



Medicare Advantage and Prescription Drug Plans

September 18, 2006

**Plan Communications
User's Guide Appendices
Version 1.5**



CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Plan Payment Group

Center for Beneficiary Choices



**Medicare Advantage and Prescription Drug
Plan Communications
User's Guide Appendices
Version 1.5**

(September 18, 2006)

This page intentionally left blank.

Change Track Log
Updates as of September 19, 2006

Section	Changes
Global Changes	<ul style="list-style-type: none"> ▪ Changed Version from 1.4 to 1.5 ▪ Changed date to September 18, 2006 ▪ Changed ▪ Changed MCO to Plan(s) where appropriate ▪ Changed “you” to “User(s)” or “Plan(s)” ▪ Removed “Please” throughout document ▪ Reformatted tables as necessary ▪ Changed MARX to MARx ▪ Changed alphanumeric to alpha-numeric ▪ Changed Id to ID ▪ Changed 2 digits to 2-digits ▪ Removed unnecessary punctuation ▪ Formatted “Notes” to “NOTES” ▪ Changed Rx-ID to RxID ▪ Changed Rx Group to RxGroup ▪ Changed Rx Bin to RxBin
Table of Contents	<ul style="list-style-type: none"> ▪ Reformatted ▪ Added “Monthly” to the title Record Layout E.18 ▪ Updated page numbers to reflect additions and changes
Appendix A	<ul style="list-style-type: none"> ▪ Added acronyms ▪ Added new terms and definitions
Appendix B	<ul style="list-style-type: none"> ▪ No changes
Appendix C	<ul style="list-style-type: none"> ▪ Removed highlight from MARx Down Day for March and August
Appendix D	<ul style="list-style-type: none"> ▪ Renumbered
Appendix E	<ul style="list-style-type: none"> ▪ Updated Table of Contents for Record Layouts ▪ Reformatted several tables ▪ Replaced record layout E.1 – 820 Format Payment Advice Data File ▪ Added Introductions to the following record layouts: <ul style="list-style-type: none"> ▪ E.3 – Batch Completion Status Summary Report Data File ▪ E.4 – BIPA 606 Payment Reduction Data File ▪ E.10 – Monthly Membership Summary Data File ▪ E.11 – Monthly Premium Withholding Report Data File ▪ E.13 – Part C Risk Adjustment Model Output File ▪ E.14 – Part D Risk Adjustment Model Output File

	<ul style="list-style-type: none">▪ E.16 – Special Transaction Reply Report Data File▪ E.17 – MARx Full Enrollment Data File▪ E.20 – 4Rx Notification File Record Formats▪ E.22 – Batch Eligibility Query (BEQ) Request File▪ E.23 – Batch Eligibility Query (BEQ) Response File▪ E.24 – Auto Assignment Full Dual Notification File▪ E-25 – Auto Assignment PDP Auto Enrollment Notification File▪ Replaced record layout E.13 – Weekly/Monthly Transaction Reply Data File▪ Replaced record layout E.15 – Batch Completion Status Summary
Appendix F	<ul style="list-style-type: none">▪ Updated MARx Screen Lookup Table
Appendix H	<ul style="list-style-type: none">▪ Added Table of Contents▪ Reformatted several tables▪ Marked TRR Codes 030; 038; 101; 132; 142; and 147 as obsolete▪ Modified definition for TRR Codes 114,181 and 182▪ Removed TRR Codes 997, 998, and 999
Appendix I	<ul style="list-style-type: none">▪ Replaced report sample for I.13 – Transaction Reply Weekly/Monthly Activity Report▪ Added Section I.15 – Batch Completion Status Summary▪ Updated report and page numbers in the Reports Lookup Table
Appendix J	<ul style="list-style-type: none">▪ Edited the section
Appendix K	<ul style="list-style-type: none">▪ No change
Appendix L	<ul style="list-style-type: none">▪ No change
Appendix M	<ul style="list-style-type: none">▪ No change

Table of Contents

A: Glossary and List of Abbreviations and Acronyms A-1

 GlossaryA-1

 List of Abbreviations and AcronymsA-5

B: CMS Central Office Contact Information B-1

C: Monthly Schedule..... C-1

D: Enrollment Data Transmission Schedule..... D-1

E: Record Layouts.....E-1

E.1 820 Format Payment Advice Data FileE-3

E.2 Part D Auto and Facilitated Enrollment Address Data FileE-9

E.3 Batch Completion Status Summary Report Data FileE-11

E.4 BIPA 606 Payment Reduction Data FileE-19

E.5 Bonus Payment Report Data FileE-21

E.6 Coordination of Benefits (COB) Data FileE-23

E.7 Enrollment/Disenrollment/Change/Correction Transactions Data FileE-31

E.8 Failed Transaction Data FileE-49

E.9 Monthly Membership Detail Data FileE-53

E.10 Monthly Membership Summary Data FileE-59

E.11 Monthly Premium Withholding Report Data FileE-63

E.12 Part B Claims (Record Type 1 and Record Type 2) Data FileE-67

E.13 Part C Risk Adjustment Model Output Data FileE-69

E.14 Part D Risk Adjustment Model Output Data FileE-83

E.15 Weekly/Monthly Transaction Reply Activity Data FileE-99

E.16 Special Transaction Reply Report Data FileE-107

E.17 MARx Full Enrollment Data File.....E-111

E.18 Low-Income Subsidy/Late Enrollment Penalty Data FileE-115

E.19 Bi-Weekly Deemed LIS/Premium Report Data FileE-123

E.20 4Rx Notification File Record FormatsE-125

E.21 4Rx Response File Record Formats.....E-135

E.22 Batch Eligibility Query (BEQ) Request FileE-145

E.23 Batch Eligibility Query (BEQ) Response FileE-153

E.24 Auto Assignment Full Dual Notification FileE-165

E.25	Auto Assignment PDP Auto-Enrollment Notification File	E-167
F: Screen Hierarchy		F-1
F.1	Main Menu.....	F-3
F.2	Welcome Submenu	F-4
F.3	Beneficiaries Submenu	F-5
F.4	Transactions Submenu	F-6
F.5	Payments Submenu	F-7
F.6	Reports Submenu	F-8
G: Validation Messages		G-1
H: Codes		H-1
H.1	Transaction Codes	H-3
H.2	MARx Transaction Reply Codes	H-5
H.3	MMR Adjustment Reason Codes	H-29
H.4	State Codes, U.S. Possessions, and Other Countries	H-31
H.5	4Rx Notification Error Condition Tables	H-33
H.6	Batch Eligibility Query (BEQ) Response File Error Condition Tables	H-39
H.7	Medicare Secondary Payer (MSP) Reason Codes	H-41
I: Report Files		I-1
I.1	BIPA 606 Payment Reduction Report	I-3
I.2	Bonus Payment Report	I-11
I.3	Demographic Report	I-19
I.4	HMO Bill Itemization Report	I-23
I.5	Monthly Membership Detail Report – Drug Report File (Part D).....	I-25
I.6	Monthly Membership Detail Report – Non Drug Report File (Part C)	I-27
I.7	Monthly Membership Summary Report	I-29
I.8	Monthly Summary of Bills Report	I-33
I.9	Part C Risk Adjustment Model Output Report	I-35
I.10	Part D Risk Adjustment Model Output Report	I-37
I.11	Payment Records Report (Part B Claims Records Posted).....	I-39
I.12	Plan Payment Report (APPS Payment Letter)	I-41
I.13	Transaction Reply/Weekly/Monthly Activity Report	I-47
I.14	Enrollment Transmission Message File.....	I-61
I.15	Batch Completion Status Summary.....	I-67

J: All Transmissions Overview J-1

K: MMA Plan Connectivity Test Checklist..... K-1

L: Disaster Recovery Implications for Plans L-1

M: Valid Election Types for Plans M-1

This page intentionally left blank.

A: Glossary and List of Abbreviations and Acronyms

Glossary

Term	Definition
Abend	In mainframe computing, an abnormal job termination (<u>ab</u> normal <u>end</u>).
Account Number	A number obtained from your Resource Access Control Facility (RACF) or system administrator.
Adjustment Reason Codes	Code given to explain adjustments on Plan Membership Reports
Batch Processing	An automated systems approach to processing in which data items to be processed must be grouped.
Beneficiary Identification Code (BIC)	That portion of the Medicare health insurance claim number that identifies a specific beneficiary.
Benefit Stabilization Fund	Established by CMS upon request of an HMO or CMP when it is required to provide its Medicare enrollees with additional benefits, in order to prevent excessive fluctuation in the provision of those benefits in subsequent contract periods.
Button	A rectangular icon on a screen. When the button is clicked, an action is taken. The button is labeled with word(s) that describe the action, such as Find or Update.
Checkbox	A field on a screen that is part of a group of options, any number of which may be selected. Each checkbox is represented with a small box, where 'x' means "on" and an empty box means "off." When a checkbox is clicked, an 'x' appears in the box. When the checkbox is clicked again, the 'x' is removed.
Concatenation	The process of combining files, especially those being uploaded or downloaded with one transmission.
Connect:Direct	Proprietary software that transfers files between systems.
Correction	A record submitted by a Plan or CMS office to correct or update existing data concerning a beneficiary.
Cost	A type of contract under which a Plan is reimbursed by CMS for its reasonable costs.
Data Entry Field	A field on a screen that requires the user to type in information.
Disenrollment	A record submitted by a Plan, SSA DO, MCSC, or CMS when a beneficiary discontinues membership in the Plan.
Dropdown List	A field on a screen that contains a list of values from which the user 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 different types of election periods which beneficiaries may enroll in or disenroll from Plans: Annual Election Period, Initial Coverage Election Period, Special Election Period (MA/MA-PD, PACE, and DEMOs), Special Enrollment Period (PDPs only), Open Enrollment Period and Initial Enrollment for Part D Plans.</p> <ul style="list-style-type: none"> • Annual Election Period: The Annual Election Period is November 15 through December 31 each year. Medicare health Plans enroll eligible beneficiaries into available Plans during the month of November each year. This is the only time in which all Plans will be open and accepting new members. • Initial Coverage Election Period: The 3 months immediately before beneficiaries are entitled to Medicare Part A and enrolled in Part B. If beneficiaries choose to join a Plan during the Initial Coverage Election Period, the Plan must accept the beneficiary. The only time a Plan can deny enrollment during this period is when it has reached its member limit. This limit is approved by the Centers for Medicare & Medicaid Services. The Initial Coverage Election Period is different from the Initial Enrollment Period (IEP). • Special Election Period (MA/MA-PD, PACE, and DEMOs): A beneficiary is given a Special Election Period to change Plans or to return to Original Medicare in certain situations. For example, 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. • Open Enrollment Period (MA/MA-PD): If the Plan is open and accepting new members, beneficiaries may join or enroll in the Plan. If a Plan chooses to be open, the Plan must allow all eligible beneficiaries to enroll. <p>NOTE: For changes and updates on election periods, refer to the <i>Medicare Managed Care Manual, Chapter 2 – Medicare Advantage Enrollment and Disenrollment</i>.</p>
Enrollment	A record submitted when a beneficiary joins a Plan.
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 chosen value.

Plan Communications User's Guide Appendices, Version 1.5

Term	Definition
Medicaid	A jointly funded, federal-state health insurance program for certain low-income 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 (MA) (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 MA contract, the Plan 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.
Medicare Advantage Prescription Drug System (MARx)	An enhancement of the Medicare Managed Care System (MMCS) with changes for the implementation of the Medicare Modernization Act (MMA). It calculates payments to Plans for providing coverage to beneficiaries who are enrolled in the Plan's contracts.
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 (MMCS)	The system that replaced the Group Health Plan System. The system has been enhanced and is now MARx.
Network Data Mover	Software used for transmitting and receiving data (replaced by Connect:Direct).
MicroStrategy	A tool used for generating and viewing standard and ad hoc reports.
Nursing Home Certifiable (NHC)	A code that reflects the relative frailty of an individual. Beneficiaries who are NHC have conditions that 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 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 Medicare Beneficiary Database (MBD) or the beneficiary does not have the entitlement needed for the contract, the transaction will be periodically retried. This will continue until (1) the beneficiary is found because the MBD has been updated or (2) the number of days specified in the system configuration parameter has passed. This does not occur in the Medicare Advantage Prescription Drug (MARx) System.
Program for All Inclusive Care for the Elderly (PACE) Plans	The PACE program is a unique capitated managed care benefit for the frail elderly provided by a not-for-profit or public entity that features a comprehensive medical and social service delivery system. It uses a multidisciplinary team approach in an adult day health center supplemented by in-home and referral service in accordance with participants' needs.
Payment Month	The month and year in which payments are made to Plan.

Term	Definition
Radio Button	A field on a screen that is part of a group of options, of which only one may be selected. A radio button is represented with a small circle, where a circle that is filled in means the button is selected, and an empty circle means it is not selected. Clicking a radio button will select that option and deselect the existing selection.
Reply Codes	Codes used to explain what action the system took in response to new information from CMS systems or in response to input from Plans, CMS, or other users.
Required Field	<p>A field on a screen that must be filled in before a button is clicked to take some action. If the button is clicked and the field is not filled in, an error message is displayed and the action is not carried out.</p> <p>There are two types of required fields:</p> <ul style="list-style-type: none"> • Always required. These are marked with an asterisk (*) • Conditionally required, that is, at least one or only one of the conditionally required fields must be filled in. These are marked with a plus sign (+)
Risk	<p>A type of contract under which beneficiaries are “locked in” to network providers and a payment is received from CMS for each member based on demographic characteristics and health status (also referred to as M+C).</p> <p>In a Risk or M+C contract, the Plan 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.
Special Needs Plan (SNP)	A type of Medicare Advantage coordinated care Plan focused on individuals with special needs. “Special needs individuals” are identified by institutionalized; dually eligible (individuals receiving both Medicare and some type of Medicaid); and/or individuals with severe or disabling chronic conditions.
Submenu	A horizontal list of items below the screen’s menu. The items on the menu are specific to the selected menu item. Clicking on a submenu item will display a screen.
Transaction Reply Codes	See Reply Codes.
User ID	Valid user identification code for accessing the CMS Data Center and the Medicare Data Communications Network.
User Interface	The screens, forms, and menus that are displayed to a user logged on to an automated system.

List of Abbreviations and Acronyms

AAPCC	Adjusted Average Per Capita Cost (now called M+C rates)
AD	Adjustment Detail Record
AEP	Annual Enrollment Period
APPS	Automated Plan Payment System
BBA	Balanced Budget Act of 1997
BCSS	Batch Completion Status Summary
BEQ	Beneficiary Eligibility Query
BIC	Beneficiary Identification Code
BIPA	Benefits Improvement & Protection Act of 2000
BPT	Bid Pricing Tool
BSF	Benefit Stabilization Fund
CAN	Claim Account Number
CBC	Center for Beneficiary Choices
CCB	Change Control Board
CCIP	Chronic Care Improvement Program
C:D	Connect:Direct
CDC	CMS Data Center
CHF	Congestive Heart Failure
CMS	Centers for Medicare & Medicaid Services
CO	Central Office
COB	Close of Business
COB	Coordination of Benefits
COI	Central Office Inquiry
CPM	Current Payment Month
CTM	Complaint Tracking Module
CUI	Common User Interface
CWF	Common Working File

DCG	Diagnostic Cost Group
DEMO	Demonstration Plan
DO	District Office
DOB	Date of Birth
DOD	Date of Death
DSN	Data Set Name
DTL	Detail
ECRS	Electronic Correspondence Referral System
EDB	Enrollment Database
EFT	Electronic File Transmission
EGHP	Employer Group Health Plan
ERC	Error Return Code
ESRD	End Stage Renal Disease
FERAS	Front-End Risk Adjustment System
FFS	Fee-For-Service
FTR	Failed Transaction Report
GHP	Group Health Plan
GROUCH	GHP Report Output User Communication Help System
Guide	Medicare Advantage and Prescription Drug Plan Communications User's Guide
HCC	Hierarchical Condition Category
HCFA	Health Care Financing Administration (renamed to CMS)
HCPP	Health Care Prepayment Plan
HIC	Health Insurance Claim
HICAN	Health Insurance Claim Account Number
HICN	Health Insurance Claim Number
HMO	Health Maintenance Organization
HPMS	Health Plan Management System
HTML	Hypertext Markup Language
HTTPS	Hypertext Transfer Protocol Secure

IACS	Individuals Authorized Access to CMS Computer Services
ICD-9-CM	<i>International Classification of Diseases, 9th Edition Clinical Modification</i>
ICEP	Initial Coverage Election Period
ID	Identification
IEP	Initial Enrollment Period
IRC	Information Request Code
IT	Information Technology
LEP	Late Enrollment Penalty
LIS	Low Income Subsidy
M+C	Medicare+Choice (now known as MA)
M+CO	Medicare+Choice Organization
MA	Medicare Advantage (formerly known as M+C)
MA BSF	Medicare Advantage Benefit Stabilization Fund
MA-PD	Medicare Advantage – Prescription Drug
MARx	Medicare Advantage and Prescription Drug System
MAS	Maintenance Assistance Status
MBD	Medicare Beneficiary Database
MCO	Managed Care Organization
MCSC	Medicare Customer Service Center (1-800-MEDICARE)
MMA	Medicare Modernization Act
MMCS	Medicare Managed Care System
MMR	Monthly Membership Report
MMRD	Monthly Membership Detailed Report
MMSR	Monthly Membership Summary Report
MnDHO	Minnesota Disability Health Organization
MQGE	Medicare Qualified Government Employee Code
MSHO	Minnesota Senior Health Option
MSP	Medicare Secondary Payer
NCPDP	National Council for Prescription Drug Program
NDM	Network Data Mover

NHC	Nursing Home Certifiable
NMEC	National Medicare Education Campaign
OEP	Open Enrollment Period
OEPI	Open Enrollment Period for Institutionalized Individuals
OEPNEW	Open Enrollment Period for Newly Eligible Individuals
OHI	Other Health Insurance
OMB	Office of Management and Budget
OPM	Office of Personnel Management
PACE	Program of All-Inclusive Care for the Elderly
PBO	Payment Bill Option
PBP	Plan Benefit Package
PD	Prospective Detail Record
PDE	Prescription Drug Event
PDP	Prescription Drug Plan
PICS	Plan Information and Control System
PIP-DCG	Principal Inpatient Diagnostic Cost Group
PLM	Plan Member
PLN	Plan Non-member
POS	Point of Sale
PPR	Plan Payment Report
PRM	Primary
PSC	Program Service Center
PWR	Premium Withholding Report
PWS	Premium Withholding System
RACF	Resource Access Control Facility
RAS	Risk Adjustment System
RO	CMS Regional Office
RRB	Railroad Retirement Board
RTG	Return to Government
Rx	Prescription

SCC	State and County Code
SCO	MassHealth Senior Care Option
SEP	Special Election Period
SFTP	Secure Shell File Transfer Protocol
SHMO	Social Health Maintenance Organization
SNP	Special Needs Plan
SPOE	Connect:Direct Secure Point of Entry
SSA	Social Security Administration
SSA DO	Social Security Administration District Office
SSA FO	Social Security Administration Field Office
SSN	Social Security Number
SUP	Supplemental
TPA	Third Party Administrator
TrOOP	True Out-of-Pocket Costs
TRR	Transaction Reply Report
TSO	Time Sharing Option
UI	User Interface
URL	Universal Resource Locator (worldwide web address)
USPCC	United States Per Capita Cost
WA	Working Aged
WC	Worker's Compensation
WCSA	Worker's Compensation Set-Aside
WPP	Wisconsin Partnership Program

This page intentionally left blank.

B: CMS Central Office Contact Information

If Plans have any questions on **policy information** contained in this Guide, contact the CMS Central Office Health Insurance Specialist for the appropriate regional area.

Region	Contact	Telephone Number	Email Address
1. Boston:	Jacqueline Buise	(410) 786-7607	Jacqueline.Buise@cms.hhs.gov
2. New York:	John W. Campbell	(410) 786-0542	John.Campbell2@cms.hhs.gov
3. Philadelphia:	James Dorsey	(410) 786-1143	James.Dorsey@cms.hhs.gov
4. Atlanta:	Gloria Webster	(410) 786-7655	Gloria.Webster@cms.hhs.gov
5. Chicago:	Janice Bailey	(410) 786-7603	Janice.Bailey@cms.hhs.gov
6. Dallas:	Joanne Weller	(410) 786-5111	Joanne.Weller@cms.hhs.gov
7. Kansas City:	Mary Stojak	(410) 786-6939	Mary.Stojak@cms.hhs.gov
8. Denver:	Francine Jordan	(410) 786-6505	Francine.Jordan@cms.hhs.gov
9. San Francisco:	Kim Miegel Or Terry Williams	(410) 786-6165 (410) 786-0705	Kim.Miegel@cms.hhs.gov Terry.Williams@cms.hhs.gov
10. Seattle:	David Evans	(410) 786-0412	David.Evans2@cms.hhs.gov
PACE Organizations and Demonstrations	William Bucksten	(410) 786-7477	William.Bucksten@cms.hhs.gov

For technical **assistance**, Plans should contact the MMA Help Desk (Customer Support) 1-800-927-8069 or by email at MMAHELP@cms.hhs.gov.

This page intentionally left blank.

C: Monthly Schedule

The 2006 Plan MARx Monthly Schedule provides dates for the following:

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

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

This page intentionally left blank.

YEAR 2006 PLAN MARx MONTHLY SCHEDULE

MAY 2006

- 1 MAY Payment Due Plan
- 11 Certification of Enrollment for March 27, 2006 report
- 16 PLAN DATA DUE**
- 17 MARx DOWN DAY
- 18 MARx DOWN DAY
- 25 MONTHLY REPORTS AVAILABLE
- 29 Memorial Day (Observed)

JUNE 2006

- 1 JUNE Payment Due Plan
- 8 Certification of Enrollment for April 24, 2006 report
- 13 PLAN DATA DUE**
- 14 MARx DOWN DAY
- 15 MARx DOWN DAY
- 16 MARx DOWN DAY
- 26 MONTHLY REPORTS AVAILABLE
- 30 JULY Payment Due Plan

NOTE: Mid Year Risk Adjuster Factor Update

JULY 2006

- 4 Independence Day (Holiday)
- 6 Certification of Enrollment for May 24, 2006 report
- 13 PLAN DATA DUE**
- 14 MARx DOWN DAY
- 17 MARx DOWN DAY
- 18 MARx DOWN DAY
- 24 MONTHLY REPORTS AVAILABLE

AUGUST 2006

- 1 AUGUST Payment Due Plan
- 10 Certification of Enrollment for June 26, 2006 report
- 11 MARx DOWN DAY (Factor Update)
- 16 PLAN DATA DUE**
- 17 MARx DOWN DAY
- 18 MARx DOWN DAY
- 21 MARx DOWN DAY
- 25 MONTHLY REPORTS AVAILABLE

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

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

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

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

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

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

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

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

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

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

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

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

YEAR 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
- 8 PLAN DATA DUE
- 15 Annual Election Period Begins
- 10 Veteran's Day (Holiday)
- 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

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

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

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

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

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

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

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

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

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

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

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

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

This page intentionally left blank.

D: Enrollment Data Transmission Schedule

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

1. Monday through Friday - 24 hours

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

2. Saturday, Sunday and MARx down days.

Data **WILL BE RECEIVED AND HELD** for monthly processing once the system is available.

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

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

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

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

This page intentionally left blank.

E: Record Layouts

This appendix provides record layouts for data files exchanged with Plans. Field lengths, formats, and descriptions are included along with expected values where applicable. Table E below lists the names of all the layouts and on which pages of this appendix (E) they can be found. *Appendix J, All Transmission Overview*, identifies the naming conventions for all files exchanged between CMS and Plans.

Table E - Record Layouts Lookup Table

Section	Name	Page
E.1	820 Format Payment Advice Data File	E-3
E.2	Part D Auto and Facilitated Enrollment Address Data File	E-9
E.3	Batch Completion Status Summary Report Data File	E-11
E.4	BIPA 606 Payment Reduction Data File	E-19
E.5	Bonus Payment Report Data File	E-21
E.6	Coordination of Benefits (COB) Data File	E-23
E.7	Enrollment/Disenrollment/Change/Correction Transactions	E-31
E.8	Failed Transaction Data File	E-49
E.9	Monthly Membership Detail Data File	E-53
E.10	Monthly Membership Summary Data File	E-59
E.11	Monthly Premium Withholding Report Data File	E-63
E.12	Part B Claims (Record Type 1 and Record Type 2) Data File	E-67
E.13	Part C Risk Adjustment Model Output Data File	E-69
E.14	Part D Risk Adjustment Model Output Data File	E-83
E.15	Weekly/Monthly Transaction Reply Activity Data File	E-99
E.16	Special Transaction Reply Report Data File	E-107
E.17	MARx Full Enrollment File Data File	E-111
E.18	Low-Income Subsidy/Late Enrollment Penalty Data File	E-115
E.19	Bi-Weekly Deemed LIS/Premium Report Data File	E-123
E.20	4Rx Notification File Record Formats	E-125
E.21	4Rx Response File Record Formats	E-135
E.22	Batch Eligibility Query (BEQ) Request File	E-145
E.23	Batch Eligibility Query (BEQ) Response File	E-153

Section	Name	Page
E.24	Auto Assignment Full Dual Notification File	E-165
E.25	Auto Assignment PDP Auto-Enrollment Notification File	E-167

E.1 820 Format Payment Advice Data File

The segments are listed in a required order:

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

The physical layout of a segment is:

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

Fields are mostly variable in length and do not contain leading/trailing spaces.

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

For example, in fictitious segment XXX, fields 2, 3, and 5 (the last field) are skipped:

XXXfield 1 content***field 4 content~**

BALANCING REQUIREMENTS¹

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

Following two balancing rules are given:

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

In order to comply with balancing rules, BPR02 and RMR04 are set equal to Net Payment (paid amount), RMR05 is set equal to Gross/calculated Payment (billed amount), and ADX01 is set equal to Adjustment amount.

On Cost/HCPP contracts, put the actual dollars billed --- rather than the “risk equivalent” dollar amounts --- into RMR05.

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

X12 820 Table	Segment	Data Element	Description	Length	Type	Contents
	BPR	BPR16	Check Issue or EFT Effective Date	8/8	DT	Use Payment Letter – Payment Date in CCYYMMDD format
HEADER			RE-ASSOCIATION KEY	3	AN	“TRN”
	TRN	TRN01	Trace Type Code	1/2	ID	“3” (Financial Re-association Trace Number)
	TRN	TRN02	Check or EFT Trace Number	1/30	AN	“USTREASURY”
HEADER			COVERAGE PERIOD	3	AN	“DTM”
	DTM	DTM01	Date/Time Qualifier	3/3	ID	“582” (Report Period)
	DTM	DTM05	Date/Time Period Format Qualifier	2/3	ID	“RD8” (Range of dates expressed in format CCYYMMDD – CCYYMMDD)
	DTM	DTM06	Date/Time Period	1/35	AN	Range of Dates for Payment Month. See DTM05
HEADER			PREMIUM RECEIVER'S NAME	2	AN	“N1”
	1000A	N101	Entity Identifier Code	2/3	ID	“PE” (Payee)
	1000A	N102	Name	1/60	AN	Contract Name
	1000A	N103	Identification Code Qualifier	1/2	ID	“EQ” Insurance Company Assigned Identification Number
	1000A	N104	Identification Code	2/80	AN	Contract Number

X12 820 Table	Segment	Data Element	Description	Length	Type	Contents
HEADER			PREMIUM PAYER'S NAME	2	AN	"N1"
	1000B	N101	Entity Identifier Code	2/3	ID	"PR" (Payer)
	1000B	N102	Name	1/60	AN	"CMS"
	1000B	N103	Identification Code Qualifier	1/2	ID	"EQ" Insurance Company Assigned Identification Number
	1000B	N104	Identification Code	2/80	AN	"CMS"
DETAIL			ORGANIZATION SUMMARY REMITTANCE DETAIL	3	AN	"RMR"
	2300A	RMR01	Reference Identification Qualifier	2/3	ID	"CT"
	2300A	RMR02	Contract Number	1/30	AN	Payment Letter – Contract #
	2300A	RMR04	Detail Premium Payment Amount	1/18	R	Payment Letter – Net Payment See discussion on Balancing.
	2300A	RMR05	Billed Premium Amount	1/18	R	Payment Letter – Demographic Report Payment See discussion on Balancing.
DETAIL			SUMMARY LINE ITEM	3	AN	"IT1"
	2310A	IT101	Line Item Control Number	1/20	AN	"1" (Assigned for uniqueness)
DETAIL			MEMBER COUNT	3	AN	"SLN"
	2315A	SLN01	Line Item Control Number	1/20	AN	"1" (Assigned for uniqueness)
	2315A	SLN03	Information Only Indicator	1/1	ID	"O" (For Information only)

X12 820 Table	Segment	Data Element	Description	Length	Type	Contents
	2315A	SLN04	Head Count	1/15	R	Payment Letter – Total Members
	2315A	SLN05-1	Unit or Basis for Measurement Code	2/2	ID	"IE" (used to identify that the value of SLN04 represents the number of contract holders with individual coverage)
DETAIL			ORGANIZATION SUMMARY REMITTANCE LEVEL ADJUSTMENT	3	AN	"ADX"
	2320A	ADX01	Adjustment Amount	1/18	R	Payment Letter – Total Adjustments: Total Adjustments is the difference between Demographic Payment and Net Payment. See discussion on Balancing.
	2320A	ADX02	Adjustment Reason Code	2/2	ID	"H1" (Information forthcoming – detailed information related to the adjustment will be provided through a separate mechanism)
SUMMARY			820 TRAILER		AN	"SE"
		SE01	Number of Included Segments	1/10	N0	"11"
		SE02	Transaction Set Control Number	4/9	AN	Use control number, same as in 820 Header

This page intentionally left blank.

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

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

Item	Field	Size	Position	Description
17	Beneficiary Zip Code	5	275 – 279	Standard Zip Code
18	Beneficiary Zip Code Extension	4	280 – 283	Zip Code Extension

E.3 Batch Completion Status Summary Report Data File

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

- Summary Records (batch 1)
- All Rejected Records (batch 1)
- All Accepted Records (batch1)
- All Pending Records (batch1)

E.3.1 Summary Record

Item	Field Name	Length	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, ZZZZZZ9
6	Transaction Status Accepted	8	51-58	Counts, ZZZZZZ9
7	Transaction Status Rejected	8	59-66	Counts, ZZZZZZ9, of rejected transaction records attached
8	Transaction Status Failed	8	67-74	Counts, ZZZZZZ9
9	Transaction Status Pending	8	75-82	Counts, ZZZZZZ9
10	Transactions Received	8	83-90	Count, 99999999, of the total number received transaction records in batch
11	Submitter ID	8	91-98	Submitter ID
12	Date Stamp of transaction file	10	99-108	Format: YYYY-MM-DD
13	Time Stamp of transaction file	8	109-116	Format: HH.MM.SS
14	FILLER	145	117-261	Release 2.0 Use
15	End of Status Summary Record	1	262	Content: ";"

E.3.2 Rejected Record

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

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

E.3.3 Accepted Record

Title	Field Name	Length	Position	Description
1	Accepted Transaction Record Header	12	1-12	Content: "#ACPTEDTRANS"
2	Transaction Record Counter	8	13-20	Sequential count, ZZZZZZ9, of accepted records
3	Beneficiary HICN#	12	21-32	From input transaction
4	Beneficiary Surname	12	33-44	From input transaction
5	Beneficiary First Name	7	45-51	From input transaction
6	Beneficiary Middle Initial	1	52	From input transaction
7	Sex	1	53	From input transaction; otherwise blank
8	Birth Date	8	54-61	From input transaction
9	EGHP Flag	1	62	From input transaction; otherwise blank
10	PBP #	3	63-65	From input transaction; otherwise blank
11	Election Type	1	66	From input transaction; otherwise blank
12	Contract #	5	67-71	From input transaction
13	Application Date	8	72-79	From input transaction; otherwise blank
14	Transaction Code	2	80-81	From input transaction
15	Disenrollment Reason	2	82-83	From input transaction; otherwise blank
16	Effective Date	8	84-91	From input transaction; otherwise blank
17	Segment ID	3	92-94	From input transaction; otherwise blank
18	Filler	5	95-99	
19	Prior Commercial Override	1	100	From input transaction; otherwise blank
20	Premium Withhold Option/Parts C-D	1	101	From input transaction; otherwise blank
21	Part C Premium Amount	6	102-107	From HPMS
22	Part D Premium Amount	6	108-113	From HPMS
23	Creditable Coverage Flag	1	114	From input transaction; otherwise blank
24	Number of Uncovered Months	3	115-117	From input transaction; otherwise blank
25	Employer Subsidy Enrollment Override Flag	1	118	From input transaction; otherwise blank

Title	Field Name	Length	Position	Description
26	Part D Opt-Out Flag	1	119	From input transaction; otherwise blank
27	Filler	20	120-139	Field removed
28	Filler	15	140-154	Field removed
29	Secondary Drug Insurance Flag	1	155	From input transaction; otherwise blank
30	Secondary RxID	20	156-175	From input transaction; otherwise blank
31	Secondary RxGroup	15	176-190	From input transaction; otherwise blank
32	Enrollment Source	1	191	From input transaction; otherwise blank
33	Filler (MSA Fields – Future Use)	36	192-227	Future Use
34	Part D Premium Subsidy Level	3	228-230	Part D low-income premium subsidy category: '000' = No subsidy, '025' = 25% subsidy level '050' = 50% subsidy level '075' = 75% subsidy level '100' = 100% subsidy level
35	Low-Income Co-Pay Category	1	231	Definitions of the co-payment categories: '0' = none, not low-income '1' = \$2/\$5 (High) '2' = \$1/\$3 (Low) '3' = \$0 (0) '4' = 15% '5' = Unknown
36	Filler	13	232-244	
37	'01' Transaction Action Code	1	245	From input transaction; otherwise blank
38	Transaction Reply Codes	15	246-260	Up to five, 3-character transaction reply codes, left justified
39	End of Accepted Transaction Record	2	261-262	Content: “;”

E 3.4 Pending Record

Item	Field Name	Length	Position	Description
1	Pended Transaction Record Header	12	1-12	Content: "#PNDINGTRANS"
2	Transaction Record Counter	8	13-20	Sequential count, ZZZZZZZ9, of pending records
3	Beneficiary HICN#	12	21-32	From input transaction
4	Beneficiary Surname	12	33-44	From input transaction
5	Beneficiary First Name	7	45-51	From input transaction
6	Beneficiary Middle Initial	1	52	From input transaction
7	Sex	1	53	From input transaction; otherwise blank
8	Birth Date	8	54-61	From input transaction
9	EGHP Flag	1	62	From input transaction; otherwise blank
10	PBP #	3	63-65	From input transaction; otherwise blank
11	Election Type	1	66	From input transaction; otherwise blank
12	Contract #	5	67-71	From input transaction
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

Item	Field Name	Length	Position	Description
25	Employer Subsidy Enrollment Override Flag	1	118	From input transaction; otherwise blank
26	Part D Opt-Out Flag	1	119	From input transaction; otherwise blank
27	Filler	20	120-139	Field removed
28	Filler	15	140-154	Field removed
29	Secondary Drug Insurance Flag	1	155	From input transaction; otherwise blank
30	Secondary RxID	20	156-175	From input transaction; otherwise blank
31	Secondary RxGroup	15	176-190	From input transaction; otherwise blank
32	Enrollment Source	1	191	From input transaction; otherwise blank
33	Filler (MSA Fields – Future Use)	36	192-227	Future Use
34	Filler	17	228-244	
35	'01' Transaction Action Code	1	245	From input transaction; otherwise blank
36	Transaction Reply Codes	15	246-260	Up to five, 3-character transaction reply codes, left justified
37	End of Rejected Transaction Record	2	261-262	Content: “;”

E.4 BIPA 606 Payment Reduction Data File

Item	Field	Size	Position	Description
1	Contract Number	5	1 – 5	Contract Number
2	PBP Number	3	6 – 8	999
3	Run Date	8	9 – 16	YYYYMMDD
4	Payment Month	6	17 – 22	YYYYMM
5	Adjustment Reason Code	2	23 – 24	99 Spaces = Payment
6	Payment/Adjustment Start Month	6	25 – 30	YYYYMM
7	Payment/Adjustment End Month	6	31 – 36	YYYYMM
8	HIC	12	37 – 48	External Format
9	Surname First	7	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.5 Bonus Payment Report Data File

Item	Field	Size	Position	Description
1	Contract Number	5	1 – 5	Plan contract number
2	Run Date	8	6 – 13	YYYYMMDD; date the report was created
3	Payment Month	6	14 – 19	YYYYMM; the month payments are effective
4	Adjustment Reason Code	2	20 – 21	Reason for the adjustment; equal to spaces if a payment
5	Payment/Adjustment Start Month	6	22 – 27	YYYYMM
6	Payment/Adjustment End Month	6	28 – 33	YYYYMM
7	State and County Code	5	34 – 38	2-digit state code followed by 3-digit county code of residence
8	HIC	12	39 – 50	Beneficiary's claim number
9	Surname	7	51 – 57	First 7 letters of the last name
10	Initial	1	58	Initial of the first name
11	Sex	1	59	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

This page intentionally left blank.

E.6 Coordination of Benefits (COB) Data File

This file contains members' primary and secondary coverage that has been validated through COB processing. MARx forwards this information whenever a Plan's enrollees are affected. It may be as often as daily. The enrollees included on the file are those newly enrolled who have no Other Health Insurance (OHI) and those Plan enrollees with changes to their OHI.

