



Medicare Advantage and Prescription Drug Plans

November 7, 2005

Plan Communications
User's Guide, Version 1.1

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

Center for Beneficiary Choices
Division of Program Accountability and Payment Operations



**Medicare Advantage and Prescription Drug
Plan Communications
User's Guide, Version 1.1**

(November 7, 2005)

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Section 1 — Introduction

1.1 Document Overview

The *Medicare Advantage and Prescription Drug (MARx) Plan Communications User's Guide* (the *Guide*) provides information to Managed Care Plans (principally Medicare Advantage Plans) and Prescription Drug Plans (both hereafter referred to as Plans) regarding access to and interaction with MARx. The *Guide* describes the transmission of data to and the receipt of data from the MARx system located at the Centers for Medicare & Medicaid Services (CMS) Data Center.

This *Guide* provides an overview of how Plans will exchange data. It provides details on file transfer between the MARx system and Plans, describing the input received from the Plans and the report and data files that are sent in response from MARx to the Plans. In order for a Plan to gain access to MARx, the Plan must first establish communications with CMS. Specific details for telecommunication links to CMS can be found in Section 2.

MARx is an enhancement of the Medicare Managed Care System (MMCS), with changes for the implementation of the Medicare Modernization Act (MMA).

Note
Future revision(s) of this document will be provided as information is completed and supplied.

1.2 Document Organization

The *Guide* includes the following information:

- **Section 1, Introduction**, provides general information about communications between CMS and Plans, including how the document is organized, typographical conventions, and a MARx overview that discusses high-level data flows and system architecture. Section 1 also covers how large and small Plans interface with MARx. It also provides an overview of MARx and the monthly processing cycle.
- **Section 2, Establishing Communication with MARx**, highlights methods for exchanging data with the CMS Data Center and provides various points of contact for policy, procedural, and system questions.
- **Section 3, MARx Processing**, provides information on the operational processes for MARx.
- **Section 4, Using MARx Online Operations**, describes MARx functionality for the User Interface for the Plans.
- **Section 5, Accessing the CMS Systems for Eligibility Verification**, provides information for accessing CMS systems for plans to verify beneficiary eligibility.
- **Section 6, Cost Plan Transaction Processing**, provides information on the transaction processes for Cost Plans.

- **Section 7, Reporting RxID/RxGROUP/RxPCN/RxBIN Data**, provides information for plans to report the four data elements.
- **Section 8, Accessing the MA-PD/Cost Plan Full Dual File**, provides MA-PD and Cost Plans information for accessing files for enrollees who are full-benefit dual eligibles.
- **Section 9, Cost Plan Auto-Enrollment Clarification**, provides clarification for Cost Plans to auto-enroll full-benefit dual eligibles into a Plan Benefit Package (PBP).

1.2.1 *Typographical Conventions*

The typographical conventions used in the *Guide* are shown in **Table 1-1**.

Table 1-1. Typographical Conventions

Example	Description
<Alt-P>	Keystroke. Less than and greater than signs (<>) are placed around any keyboard entries mentioned in the text. For instance, when you are directed to press the Enter key, you will see <ENTER>.
[Find]	Button Name. Square brackets ([]) are placed around the references to the names of all buttons displayed on the screen. The button names use mixed-case alphanumeric characters.
Beneficiaries	Menu or Submenu Name. A menu is represented as a horizontal list of menu items, either on the MARx main menu or at the top of a screen. A submenu is a list of items below the menu, where the items vary based on which menu item was chosen. These names are shown as mixed-case text with bars on either side.
<i>Beneficiaries: Find (M201)</i>	Screen Name. All screen names will be represented as mixed case, italic text and contain the full description of the screen.
Label Names	Label Name. All field labels (for input and output) referenced in the text are shown as mixed-case alphanumeric characters.
Smith	Input. Input fields are spaces or locations that accept input on the screens. The input is in the form of mixed-case alphanumeric characters.
FEMALE	Selection. A dropdown list offers a choice of options from which to select. Dropdown options are generally presented on the system in upper case.
The claim...	Error Message. MARx performs data validation after the user clicks on an action button (such as [Find] or [Submit]). If a problem occurs, an error is posted in red in the upper left-hand corner of the screen. The messages use mixed-case alphanumeric characters.
The request...	Status Message. MARx provides status messages in green in the upper left corner of the screen. The messages use mixed-case alphanumeric characters.
06/2002	Link. Links are fields that (when clicked on) access additional information. These fields are displayed on the screen in blue and underlined.
Note	Note. Note denotes important information. Accompanying text is set in a box with a header of Note.
Tip	Tip. Tip alerts you to shortcuts and troubleshooting tips. Accompanying text is set in a box with a header of Tip.

