFIT	PART D SUPP	BENEFIT	PART B BAS	PRM REDUC	PART D BAS	PRM REDUC
PART A	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
PART B	\$0.00		\$2.00		\$55.93		\$0.00		\$0.00		\$0.00

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## ***1.9 Monthly Membership Summary Data File***

### ***Description***

This data file summarizes payments to an MCO for the month, in several categories, and adjustments, by all adjustment categories. When the file 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.



A023000	000000000000000000.00		
H05042005102820060105CORR DISEN0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060106CORR PARTA0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060107TOT.HOSPIC0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060108TOT.ESRD 0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060109TOT.INSTNH0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060110TOT.MCAID 0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060111RETRO SCC 0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060112CORR DEATH0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060113CORR BIRTH0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060114CORR SEX 0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060118PTC RATE 0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060119CORR PARTB0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060120TOT.WKAGE 0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060121TOT.NHC 0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060122DISENROLL 0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060123DEMO FACTO0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060125PTC RSK AD0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060129HOSPICE RA0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060130RTRO PTD P0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060131RTRO PTD L0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060132RTRO CST S0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060133RTRO EST R0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060134RTRO PTC P0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060135RTRO REBAT0000000	0000000	000000000000000000.000000000000.000000000000.00	
A023000	000000000000000000.00		
H05042005102820060136PTD RATE C0000000	0000000	000000000000000000.000000000000.000000000000.00	



A805000	000000000000000000.00		
H05232005102820060103RETRO DISE0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060104CORR ENROL0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060105CORR DISEN0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060106CORR PARTA0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060107TOT.HOSPIC0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060108TOT.ESRD 0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060109TOT.INSTNH0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060110TOT.MCAID 0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060111RETRO SCC 0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060112CORR DEATH0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060113CORR BIRTH0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060114CORR SEX 0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060118PTC RATE 0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060119CORR PARTB0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060120TOT.WKAGE 0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060121TOT.NHC 0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060122DISENROLL 0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060123DEMO FACTO0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060125PTC RSK AD0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060129HOSPICE RA0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060130RTRO PTD P0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060131RTRO PTD L0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060132RTRO CST S0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060133RTRO EST R0000000	0000000	000000000000000000.000000000000.000000000000.00	
A805000	000000000000000000.00		
H05232005102820060134RTRO PTC P0000000	0000000	000000000000000000.000000000000.000000000000.00	

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A805000	000000000000000000.00		
H05232005102820060135RTRO REBAT0000000		0000000	000000000000000000.000000000000.000000000000.00
A805000	000000000000000000.00		

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## ***I.10 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**

1\*\*\*GROUP=H0504, CONTRACT=H0504,  
 1RUN DATE: 20051028  
 PAYMENT MONTH: 200601  
 CURRENT PAYMENTS

MONTHLY MEMBERSHIP SUMMARY REPORT (PAGE 1 OF 2)  
 PLAN: H0504 PBP(023) SEG(000) CA PHYSICIANS SERV/DBA BLUE SHIELD OF CALIF

OPART A	COUNTS	TOTAL MONEY	PART B	COUNTS	TOTAL MONEY	PART D	COUNTS	TOTAL MONEY
OHOSPICE	0	\$0.00	HOSPICE	0	\$0.00			
ESRD	80	\$101,502.76	ESRD	80	\$132,953.08			
WA	0	\$0.00	WA	0	\$0.00			
INST	0	\$0.00	INST	0	\$0.00			
NHC	0	\$0.00	NHC	0	\$0.00			
MCAID	40	\$4,247.56	MCAID	40	\$3,667.88			
PART C PREMIUM	52	\$0.00	PART C PREMIUM	52	\$0.00	DIR SUBSDY	92	\$6,617.24
A/B COST SHR	52	\$918.32	A/B COST SHR	52	\$847.60	LIS COST SHR	0	\$0.00
A/B MAN SUP BN	52	\$0.00	A/B MAN SUP BN	52	\$0.00	ESTIMATD REINS	92	\$0.00
D BAS PRM REDU	40	\$0.00	D BAS PRM REDU	40	\$0.00	PACE PRM ADDON	0	\$0.00
D SUPP BENFITS	52	\$0.00	D SUPP BENFITS	52	\$0.00	PACE CSR ADDON	0	\$0.00
B BAS PRM REDU	40	\$410.00	B BAS PRM REDU	40	\$590.00			
MEMBERS	92	\$111,405.68	MEMBERS	92	\$141,526.72	MEMBERS	92	\$6,998.84
MONTHS	92		MONTHS	92		MONTHS	92	
AVERAGE		\$1,210.93	AVERAGE		\$1,538.33	AVERAGE		\$76.07

OUT OF AREA 316

1RUN DATE: 20051028  
 PAYMENT MONTH: 200601  
 OADJUSTMENT PAYMENTS  
 OADJ

MONTHLY MEMBERSHIP SUMMARY REPORT (PAGE 2 OF 2)  
 PLAN: H0504 PBP(023) SEG(000) CA PHYSICIANS SERV/DBA BLUE SHIELD OF CALIF

REA	ADJUSTMENT	NUMBER	MONTHS	MONTHS	MONTHS	ADJUSTMENT	AMOUNT	TOTAL
CDE	DESCRIPTION	OF ADJS	A	B	D	PART A	PART B	PART D
01	DEATH	0	0	0	0	\$0.00	\$0.00	\$0.00
02	RETRO ENROLL	0	0	0	0	\$0.00	\$0.00	\$0.00
03	RETRO DI SENR	0	0	0	0	\$0.00	\$0.00	\$0.00
04	CORR ENROLL	0	0	0	0	\$0.00	\$0.00	\$0.00
05	CORR DI SENRO	0	0	0	0	\$0.00	\$0.00	\$0.00
06	CORR PARTA E	0	0	0	0	\$0.00	\$0.00	\$0.00
07	HOSPICE	0	0	0	0	\$0.00	\$0.00	\$0.00
08	ESRD	0	0	0	0	\$0.00	\$0.00	\$0.00
09	INST	0	0	0	0	\$0.00	\$0.00	\$0.00
10	MCAID	0	0	0	0	\$0.00	\$0.00	\$0.00
11	RETRO SCC CH	0	0	0	0	\$0.00	\$0.00	\$0.00
12	CORR DEATH	0	0	0	0	\$0.00	\$0.00	\$0.00
13	CORR BIRTH	0	0	0	0	\$0.00	\$0.00	\$0.00
14	CORR SEX	0	0	0	0	\$0.00	\$0.00	\$0.00
18	PTC RATE	0	0	0	0	\$0.00	\$0.00	\$0.00
19	CORR PARTB E	0	0	0	0	\$0.00	\$0.00	\$0.00
20	WKAGE	0	0	0	0	\$0.00	\$0.00	\$0.00
21	NHC	0	0	0	0	\$0.00	\$0.00	\$0.00
22	DI SENROLL PR	0	0	0	0	\$0.00	\$0.00	\$0.00
23	DEMO FACTOR	0	0	0	0	\$0.00	\$0.00	\$0.00
25	PTC RSK ADJF	0	0	0	0	\$0.00	\$0.00	\$0.00
27	RETRO CHF	0	0	0	0	\$0.00	\$0.00	\$0.00
29	HOSPICE RATE	0	0	0	0	\$0.00	\$0.00	\$0.00

30 RTRO PTD PM	0								\$0.00	\$0.00
31 RTRO PTD LIP	0								\$0.00	\$0.00
32 RTRO CST SHR	0								\$0.00	\$0.00
33 RTRO EST REI	0								\$0.00	\$0.00
34 RTRO PTC PM	0	0	0			\$0.00		\$0.00	\$0.00	\$0.00
35 RTRO REBATE	0	0	0			\$0.00		\$0.00	\$0.00	\$0.00
36 PTD RATE CHG	0	0	0	0		\$0.00		\$0.00	\$0.00	\$0.00
37 PTD RAF CHG	0	0	0	0		\$0.00		\$0.00	\$0.00	\$0.00
38 SEG ID CHG	0	0	0	0		\$0.00		\$0.00	\$0.00	\$0.00
90 HIST ALIGNMT	0	0	0	0		\$0.00		\$0.00	\$0.00	\$0.00

OTOTAL ADJUSTMENT

MONTHS A :	0	PART A AMOUNT :	\$0.00
MONTHS B :	0	PART B AMOUNT :	\$0.00
MONTHS D :	0	PART D AMOUNT :	\$0.00
NUMBER OF ADJUSTMENTS :	0	TOTAL AMOUNT :	\$0.00

-TOTAL PYMT AMT A \$111,405.68  
TOTAL PYMT AMT B \$141,526.72  
TOTAL PYMT AMT D \$6,998.84  
SUM TOTAL AMOUNT \$259,931.24

1\*\*\*GROUP=H0523, CONTRACT=H0523,

1RUN DATE: 20051028

MONTHLY MEMBERSHIP SUMMARY REPORT (PAGE 1 OF 2)

PAYMENT MONTH: 200601

PLAN: H0523 PBP(805) SEG(000) AETNA HEALTH OF CALI FORNIA, INC.

CURRENT PAYMENTS

OPART A	COUNTS	TOTAL MONEY	PART B	COUNTS	TOTAL MONEY	PART D	COUNTS	TOTAL MONEY
OHOSPICE	0	\$0.00	OHOSPICE	0	\$0.00			
ESRD	0	\$0.00	ESRD	0	\$0.00			
WA	0	\$0.00	WA	0	\$0.00			
INST	0	\$0.00	INST	0	\$0.00			
NHC	0	\$0.00	NHC	0	\$0.00			
MCAID	0	\$0.00	MCAID	0	\$0.00			
PART C PREMIUM	4	\$0.00	PART C PREMIUM	4	\$0.00	DIR SUBSDY	4	\$468.92
A/B COST SHR	4	\$10.12	A/B COST SHR	4	\$9.32	LIS COST SHR	0	\$0.00
A/B MAN SUP BN	4	\$22.52	A/B MAN SUP BN	4	\$20.80	ESTIMATD REINS	4	\$0.00
D BAS PRM REDU	0	\$0.00	D BAS PRM REDU	0	\$0.00	PACE PRM ADDON	0	\$0.00
D SUPP BENFITS	4	\$0.00	D SUPP BENFITS	4	\$0.00	PACE CSR ADDON	0	\$0.00
B BAS PRM REDU	0	\$0.00	B BAS PRM REDU	0	\$0.00			
MEMBERS	4	\$4,254.80	MEMBERS	4	\$3,920.84	MEMBERS	4	\$532.52
MONTHS	4		MONTHS	4		MONTHS	4	
AVERAGE		\$1,063.70	AVERAGE		\$980.21	AVERAGE		\$133.13
OUT OF AREA	0							

1RUN DATE: 20051028

MONTHLY MEMBERSHIP SUMMARY REPORT (PAGE 2 OF 2)

PAYMENT MONTH: 200601

PLAN: H0523 PBP(805) SEG(000) AETNA HEALTH OF CALI FORNIA, INC.

OADJUSTMENT PAYMENTS

OADJ

REA	ADJUSTMENT	NUMBER	MONTHS	MONTHS	MONTHS	ADJUSTMENT	AMOUNT	TOTAL
CDE	DESCRIP TI ON	OF ADJS	A	B	D	PART A	PART B	PART D

## I.11 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 DBA\$MCS4. MCS\_MCO\_MTD\_PYMT, CVRG\_DT = 11/01/2002

CVRG DT	MCO CTR NUM	MCO PBP NUM	BENE CNT	MTD PTA PYMT AMT	MTD PTB PYMT AMT	SRVC AREA STUS CD
11/01/2002	H1111	015	1	367.48	280.64	1
		*	1	367.48	280.64	
11/01/2002	H2222		1	188.33	186.93	1
11/01/2002			2	625.98	542.10	1
11/01/2002			1	307.66	265.96	1
11/01/2002			1	359.60	287.16	1
11/01/2002			1	283.48	214.87	1
11/01/2002			1	372.55	282.25	1
11/01/2002			1	405.04	285.32	1
		*	8	2542.64	2064.59	
11/01/2002	H3333	001	1	0.00	0.00	1
11/01/2002		001	1	260.75	239.66	1
11/01/2002		001	1	253.76	233.17	1
11/01/2002		001	1	437.24	350.18	1
11/01/2002		001	1	313.32	237.49	1
11/01/2002		004	1	370.22	334.39	1
11/01/2002		004	1	352.34	270.97	1
11/01/2002		013	1	288.94	262.67	1
		*	8	2276.57	1928.53	
11/01/2002	H4444	023	1	389.71	274.38	1

			*	1	389.71	274.38	
11/01/2002	H5555	001		1	314.75	264.12	1
11/01/2002		001		1	246.71	226.84	1
11/01/2002		001		1	345.29	275.69	1
11/01/2002		001		1	348.94	278.75	1
11/01/2002		001		1	304.62	230.95	1
11/01/2002		001		1	302.58	229.24	1
11/01/2002		001		1	393.89	283.11	1
11/01/2002		001		1	349.48	246.23	1
			*	8	2606.26	2034.93	
11/01/2002	H6666	001		1	0.00	0.00	1
11/01/2002		001		1	0.00	0.00	1
11/01/2002		001		1	208.16	206.60	1
11/01/2002		001		1	312.99	271.05	1
11/01/2002		001		1	289.94	266.53	1
11/01/2002		001		1	346.55	277.62	1
11/01/2002		001		1	301.35	228.21	1
11/01/2002		001		1	361.48	254.92	1

09/03/2003 15.39.44

PAGE 1

1

DBA\$MCS4.MCS\_MCO\_MTD\_PYMT, CVRG\_DT = 11/01/2002

CVRG DT	MCO CTRT NUM	MCO PBP NUM	BENE CNT	MTD PTA PYMT AMT	MTD PTB PYMT AMT	SRVC AREA STUS CD	
			*	8	1820.47	1504.93	
11/01/2002	H7777	002		1	251.95	229.72	1
11/01/2002		004		1	347.22	288.98	1
11/01/2002		004		1	229.59	210.97	1
11/01/2002		006		1	238.03	218.79	1

	*		4	1066.79	948.46	
11/01/2002	H8888		1	401.37	281.92	1
			-----	-----	-----	
	*		1	401.37	281.92	
11/01/2002	H9999	001	1	349.48	246.23	1
			-----	-----	-----	
	*		1	349.48	246.23	
11/01/2002	H0000	001	1	260.00	238.97	1
11/01/2002		001	1	328.32	262.01	1
11/01/2002		001	1	374.78	265.09	1
			-----	-----	-----	
	*		3	963.10	766.07	
11/01/2002	H1010		1	321.35	222.04	1
			-----	-----	-----	
	*		1	321.35	222.04	
11/01/2002	H1212		1	385.02	266.03	1
			-----	-----	-----	
	*		1	385.02	266.03	
11/01/2002	H1313	005	1	274.95	252.79	1
			-----	-----	-----	
	*		1	274.95	252.79	
11/01/2002	H1414	001	1	390.87	312.07	1
			-----	-----	-----	
	*		1	390.87	312.07	
11/01/2002	H1515	001	1	452.38	361.05	1
11/01/2002		001	1	349.05	245.87	1
			-----	-----	-----	
	*		2	801.43	606.92	
11/01/2002	H1616		1	172.42	119.07	1
11/01/2002			1	324.73	259.33	1
			-----	-----	-----	
	*		2	497.15	378.40	

1

DBA\$MCS4. MCS\_MCO\_MTD\_PYMT, CVRG\_DT = 11/01/2002

CVRG DT	MCO CTRT NUM	MCO PBP NUM	BENE CNT	MTD PTA PYMT AMT	MTD PTB PYMT AMT	SRVC AREA STUS CD
11/01/2002	H1717		1	146.18	169.41	1
11/01/2002			1	324.27	280.86	1
11/01/2002			1	358.92	286.62	1
11/01/2002			1	299.10	226.45	1
11/01/2002			1	283.48	214.87	1
11/01/2002			1	401.68	304.40	1
11/01/2002			1	349.48	246.23	1
		*	7	2163.11	1728.84	
11/01/2002	H1818		1	253.76	233.17	1
11/01/2002			1	358.92	286.62	1
11/01/2002			1	399.54	302.60	1
11/01/2002			1	349.48	246.23	1
		*	4	1361.70	1068.62	
11/01/2002	H1919		1	281.36	243.71	1
		*	1	281.36	243.71	
			63	19260.81	15410.10	

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## I.12 Part B Claims Data File

### Description

This data file (no report is produced) lists 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.