The following records are included in this file:

- Detail Record
- Primary Record
- Supplemental Record

E.6.1 General Organization of Records

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

E.6.2 Detail Records: Indicates the Beginning of a Series of Beneficiary Subordinate Detail Records

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

NOTE: Record Length = 1000

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

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

Item	Field	Size	Position	Format	Valid Values/Description
12	COB Source Code*	5	106-110	CHAR	11100 Non Payment/Payment Denial 11101 IEQ 11102 Data Match 11103 HMO 11104 Litigation Settlement BCBS 11105 Employer Voluntary Reporting 11106 Insurer Voluntary Reporting 11107 First Claim Development 11108 Trauma Code Development 11109 Secondary Claims Investigation 11110 Self Report 11111 411.25 11112 BCBS Voluntary Agreements 11113 Office of Personnel Management (OPM) Data Match 11114 Workers' Compensation Data Match 11118 Pharmacy Benefit Manager (PBM) 11120 COBA 11125 Recovery Audit Contractor (RAC) 1 11126 RAC 2 11127 RAC 3 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

Plan Communications User's Guide Appendices, Version 1.5

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
34	Employer's Name	32	354-385	CHAR	
35	Employer's Address 1	32	386-417	CHAR	

Plan Communications User's Guide Appendices, Version 1.5

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

NOTE: Record Length = 1000;

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

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

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

Item	Data Field	Length	Position			Format	Valid Values
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	Supplemental Type Code	1	111	...	111	CHAR	L=Supplemental M=Medigap N=State Program (Non Qualified SPAP) O=Other P=Patient Assistance Program Q=Qualified State Pharmaceutical Assistance Program (SPAP) R=Charity S=AIDS Drug Assistance Program T=Federal Health Program 1=Medicaid 2=Tricare

Plan Communications User's Guide Appendices, Version 1.5

Item	Data Field	Length	Position			Format	Valid Values
14	Coverage Code*	1	112	...	112	CHAR	U=Drug (network benefit) V=Drug with Major Medical (non-network benefit)
15	Insurer's Name*	32	113	...	144	CHAR	
16	Insurer's Address-1*	32	145	...	176	CHAR	
17	Insurer's Address-2*	32	177	...	208	CHAR	
18	Insurer's City*	15	209	...	223	CHAR	
19	Insurer's State*	2	224	...	225	CHAR	
20	Insurer's Zip Code*	9	226	...	234	CHAR	
21	Filler	10	235	...	244	CHAR	Spaces
22	Individual Policy Number*	17	245	...	261	CHAR	
23	Group Policy Number*	20	262		281	CHAR	
24	Effective Date*	8	282	...	289	ZD	CCYYMMDD
25	Termination Date*	8	290	...	297	ZD	CCYYMMDD
26	Relationship Code*	2	298	...	299	CHAR	01=Bene is Policy Holder 02=Spouse 03=Child 04=Other
27	Payer ID*	10	300	...	309	CHAR	
28	Person Code*	3	310	...	312	CHAR	
29	Payer Order*	3	313	...	315	ZD	
30	Filler	685	316	...	1000	Spaces	
	Record Length =	1000					
*Indicates that these fields have the same position on PRM and SUP record layouts.							

E.7 Enrollment/Disenrollment/Change/Correction Transactions Data File

A transaction file is submitted to CMS by a Plan, and consists of a header record followed by individual transaction records. The transaction code identifies the types of transaction records. This section details the contents and format for each type of record that may be included in the transaction file.

The following records are included in this file:

- Header Record PBP Change
- Enrollment Record Plan Change
- Disenrollment Record Correction

E.7.1 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 represent the month and year of the Current Payment Month; e.g., From May 17 – June 13, transactions are submitted for the JULY payment month and should have the header date of 072006)
4	Filler	185	40 – 224	N/A	Spaces

E.7.2 Enrollment

Transaction types 60 and 61 are used to enroll beneficiaries in a Part D Plan. Transaction type 60 is used only to submit EGHP enrollments that are 1-3 months retroactive to the submitted file. Example: For a transaction file with header date 100605, type 60 transactions are used to submit transactions with EGHP Flag equal to Y and effective dates in April, March, or February.

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

Plan Communications User's Guide Appendices, Version 1.5

Item	Field	Size	Position	Enrollment (Employer & MCO 60/61)			Description
				MA	MA-PD	PDP	
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 — The date that the Plan received the beneficiary's completed enrollment
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
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 an MA, MA-PD, Cost, and HCPP Plans. Not required if Plan is Special Needs Plan (SNP). Alpha-numeric, 0-9 and A-F. Zero (0) indicate override and blank indicates no override.
18	Premium Withhold Option/ Parts C-D	1	81	R	R	R	D = direct self-pay; S = deduct from SSA benefits; R = deduct from RRB benefits; O = deduct from OPM benefits; N = No premium applicable. The option applies to both Parts C and D premiums.

Item	Field	Size	Position	Enrollment (Employer & MCO 60/61)			Description
				MA	MA-PD	PDP	
19	Part C Premium Amount (XXXXvXX)	6	82 – 87	R	R	N/A	6-digits with leading zeroes or blank if premium does not apply. Decimal point assumed 2-digits from right, XXXXvXX. For example, '000000' is \$0.00 and '010073' is \$100.73.
20	Part D Premium Amount (XXXXvXX)	6	88 – 93	N/A	R	R	6-digits with leading zeroes or blank if premium does not apply. Decimal point assumed 2-digits from right, XXXXvXX. For example, '000000' is \$0.00 and '010073' is \$100.73.
21	Creditable Coverage Flag	1	94	N/A	R	R	'Y' if covered 'N' if not covered
22	Number of Uncovered Months	3	95 – 97	N/A	R, blank = zero, meaning no uncovered months	R, blank = zero, meaning no uncovered months	Count of total months without drug coverage, leading zeroes, or right justified. Count must be greater than or equal to two (002) when "Creditable Coverage Flag," Item (21) above, is 'N'. Count must be zero (000) when "Creditable Coverage Flag" is 'Y'.
23	Employer Subsidy Enrollment Override Flag	1	98	N/A	R if beneficiary has Employer Subsidy status; otherwise blank	R if beneficiary has Employer Subsidy status; otherwise blank	If the beneficiary is in a Plan receiving an employer subsidy, but still wants to enroll in a Part D Plan, submit the enrollment with the override = 'Y'; otherwise, blank.
24	Part D Opt-Out Flag	1	99	N/A	N/A	N/A	N/A
25	Filler	20	100 – 119	N/A	N/A	N/A	Spaces
26	Filler	15	120 – 134	N/A	N/A	N/A	Spaces

Plan Communications User's Guide Appendices, Version 1.5

Item	Field	Size	Position	Enrollment (Employer & MCO 60/61)			Description
				MA	MA-PD	PDP	
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.
28	Secondary RxID	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. Alpha-numeric; uppercase when alpha; left justified. Uppercase printable characters and default value of spaces.
29	Secondary RxGroup	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. Alpha-numeric; 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 Plan use
31	SSN	9	172 – 180	R (MSA ONLY) Future Use	FILLER	FILLER	Future use
32	Trustee Routing Number	9	181 – 189	R (MSA ONLY) Future Use	FILLER	FILLER	Future use
33	Bank Account Number	17	190 – 206	R (MSA ONLY) Future Use	FILLER	FILLER	Future use
34	Bank Account Type	1	207	R (MSA ONLY) Future Use	FILLER	FILLER	Future use
35	Filler	17	208 – 224	N/A	N/A	N/A	Spaces

E.7.3 Disenrollment

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 = I, A, O, S, N, and T MA-PD = I, A, E, O, S, N, and T PDP = 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

Item	Field	Size	Position	Disenrollment 51			Description
				MA	MA-PD	PDP	
13	Disenrollment Reason (Future Use)	2	62 – 63	N/A	N/A	N/A	Future use
14	Effective Date (YYYYMMDD)	8	64 – 71	R	R	R	YYYYMMDD — disenrollment effective date
15	Segment ID	3	72 – 74	N/A	N/A	N/A	N/A
16	Filler	5	75 – 79	N/A	N/A	N/A	
17	Prior Commercial Override	1	80	N/A	N/A	N/A	N/A
18	Premium Withhold Option/ Parts C-D	1	81	N/A	N/A	N/A	N/A
19	Part C Premium Amount (XXXXvXX)	6	82 – 87	N/A	N/A	N/A	N/A
20	Part D Premium Amount (XXXXvXX)	6	88 – 93	N/A	N/A	N/A	N/A
21	Creditable Coverage Flag	1	94	N/A	N/A	N/A	N/A
22	Number of Uncovered Months	3	95 – 97	N/A	N/A	N/A	N/A
23	Employer Subsidy Enrollment Override Flag	1	98	N/A	N/A	N/A	N/A

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

E.7.4 PBP Change

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

Item	Field	Size	Position	Plan Election (PBP Change) 71			Description
				MA	MA-PD	PDP	
11	Application Date	8	52 – 59	R	R	R	YYYYMMDD — Either the date the Plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper).
12	Transaction Code	2	60 – 61	R	R	R	'71' = PBP Change
13	Disenrollment Reason (Future Use)	2	62 – 63	N/A	N/A	N/A	Future use
14	Effective Date (YYYYMMDD)	8	64 – 71	R	R	R	YYYYMMDD — Enrollment effective date
15	Segment ID	3	72 – 74	R, blank for non-segmented organizations; otherwise, 3 digits	R, blank for non-segmented organizations; otherwise, 3 digits	N/A	3-blanks = non-segmented organization transaction; for segmented organization transactions, 3-character numeric = segment number, zero padded, 001-999 valid Plan Segment ID range. Only local Plans (Hxxxx) may have segments.
16	Filler	5	75 – 79	N/A	N/A	N/A	
17	Prior Commercial Override	1	80	If applies; otherwise, zero or blank	If applies; otherwise, zero or blank	N/A	Required if beneficiary is ESRD and wants to enroll in an MA, MA-PD, Cost, or HCPP Plans Not required if Plan is SNP Alpha-numeric, 0-9 and A-F, Zero (0) 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 Parts C and D premiums.
19	Part C Premium Amount (XXXXvXX)	6	82 – 87	R	R	N/A	Six (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	Plan Election (PBP Change) 71			Description
				MA	MA-PD	PDP	
20	Part D Premium Amount (XXXXvXX)	6	88 – 93	N/A	R	R	Six (6) digits with leading zeroes, or blank if premium does not apply. Decimal point assumed 2-digits from right, XXXXvXX. For example, '000000' is \$0.00 and '010073' is \$100.73.
21	Creditable Coverage Flag	1	94	N/A	R	R	'Y' if covered 'N' if not covered
22	Number of Uncovered Months	3	95 – 97	N/A	R, blank = zero, meaning no uncovered months	R, blank = zero, meaning no uncovered months	Count of total months without drug coverage, leading zeroes or right justified. Count must be greater than or equal to two (002) when "Creditable Coverage Flag," Item (21) above, is 'N'. Count must be zero (000) when "Creditable Coverage Flag" is 'Y'.
23	Employer Subsidy Enrollment Override Flag	1	98	N/A	R if beneficiary has Employer Subsidy status; otherwise blank	R if beneficiary has Employer Subsidy status; otherwise blank	If the beneficiary is in a Plan receiving an employer subsidy, but still wants to enroll in a Part D Plan, submit the enrollment with the override = 'Y'; otherwise, blank.
24	Part D Opt-Out Flag	1	99	N/A	N/A	N/A	N/A
25	Filler	20	100 – 119	N/A	N/A	N/A	Spaces
26	Filler	15	120 – 134	N/A	N/A	N/A	Spaces
27	Secondary Drug Insurance Flag	1	135	N/A	R	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.

Item	Field	Size	Position	Plan Election (PBP Change) 71			Description
				MA	MA-PD	PDP	
28	Secondary RxID	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. Alpha-numeric; uppercase when alpha; left justified. Uppercase printable characters and default value of spaces.
29	Secondary RxGroup	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. Alpha-numeric; 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 Plan use
31	SSN	9	172 – 180	R (If change to MSA)	FILLER	FILLER	Future use
32	Trustee Routing Number	9	181 – 189	R (If change to MSA)	FILLER	FILLER	Future use
33	Bank Account Number	17	190 – 206	R (If change to MSA)	FILLER	FILLER	Future use
34	Bank Account Type	1	207	R (If change to MSA)	FILLER	FILLER	Future use
35	Filler	17	208 – 224	N/A	N/A	N/A	Spaces

E.7.5 Plan Change

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

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

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

Item	Field	Size	Position	Plan Change 72			Description
				MA	MA-PD	PDP	
29	Secondary RxGroup	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. Alpha-numeric; 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 Plan use.
31	SSN	9	172 – 180	FILLER	FILLER	FILLER	Future use.
32	Trustee Routing Number	9	181 – 189	Blank or change-to value	FILLER	FILLER	Future use.
33	Bank Account Number	17	190 – 206	Blank or change-to value	FILLER	FILLER	Future use.
34	Bank Account Type	1	207	Blank or change-to value	FILLER	FILLER	Future use.
35	Filler	17	208 – 224	N/A	N/A	N/A	Spaces.

E.7.6 Correction

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

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

This page intentionally left blank.

E.8 Failed Transaction Data File

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

The following records are included in this file:

- Header Record
- Failed Records

E.8.1 Header Record

Item	Field Name	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	Spaces	3	35-37	Spaces
4	Transaction Batch Number	9	38-46	MARx batch ID, right justified, leading zeroes
5	Header Message	12	47-58	'AAAAAAHEADER'
6	Spaces	2	59- 60	Spaces
7	Date Stamp of Receipt of Transaction File by MARx	10	61-70	Format: YYYY-MM-DD
8	Space	1	71	Space
9	Time Stamp of Receipt of Transaction File by MARx	8	72-79	Format: HH.MM.SS
10	Spaces	145	80-224	Spaces

E.8.2 Failed Records for 54-, 60-, 61-, 71-, and 72-Type Transactions

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

Item	Field	Size	Position	Description
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 RxID	20	182 – 201	From input transaction; otherwise blank
33	Secondary RxGroup	15	202 – 216	From input transaction; otherwise blank
34	Enrollment Source	1	217	From input transaction; otherwise blank
35	Filler (MSA Fields – Future Use)	36	218 – 253	Future Use
36	Filler	17	254 – 270	Spaces

E.8.3 Failed Records for 01- Type Transaction

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

E.9 Monthly Membership Detail Data File

This is a data file version of the Monthly Membership Detail Report. The report lists every Part C and Part D Medicare member of the contract and provides details about the payments and adjustments made for each. This file contains the data for both Part C and Part D members. It is generated monthly.

Item	Field	Size	Position	Description
1	MCO Contract Number	5	1-5	Plan Contract Number
2	Run Date of the File	8	6-13	Date the file was created YYYYMMDD
3	Payment Date	6	14-19	Payment month YYYYMM
4	HIC Number	12	20-31	Member's HIC #
5	Surname	7	32-38	First 7 letters of the member's surname
6	First Initial	1	39-39	First initial of the member's first name
7	Sex	1	40-40	The member's gender M = Male, F = Female
8	Date of Birth	8	41-48	The member's date of birth YYYYMMDD
9	Age Group	4	49-52	BBEE BB = Beginning Age EE = Ending Age
10	State & County Code	5	53-57	
11	Out of Area Indicator	1	58-58	Y = Out of Contract-level service area Always spaces on Adjustment
12	Part A Entitlement	1	59-59	Y = Entitled to Part A
13	Part B Entitlement	1	60-60	Y = Entitled to Part B
14	Hospice	1	61-61	Y = Hospice
15	ESRD	1	62-62	Y = ESRD
16	Working Aged	1	63-63	Y = Working Aged
17	Institutional	1	64-64	Y = Institutional (monthly)
18	NHC	1	65-65	Y = Nursing Home Certifiable
19	Medicaid	1	66-66	Y = Medicaid Status
20	LTI Flag	1	67-67	Y = Part C Long Term Institutional

Item	Field	Size	Position	Description
21	Medicaid Indicator	1	68-68	Y = Medicaid Add on
22	PIP-DCG	2	69-70	PIP-DCG Category - Only on pre-2004 adjustments
23	Default Indicator	1	71-71	Y = default RA factor in use <ul style="list-style-type: none"> • For pre-2004 adjustments, a "Y" indicates that a new enrollee RA factor is in use • For post-2003 payments and adjustments, a "Y" indicates that a default factor was generated by the system due to lack of a RA factor.
24	Risk Adjuster Factor A	7	72-78	NN.DDDD
25	Risk Adjuster Factor B	7	79-85	NN.DDDD
26	Number of Paymt/Adjustmt Months Part A	2	86-87	99
27	Number of Paymt/Adjustmt Months Part B	2	88-89	99
28	Adjustment Reason Code	2	90-91	99 Always spaces on Payment
29	Paymt/Adjustmt Start Date	8	92-99	YYYYMMDD
30	Paymt/Adjustmt End Date	8	100-107	YYYYMMDD
31	Demographic Paymt/Adjustmt Rate A	9	108-116	-99999.99
32	Demographic Paymt/Adjustmt Rate B	9	117-125	-99999.99
33	Risk Adjuster Paymt/Adjustmt Rate A	9	126-134	-99999.99
34	Risk Adjuster Paymt/Adjustmt Rate B	9	135-143	-99999.99
35	LIS Premium Subsidy	8	144-151	-9999.99
36	ESRD MSP Flag	1	152-152	Format X. Values = 'Y' or 'N'(default) Indicates if Medicare is the Secondary Payer for an ESRD member
37	FILLER	19	153-171	Spaces
38	Risk Adjuster Age Group (RAAG)	4	172-175	BBEE BB = Beginning Age EE = Ending Age

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

Item	Field	Size	Position	Description
46	Lag Indicator	1	193-193	Y = Encounter data used to calculate RA factor lags payment year by 6 months
47	Segment ID	3	194-196	Identification number of the segment of the PBP. Blank if there are no segments.
48	Enrollment Source	1	197	The source of the enrollment. Values are: A = Auto-enrolled by CMS B = Beneficiary election C = Facilitated enrollment by CMS D = Systematic enrollment by CMS (rollover)
49	EGHP Flag	1	198	Employer Group Flag: Y = member of employer group, N = member is not in an employer group
50	Part C Basic Premium – Part A Amount	8	199-206	The premium amount for determining the MA payment attributable to Part A. It is subtracted from the MA Plan payment for Plans that bid above the benchmark. -9999.99
51	Part C Basic Premium – Part B Amount	8	207-214	The premium amount for determining the MA payment attributable to Part B. It is subtracted from the MA Plan payment for Plans that bid above the benchmark. -9999.99
52	Rebate for Part A Cost Sharing Reduction	8	215-222	The amount of the rebate allocated to reducing the member's Part A cost-sharing. This amount is added to the MA Plan payment for Plans that bid below the benchmark. -9999.99
53	Rebate for Part B Cost Sharing Reduction	8	223-230	The amount of the rebate allocated to reducing the member's Part B cost-sharing. This amount is added to the MA Plan payment for Plans that bid below the benchmark. -9999.99
54	Rebate for Other Part A Mandatory Supplemental 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

Plan Communications User's Guide Appendices, Version 1.5

Item	Field	Size	Position	Description
				below the benchmark. -9999.99
55	Rebate for Other Part B Mandatory Supplemental Benefits	8	239-246	The amount of the rebate allocated to providing Part B supplemental benefits. This amount is added to the MA Plan payment for Plans that bid below the benchmark. -9999.99
56	Rebate for Part B Premium Reduction – Part A Amount	8	247-254	The Part A amount of the rebate allocated to reducing the member's Part B premium. This amount is retained by CMS for non ESRD members and it is subtracted from ESRD member's payments. -9999.99
57	Rebate for Part B Premium Reduction – Part B Amount	8	255-262	The Part B amount of the rebate allocated to reducing the member's Part B premium. This amount is retained by CMS for non ESRD members and it is subtracted from ESRD member's payments. -9999.99
58	Rebate for Part D Supplemental Benefits – Part A Amount	8	263–270	Part A Amount of the rebate allocated to providing Part D supplemental benefits. -9999.99
59	Rebate for Part D Supplemental Benefits – Part B Amount	8	271–278	Part B Amount of the rebate allocated to providing Part D supplemental benefits. -9999.99
60	Total Part A MA Payment	10	279–288	The total Part A MA payment. -999999.99
61	Total Part B MA Payment	10	289–298	The total Part B MA payment. -999999.99
62	Total MA Payment Amount	11	299-309	The total MA A/B payment including MMA adjustments. This also includes the Rebate Amount for Part D Supplemental Benefits -9999999.99
63	Part D RA Factor	7	310-316	The member's Part D risk adjustment factor. NN.DDDD

Item	Field	Size	Position	Description
64	Part D Low-Income Indicator	1	317	An indicator to identify if the Part D Low-Income multiplier is included in the Part D payment. Values are 1 (subset 1), 2 (subset 2) or blank.
65	Part D Low-Income Multiplier	7	318-324	The member's Part D low-income multiplier. NN.DDDD
66	Part D Long Term Institutional Indicator	1	325	An indicator to identify if the Part D Long-Term Institutional multiplier is included in the Part D payment. Values are A (aged), D (disabled) or blank.
67	Part D Long Term Institutional Multiplier	7	326-332	The member's Part D institutional multiplier. NN.DDDD
68	Rebate for Part D Basic Premium Reduction	8	333-340	Amount of the rebate allocated to reducing the member's basic Part D premium. -9999.99
69	Part D Basic Premium Amount	8	341-348	The Plan's Part D premium amount. -9999.99
70	Part D Direct Subsidy Payment Amount	10	349-358	The total Part D direct subsidy payment for the member. -999999.99
71	Reinsurance Subsidy Amount	10	359-368	The amount of the reinsurance subsidy included in the payment. -999999.99
72	Low-Income Subsidy Cost-Sharing Amount	10	369-378	The amount of the low-income subsidy cost-sharing amount included in the payment. -999999.99
73	Total Part D Payment	11	379-389	The total Part D payment for the member -9999999.99.
74	Number of Paymt/Adjustmt Months Part D	2	390-391	99
75	Pace Premium Add On	10	392-401	Total Part D Pace Premium Add-on amount -999999.99
76	Pace Cost Sharing Addon	10	402-411	Total Part D Pace Cost Sharing Add-on amount -999999.99

E.10 Monthly Membership Summary Data File

This is a data file version of the Monthly Membership Summary Report for both Part C and Part D members, summarizing payments made to a Plan for the month, in several categories; and the adjustments, by all adjustment categories.

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

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

Item	Field Name	Size	Position	Description
				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
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

Item	Field Name	Size	Position	Description
27	LIS Band 100% member count	7	195-201	Count of Beneficiary's in the 100% LIS band

E.11 Monthly Premium Withholding Report Data File

This is a monthly reconciliation file of premiums withheld from SSA, RRB, or OPM checks. It includes Part C and Part D premiums and any Part D Late Enrollment Penalties. This file is produced by the Premium Withhold System (PWS). MARx makes this report available to Plans as part of the month-end processing. The file includes the following records:

- Header Record
- Detail Records
- Trailer – T1 – Total at segment level
- Trailer – T2 – Total at PBP level
- Trailer – T3 – Total at contract level

E.11.1 Header Record

Item	Field	Size	Position	Description
1	Record Type	2	1 – 2	H = Header Record PIC XX
2	MCO Contract Number	5	3 – 7	Plan 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 the report was created PIC 9(8)
5	FILLER	142	24 – 165	Spaces

E.11.2 Detail Record

Item	Field	Size	Position	Description
1	Record Type	2	1 – 2	D = Detail Record PIC XX
2	MCO Contract Number	5	3 – 7	Plan Contract Number PIC X(5)
3	Plan Benefit Package ID	3	8 – 10	Plan Benefit Package ID PIC X(3)
4	Plan Segment ID	3	11 – 13	PIC X(3)
5	HIC Number	12	14 – 25	Member's HIC # PIC X(12)
6	Surname	7	26 – 32	PIC X(7)
7	First Initial	1	33	PIC X
8	Sex	1	34	M = Male, F = Female PIC X
9	Date of Birth	8	35 – 42	YYYYMMDD PIC 9(8)
10	Premium Payment Option	3	43 – 45	Premium Payment Option in effect for this Pay Month "SSA" = Withholding by SSA "RRB" = Withholding by RRB "OPM" = Withholding by OPM PIC X(3)
11	FILLER	1	46	Space
12	Premium Period Start Date	8	47 – 54	Starting Date of Period Premium Payment Covers YYYYMMDD PIC 9(8)

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

E.11.3 Trailer Record

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

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

E.12.1 Record Type 1

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

E.12.2 Record Type 2

Item	Field	Size	Position	Description
1	Contract Number	5	1 – 5	Plan contract number
2	Record Type	1	6	Record Type Number 5—Home Health Agency
3	CAN-BIC	12	7 – 18	HIC Number
4	Period From	8	19 – 26	Start Date—YYYYMMDD
5	Period To	8	27 – 34	End Date—YYYYMMDD
6	Date of Birth	8	35 – 42	Beneficiary's Date of Birth—YYYYMMDD
7	Surname	6	43 – 48	First 6 positions of Beneficiary's surname
8	First Name	1	49	First letter of Beneficiary's first name
9	Middle Name	1	50	First letter of Beneficiary's middle name
10	Reimbursement Amount	11	51 – 61	Reimbursement amount for this claim.
11	Total Charges	11	62 – 72	Total charges on the claim.
12	Report Date	6	73 – 78	Claims processed through date—YYYYMM. Assigned by the system when processing claims. This is the cut-off date for including a claim in this file.
13	Contractor Identification Number	5	79 – 83	Identification number of the contractor that processed the claim
14	Provider Identification Number	6	84 – 89	Provider's identification number
15	Filler	98	90 -- 187	Spaces

E.13 Part C Risk Adjustment Model Output Data File

The following records are included in this file:

- Header Record
- Detail Record
- Trailer Record

E.13.1 Header Record

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

E.13.2 Detail Record

Item	Field	Size	Position	Description
1	Health Insurance Claim Number (HICN)	12	1 – 12	This is the Health Insurance Claim Number (known as HICN) identifying the primary Medicare Beneficiary under the SSA or RRB programs. The HICN consists of Beneficiary Claim Number (BENE_CAN_NUM) along with the Beneficiary Identification Code (BIC_CD) which uniquely identifies a Medicare Beneficiary. For the RRB program, the claim account number is a 12 bytes account number.
2	Beneficiary Last Name	12	13 – 24	First 12 bytes of the Beneficiary Last Name
3	Beneficiary First Name	7	25 – 31	First 7 bytes of the Beneficiary First Name
4	Beneficiary Initial	1	32	Beneficiary Initial
5	Date of Birth	8	33 – 40	The date of birth of the Medicare Beneficiary. Format as YYYYMMDD.
6	Sex	1	41	Represents the sex of the Medicare Beneficiary. Examples include Male and Female. 0=unknown, 1=Male, 2=Female
7	Social Security Number	9	42 – 50	The beneficiary's current identification number that was assigned by the Social Security Administration.
8	Age Group Female0_34	1	51	The sex and age group for the beneficiary base on a given as of date. Female between ages of 0 through 34. Set to "1" if existed, otherwise "0".
9	Age Group Female35_44	1	52	The sex and age group for the beneficiary base on a given as of date. Female between ages of 35 through 44. Set to "1" if existed, otherwise "0".
10	Age Group Female45_54	1	53	The sex and age group for the beneficiary base on a given as of date. Female between ages of 45 through 54. Set to "1" if existed, otherwise "0".

Item	Field	Size	Position	Description
11	Age Group Female55_59	1	54	The sex and age group for the beneficiary base on a given as of date. Female between ages of 55 through 59. Set to "1" if existed, otherwise "0".
12	Age Group Female60_64	1	55	The sex and age group for the beneficiary base on a given as of date. Female between ages of 60 through 64. Set to "1" if existed, otherwise "0".
13	Age Group Female65_69	1	56	The sex and age group for the beneficiary base on a given as of date. Female between ages of 65 through 69. Set to "1" if existed, otherwise "0".
14	Age Group Female70_74	1	57	The sex and age group for the beneficiary base on a given as of date. Female between ages of 70 through 74. Set to "1" if existed, otherwise "0".
15	Age Group Female75_79	1	58	The sex and age group for the beneficiary base on a given as of date. Female between ages of 75 through 79. Set to "1" if existed, otherwise "0".
16	Age Group Female80_84	1	59	The sex and age group for the beneficiary base on a given as of date. Female between ages of 80 through 84. Set to "1" if existed, otherwise "0".
17	Age Group Female85_89	1	60	The sex and age group for the beneficiary base on a given as of date. Female between ages of 85 through 89. Set to "1" if existed, otherwise "0".
18	Age Group Female90_94	1	61	The sex and age group for the beneficiary base on a given as of date. Female between ages of 90 through 94. Set to "1" if existed, otherwise "0".
19	Age Group Female95_GT	1	62	The sex and age group for the beneficiary base on a given as of date. Female between ages of 95 and greater. Set to "1" if existed, otherwise "0".
20	Age Group Male0_34	1	63	The sex and age group for the beneficiary base on a given as of date. Male between ages of 0 through 34. Set to "1" if existed, otherwise "0".
21	Age Group Male35_44	1	64	The sex and age group for the beneficiary base on a given as of date. Male between ages of 35 through 44. Set to "1" if existed, otherwise "0".

Item	Field	Size	Position	Description
22	Age Group Male45_54	1	65	The sex and age group for the beneficiary base on a given as of date. Male between ages of 45 through 54. Set to "1" if existed, otherwise "0".
23	Age Group Male55_59	1	66	The sex and age group for the beneficiary base on a given as of date. Male between ages of 55 through 59. Set to "1" if existed, otherwise "0".
24	Age Group Male60_64	1	67	The sex and age group for the beneficiary base on a given as of date. Male between ages of 60 through 64. Set to "1" if existed, otherwise "0".
25	Age Group Male65_69	1	68	The sex and age group for the beneficiary base on a given as of date. Male between ages of 65 through 69. Set to "1" if existed, otherwise "0".
26	Age Group Male70_74	1	69	The sex and age group for the beneficiary base on a given as of date. Male between ages of 70 through 74. Set to "1" if existed, otherwise "0".
27	Age Group Male75_79	1	70	The sex and age group for the beneficiary base on a given as of date. Male between ages of 75 through 79. Set to "1" if existed, otherwise "0".
28	Age Group Male80_84	1	71	The sex and age group for the beneficiary base on a given as of date. Male between ages of 80 through 84. Set to "1" if existed, otherwise "0".
29	Age Group Male85_89	1	72	The sex and age group for the beneficiary base on a given as of date. Male between ages of 85 through 89. Set to "1" if existed, otherwise "0".
30	Age Group Male90_94	1	73	The sex and age group for the beneficiary base on a given as of date. Male between ages of 90 through 94. Set to "1" if existed, otherwise "0".
31	Age Group Male95_GT	1	74	The sex and age group for the beneficiary base on a given as of date. Male between ages of 95 and greater. Set to "1" if existed, otherwise "0".
32	Medicaid Female Disabled	1	75	Beneficiary is a female disabled and also entitled to Medicaid. Set to "1" if existed, otherwise "0".

Item	Field	Size	Position	Description
33	Medicaid Female Aged	1	76	Beneficiary is a female aged (> 64) and also entitled to Medicaid. Set to "1" if existed, otherwise "0".
34	Medicaid Male Disabled	1	77	Beneficiary is a male disabled and also entitled to Medicaid. Set to "1" if existed, otherwise "0".
35	Medicaid Male Aged	1	78	Beneficiary is a male aged (> 64) and also entitled to Medicaid. Set to "1" if existed, otherwise "0".
36	Originally Disabled Female	1	79	Beneficiary is a female and original Medicare entitlement was due to disability. Set to "1" if existed, otherwise "0".
37	Originally Disabled Male	1	80	Beneficiary is a male and original Medicare entitlement was due to disability. Set to "1" if existed, otherwise "0".
38	Disease Coefficients HCC1	1	81	HIV/AIDS. Set to "1" if existed, otherwise "0".
39	Disease Coefficients HCC2	1	82	Septicemia/Shock. Set to "1" if existed, otherwise "0".
40	Disease Coefficients HCC5	1	83	Opportunistic Infections. Set to "1" if existed, otherwise "0".
41	Disease Coefficients HCC7	1	84	Metastatic Cancer and Acute Leukemia. Set to "1" if existed, otherwise "0".
42	Disease Coefficients HCC8	1	85	Lung, Upper Digestive Tract, and Other Severe Cancers. Set to "1" if existed, otherwise "0".
43	Disease Coefficients HCC9	1	86	Lymphatic, Head and Neck, Brain, and Other Major Cancers. Set to "1" if existed, otherwise "0".

Item	Field	Size	Position	Description
44	Disease Coefficients HCC10	1	87	Breast, Prostate, Colorectal and Other Cancers and Tumors. Set to "1" if existed, otherwise "0".
45	Disease Coefficients HCC15	1	88	Diabetes with Renal or Peripheral Circulatory Manifestation. Set to "1" if existed, otherwise "0".
46	Disease Coefficients HCC16	1	89	Diabetes with Neurologic or Other Specified Manifestation. Set to "1" if existed, otherwise "0".
47	Disease Coefficients HCC17	1	90	Diabetes with Acute Complications. Set to "1" if existed, otherwise "0".
48	Disease Coefficients HCC18	1	91	Diabetes with Ophthalmologic or Unspecified Manifestation. Set to "1" if existed, otherwise "0".
49	Disease Coefficients HCC19	1	92	Diabetes without Complication. Set to "1" if existed, otherwise "0".
50	Disease Coefficients HCC21	1	93	Protein-Calorie Malnutrition. Set to "1" if existed, otherwise "0".
51	Disease Coefficients HCC25	1	94	End-Stage Liver Disease. Set to "1" if existed, otherwise "0".
52	Disease Coefficients HCC26	1	95	Cirrhosis of Liver Set to "1" if existed, otherwise "0".
53	Disease Coefficients HCC27	1	96	Chronic Hepatitis. Set to "1" if existed, otherwise "0".
54	Disease Coefficients HCC31	1	97	Intestinal Obstruction/Perforation. Set to "1" if existed, otherwise "0".

Item	Field	Size	Position	Description
55	Disease Coefficients HCC32	1	98	Pancreatic Disease. Set to "1" if existed, otherwise "0".
56	Disease Coefficients HCC33	1	99	Inflammatory Bowel Disease. Set to "1" if existed, otherwise "0".
57	Disease Coefficients HCC37	1	100	Bone/Joint/Muscle Infections/Necrosis. Set to "1" if existed, otherwise "0".
58	Disease Coefficients HCC38	1	101	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease. Set to "1" if existed, otherwise "0".
59	Disease Coefficients HCC44	1	102	Severe Hematological Disorders. Set to "1" if existed, otherwise "0".
60	Disease Coefficients HCC45	1	103	Disorders of Immunity. Set to "1" if existed, otherwise "0".
61	Disease Coefficients HCC51	1	104	Drug/Alcohol Psychosis. Set to "1" if existed, otherwise "0".
62	Disease Coefficients HCC52	1	105	Drug/Alcohol Dependence. Set to "1" if existed, otherwise "0".
63	Disease Coefficients HCC54	1	106	Schizophrenia. Set to "1" if existed, otherwise "0".
64	Disease Coefficients HCC55	1	107	Major Depressive, Bipolar, and Paranoid Disorders. Set to "1" if existed, otherwise "0".
65	Disease Coefficients HCC67	1	108	Quadriplegia, Other Extensive Paralysis. Set to "1" if existed, otherwise "0".

Item	Field	Size	Position	Description
66	Disease Coefficients HCC68	1	109	Paraplegia. Set to "1" if existed, otherwise "0".
67	Disease Coefficients HCC69	1	110	Spinal Cord Disorders/Injuries. Set to "1" if existed, otherwise "0".
68	Disease Coefficients HCC70	1	111	Muscular Dystrophy. Set to "1" if existed, otherwise "0".
69	Disease Coefficients HCC71	1	112	Polyneuropathy. Set to "1" if existed, otherwise "0".
70	Disease Coefficients HCC72	1	113	Multiple Sclerosis. Set to "1" if existed, otherwise "0".
71	Disease Coefficients HCC73	1	114	Parkinson's and Huntington's Diseases. Set to "1" if existed, otherwise "0".
72	Disease Coefficients HCC74	1	115	Seizure Disorders and Convulsions. Set to "1" if existed, otherwise "0".
73	Disease Coefficients HCC75	1	116	Coma, Brain Compression/Anoxic Damage. Set to "1" if existed, otherwise "0".
74	Disease Coefficients HCC77	1	117	Respirator Dependence/Tracheostomy Status. Set to "1" if existed, otherwise "0".
75	Disease Coefficients HCC78	1	118	Respiratory Arrest. Set to "1" if existed, otherwise "0".
76	Disease Coefficients HCC79	1	119	Cardio-Respiratory Failure and Shock. Set to "1" if existed, otherwise "0".

Item	Field	Size	Position	Description
77	Disease Coefficients HCC80	1	120	Congestive Heart Failure. Set to "1" if existed, otherwise "0".
78	Disease Coefficients HCC81	1	121	Acute Myocardial Infarction. Set to "1" if existed, otherwise "0".
79	Disease Coefficients HCC82	1	122	Unstable Angina and Other Acute Ischemic Heart Disease. Set to "1" if existed, otherwise "0".
80	Disease Coefficients HCC83	1	123	Angina Pectoris/Old Myocardial Infarction. Set to "1" if existed, otherwise "0".
81	Disease Coefficients HCC92	1	124	Specified Heart Arrhythmias. Set to "1" if existed, otherwise "0".
82	Disease Coefficients HCC95	1	125	Cerebral Hemorrhage. Set to "1" if existed, otherwise "0".
83	Disease Coefficients HCC96	1	126	Ischemic or Unspecified Stroke. Set to "1" if existed, otherwise "0".
84	Disease Coefficients HCC100	1	127	Hemiplegia/Hemiparesis. Set to "1" if existed, otherwise "0".
85	Disease Coefficients HCC101	1	128	Cerebral Palsy and Other Paralytic Syndromes. Set to "1" if existed, otherwise "0".
86	Disease Coefficients HCC104	1	129	Vascular Disease with Complications. Set to "1" if existed, otherwise "0".
87	Disease Coefficients HCC105	1	130	Vascular Disease. Set to "1" if existed, otherwise "0".