Note

When screens are shown in this document, the browser title, menu, buttons, and other items are hidden to allow the MARx content to be displayed as large as possible. Also, the look of the browser varies by the browser version.

1.3 MARx Overview

MARx calculates the payments to Plans for providing coverage to beneficiaries who are enrolled in its contracts. This coverage is principally for Part C and/or Part D of Medicare. Part C contracts are Medicare Advantage Managed Care Plans that provide Part A and B benefits for their beneficiaries. Part D contracts provide drug insurance for beneficiaries who may be enrolled in either managed care or fee-for-service for their Parts A and B benefits. A contract may offer both Parts C and D. A contract may offer several Plan Benefit Packages (PBPs) with different levels of coverage.

Beneficiaries may need to pay premiums for their benefits for Part C and/or D. Whether a beneficiary pays premiums depends upon:

- Premium charged by the Plan – This is based upon the level of coverage provided and negotiated with CMS.
- Beneficiary's income level – CMS subsidizes premiums for beneficiaries with low income.
- Late enrollment penalty – The beneficiary pays a late fee for Part D coverage if he or she did not enroll in a Part D contract when first entitled to it and did not have other creditable drug insurance coverage.

This section provides an overview of Plan interactions with MARx. These interactions fall into these categories:

- Exchange of files – A Plan submits transactions in batch. In response, MARx generates transaction reports to provide the Plan with details concerning the processing status of the transactions. A high-level description of how Plans submit transactions and the type of information they receive in response by MARx are described below.
- Online access through a Web-based user interface – Plans query both MARx and the Medicare Beneficiary Database (MBD) via an entry point called the CMS Application Portal at: <https://applications.cms.hhs.gov>. This CMS Application Portal is commonly referred to as the Common User Interface (CUI). The CUI allows the user to view payment and premium information from the MARx system and beneficiary information from the MBD. The MARx user interface is discussed in Section 4.

Plans submit transactions files to MARx as illustrated in **Figure 1-1**. MARx processes this transaction file and provides the Plan with a number of reports detailing the processing status of the transactions. These reports include:

- Failed Transaction Report (FTR)
- Batch Completion Status Summary Report

- Weekly/Monthly Transaction Reply Report (TRR)
- A set of Monthly Reports

1.3.1 File Submission and Retrieval

1.3.1.1 Batch Transaction File

As shown in **Figure 1-1**, MARx Data Flow, a Plan submits transaction files to MARx in batch. These transactions files include enrollment, disenrollment, correction, and change transactions

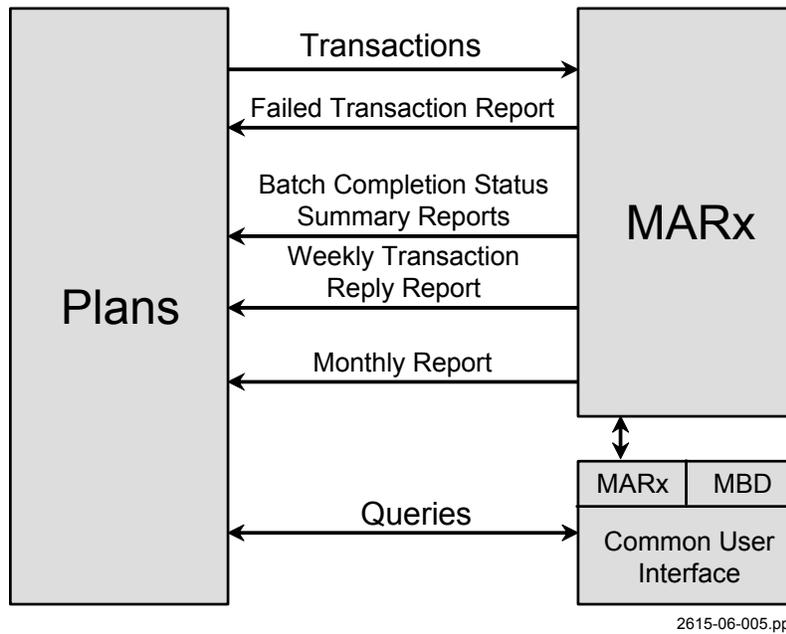


Figure 1-1. MARx Data Flow

for beneficiaries enrolled in its contracts. The format for the transactions file is given in Appendix E, Record Layouts. Plans are encouraged to submit transaction files daily. MARx operates on a monthly processing cycle, and submittal of transactions throughout the month alleviates the backlog of requests that occur at the monthly cutoff date. For more information on the production cycle, please see Section 3.3.