### Example

```
H22226998787626B 200205062002050619200429BROWN E 00000010548000000131852002113333388888888881022810033651 0000001054800000000000
H22226999540166D 200210042002100419350622SOMMERJ 000000038570000000385720021122222555555555502282826635000 0000000385700000000000
H22226999186030A 200209152002091519240611JONES W 00000013156000000164462002111111144444444444620202298672900000000131560000000000
H22226999261340A 200206132002061319250829HOLT A 00000004242000000053022002112222777777777702273848343000 0000000424200000000000
```

## I.13 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

PART B CLAIMS RECORDS POSTED IN OCT 2002														PAGE 1
* * * * *HMO H2222 * * * * *														
0 CLAIM NUMBER	NAME	EXPENSE FIRST	DATES LAST	ALLOWED TOTAL CHARGES	REIMB AMT	COINSURANCE AMT	DED APP	PHYS SUPP ID	PAY IND	CARRIER NUMBER	CARRIER PAID	INFORMATION CONTROL NUMBER		
999186030A	JONES	20020917	20020917	9.72	7.78	1.94	.00	L99999	1	11111	20021014	620902283027160		
999186030A	JONES	20020920	20020920	12.00	9.60	2.40	.00	L88888	1	11111	20021014	620902283027550		
999186030A	JONES	20020830	20020830	12.65	10.12	2.53	.00	P77777	1	11111	20021017	620902283028810		
999186030A	JONES	20020831	20020831	12.00	9.60	2.40	.00	P77777	1	11111	20021014	620902283028800		
999186030A	JONES	20020915	20020915	12.00	9.60	2.40	.00	P77777	1	11111	20021014	620902283028820		
997340226A	HOWARD	20020708	20020708	5.43	5.43	.00	.00	0000000000	1	22222	20021023	02262828553000		
998305198A	WILLIS	20020908	20020908	87.97	70.38	17.59	.00	6666666666	1	22222	20021018	02254815230000		
997463064A	LEE	20020920	20020920	27.21	21.77	5.44	.00	5555555555	1	22222	20021016	02270301676000		
998561653A	BRIILL	20011019	20011119	26.46	21.17	5.29	.00	4444444444	1	33333	20021013	02266171165000		
999540166D	SOMMER	20020916	20020916	134.47	107.58	26.89	.00	3333333333	1	22222	20021023	02262834339000		
999186030A	JONES	20020917	20020919	115.79	92.63	23.16	.00	222222	1	11111	20021005	620202275864060		
999186030A	JONES	20020925	20020925	11.16	11.16	.00	.00	111111	1	11111	20021024	620202294476660		
999186030A	JONES	20021010	20021010	28.97	28.97	.00	.00	111111	1	11111	20021024	620202294476670		
999186030A	JONES	20021011	20021011	28.97	28.97	.00	.00	111111	1	11111	20021024	620202294476680		

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## **I.14 Plan Payment Report**

### **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. MARx makes this report available to MCOs as part of month-end processing.

### **Plan Payment Report (PPR) - Final**

The PPR will be expanded to include Part D payments and adjustments, the National Medicare Education Campaign (NMEC) and Coordination of Benefits (COB) User Fees and premium settlement information. There will be one version of the PPR applicable to all plans and it will be provided monthly. See Table I.14-2 on page I-36 for the Plan Payment Report.

**The revised version of this report will be effective with the January payments.**

The PPR will contain payment data in a similar manner as the schedule provided in the July 5, 2005 systems letter related to the Monthly Premium Withholding Report. We have repeated it here for your convenience.

**Table I.14-1. 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 will display the summarized amounts that constitute the monthly amount wired to you 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 will also be 5 adjustment types related just to Part D.

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

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

The PPR will also include low-income premium subsidy payments made to you on behalf of your eligible members as well as the withheld premium amounts.

**NOTE:** The PPR will contain the summarized LIS amounts paid to you monthly. This may be problematic because the report does not provide beneficiary-level LIS information. CMS is attempting to provide a monthly beneficiary –level LIS report as soon as possible. This report was described in the July 5, 2005 systems letter. If this is not available for the January 1, 2006 payment, these amounts 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.

Table I.14-2 Plan Payment Report

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

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

CMS PLAN PAYMENT REPORT  
 PLAN NUMBER: H9999  
 PLAN NAME: ABC HEALTH PLANS INC

PAGE 2 OF 2  
 PAYMENT MONTH: MM/YYYY  
 RUN DATE: MM/DD/YYYY

PAYMENT TYPE: A/B PAYMENT D PAYMENT NET PAYMENT

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

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



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## I.16 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
O
HIC          LAST          FIRST          I          DATE OF
            NAME          NAME          I          BIRTH    SEX & AGE GROUP
-----
997036526A  WOOD          CHARLES       W          19250225 Mal e75-79
997036526B  WOOD          LILLIAN      L          19270418 Femal e75-79
997352032A  NOBLE        ALBERT       A          19421213 Mal e60-64
HCC DISEASE GROUPS:  HCC019 Di abetes wi thout Compl icati on
                    HCC080 Congesti ve Heart Fai lure
                    HCC092 Speci fi ed Heart Arrhythmi as
INTERACTI ONS:      INTI01 DM_CHF
997361422D  YOUNGMAN     DORIS       C          19260705 Femal e75-79
HCC DISEASE GROUPS:  HCC092 Speci fi ed Heart Arrhythmi as
997560532B  JAMES        ANNIE       I          19230731 Femal e80-84
HCC DISEASE GROUPS:  HCC105 Vascul ar Di sease
998148176A  MANGIONE     GUY         I          19241230 Mal e75-79
Ori gi nal I y_Di sabl ed_Femal e
HCC DISEASE GROUPS:  HCC010 Breast, Prostate, Col orectal and Other Cancers and Tumors
```

---

998386256A	LORNE	MAURICE	J	19300819	Male 70-74
	Originaly_Di_sabled_Female				
HCC DISEASE	GROUPS:	HCC045 Disorders of Immunity			
		HCC074 Seizure Disorders and Convulsions			
		HCC096 Ischemic or Unspecified Stroke			
		HCC108 Chronic Obstructive Pulmonary Disease			
998424797A	WELBY	MADELIN	P	19240602	Female 75-79
HCC DISEASE	GROUPS:	HCC031 Intestinal Obstruction/Perforation			
		HCC092 Specified Heart Arrhythmias			
		HCC096 Ischemic or Unspecified Stroke			
998683734A	GOODYEAR	PAUL	F	19350114	Male 65-69
HCC DISEASE	GROUPS:	HCC019 Diabetes without Complication			
999183465D4	ARNOLD	DORIS		19301107	Female 70-74
	Medicaid_Female_Aged				
HCC DISEASE	GROUPS:	HCC055 Major Depressive, Bipolar, and Paranoid Disorders			
		HCC080 Congestive Heart Failure			
999203693A	KLINK	JOAN	D	19270721	Female 75-79
HCC DISEASE	GROUPS:	HCC148 Decubitus Ulcer of Skin			
999244731A	STJAMES	BEVERLY	J	19300417	Female 70-74
999264900A	CRANDALL	JANE	A	19320730	Female 70-74
HCC DISEASE	GROUPS:	HCC092 Specified Heart Arrhythmias			
999285876A	IVY	CLAIRE	B	19350727	Female 65-69

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***I.17 Transaction Reply/Weekly/Monthly Activity Data File***

***Description***

This data file lists all of the transactions that MARx processed for an MCO in that month, regardless of source, and gives a final disposition code for each transaction.

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**Example**

000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE A2193809010H0302	000001451	0000000000001	20051231	20051231	H5587
000000000D	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE J2193607020H0303	000001451	0000000000015	20051231	20051231	H2422
000000000C1	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE S1196209230H0303	000001451	0000000000015	20051231	20051231	H0504
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE J2193705230H0303	000001451	0000000000015	20051231	20051231	H2224
000000000T	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE 2194005230H0303	000001451	0000000000015	20051231	20051231	H9101
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE E1191308060H0303	000001451	0000000000015	20051231	20051231	R5553
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE H2191609220H0303	000001451	0000000000015	20051231	20051231	H1032
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE T1192502010H0303	000001451	0000000000015	20051231	20051231	H0504
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE J2193802080H0303	000001451	0000000000015	20051231	20051231	H5435
000000000D	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE K2192608300H0303	000001451	0000000000015	20051231	20051231	R5826
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE H1191010310H0303	000001451	0000000000015	20051231	20051231	H1032
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE G2192705100H0303	000001451	0000000000015	20051231	20051231	H3361
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE C2194307140H0303	000001451	0000000000015	20051231	20051231	H5587
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE E2192107180H0303	000001451	0000000000015	20051231	20051231	H5587
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE P1194412020H0303	000001451	0000000000015	20051231	20051231	H5587
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE K2196101300H0303	000001451	0000000000015	20051231	20051231	H0543
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE T1194106290H0303	000001451	0000000000015	20051231	20051231	H5587
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE 1192811200H0303	000001451	0000000000015	20051231	20051231	H0542

000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE E1194203310H0303	000001451	0000000000015	20051231	20051231	H1032
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE A2193509120H0303	000001451	0000000000801	20051231	20051231	H5436
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE S2193608260H0303	000001451	0000000000801	20051231	20051231	H3307
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE 2192908280H0303	000001451	0000000000801	20051231	20051231	H5587
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE P1194210220H0307	000001451	0000000000004	20051231	20051231	R5826
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE V1192605110H0307	000001451	0000000000008	20051231	20051231	H5587
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE A1195701160H0307	000001451	0000000000008	20051231	20051231	H5587
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE W1192610120H0307	000001451	0000000000008	20051231	20051231	H1013
000000000C1	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE 2198308030H0307	000001451	0000000000008	20051231	20051231	H5587
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE L2193008100H0307	000001451	0000000000008	20051231	20051231	H1032
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE G1193701300H0307	000001451	0000000000008	20051231	20051231	H0543
000000000T	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE A1195605160H0307	000001451	0000000000008	20051231	20051231	H5587
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE V2194607090H0307	000001451	0000000000008	20051231	20051231	H5587
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE E2191408220H0319	000001451	0000000000001	20051231	20051231	H1013
000000000D6	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE E2192401070H0319	000001451	0000000000001	20051231	20051231	H3307
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE 2191310040H0319	000001451	0000000000001	20051231	20051231	H5587
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE 2192104030H0319	000001451	0000000000001	20051231	20051231	H5587
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE M2192103110H0319	000001451	0000000000001	20051231	20051231	H0544
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE M1193410230H0319	000001451	0000000000001	20051231	20051231	H0543

00000000D	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE L2191502010H0319	000001451	0000000000001	20051231	20051231	H5587	
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE L1194405280H0319	000001451	0000000000001	20051231	20051231	H5587	
000000000B	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE A2192208190H0319	000001451	0000000000001	20051231	20051231	H5587	
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE M2192202250H0319	000001451	0000000000001	20051231	20051231	R9943	
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE I2193807230H0319	000001451	0000000000001	20051231	20051231	H1026	
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE R1193303180H0351	000001451	0000000000014	20051231	20051231	R5342	
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE 2195608140H0351	000001451	0000000000014	20051231	20051231	R5826	
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE C1194809020H0351	000001451	0000000000014	20051231	20051231	H2407	
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE J2195007040H0351	000001451	0000000000014	20051231	20051231	H2961	
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE 1193803240H0351	000010461	0000000000030	20060101		H0351	20051215
000000000A	JOHNSON 00000000.00000000.00 B D00 00000.0000000.0000000.0000000.00	LESLIE T1192909020H0354	000001451	0000000000001	20051231	20051231	R5826	
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE J2194409110H0354	000001451	0000000000001	20051231	20051231	H1026	
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE A2193509080H0354	000001451	0000000000001	20051231	20051231	R9943	
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE 1191802050H0354	000001451	0000000000001	20051231	20051231	H5587	
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE J1192511050H0354	000001451	0000000000001	20051231	20051231	H5587	
000000000D	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE D2191105230H0354	000001451	0000000000001	20051231	20051231	H0542	
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE C2193112080H0354	000001451	0000000000001	20051231	20051231	H5587	
000000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE 1194809110H0354	000001451	0000000000001	20051231	20051231	H5587	
000000000B	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE M2192908060H0354	000001451	0000000000001	20051231	20051231	H0543	

00000000M	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE	2190508100H0354	000001451	000000000009	20051231	20051231	S4802	
00000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE	H1192301130H0504	000001451	000000000015	20051231	20051231	H0543	
00000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE	A2192205060H0504	000001451	000000000015	20051231	20051231	H0504	
00000000D	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE	G2192001150H0504	000001451	000000000015	20051231	20051231	R9943	
00000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE	M2191704150H0504	000001451	000000000015	20051231	20051231	H0543	
00000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE	C2195304270H0504	000001451	000000000015	20051231	20051231	H5587	
00000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE	A1192809180H0504	000001451	000000000015	20051231	20051231	H5587	
00000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE	P1192610200H0504	000001451	000000000021	20051231	20051231	R5553	
00000000D	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE	2192705120H0504	000001451	000000000021	20051231	20051231	H0543	
00000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE	F2194505020H0504	000001451	000000000021	20051231	20051231	H0543	
00000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE	G1190909070H0504	000001451	000000000021	20051231	20051231	H0542	
00000000A	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE	S1192906250H0504	000001451	000000000021	20051231	20051231	H0542	
00000000B	JOHNSON 00000000.00000000.00 00000.0000000.0000000.0000000.00	LESLIE	E2193404050H0504	000001451	000000000021	20051231	20051231	H0544	
00000000A	JOHNSON 00000000.0000058.62 B D00 Y 00000.0000000.0000000.0000000.00	LESLIE	2194410270H0504	000016561	200601010023	20060101		H0504	20051215
00000000A	JOHNSON 00000000.0000058.62 B D00 Y 00000.0000000.0000000.0000000.00	LESLIE	1192710170H0504	000016561	200601010023	20060101		H0504	20051215
00000000C1	JOHNSON Y00000000.0000058.62 B D00 Y 10012006010100000.0000000.0000000.0000010.60	LESLIE	S1196209231H050403060000101161Y200601010023			20060101		H0504	20051215
00000000C1	JOHNSON Y00000000.0000058.62 B D00 Y 10012006010100000.0000000.0000000.0000010.60	LESLIE	S1196209231H050403060000101661Y200601010023			20060101		H0504	20051215
00000000A	JOHNSON Y00000000.0000058.62 B D00 Y 00000.0000000.0000000.0000000.00	LESLIE	T1192502010H050403060000001161Y200601010023			20060101		H0504	20051215
00000000A	JOHNSON Y00000000.0000058.62 B D00 Y 00000.0000000.0000000.0000000.00	LESLIE	T1192502010H050403060000001661Y200601010023			20060101		H0504	20051215

000000000A	JOHNSON	LESLIE	A2192205060H050405200000001161Y200601010023	20060101	H0504	20051215
			N00000000.0000058.62 B D00 Y			
			00000.0000000.0000000.0000000.00			
000000000A	JOHNSON	LESLIE	1192312011H050405200000001161Y200601010023	20060101	H0504	20051215
			N00000000.0000058.62 B D00 Y			
			10022006010100000.0000000.0000000.0000010.60			
000000000A	JOHNSON	LESLIE	2194803290H050405200100001161Y200601010023	20060101	H0504	20051215
			N00000000.0000058.62 B D00 Y			
			00000.0000000.0000000.0000000.00			
000000000B	JOHNSON	LESLIE	B2192106160H050405200000001161Y200601010023	20060101	H0504	20051215
			N00000000.0000058.62 B D00 Y			
			00000.0000000.0000000.0000000.00			
000000000A	JOHNSON	LESLIE	Y1193812160H050405200000101161Y200601010023	20060101	H0504	20051215
			N00000000.0000058.62 B D00 Y			
			00000.0000000.0000000.0000000.00			
000000000A	JOHNSON	LESLIE	F2190412080H050405200000001161Y200601010023	20060101	H0504	20051215
			N00000000.0000058.62 B D00 Y			
			00000.0000000.0000000.0000000.00			
000000000A	JOHNSON	LESLIE	R1194005240H050405200000101161Y200601010023	20060101	H0504	20051215
			N00000000.0000058.62 B D00 Y			
			00000.0000000.0000000.0000000.00			
000000000A	JOHNSON	LESLIE	F1192308030H050405200000101161Y200601010023	20060101	H0504	20051215
			N00000000.0000058.62 B D00 Y			
			00000.0000000.0000000.0000000.00			
000000000T	JOHNSON	LESLIE	C1194007150H050405200000001161Y200601010023	20060101	H0504	20051215
			N00000000.0000058.62 B D00 Y			
			00000.0000000.0000000.0000000.00			
000000000A	JOHNSON	LESLIE	E1194403211H050405200000101161Y200601010023	20060101	H0504	20051215
			N00000000.0000058.62 B D00 Y			
			10032006010100000.0000000.0000000.0000010.60			
000000000A	JOHNSON	LESLIE	2196601300H050405200000101161Y200601010023	20060101	H0504	20051215
			N00000000.0000058.62 B D00 Y			
			00000.0000000.0000000.0000000.00			
000000000M	JOHNSON	LESLIE	E2193009281H050405200000001161Y200601010023	20060101	H0504	20051215
			N00000000.0000058.62 B D00 Y			
			10022006010100000.0000000.0000000.0000010.60			
000000000A	JOHNSON	LESLIE	O1196407121H050405200000101161Y200601010023	20060101	H0504	20051215
			N00000000.0000058.62 B D00 Y			
			10022006010100000.0000000.0000000.0000010.60			
000000000A	JOHNSON	LESLIE	E1193906120H050405200000101161Y200601010023	20060101	H0504	20051215
			N00000000.0000058.62 B D00 Y			
			10042005070100000.0000000.0000000.0000010.60			
000000000A	JOHNSON	LESLIE	2192403060H050410050000001161Y200601010023	20060101	H0504	20051215
			Y00000000.0000058.62 B D00 Y			
			00000.0000000.0000000.0000000.00			
000000000A	JOHNSON	LESLIE	2192403060H050410050000001661Y200601010023	20060101	H0504	20051215
			Y00000000.0000058.62 B D00 Y			
			00000.0000000.0000000.0000000.00			
000000000A	JOHNSON	LESLIE	D2193305031H050411370000001161Y200601010023	20060101	H0504	20051215
			Y00000000.0000058.62 B D00 Y			
			10032006010100000.0000000.0000000.0000010.60			
000000000A	JOHNSON	LESLIE	D2193305031H050411370000001661Y200601010023	20060101	H0504	20051215
			Y00000000.0000058.62 B D00 Y			
			10032006010100000.0000000.0000000.0000010.60			
000000000A	JOHNSON	LESLIE	C2192203221H050424260000001161Y200601010023	20060101	H0504	20051215
			Y00000000.0000058.62 B D00 Y			
			10032006010100000.0000000.0000000.0000010.60			

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000000000A	JOHNSON	LESLIE	C2192203221H050424260000001661Y200601010023	20060101		H0504	20051215
	Y00000000.0000058.62	B	D00	Y			
	10032006010100000.0000000.0000000.0000010.60						
000000000A	JOHNSON	LESLIE	2194208011H050429010100001161Y200601010023	20060101		H0504	20051215
	Y00000000.0000058.62	B	D00	Y			
	10012006010100000.0000000.0000000.0000010.60						
000000000A	JOHNSON	LESLIE	2194208011H050429010100001661Y200601010023	20060101		H0504	20051215
	Y00000000.0000058.62	B	D00	Y			
	10012006010100000.0000000.0000000.0000010.60						
000000000T	JOHNSON	LESLIE	2194911300H050433700000101161Y200601010023	20060101		H0504	20051215
	Y00000000.0000058.62	B	D00	Y			
	00000.0000000.0000000.0000000.00						
000000000T	JOHNSON	LESLIE	2194911300H050433700000101661Y200601010023	20060101		H0504	20051215
	Y00000000.0000058.62	B	D00	Y			
	00000.0000000.0000000.0000000.00						
000000000A	JOHNSON	LESLIE	F2194704280H050439620100001161Y200601010023	20060101		H0504	20051215
	Y00000000.0000058.62	B	D00	Y			
	00000.0000000.0000000.0000000.00						

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## I.18 Transaction Reply/Weekly/Monthly Activity Report

### Description

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

### Example