Item	Field	Size	Position	Description
88	Disease Coefficients HCC107	1	131	Cystic Fibrosis. Set to "1" if existed, otherwise "0".
89	Disease Coefficients HCC108	1	132	Chronic Obstructive Pulmonary Disease. Set to "1" if existed, otherwise "0".
90	Disease Coefficients HCC111	1	133	Aspiration and Specified Bacterial Pneumonias. Set to "1" if existed, otherwise "0".
91	Disease Coefficients HCC112	1	134	Pneumococcal Pneumonia, Empyema, Lung Abscess. Set to "1" if existed, otherwise "0".
92	Disease Coefficients HCC119	1	135	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage. Set to "1" if existed, otherwise "0".
93	Disease Coefficients HCC130	1	136	Dialysis Status. Set to "1" if existed, otherwise "0".
94	Disease Coefficients HCC131	1	137	Renal Failure. Set to "1" if existed, otherwise "0".
95	Disease Coefficients HCC132	1	138	Nephritis. Set to "1" if existed, otherwise "0".
96	Disease Coefficients HCC148	1	139	Decubitus Ulcer of Skin. Set to "1" if existed, otherwise "0".
97	Disease Coefficients HCC149	1	140	Chronic Ulcer of Skin, Except Decubitus. Set to "1" if existed, otherwise "0".
98	Disease Coefficients HCC150	1	141	Extensive Third-Degree Burns. Set to "1" if existed, otherwise "0".

Item	Field	Size	Position	Description
99	Disease Coefficients HCC154	1	142	Severe Head Injury. Set to "1" if existed, otherwise "0".
100	Disease Coefficients HCC155	1	143	Major Head Injury Set to "1" if existed, otherwise "0".
101	Disease Coefficients HCC157	1	144	Vertebral Fractures without Spinal Cord Injury. Set to "1" if existed, otherwise "0".
102	Disease Coefficients HCC158	1	145	Hip Fracture/Dislocation. Set to "1" if existed, otherwise "0".
103	Disease Coefficients HCC161	1	146	Traumatic Amputation. Set to "1" if existed, otherwise "0".
104	Disease Coefficients HCC164	1	147	Major Complications of Medical Care and Trauma. Set to "1" if existed, otherwise "0".
105	Disease Coefficients HCC174	1	148	Major Organ Transplant Status. Set to "1" if existed, otherwise "0".
106	Disease Coefficients HCC176	1	149	Artificial Openings for Feeding or Elimination. Set to "1" if existed, otherwise "0".
107	Disease Coefficients HCC177	1	150	Amputation Status, Lower Limb/Amputation Complications. Set to "1" if existed, otherwise "0".
108	Disabled Disease HCC5	1	151	Disabled*Opportunistic Infections. Set to "1" if existed, otherwise "0".
109	Disabled Disease HCC44	1	152	Disabled*Severe Hematological Disorders. Set to "1" if existed, otherwise "0".

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

E. 13.3 Trailer Record

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

This page intentionally left blank.

E.14 Part D Risk Adjustment Model Output Data File

The following are included in this file:

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

E.14.1 Header

The Contract Header Record signals the beginning of the detail/beneficiary records for an MA-PD or stand-alone PDP. 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 MA-PD Advantage or stand-alone Prescription Drug Plan contract
3	Run Date	Char (8)	7	14	8	Format as yyyymmdd	The run date when this file was created
4	Payment Year and Month	Char (6)	15	20	6	Format as yyyymm	This identifies the risk adjustment payment year and month for the model run
5	Filler	Char (144)	21	164	144	Spaces	

E.14.2 Detail/Beneficiary Record Format

Each Detail/Beneficiary Record contains information for an HCC beneficiary in a Medicare Prescription Drug contract or Plan, as of the last RAS model run for the current calendar/payment year.

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
1	Record Type Code	Char(1)	1	1	1	Set to "2"	1 = Header 2 = Details 3 = Trailer
2	Health Insurance Claim Account Number	Char(12)	2	13	12	Also known as HICAN	This is the Health Insurance Claim Account Number (known as HICAN) identifying the primary Medicare beneficiary under the SSA or RRB programs. The HICAN consists of Beneficiary Claim Number (BENE_CAN_NUM) along with the Beneficiary Identification Code (BIC_CD) which 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 Middle Initial	Char(1)	33	33	1	1 byte Initial	Beneficiary Middle 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	Ages 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

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

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

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
57	Disease Coefficients RXHCC45	Char(1)	100	100	1	Set to "1" if applicable, otherwise "0"	Disorders of the Vertebrae and Spinal Discs
58	Disease Coefficients RXHCC47	Char(1)	101	101	1	Set to "1" if applicable, otherwise "0"	Osteoporosis and Vertebral Fractures
59	Disease Coefficients RXHCC48	Char(1)	102	102	1	Set to "1" if applicable, otherwise "0"	Other Musculoskeletal and Connective Tissue Disorders
60	Disease Coefficients RXHCC51	Char(1)	103	103	1	Set to "1" if applicable, otherwise "0"	Severe Hematological Disorders
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

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
67	Disease Coefficients RXHCC65	Char(1)	110	110	1	Set to "1" if applicable, otherwise "0"	Schizophrenia
68	Disease Coefficients RXHCC66	Char(1)	111	111	1	Set to "1" if applicable, otherwise "0"	Other Major Psychiatric Disorders
69	Disease Coefficients RXHCC67	Char(1)	112	112	1	Set to "1" if applicable, otherwise "0"	Other Psychiatric Symptoms/Syndromes
70	Disease Coefficients RXHCC75	Char(1)	113	113	1	Set to "1" if applicable, otherwise "0"	Attention Deficit Disorder
71	Disease Coefficients RXHCC76	Char(1)	114	114	1	Set to "1" if applicable, otherwise "0"	Motor Neuron Disease and Spinal Muscular Atrophy
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

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
77	Disease Coefficients RXHCC82	Char(1)	120	120	1	Set to "1" if applicable, otherwise "0"	Huntington's Disease
78	Disease Coefficients RXHCC83	Char(1)	121	121	1	Set to "1" if applicable, otherwise "0"	Seizure Disorders and Convulsions
79	Disease Coefficients RXHCC85	Char(1)	122	122	1	Set to "1" if applicable, otherwise "0"	Migraine Headaches
80	Disease Coefficients RXHCC86	Char(1)	123	123	1	Set to "1" if applicable, otherwise "0"	Mononeuropathy, Other Abnormal Movement Disorders
81	Disease Coefficients RXHCC87	Char(1)	124	124	1	Set to "1" if applicable, otherwise "0"	Other Neurological Conditions/Injuries
82	Disease Coefficients RXHCC91	Char(1)	125	125	1	Set to "1" if applicable, otherwise "0"	Congestive Heart Failure
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

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
87	Disease Coefficients RXHCC105	Char(1)	130	130	1	Set to "1" if applicable, otherwise "0"	Pulmonary Embolism and Deep Vein Thrombosis
88	Disease Coefficients RXHCC106	Char(1)	131	131	1	Set to "1" if applicable, otherwise "0"	Vascular Disease
89	Disease Coefficients RXHCC108	Char(1)	132	132	1	Set to "1" if applicable, otherwise "0"	Cystic Fibrosis
90	Disease Coefficients RXHCC109	Char(1)	133	133	1	Set to "1" if applicable, otherwise "0"	Asthma and COPD
91	Disease Coefficients RXHCC110	Char(1)	134	134	1	Set to "1" if applicable, otherwise "0"	Fibrosis of Lung and Other Chronic Lung Disorders
92	Disease Coefficients RXHCC111	Char(1)	135	135	1	Set to "1" if applicable, otherwise "0"	Aspiration and Specified Bacterial Pneumonias
93	Disease Coefficients RXHCC112	Char(1)	136	136	1	Set to "1" if applicable, otherwise "0"	Empyema, Lung Abscess, and Fungal and Parasitic Lung Infections
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

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
98	Disease Coefficients RXHCC122	Char(1)	140	140	1	Set to "1" if applicable, otherwise "0"	Open-angle Glaucoma
99	Disease Coefficients RXHCC123	Char(1)	141	141	1	Set to "1" if applicable, otherwise "0"	Glaucoma and Keratoconus
100	Disease Coefficients RXHCC126	Char(1)	142	142	1	Set to "1" if applicable, otherwise "0"	Larynx/Vocal Cord Diseases
101	Disease Coefficients RXHCC129	Char(1)	143	143	1	Set to "1" if applicable, otherwise "0"	Other Diseases of Upper Respiratory System
102	Disease Coefficients RXHCC130	Char(1)	144	144	1	Set to "1" if applicable, otherwise "0"	Salivary Gland Diseases
103	Disease Coefficients RXHCC132	Char(1)	145	145	1	Set to "1" if applicable, otherwise "0"	Kidney Transplant Status
104	Disease Coefficients RXHCC134	Char(1)	146	146	1	Set to "1" if applicable, otherwise "0"	Chronic Renal Failure
105	Disease Coefficients RXHCC135	Char(1)	147	147	1	Set to "1" if applicable, otherwise "0"	Nephritis
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

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
108	Disease Coefficients RXHCC139	Char(1)	150	150	1	Set to "1" if applicable, otherwise "0"	Incontinence
109	Disease Coefficients RXHCC140	Char(1)	151	151	1	Set to "1" if applicable, otherwise "0"	Impaired Renal Function and Other Urinary Disorders
110	Disease Coefficients RXHCC144	Char(1)	152	152	1	Set to "1" if applicable, otherwise "0"	Vaginal and Cervical Diseases
111	Disease Coefficients RXHCC145	Char(1)	153	153	1	Set to "1" if applicable, otherwise "0"	Female Stress Incontinence
112	Disease Coefficients RXHCC157	Char(1)	154	154	1	Set to "1" if applicable, otherwise "0"	Chronic Ulcer of Skin, Except Decubitus
113	Disease Coefficients RXHCC158	Char(1)	155	155	1	Set to "1" if applicable, otherwise "0"	Psoriasis
114	Disease Coefficients RXHCC159	Char(1)	156	156	1	Set to "1" if applicable, otherwise "0"	Cellulitis and Local Skin Infection
115	Disease Coefficients RXHCC160	Char(1)	157	157	1	Set to "1" if applicable, otherwise "0"	Bullous Dermatoses and Other Specified Erythematous Conditions
116	Disease Coefficients RXHCC165	Char(1)	158	158	1	Set to "1" if applicable, otherwise "0"	Vertebral Fractures without Spinal Cord Injury
117	Disease Coefficients RXHCC166	Char(1)	159	159	1	Set to "1" if applicable, otherwise "0"	Pelvic Fracture

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
118	Disease Coefficients RXHCC186	Char(1)	160	160	1	Set to "1" if applicable, otherwise "0"	Major Organ Transplant Status
119	Disease Coefficients RXHCC187	Char(1)	161	161	1	Set to "1" if applicable, otherwise "0"	Other Organ Transplant/Replacement
120	Disabled Disease RXHCC65	Char(1)	162	162	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and Schizophrenia
121	Disabled Disease RXHCC66	Char(1)	163	163	1	Set to "1" if applicable, otherwise "0"	Disable (Age<65) and Other Major Psychiatric Disorders
122	Disabled Disease RXHCC108	Char(1)	164	164	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and Cystic Fibrosis
					Total	164	

E.14.3 Trailer Record

The Contract Trailer Record signals the end of the detail/beneficiary records for a MA-PD or stand-alone PDP. This new record will have a length of 164.

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

This page intentionally left blank.

E.15 Weekly/Monthly Transaction Reply Activity Data File

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

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

Item	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

Item	Field	Size	Position	Description
13	Institutional/NHC Indicator	1	55	1 = Institutional 2 = NHC 0 = No Institutional
14	ESRD Indicator	1	56	1 = End-Stage Renal Disease 0 = No End-Stage Renal Disease
15	Transaction Reply Code	3	57 – 59	Transaction Reply Code
16	Transaction Type Code	2	60 – 61	Transaction Type Code
17	Entitlement Type Code	1	62	Beneficiary Entitlement Type Code: Y = Entitled to Part A and B Blank = Entitled to Part A or B
18	Effective Date	8	63 – 70	YYYYMMDD Format; Present for all Transaction Reply Codes
19	WA Indicator	1	71	1 = Working Aged 0 = No Working Aged
20	Plan Benefit Package ID	3	72 – 74	PBP number
21	Filler	1	75	Spaces
22	Transaction Date	8	76 – 83	YYYYMMDD Format; Present for all transaction reply codes
23	Filler	1	84	Space
24	Positions 85 – 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for codes except where indicated below.			
	a. Effective Date of the Disenrollment	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 13, 14, 18, 84
	b. New Enrollment Effective Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 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 – 96	YYYYMMDD Format: Present only when Transaction Reply Code is one of the following: 90 (with transaction type 01), 92

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

Item	Field	Size	Position	Description
24 cont'd	r. New SCC	5	85 – 89	Beneficiary Residence State and County Code; Present only when Transaction Reply Code is 85.
	s. Attempted Enroll Effective Date	8	85 - 92	The effective date of an enrollment transaction that was submitted but rejected. Present only when Transaction Reply code is the following: 35, 36, 45, 56
	t. New Low-Income Premium Subsidy	12	85 – 96	ZZZZZZZZ9.99 Format; Part D low-income premium subsidy amount.
	u. New Low-income Cost Sharing Subsidy	1	85 – 85	The beneficiary's Part D low-income subsidy status has changed, resulting in a co-pay level change. The new co-pay level is: 1 = \$2/\$5 (High) 2 = \$1/\$3 (Low) 3 = \$0 (0) 4 = 15%
	v. PBP Effective Date	8	85 – 92	YYYYMMDD Format. Effective date of a beneficiary's PBP change. Present only when Transaction Reply Code is 100.
	w. Correct Part D Premium Rate	12	85 – 96	ZZZZZZZZ9.99 Format; Part D premium amount reported by HPMS for the Plan. Present only when the Transaction Reply Code is 181.
25	District Office Code	3	97 – 99	Code of the originating district office; Present only when Transaction Type Code is 53
26	Filler	8	100 – 107	Part A Payments are no longer part of the TR data file, this field is now fill space.
27	Filler	8	108 – 115	Part B Payments are no longer part of the TR data file, this field is now fill space.

Item	Field	Size	Position	Description
28	Source ID	5	116 – 120	Transaction Source Identifier
29	Prior Plan Benefit Package ID	3	121 – 123	Prior PBP number; present only when transaction type code is 71
30	Application Date	8	124 – 131	The date the Plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD NOTE: This field was previously filler in MMCS
31	Filler	2	132 – 133	Spaces
	MMA fields start here:			MMCS Data file ended with position 133.
32	Out of Area Flag	1	134 – 134	Out of Area Indicator
33	Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries
34	Part C Beneficiary Premium	8	138 – 145	Cost to beneficiary for Part C benefits
35	Part D Beneficiary Premium	8	146 – 153	Cost to beneficiary for Part D benefits
36	Election Type	1	154 – 154	A = AEP; E = IEP; I = ICEP; S=SEP O = OEP; N = OEPNEW; T = OEPI MA = have I, A, O, S, N, and T MA-PDs have I, A, E, O, S, N, and 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

Field		Size	Position	Description
39	Premium Withhold Option/Parts C-D	1	157 – 157	D = Direct self-pay S = Deduct from SSA benefits R = Deduct from RRB benefits O = Deduct from OPM benefits N = No premium applicable Option applies to both Part C and D Premiums
40	Number of Uncovered Months	3	158 – 160	Count of Total Months without drug coverage
41	Creditable Coverage Flag	1	161 – 161	Y = Covered N = Not Covered
42	Employer Subsidy Override Flag	1	162 – 162	Y = Beneficiary is in a Plan receiving an employer subsidy, flag allows enrollment in a Part D Plan.
43	Filler	20	163 – 182	Part D Plan's RxID 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 RxGroup 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 RxID	20	199 – 218	Secondary Insurance Plan's ID number for beneficiary
47	Secondary RxGroup	15	219 – 233	Secondary Insurance Plan's Group ID number for beneficiary

Field		Size	Position	Description
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
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

This page intentionally left blank.

E.16 Special Transaction Reply Report Data File

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

Item	Field	Size	Position	Description
1	Claim Number	12	1 – 12	Claim Account Number
2	Surname	12	13 – 24	Beneficiary Surname
3	First Name	7	25 – 31	Beneficiary Given Name
4	Middle Name	1	32	Beneficiary Middle Initial
5	Sex Code	1	33	Beneficiary Sex Identification Code: 0 = Unknown 1 = Male 2 = Female
6	Date of Birth	8	34 – 41	YYYYMMDD Format
7	Medicaid Indicator	1	42	Spaces
8	Contract Number	5	43 – 47	Plan Contract Number
9	State Code	2	48 – 49	Beneficiary Residence State Code
10	County Code	3	50 – 52	Beneficiary Residence County Code
11	Disability Indicator	1	53	Spaces
12	Hospice Indicator	1	54	Spaces
13	Institutional/NHC Indicator	1	55	Spaces
14	ESRD Indicator	1	56	Spaces
15	Transaction Reply Code	3	57 – 59	Transaction Reply Code Defaulted to '999' (to be supplied by Henry)
16	Transaction Type Code	2	60 – 61	Transaction Type Code Defaulted to '01' for special reports
17	Entitlement Type Code	1	62	Spaces
18	Effective Date	8	63 – 70	YYYYMMDD Format
19	WA Indicator	1	71	Spaces

Item	Field	Size	Position	Description
20	Plan Benefit Package ID	3	72 – 74	PBP number
21	Filler	1	75	Spaces
22	Transaction Date	8	76 – 83	Set to Current Date (YYYYMMDD)
23	Filler	1	84	Spaces
24	Normally dependent on TR code	12	85 – 96	Spaces
25	District Office Code	3	97 – 99	Spaces
26	Filler	8	100 – 107	Spaces
27	Filler	8	108 – 115	Spaces
28	Source ID	5	116 – 120	Spaces
29	Prior Plan Benefit Package ID	3	121 – 123	Spaces
30	Application Date	8	124 – 131	Spaces
31	Filler	2	132 – 133	Spaces
	MMA fields start here:			MMCS Data file ended with position 133
32	Out of Area Flag	1	134 – 134	Spaces
33	Segment Number	3	135 – 137	Default to '000' if blank
34	Part C Beneficiary Premium	8	138 – 145	Spaces
35	Part D Beneficiary Premium	8	146 – 153	Spaces
36	Election Type	1	154 – 154	Spaces
37	Enrollment Source	1	155 – 155	A = Auto Enrolled by CMS B = Beneficiary Election C = Facilitated Enrollment by CMS D = CMS Annual Rollover Space = not supplied
38	Part D Opt-Out Flag	1	156 – 156	Spaces
39	Premium Withhold Option/Parts C-D	1	157 – 157	Spaces
40	Number of Uncovered Months	3	158 – 160	Spaces
41	Creditable Coverage Flag	1	161 – 161	Spaces
42	Employer Subsidy Override Flag	1	162 – 162	Spaces

Item	Field	Size	Position	Description
43	RxID	20	163 – 182	Spaces
44	RxGroup	15	183 – 197	Spaces
45	Secondary Drug Insurance Flag	1	198-198	Spaces
46	Secondary RxID	20	199 – 218	Spaces
47	Secondary RxGroup	15	219 – 233	Spaces
48	EGHP	1	234 - 234	Spaces
49	Part D Low-Income Premium Subsidy Level	3	235 – 237	Part D low-income premium subsidy category: '000' = No subsidy (default for blank) '025' = 25% subsidy level '050' = 50% subsidy level '075' = 75% subsidy level '100' = 100% subsidy level
50	Low-Income Co-Pay Category	1	238 – 238	Definitions of the co-payment categories: '0' = none, not low-income (default for blank) '1' = \$2/\$5 (High) '2' = \$1/\$3 (Low) '3' = \$0 (0) '4' = 15%
51	Low-Income Co-Pay Effective Date	8	239 - 246	YYYYMMDD Format
52	Part D Late Enrollment Penalty Amount	8	247 - 254	Spaces
53	Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Spaces
54	Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Spaces
55	Low-Income Part D Premium Subsidy Amount	8	271- 278	

This page left intentionally left blank.

E.17 MARx Full Enrollment Data File

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

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

Plan Communications User's Guide Appendices, Version 1.5

Item	Field	Size	Position	Description
17	Entitlement Type Code	1	62	Spaces
18	Effective Date	8	63 – 70	YYYYMMDD Format
19	WA Indicator	1	71	Spaces
20	Plan Benefit Package ID (PBP)	3	72 – 74	PBP number
21	Filler	1	75	Spaces
22	Transaction Date	8	76 – 83	Set to Current Date (YYYYMMDD)
23	Filler	1	84	Spaces
24	Normally dependent on TR code	12	85 – 96	Spaces
25	District Office Code	3	97 – 99	Spaces
26	Filler	8	100 – 107	Spaces
27	Filler	8	108 – 115	Spaces
28	Source ID	5	116 – 120	Spaces
29	Prior Plan Benefit Package ID	3	121 – 123	Spaces
30	Application Date	8	124 – 131	Spaces
31	Filler	2	132 – 133	Spaces
	MMA fields start here:			MMCS Data file ended with position 133
32	Out of Area Flag	1	134 – 134	Spaces
33	Segment Number	3	135 – 137	Default to '000' if blank
34	Part C Beneficiary Premium	8	138 – 145	Spaces
35	Part D Beneficiary Premium	8	146 – 153	Spaces
36	Election Type	1	154 – 154	Spaces
37	Enrollment Source	1	155 – 155	A = Auto Enrolled by CMS B = Beneficiary Election C = Facilitated Enrollment by CMS D = CMS Annual Rollover Space = not supplied

Plan Communications User's Guide Appendices, Version 1.5

Item	Field	Size	Position	Description
38	Part D Opt-Out Flag	1	156 – 156	Spaces
39	Premium Withhold Option/Parts C-D	1	157 – 157	Spaces
40	Number of Uncovered Months	3	158 – 160	Spaces
41	Creditable Coverage Flag	1	161 – 161	Spaces
42	Employer Subsidy Override Flag	1	162 – 162	Spaces
43	RxID	20	163 – 182	Spaces
44	RxGroup	15	183 – 197	Spaces
45	Secondary Drug Insurance Flag	1	198-198	Spaces
46	Secondary RxID	20	199 – 218	Spaces
47	Secondary RxGroup	15	219 – 233	Spaces
48	EGHP	1	234 - 234	Spaces
49	Part D Low-Income Premium Subsidy Level	3	235 – 237	Part D low-income premium subsidy category: '000' = No subsidy (default for blank) '025' = 25% subsidy level '050' = 50% subsidy level '075' = 75% subsidy level '100' = 100% subsidy level
50	Low-Income Co-Pay Category	1	238 – 238	Definitions of the co-payment categories: '0' = none, not low-income (default for blank) '1' = \$2/\$5 (High) '2' = \$1/\$3 (Low) '3' = \$0 (0) '4' = 15%
51	Low-Income Co-Pay Effective Date	8	239 - 246	YYYYMMDD Format

Item	Field	Size	Position	Description
52	Part D Late Enrollment Penalty Amount	8	247 - 254	Spaces
53	Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Spaces
54	Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Spaces
55	Low-Income Part D Premium Subsidy Amount	8	271- 278	

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

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

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

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

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

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

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

Item	Field Name	Length	Position	Description
	TRAILER RECORDS			Totals by Contract, Plan and Segment for this Premium LIS/LEP Data file
1	Record Type	3	1-3	PT1 = Trailer Record, Prospective Totals at Segment Level PT2 = Trailer Record, Prospective Totals at PBP Level PT3 = Trailer Record, Prospective Totals at Contract Level AT1 = Trailer Record, Adjustment Totals at Segment Level AT2 = Trailer Record, Adjustment Totals at PBP Level AT3 = Trailer Record, Adjustment Totals at Contract Level CT1 = Trailer Record, Combined Totals at Segment Level CT2 = Trailer Record, Combined Totals at PBP Level CT3 = Trailer Record, Combined Totals at Contract Level PIC XXX
PLAN IDENTIFICATION				
2	MCO Contract Number	5	4-8	Plan Contract Number PIC X(5)
3	Plan Benefit Package Number	3	9-11	Plan Benefit Package Number Not populated on T3 records PIC X(3)
4	Plan Segment Number	3	12-14	Plan Segment Number Not populated on T2 or T3 records PIC X(3)

Item	Field Name	Length	Position	Description
5	Total Premium Low Income Subsidy Amount	14	15-28	Total of All Beneficiary Premium Low Income Subsidy Amounts At Level Indicated By Record Type PIC -9(10).99
6	Total Late Enrollment Penalty Amount (net of subsidized amounts for eligible LIS members.)	14	29-43	Total of All Beneficiary Late Enrollment Penalty Amounts At Level Indicated By Record Type PIC -9(10).99
7	Total Net Amount Payable to Plan for Direct Billed Beneficiaries	14	44 - 57	Total Net Amount Payable to Contract for Direct Billed Beneficiaries = Total Premium Low Income Subsidy Amount (field 5) (minus) Total Late Enrollment Penalty Amount Net of any Subsidy (field 6) PIC -9(10).99
8	FILLER	108	58-165	Spaces

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

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

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

E.20 4Rx Notification File Record Formats

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

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

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

The following records are included in this file:

- Header Record
- Trailer Record
- Detail Record

E.20.1 4Rx Notification Header Record

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

From: Plan To: CMS						
Item	Data Field	Length	Position	Format	Valid Values	Field Definition
1	File ID Name	8	1 ... 8	X(8)	"MMA4RXNH"	Critical Field This field should always be set to the value "MMA4RXNH". This code allows recognition of the record as the header record of a 4Rx Notification File. This field allows for the identification of the file as a 4Rx Notification File.
2	Sending Entity	8	9 ... 16	X(8)	Sending Organization (left justified space filled) Acceptable Values: 5-position Contract Identifier + 3 Spaces (3 Spaces are for Future Use)	Critical Field This field provides CMS with the identification of the entity that is sending the 4Rx Notification File. The value for this field will be provided to CMS and used in connection with CMS electronic routing and mailbox functions. The value in this field should agree with the corresponding value in the Trailer Record. The Sending Entity may be a Part D Organization.

From: Plan To: CMS						
Item	Data Field	Length	Position	Format	Valid Values	Field Definition
3	File Creation Date	8	17 ... 24	X(8)	YYYYMMDD	Critical Field The date on which the 4Rx Notification file was created by the Sending Entity. This value should be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value should agree with the corresponding value in the Trailer Record. CMS will pass this information back to the Sending Entity on all transactions (Detail Records) of a 4Rx Response File.
4	File Control Number	9	25 ... 33	X(9)	Assigned by Sending Entity	Critical Field The specific Control Number assigned by the Sending Entity to the 4Rx Notification File. CMS will pass this information back to the Sending Entity on all transactions (Detail Records) of a 4Rx Response File. This value should agree with the corresponding value in the Trailer Record.
5	FILLER	717	34 ... 750	X(717)	Spaces	No meaningful values are supplied in this field. This field will be set to Spaces and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented.
Total Length = 750						

E.20.2 4Rx Notification Trailer Record

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

From: Plan To: CMS						
Item	Data Field	Length	Position	Format	Valid Values	Field Definition
1	File ID Name	8	1 ... 8	X(8)	"MMA4RXNT"	<p>Critical Field</p> <p>This field should always be set to the value "MMA4RXNT". This code allows recognition of the record as the Trailer Record of a 4Rx Notification File. This field allows for the identification of the file as a 4Rx Notification File.</p>
2	Sending Entity	8	9 ... 16	X(8)	<p>Sending Organization (left justified space filled)</p> <p>Acceptable Values: 5-position Contract Identifier + 3 Spaces (3 Spaces are for future use)</p>	<p>Critical Field</p> <p>This field provides CMS with the identification of the entity that is sending the 4Rx Notification File. The value for this field will be provided to CMS and used in connection with CMS electronic routing and mailbox functions. The value in this field should agree with the corresponding value in the Header Record.</p> <p>The Sending Entity may be a Part D Plan.</p>

From: Plan To: CMS						
Item	Data Field	Length	Position	Format	Valid Values	Field Definition
3	File Creation Date	8	17 ... 24	X(8)	YYYYMMDD	Critical Field The date on which the 4Rx Notification File was created by the Sending Entity. This value should be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value should agree with the corresponding value in the Header Record. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a 4Rx Response File.
4	File Control Number	9	25 ... 33	X(9)	Assigned by Sending Entity	Critical Field The specific Control Number assigned by the Sending Entity to the 4Rx Notification File. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a 4Rx Response File. This value should agree with the corresponding value in the Header Record.
5	Record Count	7	34 ... 40	9(7)	Numeric value greater than Zero.	Critical Field The total number of Transactions (Detail Records) supplied on the 4Rx Notification File. This value should be right-justified in the field, with leading zeros. This value should not include non-numeric characters, such as commas, spaces, dashes, decimals.
6	FILLER	710	41 ... 750	X(710)	Spaces	No meaningful values are supplied in this field. This field will be set to Spaces and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented.
Total Length = 750						

E.20.3 4Rx Notification Detail Record

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

From: Plan To: CMS						
Item	Data Field	Length	Position	Format	Valid Values	Field Definition
1	Record Type	5	1 ... 5	X(5)	"DTL02" = 4Rx Plan Transaction NOTE: The value above is DTL-zero-two.	Critical Field This field should be set to the value "DTL02," which indicates that this detail record is a 4Rx Plan transaction. This code allows recognition of the detail record to be processed specifically for 4Rx Notification and Update.
2	HICN/RRB Number	12	6 ... 17	X(12)	Health Insurance Claim Number or Railroad Retirement Board Number	Critical Field: This is a required field, if the SSN is not provided. This field provides either the HICN or the RRB Number for identification of the individual. The Plan should provide either the HICN or the RRB Number, whichever the Plan has available and active for the individual. The value should be left-justified in the field. The value should not include dashes, decimals, or commas.
3	SSN	9	18 ... 26	X(9)	Social Security Number. Nine-Byte Numeric.	Critical Field: This is a required field, if the HICN/RRB is not provided. The SSN for the individual. The value should include only numbers. The value should not include dashes, decimals, or commas.

From: Plan To: CMS						
Item	Data Field	Length	Position	Format	Valid Values	Field Definition
4	Date of Birth (DOB)	8	27 ... 34	X(8)	YYYYMMDD	Critical Field The date of birth of the individual. The value should be formatted as YYYYMMDD. The value should not include dashes, decimals, or commas. The value should include only numbers.
5	Gender Code	1	35 ... 35	X(1)	0 (Zero) = Unknown; 1 = Male; 2 = Female	Not Critical Field The gender of the individual. The acceptable values include 0 (Zero) = Unknown 1 = Male 2 = Female
6	Rx Bin	6	36 ... 41	9(6)	6-position Numeric	Critical Field The card issuer identifier or a Bank Identifying Number used for network routing.
7	Rx PCN	10	42 ... 51	X(10)	10-position Alpha-numeric Left justify in field, space fill	Not Critical Field The number assigned by the processor. If the value in this field is less than 10 characters in length, then the value should be left-justified in the field with spaces in the empty positions.

From: Plan To: CMS						
Item	Data Field	Length	Position	Format	Valid Values	Field Definition
8	RxID	20	52 ... 71	X(20)	20-position Alpha-numeric Left justify in field, space fill	Not Critical Field The member ID assigned to the beneficiary. If the value in this field is less than 20 characters in length, then the value should be left-justified in the field with spaces in the empty positions.
9	RxGroup	15	72... 86	X(15)	15-position Alpha-numeric Left justify in field, space fill	Not Critical Field The identifying number assigned to the cardholder group or employer group. If the value in this field is less than 15 characters in length, then the value should be left-justified in the field with spaces in the empty positions.
10	Contract Number	5	87 ... 91	X(5)	5-position H-Number	Critical Field The Contract Number of the Part D enrollment
11	PBP Number	3	92 ... 94	X(3)	3-position Alpha-numeric	Critical Field The Plan Benefit Package number for the Part D enrollment

From: Plan To: CMS						
Item	Data Field	Length	Position	Format	Valid Values	Field Definition
12	PBP Enrollment Effective Date	8	95... 102	X(8)	YYYYMMDD	Critical Field Date the PBP election started. For Part D PBP's, this date identifies when the Part D Enrollment became effective for the Part D contract.
13	Detail Record Sequence Number	7	103 ... 109	9(7)	7-position number unique within the 4Rx Notification File	Critical Field A unique number assigned by the Sending Entity to the transaction (Detail Record). This number should uniquely identify the transaction (Detail Record) within the 4Rx Notification File.
14	FILLER	641	110 ... 750	X(641)	Spaces	No meaningful values are supplied in this field. This field will be set to spaces and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750						

NOTE: If a Plan does not use the RxPCN or the RxGroup data field on the 4Rx Notification Detail Record (Transaction), the fields should be filled with space.

This page intentionally left blank.

E.21 4Rx Response File Record Formats

CMS will send 4Rx Response Files to sending entities in the following format. The 4Rx Response Files will be flat files created as a result of processing the transactions (detail records) of accepted 4Rx Notification Files. The following records are included in this file:

- Header Record
- Trailer Record
- Detail Record

E.21.1 4Rx Response Header Record

From CMS To: Plans						
Item	Data Field	Length	Position	Format	Valid Values	Field Definition
1	File ID Name	8	1 ... 8	X(8)	"CMS4RXNH"	This field will always be set to the value "CMS4RXNH". This code allows recognition of the record as the Header Record of a 4Rx Response File. This field allows for identification of the file as a 4Rx Response File.
2	Sending Entity (MBD)	8	9 ... 16	X(8)	"MBD " (MBD + 5 Spaces)	This field will always be set to the value "MBD ". The value specifically is MBD + 5 following spaces. This value will agree with the corresponding value in the Trailer Record.
3	File Creation Date	8	17 ... 24	X(8)	YYYYMMDD	The date on which the 4Rx Response File was created by CMS. This value will be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value will agree with the corresponding value in the Trailer Record.

From CMS To: Plans						
Item	Data Field	Length	Position	Format	Valid Values	Field Definition
4	File Control Number	9	25 ... 33	X(9)	Assigned by Sending Entity (MBD)	The specific Control Number assigned by the MBD to the 4Rx Response File. CMS will utilize this value to track the 4Rx Response File through CMS processing and archive. This value will agree with the corresponding value in the Trailer Record.
5	FILLER	717	34 ... 750	X(717)	Spaces	No meaningful values are supplied in this field. This field will be set to spaces and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented.
Total Length = 750						

E.21.2 4Rx Response Trailer Record

From CMS To: Plans						
Item	Data Field	Length	Position	Format	Valid Values	Field Definition
1	File ID Name	8	1 ... 8	X(8)	"CMS4RXNT"	This field will always be set to the value "CMS4RXNT". This code allows recognition of the record as the Trailer Record of a 4Rx Response File. This field allows for the identification of the file as a 4Rx Response File.
2	Sending Entity (MBD)	8	9 ... 16	X(8)	"MBD " (MBD + 5 Spaces)	This field will always be set to the value "MBD ". The value specifically is MBD + 5 following Spaces. This value will agree with the corresponding value in the Header Record.
3	File Creation Date	8	17 ... 24	X(8)	YYYYMMDD	The date on which the 4Rx Response File was created by CMS. This value will be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value will agree with the corresponding value in the Header Record.
4	File Control Number	9	25 ... 33	X(9)	Assigned by Sending Entity (MBD)	The specific Control Number assigned by CMS to the 4Rx Response File. CMS will utilize this value to track the 4Rx Response File through CMS processing and archive. This value will agree with the corresponding value in the Header Record.

From CMS To: Plans						
Item	Data Field	Length	Position	Format	Valid Values	Field Definition
5	Record Count	7	34 ... 40	9(7)	Numeric value greater than Zero.	The total number of transactions (Detail Records) on the 4Rx Response File. This value will be right-justified in the field, with leading zeros. This value will not include non-numeric characters, such as commas, spaces, dashes, decimals.
6	FILLER	710	41 ... 750	X(710)	Spaces	No meaningful values are supplied in this field. This field will be set to spaces and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750						

E.21.3 4Rx Response Detail Record (Transaction)

This record is produced for all 4Rx Notification transactions received.

NOTE: If a Plan does not use the RxPCN or the RxGroup data field on the 4Rx Notification Detail Record (transactions), it should be filled with space.

From: CMS To: Plans						
Item	Data Field	Length	Position	Format	Valid Values	Field Definition
1	Record Type	3	1 ... 3	X(3)	"DTL"	This field will be set to the value "DTL," which indicates that this is a detail record.
2	Original Detail Record	109	4 ... 112	X(109)	The first 109 positions of the original Detail Record	This field provides the meaningfully-populated area of the 4Rx notification file transaction (Detail Record) provided by the Sending Entity.