MARx only processes transactions from the current processing month. Transactions that have processing dates prior to the current month are considered retroactive (“retro”) transactions and require special handling. MARx does not process these transactions without approval from CMS. For instructions on submitting retroactive transactions, please refer to Appendix B (CMS Central Office Computer Specialists).

A transaction submitted to MARx has one of three statuses: failed, rejected or accepted. Failed transactions are those transactions that cannot be loaded into MARx for processing due to formatting errors, and they are reported on the FTR. Rejected transactions are loaded into MARx, but encounter an error condition during processing. Accepted transactions are

successfully processed by MARx. Specifics about rejected and accepted transactions are found on the Batch Completion Status Summary Report (see Appendix E.1).

The following paragraphs provide a high-level description of the reports that capture information about failed, rejected and accepted transactions.

1.3.1.2 Failed Transaction Report

The MARx system performs basic file validation and transaction formatting edits on the transactions before any further processing may occur. These checks verify the correct file header, user authentication, transaction format, and data types for the transaction data elements. If a transaction file fails these basic edits, it is returned on the FTR. The Plan user who submitted the file receives the FTR immediately after initial processing of the file is completed. The FTR includes the original transaction and the failure error code. For information regarding the format of the FTR, please see Appendix I, Reports. The failure error codes are described in Appendix H, Codes. The format of the FTR facilitates easy editing and resubmittal of the failed transactions.

1.3.1.3 Batch Completion Status Summary Report

Every transaction file submitted to MARx receives a unique batch processing number as the transactions are loaded into MARx. Once loaded into MARx, the processing of these transactions will result in rejected or accepted transactions. The Batch Completion Status Summary Report will be generated when each batch has completed processing. This report will provide a count of all transactions within that batch, detailing the number of failed, rejected and accepted transactions, and providing an image of the rejected and accepted transactions.

1.3.1.4 Weekly Transaction Report

The Weekly Transaction Report provides the Plans with details of the rejected and accepted transactions that have been processed for its contracts. It also provides details of MBD notifications involving contract members. An image of the failed transactions was provided on the FTR (see above). Details of the Weekly Transaction Report are provided in Appendix I, Reports.

1.3.1.5 Monthly Reports

MARx monthly reports provide payment information for the transactions submitted to MARx. These reports are delivered in a report format and a data file for further processing by the Plan, if the Plan desires. These reports provide a final disposition of all transactions that the Plan has transmitted for the processing month. A detailed listing of the reports is provided in Appendix I, Reports.