```
1***GROUP=H0351, CONTRACT=H0351, TRANSACTION REPLY/MONTHLY ACTIVITY REPORT
1RUN DATE: 10/29/2005 TRANSACTION REPLIES/MONTHLY ACTIVITY REPORT ID: 10
REPORTING MONTH: 06/2006 PLAN(H0351) PBP(030) SGM(000) HEALTH NET OF ARIZONA, INC. PAGE: 1
0 *** PLAN-SUBMITTED TRANSACTIONS: ACCEPTED ***
0----- TRANSACTION ----- REPLY -----
0 S O E L CO-PAY
F E DATE OF EFF O L SRCE SPECIAL I EFF --PREMI UMS-- RPLY
TC CLAIM NUMBER SURNAME I X BIRTH DATE SCC A T I D STATUS S DATE PT C PT D CODE REMARKS
-----
NO TRANSACTIONS FOUND FOR THIS SECTION
0 *** PLAN-SUBMITTED TRANSACTIONS: REJECTED ***
0----- TRANSACTION ----- REPLY -----
0 S O E L CO-PAY
F E DATE OF EFF O L SRCE SPECIAL I EFF --PREMI UMS-- RPLY
TC CLAIM NUMBER SURNAME I X BIRTH DATE SCC A T I D STATUS S DATE PT C PT D CODE REMARKS
-----
61 000000000A JOHNSON G M 04/21/36 H0351 .00 .00 102 BAD APP DATE
0 *** PLAN-SUBMITTED WA TRANSACTIONS: PENDING ***
0----- TRANSACTION ----- REPLY -----
0 S O E L CO-PAY
F E DATE OF EFF O L SRCE SPECIAL I EFF --PREMI UMS-- RPLY
TC CLAIM NUMBER SURNAME I X BIRTH DATE SCC A T I D STATUS S DATE PT C PT D CODE REMARKS
-----
NO TRANSACTIONS FOUND FOR THIS SECTION
0 *** REGIONAL OFFICE - SUBMITTED TRANSACTIONS ***
0----- TRANSACTION ----- REPLY -----
```

0 S O E L CO-PAY  
 F E DATE OF EFF O L SRCE SPECIAL I EFF --PREMI UMS-- RPLY  
 TC CLAIM NUMBER SURNAME I X BIRTH DATE SCC A T I D 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 --PREMI UMS-- RPLY  
 TC CLAIM NUMBER SURNAME I X BIRTH DATE SCC A T I D STATUS S DATE PT C PT D CODE REMARKS

NO TRANSACTIONS FOUND FOR THIS SECTION

1RUN DATE: 10/29/2005 TRANSACTION REPLIES/MONTHLY ACTIVITY REPORT ID: 10  
 REPORTING MONTH: 06/2006 PLAN(H0351) PBP(030) SGMT(000) HEALTH NET OF ARIZONA, 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  
 F E DATE OF EFF O L SRCE SPECIAL I EFF --PREMI UMS-- RPLY  
 TC CLAIM NUMBER SURNAME I X BIRTH DATE SCC A T I D STATUS S DATE PT C PT D CODE REMARKS

NO TRANSACTIONS FOUND FOR THIS SECTION

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

T R A N S A C T I O N											R E P L Y	
TC CLAIM NUMBER	SURNAME	I X BIRTH	DATE	SCC	A T I D	STATUS	S	DATE	PT C	PT D	CODE	REMARKS
0	S											
			F E DATE OF	EFF		O L SRCE	SPECIAL	I	EFF	--PREMIUMS--	RPLY	

NO TRANSACTIONS FOUND FOR THIS SECTION

0 \* \* \* AUTOMATIC DISENROLLMENTS \* \* \*

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

NO TRANSACTIONS FOUND FOR THIS SECTION

1RUN DATE: 10/29/2005

TRANSACTION REPLIES/MONTHLY ACTIVITY

REPORT ID: 10

REPORTING MONTH: 06/2006

PLAN(H0351) PBP(030) SGMT(000) HEALTH NET OF ARIZONA, INC.

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0 \* \* \* BENEFICIARY FACTOR TRANSACTIONS: ACCEPTED \* \* \*

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

NO TRANSACTIONS FOUND FOR THIS SECTION

0 \* \* \* BENEFICIARY FACTOR TRANSACTIONS: REJECTED \* \* \*

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

NO TRANSACTIONS FOUND FOR THIS SECTION

0 \* \* \* MAINTENANCE ACTIONS \* \* \*

---

T R A N S A C T I O N										R E P L Y	
TC CLAIM NUMBER	SURNAME	I X	BIRTH DATE	STATUS	S	DATE	CODE	REMARKS			

NO TRANSACTIONS FOUND FOR THIS SECTION

1RUN DATE: 10/29/2005

TRANSACTION REPLIES/MONTHLY ACTIVITY

REPORT ID: 10

REPORTING MONTH: 06/2006

PLAN(H0351) PBP(030) SGMT(000) HEALTH NET OF ARIZONA, INC.

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## ***I.19 Monthly Premium Withholding Report Data File***

### ***Description***

This report provides information regarding Part C and D premium amounts withheld by SSA, RRB, or OPM (see **Table I.19-1**).

**Table I.19-1 MONTHLY PREMIUM WITHHOLDING REPORT (MPWR)**

Monthly Premium Withholding Report - Data File Effective with Payment Date February 1, 2006				
#	Field Name	Len	Pos	Description
<b>HEADER RECORD</b>				
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
<b>DETAIL RECORD</b>				
1	Record Type	2	1-2	D = Detail Record PIC XX
<b>*** PLAN IDENTIFICATION</b>				
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)
<b>*** BENEFICIARY IDENTIFICATION &amp; PREMIUM SETTINGS</b>				
5	HIC Number	12	14-25	Member's HIC # PIC X(12)
6	Surname	7	26-32	PIC X(7)

<b>Monthly Premium Withholding Report - Data File Effective with Payment Date February 1, 2006</b>				
<b>#</b>	<b>Field Name</b>	<b>Len</b>	<b>Pos</b>	<b>Description</b>
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
	<b>*** PREMIUM PERIOD</b>			
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
	<b>*** ACTIVITY FOR PREMIUM PERIOD</b>			
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

Monthly Premium Withholding Report - Data File Effective with Payment Date February 1, 2006				
#	Field Name	Len	Pos	Description
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
	<b>TRAILER RECORDS</b>			
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
	<b>*** PLAN IDENTIFICATION</b>			
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)
	<b>TOTAL COLLECTIONS FOR ALL PREMIUM PERIODS</b>			Total Withholding Collections by Contract, Plan and Segment for this Premium Withholding Report
5	Total Part C Premiums Collected	14	14-27	PIC -9(10).99
6	Total Part D Premiums Collected	14	28-41	PIC -9(10).99

<b>Monthly Premium Withholding Report - Data File Effective with Payment Date February 1, 2006</b>				
<b>#</b>	<b>Field Name</b>	<b>Len</b>	<b>Pos</b>	<b>Description</b>
7	Total Part D Late Enrollment Penalties Collected	14	42-55	PIC -9(10).99
8	Total Premiums Collected	14	56-69	Total Premiums Collected = + Total Part C Premiums Collected + Total Part D Premiums Collected + Total Part D Penalties Collected PIC -9(10).99
9	FILLER	95	70-165	Spaces

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## ***1.20 Auto and Facilitated Enrollment Address Data File Report***

### ***Description***

This report identifies those beneficiaries who have been auto- or facilitated-enrollment in the specified drug plan. It includes address information.

### **MA and Cost Plan Auto-Enrollment of Full-Benefit Dual Eligibles**

As noted in the 2006 MA Call Letter released in May 2005, and the next scheduled update of Chapter 2 of the MA Guidance (see specifically sections 20.4.6 and 40.1.6), CMS has delegated auto-enrollment of full-benefit dual eligible beneficiaries to MA organizations and to cost plans that offer Part D as an optional supplemental benefit. Full-benefit dual eligibles will be auto-enrolled by the plan into the MA-PD or Cost Plan optional supplemental benefit with the lowest Part D premium; if there are more than one that meet this criteria, auto-enrollment will be random among those available. Please note the instructions for these organizations differ from those above for PDPs.

Identifying Full-Benefit Dual Eligible Enrollees. The first step in auto-enrollment is for the MA-only plan or cost plan offering a Part D optional supplemental benefit to identify full-benefit dual eligibles who need to be auto-enrolled. CMS is aware that MA-only and cost plans may be unable to identify all of their enrollees who are full-benefit dual eligibles. As in the past, CMS will continue to provide data on the MMR (field #19-Medicaid) that indicates if an individual is dual eligible. However, this field does not distinguish between full-benefit dual eligibles that have comprehensive Medicaid benefits, and partial eligibles, which only have Medicaid payment for Medicare cost-sharing (also known as QMB-only, SLMB-only, or QI). Only full-benefit dual eligibles will be auto-enrolled.

From September 2005 through March 2006, CMS will provide monthly to MA organizations a file of their full-benefit dual eligibles. MA-PDs will access the CMS Data Center to download the report. The file names and information regarding their availability will be provided in an upcoming systems letter. The data on full dual eligible status will be obtained from monthly MMA files State Medicaid Agencies submit to CMS.

CMS will provide the same data to Cost Plans that offer Part D as an optional supplemental benefit, who will then determine which full-benefit dual eligibles need to be auto-enrolled.

Submitting an Auto-Enrollment Transaction. Once the MA-only or Cost Plan identifies (1) the full-benefit dual eligibles that need to be auto-enrolled, and (2) the MA-PD plan or Cost Plan optional supplemental benefit into which the beneficiaries will be auto-enrolled, the plan must submit enrollment transactions to MARx.

When submitting the enrollment transactions, provide the key information as follows:

- 
- #9 -- Election Type – set the field to S (SEP).
  - #11 -- Application Date – set the field to 10/15/2005.
  - #14 -- Effective Date – set the field to 20060101 (January 1, 2006) for all full-benefit dual eligibles identified in 2005. In the future, set the effective date as the first of the second month after the plan generates the auto-enrollment transaction for the individual. (This allows the beneficiary some time in case they wish to decline the auto-enrollment or enroll in another plan.)
  - #18 -- Premium Withhold Option – set the field to D (direct billing) unless the member has elected the option to have premiums withheld from benefits.
  - #30 -- Enrollment Source – the field will be set to B (Beneficiary Election; while this is an auto-enrollment, currently the value of “A – auto-enrolled by CMS’ can only be used by CMS-generated auto-enrollments); even though the plan is enrolling the beneficiary.

When Beneficiary Affirmatively Declines Part D Benefits. Full-benefit dual eligible individuals may affirmatively decline the Part D benefit. For a MA-only plan enrollee, this primarily means declining auto-enrollment into a MA-PD plan in the same organization and maintaining enrollment in the MA-only plan. For a Cost Plan enrollee, this means declining auto-enrollment into the Part D optional supplemental benefit.