From: CMS To: Plans						
Item	Data Field	Length	Position	Format	Valid Values	Field Definition
					(transaction) supplied by the Sending Entity.	
3	Processed Flag	1	113 ... 113	X(1)	"Y" = The detail record was accepted for processing. "N" = The detail record was not accepted for processing.	A flag that indicates if the transaction (Detail Record) was accepted for processing. A transaction will be accepted for processing if all critical fields contain valid values. See also <i>4Rx Notification File Error Condition Table and Notification Transaction (Detail Record) Error Conditions in Appendix H.</i>
4	Beneficiary Match Flag	1	114 ... 114	X(1)	"Y" = The beneficiary was matched (located) successfully. "N" = The beneficiary was not matched (located) successfully. " " (Space) = Insufficient valid data provided for a match due to an invalid condition in the Transaction (Detail Record).	A flag that indicates whether or not the beneficiary in the transaction (Detail Record) was successfully matched (located) to a beneficiary on the CMS Medicare Beneficiary Database (MBD). See also <i>4Rx Notification File Error Condition Table and Notification Transaction (Detail Record) Error Conditions in Appendix H.</i>

From: CMS To: Plans						
Item	Data Field	Length	Position	Format	Valid Values	Field Definition
5	PBP Enrollment Match Flag	1	115 ... 115	X(1)	"Y" = The PBP enrollment for the beneficiary was successfully matched (located). "N" = The PBP enrollment for the beneficiary was successfully matched (located). " " (Space) PBP Enrollment Match was not attempted due to an invalid condition in the Transaction (Detail Record)	A flag that indicates whether or not the beneficiary's PBP enrollment was successfully matched (located) on the CMS MBD. See also <i>4Rx Notification File Error Condition Table and Notification Transaction (Detail Record) Error Conditions in Appendix H.</i>
6	Record Type Error Return Code	3	116... 118	X(3)	See 4Rx Notification File Error Condition Table and the Notification Transaction (Detail Record) Error Conditions	See also <i>4Rx Notification File Error Condition Table and Notification Transaction (Detail Record) Error Conditions in Appendix H.</i>
7	HICN/RRB Number Error Return Code	3	119 ... 121	X(3)	See 4Rx Notification File Error Condition Table and the Notification Transaction (Detail Record) Error Conditions	See also <i>4Rx Notification File Error Condition Table and Notification Transaction (Detail Record) Error Conditions in Appendix H.</i>

From: CMS To: Plans						
Item	Data Field	Length	Position	Format	Valid Values	Field Definition
8	SSN Error Return Code	3	122... 124	X(3)	See 4Rx Notification File Error Condition Table and the Notification Transaction (Detail Record) Error Conditions	See also <i>4Rx Notification File Error Condition Table and Notification Transaction (Detail Record) Error Conditions in Appendix H.</i>
9	Date of Birth Error Return Code	3	125 ... 127	X(3)	See 4Rx Notification File Error Condition Table and Notification transaction (Detail Record) Error Conditions <i>in Appendix H.</i>	See also <i>4Rx Notification File Error Condition Table and Notification Transaction (Detail Record) Error Conditions in Appendix H.</i>
10	Rx Bin Error Return Code	3	128 ... 130	X(3)	See 4Rx Notification File Error Condition Table and Notification transaction (Detail Record) Error Conditions <i>in Appendix H.</i>	See also <i>4Rx Notification File Error Condition Table and Notification Transaction (Detail Record) Error Conditions in Appendix H.</i>
11	FILLER	9	131... 139	X(9)	Spaces	No meaningful values are supplied in this field. This field will be set to spaces and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented.

From: CMS To: Plans						
Item	Data Field	Length	Position	Format	Valid Values	Field Definition
12	Contract Number Error Return Code	3	140... 142	X(3)	See 4Rx Notification File Error Condition Table and Notification Transaction (Detail Record) Error Conditions in Appendix H.	See also 4Rx Notification File Error Condition Table and Notification Transaction (Detail Record) Error Conditions in Appendix H.
13	PBP (Plan Benefit Package) Error Return Code	3	143 ... 145	X(3)	See 4Rx Notification File Error Condition Table and Notification Transaction (Detail Record) Error Conditions in Appendix H.	See also 4Rx Notification File Error Condition Table and Notification Transaction (Detail Record) Error Conditions in Appendix H.
14	PBP Enrollment Effective Date Error Return Code	3	146... 148	X(3)	See 4Rx Notification File Error Condition Table and Notification Transaction (Detail Record) Error Conditions in Appendix H.	See also 4Rx Notification File Error Condition Table and Notification Transaction (Detail Record) Error Conditions in Appendix H.
15	Detail Record Sequence Number Error Return Code	3	149... 151	X(3)	See 4Rx Notification File Error Condition Table and Notification Transaction (Detail Record) Error Conditions in Appendix H.	See also 4Rx Notification File Error Condition Table and Notification Transaction (Detail Record) Error Conditions in Appendix H.

From: CMS To: Plans						
Item	Data Field	Length	Position	Format	Valid Values	Field Definition
16	Sending Entity	8	152 ... 159	X(8)	Sending Part D Organization (left justified space filled) Acceptable Values: 5-position Contract Identifier + 3 spaces (3 spaces are for Future Use)	The Sending Part D Organization provided on the Header Record of the 4Rx Notification File in which the transaction (Detail Record) was found.
17	File Control Number	9	160 ... 168	X(9)	Assigned by Sending Entity	The File Control Number provided by the Sending Part D Organization on the Header Record of the 4Rx Notification File in which the transaction (Detail Record) was found.
18	File Creation Date	8	169 ... 176	X(8)	YYYYMMDD	The File Creation Date provided on the Header Record of the 4Rx Notification File in which the transaction (Detail Record) was found.
19	FILLER	574	177 ... 750	X(574)	Spaces	No meaningful values are supplied in this field. This field will be set to spaces and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented.
Total Length = 750						

This page intentionally left blank.

E.22 Batch Eligibility Query (BEQ) Request File

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

The following records are included in this file:

- Header Record
- Trailer Record
- Detail Record

E.22.1 BEQ Request Header Record

Item	Data Field	Length	Position	Format	Valid Values	Field Definition
1	File ID Name	8	1 ... 8	X(8)	"MMABEQRH"	Critical Field This field should always be set to the value "MMABEQRH". This code identifies the file as a BEQ Request File and this record as the Header Record of the file.

Item	Data Field	Length	Position	Format	Valid Values	Field Definition
2	Sending Entity (CMS)	8	9 ... 16	X(8)	<p>Sending Organization (left justified space filled)</p> <p>Acceptable Values:</p> <p>5-position Contract Identifier + 3 spaces (3 spaces are for Future Use)</p>	<p>Critical Field</p> <p>This field provides CMS with the identification of the entity that is sending the BEQ Request File. The value for this field will be provided to CMS and used in connection with CMS electronic routing and mailbox functions. The value in this field should agree with the corresponding value in the Trailer Record.</p> <p>The Sending Entity may be a PDP.</p>
3	File Creation Date	8	17 ... 24	X(8)	YYYYMMDD	<p>Critical Field</p> <p>The date that the BEQ Request File was created by the Sending Entity. This value should be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value should agree with the corresponding value in the Trailer Record. CMS will pass this information back to the Sending Entity on all transactions (Detail Records) of a BEQ Response File.</p>

Item	Data Field	Length	Position	Format	Valid Value	Field Definition
4	File Control Number	9	25 ... 33	X(9)	Assigned by Sending Entity	<p>Critical Field</p> <p>The specific Control Number assigned by the Sending Entity to the BEQ Request File. CMS will pass this information back to the Sending Entity on all transactions (Detail Records) of a BEQ Response File. This value should agree with the corresponding value in the Trailer Record.</p>
5	FILLER	717	34 ... 750	X(717)	Spaces	<p>No meaningful values are supplied in this field. This field will be set to spaces and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented.</p>

E.22.2 BEQ Request Trailer Record

Item	Data Field	Length	Position	Format	Valid Values	Field Definition
1	File ID Name	8	1 ... 8	X(8)	"MMABEQRT"	Critical Field This field should always be set to the value " MMABEQRT." This code identifies the record as the Trailer Record of a BEQ Request File.
2	Sending Entity (CMS)	8	9 ... 16	X(8)	Sending Organization (left justified space filled) Acceptable Values: 5-position Contract Identifier + 3 spaces (3 spaces are for Future Use)	Critical Field This field provides CMS with the identification of the entity that is sending the BEQ Request File. The value for this field will be provided to CMS and used in connection with CMS electronic routing and mailbox functions. The value in this field should agree with the corresponding value in the Header Record. The Sending Entity may be a Part D Organization.
3	File Creation Date	8	17 ... 24	X(8)	YYYYMMDD	Critical Field The date on which the BEQ Request File was created by the Sending Entity. This value should be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value should agree with the corresponding

Item	Data Field	Length	Position	Format	Valid Values	Field Definition
						value in the Header Record. CMS will pass this information back to the Sending Entity on all transactions (Detail Records) of a BEQ Response File.
4	File Control Number	9	25 ... 33	X(9)	Assigned by Sending Entity	<p>Critical Field</p> <p>The specific Control Number assigned by the Sending Entity to the BEQ Request File. CMS will pass this information back to the Sending Entity on all transactions (Detail Records) of a BEQ Response File. This value should agree with the corresponding value in the Header Record.</p>
5	Record Count	7	34 ... 40	9(7)	Numeric value greater than Zero.	<p>Critical Field</p> <p>The total number of transactions (Detail Records) supplied on the BEQ Request File. This value should be right-justified in the field, with leading zeros. This value should not include non-numeric characters, such as commas, spaces, dashes, decimals, etc.</p>
6	FILLER	710	41 ... 750	X(710)	Spaces	No meaningful values are supplied in this field. This field will be set to spaces and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented.
Total Length = 750						

E.22.3 BEQ Request Detail Record (Transaction)

Item	Data Field	Length	Position	Format	Valid Values	Field Definition
1	Record Type	5	1 ... 5	X(5)	"DTL01" = Batch Eligibility Query Transaction NOTE: The value above is DTL-zero-one.	Critical Field This field should be set to the value "DTL01," which indicates that this detail record is a BEQ transaction. This code identifies the record as a detail record to be processed specifically for BEQ Service.
2	HICN/RRB Number	12	6 ... 17	X(12)	Health Insurance Claim Number or Railroad Retirement Board Number	Critical Field: This is a required field, if the SSN is not provided. This field provides either the HICN or the RRB number for identification of the individual. The Plan should provide either the HICN or the RRB number, whichever the Plan has available and active for the individual. The value should be left-justified in the field. The value should not include dashes, decimals, or commas.

Item	Data Field	Length	Position	Format	Valid Values	Field Definition
3	SSN	9	18 ... 26	X(9)	Social Security Number. Nine-Byte Numeric.	Critical Field: This is a required field, if the HICN/RRB is not provided. The SSN for the individual. The value should include only numbers. The value should not include dashes, decimals, or commas.
4	Date of Birth (DOB)	8	27 ... 34	X(8)	YYYYMMDD	Critical Field The date of birth of the individual. The value should be formatted as YYYYMMDD. The value should not include dashes, decimals, or commas. The value should include only numbers.
5	Gender Code	1	35 ... 35	X(1)	0 (Zero) = Unknown 1 = Male 2 = Female	Not Critical Field The gender of the individual. The acceptable values include 0 (Zero) = Unknown 1 = Male 2 = Female.
6	Detail Record Sequence Number	7	36 ... 42	9(7)	Seven-byte number unique within the BEQ Request File	Critical Field A unique number assigned by the Sending Entity to the transaction (Detail Record). This number should uniquely identify the transactions (Detail Record) within the BEQ Request File.

Item	Data Field	Length	Position	Format	Valid Values	Field Definition
7	FILLER	708	43... 750	X(708)	Spaces	No meaningful values are supplied in this field. This field will be set to spaces and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented.
Total Length = 750						

E.23 Batch Eligibility Query (BEQ) Response File

CMS will send BEQ Response Files to Plans in the following format. The BEQ Response Files will be flat files created as a result of processing the Transactions (Detail Records) of Accepted BEQ Request Files (See *Section 5.1.2 Batch Eligibility Query (BEQ) Request Instructions* and *Section 5.2.2 Batch Eligibility Query (BEQ) Response Process*).

The following records are included in this file:

- Header Record
- Trailer Record
- Detail Record

E.23.1 BEQ Response File Header Record

Item	Data Field	Length	Position	Format	Valid Values	Field Definition
1	File ID Name	8	1 ... 8	X(8)	"CMSBEQRH"	This field will always be set to the value "CMSBEQRH". This code identifies the record as the Header Record of a BEQ Response File.
2	Sending Entity (MBD)	8	9 ... 16	X(8)	"MBD " (MBD + 5 spaces)	This field will always be set to the value "MBD ". The value specifically is MBD + 5 following spaces. This value will agree with the corresponding value in the Trailer Record.
3	File Creation Date	8	17 ... 24	X(8)	YYYYMMDD	The date on which the BEQ Response File was created by CMS. This value will be in the format of YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value will agree with the corresponding value in the Trailer Record.

Item	Data Field	Length	Position	Format	Valid Values	Field Definition
4	File Control Number	9	25 ... 33	X(9)	Assigned by Sending Entity (MBD)	The specific Control Number assigned by CMS to the BEQ Response File. CMS will utilize this value to track the BEQ Response File through CMS processing and archive. This value will agree with the corresponding value in the Trailer Record.
5	FILLER	717	34 ... 750	X(717)	Spaces	No meaningful values are supplied in this field. This field will be set to spaces and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented.
Total Length = 750						

E.23.2 BEQ Response Trailer Record

Item	Data Field	Length	Position	Format	Valid Values	Field Definition
1	File ID Name	8	1 ... 8	X(8)	"CMSBEQRT"	This field will always be set to the value "CMSBEQRT". This code identifies the record as the Trailer Record of a BEQ Response File.
2	Sending Entity (MBD)	8	9 ... 16	X(8)	"MBD " (MBD + 5 spaces)	This field will always be set to the value "MBD ". The value specifically is MBD + 5 following spaces. This value will agree with the corresponding value in the Header Record.
3	File Creation Date	8	17 ... 24	X(8)	YYYYMMDD	The date on which the BEQ Response File was created by CMS. This value will be formatted as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value will agree with the corresponding value in the Header Record.
4	File Control Number	9	25 ... 33	X(9)	Assigned by Sending Entity (MBD)	The specific Control Number assigned by CMS to the BEQ Response File. CMS will utilize this value to track the BEQ Response File through CMS processing and archive. This value will agree with the corresponding value in the Header Record.
5	Record Count	7	34 ... 40	9(7)	Numeric value greater than Zero.	The total number of transactions (Detail Records) on the BEQ Response File. This value will be right-justified in the field, with leading zeros. This value will not include non-numeric characters, such as commas, spaces, dashes, decimals.

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

E.23.3 BEQ Response Detail Record (Transaction)

This record is produced for all BEQ response transactions received (from CMS to Plans).

Item	Data Field	Length	Position	Format	Valid Values	Field Definition
1	Record Type	3	1 ... 3	X(3)	"DTL"	This field will be set to the value "DTL," which indicates that this is a detail record.
2	Original Detail Record	42	4 ... 45	X(42)	The first 42 positions of the original transaction (Detail Record) supplied by the Sending Entity	This field provides the meaningfully-populated area of the BEQ Request File Transaction (Detail Record) provided in the submitted file.
3	Processed Flag	1	46 ... 46	X(1)	"Y" = The detail record was accepted for processing "N" = The detail record was not accepted for processing	A flag that indicates if the transaction (Detail Record) was accepted for processing. A transaction will be accepted for processing if all critical fields contain valid values. See also the <i>Batch Eligibility Query (BEQ) Request File Error Condition Table and the request transaction (Detail Record) Error Conditions Table</i> in Section H of the Appendices

Item	Data Field	Length	Position	Format	Valid Values	Field Definition
4	Beneficiary Match Flag	1	47 ... 47	X(1)	"Y" = The beneficiary was matched (located) successfully. "N" = The beneficiary was not matched (located) successfully. " " (Space) = Beneficiary match was not attempted due to an Invalid condition in the transaction (Detail Record).	A flag that indicates whether or not the beneficiary in the Transaction (Detail Record) was successfully matched (located) to a beneficiary on the CMS MBD See also the <i>Batch Eligibility Query (BEQ) Request File Error Condition Table and the Request transaction (Detail Record) Error Conditions Tble in Section H of the Appendices.</i>
5	Medicare Part A Entitlement Start Date	8	48 ... 55	X(8)	YYYYMMDD Spaces = Not Currently Enrolled or Data Not Found	The Entitlement Start Date of the beneficiary's most recent or active Medicare Part A entitlement period
6	Medicare Part A Entitlement End Date	8	56 ... 63	X(8)	YYYYMMDD Spaces = Not Currently Enrolled or Data Not Found	The Entitlement End Date of the beneficiary's most recent or active Medicare Part A entitlement period
7	Medicare Part B Entitlement Start Date	8	64 ... 71	X(8)	YYYYMMDD Spaces = Not Currently Enrolled or Data Not Found	The Entitlement Start Date of the beneficiary's most recent or active Medicare Part B entitlement period

Item	Data Field	Length	Position	Format	Valid Values	Field Definition
8	Medicare Part B Entitlement End Date	8	72 ... 79	X(8)	YYYYMMDD Spaces = Not currently enrolled or Data Not Found	The Entitlement End Date of the beneficiary's most recent or active Medicare Part B entitlement period
9	Medicaid Indicator	1	80 ...80	X(1)	"0" = The beneficiary has no current or active Medicaid coverage; "1" = The beneficiary has current or active Medicaid coverage	An indicator of the presence of current Medicaid coverage for the beneficiary The value for this field is based upon the presence of Medicaid reported for the beneficiary by states in the previous calendar month via the MMA State Files
10	Employer Subsidy Start Date (Occurrence 1)	8	81... 88	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found	The Start Date of the First Occurrence (Most Recent or Presently Active) of Employer Subsidy coverage for the beneficiary

Item	Data Field	Length	Position	Format	Valid Values	Field Definition
11	Employer Subsidy End Date (Occurrence 1)	8	89 ... 96	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found	The End Date of the First Occurrence (Most Recent or Presently Active) of Employer Subsidy coverage for the beneficiary
12	Employer Subsidy Start Date (Occurrence 2)	8	97 ... 104	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found	The Start Date of the Second Occurrence (Second Most Recent) of Employer Subsidy coverage for the beneficiary
13	Employer Subsidy End Date (Occurrence 2)	8	105 ... 112	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found.	The End Date of the Second Occurrence (Second Most Recent) of Employer Subsidy coverage for the beneficiary.
14	Employer Subsidy Start Date (Occurrence 3)	8	113 ... 120	X(8)	YYYYMMDD	The Start Date of the Third Occurrence (Third Most Recent) of Employer Subsidy coverage for the beneficiary.
15	Employer Subsidy End Date (Occurrence 3)	8	121 ... 128	X(8)	YYYYMMDD	The End Date of the Third Occurrence (Third Most Recent) of Employer Subsidy coverage for the beneficiary.

Item	Data Field	Length	Position	Format	Valid Values	Field Definition
16	Employer Subsidy Start Date (Occurrence 4)	8	129 ...136	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found	The Start Date of the Fourth Occurrence (Fourth Most Recent) of Employer Subsidy coverage for the beneficiary
17	Employer Subsidy End Date (Occurrence 4)	8	137 ... 144	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found	The End Date of the Fourth Occurrence (Fourth Most Recent) of Employer Subsidy coverage for the beneficiary
18	Employer Subsidy Start Date (Occurrence 5)	8	145 ... 152	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found	The Start Date of the Fifth Occurrence (Fifth Most Recent) of Employer Subsidy coverage for the beneficiary
19	Employer Subsidy End Date (Occurrence 5)	8	153 ... 160	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found	The End Date of the Fifth Occurrence (Fifth Most Recent) of Employer Subsidy coverage for the beneficiary

Item	Data Field	Length	Position	Format	Valid Values	Field Definition
20	Employer Subsidy Start Date (Occurrence 6)	8	161 ... 168	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found	The Start Date of the Sixth Occurrence (Sixth Most Recent) of Employer Subsidy coverage for the beneficiary
21	Employer Subsidy End Date (Occurrence 6)	8	169... 176	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found	The End Date of the Sixth Occurrence (Sixth Most Recent) of Employer Subsidy coverage for the beneficiary
22	Employer Subsidy Start Date (Occurrence 7)	8	177... 184	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found	The Start Date of the Seventh Occurrence (Seventh Most Recent) of Employer Subsidy coverage for the beneficiary
23	Employer Subsidy End Date (Occurrence 7)	8	185 ... 192	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found	The End Date of the Seventh Occurrence (Seventh Most Recent) of Employer Subsidy coverage for the beneficiary

Item	Data Field	Length	Position	Format	Valid Values	Field Definition
24	Employer Subsidy Start Date (Occurrence 8)	8	193 ... 200	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found	The Start Date of the Eighth Occurrence (Eighth Most Recent) of Employer Subsidy coverage for the beneficiary
25	Employer Subsidy End Date (Occurrence 8)	8	201 ... 208	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found	The End Date of the Eighth Occurrence (Eighth Most Recent) of Employer Subsidy coverage for the beneficiary
26	Employer Subsidy Start Date (Occurrence 9)	8	209 ... 216	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found	The Start Date of the Ninth Occurrence (Ninth Most Recent) of Employer Subsidy coverage for the beneficiary
27	Employer Subsidy End Date (Occurrence 9)	8	217 ... 224	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found	The End Date of the Ninth Occurrence (Ninth Most Recent) of Employer Subsidy coverage for the beneficiary

Item	Data Field	Length	Position	Format	Valid Values	Field Definition
28	Employer Subsidy Start Date (Occurrence 10)	8	225 ... 232	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found	The Start Date of the Tenth Occurrence (Tenth Most Recent) of Employer Subsidy coverage for the beneficiary
29	Employer Subsidy End Date (Occurrence 10)	8	233 ... 240	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found	The End Date of the Tenth Occurrence (Tenth Most Recent) of Employer Subsidy coverage for the beneficiary
30	Sending Entity	8	241 ... 248	X(8)	Sending Part D Plan (left justified space filled) Acceptable Values: 5-position Contract Identifier + 3 Spaces	The Sending Entity provided on the Header Record of the BEQ Request File in which the transaction (Detail Record) was found. The Sending Entity may be a Part D Plan.
31	File Control Number	9	249 ... 257	X(9)	Assigned by Sending Entity	The File Control Number provided by the Sending Entity on the Header Record of the BEQ Request File in which the transaction (Detail Record) was found.

Item	Data Field	Length	Position	Format	Valid Values	Field Definition
32	File Creation Date	8	258 ... 265	X(8)	YYYYMMDD	The File Creation Date provided on the Header Record of the BEQ Request File in which the transaction (Detail Record) was found.
33	Filler	485	266 ... 750	X(485)	Spaces	No meaningful values are supplied in this field. This field will be set to Spaces and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented.

E.24 Auto Assignment Full Dual Notification File

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

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

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

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

This page intentionally left blank.

E.25 Auto Assignment PDP Auto-Enrollment Notification File

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

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

- Header Record: This is the first record of the file. It will only occur once.
- Notification File: This record will contain beneficiary information. It may occur multiple times.
- Trailer Record: This is the last record of the file. It will only occur once.

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

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

E.25.2 Auto Assignment PDP Auto-Enrollment Notification File

Item	Field Name	Format	Position	
			Start	End
1	Beneficiary's Health Insurance Claim Number (This field provides the Health Insurance Claim Number for identification of the individual; RRB_HIC_NUM in MBD_BENE)	X(12)	1	12
2	Beneficiary's Last Name (This field provides the first twelve characters of the last name of the individual; BENE_LAST_NAME in MBD_BENE)	X(12)	13	24
3	Beneficiary's First Name (This field provides the first seven characters of the first name of the individual; BENE_1ST_NAME in MBD_BENE)	X(7)	25	31
4	Beneficiary's Middle Initial (This field provides the middle initial of the individual; MDL_INITL_NAME in MBD_BENE)	X(1)	32	32
5	Beneficiary's Gender (This field provides the gender of the individual; BENE_SEX_CD in MBD_BENE; '0', '1', or '2')	9(1)	33	33
6	Beneficiary's Date of Birth (This field provides the date of birth of the individual in CCYYMMDD format; BENE_BIRTH_DT in MBD_BENE)	9(8)	34	41
7	Medicaid Indicator (This field indicates the beneficiary's Medicaid eligibility; MDCD_ELGBL_STUS_SW in MBQ_DUAL_MDCR; 'Y' or 'N')	X(1)	42	42
8	Contract Number (This field provides the Contract assigned to the beneficiary; ASGN_CNTRCT_NUM in MBQ_AA)	X(5)	43	47
9	State Code (This field provides the beneficiary's state of residency; SSA_STD_STATE_CD in MBD_BENE_ADR)	X(2)	48	49
10	County Code (This field provides the beneficiary's county of residency; SSA_STD_CNTY_CD in MBD_BENE_ADR)	X(3)	50	52

Item	Field Name	Format	Position	
			Start	End
11	Filler (This field should be all spaces)	X(7)	53	59
12	Transaction Type Code (This field identifies the type of record; '61')	X(2)	60	61
13	Filler (This field should be all spaces)	X(1)	62	62
14	Effective Date (The effective date of the assignment in CCYYMMDD format; ASGN_EFCTV_DT in MBQ_AA)	9(8)	63	70
15	Filler (This field should be all spaces)	X(1)	71	71
16	Plan Benefit Package (This field notes the PBP of the auto-assigned contract; ASGN_PBP_NUM in MBQ_AA)	X(3)	72	74
17	Filler (This field should be all spaces)	X(49)	75	123
18	Application Date (The date of the application in CCYYMMDD format)	9(8)	124	131
19	Filler (This field should be all spaces)	X(30)	132	161
20	Election Type (This field indicates the type of election; 'S')	X(1)	162	162
21	Enrollment Source (This field indicates the source of the enrollment; 'A')	X(1)	163	163
22	Filler (This field should be all spaces)	X(1)	164	164
23	Premium Withhold Option/Parts C-D (This field indicates the payment option for payment of Part C and D premiums; PRM_WTHLD_OPT_CD in MBQ_PREMIUM; 'D')	X(1)	165	165
24	Filler (This field should be all spaces)	X(3)	166	168
25	Creditable Coverage Flag (This field indicates if the beneficiary has creditable coverage; derived from MBQ_MARx_CRED_CVRG; 'Y', 'N', or '')	X(1)	169	169

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

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

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

This section intentionally left blank.

F: Screen Hierarchy

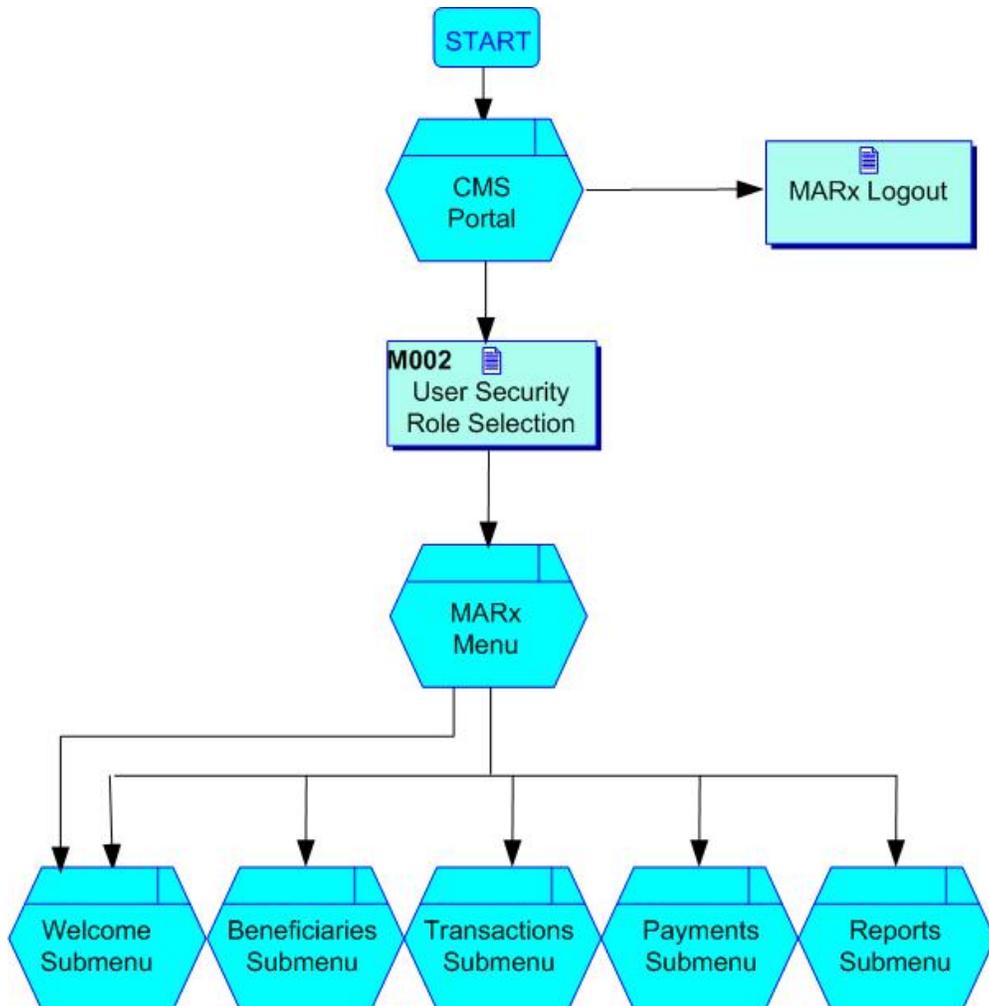
The MARx screens are accessed using the “drill-down” method of navigation. Functions are grouped together under a common menu item (e.g., most of the beneficiary-specific information can be found under the Beneficiary menu item). Table F-1 lists the names of the MARx screens that are accessible to Plans,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

Table F-1 MARx Screen Lookup Table

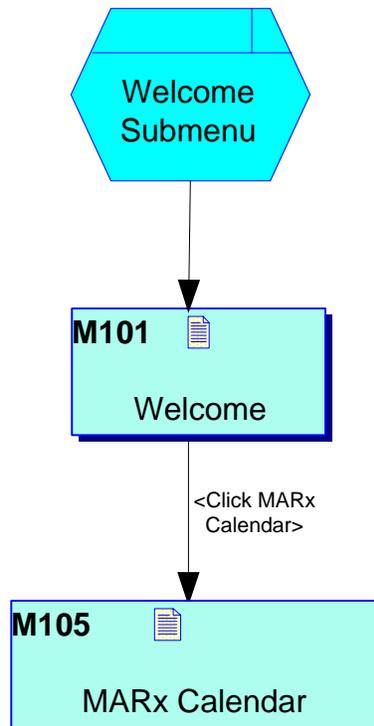
Screen Name	Screen Number	Page Number(s) in This Appendix
Logon, Logoff, and Welcome Screens		
MARx Logout		F-3
User Security Role Selection	M002	F-3
Welcome	M101	F-4
MARx Calendar	M105	F-4
Beneficiaries Screens		
Beneficiaries: Find	M201	F-5
Beneficiaries: Search Results	M202	F-5
Beneficiary Detail: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

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

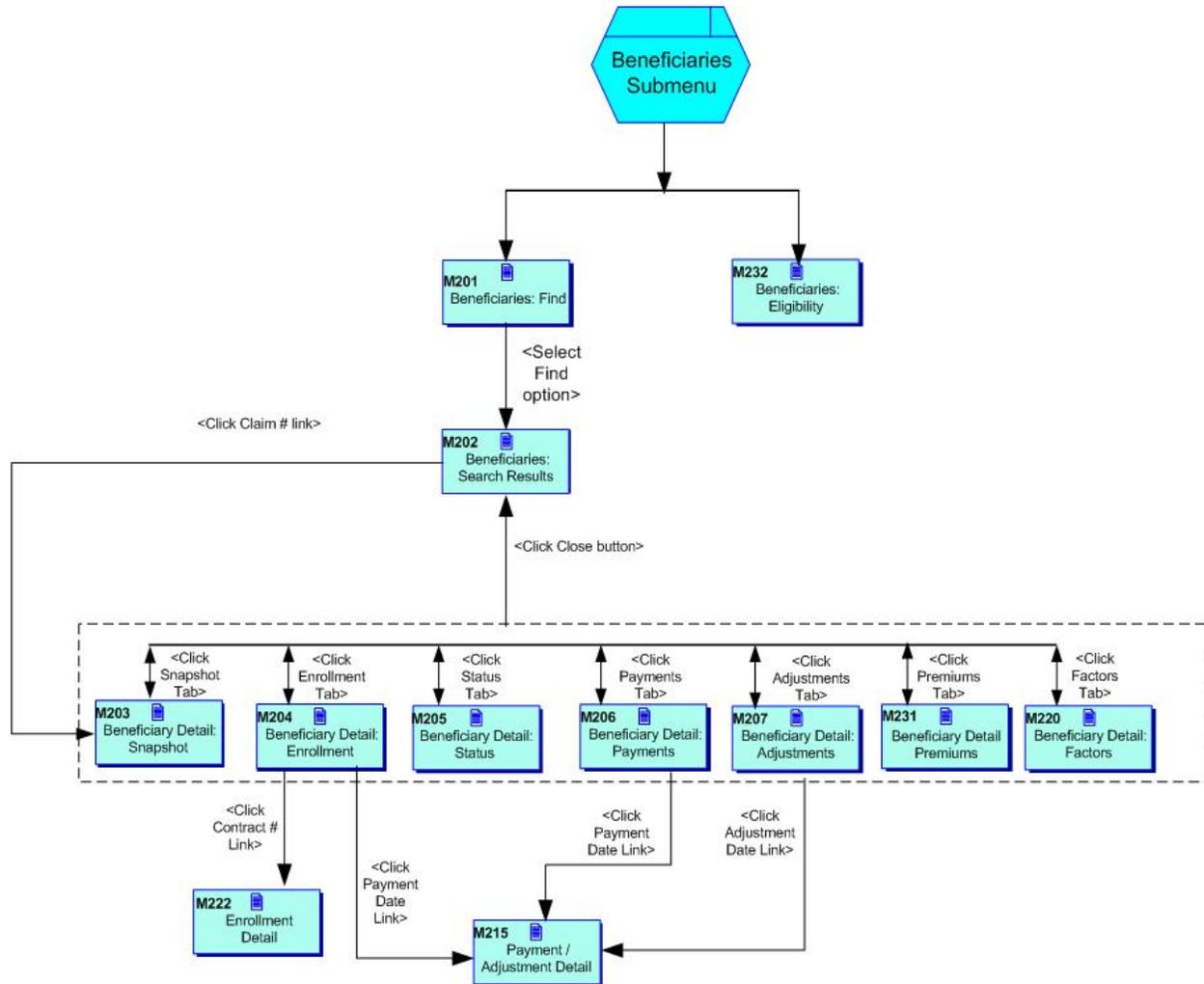
F.1 Main Menu



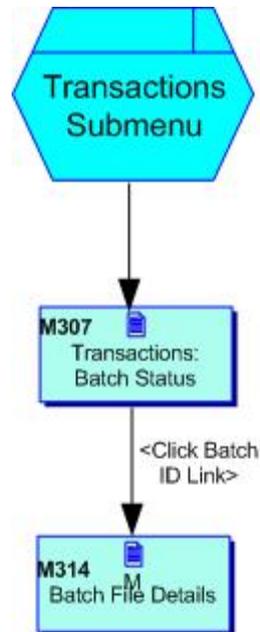
F.2 Welcome Submenu



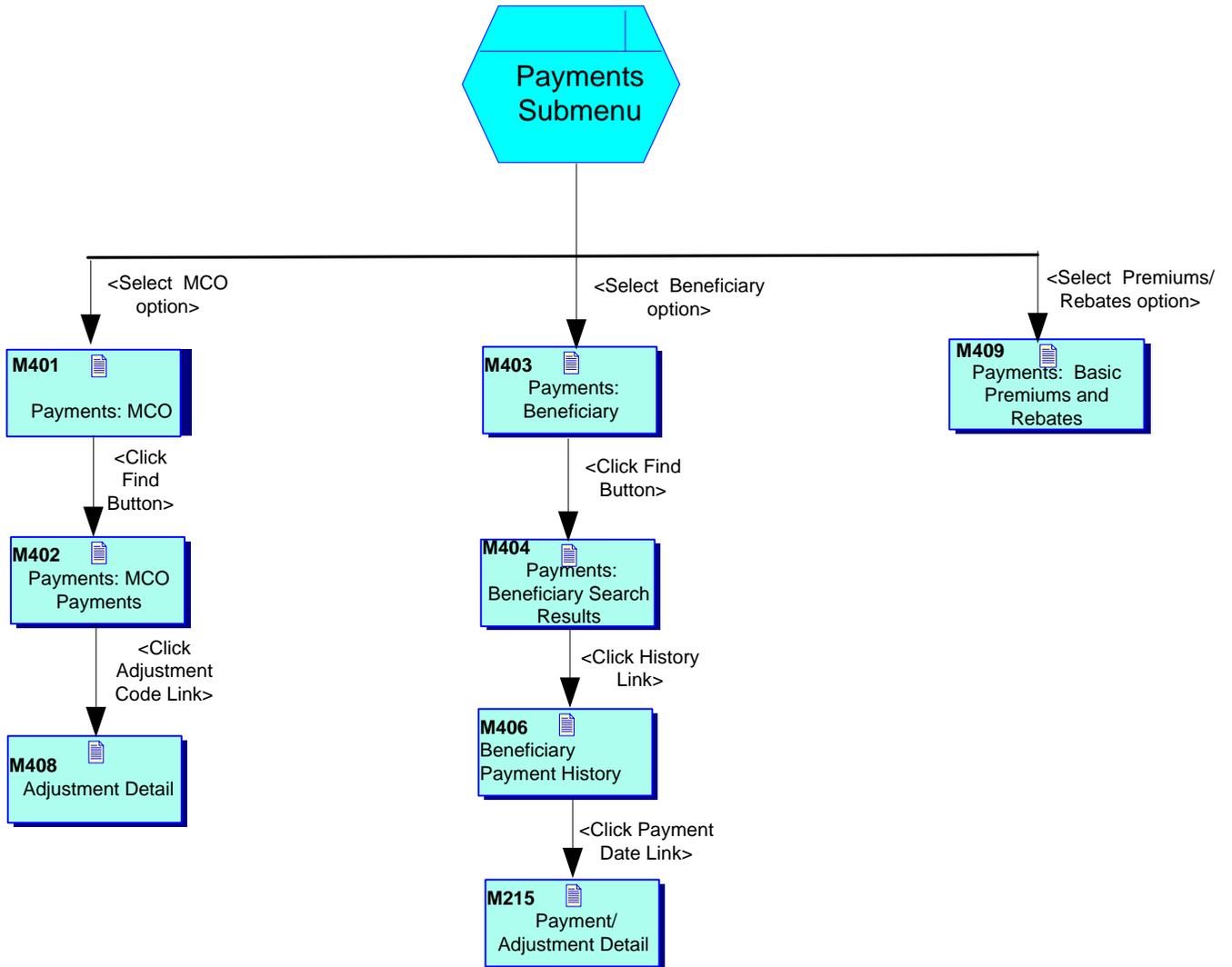
F.3 Beneficiaries Submenu



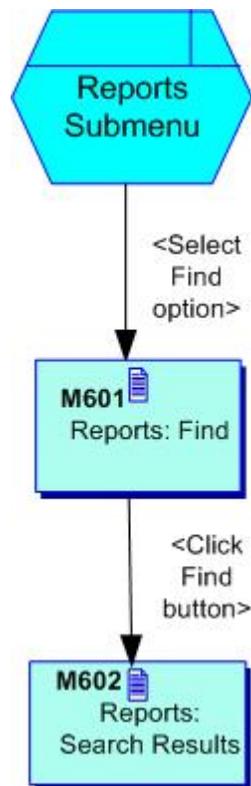
F.4 Transactions Submenu



F.5 Payments Submenu



F.6 Reports Submenu



G: Validation Messages

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

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

Figure G-1. Validation Message Placement on Screen

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

Table G-1 Validation Messages

Error Messages	Suggested Action
A contract number must be entered	Enter the field specified by the message.
A contract number must start with an 'H', '9', 'R', 'S', 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 alpha-numeric 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.