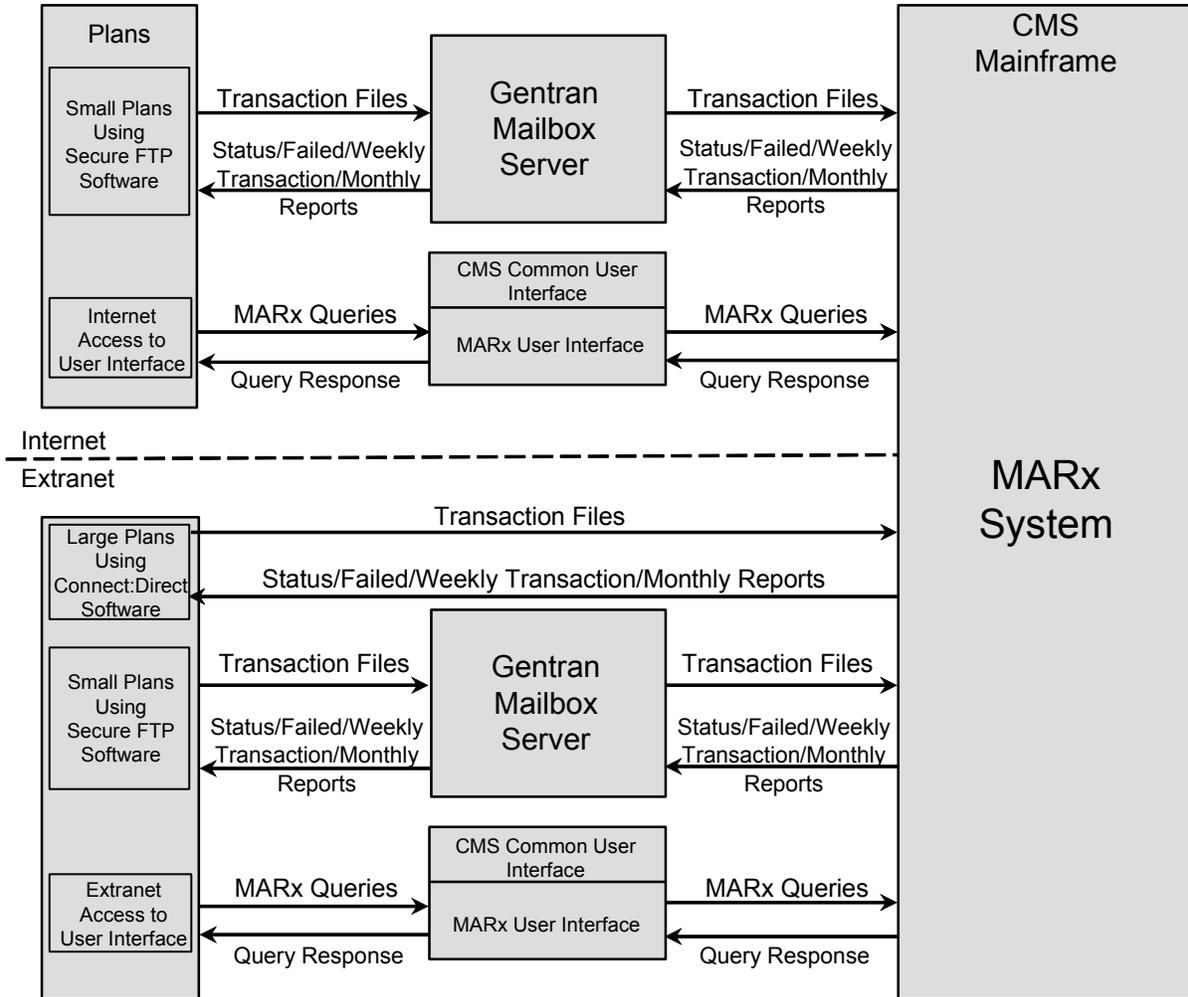
1.3.2 Common User Interface

The Common User Interface (CUI) supports queries of beneficiary payment and premium data against MARx data. The CUI also gives the user the ability to perform a query against MBD or against MARx data. For a detailed description for using the MARx User Interface, please refer to

Section 4, Using MARx – Online Operations. For a detailed description for using the MBD User Interface, see Section 5.

1.4 MARx Architecture

As described in Section 1.3, MARx Overview, Plans submit transaction files to MARx for processing and receive reports detailing the disposition for these transactions. Interaction with MARx is accomplished either by using the Internet or the CMS Extranet (see **Figure 1-2**).



2615-06-006.ppt

Figure 1-2. MARx Architecture

MARx has both Internet- and extranet-facing components to support the receipt of transaction files and the distribution of reports to Plans. CMS groups Plans into two major categories for sending and receiving files from CMS: large and small. Large Plans are required to use the CMS extranet and Connect:Direct software for sending and receiving files from CMS. Small Plans have the option of using the Internet or extranet for communicating with CMS. This requires the

use of Secure FTP software to communicate with the Gentran Mailbox Server. Plans may contact the MMA Help Desk (Customer Support) at (800) 927-8069 or by email at MMAHelp@cms.hhs.gov to get more information on this software.

The MARx UI, which is part of the CMS CUI, is also available on the Internet and extranet. The UI is accessed using a Web browser. For more information on communicating with CMS, refer to Section 2 and Appendix L.