Full-benefit dual eligibles may affirmatively decline Part D benefits prior to the auto-enrollment effective date, or even once enrolled in a Part D plan. Please note that affirmatively declining is a feature only necessary for full-benefit dual eligibles that are subject to auto-enrollment. Other Medicare eligibles that do not want Part D benefits simply choose not to enroll, or disenroll and choose not to re-enroll in another plan.

If the beneficiary contacts the MA plan to affirmatively decline prior to or after the auto-enrollment effective date, the plan submits a 71 transaction to move the member to an MA-only plan offered by the organization.

If the beneficiary contacts the Cost Plan to affirmatively decline prior to or after the effective date of the auto-enrollment, the plan must submit a disenrollment transaction followed by an enrollment transaction. The key data elements to provide in these situations are listed below.

- #14 -- Effective Date – set the field to the first of the month after the plan receives the request
- #24 – Part D Opt-Out Flag – set the field to Y (opt-out of auto-enrollment)

The MA or Cost Plan will then receive a transaction reply code of 131.

Please note that a full-benefit dual eligible individual who affirmatively declines does not permanently surrender his or her eligibility for, or right to enroll in, a Part D plan; rather, this step ensures the person is not included in future monthly auto-enrollment process. To obtain Part D benefits in the future, the beneficiary simply enrolls in a Part D plan. MA organizations

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must maintain documentation of the beneficiary's request to affirmatively decline Part D and to not include them in future auto-enrollment processing.

When the Beneficiary Has Employer Subsidy. Full-benefit dual eligibles will be auto-enrolled even if there is an employer subsidy being claimed for them, or are in an employer sponsored MA or cost plan, including "800" plans. For most beneficiaries, MARx enforces a two-step process for an enrollment transaction: the initial one is rejected, and the plan must re-submit the enrollment transaction and set the Employer Subsidy Override Flag to indicate the plan has discussed the consequences of Part D enrollment (i.e. possible loss of employer health coverage) with the beneficiary before MARx accepts the employer subsidy override. This two-step process will not apply to auto-enrollment transactions for full-benefit dual eligibles. However, it will apply to full-benefit dual eligibles with an employer subsidy that *voluntarily* enroll in a Part D plan. In both situations, two transactions must be submitted. However, for full-benefit dual eligibles, the plan does not need to contact the beneficiary prior to submitting the second transaction.

### **Facilitated Enrollment for Other Beneficiaries Eligible for Low-Income Subsidy**

In the spring of 2006, CMS will facilitate enrollment of other beneficiaries eligible for the low-income subsidy (LIS), i.e. who are not full-benefit dual eligibles. CMS will delegate facilitated enrollment to MA-only plans and Cost Plans that offer a Part D optional supplemental benefit.

Many of the procedures outlined above will apply to facilitated enrollment. The primary differences are:

- When the process first commences
- Effective date will always be prospective, and linked to valid enrollment period
- Beneficiaries with employer subsidy or enrolled in an employer sponsored MA or cost plan, including "800" MA plans, will be *excluded* from facilitated enrollment.

Detailed instructions for facilitated enrollment will be provided in a future systems letter.

**Table I.20-1 AUTO AND FACILITATED ENROLLMENT ADDRESS FILE (ONGOING)**

#	Field Name	Len	Pos	Description
1	HICN#	12	1-12	Beneficiary's Health Insurance Claim Number
2	First Name	30	13-42	Beneficiary's First Name
3	Last Name	40	43-82	Beneficiary's Last Name
4	Middle Initial	1	83	Beneficiary's Middle Initial
5	Date of Birth	8	84-91	Format: YYYYMMDD
6	Sex	1	92	Sex Code: M = Male, F = Female, U = Unknown
7	Contract #	5	93-97	
8	PBP #	3	98-100	
9	Segment #	3	101-103	
10	Low-Income Co-Pay Category	1	104	Low-Income Co-Pay Category: 0 = none, not low-income 1 = \$2/\$5, 2 = \$1/\$3, 3 = \$0, 4 = 15%
11	Enrollment Effective Date	8	105-112	Format: YYYYMMDD
12	Beneficiary Address Line 1	40	113-152	
13	Beneficiary Address Line 2	40	153-192	
14	Beneficiary Address Line 3	40	193-232	
15	Beneficiary Address City	40	233-272	
16	Beneficiary Address State	2	273-274	
17	Beneficiary Zip Code	5	275-279	Standard Zip Code
18	Beneficiary Zip Code Extension	4	280-283	Zip Code Extension

**Table I.20-2 C: ONE-TIME PDP AUTO-ASSIGNMENT NOTIFICATION FILE**

Field	Size	Position	Description
1. Health Insurance Claim Number	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 Name	1	32	Beneficiary Middle Initial
5. Sex Code	1	33	Beneficiary Sex Identification Code 0 = Unknown 1 = Male 2 = Female
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Medicaid Indicator	1	42	1 = Medicaid 0 = No Medicaid
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code
10. County Code	3	50 – 52	Beneficiary Residence County Code
11. Filler	7	53 - 59	Spaces
12.. Transaction Type Code (61)	2	60 – 61	Transaction Type Code
13. Filler	1	62	Space
14. Effective Date (20060101)	8	63 – 70	YYYYMMDD Format; Present only when the Transaction Reply Code is one of the following: 11, 12, 16, 17, 21 – 23, 38, 52, 80, 82 – 84, 100, 109 and 112
15. Filler	1	71	Space
16. Plan Benefit Package ID	3	72 – 74	PBP number
17. Filler	49	75 - 123	Spaces
18. Application Date (20051015)	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
19. Filler	30	132 – 161	Spaces
20. Election Type (S)	1	162 – 162	A = AEP; E = IEP; I = ICEP; S=SEP; O = OEP; N = OEPNEW; T = OEPI  MA/MA-PDs have I, A, O, S, N, T PDPs have E, A, and S
21. Enrollment Source (A)	1	163 – 163	A = Auto enrolled by CMS B = Beneficiary Election C = Facilitated enrollment by CMS D = CMS Annual Rollover
22. Filler	1	164 – 164	Space

<b>Field</b>	<b>Size</b>	<b>Position</b>	<b>Description</b>
23. Premium Withhold Option/Parts C-D <b>(D)</b>	1	165-165	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
24. Filler	3	166-168	Spaces
25. Creditable Coverage <b>(N)</b>	1	169-169	Y = Covered N = Not Covered
26. Filler	73	170 – 242	Spaces
27. Part D Subsidy Level	3	243-245	LIS percentage
28. Co-Pay Category	1	246 – 246	Definitions of the 4 Categories: 1. \$2/\$5 Other full subsidy eligibles 2. \$1/\$3 Full duals with income equal to or less than 100% FPL 3. \$0 Full duals that are institutionalized 4. 15% Partial subsidy eligibles
29. Co-Pay Effective Date <b>(20060101)</b>	8	247 – 254	Date co-pay category become effective. Format: YYYYMMDD
30. Beneficiary Address Line 1	40	255 – 294	Beneficiary residence line 1 address.
31. Beneficiary Address Line 2	40	295 – 334	Beneficiary residence line 2 address.
32. Beneficiary Address Line 3	40	335 – 374	Beneficiary residence line 3 address.
33. Beneficiary Address Line 4	40	375 – 414	Beneficiary residence line 4 address.
34. Beneficiary Address Line 5	40	415 – 454	Beneficiary residence line 5 address.
35. Beneficiary Address Line 6	40	455 – 494	Beneficiary residence line 6 address.
36. Beneficiary Address City	40	495 – 534	Beneficiary city of residence
37. Beneficiary Address State	2	535 – 536	Beneficiary state of residence
38. Beneficiary Zip Code	9	537 – 545	Beneficiary residence zip code
39. Full Surname	40	546 – 585	Expanded Beneficiary Surname
40. Full First Name	30	586 - 615	Expanded Beneficiary Given Name

## ***I.21 Batch Completion Status Summary Data File***

### ***Description***

This data file contains counts of failed, rejected, and accepted transactions for a given batch transaction file and identifies the rejected and accepted transactions.

### ***Example***

TBS

## ***I.22 Coordination of Benefits Data File***

### ***Description***

This data file is a pass-through report from MBD and contains the beneficiary's primary and secondary insurance information.

## **I.23 Failed Transaction Data File**

### **Description**

The Failed Transaction data file reports the transactions that could not be processed due to one of the following:

- Invalid transaction code
- Invalid correction action code
- Invalid contract number
- Invalid, non-blank, birth date
- Invalid enrollment/PBP election effective date
- Invalid disenrollment effective date
- Invalid application date
- User not authorized to submit transactions

### **Example**

TBS

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## Appendix J — All Transmissions Overview

**Table J.1-1. All Transmissions Overview**

ID#	Transmittal	Description	Responsible System	Type	Frequency	Availability of File Layout	MMAHelp Website C = Current P = Planned	Dataset Naming Conventions
<b>Dataset naming conventions key:</b>		[.ZIP] - Appended if the file is compressed [directory] = optional directory specification from non-mainframe C:D clients pn = Processing number of varying length assigned to the file by Gentran						xxxxx = 5 character Contract ID of sending entity yyyy = 4 character transmitter User ID zzzzzzz = Plan-provided high level qualifier
<b>Dataset naming conventions key:</b>								yyyyyy = Calendar year & month dd = Day of the month hhmm = hour and minute
<b>Plan Submittals to CMS</b>								
1	<b>MARx Enrollment Transaction File</b>	Enrollment Transaction file to CMS MARx system requesting new enrollment, disenrollment, changes, etc.	MARx	Data File	Batch - Daily PRN	Final	P	<p style="text-align: center;"><b>Gentran mailbox:</b> [GUID].[RACFID].MARX.D.xxxxx.FUTURE.[P/T][.ZIP]</p> <p style="text-align: center;"><b>Connect:Direct:</b> uuuu.@BGD5050.TRANSFER.DATA</p> <p style="text-align: center;"><i>FUTURE is part of the filename and does not change</i></p>
	- Header							
	- Enrollment Transaction (Employer & Plan - 60/61)							
	- Disenrollment Transaction (51)							
	- Plan Elections (PBP Change) Transaction (71)							