Error Messages	Suggested Action
The user ID contains invalid characters	Re-enter the field without apostrophes, hyphens, and blanks.
You do not have access rights to this contract	First, make sure that the Contract # was entered correctly. If not, re-enter it, if entered correctly and the user should have rights to this contract, see the Security Administrator who can update the user's profile to provide rights.

H: Codes

This appendix provides a list of the different types of codes that can be found on different reports. Provided in this section is such information as the types of codes, definitions, descriptions, state codes the numerical value, description for codes, and error condition codes. Below is the table of contents and location for the different codes that are located in this section.

Table H Codes

Section	Name	Page
H.1	Transaction Codes	H-3
H.2	MARx Transaction Reply Codes	H-5
H.3	MMR Adjustment Reason Codes	H-29
H.4	State Codes, U.S. Possessions, and Other Countries	H-31
H.5	4Rx Notification Error Condition Tables	H-33
H.6	Batch Eligibility Query (BEQ) Response File Error Condition Tables	H-39
H.7	Medicare Secondary Payer (MSP) Reason Codes	H-41

This page is intentionally left blank.

H.1 Transaction Codes

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

Table H-1 Transaction Codes

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

This page intentionally left blank.

H.2 MARx Transaction Reply Codes

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

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

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

Table H-2 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 input transaction code was an invalid value. Valid transaction code values are 01, 51, 60, 61, 71 and 72. The transaction should be resubmitted with a valid transaction code. NOTE: Transaction 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. NOTE: Description is not on CMS website. 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.

Code/Type	Title	Short Definition	Definition
005 R	Invalid Sex Code	BAD SEX CODE	A demonstration factor update transaction attempted to process (trans code 30 or 31). The transaction was rejected because the value in the sex field was not 0, 1, or 2. NOTE: Description is not on CMS website. Based on input from <i>iCORP</i> .
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. NOTE: Description is not on CMS website. Based on input from <i>iCORP</i> .
007 R	Invalid Claim Number	NO MATCH—HICN	An enrollment, disenrollment, PBP change, or correction transaction attempted to process. The transaction was rejected, because the claim number was not in a valid format. The valid format for a claim number could take one of two forms: 1. HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions alpha-numeric. 2. RRB is a 7 to 12 position value, with the first 1 to 3 positions alpha and the last 6 or 9 positions numeric. The transaction should be resubmitted with a valid claim number (HICN) or RRB.
008 R	Beneficiary Not Found	BENE NOT FOUND	A transaction attempted to process. The transaction was rejected, because the claim number was not found in the CMS system. The transaction should be resubmitted with a valid claim number. NOTE: In these cases, the incoming transaction is intended to update a record that was previously established on the managed care databases, that is, the beneficiary has already been enrolled in a Plan. 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.
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. NOTE: This label is not precise. This reply code indicates that the managed_care system was not able to find a unique beneficiary that matched on 3 of 4 of the following: surname, first initial, date of birth, and sex code.
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 Plan and for that reason, could not be turned off by the Plan. NOTE: Edit suspended in 2004 by CMS.

Code/Type	Title	Short Definition	Definition
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. NOTE: Description is not on CMS Website. 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 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 Plan. As a result, the beneficiary was disenrolled from the Plan receiving this message. The effective date of the disenrollment is shown in field 24 of the Transaction Reply record. In field 28 the Contract number of the source is shown. On the printed report, the disenrollment date is shown in the EFF DATE column, and the Plan 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: Plan disenrollment with same effective date; auto-disenrollment with same effective date; a Plan'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. NOTE: Auto-disenrollment occurs when a beneficiary is enrolled in another contract prior to the effective date.
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 Plan'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 (SSA FO) to change their address. This will enable a more accurate payment for this beneficiary to be made. NOTE: The 'conditional' aspect no longer applies; this TR code is now merely an alert that the beneficiary's SCC in CMS records is not within the service area.

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

Code/Type	Title	Short Definition	Definition
024 A	Disenrollment Accepted, Date Modified	[Obsolete]	This transaction reply code is obsolete. NOTE: Description is not on CMS website. 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 22 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 22 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.
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. NOTE: This reply code is only applicable to transactions that update beneficiary-specific risk adjustment factors for certain demonstration Plan 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. NOTE: This reply code is only applicable to transactions that update beneficiary-specific risk adjustment factors for certain demonstration Plan 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 Plan contracts, i.e., GHP_TRAN_CD 30 and 31 NOTE: Description is not on CMS website. Based on input from iCORP

Code/Type	Title	Short Definition	Definition
030 R	Enrollment Held, Pending Medicare Entitlement Confirmation	[Obsolete]	This transaction reply code is obsolete.
031 R	Enrollment Rejected, Data Not In Enrollment Database	MEMB NOT MCARE	An enrollment transaction attempted to process. The enrollment was rejected because the beneficiary could not be located in the MBD. Verify the claim number and name and resubmit the transaction. NOTE: This transaction reply code will be generated after the orbit period has elapsed if the beneficiary is still not found in the MBD.
032 R	Enrollment Rejected, Beneficiary Not Entitled to Part B	MEMB HAS NO B	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary did not have Medicare Part B Entitlement. Part B entitlement is required for enrollment in a managed care Plan. NOTE: This edit is applied immediately; no orbit period.
033 R	Enrollment Rejected, Beneficiary Not Entitled to Part A	MEMB HAS NO A	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary did not have Medicare Part A Entitlement. Part A entitlement is required for enrollment in a managed care Plans. NOTE: This edit is applied immediately; no orbit period.
034 R	Enrollment Rejected, Beneficiary is Not Age 65	MEMB NOT AGE 65	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary was not age 65 or older. The age requirement is Plan-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 Plan specific (e.g., applies only to 1876 Cost Plans). The attempted enrollment date is shown in field 24 of the Transaction Reply record.
036 R	Enrollment Rejected, Beneficiary is Deceased	MEMB DECEASED	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary is deceased. The attempted enrollment date is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the REMARKS column.
037 R	Enrollment Rejected, Invalid Date	BAD ENROLL DATE	An enrollment transaction, PBP election or Plan change attempted to process. The enrollment was rejected, because the submitted enrollment effective date was either an invalid numeric value; a date more than 3 months in the future; a date not the first of the month; or a code 60 was with a future date or a date more than 3 months before the prospective payment month. Retroactive PBP change requests are also rejected with this transaction reply code. The transaction should be resubmitted with a valid date.

Code/Type	Title	Short Definition	Definition
038 D	Enrollment Rejected, Duplicate Transaction	DUPLICATE	An enrollment transaction attempted to process. The enrollment was rejected, because another enrollment transaction submitted by the same Plan, with the same effective date, was already processed. The effective date appears in field 18 of the Transaction Reply record. No action is required by the Plan.
039 R	Enrollment Rejected, Currently Enrolled in Same Plan	ALREADY ENROLL	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary was already enrolled in this Plan. No action is required by the Plan.
040 R	Enrollment Rejected, Multiple Enrollment Transactions	MULTIPLES	An enrollment transaction attempted to process. The enrollment was rejected, because the transaction was one of several that were submitted with the same effective date and application date.
041 R	Invalid Demonstration Beneficiary Factor Date	BAD FACTOR DATE	A beneficiary factor update request attempted to process. The transaction was rejected, because the effective start and/or end date was not in a valid format; or the request specified an effective start date that was greater than the effective end date.
042 R	Enrollment Rejected, Blocked	ENROLL BLOCKED	An enrollment transaction attempted to process. The enrollment was rejected, because the Plan 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. NOTE: the factor must be 7 positions long, with the 3 rd position being '.' and the other 6 positions numeric.
044 R	Enrollment Rejected, Outside Contracted Period	NO CONTRACT	An enrollment transaction attempted to process. The enrollment was rejected, because the submitted enrollment date is outside the contracted period with CMS.
045 R	Enrollment Rejected, Beneficiary is in ESRD Status	MEMB HAS ESRD	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary is in ESRD (end-stage renal disease) status. The attempted enrollment effective date is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the REMARKS column.
046 R	Enrollment Rejected; No response from HI Master	[Obsolete]	This transaction reply code is obsolete.

Code/Type	Title	Short Definition	Definition
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 one month before the prospective payment month.
048 A	Nursing Home Certifiable Status Set	[Obsolete]	This transaction code is obsolete.
049 A	Nursing Home Certifiable Status Terminated	[Obsolete]	This transaction code is obsolete.
050 R	Disenrollment Rejected, Not Enrolled	NOT ENROLLED	A disenrollment transaction attempted to process. The disenrollment was rejected, because the beneficiary was not currently enrolled in the Plan.
051 R	Disenrollment Rejected, Invalid Date	BAD DISENR DATE	A disenrollment transaction attempted to process. The disenrollment was rejected, because the effective date was an invalid numeric value or outside the allowable time frame. The transaction should be resubmitted with a valid date.
052 R	Disenrollment Rejected, Duplicate Transaction	DUPLICATE	A second disenrollment transaction attempted to process. The disenrollment was rejected, duplicate transaction, no process necessary. The effective date of the disenrollment is displayed in field 18 of the Transaction Reply record. No action is required by the Plan.
053 R	Disenrollment Rejected, Before Current Enrollment	DATE LT ENROLL	A disenrollment transaction attempted to process. The disenrollment was rejected, because the disenrollment effective date submitted was earlier than the effective enrollment date on record. The transaction should be resubmitted with a valid date.
054 R	Disenrollment Rejected, Retroactive Date	RETRO DISN DATE	A disenrollment transaction attempted to process. The disenrollment was rejected, because the effective date was outside the allowable time frame. The disenrollment should be resubmitted with a valid date.
055 M	ESRD Status Canceled	ESRD CANCELED	The ESRD status information which was previously set has been canceled. The effective date of the status period canceled is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.

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 Plan specific. The attempted enrollment effective date is shown in field 24 of the Transaction Reply record. On the print report, the value is shown in the EFF DATE column. NOTE: In the legacy system, this TR code was used only for ESRD Demonstrations. However, for MARx it can be used for Demos in general.
057 M	Risk Adjuster Factor Change	RA FACTOR CHG	The Risk Adjuster System (RAS) has created new factors for this beneficiary, which may result in payment adjustments. NOTE: Description is not on CMS website.
058 R	SSA Disenrollment Rejected, Cancel New Enrollment	CANNOT CANCEL	A disenrollment transaction from an SSAFO attempted to process. The disenrollment was rejected because the effective date of the disenrollment if applied would result in a cancellation of the enrollment period. The attempted disenrollment effective date is shown on the printed report under the EFF DATE column. NOTE: This code is obsolete with the implementation of new transaction formats for MARx.
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. Plans 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.
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 Plan. NOTE: Currently, this transaction reply refers to the overlap of an institutional period and an NHC period. These two types of periods are mutually exclusive.

Code/Type	Title	Short Definition	Definition
063 R	Correction Rejected, Extend Past Death Date	[Obsolete]	This transaction code is obsolete.
064 R	Correction Rejected, Invalid Date	[Obsolete]	This transaction code is obsolete.
065 A	WA Accepted, Not Yet Posted	WA OK/NOT POST	A Working Aged (HUSP) transaction has been received by CMS. The transaction was sent on for further processing. This reply is to confirm that the request has been received and forwarded to the COB contractor. This does not mean acceptance by COB or CWF. NOTE: This code became obsolete in 2004 with the new working aged adjustment process and retirement of the HUSP process.
066 M	WA Status Set	[Obsolete]	This transaction reply code is obsolete. NOTE: This code became obsolete in 2005 with the new working aged adjustment process.
067 M	WA Status Terminated	[Obsolete]	This transaction code is obsolete. NOTE: This code became obsolete in 2005 with the new working aged adjustment process.
068 R	Working Aged Status Rejected	[Obsolete]	This transaction reply code is obsolete. NOTE: This code became obsolete in 2004 with the new working aged adjustment process and retirement of the HUSP process.
069 P	Working Aged Status Pending	[Obsolete]	This transaction reply is obsolete. NOTE: This code became obsolete in 2004 with the new working aged adjustment process and retirement of the HUSP process.
070 A	Prior Commercial Enr Changed	COMM ENROL CHG	An online transaction changed the length of a previously reported period of commercial enrollment. <i>iCORP</i>
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.

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

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

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

Code/Type	Title	Short Definition	Definition
102 R	Rejected; Invalid or Missing Application Date	BAD APP DATE	A transaction was rejected (60/61/71) because it was submitted with an invalid or missing application date. The application date must be present, represent a valid date and precede the effective date on the transaction (effective date of the enrollment or PBP change). Note that the application date is not a required field on transaction type 51 or 72, nor is it required for any enrollment submitted online by CMS. The transaction should be resubmitted with a valid date.
103 R	ICEP/IEP Election with Missing A/B Entitlement Date	ICEP/IEP NO ENT	The transaction is rejected because the beneficiary does not have entitlement for Part A and/or Part B on record—required for enrollment transactions (Code 61). Code is for transaction type 61 and election types I and E only.
104 R	Rejected; Invalid or Missing Election Type	BAD ELECT TYPE	Election type is either missing, not valid for Plan or transaction type. , Election types A, N, S, O and T are valid for transaction types 51/60/61/71. Election types I and E are valid for transaction type 60/61.
105 R	Rejected; Invalid Effective Date for Election Type	BAD ELECT DATE	Effective date specified is not valid for the election type. Code is for transaction types 71/61/60/51; applies only to election types A, I, E, N, O, and T.
106 R	Rejected; Another Transaction Received with a Later Application Date	LATER APPLIC	The transaction was rejected (60/61/71) because a transaction with a more recent application date was received for the same effective date. When multiple transactions are received for the same beneficiary with the same effective date but with different contract/PBP #s, the application date will be used to determine which election to accept. Note that this code does not apply to transaction type 51, nor does it apply to an enrollment submitted online by CMS. If the application dates are different, the system will accept the election containing the most recent date. If the application dates are the same, they will all be rejected with a code of 040.
107 R	Rejected; Invalid or Missing PBP Number	BAD PBP NUMBER	The transaction was rejected (60/61/71/72) because the PBP # was missing or invalid. Note that the PBP # is not required on transaction type 51. The PBP # submitted on the 60/61/71/72 must be valid for the contract number on the transaction. The transaction should be resubmitted with a valid PBP #.
108 R	Rejected; Election Limits Exceeded	NO MORE ELECTS	Election limit exceeded for this election type. Code is for transaction types 71/61/60/51 and election types A, I, E, N, and O.
109 R	Rejected; Duplicate PBP Number	DUPLICATE	The transaction was rejected (71) because the member was already enrolled in the PBP # on the transaction. This code only applies to transaction type 71. The effective date of the requested enrollment is in field 18 of the Transaction Reply Report.

Code/Type	Title	Short Definition	Definition
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. Plans can offer PBP for EGHP members only, and, if the Plan chooses, it can define such PBPs for individuals who do not have Part A.
111 R	PBP Rejected; Invalid Contract Number	BAD CONTRACT #	The transaction was rejected (71) because the contract number on the transaction does not match the member's enrollment record. This code applies only to transaction type 71. The requested effective date of the enrollment appears in field 18 of the Transaction Reply report. The transaction should be resubmitted with the correct contract number.
112 R	Rejected; Conflicting Effective Dates	CNFLT EFF DATE	For a 71 or 71-X transaction (NOTE: 71X transactions have been discontinued starting with the February 2003 run), no current enrollment record is found for the beneficiary that has an effective start date before or on the effective date on the transaction. Also, for 71-X, the effective date on the transaction is after the PBP startup cutoff date.
113 M	Part B Premium Reduction Rate Change;	PARTB REDUCT CH	Acknowledgement that the Part B premium reduction amount has been changed (Formerly related to the "BIPA 606" legislation; for 2006 and forward, part of the MMA legislation.)
114 R	Drug Coverage Change Rejected; Election Type must be AEP or OEPI	RX NOT AEP/OEPI	Existing Plan members and previously enrolled individuals cannot add or drop drug coverage except during an AEP or OEPI. This TR code will appear for transaction types 71/61/60/51 when the election type is N or O for the described individual.
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) was rejected because the enrollment is for a PBP that has been segmented, and segment number on the transaction was missing or invalid. The Segment number submitted on transaction type 60/61/71 must be valid for the PBP and contract number. Or, a code 72 transaction was rejected because the (non-blank) segment number provided was invalid for that contract/PBP combination. The transaction should be resubmitted with a valid Segment number. NOTE: 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.

Code/Type	Title	Short Definition	Definition
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. MARx successfully processed the transaction. A change to direct billing option is implemented by the Plan. A change to the deduction option is implemented by the responsible organization, SSA, RRB, or OPM.
121 M	Beneficiary Low Income Status Updated	LIS UPDATE	The beneficiary's Part D low-income subsidy status has changed.
122 R	Enrollment or Change Rejected, Invalid Premium Amount	BAD PREMIUM AMT	The transaction (60/61/71) was rejected because the Part C or Part D premium amount was not numeric. A code 72 change transaction was rejected because a non-blank Part C or Part D premium amount was not numeric. Transaction should be resubmitted with corrected premium amount.
123 R	Enrollment or Change Rejected, Invalid Premium Withholding Option Code	BAD W/HOLD OPT	The transaction (60/61/71) was rejected because the Premium Withholding Option code contained an invalid value (valid values are D, S, R, O and N). A code 72 change transaction was rejected because a non-blank Premium Withholding Option code contained an invalid value. Transactions should be resubmitted with corrected option codes.
124 R	Enrollment or Change Rejected; Invalid Uncovered Months Field	BAD UNCOV MNTHS	The transaction (60/61/71) was rejected because the "Number of Uncovered Months" field contained a non-numeric value; OR, the "Uncovered Months" field was zero when the Creditable Coverage Switch was set to "N"; OR, the "Uncovered Months" field was greater than zero when the Creditable Coverage Switch was set to "Y" or blank; OR, a code 72 change transaction was rejected because a non-blank "Number of Uncovered Months" field contained a non-numeric value. Transactions should be resubmitted with corrected fields.
125 R	MSA Enrollment or Change Rejected, Invalid MSA Fields	BAD MSA DATA	The transaction (60/61/71) for Medical Savings Account (MSA) was rejected because one or more of these required fields was missing: beneficiary's social security number, bank account number, bank routing number, or bank account type code.
126 R	Enrollment or Change Rejected; Invalid Creditable Coverage Flag	BAD CRED COV FL	The transaction (60/61/71) was rejected because the "Creditable Coverage Flag" field contained an invalid value. A code 72 change transaction was rejected because a non-blank "Creditable Coverage Flag" field contained an invalid value. Transactions should be resubmitted with corrected fields.

Code/Type	Title	Short Definition	Definition
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 PDP anyway, the enrollment should be resubmitted with the Employer Subsidy Override Flag set.
128 R	Part D Enrollment Rejected; Employer Subsidy Flag set; No Prior Transaction	EMP SUB OVR REJ	The Enrollment was rejected because the beneficiary has employer subsidy status and the Employer Subsidy Override Flag was set, but the override is not valid because there is no record that the enrollment was previously submitted and rejected due to employer subsidy status. MARx enforces this two-step process to ensure that the Plan discusses the consequences of the Part D enrollment (i.e., possible loss of employer health coverage) with the beneficiary before MARx accepts the employer subsidy override.
129 A	Part D Enrollment Accepted; Employer Subsidy Flag set; Prior Transaction Rejected	EMP SUB ACC	The Enrollment was accepted. A prior transaction was rejected because the beneficiary has employer subsidy status. This transaction (with employer subsidy override flag set) indicates that the Plan has contacted the beneficiary to explain the consequences of this enrollment, and that the beneficiary elects to join the PDP 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 RxID and/or RxGroup [Obsolete]	[Obsolete]	Plans submitting Part D transactions (60/61/71) must provide their RxID and RxGroup information. Although the transaction was accepted, Plan should follow up with RxID and RxGroup numbers on a change transaction (72).
133 R	Part D Enrollment Rejected; Invalid Secondary Insurance Flag	BAD 2 INS FLAG	Plans submitting Part D transactions (60/61/71) must provide a valid value for the secondary drug coverage flag.
134 A	Part D Enrollment Accepted; Invalid Secondary Insurance	NO 2 INS INFO	Plans submitting Part D transactions (60/61/71) must indicate when a beneficiary has secondary drug coverage. This transaction reply indicates that the secondary insurance flag was set, but the secondary insurance RxID and RxGroup were not supplied. Plan should follow up with secondary insurance RxID and RxGroup ID information on a change transaction (72).

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 U.S.
139 A	EGHP Flag Change Accepted	EGHP FLAG CHG	A change (72) transaction has been successfully processed to change the EGHP Flag for the beneficiary
140 A	Segment ID Change Accepted	SEGMENT ID CHG	A change (72) transaction has been successfully processed to change the Segment ID for the beneficiary
141 A	Creditable Coverage Change Accepted	CRED COV CHG	A change (72) transaction has been successfully processed to change the creditable coverage information (Creditable Coverage Flag, Number of Uncovered Months) for the beneficiary.
142 A	Part D Rx Number Change Accepted	[Obsolete]	A change (72) transaction has been successfully processed to change the Part D Plan RxID and/or RxGroup numbers for the beneficiary.
143 A	Secondary Insurance Rx Number Change Accepted	2 INS Rx # CHG	A change (72) transaction has been successfully processed to change the Secondary Insurance RxID and/or RxGroup numbers for the beneficiary.
144 M	Premium withhold option change to direct bill	PREM WHOLD CHG	Enrollment requests (transaction types 60, 61 and 71) initially requiring more than 3 months of premium withholding, or notices received from the beneficiary's retirement system (SSA, RRB or OPM) that it was unable to withhold the entire premium amount from the beneficiary's monthly check, require the premium withhold option be changed to 'direct bill'. The Plan should contact the beneficiary to explain the consequences of this change.
145 M	Beneficiary no longer incarcerated	INCARCERATE OFF	Notice has been received from the MBD that the beneficiary is no longer incarcerated.

Code/Type	Title	Short Definition	Definition
146 A	Rollover successful	ROLLOVER	A termination-rollover action was processed. These actions allow all members of a terminating organization (contract, Plan or segment) to be 'rolled over' (automatically enrolled) in a new organization. No action is required by the Plan, unless the action is in error, and results in beneficiaries being moved incorrectly. In this case, contact your CMS Plan representative.
147 A	Rollover successful, RxID and RxGroup update required	[Obsolete]	A termination-rollover action involving a PDP or MA-PD was processed, and CMS needs updated RxID and RxGroup IDs for this member. Plan should submit a change transaction '72' for this member, supplying the new information.
148 A	Rollover successful, Secondary RxID and RxGroup update required	RLLOVR NEED 2RX	A termination-rollover action involving a PDP or MA-PD was processed, and CMS needs updated secondary insurance RxID and RxGroup IDs for this member. Plan should submit a change transaction '72' for the member, supplying the new information. NOTE: This TR code is only created when a 'rolled over' member previously had secondary Rx insurance information on file.
150 A	Enrollment accepted, Exceeds Capacity Limit	OVER CAP LIMIT	An enrollment has been accepted, but the resulting enrollment count exceeds the capacity limit for the contract or PBP. NOTE: Capacity limits do not apply to PDPs.
151 A	Disenrollment Accepted, Invalid Disenrollment Reason Code	DISROL-BAD RC [future use]	A disenrollment was successfully processed for a beneficiary but the disenrollment reason code was invalid. NOTE: This code is for FUTURE use.
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.

Code/Type	Title	Short Definition	Definition
157 R	Contract Not Authorized for Transaction Code	UNAUT REQUEST	An enrollment, disenrollment, change, correction, or demonstration factor update transaction attempted to process. The transaction was rejected because the Plan is not authorized to submit that type of transaction.
158 M	Institutional Period Change/Cancellation	INST CHANGE	CMS staff changed or cancelled an Institutional period for the No action required by the Plan.
159 M	NHC Period Change/Cancellation	NHC CHANGE	CMS staff changed or cancelled a NHC period for the beneficiary. No action required by the Plan.
160 R	Batch Transaction Rejected, User Not Authorized for Batch Submission	[Obsolete]	This transaction code is obsolete.
161 M	Beneficiary Record Alert from MBD	MBD ALERT	This unusual reply code indicates a problem with the Medicare enrollee rosters. If receive this reply, please contact your central office support analyst for advice about how to proceed.
162 R	Invalid EGHP Flag Value	BAD EGHP FLAG	An invalid EGHP Flag value was specified on an enrollment transaction. The value must be Y or blank. The enrollment was rejected.
163 A	EGHP Flag Value Set	EGHP FLAG ON	The EGHP Flag value was set to Y by an enrollment transaction.
164 R	EGHP Flag Value not 'Y'	EGHP FLAG NOT Y	An Employer Group enrollment transaction (Code 60 transaction) was submitted with an EGHP Flag value set to a value other than 'Y'. The value must be Y for this type of transaction. The enrollment was rejected.
165 R	Processing Delayed	SYSTEM DELAY	Processing of this transaction has been delayed due to MARx system conditions. No action is required by the user. MARx will process the transaction as soon as possible.
166 R	Part D FBD Auto-enrollment or Facilitated Enrollment Rejected	PARTD AUTO REJ	An automatic Part D enrollment of a full-benefit dual eligible beneficiary or a facilitated Part D enrollment was rejected because CMS has a record of an 'opt out' option on file for the beneficiary.
167 M	Change in Beneficiary Low Income Premium Subsidy	NEW LIS PREMIUM	The beneficiary's Part D low-income subsidy status has changed, resulting in a change to the beneficiary's premium subsidy. The new Premium subsidy amount will be displayed in Field 24 of the Transaction Reply record.

Code/Type	Title	Short Definition	Definition
168 M	Change in Beneficiary Low Income Cost Sharing Subsidy	NEW LIS COPAYS	The beneficiary's Part D low-income subsidy status has changed, resulting in a change to the beneficiary's co-payment levels. The new co-payment level will be displayed in Field 24 of the Transaction Reply Record.
169 R	Reinsurance Demonstration Enrollment Rejected	EMP SUBSIDY	An enrollment into a <i>reinsurance demonstration</i> has been rejected because the beneficiary has employer subsidy status. The Plan should contact the beneficiary to explain the consequences of this enrollment. If the beneficiary elects to join the PDP anyway, the enrollment should be resubmitted with the Employer Subsidy Override Flag set. CR544
170 A	Enrollment or Change Accepted; Premium Withhold Option Changed to Direct Billing	PREM WH OPT CHG	Premium withholding option has been changed to "Direct Billing" for enrollees who are retirees (transaction type 60, 61, 71 or 72). The Plan should contact the beneficiary to explain the consequences of this change. CR580
171 R	Plan Change Rejected, Invalid Change Effective Date	BAD CHG EFF DT	Plan change (code 72 type of transaction) attempted to process. The transaction was rejected because the submitted transaction effective date was either more than three months in the future or a date not in the first of the month. The transaction should be submitted with a valid date. CR690
172 R	Change Rejected; Creditable Coverage and/or Secondary Drug Information Not Applicable	CRED COV/2RX NA	A change transaction (72) is rejected because the Creditable Coverage Information (Creditable Coverage Flag and Number of Uncovered Months) and/or Secondary Drug Information (Secondary Drug Insurance Flag, Secondary RX ID and Secondary RxGroup) are not applicable to the selected Plan type (MAs and other Plans without drug coverage). CR738
173 R	Change Rejected; Premium Not Previously Set	NO PREMIUM INFO	The attempt to change a Beneficiary's Premium data element such as Premium Withhold Option for Part C or Part D, Part C Premium Amount, Part D Premium Amount, or Number of Uncovered Months rejected because the Beneficiary's Premium Enrollment was not previously established for the specified effective date. CR744
174 A	Transaction Accepted	TRN ACCEPTED	Transaction 72 is processed and accepted with none of the change fields populated in the incoming transaction.
175 A	Change Accepted	SSN CHG ACCEPTED	MBD notification for change of Social Security Number is processed and accepted.

Code/Type	Title	Short Definition	Definition
176 R	Transaction Rejected: Another Transaction Accepted	TRANSACTION REJECTED	A transaction (60/61/71) attempted to process. The beneficiary request for enrollment into a different contract was rejected by membership because of the beneficiary enrollment request into another contract for the same effective and application dates was successfully processed.
177 M	Change in Late Enrollment Penalty	NEW PENALTY AMOUNT	The beneficiary's total late enrollment penalty has changed as a result of a change to the beneficiary's number of uncovered months (but there are still uncovered months), the beneficiary's LIS status, or the addition, withdrawal, or change in the CMS-granted waiver of the penalty. The new total penalty amount can be determined by subtracting fields 53 (waived amount) and 54 (subsidized amount) from field 52 (base penalty).
178 M	Late Enrollment Penalty Rescinded	PENALTY RESCINDED	The beneficiary's base late enrollment penalty has changed to 50 as a result of the beneficiary's number of uncovered months having changed to zero. The \$0 penalty amount will be in field 52 (base penalty).
179 A	Transaction Accepted – No Change to Premium Record	NO CHNG TO PREM	Transaction (code 72) is accepted with no data change made to the beneficiary's active premium record. The premium data changes as requested by the Plan change transaction are the same as the current data on the beneficiary's active premium record for the specified period. No further action required.
180 M	Informational Only – MARx and MBD Sync Project completed	MARx/MBD SYNC	Notification was previously provided informing Plan that this transaction was rejected. A Synchronization Project between MARx and MBD was successfully completed by processing another transaction with similar data. The original rejected transaction will not be reprocessed. <u>No further action required.</u>
181 M	Part D Premium Change	PART D PRM OVERRIDE	The Part D premium submitted with the input transaction does not agree with the Plan's defined premium rate. The premium has been adjusted to reflect the defined rate.
182 M (Future)	Part C Premium Change	PART C PREM OVERRIDE	The Part C premium submitted with the input transaction does not agree with Plan's defined premium rate. The premium has been adjusted to reflect the defined rate.
199 R	Transaction Rejected – Pending	RTRN FOR RESRCH	Transactions (51/54/60/61/71/72/Notification) are rejected due to pending status of the request. This transaction was placed into a pending status due to multiple transactions were concurrently processed for the same beneficiary. Subsequent transactions may have been processed while this transaction was still pending. Therefore, the Plan must review the beneficiary current status and resubmit transaction(s) accordingly.

Code/Type	Title	Short Definition	Definition
999 M	Active Enrollment in Plan (used only on full enrollment files)	ACTIVE ENROLLMENT	Transaction Reply Code was created for informational purposes only and contains full enrollment information. No actions needed. Note to CMS Reviewer: Verify whether to include.

This page intentionally left blank.

H.3 MMR Adjustment Reason Codes

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

Table H-3 Adjustment Reason Codes

Code	Description
00	Sum of All Adjustment Types for the Plan for this Period
01	Death of Beneficiary
02	Retroactive Enrollment
03	Retroactive Disenrollment
04	Correction to Enrollment Date
05	Correction to Disenrollment Date
06	Correction to Part A Entitlement
07	Retroactive Hospice Status
08	Retroactive ESRD Status
09	Retroactive Institutional Status
10	Retroactive Medicaid Status
11	Retroactive Change to State County Code
12	Date of Death Correction
13	Date of Birth Correction
14	Correction to Sex Code
15	Obsolete
16	Obsolete
17	For APPS use only
18	Part C Rate Change
19	Correction to Part B Entitlement
20	Retroactive Working Aged Status
21	Retroactive NHC Status
22	Disenroll Due to Prior ESRD
23	Demo Factor Adjustment
24	Retroactive Change to Bonus Payment
25	Part C Risk Adj Factor Change/Recon
26	Mid-year Risk Adj Factor Change
27	Retroactive Change to Congestive Heart Failure (CHF) Payment
28	Retroactive Change to BIPA Part B Premium Reduction Amount
29	Retroactive Change to Hospice Rate
30	Retroactive Change to Basic Part D Premium
31	Retroactive Change to Part D Low Income Premium Status
32	Retroactive Change to Estimated Low Income Subsidy (LIS) Cost-Sharing Amount
33	Retroactive Change to Estimated Reinsurance Amount
34	Retroactive Change Basic Part C Premium

Code	Description
35	Retroactive Change to Rebate Amount
36	Part D Rate Change, including change to Low Income Premium Subsidy Rate
37	Part D Risk Adjustment Factor Change
38	Retroactive Segment ID Change
41	Part D Risk Adjustment Factor Change (mid-year)
42	Retroactive ESRD MSP Factor Change

H.4 State Codes, U.S. Possessions, and Other Countries

Table H-4 lists the numeric and character code for all states, U.S. Possessions and other countries.

Table H-4 State Codes, U.S. Possessions and Other Countries

State / US Possessions and Other Countries	Numeric Code	Character Code
Alabama	01	AL
Alaska	02	AK
Arizona	03	AZ
Arkansas	04	AR
California	05	CA
Colorado	06	CO
Connecticut	07	CT
Delaware	08	DE
District of Columbia (Washington DC)	09	DC
Florida	10	FL
Georgia	11	GA
Hawaii	12	HI
Idaho	13	ID
Illinois	14	IL
Indiana	15	IN
Iowa	16	IA
Kansas	17	KS
Kentucky	18	KY
Louisiana	19	LA
Maine	20	ME
Maryland	21	MD
Massachusetts	22	MA
Michigan	23	MI
Minnesota	24	MN
Mississippi	25	MS
Missouri	26	MO
Montana	27	MT
Nebraska	28	NE
Nevada	29	NV
New Hampshire	30	NH
New Jersey	31	NJ
New Mexico	32	NM
New York	33	NY
North Carolina	34	NC
North Dakota	35	ND
Ohio	36	OH
Oklahoma	37	OK
Oregon	38	OR
Pennsylvania	39	PA
Puerto Rico	40	PR

State / US Possessions and Other Countries	Numeric Code	Character Code
Rhode Island	41	RI
South Carolina	42	SC
South Dakota	43	SD
Tennessee	44	TN
Texas	45	TX
Utah	46	UT
Vermont	47	VT
Virgin Islands	48	VI
Virginia	49	VA
Washington	50	WA
West Virginia	51	WV
Wisconsin	52	WI
Wyoming	53	WY
Africa	54	
Canada	56	
U.S. Possessions	63	
American Samoa	64	

H.5 4Rx Notification Error Condition Tables

H.5.1 Notification File Error Records

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

Item	SOURCE OF ERROR	ERROR MESSAGE	ERROR CONDITION
1	Header Record	The Header Record is missing.	<ul style="list-style-type: none"> The Header Record is not provided on the file. The Header Record cannot be read. More than one Header Record is provided on the file.
		The Header Record is Invalid.	<ul style="list-style-type: none"> The Header Record is incorrectly formatted. The Header Record contains invalid values. The Header Record contains Critical Fields that are not provided.
2	Trailer Record	The Trailer Record is missing.	<ul style="list-style-type: none"> The Trailer Record is not provided on the file. The Trailer Record cannot be read. More than one Trailer Record is provided on the file.
		The Trailer Record is Invalid.	<ul style="list-style-type: none"> The Trailer Record is incorrectly formatted. The Trailer Record contains invalid values. The Trailer Record contains Critical Fields which are not populated. The Record Count in the Trailer Record is more than 2 different from the actual number of Detail Records (transactions) in the file.
3	File Content	The File has no Transactions.	<ul style="list-style-type: none"> There are no transactions (Detail Records) found in the file.
4	Record Length	The record length is invalid	<ul style="list-style-type: none"> The record length does not equal 750 characters/positions.

H.5.2 Notification Transaction (Detail Record) Error Conditions

The following Flag fields are provided in the Response File Detail Record. Flag fields represent the successful or unsuccessful result of processing data within a transaction (Detail Record) of the input file.

Item	FLAG	FLAG CODE	FLAG CODE RESULT	FLAG RESULT CONDITION
1	Processed Flag	Y	The transaction was accepted for processing.	<ul style="list-style-type: none"> All critical fields on the transaction were populated with valid values.
		N	The transaction was not accepted for processing.	<ul style="list-style-type: none"> At least one critical field on the transaction was populated with a value other than the prescribed valid values.
2	Beneficiary Match Flag	Y	The beneficiary on the transaction was successfully located in the MBD.	<ul style="list-style-type: none"> The beneficiary was successfully located by the combination of the Health Insurance Claim Number (HICN) or Railroad Retirement Board (RRB), Social Security Number (SSN), the Date of Birth (DOB), and gender.
		N	The beneficiary on the Transaction was not successfully located in the MBD.	<ul style="list-style-type: none"> The beneficiary was not successfully located by the combination of the HICN or RRB, the SSN, DOB, and gender.
		Space	No attempt made to locate the beneficiary on the MBD.	<ul style="list-style-type: none"> An invalid condition was found to exist in the Transaction (Detail Record) such as an unexpected, absent, or invalid value in a Critical field.
3	PBP Enrollment Match Flag	Y	The beneficiary's PBP enrollment on the transaction was successfully located in MBD.	<ul style="list-style-type: none"> The beneficiary's PBP enrollment was successfully located by the combination of the Contract Number, PBP, and Enrollment Effective Date.
		N	The beneficiary's PBP enrollment on the transaction was not successfully located in the MBD.	<ul style="list-style-type: none"> The beneficiary's PBP enrollment was not successfully located (verified) by the combination of the Contract Number, PBP, and Enrollment Effective Date.