1.5 Interfacing with MARx

Plans interact with MARx by sending transactions (enrollments, disenrollments, corrections, and changes) to MARx. MARx sends reports detailing the status of these transactions as well as monthly reports detailing payment and premium information. Plans can submit queries to MARx using the CUI. Additional information about sending and receiving files and the CUI for both large and small Plans is explained below.

1.5.1 Sending and Receiving Files

The number of beneficiaries enrolled in a Plan determines the method required to communicate with MARx. Plans with enrollment greater than 100,000 beneficiaries are considered large.

1.5.1.1 Large Plans

Large Plans send and receive files using Sterling Commerce's Connect:Direct software product. Large Plans must utilize the CMS extranet for sending and receiving files (see Figure 1-2). The Connect:Direct software must be purchased and installed at the Plan's site to submit and receive files from MARx. Using Connect:Direct, the Plan will establish a connection with the CMS mainframe and transfer the transactions. After processing the transactions, MARx sends the status reports associated with the transactions to the Plan. MARx establishes a connection from the CMS mainframe to the Plan's site for the file transfer.

Large Plans are instructed to contact the MMA Help Desk for obtaining and configuring the Connect:Direct software for communicating with CMS. (Refer to Appendix L.) Once communication is established with CMS, specific setup information for sending and receiving MARx transaction files is provided in Section 2, Establishing Communication with MARx.

1.5.1.2 Small Plans

Small Plans have the option of using the Internet or extranet for interacting with CMS (see Figure 1-2). Small Plans will utilize the Gentran Mailbox server to transfer files to and from MARx. The Plans will use Secure FTP software to connect to the Gentran server. Transaction files are placed on the Gentran server, where they are forwarded to MARx for processing. Report files from the transaction processing will be sent from MARx to the Gentran server. The Plan must logon to the Gentran server to retrieve any files generated from the MARx system. MARx will generate the status files under the user identification (ID) of the person who submitted the transactions. A directory on the Gentran server will store the report files so the user can logon to the Gentran server and retrieve the files. (Refer to Appendix L).

Monthly reports for Small Plans will also be made available on the Gentran server and will be stored in a directory under that Plan's contract number. Any user that has access (established by MARx security) to that contract will be able to download the contract's monthly reports. For a list of reports that will be generated by the MARx system. (Refer to Appendix I.)

Small Plans must obtain and install the Secure FTP software to communicate with CMS. Details on obtaining and configuring this software are available at the MMA Help Desk (Customer Support) (800) 927- 8069 or by e-mail at MMAHelp@cms.hhs.gov. (Refer to Appendix L.) Once the Plan has installed and configured the software, the Plan must configure the software to send and receive files for MARx. Please refer to Section 2, Establishing Communication with MARx, for configuring the software for transferring files for MARx processing.

1.5.2 Common User Interface Access

Plans will be able to access the MARx UI via the CUI to query the MARx system. Access to the MARx UI is gained by using the Plans CUI link within the CMS Applications Portal at: <https://applications.cms.hhs.gov>. This CUI is available from the Internet and the CMS extranet. The user will enter the CMS Applications Portal and then from the Plans link, logon to either the MARx or MBD UI to query Plan and beneficiary information. Instructions on using the MBD UI can be found in Section 5. For establishing a connection for the CMS Applications Portal and system requirements, please refer to Section 5.

The MARx UI provides the Plans with the ability to query MARx beneficiary, payment, and premium information. Plans cannot submit transactions through the MARx UI, only through the batch file interface. Details about the MARx UI are provided in Section 4, Using MARx – Online Operations.

Section 2 — Establishing Communication with MARx

This section will explain the implementation of the software that is needed to communicate with MARx.

2.1 Getting Started

To communicate with MARx, a Plan must:

- Obtain an ID and password
- Establish file transfer capabilities
- Establish connection to the UI Portal

2.1.1 Requesting a User ID and Password

Users of the MARx system will require a user ID and password. Users will request a user ID by utilizing the Individuals Authorized Access to the CMS Computer Services (IACS). For more information regarding IACS refer to Appendix K.

2.1.1.1 Password Management

CMS users will manage their passwords by utilizing the Individuals Authorized Access to the CMS Computer Services (IACS). For more information regarding IACS refer to Appendix K.

2.1.2 File Transfer Setup

2.1.2.1 Large Plans

As a user of Connect:Direct, each Plan is responsible for supporting the system interface with CMS. In addition to hardware and software maintenance, each Plan is responsible for supplying CMS with information about its organization and users as well as testing its own interface with CMS.