	- Plan Change Transaction (72)							
- Correction (01)								

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2	<b>4RX Notification File</b>	File used to provide CMS with additional information on Plan enrollments to support point of sale and other pharmacy related information needs. The file contains CMX Primary payor data (BIN, PCN, Group, Member). The objective is to make available 4Rx data to the TrOOP Facilitator and Coordination of Benefits (COB) contractor beginning 11/15/2005.	MBD	Data File	PRN (Plans can send multiple files in a day)	Final	C	<p align="center"><b>Gentran mailbox:</b> [GUID].[RACFID].MBD.D.xxxxx.4RX.[P/T][.ZIP] <b>Connect:Direct:</b> P#MBD.#BTCH4.xxxxx.IN.RQST.NDM</p>
	- Header							
	- Detail							
3	<b>Batch Eligibility Query (BEQ)</b>	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	File	PRN (no more than one per day)	Final	C	<p align="center"><b>Gentran mailbox:</b> [GUID].[RACFID].MBD.D.xxxxx.BEQ.[P/T][.ZIP] <b>Connect:Direct:</b> P#MBD.#BTCH4.xxxxx.IN.RQST.NDM</p>
	- Header							
	- Detail							
	- Trailer							
<b>CMS Transmittals to the Users (Submitters)</b>								
4	<b>Failed Transaction Data File</b>	Report detailing transactions that cannot be loaded into MARx for processing due to formatting errors. These records are the result of errors with the file header, user authentication, transaction format or incorrect data types for transaction data elements. This report is sent to the user who submitted the batch.	MARx	Data File	Resp. to transaction batch file	Final	P	<p align="center"><b>Gentran mailbox:</b> uuuu.@BGD5050.YMyyyyymm.Ddd.HMhhmm.FAILED. pn <b>Connect:Direct (mainframe):</b> zzzzzzzz.uuuu.YMyyyyymm.Ddd.HMhhmm.FAILED <b>Connect:Direct (non-mainframe):</b> \[directory]uuuu.@BGD5050.YMyyyyymm.Ddd.HMhhmm.FAILED</p>

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5	<b>Batch Completion Status Summary Data File</b>	Data file sent to the submitter once a batch of submitted transactions have been processed. Provides a count of all transactions within the batch and details the number of rejected and accepted transactions. It provides an image of the rejected and accepted transactions.	MARx	Data File	Once batch is processed	Final	P	<p align="center"><b>Gentran mailbox:</b> uuuu.@BGD5050.YMyyyyymm.Ddd.HMhmm.BATCHSTD.pn</p> <p align="center"><b>Connect:Direct (mainframe):</b> zzzzzzzz.uuuu.YMyyyyymm.Ddd.HMhmm.BATCHSTD</p> <p align="center"><b>Connect:Direct (non-mainframe):</b> \\[directory]uuuu.@BGD5050.YMyyyyymm.Ddd.HMhmm.BATCHSTD</p>
	- Summary Record							
	- Rejected Records							
	- Accepted Records							
<b>CMS Transmittals to the Plans</b>								
6	<b>Transaction Reply Report (TRR) - of auto enrollments - to PDPs</b>	Report in the same format as the Transaction Reply Activity Report that lists all of the auto enrollments.	MARx	Report	November, 2005	Final	P	<p align="center"><b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKR.pn</p> <p align="center"><b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKR</p> <p align="center"><b>Connect:Direct (Non-Mainframe):</b> \\[directory]P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKR</p>
7	<b>Transaction Reply Report (TRR) data file - of auto enrollments - to PDPs</b>	Data file version of the Transaction Reply Report of auto enrollments.	MARx	Data File	November, 2005	Final	P	<p align="center"><b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKD.pn</p> <p align="center"><b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKD</p> <p align="center"><b>Connect:Direct (Non-Mainframe):</b> \\[directory]P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKD</p>

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8	<b>Coordination of Benefits (Validated Other Insurer Information)</b>	File containing members' primary and secondary coverage that has been validated through COB processing. MARx forwards this report whenever a plan's enrollees are affected. It may be as often as daily.  The enrollees included on the report are those newly enrolled who have known Other Health Insurance (OHI) and those plan enrollees with changes to their OHI.	MBD (MARx)	Data File	PRN (can be daily)	Final	C	<p align="center"><b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.Thhmm.C.pn <b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.YMyyyyymm.Ddd.Thhmm.C <b>Connect:Direct (Non-Mainframe):</b> \[directory]P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.Thhmm.C</p>
	- Detail							
	- Primary							
	- Supplemental							
9	<b>MA Full Dual Auto Assignment Notification File</b>	Monthly file from September 2005 to March 2006 of each MA organizations' and cost plan's full-benefit dual eligibles, for use in identifying those who need to be auto-enrolled.	MBD	Data File	Monthly from Sept 2005 to Mar 2006	Final	C	<p align="center"><b>Gentran mailbox:</b> P#MBD.@BGD5050.PLNxxxxx.Rmmyyyy.MMAADUA.pn <b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNXXXXX.Rmmyyyy.MMAADUA <b>Connect:Direct (Non-Mainframe):</b> \[directory]P#MBD.@BGD5050.PLNxxxxx.Rmmyyyy.MMAADUA</p>
10	<b>One-time PDP Auto-Assignment Notification File</b>	One-time data file used to notify the PDPs of the first group of auto-enrolled beneficiaries. This file is an adaptation of the TRR with the addition of beneficiary address information.	MBD	Data File	October, 2005	Final	C	<p align="center"><b>Gentran mailbox:</b>P#MBD.#APDP4.xxxxx.OUT.NOTIF.pn <b>Connect:Direct (Mainframe):</b>zzzzzzzz.#APDP4.xxxxx.OUT.NOTIFC <b>Connect:Direct (Non-Mainframe):</b>\[directory]P#MBD.#APDP4.xxxxx.OUT.NOTIF</p>
11	<b>4Rx Primary Payer Response File</b>	Response file returned to the plan after the processing of the 4Rx Primary Payer File.	MBD	Data File	PRN (no more than one per day)	Final	C	<p align="center"><b>Gentran mailbox:</b> P#MBD.#RXN4.xxxxx.OUT.RESPONSE.pn <b>Connect:Direct (Mainframe):</b> zzzzzzzz.#RXN4.xxxxx.OUT.RESPONSE <b>Connect:Direct (Non-Mainframe):</b> \[directory]P#MBD.#RXN4.xxxxx.OUT.RESPONSE</p>
	- Header							
	- Detail							
	- Trailer							

12	<b>Batch Eligibility Query (BEQ) Acknowledgment (Accept/Reject)</b>	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 which caused the BEQ Request File to be Rejected. A rejected file will not be returned.	MBD	email	Resp. to BEQ	Final	C	NA
13	<b>Batch Eligibility Query (BEQ) Response File</b>	File containing records produced as a result of processing the transactions of accepted BEQ Request files. Detail records for all submitted records that were successfully processed will contain Processed Flag = Y. Detail records for all submitted records that were not successfully processed contain Processed Flag = N.	MBD	Data File	Resp. to BEQ	Final	C	<p><b>Gentran mailbox:</b> P#MBD.#BQN4.xxxxx.OUT.RESPONSE.pn <b>Connect:Direct (Mainframe):</b> zzzzzzzz.#BQN4.xxxxx.OUT.RESPONSE <b>Connect:Direct (Non-Mainframe):</b> \[directory]P#MBD.#BQN4.xxxxx.OUT.RESPONSE</p>
	- Header							
	- Detail							
	- Trailer							
<b>Weekly Reports</b>								
14	<b>Transaction Reply Weekly Activity Report (Weekly TRR)</b>	Report listing all of the transactions that MARx processed for an plan in the week regardless of source, and gives a final disposition code for each transaction.	MARx	Report	Weekly	Final	P	<p><b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKR.pn <b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKR <b>Connect:Direct (Non-Mainframe):</b> \[directory]P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKR</p>
15	<b>Transaction Reply Weekly Activity Data File</b>	Data file version of the Transaction Reply Weekly Activity Report.	MARx	Data File	Weekly	Final	P	<p><b>Gentran mailbox:</b>P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKD.pn<b>Connect:Direct (Mainframe):</b>zzzzzzzz.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKD<b>Connect:Direct (Non-Mainframe):</b>\[directory]P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKD</p>

Monthly Reports								
16	<b>Transaction Reply/Monthly Activity Report (Monthly TRR)</b>	Report listing all of the transactions that MARx processed for a plan in the month, regardless of source, and gives a final disposition code for each transaction.	MARx	Report	Monthly	Final	P	<b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.TRNREPLY.pn <b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.Rmmyyyy.TRNREPLY <b>Connect:Direct (Non-Mainframe):</b> \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.TRNREPLY
17	<b>Transaction Reply/Monthly Activity Data File</b>	Data file version of the Transaction Reply/Monthly Activity Report.	MARx	Data File	Monthly	Final	P	<b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.TRNDATA.pn <b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.Rmmyyyy.TRNDATA <b>Connect:Direct (Non-Mainframe):</b> \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.TRNDATA
18	<b>Part C Monthly Membership Detail Report aka: Monthly Membership Report (MMR)</b>	Report listing every Part C Medicare member of the contract and providing details about the payments and adjustments made for each.	MARx	Report	Monthly	Final	P	<b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEDR.pn <b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.Rmmyyyy.MONMEDR <b>Connect:Direct (Non-Mainframe):</b> \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEDR
19	<b>Part D Monthly Membership Detail Report aka: Monthly Membership Report (MMR)</b>	Report listing every Part D Medicare member of the contract and providing details about the payments and adjustments made for each.	MARx	Report	Monthly	Final	P	<b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMR.pn <b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.Rmmyyyy.MONMEMR <b>Connect:Direct (Non-Mainframe):</b> \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMR

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20	<b>Monthly Membership Detail Data File</b>	Data file version of the Monthly Membership Detail Reports. This file contains the data for both Part C and Part D members.	MARx	Data File	Monthly	Final	P	<p><b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMD.pn</p> <p><b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.Rmmyyyy.MONMEMD</p> <p><b>Connect:Direct (Non-Mainframe):</b> \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMD</p>
21	<b>Monthly Membership Summary Report</b>	Report summarizing payments to a plan for the month, in several categories, and adjustments, by all adjustment categories. This report contains data for both Part C and Part D members.	MARx	Report	Monthly	Final	P	<p><b>Gentran mailbox:</b>P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMSR.pn</p> <p><b>Connect:Direct (Mainframe):</b>zzzzzzzz.PLNxxxxx.Rmmyyyy.MONMEMSR</p> <p><b>Connect:Direct (Non-Mainframe):</b>\[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMSR</p>
22	<b>Monthly Membership Summary Data File</b>	Data file version of the Monthly Membership Summary Report for both Part C and Part D members.	MARx	Data File	Monthly	Final	P	<p><b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMSD.pn</p> <p><b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.Rmmyyyy.MONMEMSD</p> <p><b>Connect:Direct (Non-Mainframe):</b> \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMSD</p>
23	<b>Part D Risk Adjustment Model Output Report</b>	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. <b>Note: This file is not available at this time.</b>	RAS (MARx)	Report (.pdf)	Monthly	TBD	P	<p><b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PTDMODR.pn</p> <p><b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.Rmmyyyy.PTDMODR</p> <p><b>Connect:Direct (Non-Mainframe):</b> \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PTDMODR</p>

24	<b>Part D Risk Adjustment Model Output Data File</b>	Data file version of the Part D Risk Adjustment Model Output Report. <i>Note: This file is not available at this time.</i>	RAS (MARx)	Data File	Monthly	TBD	P	<p><b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PTDMODD.pn</p> <p><b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.Rmmyyyy.PTDMODD</p> <p><b>Connect:Direct (Non-Mainframe):</b> \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PTDMODD</p>
25	<b>Auto and Facilitated Enrollment Address Data File</b>	Data file containing the addresses for beneficiaries who are facilitated or auto-enrolled each month. The plans receive the information on these enrollments through their Transaction Reply Reports.	MARx	Data File	Monthly	Final	C	<p><b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.AUTOENRLD.pn</p> <p><b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.Rmmyyyy.AUTOENRLD</p> <p><b>Connect:Direct (Non-Mainframe):</b> \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.AUTOENRLD</p>
26	<b>Part C Risk Adjustment Model Output Report</b>	Report showing the Hierarchical Condition Codes (HCCs) used by the Risk Adjustment System (RAS) to calculate Part C risk adjustment factors for each beneficiary. MARx forwards this report that is produced by RAS to plans as part of the month-end processing.	RAS (MARx)	Report	Monthly	TBD	P	<p><b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.HCCMODR.pn</p> <p><b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.Rmmyyyy.HCCMODR</p> <p><b>Connect:Direct (Non-Mainframe):</b> \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.HCCMODR</p>
27	<b>Part C Risk Adjustment Model Output Data File</b>	Data file version of the Risk Adjustment Model Output Report.	RAS (MARx)	Data File	Monthly	TBD	P	<p><b>Gentran mailbox:</b>P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.HCCMODD.pn</p> <p><b>Connect:Direct (Mainframe):</b>zzzzzzzz.PLNxxxxx.Rmmyyyy.HCCMODD</p> <p><b>Connect:Direct (Non-Mainframe):</b>\[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.HCCMODD</p>

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28	<b>Benefits Improvement &amp; Protection Act of 2000 (BIPA) 606 Payment Reduction Report</b>	Report listing members for whom the plan is paying a portion of the Part B premium. Generated only if there are pre-2006 adjustments that involve BIPA 606 premium reductions.	MARx	Report	Monthly, if applicable	Final	P	<p align="center"><b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BIPA606R.pn</p> <p align="center"><b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.Rmmyyyy.BIPA606R</p> <p align="center"><b>Connect:Direct (Non-Mainframe):</b> \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BIPA606R</p>
29	<b>BIPA 606 Payment Reduction Data File</b>	Data file version of the BIPA 606 Reduction Report.	MARx	Data File	Monthly, if applicable	Final	P	<p align="center"><b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BIPA606D.pn</p> <p align="center"><b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.Rmmyyyy.BIPA606D</p> <p align="center"><b>Connect:Direct (Non-Mainframe):</b> \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BIPA606D</p>
30	<b>Bonus Payment Report</b>	Report listing members for whom the plan is to be paid a bonus. (Plans are paid a bonus for extending services to beneficiaries in some underserved areas.) Generated only if there are pre-2006 adjustments that involve bonus payments.	MARx	Report	Monthly, if applicable	Final	P	<p align="center"><b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BONUSRPT.pn</p> <p align="center"><b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.Rmmyyyy.BONUSRPT</p> <p align="center"><b>Connect:Direct (Non-Mainframe):</b> \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BONUSRPT</p>
31	<b>Bonus Payment Data File</b>	Data file version of the Bonus Payment Report.	MARx	Data File	Monthly, if applicable	Final	P	<p align="center"><b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BONUSDAT.pn</p> <p align="center"><b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.Rmmyyyy.BONUSDAT</p> <p align="center"><b>Connect:Direct (Non-Mainframe):</b> \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BONUSDAT</p>

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32	<b>Demographic Report</b>	Summary, by state and county, of the membership of the plan Members are counted in categories that parallel the factors used in calculating the demographic payment, as well as ESRD and hospice status.	MARx	Report	Monthly	Final	<i>P</i>	<p align="center"><b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.DEMOGRPH.pn</p> <p align="center"><b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.Rmmyyyy.DEMOGRPH</p> <p align="center"><b>Connect:Direct (Non-Mainframe):</b> \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.DEMOGRPH</p>
33	<b>Monthly Summary of Bills Report</b>	Report summarizing all Medicare fee-for-service activity, both Part A and Part B, for beneficiaries enrolled in the contract.	MARx	Report	Monthly	Final	<i>P</i>	<p align="center"><b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.SUMBILLS.pn</p> <p align="center"><b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.Rmmyyyy.SUMBILLS</p> <p align="center"><b>Connect:Direct (Non-Mainframe):</b> \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.SUMBILLS</p>
34	<b>HMO Bill Itemization Report</b>	Report listing the Part A bills that were processed under Medicare fee-for-service for beneficiaries enrolled in the contract.	MARx	Report	Monthly	Final	<i>P</i>	<p align="center"><b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BILLITEM.pn</p> <p align="center"><b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.Rmmyyyy.BILLITEM</p> <p align="center"><b>Connect:Direct (Non-Mainframe):</b> \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BILLITEM</p>
35	<b>Part B Claims Data File</b>	Data file listing the Part B physician and supplier claims and Part B home health claims that were processed under Medicare fee-for-service for beneficiaries enrolled in the contract.	MARx	Data File	Monthly	Final	<i>P</i>	<p align="center"><b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.CLAIMDAT.pn</p> <p align="center"><b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.Rmmyyyy.CLAIMDAT</p> <p align="center"><b>Connect:Direct (Non-Mainframe):</b> \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.CLAIMDAT</p>

*Plan Communications User's Guide, Version 1.1*

36	<b>Payment Records Report</b>	Report listing the Part B physician and supplier claims that were processed under Medicare fee-for-service for beneficiaries enrolled in the contract.	MARx	Report	Monthly	Final	<i>P</i>	<p align="center"><b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PAYRECD S.pn</p> <p align="center"><b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.Rmmyyyy.PAYRECDS</p> <p align="center"><b>Connect:Direct (Non-Mainframe):</b> \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy .PAYRECDS</p>
37	<b>Monthly Premium Withholding Report Data File (MPWR)</b> - Header - Detail - Trailer - T1 - Total at segment level - Trailer - T2 - Total at PBP level - Trailer - T3 - Total at contract level	Monthly reconciliation file of premiums withheld from SSA, RRB, or OPM checks. Includes Part C and Part D premiums and any Part D Late Enrollment Penalties. This file is produced by the Premium Withhold System (PWS). MARx makes this report available to plans as part of the month-end processing.	PWS (MARx)	Data File	Monthly	Final	<i>P</i>	<p align="center"><b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MPWRD.p n</p> <p align="center"><b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.Rmmyyyy.MPWRD</p> <p align="center"><b>Connect:Direct (Non-Mainframe):</b> \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy .MPWRD</p>