Item	FLAG	FLAG CODE	FLAG CODE RESULT	FLAG RESULT CONDITION
		Space	No attempt to locate the PBP Enrollment on the MBD.	<ul style="list-style-type: none"><li data-bbox="1367 240 1976 362">• An invalid condition was found to exist in the Transaction (Detail Record) such as an unexpected, absent, or invalid value in a critical field.

H.5.3 Transaction (Detail Record) Level Error Information

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

NOTE: "ERC" stands for Error Return Code.

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

Item	ERROR FIELD	ERROR CODE	ERROR MESSAGE	ERROR CONDITION
7	PBP-Number-ERC	Spaces	PBP Number is valid.	<ul style="list-style-type: none"> • PBP Number is provided
		001	PBP Number is invalid	<ul style="list-style-type: none"> • PBP Number is not provided
8	PBP-Enrollment-Effective-Date-ERC	Spaces	PBP-Enrollment-Effective-Date is valid.	<ul style="list-style-type: none"> • PBP-Enrollment-Effective-Date is in a valid format
		001	PBP-Enrollment-Effective-Date is invalid.	<ul style="list-style-type: none"> • PBP-Enrollment-Effective-Date is in an invalid format or contains spaces
9	Part D – Payment Switch - ERC	002	Part D Payment Switch “N”	<ul style="list-style-type: none"> • Part D Payment Switch = “N” (beneficiary’s Part D enrollment was not found on the MBD)

This page intentionally left blank.

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

H.6.1 Request File Error Conditions

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

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

H.6.2 Request Transaction (Detail Record) Error Conditions

The following Flag fields are provided in the Response File Detail Record. Flag fields represent the successful or unsuccessful result of processing data within a transaction (Detail Record) of the input file.

ITEM	FLAG	FLAG CODE	FLAG CODE RESULT	FLAG RESULT CONDITION
1	Processed Flag	Y	The transaction was accepted for processing	<ul style="list-style-type: none"> All critical fields on the transaction were populated with valid values
		N	The transaction was not accepted for processing	<ul style="list-style-type: none"> At least one critical field on the transaction was populated with a value other than the prescribed valid values
2	Beneficiary Match Flag	Y	The beneficiary on the transaction was successfully located in the MBD	<ul style="list-style-type: none"> The beneficiary was successfully located by the combination of the HICN or RRB, SSN, DOB, and gender
		N	The beneficiary on the transaction was not successfully located in the MBD	<ul style="list-style-type: none"> The beneficiary was not successfully located by the combination of the HICN, RRB, SSN, DOB, and gender
		Space	No attempt made to locate the beneficiary on the Medicare Beneficiary Database (MBD)	<ul style="list-style-type: none"> An invalid condition was found to exist in the transaction (Detail Record) such as an unexpected, absent, or invalid value in a critical field

H.7 Medicare Secondary Payer (MSP) Reason Codes

These are the codes and the reason that are used to identify the secondary payers

Code	Reason
*A	Working Age
*B	ESRD
**C	Conditional Medicare Payment
**D	Automobile Insurance, No Fault
**E	Worker's Compensation
**F	Veteran's Affairs, Public Health Service, or other Federal agencies
*G	Disabled
**H	Black Lung

*Used by EGHP

**Used by Non-EGHP

This page intentionally left blank.

I: Report Files

This appendix provides a description and sample snapshot of each report file. Table I-1 lists the names of all the reports that are accessible to Plans and on which pages of this appendix (I) the report can be found. The examples provided for the reports DO NOT represent the actual outputs since the database does not contain actual data. *Appendix J, All Transmissions Overview*, identifies the naming conventions for all reports sent to Plans. Dataset names are needed by the user to request a report through the mainframe.

Table I-1 - Reports Lookup Table

Section	Name	Page
I.1	BIPA 606 Payment Reduction Report	I-3
I.2	Bonus Payment Report	I-11
I-3	Demographic Report	I-19
I.4	HMO Bill Itemization Report	I-23
I.5	Monthly Membership Detail Report – Drug Report File (Part D)	I-25
I.6	Monthly Membership Detail Report – Non Drug Report File (Part C)	I-27
I-7	Monthly Membership Summary Report	I-29
I-8	Monthly Summary of Bills Report	I-33
I-9	Part C Risk Adjustment Model Output Report	I-35
I-10	Part D Risk Adjustment Model Output Report	I-37
I.11	Payment Records Report (Part B Claims Records Posted)	I-39
I.12	Plan Payment Report (APPS Payment Letter)	I-41
I.13	Transaction Reply/ Weekly/Monthly Activity Report	I-47
I.14	Enrollment Transmission Message File	I-61
I.15	Batch Completion Status Summary	I-67

Note

See *Appendix J, All Transmissions Overview*, for complete information on Dataset Names.

This page intentionally left blank

I.1 BIPA 606 Payment Reduction Report

Description

This report lists members for whom the Plan is paying a portion of the Part B premium. This report will only reflect data for periods prior to 2006.

Example

1 RUN DATE: 2003/12/10

PAY MONTH: 2004/01

PAGE: 1

CONTRACT#: H3333

REPORT DATE: 2003/12/10

BIPA606 PAYMENT REDUCTION REPORT

0 PBP ID: 026

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

Plan Communications User's Guide Appendices, Version 1.5

123456789D 214.78	AMES 576.37	E F	19061027	200401-200401	31.25	607.62	-31.25	361.59
123456789D 184.46	KLEIN 427.80	P F	19270531	200401-200401	31.25	459.05	-31.25	243.34
123456789A 311.40	DAVIDS 756.18	J M	19200513	200401-200401	31.25	787.43	-31.25	444.78
123456789B 269.77	DAVIDS 713.05	E F	19180521	200401-200401	31.25	744.30	-31.25	443.28
123456789A 275.01	MURRAY 693.70	E F	19190614	200401-200401	31.25	724.95	-31.25	418.69
123456789A 269.70	MURDOCK 703.55	P M	19161126	200401-200401	31.25	734.80	-31.25	433.85
123456789D 355.76	TROTTER 873.86	S F	19230411	200401-200401	31.25	905.11	-31.25	518.10
123456789A 343.17	RUSS 829.31	D M	19220119	200401-200401	31.25	860.56	-31.25	486.14
123456789A 231.45	PRINCE 615.72	A F	19041104	200401-200401	31.25	646.97	-31.25	384.27
123456789A 264.52	LONG 691.83	I M	19190101	200401-200401	31.25	723.08	-31.25	427.31
123456789A 320.50	SHAPIRO 827.04	S M	19100313	200401-200401	31.25	858.29	-31.25	506.54
123456789A 340.56	WEISMAN 868.90	W M	19160511	200401-200401	31.25	900.15	-31.25	528.34
123456789A 239.74	BERGER 610.35	B F	19190910	200401-200401	31.25	641.60	-31.25	370.61
123456789A 214.10	KELLER 549.54	H F	19190906	200401-200401	31.25	580.79	-31.25	335.44
123456789A 320.02	RYAN 825.96	J M	19181027	200401-200401	31.25	857.21	-31.25	505.94
123456789A 276.13	FALK 718.38	S M	19080704	200401-200401	31.25	749.63	-31.25	442.25

Plan Communications User's Guide Appendices, Version 1.5

123456789A 228.39	DUFFY 609.65	S F	19120426	200401-200401	31.25	640.90	-31.25	381.26
123456789D 235.29	ADAMS 626.57	E F	19101114	200401-200401	31.25	657.82	-31.25	391.28
123456789A 230.04	TATE 612.57	V F	19160825	200401-200401	31.25	643.82	-31.25	382.53
123456789A 256.01	SCOTT 678.55	P F	19140929	200401-200401	31.25	709.80	-31.25	422.54
123456789D 225.56	SMALL 602.58	T F	19110616	200401-200401	31.25	633.83	-31.25	377.02
123456789A 201.10	WILEY 542.21	R F	19100427	200401-200401	31.25	573.46	-31.25	341.11
123456789D 229.18	DENNIS 610.65	D F	19020517	200401-200401	31.25	641.90	-31.25	381.47
123456789A 307.76	HAMMIL 791.01	J M	19090425	200401-200401	31.25	822.26	-31.25	483.25
123456789A 238.27	VOSS 632.78	E F	19060220	200401-200401	31.25	664.03	-31.25	394.51
123456789A 357.20	TUTTLE 917.13	A M	19140320	200401-200401	31.25	948.38	-31.25	559.93
123456789A 377.56	BARTLET 908.15	A M	19190119	200401-200401	31.25	939.40	-31.25	530.59
123456789D 239.74	GREEN 610.35	H F	19220628	200401-200401	31.25	641.60	-31.25	370.61
123456789A 321.51	RUSK 828.54	M M	19171115	200401-200401	31.25	859.79	-31.25	507.03
123456789A 317.26	POWELL 819.06	W M	19061121	200401-200401	31.25	850.31	-31.25	501.80
123456789D 207.72	MCDONAL 534.34	H F	19191007	200401-200401	31.25	565.59	-31.25	326.62
123456789D 309.04	KING 807.77	L F	19130321	200401-200401	31.25	839.02	-31.25	498.73

Plan Communications User's Guide Appendices, Version 1.5

123456789D	LEWIS	M F	19150407	200401-200401	31.25	781.74	-31.25	464.48
286.01	750.49							

PBP ID: 026	TOTALS:	38	\$	27,602.25	\$	-1,187.50
\$ 26,414.75						
	AGED REDUCTION:				\$	-1,187.50
	DIB REDUCTION:				\$	0.00

1 RUN DATE: 2003/12/10

PAY MONTH: 2004/01

PAGE: 2

BIPA606 PAYMENT REDUCTION REPORT

CONTRACT#: H3333

REPORT DATE: 2003/12/10

0 PBP ID: 027

0 CLAIM BLEND PT-B	SURNAME F S BLEND TOT	BIRTH I E DATE	ADJ RC	PAY/ADJ DATES	BIPA RATE	BLEND TOT W/O BIPA	BIPA AMOUNT	BLEND PT-A
123456789B	MARKS	E F 19220112		200401-200401	73.38	685.30	-73.38	395.50
216.42	611.92							
123456789A	MONTGOM	M F 19111113		200401-200401	73.38	723.40	-73.38	430.47
219.55	650.02							
123456789D	SCHREIB	A F 19190814		200401-200401	73.38	520.09	-73.38	300.46
146.25	446.71							
123456789A	BECKER	V F 19191224		200401-200401	73.38	520.09	-73.38	300.46
146.25	446.71							

Plan Communications User's Guide Appendices, Version 1.5

123456789A 219.85	BRIDGE 642.36	H M	19171219	200401-200401	73.38	715.74	-73.38	422.51
123456789A 240.27	EDELMAN 692.56	S M	19160825	200401-200401	73.38	765.94	-73.38	452.29
123456789A 186.26	ZEMLACK 567.52	A F	19090715	200401-200401	73.38	640.90	-73.38	381.26
123456789A 218.25	ROSENST 638.87	L M	19180629	200401-200401	73.38	712.25	-73.38	420.62
123456789B 162.49	ROSENST 485.34	L F	19231014	200401-200401	73.38	558.72	-73.38	322.85
123456789D 183.43	ROLNICK 560.45	I F	19090215	200401-200401	73.38	633.83	-73.38	377.02
123456789D 264.40	KAIN 758.42	M F	19150907	200401-200401	73.38	831.80	-73.38	494.02
123456789A 255.90	SHANK 683.30	W M	19200707	200401-200401	73.38	756.68	-73.38	427.40
123456789A 306.28	KAY 852.71	T M	19121119	200401-200401	73.38	926.09	-73.38	546.43
123456789A 227.57	GOLDMAN 661.42	S M	19160221	200401-200401	73.38	734.80	-73.38	433.85
123456789D 207.60	MILLMAN 618.95	E F	19110709	200401-200401	73.38	692.33	-73.38	411.35
123456789A 223.02	JARRETT 649.44	J M	19110519	200401-200401	73.38	722.82	-73.38	426.42
123456789B 187.90	JARRETT 570.41	E F	19170417	200401-200401	73.38	643.79	-73.38	382.51
123456789C1 84.04	MENG 273.73	A M	19500301	200401-200401	73.38	347.11	-73.38	189.69
123456789A 196.79	BLACK 592.06	M F	19151205	200401-200401	73.38	665.44	-73.38	395.27
123456789A 239.23	TAUBMAN 615.87	E F	19420723	200401-200401	73.38	689.25	-73.38	376.64

Plan Communications User's Guide Appendices, Version 1.5

123456789D 134.17	DRUSKIN M F 19290303 351.13	200401-200401	73.38	424.51	-73.38	216.96
123456789A 182.26	SMITH V F 19130908 557.83	200401-200401	73.38	631.21	-73.38	375.57
123456789D 189.33	JEFFRIE C F 19000201 573.61	200401-200401	73.38	646.99	-73.38	384.28
123456789A 223.04	PRITZKE S M 19120929 649.48	200401-200401	73.38	722.86	-73.38	426.44
123456789A 219.04	SAMUELS S M 19180331 640.56	200401-200401	73.38	713.94	-73.38	421.52
123456789A 191.32	KANTER D F 19150103 580.33	200401-200401	73.38	653.71	-73.38	389.01
123456789D 162.99	NORMAN F F 19230914 486.48	200401-200401	73.38	559.86	-73.38	323.49
123456789A 191.32	MARTIN L F 19150709 580.33	200401-200401	73.38	653.71	-73.38	389.01
123456789A 258.89	COHEN R M 19171019 738.16	200401-200401	73.38	811.54	-73.38	479.27
123456789D 274.84	RUBIN J F 19121124 784.36	200401-200401	73.38	857.74	-73.38	509.52
123456789A 329.31	TROUTMA J M 19110502 906.77	200401-200401	73.38	980.15	-73.38	577.46
123456789A 157.37	ROUND P F 19170127 496.51	200401-200401	73.38	569.89	-73.38	339.14
123456789A 224.85	AZMAN F F 19180203 661.44	200401-200401	73.38	734.82	-73.38	436.59
123456789D 228.78	PRATT F F 19080919 672.73	200401-200401	73.38	746.11	-73.38	443.95
123456789A 264.48	LOMBARD F F 19160926 761.24	200401-200401	73.38	834.62	-73.38	496.76
123456789D 265.70	BALTIMO M F 19080301 763.96	200401-200401	73.38	837.34	-73.38	498.26

Plan Communications User's Guide Appendices, Version 1.5

123456789D	HOWARD J F 19070402	200401-200401	73.38	580.51	-73.38	345.61
161.52	507.13					
123456789A	COLUMBU F M 19180904	200401-200401	73.38	1,004.55	-73.38	593.51
337.66	931.17					
123456789C2	CARROLL K M 19580202	200401-200401	73.38	333.27	-73.38	182.23
77.66	259.89					
PBP ID: 027	TOTALS: 39		\$	26,783.70	\$	-2,861.82
\$ 23,921.88						
AGED REDUCTION:				\$		-2,568.30
DIB REDUCTION:				\$		-293.52
0 CONTRACT: H3333	TOTALS: 77		\$	54,385.95	\$	-4,049.32
\$ 50,336.63						
AGED REDUCTION:				\$		-3,755.80
DIB REDUCTION:				\$		-293.52

This page intentionally left blank.

I.2 Bonus Payment Report

Description

This report lists 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.) This report will only reflect data for periods prior to 2004.

Example

1 RUN DATE: 2003/10/03

PAY MONTH: 2003/03

PAGE: 2

CONTRACT#: H5555

REPORT DATE: 2003/10/03

BONUS PAYMENT REPORT

0 STATE/COUNTY CODE: 27030

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

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

X

123456789A	JONES	J M	19280611	200303-200303	3.00	480.44	7.66	6.75	14.41
263.03	231.82 \$		494.85						
123456789A	CHANG	A M	19140222	200303-200303	3.00	647.58	11.47	7.96	19.43
393.75	273.26 \$		667.01						
123456789B	CHANG	F F	19151105	200303-200303	3.00	569.89	10.17	6.92	17.09
349.31	237.67 \$		586.98						
123456789A	COHEN	A M	19250714	200303-200303	3.00	650.30	10.65	8.86	19.51
365.74	304.07 \$		669.81						
123456789A	PULASKI	W M	19290909	200303-200303	3.00	449.12	7.14	6.33	13.47
245.23	217.36 \$		462.59						

Plan Communications User's Guide Appendices, Version 1.5

* STATE/COUNTY 27030 TOTALS: 5 \$ 2,797.33 \$ 83.91
 \$ 2,881.24

0 STATE/COUNTY CODE: 27040

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

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

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

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

0 STATE/COUNTY CODE: 27080

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

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

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

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

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

Plan Communications User's Guide Appendices, Version 1.5

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

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

0 STATE/COUNTY CODE: 27110

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

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

123456789A DUNN W M 19460531 200303-200303 3.00 375.60 6.28 4.99 11.27
 215.51 171.36 \$ 386.87

* STATE/COUNTY 27110 TOTALS: 1 \$ 375.60 \$ 11.27
 \$ 386.87

1 RUN DATE: 2003/10/03

PAY MONTH: 2003/03

BONUS PAYMENT REPORT

PAGE: 3

CONTRACT#: H5555

REPORT DATE: 2003/10/03

0 STATE/COUNTY CODE: 27130

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

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

Plan Communications User's Guide Appendices, Version 1.5

X

123456789A	UNGER	W M	19280219	200303-200303	3.00	540.82	8.84	7.38	16.22
303.52	253.52	\$	557.04						

* STATE/COUNTY	27130	TOTALS:	1	\$	540.82	\$	16.22
\$	557.04						

0 STATE/COUNTY CODE: 27140

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

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

X

123456789A	LABER	E F	19290807	200303-200303	3.00	384.07	5.89	5.63	11.52
202.18	193.41	\$	395.59						

123456789A	SESLER	S F	19371109	200303-200303	3.00	307.79	4.62	4.62	9.24
158.55	158.48	\$	317.03						

123456789B	TAPLEY	M F	19250503	200303-200303	3.00	476.04	7.59	6.69	14.28
260.53	229.79	\$	490.32						

123456789A	EVERETT	S F	19551018	200303-200303	3.00	398.14	5.60	6.34	11.94
192.42	217.66	\$	410.08						

123456789A	ROY	R M	19240904	200303-200303	3.00	541.75	8.86	7.40	16.26
304.05	253.96	\$	558.01						

123456789A	LEGAUL	E F	19490514	200303-200303	3.00	398.14	5.60	6.34	11.94
192.42	217.66	\$	410.08						

123456789A	NOYES	J M	19350402	200303-200303	3.00	358.55	5.46	5.29	10.75
187.58	181.72	\$	369.30						

123456789A	SAVAGE	L F	19370220	200303-200303	3.00	309.36	4.64	4.64	9.28
159.44	159.20	\$	318.64						

Plan Communications User's Guide Appendices, Version 1.5

123456789A	BRUCAT	P M	19210502	200303-200303	3.00	599.47	10.16	7.83	17.99
348.73	268.73	\$	617.46						
123456789A	CAPOZZI	I F	19220115	200303-200303	3.00	511.73	8.87	6.49	15.36
304.39	222.70	\$	527.09						
123456789A	DYER	D M	19301227	200303-200303	3.00	449.12	7.14	6.33	13.47
245.23	217.36	\$	462.59						
123456789D	NAETHEL	L F	19340427	200303-200303	3.00	307.84	4.62	4.62	9.24
158.58	158.50	\$	317.08						
123456789A	DUFFY	R M	19260410	200303-200303	3.00	541.75	8.86	7.40	16.26
304.05	253.96	\$	558.01						
123456789A	RIVARD	J M	19280509	200303-200303	3.00	481.36	7.68	6.76	14.44
263.56	232.24	\$	495.80						
123456789A	BROWN	M F	19350908	200303-200303	3.00	307.84	4.62	4.62	9.24
158.58	158.50	\$	317.08						
123456789A	TEEPLE	A F	19450506	200303-200303	3.00	465.37	7.01	6.95	13.96
240.58	238.75	\$	479.33						
123456789A	VICARY	C M	19361021	200303-200303	3.00	360.94	5.50	5.32	10.82
188.94	182.82	\$	371.76						
123456789A	HEATON	G M	19170306	200303-200303	3.00	647.58	11.47	7.96	19.43
393.75	273.26	\$	667.01						
123456789A	NOLLEY	J M	19460216	200303-200303	3.00	407.91	6.81	5.43	12.24
233.87	186.28	\$	420.15						
123456789A	JAMIESO	W M	19210627	200303-200303	3.00	599.47	10.16	7.83	17.99
348.73	268.73	\$	617.46						
123456789A	HORNE	J M	19171211	200303-200303	3.00	647.58	11.47	7.96	19.43
393.75	273.26	\$	667.01						
123456789A	BROWN	J M	19280428	200303-200303	3.00	457.37	7.28	6.44	13.72
249.92	221.17	\$	471.09						
123456789A	ARMSTRO	V F	19360130	200303-200303	3.00	307.84	4.62	4.62	9.24
158.58	158.50	\$	317.08						
123456789A	REESE	T M	19280415	200303-200303	3.00	457.37	7.28	6.44	13.72
249.92	221.17	\$	471.09						

Plan Communications User's Guide Appendices, Version 1.5

123456789A	BESSLER N F	19170530	200303-200303	3.00	569.89	10.17	6.92	17.09
349.31	237.67 \$	586.98						
123456789A	WAMBEKE B F	19360803	200303-200303	3.00	310.39	4.66	4.65	9.31
160.03	159.67 \$	319.70						
123456789A	STEINBE H F	19251012	200303-200303	3.00	451.39	7.18	6.36	13.54
246.52	218.41 \$	464.93						
* STATE/COUNTY 27140 TOTALS:			27		\$ 12,056.05		\$ 361.70	
\$	12,417.75							

1 RUN DATE: 2003/10/03

PAY MONTH: 2003/03

PAGE: 4

CONTRACT#: H5555

REPORT DATE: 2003/10/03

BONUS PAYMENT REPORT

0 STATE/COUNTY CODE: 27150

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

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

X

123456789A	COFFIN A M	19290424	200303-200303	3.00	449.12	7.14	6.33	13.47
245.23	217.36 \$	462.59						
123456789C1	CARACCA S M	19620723	200303-200303	3.00	296.38	5.20	3.69	8.89
178.49	126.78 \$	305.27						
123456789A	ALTMAN R M	19251111	200303-200303	3.00	541.75	8.86	7.40	16.26
304.05	253.96 \$	558.01						
123456789A	ROBICH R F	19241116	200303-200303	3.00	451.39	7.18	6.36	13.54
246.52	218.41 \$	464.93						

Plan Communications User's Guide Appendices, Version 1.5

123456789A	RACHES	C M	19340308	200303-200303	3.00	358.55	5.46	5.29	10.75
187.58	181.72	\$	369.30						
123456789A	WELLS	A M	19340809	200303-200303	3.00	358.55	5.46	5.29	10.75
187.58	181.72	\$	369.30						
123456789A	WASHBU	H F	19140313	200303-200303	3.00	569.89	10.17	6.92	17.09
349.31	237.67	\$	586.98						
123456789A	ROSE	C M	19160131	200303-200303	3.00	647.58	11.47	7.96	19.43
393.75	273.26	\$	667.01						
123456789D	BEARDS	J F	19330729	200303-200303	3.00	318.53	4.80	4.76	9.56
164.66	163.43	\$	328.09						
123456789A	BENNETT	E M	19370325	200303-200303	3.00	359.85	5.49	5.31	10.80
188.33	182.32	\$	370.65						
123456789D	LOESER	S F	19320223	200303-200303	3.00	384.07	5.89	5.63	11.52
202.18	193.41	\$	395.59						
123456789A	ACKLEY	P F	19190304	200303-200303	3.00	580.72	10.01	7.41	17.42
343.60	254.54	\$	598.14						
123456789A	NEWMAN	R F	19290129	200303-200303	3.00	384.07	5.89	5.63	11.52
202.18	193.41	\$	395.59						
123456789A	LUZAR	B F	19361016	200303-200303	3.00	342.80	5.20	5.09	10.29
178.45	174.64	\$	353.09						
123456789A	CRAIG	R F	19330708	200303-200303	3.00	311.53	4.68	4.67	9.35
160.68	160.20	\$	320.88						
123456789A	ZUSSBLE	N M	19310707	200303-200303	3.00	449.12	7.14	6.33	13.47
245.23	217.36	\$	462.59						
123456789A	TEMPLE	K M	19180322	200303-200303	3.00	645.95	11.44	7.94	19.38
392.82	272.51	\$	665.33						
123456789A	COFFIN	J F	19321201	200303-200303	3.00	384.07	5.89	5.63	11.52
202.18	193.41	\$	395.59						
* STATE/COUNTY 27150 TOTALS:				18		\$	7,833.92	\$	235.01
\$	8,068.93								

Plan Communications User's Guide Appendices, Version 1.5

0 STATE/COUNTY CODE: 42380

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

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

X

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

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

I.3 Demographic Report

Description

This report provides a 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 (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 Plan has members.

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		MEDICAID		MEDICAID	
	AGED						
0	85 +	0	0.00	0	0.00	0	0.00
0	0.00						
0	80-84	0	0.00	0	0.00	2	380.07
0	0.00						
0	75-79	0	0.00	0	0.00	1	300.15
0	0.00						
0	70-74	0	0.00	0	0.00	0	0.00
0	0.00						
0	65-69	0	0.00	0	0.00	0	0.00
0	0.00						
0	60-64	0	0.00	0	0.00	1	232.87
0	0.00						

Plan Communications User's Guide Appendices, Version 1.5

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					NON	
	WORKING						
0	GROUP	INST		MEDICAID		MEDICAID	
0	AGED						
0	85 +	0	0.00	0	0.00	4	734.72
0	0.00						
0	80-84	0	0.00	0	0.00	2	305.91
0	0.00						
0	75-79	0	0.00	0	0.00	1	256.16
0	0.00						
0	70-74	0	0.00	0	0.00	2	199.00
0	0.00						
0	65-69	0	0.00	0	0.00	0	0.00
0	0.00						
0	60-64	0	0.00	0	0.00	0	0.00
0	0.00						
0	55-59	0	0.00	0	0.00	0	0.00
0	0.00						
0	45-54	0	0.00	0	0.00	0	0.00
0	0.00						
0	35-44	0	0.00	0	0.00	0	0.00
0	0.00						

Plan Communications User's Guide Appendices, Version 1.5

0	- 34	0	0.00	0	0.00	0	0.00
0	0.00						
0	1 DEMOGRAPHIC REPORT FOR HMO			122003	OPERATING MONTH		
0	ST/CTY CODE 23620						
0	PART B ENTITLEMENT - MALE						
0	AGE					NON	
0	WORKING						
0	GROUP	INST		MEDICAID		MEDICAID	
0	AGED						
0	85 +	0	0.00	0	0.00	0	0.00
0	0.00						
0	80-84	0	0.00	0	0.00	2	246.80
0	0.00						
0	75-79	0	0.00	0	0.00	1	210.73
0	0.00						
0	70-74	0	0.00	0	0.00	0	0.00
0	0.00						
0	65-69	0	0.00	0	0.00	0	0.00
0	0.00						
0	60-64	0	0.00	0	0.00	1	198.34
0	0.00						
0	55-59	0	0.00	0	0.00	1	111.10
0	0.00						
0	45-54	0	0.00	0	0.00	1	124.01
0	0.00						
0	35-44	0	0.00	0	0.00	0	0.00
0	0.00						
0	- 34	0	0.00	0	0.00	0	0.00
0	0.00						
0	- PART B ENTITLEMENT - FEMALE						
0	AGE					NON	
0	WORKING						

Plan Communications User's Guide Appendices, Version 1.5

0	GROUP	INST		MEDICAID		MEDICAID		
0	AGED							
0	85 +	0	0.00	0	0.00	4	405.14	
0	0.00							
0	80-84	0	0.00	0	0.00	2	251.61	
0	0.00							
0	75-79	0	0.00	0	0.00	1	226.12	
0	0.00							
0	70-74	0	0.00	0	0.00	2	138.10	
0	0.00							
0	65-69	0	0.00	0	0.00	0	0.00	
0	0.00							
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
0	MONEY \$ 0.00							
0	TOTAL HOSPICE-A	0	TOTAL MONEY	\$	0.00	TOTAL HOSPICE-B	0	TOTAL
0	MONEY \$ 0.00							
0	TOTAL MEMBER-A	15	TOTAL MONEY	\$	2760.87	PTA AAPCC	\$	184.05
0	TOTAL MEMBER-B	15	TOTAL MONEY	\$	1911.95	PTB AAPCC	\$	127.46

I.4 HMO Bill Itemization Report

Description

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

Example

```

1
PAGE 1

PART A BILLS POSTED IN OCT 2002

* * * * * HMO H4444 * * * * *

BILL TYPE: INPATIENT

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

123456789A BAKER 010084 00010 20020630 7821 0 812 0 0 0 0 812
20020630 20020703 0 0

123456789C2 MILLER 014007 00010 20020819 8320 8320 0 0 0 0 0 0
20020819 20020920 0 0 N

1
PART A BILLS POSTED IN OCT 2002
    
```

2

* * * * * HMO H4444 * * * * *

BILL TYPE: HOSPICE

THRU	COV	REIM	NP	HMO	ADM	TOTAL	NON-COV	INP	NC	BLD	COINSURANCE	TOTAL	FROM	
CLAIM NUM	NAME	PROV	INTER	PD	DATE	CHARGES	CHARGES	DED	DEDUCT	DAYS	CHGS	AMOUNT	DEDUCT	DATE
DATE	DAYS	AMT	CD	CR										
1234567891	CANDLE	011570	00380		20020826	3084	0	0	0	0	0	0	0	
20020901	20020930	0	3084											
12345678946	FLICKE	011570	00380		20020912	1953	0	0	0	0	0	0	0	
20020912	20020930	0	1953											

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

Description

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

Example

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

```

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

```

This page intentionally left blank.

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

Description

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

Example

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

```

1RUN DATE:20051027                MONTHLY MEMBERSHIP REPORT - NON DRUG
PAGE:                1
PAYMENT MONTH:200601            PLAN(H9999) PBP(007) SEGMENT(000) ACME HEALTH SERVICES
0                                ----- REBATES -----
-----
          BASIC PREMIUM  3 COST SHR REDUC  MAND SUPP BENEFIT  PART D SUPP BENEFIT  PART B BAS PRM
REDC  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
0          S          ----- FLAGS -----
PAYMENTS/ADJUSTMENTS -----
CLAIM      E AGE  STATE  P P      M F P A D  S MTHS      DATES      LAG  FTYPE
NUMBER     X 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 -----
SURNAME F  DMG  BIRTH  O T T S R S H I I I O A H R PIP  ADJ
I  RA  DATE  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
    
```


I.7 Monthly Membership Summary Report

Description

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

Example

```

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

Plan Communications User's Guide Appendices, Version 1.5

AVERAGE \$1,210.93 AVERAGE \$1,538.33 AVERAGE
 \$70.66

00OUT OF AREA 150

1RUN DATE:20051027

MONTHLY MEMBERSHIP SUMMARY REPORT (PAGE 2 OF 2)

PAYMENT MONTH:200601

PLAN: H9999 PBP(999) SEG(000) ACME HEALTH SERVICES

0ADJUSTMENT PAYMENTS

0ADJ

REA	ADJUSTMENT	NUMBER	MONTHS	MONTHS	MONTHS	-----	ADJUSTMENT	AMOUNT	-
CDE	DESCRIPTION	OF ADJS	A	B	D	PART A	PART B		
PART D	TOTAL								
01	DEATH	0	0	0	0	\$0.00	\$0.00		
\$0.00	\$0.00								
02	RETRO ENROLL	0	0	0	0	\$0.00	\$0.00		
\$0.00	\$0.00								
03	RETRO DISENR	0	0	0	0	\$0.00	\$0.00		
\$0.00	\$0.00								
04	CORR ENROLL	0	0	0	0	\$0.00	\$0.00		
\$0.00	\$0.00								
05	CORR DISENRO	0	0	0	0	\$0.00	\$0.00		
\$0.00	\$0.00								
06	CORR PARTA E	0	0	0	0	\$0.00	\$0.00		
\$0.00	\$0.00								
07	HOSPIC	0	0	0	0	\$0.00	\$0.00		
\$0.00									
08	ESRD	0	0	0	0	\$0.00	\$0.00		
\$0.00									
09	INST	0	0	0	0	\$0.00	\$0.00		
\$0.00									
10	MCAID	0	0	0	0	\$0.00	\$0.00		
\$0.00									
11	RETRO SCC CH	0	0	0	0	\$0.00	\$0.00		
\$0.00									
12	CORR DEATH	0	0	0	0	\$0.00	\$0.00		
\$0.00	\$0.00								
13	CORR BIRTH	0	0	0	0	\$0.00	\$0.00		
\$0.00	\$0.00								
14	CORR SEX	0	0	0	0	\$0.00	\$0.00		
\$0.00									

Plan Communications User's Guide Appendices, Version 1.5

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

Plan Communications User's Guide Appendices, Version 1.5

MONTHS D :	0	PART D AMOUNT :	\$0.00
NUMBER OF ADJUSTMENTS :	0	TOTAL AMOUNT :	\$0.00
-TOTAL PYMT AMT A	\$55,702.84		
TOTAL PYMT AMT B	\$70,763.36		
TOTAL PYMT AMT D	\$3,250.48		
SUM TOTAL AMOUNT	\$129,716.68		

I.8 Monthly Summary of Bills Report

Description

This report summarizes all Medicare fee-for-service activity, both Part A and Part B, for beneficiaries enrolled in the contract.

Example

MONTHLY SUMMARY OF BILLS PAID BY INTERMEDIARIES FOR HMO ENROLLEES											
HMO NO	H9999	HMO NAME	ACME INSURANCE COMPANY	HMO FY ENDING	03/2006	CURRENT MONTH	01/2006				
								BILLS THROUGH 01/25/2006			
----- INPATIENT BILLS -----			----- OUTPATIENT BILLS -----			----- HHA BILLS -----					
NON											
TOTAL	COVERED	REIMB	COVERED	TOTAL	COVERED	REIMB	TOTAL	TOTAL	REIMB	TOTAL	TOTAL
CHARGES	CHARGES	AMOUNT	DAYS	BILLS	CHARGES	AMOUNT	BILLS	CHARGES	AMOUNT	VISITS	BILLS
NO ACTIVITY FOR THIS HMO FOR THIS PERIOD											
FY TOTAL	\$23,142	\$58,124	23		\$1,733-			\$0		0	
\$0	3-	\$14,435-	24		\$0		0				
MONTHLY SUMMARY OF CLAIMS PAID BY CARRIERS FOR HMO ENROLLEES											
HMO NO	H9999	HMO NAME	ACME INSURANCE COMPANY	HMO FY ENDING	03/2006	CURRENT MONTH	01/2006				
TOTALS FOR THIS MONTH											
CARRIER		MEDICAL	REIMB	TOTAL							
NUMBER		CHARGES	AMOUNT	BILLS							
NO ACTIVITY FOR THIS HMO FOR THIS PERIOD											
FY TOTAL		\$9,122-	\$7,319-	96							

This page intentionally left blank.

I.9 Part C Risk Adjustment Model Output Report

Description

This report shows the Hierarchical Condition Codes (HCCs) used by RAS to calculate risk adjustment factors for each beneficiary.

Example

Below is part of a Risk Adjustment Model Output report. The full report shows all of the beneficiaries in the contract.

```
1***GROUP=H8888,CONTRACT=H8888,
1RUN DATE: 20031219          RISK ADJUSTMENT MODEL OUTPUT REPORT
PAGE:      1
PAYMENT MONTH: 200401      PLAN: H8888 CHAMPION INSURANCE
RAPMORP1

0          LAST          FIRST          DATE OF
HIC        NAME          NAME          I          BIRTH    SEX & AGE GROUP
-----
123456789A  WOOD          CHARLES      W          19250225 Male75-79
123456789B  TREE          LILLIAN      L          19270418 Female75-79
123456789A  GRASS         ALBERT      A          19421213 Male60-64
HCC DISEASE GROUPS:  HCC019 Diabetes without Complication
                   HCC080 Congestive Heart Failure
                   HCC092 Specified Heart Arrhythmias
INTERACTIONS:      INTI01 DM_CHF
```

This page intentionally left blank.

I.10 Part D Risk Adjustment Model Output Report

Description

This report shows the Hierarchical Condition Codes (HCCs) used by RAS to calculate risk adjustment factors for each beneficiary.

Example

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

```

1RUN DATE: 20060124                RISK ADJUSTMENT MODEL OUTPUT REPORT
PAGE: 1
PAYMENT MONTH: 200602            PLAN: H9999 ACME INSURANCE COMPANY
RAPMORP2
0          LAST          FIRST          DATE OF
HIC        NAME          NAME          I  BIRTH  SEX &
AGE GROUP
-----
123456789A  TWO          RUTH          M 19181122
Female85-89
RXHCC DISEASE GROUPS:  RXHCC019 Disorders of Lipoid Metabolism
                        RXHCC048 Other Musculoskeletal and Connective Tissue Disorders
                        RXHCC092 Acute Myocardial Infarction and Unstable Angina
                        RXHCC098 Hypertensive Heart Disease or Hypertension
                        RXHCC159 Cellulitis, Local Skin Infection

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

This page intentionally left blank.