Although testing and the supply of information primarily apply to the setup stage of the system, this responsibility continues into the operational phase. Each Plan must update its information as changes occur in its organization and report any information regarding the operation or malfunction of the system. Each Plan must repeat test procedures after altering system components, such as the installation of updated software or changes in hardware, network and/or telecommunications provider, and changes to their contracted third party arrangements.

Large Plans will need to establish communications with CMS using the Connect:Direct software prior to configuring the software for transferring files for MARx. For more information regarding the setup of Connect:Direct software please refer to Appendix L. A Plan can download the form requesting access to CMS using NDM/Connect:Direct Secure Point of Entry (SPOE) and the instructions for completing the access form at:<http://www.cms.hhs.gov/mdcn/spoeform.pdf>.

The following section outlines the configuration of the software for testing and production.

2.1.2.1.1 **Connect:Direct MARx Setup**

Data may be transmitted at any time during the month. CMS prefers daily file transfers to reduce the workload during the end-of-month cutoff period. (Refer to Appendix C - Monthly Schedule). This ensures that your data transmission is received by the cutoff date and gives you time to resolve any transmission problems. Files received after the cutoff date are held for processing once the month-end processing is complete.

The NDMWORKS process is executed at the Plan site and programmed on the Plan's mainframe. This process is usually executed in the batch program environment. The Plan programmer can select any name for the NDMWORKS process.

NDMWORKS Process Code

```
PROCNAME      PROCESS      PNODE=XXX.XXXX
                SNODE= CD.DDP (DRUG CARD PLANS)
                OR
                SNODE=NDM.HCFA (SNA MEDICARE)

                SNODEID=(NDMXXXXXX,NDMXXXXXX)
                OR
                SNODEID=(TWXX,XXXX)
SUBMIT        DSN=P@MCS.@BGD5050.JCLLIB(NDMXXXXP)
                &DSN1=XXX.XXX.XXXX
                &DSN2=XXXX.@BGD5050.TRANSFER.DATA
                SUBNODE=SNODE
```

The Plan's programmer must fill in the following variable information before executing the NDMWORKS process:

- PROCNAME: The programmer may select any name for this process.
- PNODE: This is the Plan node name.
- SNODEID: This is the Plan SPOE(NDMXXXXXX) OR TW ID(TWXX) security issued by CMS that allows a plan to create data files on the CMS system.
- SUBMIT: The DSN should read as follows:
 P@MCS.@BGD5050.JCLLIB(NDMXXXXP)
- &DSN1: This is the sending DSN that resides on the Plan mainframe.
- &DSN2: This is the receiving DSN that resides on the CMS mainframe.

SUBNODE: This is the node (mainframe) that receives control for processing the NDMXXXXP.

This Connect:Direct process is triggered by the NDMWORKS process from the Plan's site.

NEED SNODE BOX

SNODE The Connect: Direct region at CMS the plan communicates with to exchange files. The CD.DDP regions were created to support the Discount Drug Program and most plans communicate with it. NDM.HCFA is the Medicare region that long time Medicare contractors communicate with. Check with your Connect : Direct Support staff if you are not sure which CMS region your plan communicates with or call the CSMM Help Desk at 1-800-927-8069.

2.1.2.2 Small Plans

Although Small Plans may use Connect:Direct via the Extranet, they will typically communicate with CMS using Sterling's Secure FTP software or HTTPS (Hypertext Transfer Protocol over Secure Socket Layer) to transmit and pull files from the Gentran Mailbox servers. Small Plans must first establish connectivity with CMS before configuring the system to transfer files to and from MARx. For establishing communications with CMS and configuring software for transferring MARx files, please refer to Appendix L. Plans using the Gentran server will follow Gentran Incoming File Naming Convention Standards as defined in Section 2.1.2.2.1.