38	<b>Plan Payment Report (APPS Payment Letter)</b>	Report itemizing the final monthly payment to the plan. This report is produced by the Automated Plan Payment System (APPS) when final payments are calculated. MARx makes this report available to plans as part of the month-end processing.	APPS (MARx)	Report	Monthly	Final	<i>P</i>	<p align="center"><b>Gentran mailbox:</b> P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PLANPAY .pn</p> <p align="center"><b>Connect:Direct (Mainframe):</b> zzzzzzzz.PLNxxxxx.Rmmyyyy.PLANPAY</p> <p align="center"><b>Connect:Direct (Non-Mainframe):</b> \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy .PLANPAY</p>
39	<b>820 Format Payment Advice</b>	HIPAA-Compliant version of the Plan Payment Report. This data file itemizes the final monthly payment to the plan.  <b>NOTE: This data file is not available through MARx.</b>	APPS	Data File	Monthly	Existing	<i>P</i>	<p align="center"><b>Gentran mailbox:</b>P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.P LAN820D.pn<b>Connect:Direct</b></p> <p align="center"><b>(Mainframe):</b>zzzzzzzz.PLNxxxxx.Rmmyyyy.PLAN82 0D<b>Connect:Direct (Non-</b></p> <p align="center"><b>Mainframe):</b>\[directory]P#MMA.@BGD5050.PLNxxx xx.Rmmyyyy.PLAN820D</p>

***Appendix K — Individuals Authorized Access to CMS  
Computer Services (IACS) User's Guide***

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INDIVIDUALS AUTHORIZED ACCESS  
TO CMS COMPUTER SERVICES (IACS)

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User Guide

August 2005

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Roles and Responsibilities.....	K-4
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## PURPOSE

This document establishes the procedures for registering and provisioning users and approvers using the Individuals Authorized Access to CMS Computer Services (IACS) system within the Centers for Medicare & Medicaid Services (CMS).

## BACKGROUND

One of CMS' strategic goals is to streamline our information technology environment so that existing and new systems can work more effectively by sharing information, and so that CMS can be more responsive to the demands of changing business needs and the promises of emerging technology. CMS plans to make our data more readily accessible to our beneficiaries, partners, and stakeholders in a secure, efficient, and carefully planned manner.

In striving to meet these goals, CMS has established a target enterprise architecture and modernization strategy that is based upon several key design principles:

- An established, secure Internet architecture for the CMS enterprise
- Defined products for the target enterprise architecture
- Defined security classifications and controls for CMS applications
- Defined security services that support the architecture and implement the controls
- Prescriptive application development standards and guidelines for the target environment

Registering and provisioning users for the IACS system is fundamental to the design and implementation of business applications/systems planned for the CMS target enterprise architecture.

## ROLES AND RESPONSIBILITIES

The following entities have responsibilities related to the implementation of this user guide:

### **System Owner/Manager**

A system owner/manager is responsible for ensuring that the users and approvers are registered and provisioned according to the terms of this document.

### **User**

A user is a Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Program user, or a call center user. A user may only be put into a user role; a user may not be put into an approver role.

### **Approver**

An approver is an external point of contact (EPOC), or a call center supervisor. Approvers are responsible for approving users into the system. They may not also be a user of the system.

## PROCEDURES

### **User Registration**

1. Browse to <https://idm.cms.hhs.gov>
2. Click "Self Registration"
3. Fill in fields in the "User Information Section"
4. Choose either "MA/MA-PD/PDP" or "CSR", depending on what type of user you are
5. Enter the information for the field that will appear
  - MA/MA-PD/PDP - contract numbers  
Click "Add" to add contracts; they will appear as you add them to the list.  
Contract numbers may not be deleted at this time.
  - CSR - call center list
6. Select your role
  - MA/MA-PD/PDP - select either "User/Submitter", or "User/Representative"
  - CSR - select "CSR"
7. Accept the Privacy Statement and Terms and Conditions

## **Approver Registration**

1. Browse to <https://idm.cms.hhs.gov>
2. Click "Self Registration"
3. Fill in fields in the "User Information Section"
4. Choose either "MA/MA-PD/PDP" or "CSR", depending on what type of user you are
5. Enter the information for the field that will appear
  - MA/MA-PD/PDP - contract numbers  
Click "Add" to add contracts; they will appear as you add them to the list.  
Contract numbers may not be deleted at this time.
  - CSR - call center list
6. Select your role
  - MA/MA-PD/PDP - select "Approver"
  - CSR - select "Approver"
7. Accept the Privacy Statement and Terms and Conditions

### **NOTE:**

- A unique, corporate email address is required
  - Non-corporate email addresses are prohibited (e.g., [ssmith@yahoo.com](mailto:ssmith@yahoo.com), [mjordan@hotmail.com](mailto:mjordan@hotmail.com))
  - Invalid email mailboxes, as verified at form submission, are also prohibited (e.g., [fakeuser@sun.com](mailto:fakeuser@sun.com))
- Submission of registration form and agreement of terms will constitute an electronic signature

## **After Registration**

Once your request has been approved, an email will be sent to the address provided containing your GUID and the initial password. Login to the IACS system at <https://idm.cms.hhs.gov>, and answer the authentication questions (which will be used in the event you forget your password). You will also be asked to change your initial password for security purposes.

## LEGAL

### **Privacy Act Statement**

The information on the web form is collected and maintained under the authority of Title 5 U.S.C., §552(e)(10). This information is used for assigning, controlling, tracking, and reporting authorized access to and use of CMS's computerized information and resources. The Privacy Act prohibits disclosure of information from records protected by the statute, except in limited circumstances.

The information you furnished on this web form will be maintained in the Individuals Authorized Access to the Centers for Medicare & Medicaid Services Computer Services (IACS) Systems of Records and may be disclosed as a routine use disclosure under the routine uses established for this system as published at 09-70-0064 (08-11-94) and as CMS may establish in the future by publication in the Federal Register.

The Social Security Number (SSN) is used as an identifier in the Federal Service because of the large number of present and former Federal employees and applicants whose identity can only be distinguished by use of the SSN is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary. However, if you do not provide this information, you will not be granted access to CMS computer systems.

### **Rules of Behavior**

CMS computer systems that you are requesting to use contain sensitive information. Sensitive information is any information which the loss, misuse, unauthorized access to, or modification of could adversely affect the national interest, or the conduct of Federal programs, or the privacy to which individuals are entitled under the Privacy Act. To ensure the security and privacy of sensitive information in Federal computer systems, the Computer Security Act of 1987 requires agencies to identify sensitive computer systems, conduct computer security training, and develop computer security plans. CMS maintains a system of records for use in assigning, controlling, tracking, and reporting authorized access to and use of CMS's computerized information and resources. CMS records all access to its computer systems and conducts routine review for unauthorized access to and/or illegal activity.

Anyone with access to CMS Computer Systems containing sensitive information must abide by the following:

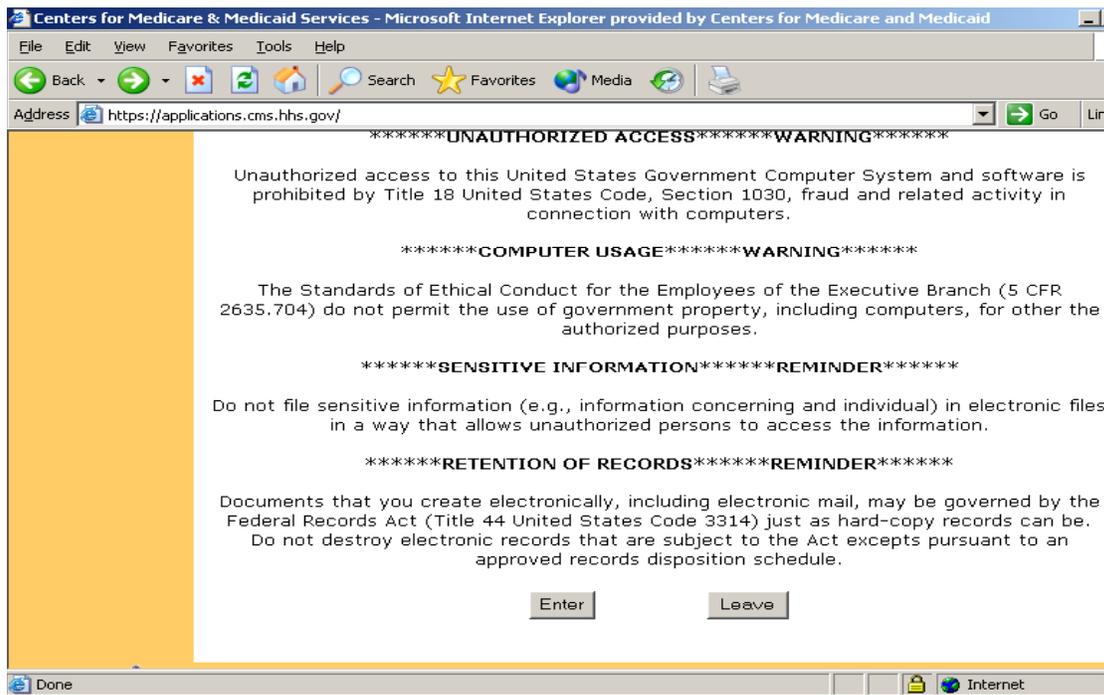
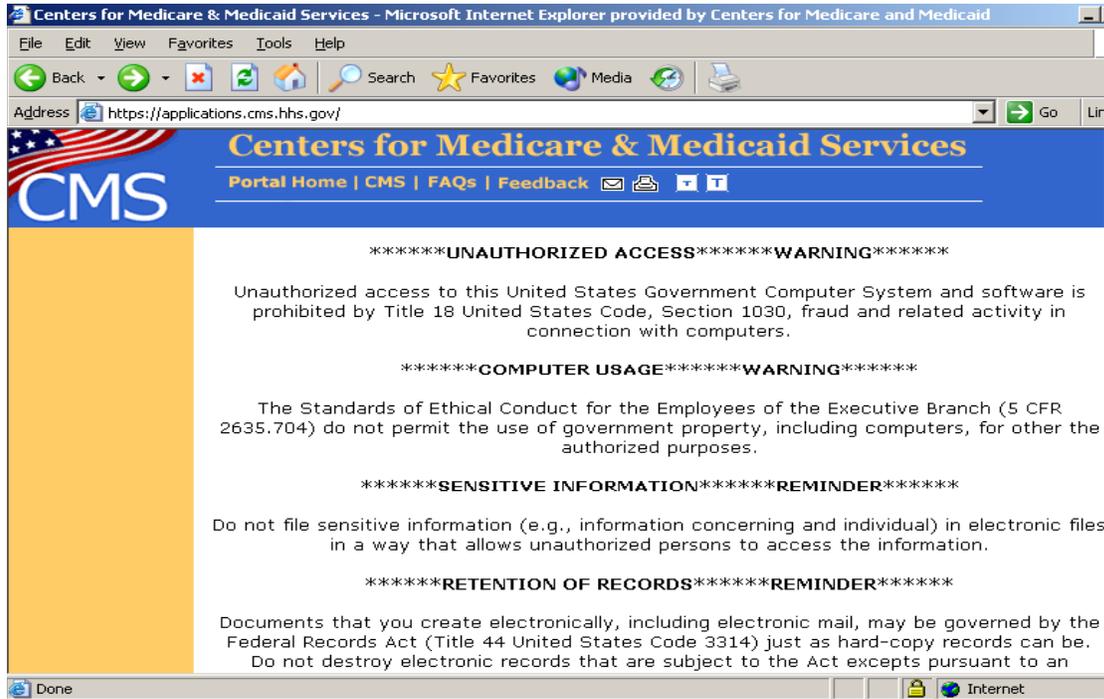
- Do not disclose or lend you IDENTIFICATION NUMBER AND/OR PASSWORD to someone else. They are for your use only and serve as your electronic signature. This means that you may be held responsible for the consequences of authorized or illegal transactions.
- Do not browse or use CMS data files for unauthorized or illegal purposes.
- Do not use CMS data files for private gain or to misrepresent yourself or CMS.
- Do not make any disclosure of CMS data that is not specifically authorized.

- Do not duplicate CMS data files, create sub-files of such records, remove or transmit data unless you have been specifically authorized to do so.
- Do not change, delete, or otherwise alter CMS data files unless you have been specifically authorized to do so.
- Do not make copies of data files, with identifiable data, or data that would allow individual identities to be deduced unless you have been specifically authorized to do so.
- Do not intentionally cause corruption or disruption of CMS data files.

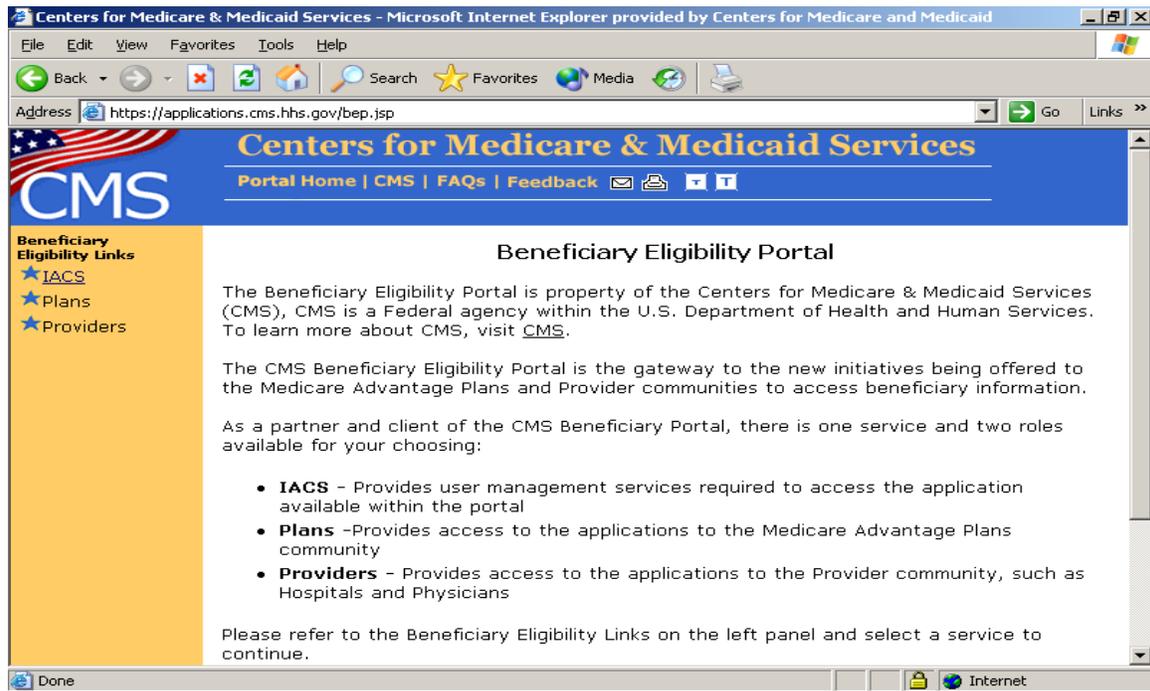
A violation of these security requirements could result in termination of systems access privileges and/or disciplinary/adverse action up to and including legal prosecution. Federal, State, and/or local laws may provide criminal penalties for any person illegally accessing or using a Government-owned or operated computer system. If you become aware of any violation of these security requirements or suspect that your identification number or password may have been used by someone else, immediately report that information to your component's Information Systems Security Officer or your organization approving official for CMS access.

## Appendix A – Self Registration Screen Shots (DRAFT)

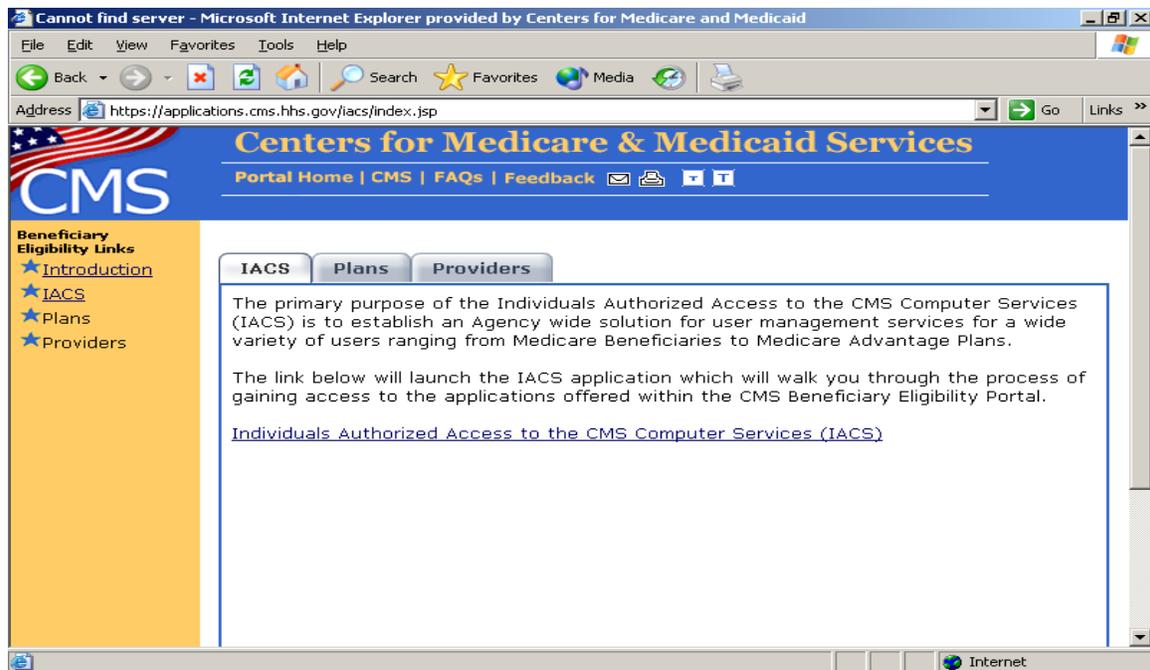
1. Connect to the CMS URL for IACS: <https://applications.cms.hhs.gov/>  