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

Description

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

Example

1
PAGE 1

PART B CLAIMS RECORDS POSTED IN OCT 2002

0 * * * * *HMO H2222 * * * * *

CLAIM CARRIER NUMBER	NAME CARRIER	EXPENSE INFORMATION	DATES FIRST LAST	ALLOWED TOTAL	REIMB AMT	COINSURANCE AMT	DED APP	PHYS SUPP ID	PAY IND
123456789A 20021014	JONES 6209022830	20020917 27160	20020917	9.72	7.78	1.94	.00	L99999	1 11111
123456789A 20021014	JONES 6209022830	20020920 27550	20020920	12.00	9.60	2.40	.00	L88888	1 11111
123456789A 20021017	JONES 6209022830	20020830 28810	20020830	12.65	10.12	2.53	.00	P77777	1 11111
123456789A 20021014	JONES 6209022830	20020831 28800	20020831	12.00	9.60	2.40	.00	P77777	1 11111
123456789A 20021014	JONES 6209022830	20020915 28820	20020915	12.00	9.60	2.40	.00	P77777	1 11111
123456789A 20021023	HOWARD 0226282853	20020708 3000	20020708	5.43	5.43	.00	.00	0000000000	1 22222

Plan Communications User's Guide Appendices, Version 1.5

123456789A	WILLS	20020908	20020908	87.97	70.38	17.59	.00	666666666	1	22222
20021018	02254815230000									
123456789A	LEE	20020920	20020920	27.21	21.77	5.44	.00	555555555	1	22222
20021016	02270301676000									
123456789A	BRILL	20011019	20011119	26.46	21.17	5.29	.00	44444444444	1	33333
20021013	02266171165000									
123456789D	SOMMER	20020916	20020916	134.47	107.58	26.89	.00	3333333333	1	22222
20021023	02262834339000									
123456789A	JONES	20020917	20020919	115.79	92.63	23.16	.00	222222	1	11111
20021005	620202275864060									
123456789A	JONES	20020925	20020925	11.16	11.16	.00	.00	111111	1	11111
20021024	620202294476660									
123456789A	JONES	20021010	20021010	28.97	28.97	.00	.00	111111	1	11111
20021024	620202294476670									
123456789A	JONES	20021011	20021011	28.97	28.97	.00	.00	111111	1	11111
20021024	620202294476680									

I.12 Plan Payment Report (APPS Payment Letter)

Description

Also known as the “Payment Letter,” this report itemizes the final monthly payment to the 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 month-end processing.

Plan Payment Report (PPR) - Final

The PPR includes Part D payments and adjustments, the National Medicare Education Campaign (NMEC) and Coordination of Benefits (COB) User Fees and premium settlement information. There is one version of the PPR applicable to all Plans and it will be provided monthly.

2006

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

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

Contents of the Plan Payment Report

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

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

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

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

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

NOTE: The PPR contains the summarized LIS amounts paid to Plans monthly. This may be problematic because the report does not provide beneficiary-level LIS information. The beneficiary –level LIS information can be obtained from the Bi-Weekly LIS Datafile (see *the Bi-Weekly Deemed LIS/Premium Report Data File* in *Appendix E.*). The amounts also can be derived using the following information from the MMR:

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

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

Example

CWS PLAN PAYMENT REPORT			PAGE 1 OF 2		
PLAN NUMBER: H9999			PAYMENT MONTH: MM/YYYY		
PLAN NAME: ABC HEALTH PLANS INC			RUN DATE: MM/DD/YYYY		
PAYMENT TYPE:			A/B PAYMENT	D PAYMENT	NET PAYMENT
1.	PROSPECTIVE PAYMENT:				
	A/B PAYMENT	MEMBERS: ZZ,ZZZ,ZZ9	\$ Z,ZZZ,ZZZ,ZZ9.99		
	D PAYMENT	MEMBERS: ZZ,ZZZ,ZZ9		\$ Z,ZZZ,ZZZ,ZZ9.99	
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.

PAYMENT TYPE:	A/B PAYMENT	D PAYMENT	NET PAYMENT
5. PLAN LEVEL ADJUSTMENTS:			
A. EDUCATION USER FEE			
1) AMOUNT SUBJECT TO FEE	\$ Z,ZZZ,ZZZ,ZZ9.99	\$ -Z,ZZZ,ZZZ,ZZ9.99	
2) X FEE RATE	-0.9999%		
B. COB USER FEE			
1) PROSP D MEMBERS	ZZ,ZZZ,ZZ9		
2) X FEE RATE	\$ -0.99	\$ -Z,ZZZ,ZZZ,ZZ9.99	
C. WORKING AGED/DISABLED ADJUSTMENT			
1) ADJUSTED DEMOG PMT	\$ Z,ZZZ,ZZZ,ZZ9.99		
2) X PLAN DEMOG RATE	-0.9999%		
3) ADJUSTED RA PMT	\$ Z,ZZZ,ZZZ,ZZ9.99		
4) X PLAN RA RATE	-0.9999%		
D. BIPA 606 PAYMENT REDUCTION			
1) ADJUSTMENTS PRIOR TO 2006	\$ -Z,ZZZ,ZZZ,ZZ9.99		
E. BBRA BONUS PAYMENTS			
1) ADJUSTMENTS PRIOR TO 2004	\$ -Z,ZZZ,ZZZ,ZZ9.99		
6. CMS ADJUSTMENTS:			
<== DESCRIPTION TEXT FOR MANUAL ADJUSTMENTS =====>	\$ -Z,ZZZ,ZZZ,ZZ9.99	\$ -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	\$ -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)			
		\$ Z,ZZZ,ZZZ,ZZ9.99	
9. NET PAYMENT:			
			\$ Z,ZZZ,ZZZ,ZZ9.99

-----1-----2-----3-----4-----5-----6-----7-----8-----9-----0-----1-----2-----3

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

This page intentionally left blank.

I.13 Transaction Reply/Weekly/Monthly Activity Report

Description

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

Example

```

1RUN DATE: 08/21/2006                                TRANSACTION REPLY/MONTHLY                                ACTIVITY REPORT ID: 10
      REPORTING MONTH: 09/2006                        PLAN(Hnnn6) PBP(011) SGMT(000) YOUR HEALTH CARE INC                                PAGE: 1
0-----
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
          I X BIRTH    DATE
          SCC          A T ID    SPECIAL   I EFF
          TC CLAIM NUMBER SURNAME I X BIRTH    DATE          SCC          A T ID    STATUS   S DATE          PT C    PT D    CODE  REMARKS
-----
61 xxxxxxxxxxxxD  LNAME1  M F 07/18/20  08/01/06  03010  S Hnnn6  0
          .00   .00   011  ENROLL ACCEPTED
61 xxxxxxxxxxxxA  LNAME2  J M 08/12/21  08/01/06  03010  I Hnnn6  0
          .00   .00   011  ENROLL ACCEPTED
0-----
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
          I X BIRTH    DATE
          SCC          A T ID    SPECIAL   I EFF
          TC CLAIM NUMBER SURNAME I X BIRTH    DATE          SCC          A T ID    STATUS   S DATE          PT C    PT D    CODE  REMARKS
-----
NO TRANSACTIONS FOUND FOR THIS SECTION
0-----
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
          I X BIRTH    DATE
          SCC          A T ID    SPECIAL   I EFF
          TC CLAIM NUMBER SURNAME I X BIRTH    DATE          SCC          A T ID    STATUS   S DATE          PT C    PT D    CODE  REMARKS
-----
NO TRANSACTIONS FOUND FOR THIS SECTION
0-----
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
          I X BIRTH    DATE
          SCC          A T ID    SPECIAL   I EFF
          TC CLAIM NUMBER SURNAME I X BIRTH    DATE          SCC          A T ID    STATUS   S DATE          PT C    PT D    CODE  REMARKS
-----
NO TRANSACTIONS FOUND FOR THIS SECTION
0-----
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
          I X BIRTH    DATE
          SCC          A T ID    SPECIAL   I EFF
          TC CLAIM NUMBER SURNAME I X BIRTH    DATE          SCC          A T ID    STATUS   S DATE          PT C    PT D    CODE  REMARKS
-----
NO TRANSACTIONS FOUND FOR THIS SECTION
    
```

Plan Communications User's Guide Appendices, Version 1.5

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

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

REPORT ID: 10
 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 REPLY
 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 REPLY
 I X BIRTH DATE NUMBER STATUS CODE REMARKS

NO TRANSACTIONS FOUND FOR THIS SECTION

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

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

NO TRANSACTIONS FOUND FOR THIS SECTION

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

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

NO TRANSACTIONS FOUND FOR THIS SECTION

0----- * * * AUTOMATIC DISENROLLMENTS * * *

0----- T R A N S A C T I O N ----- R E P L Y -----
 0
 S L CO-PAY
 F E DATE OF EFF SPECIAL I EFF RPLY
 I X BIRTH DATE STATUS S DATE CODE REMARKS

NO TRANSACTIONS FOUND FOR THIS SECTION

Plan Communications User's Guide Appendices, Version 1.5

```

1RUN DATE: 08/21/2006                                TRANSACTION REPLY/MONTHLY ACTIVITY                                REPORT ID: 10
REPORTING MONTH: 09/2006                            PLAN(Hmnn6) PBP(011) SGM(000) YOUR HEALTH CARE INC                                PAGE: 3
0
0----- T R A N S A C T I O N ----- R E P L Y -----
0
          S                                L CO-PAY
          F E DATE OF    EFF            SPECIAL    I EFF            RPLY
TC CLAIM NUMBER SURNAME I X BIRTH    DATE            STATUS    S DATE            CODE    REMARKS
-----
NO TRANSACTIONS FOUND FOR THIS SECTION
0
          * * * BENEFICIARY FACTOR TRANSACTIONS: REJECTED * * *
0----- T R A N S A C T I O N ----- R E P L Y -----
0
          S                                L CO-PAY
          F E DATE OF    EFF            SPECIAL    I EFF            RPLY
TC CLAIM NUMBER SURNAME I X BIRTH    DATE            STATUS    S DATE            CODE    REMARKS
-----
NO TRANSACTIONS FOUND FOR THIS SECTION
0
          * * * MAINTENANCE ACTIONS * * *
0----- T R A N S A C T I O N ----- R E P L Y -----
0
          S                                L CO-PAY
          F E DATE OF    EFF            SPECIAL    I EFF            RPLY
TC CLAIM NUMBER SURNAME I X BIRTH    DATE            STATUS    S DATE            CODE    REMARKS
-----
NO TRANSACTIONS FOUND FOR THIS SECTION
    
```

Plan Communications User's Guide Appendices, Version 1.5

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

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

REPORT ID: 10
 PAGE: 4

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

Plan Communications User's Guide Appendices, Version 1.5

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

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

REPORT ID: 10
PAGE: 5

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

Plan Communications User's Guide Appendices, Version 1.5

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

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

REPORT ID: 10
PAGE: 6

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

Plan Communications User's Guide Appendices, Version 1.5

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

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

REPORT ID: 10
 PAGE: 1

TRANSACTION REPLY/MONTHLY ACTIVITY																
PLAN(Hnnn6) PBP(012) SGMT(000) YOUR HEALTH CARE INC																
* * * PLAN-SUBMITTED TRANSACTIONS: ACCEPTED * * *																
----- T R A N S A C T I O N ----- R E P L Y -----																
TC	CLAIM NUMBER	SURNAME	F I	S X	DATE OF BIRTH	EFF DATE	SCC	O A	E L	SRCE ID	SPECIAL STATUS	L I	CO-PAY EFF DATE	--PREMIUMS-- PT C PT D	REPLY CODE	REMARKS
01	XXXXXXXXXXXXXA	LNAME3	R	M	10/14/22	09/01/06	03110			Hnnn6	M	1	01/01/06	.00 .00	077	MEDICAID ON
51	XXXXXXXXXXXXXD	LNAME4	M	F	04/08/23	06/01/06	03110	S		AUTOD		3	01/01/06	1.00- 1.00-	090	REPORT OF DEATH
01	XXXXXXXXXXXXXA	LNAME5	C	M	05/12/24	09/01/06	03110			Hnnn6	M	2	01/01/06	.00 .00	077	MEDICAID ON
01	XXXXXXXXXXXXXA	LNAME6	C	F	07/14/25	09/01/06	03090	Y		Hnnn6	M	2	07/01/06	.00 .00	077	MEDICAID ON
01	XXXXXXXXXXXXXA	LNAME7	S	F	12/21/26	08/01/06	03110		S	Hnnn1	M	2	01/01/06	.00 .00	014	DISNROL-MCO
51	XXXXXXXXXXXXXB6	LNAME8	M	F	08/25/27	08/01/06	03010	S		Hnnn1	M	2	01/01/06	.00 .00	014	DISNEOL-MCO
51	XXXXXXXXXXXXXB1	LNAME9	G	M	09/01/28	08/01/06	03110	S		Hnnn1	M	2	01/01/06	.00 .00	014	DISNROL-MCO
51	XXXXXXXXXXXXXA	LNAMW10	J	M	12/24/29	08/01/06	03110	S		Hnnn1	M	2	01/01/06	.00 .00	014	DISNROL-MCO
51	XXXXXXXXXXXXXB	LNAME11	L	F	08/21/30	08/01/06	03110	S		Hnnn1	M	2	01/01/06	.00 .00	014	DISNROL-MCO
51	XXXXXXXXXXXXXD	LNQME12	L	F	08/16/31	08/01/06	03090	S		AUTOD	M	2	01/01/06	1.00- 1.00-	090	REPORT OF DEATH
51	XXXXXXXXXXXXXA	LNAME13	E	F	11/09/32	09/01/06	03110	S		AUTOD	M	2	01/01/06	1.00- 1.00-	090	REPORT OF DEATH
51	XXXXXXXXXXXXXA	LNAME14	E	M	01/19/33	08/01/06	03110	S		Hnnn1	M	2	01/01/06	.00 .00	014	DISNROL-MCO
51	XXXXXXXXXXXXXB	LNAME15	M	F	06/10/34	08/01/06	03110	S		Hnnn1	M	2	01/01/06	.00 .00	014	DISNROL-MCO
51	XXXXXXXXXXXXXA	LNAME16	M	F	06/03/35	08/01/06	03110	S		Hnnn1	M	2	01/01/06	.00 .00	014	DISNROL-MCO
01	XXXXXXXXXXXXXA	LNAME17	M	F	06/10/36	09/01/06	03110			Hnnn1	M	2	01/01/06	.00 .00	077	MEDICAID
51	XXXXXXXXXXXXXA	LNAME18	E	F	01/23/37	08/01/06	03110	S		Hnnn1	M	2	01/01/06	.00 .00	014	DISNROL-MCO
01	XXXXXXXXXXXXXA	LNAME19	C	F	09/19/38	09/01/06	03110			Hnnn6	M	2	01/01/06	.00 .00	077	MEDICAID ON
01	XXXXXXXXXXXXXA	LNAME20	H	F	06/01/39	09/01/06	03110			Hnnn6	M	2	05/01/06	.00 .00	077	MEDICAID ON
51	XXXXXXXXXXXXXA	LNAME21	R	M	04/07/40	08/01/06	03110	S		Hnnn1	M	2	01/01/06	.00 .00	014	DISNROL-NEW MCO
51	XXXXXXXXXXXXXA	LNAME22	F	F	11/18/39	08/01/06	03110	S		Snnn1	M	2	01/01/06	.00 .00	014	DISNROL-NEW MCO
01	XXXXXXXXXXXXXB	LNAME23	J	F	10/20/28	09/01/06	03010			Hnnn1	M	2	01/01/06	.00 .00	077	MEDICAID ON
51	XXXXXXXXXXXXXA	LNAME24	F	M	11/23/37	08/01/06	03110	S		Hnnn1	M	2	01/01/06	.00 .00	014	DISNROL-NEW MCO
01	XXXXXXXXXXXXXA	LNAME25	L	F	11/02/36	09/01/06	03110			Hnnn1	M	2	01/01/06	.00 .00	077	MEDICAID ON
51	XXXXXXXXXXXXXA	LNAME26	C	F	08/30/35	08/01/06	03010	Y	S	Hnnn1	M	2	01/01/06	.00 .00	014	DISNROL-NEW MCO
61	XXXXXXXXXXXXXA	LNAME27	R	M	10/11/33	08/01/06	03110	S		Hnnn6	M	1	01/01/06	.00 .00	011	ENROLL ACCEPTED
61	XXXXXXXXXXXXXA	LNAME27	R	M	10/11/33	08/01/06	03110	S		Hnnn6	M	1	01/01/06	.00 .00	181	PTD PRM OVERRIDE
61	XXXXXXXXXXXXXA	LNAME28	R	M	05/12/32	08/01/06	03110	S		Hnnn6	M	2	01/01/06	.00 .00	011	ENROLL ACCEPTED
61	XXXXXXXXXXXXXA	LNAME28	R	M	05/12/32	06/01/06	03110	S		Hnnn6	M	2	01/01/06	.00 .00	181	PTD PRM OVERRIDE
61	XXXXXXXXXXXXXA	LNAME29	C	F	07/14/30	08/01/06	03090	Y	I	Hnnn6	M	2	07/01/06	.00 .00	011	ENROLL ACCEPTED
61	XXXXXXXXXXXXXA	LNAME29	C	F	07/14/30	08/01/06	03090	Y	I	Hnnn6	M	2	07/01/06	.00 .00	016	ENROLL-OUT AREA
61	XXXXXXXXXXXXXA	LNAME29	C	F	07/14/30	08/01/06	03090	Y	I	Hnnn6	M	2	07/01/06	.00 .00	181	PTD PRM OVERRIDE
71	XXXXXXXXXXXXXA	LNAME30	D	M	04/05/27	08/01/06	99999	Y	S	Hnnn6	M	0		.00 14.90	016	ENROLL-OUT AREA
71	XXXXXXXXXXXXXA	LNAME30	D	M	04/05/27	08/01/06	99999	Y	S	Hnnn6	M	0		.00 14.90	017	ENROLL-BAD SCC
71	XXXXXXXXXXXXXA	LNAME30	D	M	04/05/27	08/01/06	99999	Y	S	Hnnn6	M	0		.00 14.90	100	ELEDTION OK
61	XXXXXXXXXXXXXA	LNAME31	M	F	06/10/23	08/01/06	03110	S		Hnnn6	M	2	01/01/06	.00 .00	011	ENROLL ACCEPTED
61	XXXXXXXXXXXXXA	LNAME31	M	F	08/01/06	08/01/06	03110	S		Hnnn6	M	2	01/01/06	.00 .00	181	PTD PRM OVERIDE
61	XXXXXXXXXXXXXA	LNAME31	M	F	09/19/21	08/01/06	03110	S		Hnnn6	M	2	01/01/06	.00 .00	011	ENROLL ACCEPTED
61	XXXXXXXXXXXXXA	LNAME32	C	F	09/19/21	08/01/06	03110	S		Hnnn6	M	2	01/01/06	.00 .00	011	ENROLL ACCEPTED
61	XXXXXXXXXXXXXA	LNAME32	C	F	09/19/21	08/01/06	03110	S		Hnnn6	M	2	01/01/06	.00 .00	181	PTD PRM OVERRIDE
61	XXXXXXXXXXXXXA	NAME33	N	F	06/01/20	08/01/06	03110	S		Hnnn6	M	2	05/01/06	.00 .00	011	ENROLL ACCEPTED
61	XXXXXXXXXXXXXA	NAME34	H	F	06/01/20	08/01/06	03110	S		Hnnn6	M	2	05/01/06	.00 .00	181	PTD PRM OVERIDE

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

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

REPORT ID: 10
 PAGE: 2

TRANSACTION REPLY/MONTHLY ACTIVITY																
PLAN(Hnnn6) PBP(012) SGMT(000) YOUR HEALTH CARE INC																
* * * PLAN-SUBMITTED TRANSACTIONS: ACCEPTED * * *																
----- T R A N S A C T I O N ----- R E P L Y -----																
TC	CLAIM NUMBER	SURNAME	F I	S X	DATE OF BIRTH	EFF DATE	SCC	O A	E L	SRCE ID	SPECIAL STATUS	L I	CO-PAY EFF DATE	--PREMIUMS-- PT C PT D	REPLY CODE	REMARKS

Plan Communications User's Guide Appendices, Version 1.5

TC	CLAIM NUMBER	SURNAME	I	X	BIRTH	DATE	SCC	A	T	ID	STATUS	S	DATE	PT	C	PT	D	CODE	REMARKS
61	xxxxxxxxxxxB	LNAME35	J	F	10/20/21	08/01/06	03010	S	H	hnn6	M	2	01/01/06	.00	.00	011			ENROLL ACCEPTED
61	xxxxxxxxxxxB	LNAME35	J	F	10/20/21	08/01/06	03010	S	H	hnn6	M	2	01/01/06	.00	.00	181			PTD PRM OVERRIDE
61	xxxxxxxxxxxA	LNAME36	L	F	11/02/22	08/01/06	03110	S	H	hnn6	M	2	01/01/06	.00	.00	011			ENROLL ACCEPTED
61	xxxxxxxxxxxA	LNAME36	L	F	11/02/22	08/01/06	03110	S	H	hnn6	M	2	01/01/06	.00	.00	181			PTD PRM OVERRIDE
0	*** PLAN-SUBMITTED TRANSACTIONS: REJECTED ***																		
0	----- T R A N S A C T I O N ----- R E P L Y -----																		
0	S O E L CO-PAY																		
			F	E	DATE OF	EFF		O	L	SRCE	SPECIAL	I	EFF	--PREMIUMS--				REPLY	
TC	CLAIM NUMBER	SURNAME	I	X	BIRTH	DATE	SCC	A	T	ID	STATUS	S	DATE	PT	C	PT	D	CODE	REMARKS
NO TRANSACTIONS FOUND FOR THIS SECTION																			
0	*** PLAN-SUBMITTED WA TRANSACTIONS: PENDING ***																		
0	----- T R A N S A C T I O N ----- R E P L Y -----																		
0	S O E L CO-PAY																		
			F	E	DATE OF	EFF		O	L	SRCE	SPECIAL	I	EFF	--PREMIUMS--				REPLY	
TC	CLAIM NUMBER	SURNAME	I	X	BIRTH	DATE	SCC	A	T	ID	STATUS	S	DATE	PT	C	PT	D	CODE	REMARKS
NO TRANSACTIONS FOUND FOR THIS SECTION																			
0	*** REGIONAL OFFICE - SUBMITTED TRANSACTIONS ***																		
0	----- T R A N S A C T I O N ----- R E P L Y -----																		
0	*** CENTRAL OFFICE - SUBMITTED TRANSACTIONS ***																		
0	----- T R A N S A C T I O N ----- R E P L Y -----																		
NO TRANSACTIONS FOUND FOR THIS SECTION																			

Plan Communications User's Guide Appendices, Version 1.5

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

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

REPORT ID: 10
 PAGE: 4

***** BENEFICIARY FACTOR TRANSACTIONS: ACCEPTED *****

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

NO TRANSACTIONS FOUND FOR THIS SECTION

***** BENEFICIARY FACTOR TRANSACTIONS: REJECTED *****

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

F E DATE OF EFF SPECIAL L CO-PAY
 I X BIRTH DATE STATUS S DATE RPLY
 TC CLAIM NUMBER SURNAME

NO TRANSACTIONS FOUND FOR THIS SECTION

***** MAINTENANCE ACTIONS *****

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

F E DATE OF EFF SPECIAL L CO-PAY
 I X BIRTH DATE STATUS S DATE RPLY
 TC CLAIM NUMBER SURNAME

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

Plan Communications User's Guide Appendices, Version 1.5

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

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

REPORT ID: 10
 PAGE: 5

	TC 72	TC 71	TC 60	TC 61	TC 51	TC 53	TC 54	TC 30	TC 31	TC 01	ALL
0											
0											
+											
ACCEPTED ACTN	0	4	0	17	16	0	0	0	0	0	45
OREJECTED ACTN	0	0	0	0	0	0	0	0	0	0	0
OREGION	0	0	0	0	0	0	0	0	0	0	0
OCENTRL OFFICE ACT	0	0	0	0	0	0	0	0	0	0	0
ODISTR OFFICE ACT	0	0	0	0	0	0	0	0	0	0	0
ACCEPTED:	0	0	0	0	0	0	0	0	0	0	0
REJECTED:	0	0	0	0	0	0	0	0	0	0	0
DUPLICATED:	0	0	0	0	0	0	0	0	0	0	0
OMCARE CUST SRVC	0	0	0	0	0	0	0	0	0	0	0
ACCEPTED:	0	0	0	0	0	0	0	0	0	0	0
REJECTED:	0	0	0	0	0	0	0	0	0	0	0
OBENE FACT ACTN	0	0	0	0	0	0	0	0	0	0	0
ACCEPTED:	0	0	0	0	0	0	0	0	0	0	0
REJECTED:	0	0	0	0	0	0	0	0	0	0	0
OAUTO-DISENROLL	0	0	0	0	0	0	0	0	0	0	0
OMAINTENANCE	0	0	0	0	0	0	0	0	0	17	17
0**TOTAL ACTNS*	0	4	0	17	19	0	0	0	0	25	45
ACCEPTED:	0	0	0	17	16	0	0	0	0	8	45
REJECTED:	0	0	0	0	0	0	0	0	0	0	0
0* ORBIT/PENDING*	0	0	0	0	0	0	0	0	0	0	0

Plan Communications User's Guide Appendices, Version 1.5

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

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

REPORT ID: 10
PAGE: 6

0
0AUTOMATIC DISENROLLMENTS

TOTALS

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

0
0
0
0
0
0
0
0
3

Plan Communications User's Guide Appendices, Version 1.5

1RUN DATE: 08/21/2006
REPORTING MONTH: 09/2006
0MAINTENANCE ACTIONS

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

REPORT ID: 10
PAGE: 7

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

This page intentionally left blank.

I.14 Enrollment Transmission Message File

Description

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

Example

Below is a section of an Enrollment Transmission Message File.

Section **Name**
I. Enrollment Transmission Message File.

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

(The FAIL message occurs only if transactions failed.)

```
***** Top of Data *****  
TRANSACTIONS RECEIVED ON 2006-01-30 AT 17.04.11  
  
TRANSACTIONS PROCESSED ON 2006-01-30 AT 17.04.27  
  
HEADER CODE= AAAAAAHEADER  
HEADER DATE= 032006  
BATCH ID    = 015953955  
USER ID     = P218  
TRAN CNTS1 = 00000043 T01 00000013 T51 00000001 T60 00000004 T61 00000008  
TRAN CNTS2 =            T71 00000006 T72 00000007 TXX 00000004  
  
TOTAL TRANSACTIONS PROCESSED=            43  
TOTAL REJECTED TRANSACTIONS =            5  
TOTAL FAILED TRANSACTIONS    =           17
```

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

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

1. Invalid User Id
***** Top of Data *****
TRANSACTIONS RECEIVED ON 2006-01-27 AT 16.59.49

PROCESSING STOPPED ON 2006-01-27 AT 17.00.39
USER ID (OB13) NOT AUTHENTICATED: 2-USER ID NOT FOUND
HEADER CODE= AAAAAAHEADER
HEADER DATE= 012006
BATCH ID = 015953937
USER ID = OB13
TRAN CNTS1 = 00000043 T01 00000013 T51 00000003 T60 00000004 T61 00000009
TRAN CNTS2 = T71 00000006 T72 00000007 TXX 00000001
***** Bottom of Data *****

2. Invalid header date
***** Top of Data*****
TRANSACTIONS RECEIVED ON 2006-01-27 AT 16.23.22

PROCESSING STOPPED ON 2006-01-27 AT 16.23.42
HEADER RECORD IS MISSING OR INVALID
HEADER CODE= AAAAAAHEADER
HEADER DATE= XX2006
BATCH ID = 015953933
USER ID = P218
TRAN CNTS1 = 00000068 T01 00000000 T51 00000017 T60 00000000 T61 00000019
TRAN CNTS2 = T71 00000017 T72 00000015 TXX 00000000
***** Bottom of Data *****

3. Missing Header record
***** Top of Data *****
TRANSACTIONS RECEIVED ON AT

PROCESSING STOPPED ON 2006-01-25 AT 18.11.38
HEADER RECORD IS MISSING OR INVALID
HEADER CODE= XXXHEADERZZZ
HEADER DATE= 112005
BATCH ID =
USER ID =
TRAN CNTS1 =
TRAN CNTS2 =
***** Bottom of Data *****

4. Future Header Date

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

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

5. Header Date earlier than CPM

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

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

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

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

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

TRANSACTIONS RECEIVED ON 2006-01-27 AT 14.23.05

HEADER CODE= AAAAAAHEADER RETRO

HEADER DATE= 012006

BATCH ID = 015953928

USER ID = P218

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

TRAN CNTS2 = T71 00000017 T72 00000015 TXX 00000000

PROCESSING STOPPED ON 2006-01-27 AT 14:23:39

RETRO FILE DETECTED FOR USERID P218

HEADER CODE= AAAAAAHEADER RETRO

HEADER DATE= 012006

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

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

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

TRANSACTIONS RECEIVED ON 2006-01-27 AT 16.11.03

HEADER CODE= AAAAAAHEADER

HEADER DATE= 012006

BATCH ID = 015953932

USER ID = P218

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

TRAN CNTS2 = T71 00000017 T72 00000015 TXX 00000000

PROCESSING STOPPED ON 2006-01-27 AT 16:11:44

MARx MONTH END CAPTURE MODE IS IN EFFECT

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

Plan Communications User's Guide Appendices, Version 1.5

```
#ACPTEDTRANS 2xxxxxxxxxC1 LASTNAME7 KATHRYN 219370412 004SSnnnn2006081561 20060901000 0D000000001490Y000 N B 1003 011
; ;
#ACPTEDTRANS 3xxxxxxxxxD LASTNAME8 MARION B219381213 004SSnnnn2006081661 20060901000 0D000000001490Y000 N B 1003 011 ; ;
#ACPTEDTRANS 4xxxxxxxxxA LASTNAME9 RALPH L119390930 004SSnnnn2006081661 20060901000 0D000000001490Y000 N B 1003 011 ; ;
#BATCHDSPSTN0000244052772006-08-2121-49-18 15 14 1 0 000000015 idid 2006-08-2114.40.40 ;C1IA 0024405277100000000
#RJCTEDTRANS 1xxxxxxxxxA LASTNAME10 MARION L219401222 134SSnnnn2006081061 20060901000 0D006371002929Y000 N B 107 ; ;
#ACPTEDTRANS 1xxxxxxxxxA LASTNAME11 BETTY J219401101 005ISnnnn2006081761 20060901000 0D004000002929Y000 N B 0000 011 ; ;
#ACPTEDTRANS 2xxxxxxxxxA LASTNAME12 SARAH K219391005 019SSnnnn2006081661 20060901000 0D006371002929Y000 N B 0000 011 ; ;
#ACPTEDTRANS 3xxxxxxxxxA LASTNAME13 RUBY J219381003 019ISnnnn2006081761 20061001000 0D006371002929Y000 N B 0000 011 ; ;
#ACPTEDTRANS 4xxxxxxxxxA LASTNAME14 MARY E219370610Y019SSnnnn2006081661 20060901000 0D006371002929Y000 N B 1001 011170
; ;
#ACPTEDTRANS 5xxxxxxxxxA LASTNAME15 RANDA 119360929 019ISnnnn2006081661 20060901000 0D006371002929Y000 N B 0000 011 ; ;
#ACPTEDTRANS 6xxxxxxxxxA LASTNAME16 RONNIE G119350921 019ISnnnn2006081661 20060901000 0D006371002929Y000 N B 0000 011
; ;
#ACPTEDTRANS 7xxxxxxxxxA LASTNAME17 ROBY P119340822 019NSnnnn2006081661 20060901000 0D006371002929Y000 Y B 0000 011 ; ;
#ACPTEDTRANS 8xxxxxxxxxA LASTNAME18 DEBORAHA219330722 005IH44562006081661 20060901000 0D004000002929Y000 N B 0000 011
; ;
```

This page intentionally left blank.

Plan Communications User's Guide Appendices, Version 1.5

```

#ACPTEDTRANS 2xxxxxxxxxC1  LASTNAME7  KATHRYN 219370412  004SSnnnn2006081561  20060901000  0D000000001490Y000
N                               B                               1003                               011                               ;;
#ACPTEDTRANS 3xxxxxxxxxD  LASTNAME8  MARION B219381213  004SSnnnn2006081661  20060901000  0D000000001490Y000
N                               B                               1003                               011                               ;;
#ACPTEDTRANS 4xxxxxxxxxA  LASTNAME9  RALPH  L119390930  004SSnnnn2006081661  20060901000  0D000000001490Y000
N                               B                               1003                               011                               ;;
#BATCHDSPSTN0000244052772006-08-2121-49-18  15  14  1  0  000000015  idid  2006-08-2114.40.40
;C1IA 0024405277100000000
#RJCTEDTRANS 1xxxxxxxxxA  LASTNAME10  MARION L219401222  134SSnnnn2006081061  20060901000  0D006371002929Y000
N                               B                               107                               ;;
#ACPTEDTRANS 1xxxxxxxxxA  LASTNAME11  BETTY  J219401101  005ISnnnn2006081761  20060901000  0D004000002929Y000
N                               B                               0000                               011                               ;;
#ACPTEDTRANS 2xxxxxxxxxA  LASTNAME12  SARAH K219391005  019SSnnnn2006081661  20060901000  0D006371002929Y000
N                               B                               0000                               011                               ;;
#ACPTEDTRANS 3xxxxxxxxxA  LASTNAME13  RUBY  J219381003  019ISnnnn2006081761  20061001000  0D006371002929Y000
N                               B                               0000                               011                               ;;
#ACPTEDTRANS 4xxxxxxxxxA  LASTNAME14  MARY  E219370610Y019SSnnnn2006081661  20060901000  0D006371002929Y000
N                               B                               1001                               011170                               ;;
#ACPTEDTRANS 5xxxxxxxxxA  LASTNAME15  RANDA 119360929  019ISnnnn2006081661  20060901000  0D006371002929Y000
N                               B                               0000                               011                               ;;
#ACPTEDTRANS 6xxxxxxxxxA  LASTNAME16  RONNIE G119350921  019ISnnnn2006081661  20060901000  0D006371002929Y000
N                               B                               0000                               011                               ;;
#ACPTEDTRANS 7xxxxxxxxxA  LASTNAME17  ROBY  P119340822  019NSnnnn2006081661  20060901000  0D006371002929Y000
Y                               B                               0000                               011                               ;;
#ACPTEDTRANS 8xxxxxxxxxA  LASTNAME18  DEBORAHA219330722  005IH44562006081661  20060901000  0D004000002929Y000
N                               B                               0000                               011                               ;;

```

J: All Transmissions Overview

Table J-1 All Transmissions Overview

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
<p>Dataset naming conventions key: [GUID] = 7 character IACS User ID [RACFID] = 4 character RACF User ID (if no RACFID, insert NONE) [P/T]: P = Production Data T = Test Data [.ZIP] = Appended if the file is compressed</p> <p>[directory] = optional directory specification from non-mainframe C:D clients pn = Processing number of varying length assigned to the file by GENTRAN ccccc = Contract number Pcccc = Plan Contract Number for C:D</p> <p>xxxxx = 5 character Contract ID yyyyymmdd = Calendar year, month & day uuuu = 4 character transmitter User ID yymmdd = two digit year, month, day zzzzzzzz = Plan-provided high level qualifier Annnnn & Bnnnnn = MARx batch transaction ID, hhmm = hour and minute nnnnnnnnnn split into two nodes A...and B ...with freq = Frequency code of file leading zeroes as necessary to complete ten ssssss= Sequentially assigned number character batch ID mmyyyy = Calendar month & year hlq = High Level Qualifier or Directory per VSAM File</p>						
Plan Submittals to CMS						
1	MARx Enrollment Transaction File Header Enrollment Transaction (Employer & Plan - 60/61) Disenrollment Transaction (51) Plan Elections (PBP Change) Transaction (71) Plan Change Transaction (72) Correction (01)	Enrollment Transaction file to CMS MARx system requesting new enrollment, disenrollment, changes, etc.	MARx	Data File	Batch - Daily PRN	<p>GENTRAN mailbox: [GUID].[RACFID].MARx.D.xxxxx.FUTURE.[P/T].[ZIP] Connect:Direct: uuuu.@BGD5050.TRANSFER.DATA</p> <p><i>FUTURE is part of the filename and does not change</i></p>
2	4RX Notification File Header Detail Trailer	File used to provide CMS with additional information on Plan enrollments to support point of sale and other pharmacy related information needs. The file contains CMS Primary payer data (BIN, PCN, Group, and Member). The objective is to make available 4Rx data to the TrOOP Facilitator and COB contractor beginning 11/15/2005.	MBD	Data File	PRN (Plans can send multiple files in a day)	<p>GENTRAN mailbox: [GUID].[RACFID].MBD.D.xxxxx.4RX.[P/T].[ZIP] Connect:Direct: P#MBD.#BTCH4.xxxxx.IN.RQST.NDM</p>
3	Batch Eligibility Query (BEQ) Request File Header Detail Trailer	File of transactions submitted by Plans to request eligibility information for prospective Plan enrollees. Used to do initial eligibility checks against CMS MBD system to verify member is Part A/B eligible	MBD	Data File	PRN (no more than one per day)	<p>GENTRAN mailbox: [GUID].[RACFID].MBD.D.xxxxx.BEQ.[P/T].[ZIP] Connect:Direct: P#MBD.#BTCH4.xxxxx.IN.RQST.NDM</p>
4	ECRS Batch Submittal File	File used by Plans to submit OHI to CMS (<i>rather than submittal through the ECRS on-line system</i>)	ECRS	Data File	Daily	<p>GENTRAN mailbox: [GUID].[RACFID].ECRS.D.ccccc.FUTURE.[P/T] Connect:Direct: TRANSMITTED TO GHI</p>