2.1.2.2.1 Gentran Incoming File Naming Convention Standards

Files sent to the Enterprise File Transfer System (Gentran Mailbox) should follow the naming convention below:

File Name IN ALL CAPITAL LETTERS

Fields between Delineators are Left Justified

GUID.RACFID.APPID.X.UNIQUEID.FUTURE.W.ZIP

File Naming Convention broken down:

GUIDID = 7 Character Alpha\Numeric User ID generated by the Identify Management System
RACFID = 4 Character RACF User ID
No RACFID = NONE (insert NONE)

APPID = MBD, COB, MARx, DDPS
Note: System, which will process the inbound file

X = D – DAILY
W – WEEKLY
M – MONTHLY
Q – QUARTERLY
Y – YEARLY
A – AD HOC

Note: This field indicates type of data Daily, Monthly but does NOT prevent multiple file types from being transmitted on the same day. (i.e. 2 Daily submissions)

UNIQUEID = COBA ID (Used by COB)
VOLUNTARY ID (Used by COB)
FUTURE H/S/R NUMBER or Legacy 5-Digit Plan Number Starting with a 9 -
Used by MARx, MBD)
MBD, MAS, SSA, MARx, OPM or RRB, RATEC (Used by HPMS)
DEFAULT – NO UNIQUE ID (insert DEFAULT)

FUTURE = FUTURE Code exactly as is shown. This field is reserved for future use.
ACT (Active data) Used by COB Voluntary **3 Characters**
INA (Inactive data) Used by COB Voluntary **3 Characters**
TIN (Tin reference file) Used by COB Voluntary **3 Characters**
FU Used by FU Associates (HPMS) **2 Characters**
BEQ (Beneficiary Eligibility Query) Used by MBD **3 Characters**
4RX () Used by MBD **3 Characters**
SNPO () Used by MBD **4 Characters**

W = Value of T is Test Data
Value of P is Production Data

ZIP= Only used if file compression is used and automatically added to the file name by the ZIP application (i.e. WINZIP – PKZIP).
Please Note - WINZIP Version 9 or higher required to support long file names.

. (Periods) = Delineators

Gentran Outgoing File Naming Conventions

The filename created by the application will be sent unchanged to the mailbox. However, Gentran will append a unique identifier on the tail end of the file. When downloading the file you may change the file name in accordance with your organization naming requirements.

HTTPS File Size Limitation

There is a HTTP file size limit of 2 GB, with or without compression.

CRLF Considerations

The CRLF (Carriage Return Line Feed) characters will be handled by Gentran.

HTTPS Gentran Mailbox Access and System Requirements

Small, Medium Trading Partners and/or those specifically identified will be using either HTTPS or the Sterling SFTP Client for file submission or file retrieval.

Internet URL – <https://gis.cms.hhs.gov:3443/mailbox>

Extranet URL – <https://gis.cmsnet:3443/mailbox> ****

**** Must configure your network or node to use the CMS MDCN DNS for name resolution.

HTTP Screen Shot User Guides are available through the CSMM Helpdesk.

Trading Partner Firewall

Port 3443 is used for connectivity to the Gentran system and not the typical Port 80 HTTP and Port 443 for HTTPS.

Browser Requirements:

Microsoft Internet Explorer 5.x or later.

CMS does recommend that EFT users/Business Partners use a Microsoft Operating Systems that is currently supported by Microsoft and at appropriate Service Pack Level.

To eliminate the HTTPS Security Pop up after you have downloaded the Gentran Certificate, the end user may need to update their VeriSign Class 3 Certificate. Instructions are available through the CSMM Helpdesk.

FTP SSH Client Gentran Mailbox Access and System Requirements

Small, Medium Trading Partners and/or those specifically identified will be using either HTTPS or the Sterling SFTP Client for file submission or file retrieval.

CMS recommends the Sterling FTP client. If you will be using the SFTP Client from the MDCN/AGNS network, you must configure your network or node to use the CMS MDCN DNS for name resolution.

Trading Partner Firewall

TCP Port 10022 for SFTP with SSH is used for the SFTP sessions.

Details for procuring the Sterling FTP Client are available through the CSMM Helpdesk. FTP Installation and Configuration User Guides are available through the CSMM Helpdesk.

Sterling, on behalf of CMS, will be providing installation and configuration assistance. This is a single instance (Installation/configuration) offering only.

Sterling FTP Client Minimum Requirements (Sterling Commerce)

Unix

RAM 512MB
OS AIX 5.3
Solaris 9
HPUX 11i
Suse Linux 8.2
Red Hat Linux 9

Microsoft Windows

RAM 512 MB
OS Windows NT 4 SP6
Windows 2000 Pro
Windows XP SP1

2.1.3 Common User Interface Access Setup

The CMS CUI provides the gateway for users to query both beneficiary (MBD) and MARx data. The CMS CUI is available on both the Internet and extranet. Instructions for accessing them are available in Section 4.