Read the warning banner and select **Enter**



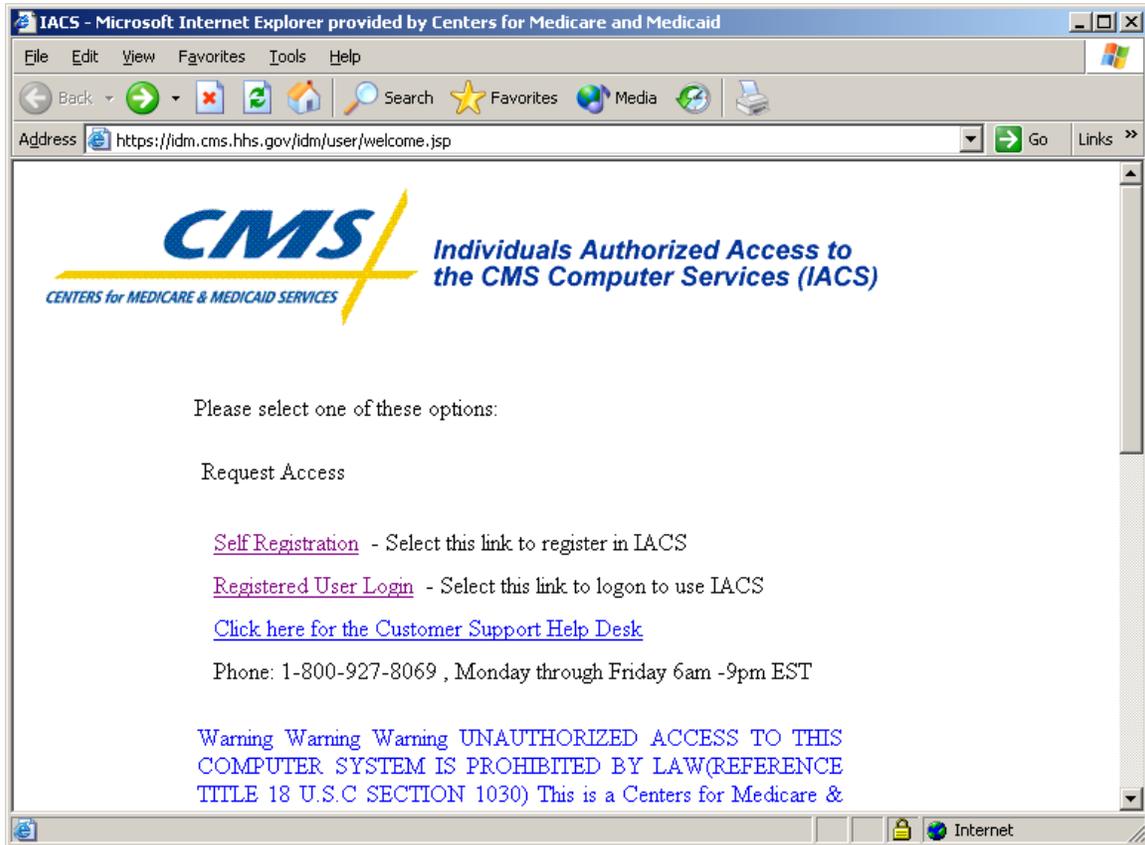
2. Select IACS



3. Select Individuals Authorized Access to the CMS Computer Services (IACS)



#### 4. Select Self Registration



5. Complete the Form:

Notes:

- New User is currently the only valid type of Request
- Social Security Numbers must be unique and real
- Email addresses must be unique
- The Justification field must have information.

Identity Manager - Microsoft Internet Explorer provided by Centers for Medicare and Medicaid

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media

Address <https://idm.cms.hhs.gov/idm/user/anonWorkItemEdit.jsp?id=%23ID%23B9C26F7E776DB4E5%3A1A517BD%3A105EE> Go Links >>

**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

Individuals Authorized Access to  
the CMS Computer Services (IACS)

**Application for Access to CMS Computer Systems**

Type of Request:

**User Information**

First Name:  \*

Last Name:  \*

Middle Initial:

Generation Qualifier:

Social Security Number:  \*

Done Internet

Identity Manager - Microsoft Internet Explorer provided by Centers for Medicare and Medicaid

Address: <https://idm.cms.hhs.gov/idm/user/anonWorkItemEdit.jsp?id=%23ID%23B9C26F7E776DB4E5%3A1A517BD%3A105EE>

Valid SSN Format is XXX-XX-XXXX

Email Address:  \*

Please make sure to use your business/official email address while registering. Do not use a personal email address.

Office Telephone:  \*

Valid Phone Number Format is (XXX)XXX-XXXX

Company/Organization/Department Name:  \*

Company Telephone Number(if different):

Valid Phone Number Format is (XXX)XXX-XXXX

Mail Stop:

Address 1:  \*

Address 2:

City:  \*

State:  \*

Done Internet

Identity Manager - Microsoft Internet Explorer provided by Centers for Medicare and Medicaid

Address: <https://idm.cms.hhs.gov/idm/user/anonWorkItemEdit.jsp?id=%23ID%23B9C26F7E776DB4E5%3A1A517BD%3A105EE>

State:  \*

Zip Code:  \*

**Required Access**

User Type:  MAMA-PD/PDP  CSR  COB \*

NOTE: MAMA-PD/PDP is Medicare Advantage/Medicare Advantage -Prescription Drug/Prescription Drug Plan

Justification:

\* indicates a required field

Next Cancel

Logout

Done Internet

6. The form appearance will change depending on the **User Type** radio button selected:
- **MA/MA-PDP/PD Radio Button**

User Type:  PD/PDP  CSR  COB \*

NOTE: MA/MA-PD/PDP is Medicare Advantage/Medicare Advantage -Prescription Drug/Prescription Drug Plan

Contract Number(s):  Add

Please enter one contract at a time and click the button: Add. Ex: Hxxxx or Ex:Sxxxx

Contract(s)

Role:  \*

Justification:

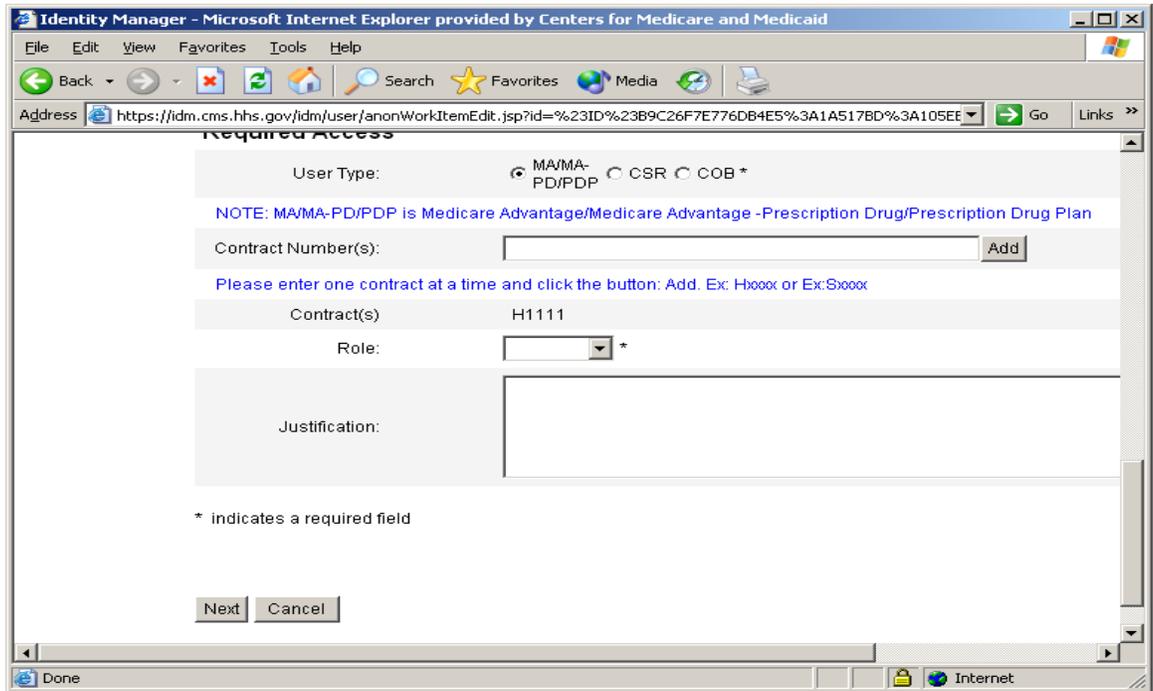
\* indicates a required field

Next Cancel

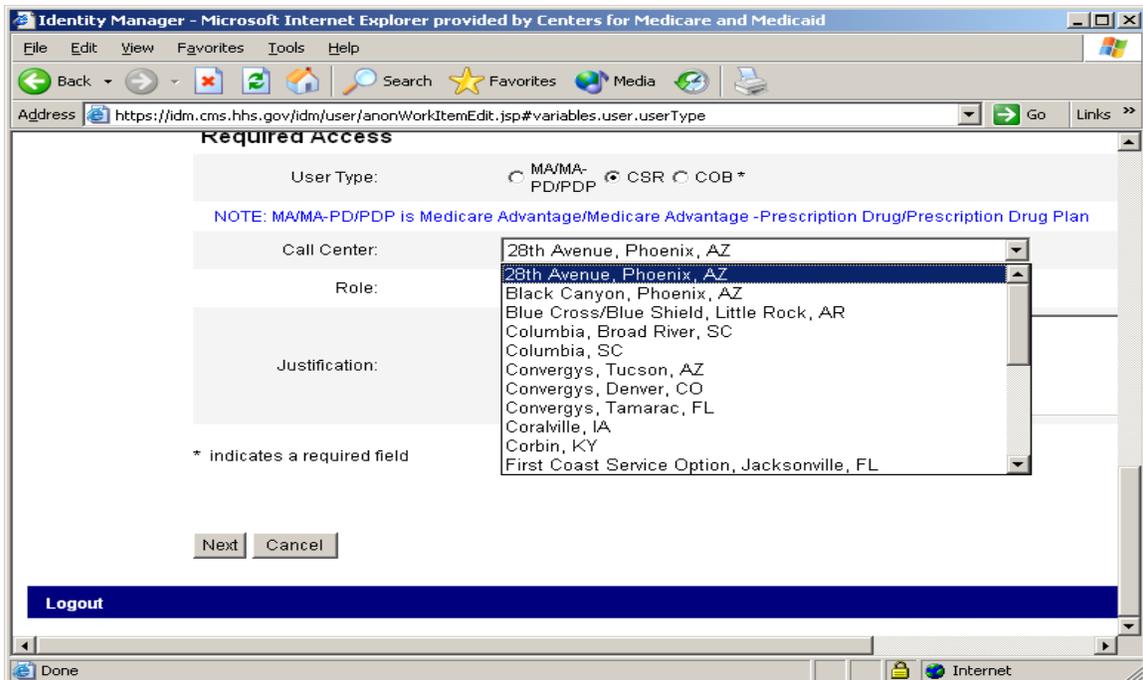
Logout

Enter contract numbers one at a time and also select **Add** after each contract. The contract numbers will appear after the Contract(s) field.

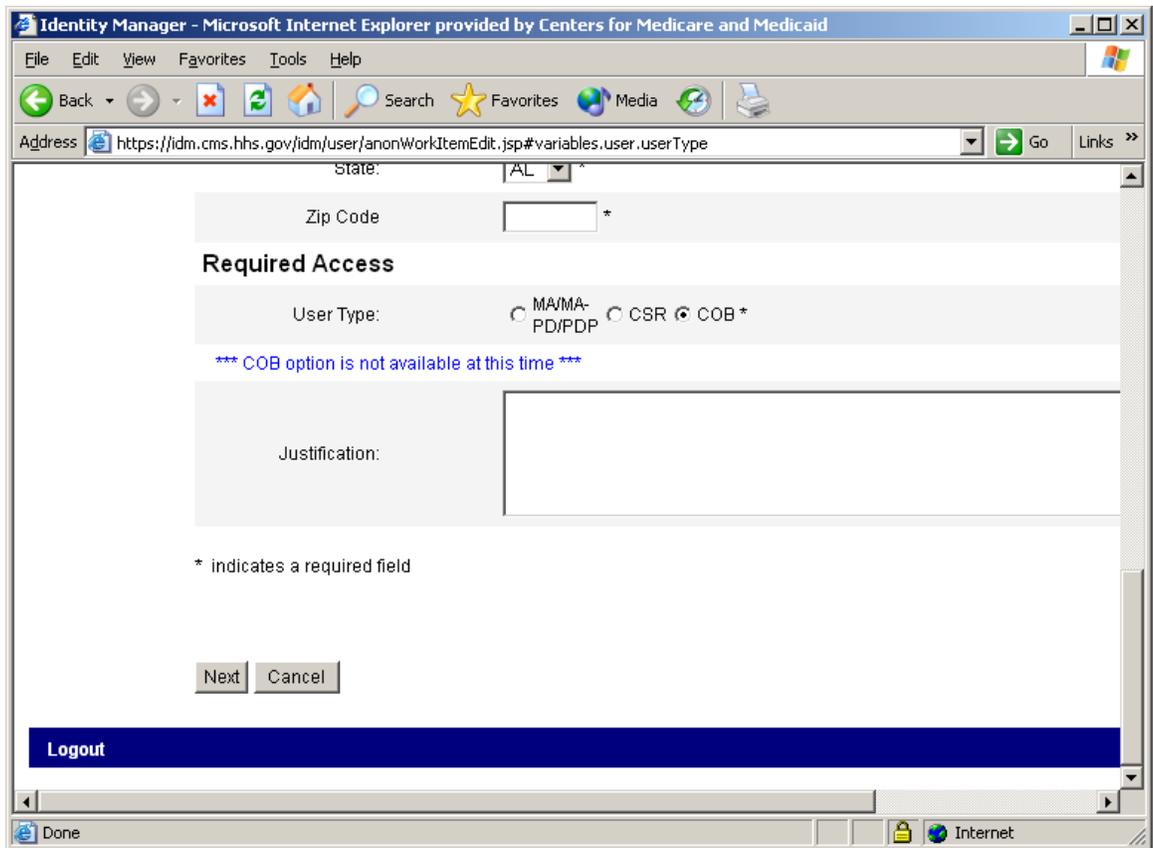
The form will reset to the top after each add so the user must scroll down each time.



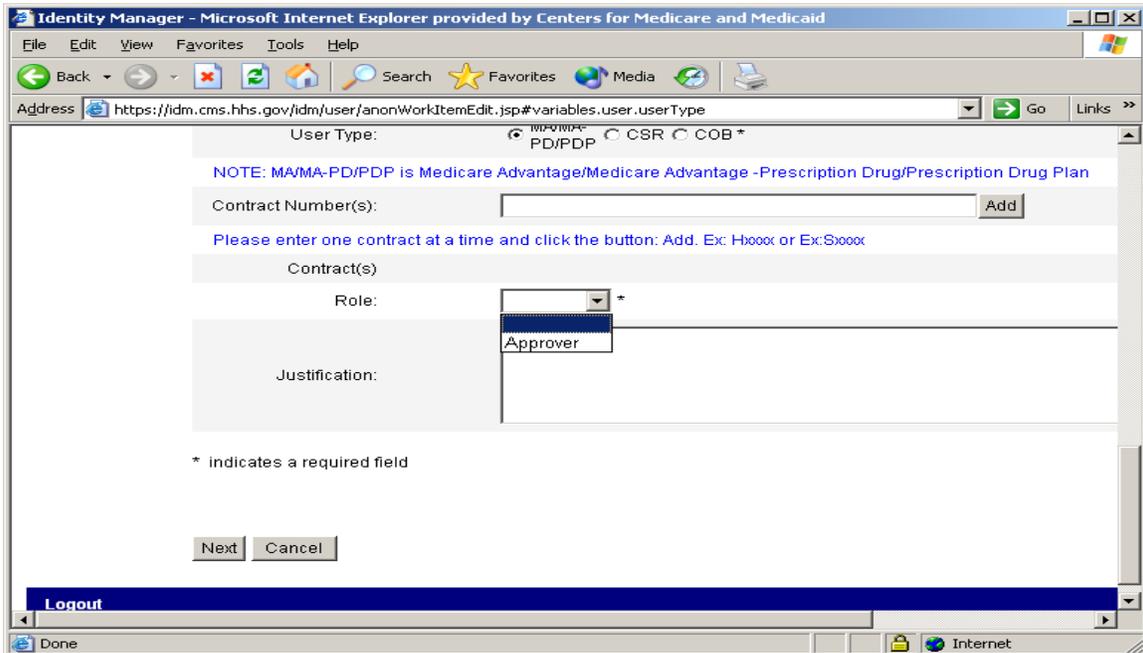
- **CSR Radio Button**  
Select the **Call Center Name** from the drop down list



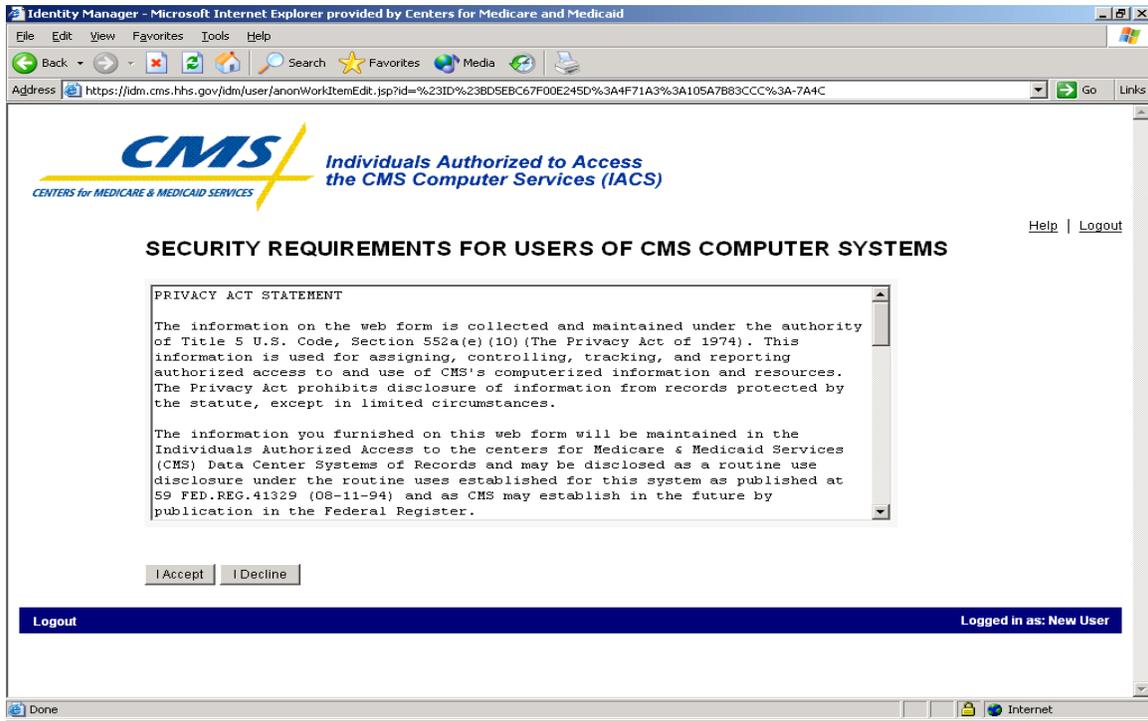
- **COB** is be implemented at this time



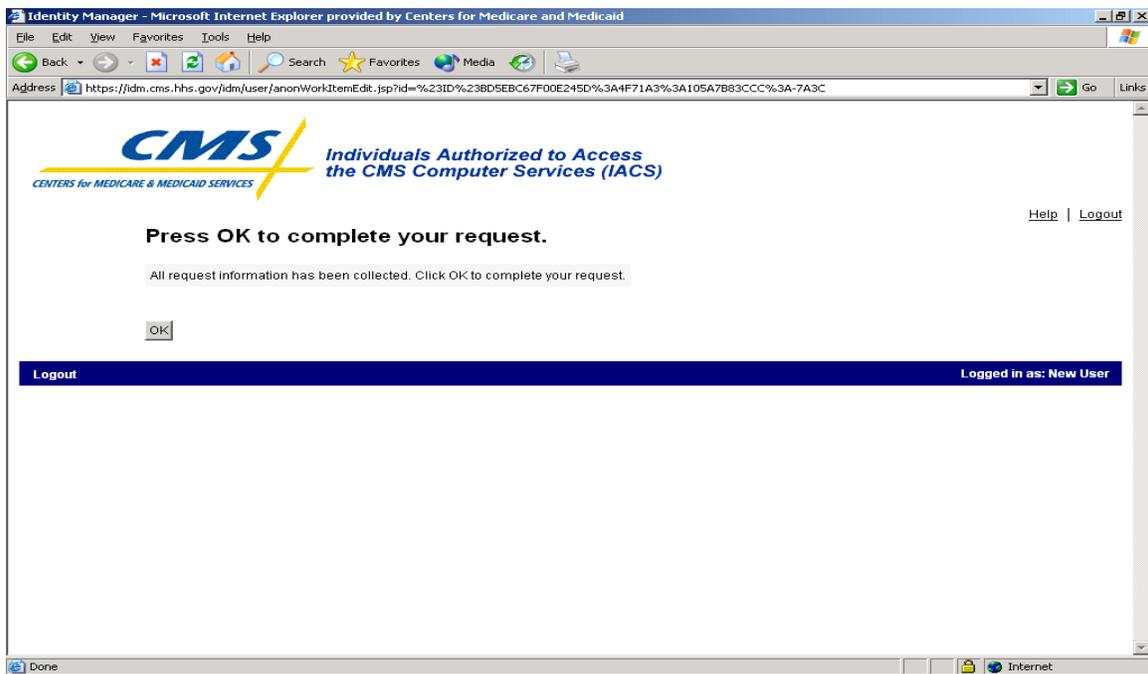
7. Select the appropriate role. At this time **Approver** is the only allowed choice



- Click **Next** and the Privacy and Terms and Conditions Statements appear.  
The user should scroll through the statements and select **Accept**



- The registration process is nearly complete. The user should select OK and close the browser



10. The request will be routed to the designated CMS personnel for approval. Notifications will be sent to the user upon approval or denial. At this time, no reason for denial is included in the email notification or on the denial record within IACS. In order to determine the reason for the denial, the CBC HIS must be consulted.
11. Notifications – The language of these notifications is subject to change.
- Approval – There are two notifications. One will contain the users GUID the other will contain information regarding the password. It will not contain the actual password.

#### Account Notification

The request for creation in the Enterprise Security Systems (ESS/IDM) has been completed. The UID for the user STJV878.  
Thank you,  
Enterprise Security Systems (ESS/IDM)

Please do not reply to this system-generated email.

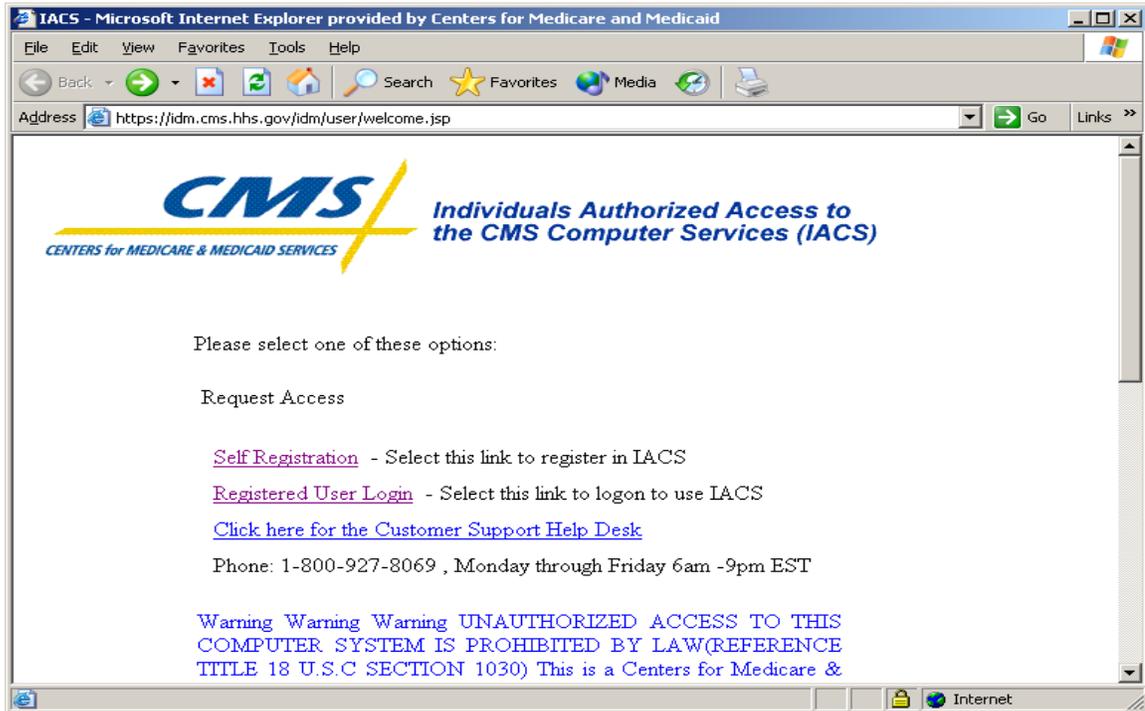
#### Password Notification – The Extranet Option will not work

Your one time password is the first letter of your last name in upper case and last 6 digits of your social security number.  
You must log into Enterprise Security Systems (ESS/IDM) using your Account Id and password. Please go to the below links to reset your one time password.  
If you are an internet user, please go to <https://idm.cms.hhs.gov/idm/user/welcome.jsp>  
If you are an extranet user, please go to <https://idm.cmsnet/idm/user/welcome.jsp>  
Thank you,  
Enterprise Security Systems (ESS/IDM)  
Please do not reply to this system-generated email.

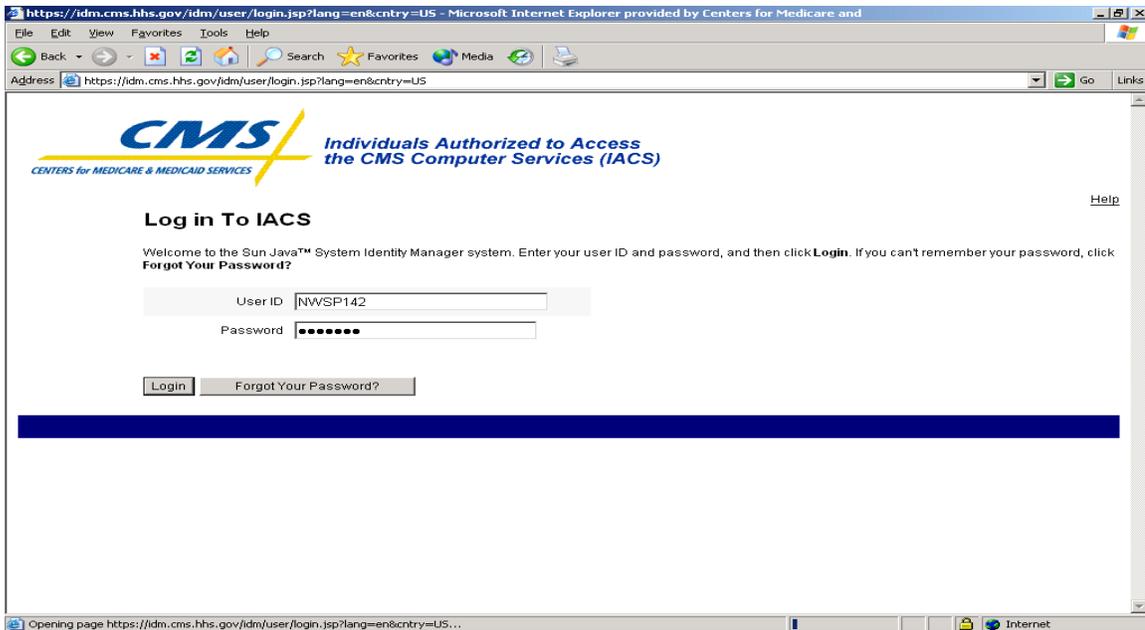
- Email change – the CITIC staff will never see the password. An email is automatically generated with the password and sent to the user with a link to the change password.

## Appendix B – Initial Login

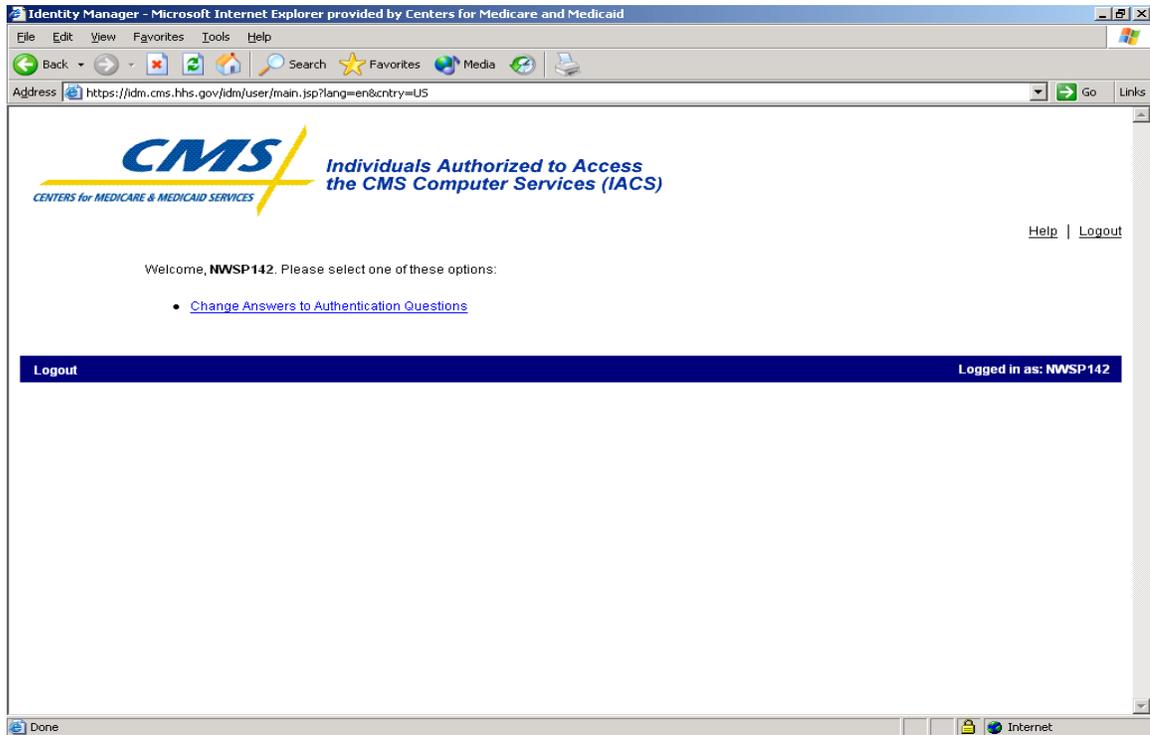
1. The instructions are the same as in Steps 1-3 of Appendix A
2. At the IACS page, **Select Registered User Login**



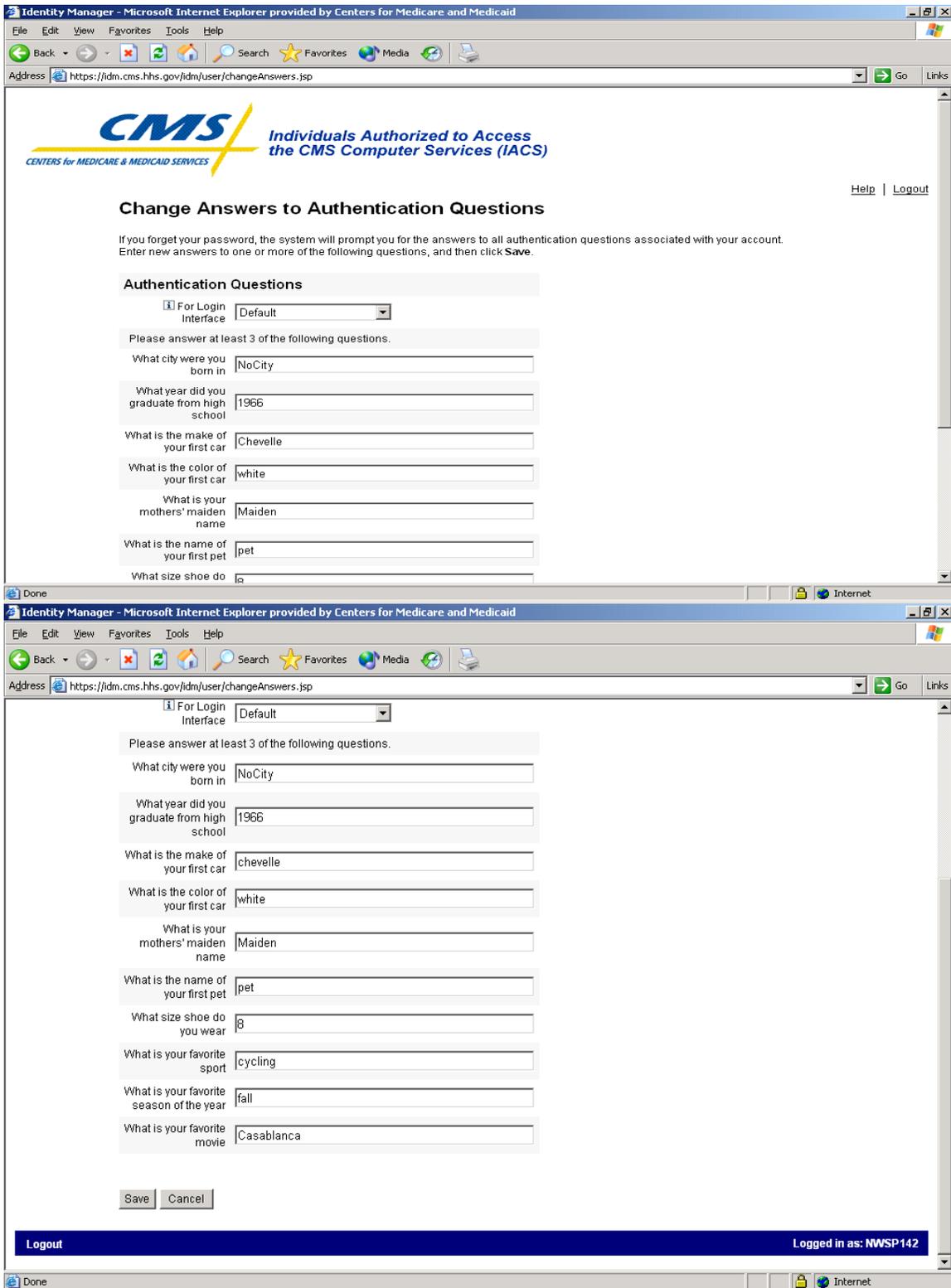
3. Enter Username and Password



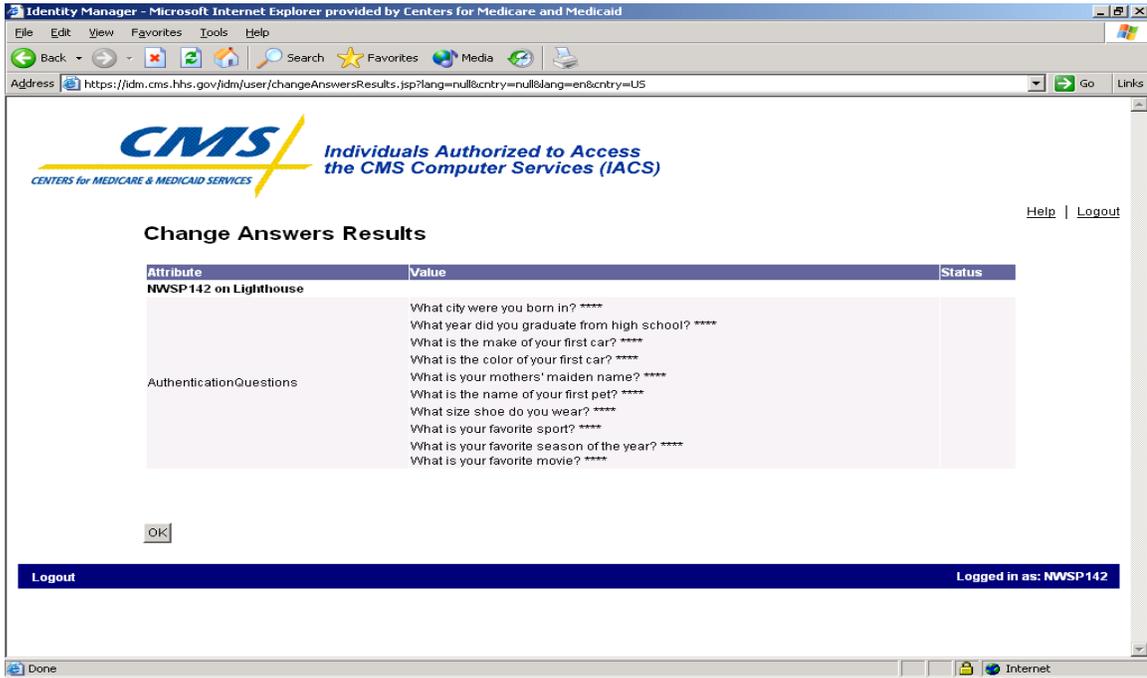
4. **Select** Change Answers to Authentication Questions



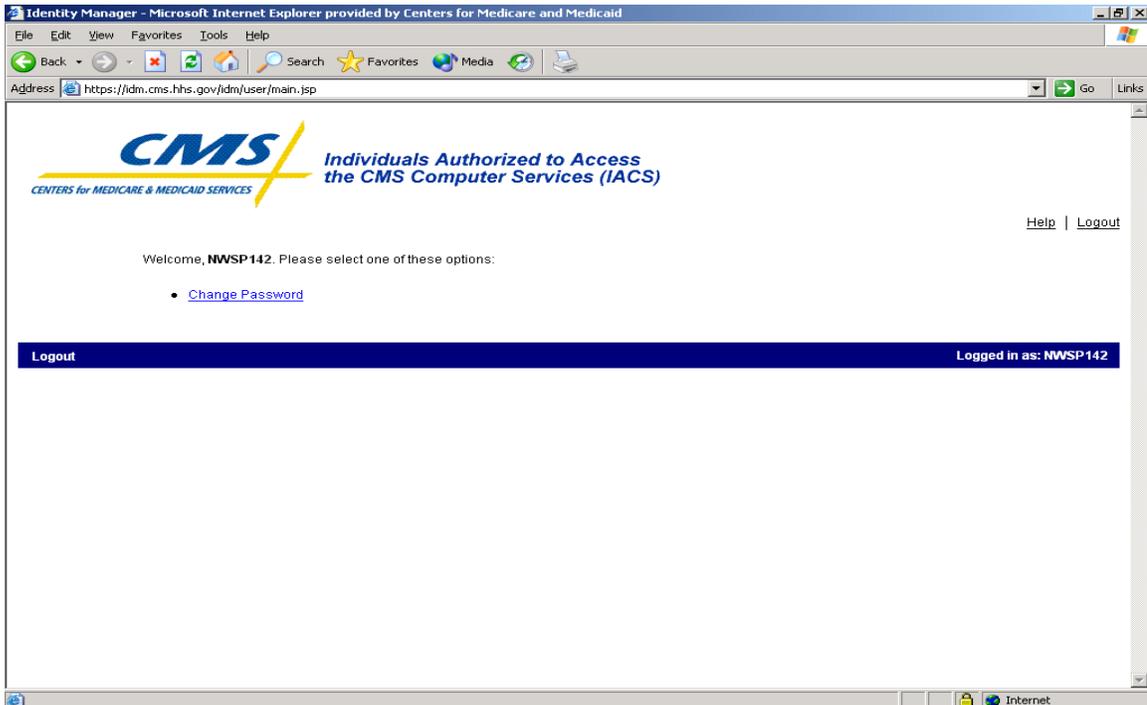
5. Answer the questions and select Save



6. Select OK



7. Select Change Password



8. **Enter** a new password and confirm by entering the password a second time. The password must be at least six characters long with one number. **Select** Change Password

**Change Password**

To change your password on all resources, enter and confirm a new password, select **Change Identity system user and all resource accounts**, and then click **Change Password**.

To change your password on individual resources, select one or more resource account IDs.

**Passwords**

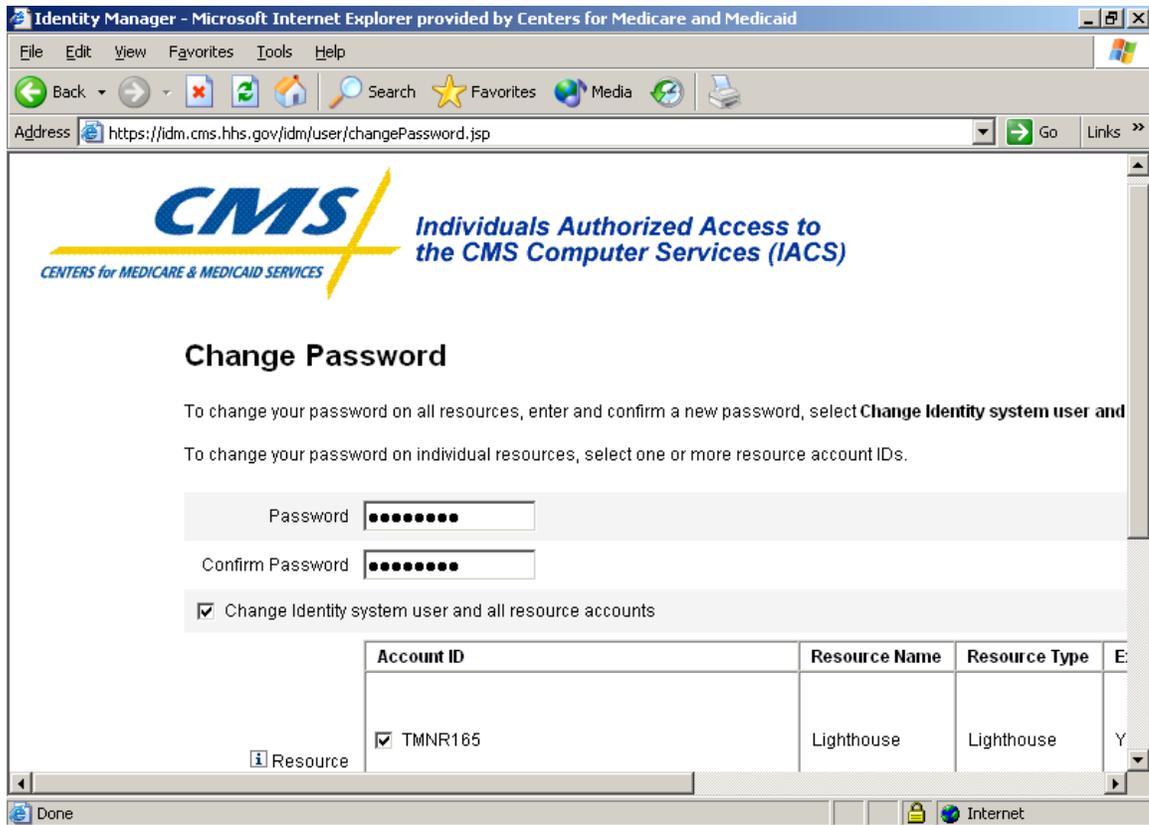
Password

Confirm Password

Resource account whose password will be changed.	Account ID	Resource Name	Resource Type	Exists	Disabled	Password Policy
	uid=NWSP142,ou=people,dc=cms,dc=hhs,dc=gov	LDAP	LDAP	Yes	No	None

Logout Logged in as: NWSP142

If multiple resources are listed, **select** Change identity system user and all resource accounts. **Select** Change Password



9. At the main page, **Select Logout**

## Appendix L — MMA Connectivity Test Checklist

**Table L.1-1. MMA Connectivity Test Checklist for SFTP**

**For Small Plans:**

### **MMA Connectivity Test Checklist for SFTP**

<b>Task</b>	<b>Internet</b>	<b>Extranet</b>
Obtain physical connectivity		
Identify/approve/register Plan EPOC		
Self Register/Approve Users		
Change the one time use password		
Configure DNS for CMS name resolution	N/A	
Set up firewall and ACL to allow SFTP access to gis.cms.hhs.gov port 10022		N/A
Set up firewall and ACL to allow SFTP access to gis.cmsnet port 10022	N/A	
Obtain Coupon for Sterling's Connect:Enterprise Secure Client from MMA Help Desk (if appropriate)		
Purchase and Download Sterling's Connect:Enterprise Secure Client		
Configure the SFTP application (support is provided by Sterling Commerce)		
Capture a screen shot of the Gentran mailbox and email it to the MMA Help Desk (mmahelp@cms.hhs.gov). If possible convert all images to JPEG format.		
Use the SFTP application to connect to the Gentran Server at gis.cms.hhs.gov port 10022		N/A
Use the SFTP application to connect to the Gentran Server at gis.cmsnet port 10022	N/A	

**Table L.1-2. MMA Connectivity Test Checklist for HTTPS**

**For Small Plans:**

**MMA Connectivity Test Checklist for HTTPS**

<b>Task</b>	<b>Internet</b>	<b>Extranet</b>
Obtain physical connectivity		
Identify/approve/register Plan EPOC		
Self Register/Approve Users		
Change the one time use password		
Configure DNS for CMS name resolution	N/A	
Set up firewall and ACL to allow HTTPS access to gis.cms.hhs.gov port 3443		N/A
Setup firewall and ACL to allow HTTPS access to gis.cmsnet port 3443	N/A	
Install latest Verisign security certificates		
Launch a Web Browser and access https://gis.cms.hhs.gov:3443/mailbox		N/A
Launch a Web Browser and access https://gis.cmsnet:3443/mailbox	N/A	
Capture a screen shot of the Gentran login screen and email it to the MMA Help Desk(mmahelp@cms.hhs.gov) If possible convert all images to JPEG format.		
Enter the GUID and password provided to you.		

**Table L.1-3. MMA Connectivity Test Checklist for Connect:Direct**

For Large Plans:

**MMA Connectivity Test Checklist for Connect:Direct**

<b>Task</b>	<b>Owner</b>
<b><i>Plan Transmission Information</i></b>	
Provided Contact information	Plan
Send SPOE request and Connect:Direct Setup Request sent to CMS	Plan
Provided User Id and Password for return file	Plan
Provided Output dataset name	Plan
Provided Local Node Name	Plan
Provided TCP/IP address	Plan
Provided Port	Plan
Provided Environment	Plan
Configured Firewall Information	Plan
Configured C:D	CMS
<b><i>CMS Transmission Information</i></b>	
Acquired C:D Process information: Local Node Name TCP/IP Address Port Environment	Plan
Requested and Received CMS SPOE	Plan
Configured C:D Process	Plan
<b><i>Connectivity Test</i></b>	
CMS readiness for EFT (Enterprise File Transfer)	CMS
Sterling readiness for EFT	Sterling
Plan transmit test data to CMS	Plan
CMS receive test data	CMS
CMS transmit test data to Plan	CMS
Plan receive test data	Plan

***Appendix M — Disaster Recovery Implications for Plans***

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TBS

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