Plan Communications User's Guide Appendices, Version 1.5

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Dataset naming conventions key: [GUID] = 7 character IACS User ID [RACFID] = 4 character RACF User ID (if no RACFID, insert NONE) [P/T]: P = Production Data T = Test Data [.ZIP] = Appended if the file is compressed [directory] = optional directory specification from non-mainframe C:D clients pn = Processing number of varying length assigned to the file by GENTRAN ccccc = Contract number Pcccc = Plan Contract Number for C:D xxxxx = 5 character Contract ID yyyyymmdd = Calendar year, month & day uuuu = 4 character transmitter User ID yymmdd = two digit year, month, day zzzzzzzz = Plan-provided high level qualifier Annnnn & Bnnnnn = MARx batch transaction ID, hhmm = hour and minute nnnnnnnnn split into two nodes A...and B ...with leading zeroes as necessary to complete ten character batch ID freq = Frequency code of file ssssss= Sequentially assigned number character batch ID mmyyyy = Calendar month & year hq = High Level Qualifier or Directory per VSAM File						
5	Prescription Drug Event (PDE) Submittal File	File of transactions submitted by the Plans with PDEs.	PDE	Data File	Can be daily	GENTRAN mailbox: [GUID],[RACFID].PDE.D.ccccc.FUTURE.[P/T] Connect:Direct: TRANSMITTED TO PALMETTO
6	Front-End Risk Adjustment System (FERAS) Response Reports	File of transactions submitted by the Plans with diagnoses for FFS beneficiaries	FERAS	Data File	Daily	GENTRAN mailbox: [GUID],[RACFID].RAPS.freq.ccccc.FUTURE.[P/T] Connect:Direct: TRANSMITTED TO PALMETTO
CMS Transmittals to the Users (Submitters)						
7	Failed Transaction Data File	Report detailing transactions that cannot be loaded into MARx for processing due to formatting errors. These records are the result of errors with the file header, user authentication, transaction format or incorrect data types for transaction data elements. This report is sent to the user who submitted the batch.	MARx	Data File	Resp. to transaction batch file	GENTRAN mailbox: uuuu.@BGD5050.YMyyyyymm.Ddd.HMhmm.FAILED.pn Connect:Direct (mainframe): zzzzzzzz.uuuu.YMyyyyymm.Ddd.HMhmm.FAILED Connect:Direct (non-mainframe): \directory\uuuu.@BGD5050.YMyyyyymm.Ddd.HMhmm.FAILED
8	Batch Completion Status Summary Data File Summary Record Rejected Records Accepted Records	Data file sent to the submitter once a batch of submitted transactions has been processed. Provides a count of all transactions within the batch and details the number of rejected and accepted transactions. It provides an image of the rejected and accepted transactions. <i>(As of 4/17 one of these will be produced for each submitted batch)</i>	MARx	Data File	Once batch is processed	GENTRAN mailbox: uuuu.@BGD5050.Dyyymmdd.Annnnn.Bnnnnn.BATCHSTD.pn Connect:Direct (mainframe): zzzzzzzz.uuuu.Dyyymmdd.Annnnn.Bnnnnn.BATCHSTD Connect:Direct (non-mainframe): \directory\uuuu.@BGD5050.Dyyymmdd.Annnnn.Bnnnnn.BATCHSTD
9	Enrollment Transmission Message File	Summary of the batch enrollment transaction file providing counts of transactions by type. It will contain a unique Batch ID that can be used to associate submissions to the Batch Completion Status Summary (BSSR). Plans should use this file to monitor the successful (or unsuccessful) receipt of the Plan's batch transaction files.	MARx	Report	Resp. to transaction batch file	GENTRAN mailbox: uuuu.@BGD5050.YMyyyyymm.Ddd.HMhmm.STATUS.pn Connect:Direct (mainframe): zzzzzzzz.uuuu.YMyyyyymm.Ddd.HMhmm.STATUS Connect:Direct (non-mainframe): \directory\uuuu.@BGD5050.YMyyyyymm.Ddd.HMhmm.STATUS
CMS Transmittals to the Plans						
10	Transaction Reply Report (TRR) - of auto enrollments - to PDPs	Report in the same format as the Transaction Reply Activity Report that lists all of the auto enrollments.	MARx	Report	November, 2005	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKR.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKR Connect:Direct (Non-Mainframe): \directory\P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKR

Plan Communications User's Guide Appendices, Version 1.5

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Dataset naming conventions key: [GUID] = 7 character IACS User ID [RACFID] = 4 character RACF User ID (if no RACFID, insert NONE) [P/T]: P = Production Data T = Test Data [.ZIP] = Appended if the file is compressed [directory] = optional directory specification from non-mainframe C:D clients pn = Processing number of varying length assigned to the file by GENTRAN ccccc = Contract number Pcccc = Plan Contract Number for C:D xxxxx = 5 character Contract ID yyyyymmdd = Calendar year, month & day uuuu = 4 character transmitter User ID yymmdd = two digit year, month, day zzzzzzzz = Plan-provided high level qualifier Annnnn & Bnnnnn = MARx batch transaction ID, hhmm = hour and minute nnnnnnnnn split into two nodes A...and B ...with leading zeroes as necessary to complete ten character batch ID freq = Frequency code of file ssssss= Sequentially assigned number mmyyyy = Calendar month & year hlq = High Level Qualifier or Directory per VSAM File						
11	Transaction Reply Report (TRR) data file - of auto enrollments - to PDPs	Data file version of the TRR of auto enrollments.	MARx	Data File	November, 2005	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKD.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKD Connect:Direct (Non-Mainframe): \[directory]P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKD
12	HPMS Complaints Tracking Module Data File CTM Complaint ID, HICN, and Complaint Data Transfer	Data file containing the unique complaint ID, HICN, and complaint data from the HPMS Part D Complaints Tracking Module (CTM) for a specific contract ID, for beneficiaries that have filed a Part D complaint with CMS. This file will include data collected by 1-800-MEDICARE, assist Plans with identifying the correct beneficiary filing a complaint, and enable resolution of the complaint in a timely manner.	HPMS (CTM)	Data File	Batch - Daily PRN	GENTRAN mailbox: ccccc.CTM.BENECOMP.ssssss Connect:Direct (Mainframe): hlq.Pcccc.CTM.BENECOMP.Ussssss Connect:Direct (Non-Mainframe): \[directory]hlq.Pcccc.CTM.BENECOMP.Ussssss
13	Coordination of Benefits (COB) (Validated Other Insurer Information) Detail Primary Supplemental	File containing members' primary and secondary coverage that has been validated through COB processing. MARx forwards this report whenever a Plan's enrollees are affected. It may be as often as daily. The enrollees included on the report are those newly enrolled who have known Other Health Insurance (OHI) and those Plan enrollees with changes to their OHI.	MBD (MARx)	Data File	PRN (can be daily)	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.Thhmm.C.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.YMyyyyymm.Ddd.Thhmm.C Connect:Direct (Non-Mainframe): \[directory]P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.Thhmm.C
14	MA Full Dual Auto Assignment Notification File	Monthly file of Full Dual Beneficiaries in an existing Plan.	MBD	Data File	Monthly	GENTRAN mailbox: P#MBD.#ADUA4.xxxxx.OUT.NOTIF.pn Connect:Direct (Mainframe): zzzzzzzz.#ADUA4.xxxxx.OUT.NOTIF Connect:Direct (Non-Mainframe): \[directory]P#MBD.#ADUA4.xxxxx.OUT.NOTIF

Plan Communications User's Guide Appendices, Version 1.5

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Dataset naming conventions key: [GUID] = 7 character IACS User ID [RACFID] = 4 character RACF User ID (if no RACFID, insert NONE) [P/T]: P = Production Data T = Test Data [.ZIP] = Appended if the file is compressed [directory] = optional directory specification from non-mainframe C:D clients pn = Processing number of varying length assigned to the file by GENTRAN ccccc = Contract number Pcccc = Plan Contract Number for C:D xxxxx = 5 character Contract ID yyyyymmdd = Calendar year, month & day uuuu = 4 character transmitter User ID yymmdd = two digit year, month, day zzzzzzzz = Plan-provided high level qualifier Annnnn & Bnnnnn = MARx batch transaction ID, hhmm = hour and minute nnnnnnnnn split into two nodes A...and B...with leading zeroes as necessary to complete ten character batch ID freq = Frequency code of file ssssss = Sequentially assigned number mmyyyy = Calendar month & year hq = High Level Qualifier or Directory per VSAM File						
15	PDP Address File from Full Dual & Facilitated Assignments	Monthly file of addresses of beneficiaries who have been either auto assigned or facilitated assigned to PDPs	MBD	Data File	Monthly	GENTRAN mailbox: P#MBD.#APDP4.xxxxx.OUT.NOTIF.pn Connect:Direct (Mainframe): zzzzzzzz.#APDP4.xxxxx.OUT.NOTIF Connect:Direct (Non-Mainframe): \[directory]\P#MBD.#APDP4.xxxxx.OUT.NOTIF
16	4Rx Notification File Acknowledgment (Accept/Reject)	MBD will determine if a 4Rx Notification File is accepted or rejected. MBD will issue an email acknowledgment of receipt and status to the Sending Entity. If accepted the file will be processed. If rejected, the email shall inform the Sending Entity of the first File Error Condition that caused the 4Rx Notification File to be rejected. A rejected file will not be returned.	MBD	E-mail	Resp. to 4Rx	N/A
17	4Rx Response File Header Detail Trailer	File containing records produced as a result of processing the transactions of accepted 4Rx Notification files. Detail records for all submitted records that were successfully processed will contain Processed Flag = Y. Detail records for all submitted records that were not successfully processed contain Processed Flag = N.	MBD	Data File	Resp. to 4Rx	GENTRAN mailbox: P#MBD.#RXN4.xxxxx.OUT.RESPONSE.pn Connect:Direct (Mainframe): zzzzzzzz.#RXN4.xxxxx.OUT.RESPONSE Connect:Direct (Non-Mainframe): \[directory]\P#MBD.#RXN4.xxxxx.OUT.RESPONSE
18	NoRx File	File containing records identifying those enrollees that do not currently have 4Rx information stored in CMS files. A Detail Record Type containing a value of "NRX" in positions 1 – 3 of the file layout will indicate that this record is a request for the Plan to send CMS 4Rx information for the beneficiary.	MBD	Data File	Monthly	GENTRAN mailbox: P#MBD.#NORX.xxxxx.OUT.NTFCTN Connect:Direct (Mainframe): zzzzzzzz.#NORX.xxxxx.OUT.NTFCTN Connect:Direct (Non-Mainframe): \[directory]\P#MBD.#NORX.xxxxx.OUT.NTFCTN
19	Batch Eligibility Query (BEQ) Request File Acknowledgment (Accept/Reject)	MBD will determine if a BEQ Request File is accepted or rejected. MBD will issue an email acknowledgment of receipt and status to the Sending Entity. If accepted the file will be processed. If rejected, the email shall inform the Sending Entity of the first file error condition that caused the BEQ Request File to be rejected. A rejected file will not be returned.	MBD	E-mail	Resp. to BEQ	N/A

Plan Communications User's Guide Appendices, Version 1.5

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Dataset naming conventions key: [GUID] = 7 character IACS User ID [RACFID] = 4 character RACF User ID (if no RACFID, insert NONE) [P/T]: P = Production Data T = Test Data [.ZIP] = Appended if the file is compressed [directory] = optional directory specification from non-mainframe C:D clients pn = Processing number of varying length assigned to the file by GENTRAN ccccc = Contract number Pcccc = Plan Contract Number for C:D xxxxx = 5 character Contract ID yyyyymmdd = Calendar year, month & day uuuu = 4 character transmitter User ID yymmdd = two digit year, month, day zzzzzzzz = Plan-provided high level qualifier Annnnn & Bnnnnn = MARx batch transaction ID, hhmm = hour and minute nnnnnnnnn split into two nodes A...and B ...with leading zeroes as necessary to complete ten character batch ID freq = Frequency code of file ssssss= Sequentially assigned number mmyyyy = Calendar month & year hlq = High Level Qualifier or Directory per VSAM File						
20	Batch Eligibility Query (BEQ) Response File Header Detail Trailer	File containing records produced as a result of processing the transactions of accepted BEQ Request files. Detail records for all submitted records that were successfully processed will contain Processed Flag = Y. Detail records for all submitted records that were not successfully processed contain Processed Flag = N.	MBD	Data File	Resp. to BEQ	GENTRAN mailbox: P#MBD.#BQN4.xxxxx.OUT.RESPONSE.pn Connect:Direct (Mainframe): zzzzzzzz.#BQN4.xxxxx.OUT.RESPONSE Connect:Direct (Non-Mainframe): \[directory]P#MBD.#BQN4.xxxxx.OUT.RESPONSE
21	ECRS	File containing errors and statuses of ECRS submissions.	ECRS	Data File	Daily	GENTRAN mailbox: PCOB.BA.ECRS.ccccc.RESPONSE.ssssss Connect:Direct: TRANSMITTED FROM GHI
22	Prescription Drug Event (PDE) PDFS Response Report	File containing responses if files are accepted or rejected.	PDE	Data File	Daily	GENTRAN mailbox: RSP.PDFS_RESP_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO
23	Prescription Drug Event (PDE) DDPS Return File	File provides feedback on every record processed in a batch. Up to 10 specific errors are reported for each PDE in the file.	PDE	Data File	Daily	GENTRAN mailbox: RPT.DDPS_TRANS_VALIDATION_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO
24	Prescription Drug Event (PDE) DDPS Transaction Error Summary Report	File provides frequency of occurrence for each error code encountered during the processing of a PDE file. The percentage to the total errors is also computed and displayed for each error code.	PDE	Data File	Daily	GENTRAN mailbox: RPT.DDPS_ERROR_SUMMARY_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO

Plan Communications User's Guide Appendices, Version 1.5

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Dataset naming conventions key: [GUID] = 7 character IACS User ID [RACFID] = 4 character RACF User ID (if no RACFID, insert NONE) [P/T]: P = Production Data T = Test Data [.ZIP] = Appended if the file is compressed [directory] = optional directory specification from non-mainframe C:D clients pn = Processing number of varying length assigned to the file by GENTRAN ccccc = Contract number Pcccc = Plan Contract Number for C:D xxxxx = 5 character Contract ID yyyyymmdd = Calendar year, month & day uuuu = 4 character transmitter User ID yymmdd = two digit year, month, day zzzzzzz = Plan-provided high level qualifier Annnnn & Bnnnnn = MARx batch transaction ID, hhmm = hour and minute nnnnnnnnn split into two nodes A...and B ...with leading zeroes as necessary to complete ten character batch ID ssssss= Sequentially assigned number mmyyyy = Calendar month & year hq = High Level Qualifier or Directory per VSAM File						
25	Front-End Risk Adjustment System (FERAS) Response Reports	Report indicates that the file was accepted or rejected by the FERAS.	FERAS	Report	Daily	GENTRAN mailbox: RSP.FERAS_RESP_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO
26	Front-End Risk Adjustment System (FERAS) Response Reports	File will contain all of the submitted transactions whether or not the file contains errors.	FERAS	Data File	Daily	GENTRAN mailbox: RPT.RAPS_RETURN_FLAT_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO
27	Front-End Risk Adjustment System (FERAS) Response Reports Transaction Error File	Report lists the transactions that contained errors and identifies the errors that were found.	FERAS	Report	Daily	GENTRAN mailbox: RPT.RAPS_ERRORRPT_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO
28	Front-End Risk Adjustment System (FERAS) Response Reports Transaction Summary Report	Report contains all of the transactions submitted, whether accepted or rejected.	FERAS	Report	Daily	GENTRAN mailbox: RPT.RAPS_SUMMARY_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO
29	Front-End Risk Adjustment System (FERAS) Response Reports Duplicate Diagnosis Cluster File	Report identifies diagnosis clusters with 502 error message, clusters accepted, but not stored.	FERAS	Report	Daily	GENTRAN mailbox: RPT.RAPS_DUPDX_RPT_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO
Weekly Transmittals (Data & Reports)						
30	Transaction Reply Weekly Activity Report (Weekly TRR)	Report listing all of the transactions that MARx processed for a Plan in the week regardless of source, and gives a final disposition code for each transaction.	MARx	Report	Weekly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKR.pn Connect:Direct (Mainframe): zzzzzzz.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKR Connect:Direct (Non-Mainframe): \[directory]P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKR

Plan Communications User's Guide Appendices, Version 1.5

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Dataset naming conventions key: [GUID] = 7 character IACS User ID [RACFID] = 4 character RACF User ID (if no RACFID, insert NONE) [P/T]: P = Production Data T = Test Data [.ZIP] = Appended if the file is compressed [directory] = optional directory specification from non-mainframe C:D clients pn = Processing number of varying length assigned to the file by GENTRAN ccccc = Contract number Pcccc = Plan Contract Number for C:D xxxxx = 5 character Contract ID yyyyymmdd = Calendar year, month & day uuuu = 4 character transmitter User ID yymmdd = two digit year, month, day zzzzzzzz = Plan-provided high level qualifier Annnnn & Bnnnnn = MARx batch transaction ID, hhmm = hour and minute nnnnnnnnn split into two nodes A...and B ...with leading zeroes as necessary to complete ten character batch ID ssssss= Sequentially assigned number mmyyyy = Calendar month & year hq = High Level Qualifier or Directory per VSAM File						
31	Transaction Reply Weekly Activity Data File	Data file version of the TRR Weekly Activity Report.	MARx	Data File	Weekly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKD.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKD Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.TRWEEKD
32	Low-Income Subsidy/Part D Premium Data File	The data in the report reflects LIS info, premium subsidy levels, Low-income co-pay levels, etc. for all beneficiaries who have a low-income designation enrolled in a Plan. This data file is produced bi-weekly. It is not automatically transmitted to the Plans. Through the MARx UI Plans can request this data file.	MARx	Data File	Produced Bi-Weekly <i>(Pushed to a Plan when Plan uses MARx UI to request it.)</i>	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.LISPRMD Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.YMyyyyymm.Ddd.LISPRMD Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.YMyyyyymm.Ddd.LISPRMD
Monthly Transmittals (Data & Reports)						
33	Transaction Reply/Monthly Activity Report (Monthly TRR)	Report listing all of the transactions that MARx processed for a Plan in the month, regardless of source, and gives a final disposition code for each transaction.	MARx	Report	Monthly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.TRNREPLY.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.TRNREPLY Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.TRNREPLY
34	Transaction Reply/Monthly Activity Data File	Data file version of the Transaction Reply/Monthly Activity Report.	MARx	Data File	Monthly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.TRNDATA.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.TRNDATA Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.TRNDATA
35	Part C Monthly Membership Detail Report <i>AKA: Monthly Membership Report (MMR)</i>	Report listing every Part C Medicare member of the contract and providing details about the payments and adjustments made for each.	MARx	Report	Monthly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMR.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.MONMEMR Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMR

Plan Communications User's Guide Appendices, Version 1.5

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Dataset naming conventions key: [GUID] = 7 character IACS User ID [RACFID] = 4 character RACF User ID (if no RACFID, insert NONE) [P/T]: P = Production Data T = Test Data [.ZIP] = Appended if the file is compressed [directory] = optional directory specification from non-mainframe C:D clients pn = Processing number of varying length assigned to the file by GENTRAN ccccc = Contract number Pcccc = Plan Contract Number for C:D xxxxx = 5 character Contract ID yyyyymmdd = Calendar year, month & day uuuu = 4 character transmitter User ID yymmdd = two digit year, month, day zzzzzzzz = Plan-provided high level qualifier Annnnn & Bnnnnn = MARx batch transaction ID, hhmm = hour and minute nnnnnnnnn split into two nodes A...and B...with leading zeroes as necessary to complete ten character batch ID freq = Frequency code of file ssssss= Sequentially assigned number mmyyyy = Calendar month & year hq = High Level Qualifier or Directory per VSAM File						
36	Part D Monthly Membership Detail Report <i>AKA: Monthly Membership Report (MMR)</i>	Report listing every Part D Medicare member of the contract and providing details about the payments and adjustments made for each.	MARx	Report	Monthly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEDR.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.MONMEDR Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEDR
37	Monthly Membership Detail Data File	Data file version of the Monthly Membership Detail Reports. This file contains the data for both Part C and Part D members.	MARx	Data File	Monthly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMD.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.MONMEMD Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMD
38	Monthly Membership Summary Report	Report summarizing payments to a Plan for the month, in several categories, and adjustments, by all adjustment categories. This report contains data for both Part C and Part D members.	MARx	Report	Monthly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMSR.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.MONMEMSR Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMSR
39	Monthly Membership Summary Data File	Data file version of the Monthly Membership Summary Report for both Part C and Part D members.	MARx	Data File	Monthly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMSD.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.MONMEMSD Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMSD
40	RAS RxHCC Model Output Report <i>AKA: Part D Risk Adjustment Model Output Report</i>	Report showing the Part D risk adjustment factors for each beneficiary. MARx forwards this report that is produced by RAS to Plans as part of the month-end processing.	RAS (MARx)	Report (.pdf)	Monthly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PTDMODR.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.PTDMODR Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PTDMODR
41	RAS RxHCC Model Output Data File <i>AKA: Part D Risk Adjustment Model Output Data File</i>	Data file version of the RAS RxHCC Model Output Report. MARx forwards this report that is produced by RAS to Plans as part of the month-end processing.	RAS (MARx)	Data File	Monthly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PTDMODD.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.PTDMODD Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PTDMODD

Plan Communications User's Guide Appendices, Version 1.5

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Dataset naming conventions key: [GUID] = 7 character IACS User ID [RACFID] = 4 character RACF User ID (if no RACFID, insert NONE) [P/T]: P = Production Data T = Test Data [.ZIP] = Appended if the file is compressed [directory] = optional directory specification from non-mainframe C:D clients pn = Processing number of varying length assigned to the file by GENTRAN ccccc = Contract number Pcccc = Plan Contract Number for C:D xxxxx = 5 character Contract ID yyyyymmdd = Calendar year, month & day uuuu = 4 character transmitter User ID yymmdd = two digit year, month, day zzzzzzzz = Plan-provided high level qualifier Annnnn & Bnnnnn = MARx batch transaction ID, hhmm = hour and minute nnnnnnnnn split into two nodes A...and B ...with leading zeroes as necessary to complete ten character batch ID ssssss= Sequentially assigned number mmyyyy = Calendar month & year hq = High Level Qualifier or Directory per VSAM File						
42	Auto and Facilitated Enrollment Address Data File	Data file containing the addresses for beneficiaries facilitated or auto-enrolled each month. The Plans receive the information on these enrollments through their Transaction Reply Reports.	MARx	Data File	Monthly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.AUTENRLD.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.AUTENRLD Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.AUTENRLD
43	Part C Risk Adjustment Model Output Report	Report showing the Hierarchical Condition Codes (HCCs) used by the Risk Adjustment System (RAS) to calculate Part C risk adjustment factors for each beneficiary. MARx forwards this report that is produced by RAS to Plans as part of the month-end processing.	RAS (MARx)	Report	Monthly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.HCCMODR.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.HCCMODR Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.HCCMODR
44	Part C Risk Adjustment Model Output Data File	Data file version of the Risk Adjustment Model Output Report	RAS (MARx)	Data File	Monthly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.HCCMODD.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.HCCMODD Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.HCCMODD
45	Benefits Improvement & Protection Act of 2000 (BIPA) 606 Payment Reduction Report	Report listing members for whom the Plan is paying a portion of the Part B premium. Generated only if there are pre-2006 adjustments that involve BIPA 606 premium reductions.	MARx	Report	Monthly, if applicable	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BIPA606R.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.BIPA606R Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BIPA606R
46	BIPA 606 Payment Reduction Data File	Data file version of the BIPA 606 Reduction Report.	MARx	Data File	Monthly, if applicable	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BIPA606D.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.BIPA606D Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BIPA606D
47	Bonus Payment Report	Report listing members for whom the Plan is to be paid a bonus. (Plans are paid a bonus for extending services to beneficiaries in some underserved areas.) Generated only if there are pre-2006 adjustments that involve bonus payments.	MARx	Report	Monthly, if applicable	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BONUSRPT.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.BONUSRPT Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BONUSRPT

Plan Communications User's Guide Appendices, Version 1.5

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Dataset naming conventions key: [GUID] = 7 character IACS User ID [RACFID] = 4 character RACF User ID (if no RACFID, insert NONE) [P/T]: P = Production Data T = Test Data [.ZIP] = Appended if the file is compressed [directory] = optional directory specification from non-mainframe C:D clients pn = Processing number of varying length assigned to the file by GENTRAN ccccc = Contract number Pcccc = Plan Contract Number for C:D xxxxx = 5 character Contract ID uuuu = 4 character transmitter User ID zzzzzzz = Plan-provided high level qualifier hhmm = hour and minute freq = Frequency code of file ssssss = Sequentially assigned number mmyyyy = Calendar month & year yyyyymmdd = Calendar year, month & day yymmdd = two digit year, month, day Annnnn & Bnnnnn = MARx batch transaction ID, nnnnnnnnn split into two nodes A...and B ...with leading zeroes as necessary to complete ten character batch ID hq = High Level Qualifier or Directory per VSAM File						
48	Bonus Payment Data File	Data file version of the Bonus Payment Report	MARx	Data File	Monthly, if applicable	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BONUSDAT.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.BONUSDAT Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BONUSDAT
49	Demographic Report	Summary, by state and county, of the membership of the Plan. Members are counted in categories that parallel the factors used in calculating the demographic payment, as well as ESRD and hospice status.	MARx	Report	Monthly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.DEMOGRPH.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.DEMOGRPH Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.DEMOGRPH
50	Monthly Summary of Bills Report	Report summarizing all Medicare fee-for-service activity, both Part A and Part B, for beneficiaries enrolled in the contract	MARx	Report	Monthly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.SUMBILLS.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.SUMBILLS Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.SUMBILLS
51	HMO Bill Itemization Report	Report listing the Part A bills that were processed under Medicare FFS for beneficiaries enrolled in the contract.	MARx	Report	Monthly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BILLITEM.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.BILLITEM Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BILLITEM
52	Part B Claims Data File	Data file listing the Part B physician and supplier claims and Part B home health claims that were processed under Medicare fee-for-service for beneficiaries enrolled in the contract.	MARx	Data File	Monthly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.CLAIMDAT.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.CLAIMDAT Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.CLAIMDAT
53	Payment Records Report	Report listing the Part B physician and supplier claims that were processed under Medicare FFS for beneficiaries enrolled in the contract.	MARx	Report	Monthly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PAYRECDS.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.PAYRECDS Connect:Direct (Non-Mainframe): \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PAYRECDS

Plan Communications User's Guide Appendices, Version 1.5

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Dataset naming conventions key: [GUID] = 7 character IACS User ID [RACFID] = 4 character RACF User ID (if no RACFID, insert NONE) [P/T]: P = Production Data T = Test Data [.ZIP] = Appended if the file is compressed [directory] = optional directory specification from non-mainframe C:D clients pn = Processing number of varying length assigned to the file by GENTRAN ccccc = Contract number Pcccc = Plan Contract Number for C:D xxxxx = 5 character Contract ID yyyyymmdd = Calendar year, month & day uuuu = 4 character transmitter User ID yymmdd = two digit year, month, day zzzzzzzz = Plan-provided high level qualifier Annnnn & Bnnnnn = MARx batch transaction ID, hhmm = hour and minute nnnnnnnnn split into two nodes A...and B ...with leading zeroes as necessary to complete ten character batch ID ssssss = Sequentially assigned number mmyyyy = Calendar month & year hq = High Level Qualifier or Directory per VSAM File						
54	Monthly Premium Withholding Report Data File (MPWR) Header Detail Trailer - T1 - Total at segment level Trailer - T2 - Total at PBP level Trailer - T3 - Total at contract level	Monthly reconciliation file of premiums withheld from SSA, RRB, or OPM checks. Includes Part C and Part D premiums and any Part D LEP. This file is produced by the PWS. MARx makes this report available to Plans as part of the month-end processing.	PWS (MARx)	Data File	Monthly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MPWRD.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.MPWRD Connect:Direct (Non-Mainframe): \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MPWRD
55	Plan Payment Report (PPR) (APPS Payment Letter)	Report itemizing the final monthly payment to the Plan. This report is produced by the Automated Plan Payment System (APPS) when final payments are calculated. MARx makes this report available to Plans as part of the month-end processing.	APPS (MARx)	Report	Monthly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PLANPAY.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.PLANPAY Connect:Direct (Non-Mainframe): \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PLANPAY
56	820 Format Payment Advice	HIPAA-Compliant version of the PPRt. This data file itemizes the final monthly payment to the Plan. <i>This data file is not available through MARx.</i>	APPS	Data File	Monthly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PLAN820D.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.Rmmyyyy.PLAN820D Connect:Direct (Non-Mainframe): \[directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PLAN820D
57	Monthly Full Enrollment Data File	File includes all active membership for a Plan on the date the file was run. This file is considered a definitive statement of current Plan enrollment. This file uses the same format as the weekly TRR. CMS will announce the availability of each month's file.	MARx	Data File	Monthly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.YMyyymm.Ddd.TRWEEKD.pn Connect:Direct (Mainframe): zzzzzzzz.PLNxxxxx.YMyyymm.Ddd.TRWEEKD Connect:Direct (Non-Mainframe): \[directory]P#MMA.@BGD5050.PLNxxxxx.YMyyymm.Ddd.TRWEEKD
58	Prescription Drug Event (PDE) DBC Cumulative Beneficiary Summary Report	File includes summary for the beneficiary of accumulated overall totals in PDE amount fields with accumulated totals for covered drugs.	PDE	Data File	Monthly	GENTRAN mailbox: RPT.DDPS.CUM_BENE_ACT_COV_ ssssss Connect:Direct: TRANSMITTED FROM PALMETTO

Plan Communications User's Guide Appendices, Version 1.5

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Dataset naming conventions key: [GUID] = 7 character IACS User ID [RACFID] = 4 character RACF User ID (if no RACFID, insert NONE) [P/T]: P = Production Data T = Test Data [.ZIP] = Appended if the file is compressed [directory] = optional directory specification from non-mainframe C:D clients pn = Processing number of varying length assigned to the file by GENTRAN ccccc = Contract number Pcccc = Plan Contract Number for C:D xxxxx = 5 character Contract ID yyyyymmdd = Calendar year, month & day uuuu = 4 character transmitter User ID yymmdd = two digit year, month, day zzzzzzzz = Plan-provided high level qualifier Annnnn & Bnnnnn = MARx batch transaction ID, hhmm = hour and minute nnnnnnnnn split into two nodes A...and B ...with leading zeroes as necessary to complete ten character batch ID ssssss= Sequentially assigned number mmyyyy = Calendar month & year hq = High Level Qualifier or Directory per VSAM File						
59	Prescription Drug Event (PDE) DBC Cumulative Beneficiary Summary Report	File includes summary for the beneficiary of accumulated overall totals in PDE amount fields with accumulated totals for enhanced drugs.	PDE	Data File	Monthly	GENTRAN mailbox: RPT.DDPS_CUM_BENE_ACT_ENH_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO
60	Prescription Drug Event (PDE) DBC Cumulative Beneficiary Summary Report	File includes summary for the beneficiary of accumulated overall totals in PDE amount fields with accumulated totals for over-the-counter drugs.	PDE	Data File	Monthly	GENTRAN mailbox: RPT.DDPS_CUM_BENE_ACT_OTC_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO
61	Front-End Risk Adjustment System (FERAS) Response Reports Monthly Plan Activity Report	Report provides monthly summary of the status of submissions by submitter and Plan number.	FERAS	Report	Monthly	GENTRAN mailbox: RPT.RAPS_MONTHLY_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO
62	Front-End Risk Adjustment System (FERAS) Response Reports Cumulative Plan Activity Report	Report provides cumulative summary of the status of submissions by Submitter ID and Plan number.	FERAS	Report	Monthly	GENTRAN mailbox: RPT.RAPS_CUMULATIVE_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO
63	Front-End Risk Adjustment System (FERAS) Response Reports Frequency Report Monthly Report	Report provides monthly summary of all errors on all file submissions within the month.	FERAS	Report	Monthly	GENTRAN mailbox: RAPS_ERRORRFREQ_MNTH_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO
64	LIS/LEP Data File	This report provides information on low-income subsidized beneficiaries and on direct-billed beneficiaries with late enrollment penalties.	MARx	Data File	Monthly	GENTRAN mailbox: P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.LISLEPD.pn Connect:Direct: zzzzzzzz.PLNxxxxx.Rmmyyyy.LISLEPD Connect:Direct (Non-Mainframe): [directory]P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.LISLEPD

Plan Communications User's Guide Appendices, Version 1.5

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
<p>Dataset naming conventions key: [GUID] = 7 character IACS User ID [RACFID] = 4 character RACF User ID (if no RACFID, insert NONE) [P/T]: P = Production Data T = Test Data [.ZIP] = Appended if the file is compressed</p> <p>[directory] = optional directory specification from non-mainframe C:D clients pn = Processing number of varying length assigned to the file by GENTRAN ccccc = Contract number Pcccc = Plan Contract Number for C:D</p> <p>xxxxx = 5 character Contract ID yyyyymmdd = Calendar year, month & day uuuu = 4 character transmitter User ID yymmdd = two digit year, month, day zzzzzzzz = Plan-provided high level qualifier Annnnn & Bnnnnn = MARx batch transaction ID, hhmm = hour and minute nnnnnnnnn split into two nodes A...and B ...with leading zeroes as necessary to complete ten character batch ID freq = Frequency code of file ssssss= Sequentially assigned number mmyyyy = Calendar month & year hlq = High Level Qualifier or Directory per VSAM File</p>						
Quarterly Reports						
65	Front-End Risk Adjustment System (FERAS) Response Reports Frequency Report Quarterly Report	Report provides quarterly summary of all errors on all file submissions within the 3-month quarter.	FERAS	Report	Quarterly	GENTRAN mailbox: RAPS_ERRORFREQ_QTR_ ssssss Connect:Direct: TRANSMITTED FROM PALMETTO

This page intentionally left blank.

K: MMA Plan Connectivity Test Checklist

Getting Started				
<input checked="" type="checkbox"/> or N/A	#	Task	Checkpoint	Notes
<input type="checkbox"/>	1.	Obtain a Contract Number from CMS/HPMS	Once completed, Task #5 may be initiated.	Contract #:
<input type="checkbox"/>	2.	Open a progress tracking ticket with the MMAHelp Desk		Ticket #:
<input type="checkbox"/>	3.	Complete connectivity paperwork		
<input type="checkbox"/> or N/A	4.	Complete T1/Connect:Direct Forms:	Must be started at least 6 weeks prior to target connectivity testing date.	
<input type="checkbox"/> or N/A		1. CMS Connect:Direct form 2. CMS SPOE ID Request form		
Security and Access				
<input checked="" type="checkbox"/> or N/A	#	Task	Checkpoint	Notes
<input type="checkbox"/>	5.	Submit EPOC Designation Letter to CMS	After completion of Task #1.	
<input type="checkbox"/>	6.	EPOC registered in IACS	After completion of Task #5.	
<input type="checkbox"/>	7.	EPOC approval received from CMS		
<input type="checkbox"/>	8.	User/Submitter(s) registered in IACS for Enrollment, 4RX, and BEQ (ECRS)	After EPOC registration is complete.	
<input type="checkbox"/> or N/A	9.	User/Representative(s) registered in IACS for Enrollment, 4RX, and BEQ (ECRS)	After EPOC registration is complete.	
<input type="checkbox"/> or N/A	10.	User/Submitter(s) registered in IACS for PDE/RAPS	GENTRAN Submitters only. May be completed the same time as Task #8 or at a later date.	
Connectivity – SetUp				
NOTE: Plans perform either Task #11 or Task #12.				
<input checked="" type="checkbox"/> or N/A	#	Task	Checkpoint	Notes
<input type="checkbox"/> or N/A	11.	Each item listed in this Task is required by Plans submitting data via Connect:Direct.	Must be started at least 6 weeks prior to target connectivity testing date.	
<input type="checkbox"/> or N/A		Set up T1/Connect:Direct to CMS:		
<input type="checkbox"/> or N/A		1. Contact AT&T or an AT&T reseller to establish connectivity to CMS via AGNS.		
<input type="checkbox"/> or N/A		2. Verify access to CMS via AGNS		
<input type="checkbox"/> or N/A		3. High-level qualifier and/or security designations verified as accessible to CMS.		
<input type="checkbox"/> or N/A		4. Obtain Connect:Direct Software from Sterling Commerce.		
<input type="checkbox"/> or N/A		5. Complete installation and configuration of Connect:Direct Software.		
<input type="checkbox"/> or N/A		6. Submitter successfully registered in IACS (see Task #8).		
<input type="checkbox"/> or N/A	7. Obtain SPOE ID from CMS (see Task #4.2).			

<input type="checkbox"/> or N/A		8. Contact MMAHelp Desk to schedule connectivity testing timeframe.		
	12.	Each item listed in this Task is required by Plans submitting data via GENTRAN. Set up GENTRAN access:		
<input type="checkbox"/> or N/A		1. Submitter successfully registered in IACS (see Task #8).		
<input type="checkbox"/> or N/A		2. Obtain and install SFTP Software (if not using HTTPS)		
<input type="checkbox"/> or N/A		3. Open required firewalls/ports: SFTP Port: 10022 HTTPS Port: 3443		
Connectivity – Testing				
NOTE: Plans perform either Task #13 or Task #14. Plans submitting PDE/RAPS data must also perform Task #15.				
<input checked="" type="checkbox"/> or N/A	#	Task	Checkpoint	Notes
	13.	Each item listed in this Task is required by Plans submitting data via Connect:Direct. Test T1/Connect:Direct to CMS:		
<input type="checkbox"/> or N/A		1. Appropriate telecommunications and technical resources participate in conference call with appropriate CMS Resources (initiated by MMAHelp Desk).		
<input type="checkbox"/> or N/A		2. Successfully transfer data to CMS		
<input type="checkbox"/> or N/A		3. Successfully receive data from CMS		
	14.	Each item listed in this Task is required by Plans submitting data via GENTRAN. Test GENTRAN:	Task #'s 8 and/or 10 must be completed successfully before this task can be completed.	
<input type="checkbox"/> or N/A		1. Mailbox(s) established at CMS is accessible		
<input type="checkbox"/> or N/A		2. Screenshot of successful access to 1 GENTRAN mailbox e-mailed to the MMAHelp Desk.		
<input type="checkbox"/> or N/A		3. Send test file to GENTRAN mailbox		
<input type="checkbox"/> or N/A	15.	Contact CSSC Help Desk for assistance with Connectivity Testing of PDE/RAPS data submission.		

L: Disaster Recovery Implications for Plans

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

This page intentionally left blank.

M: Valid Election Types for Plans

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

Table M-1. – Valid Election Types for Plans

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

This page intentionally left blank.