2.1.4 Points of Contact

MARx Related Web sites

www.cms.hhs.gov/healthplans/systems

MMA HELP DESK (800) 927-8069 or email at MMAHelp@cms.hhs.gov

For questions regarding programming issues, refer to Appendix B — CMS Central Office Contact Information.

Contact Information

CMS is providing a technical customer support mechanism for all of our external customers. The Customer Support for Medicare Modernization (CSMM) will provide you with quality support for all of your connectivity needs, as well as aid in resolving technical application needs. The CSMM is currently available via a toll-free line, (800) 927-8069, and email, MMAH@cms.hhs.gov. In addition, a library of all Plan/CMS files and transactions are located at: <http://www.mmahelp.cms.hhs.gov/>.

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Section 3 — MARx Processing

MARx processing occurs on a monthly cycle where transactions are received until a cutoff date. Beneficiary enrollments, disenrollments, Plan Benefit Package (PBP) changes, plan changes, and corrections are processed as they are entered into the system, and payments are calculated immediately. In the month-end cycle, MARx writes the monthly reports and calculates the final summary beneficiary payments and adjustments, which ultimately become payments to the Plans.

3.1 Transaction Processing

The following steps are taken to process transactions from a Plan:

- A Plan submits transaction files to MARx using Connect:Direct, Secure FTP software, or Web Browser/Hypertext Transfer Protocol Secure (HTTPS). The transaction files are read and loaded into internal tables for MARx processing (posting).
- If a transaction is accepted, MARx immediately calculates payment (and/or adjustments) and adds or subtracts the net dollar amount to the totals for the contract for each month. These totals are dynamic and may change each time a transaction is processed for a contract, until the monthly payment operations are concluded and final.
- If a transaction is not accepted, it may either fail or be rejected.
 - A “failure” results when incoming data is not consistent with the database rules. A transaction fails during processing when it contains an error that is too severe to attempt to process and store the data in the system. For example, if the contract number is longer than a valid contract number, the transaction cannot be saved in the database and therefore fails. The transaction is written to the FTR and transmitted to the submitter (user) for review.
 - A “reject” results when incoming data is of the correct type but cannot be successfully processed due to some inconsistency that violates an enrollment validation check or rule. For example, if the contract number does not identify a valid contract, MARx would reject the transaction. Rejected transactions are reported on the Batch Completion Status Report that is transmitted to the submitter (user).
- Multiple files can be submitted each month, and a Plan's transactions are processed as they are received, giving the user time to review any errors, correct records, and resubmit them before the monthly summary is completed and final payment is calculated.
- Details of batch-submitted transactions will appear on the Weekly/Monthly Transaction Reply Report.
- For all aforementioned reports, please see Appendix I, Reports.
- Record layouts for transactions are provided in Appendix E, Record Layouts.

3.2 MARx Reports

MARx communicates the disposition of a transaction through a variety of reports that are transmitted to the Plan users. The FTR and the Batch Completion Status Summary Reports are transmitted to the Plan upon completion of processing a batch. In addition, the Weekly Transaction Report provides a disposition of transactions submitted for a contract each week except the week when month-end occurs. Details of the last week are in the monthly report. Monthly reports include enrollment and payment reports that reflect the status at the completion of the monthly process.

In addition to reports, MARx generates data files so that Plans may easily import information into their own systems if desired. (Details for the reports and data files are given in Appendix I, Reports.) Failed and rejected transactions will need to be corrected and resubmitted to MARx for processing. Plans validate payments at the beneficiary level based on information (enrollment, disenrollment, applicable health statuses, etc.) in effect at the time of processing via the Transaction Reply and Monthly Membership Detailed Reports.

3.3 Production Schedule

The following section describes the processing flows for submitting transactions to CMS and retrieving reports from CMS. In general, MARx transaction processing occurs during the first few weeks of the month until a cutoff date, which changes each month. At the cutoff date, MARx suspends the processing of new transactions. The month-end process performs final summarization of beneficiary level payments to plan level payments. Monthly payments are reviewed by CMS before they are approved. Once approved, MARx closes the current month and resumes the processing of transactions for the next month.

3.3.1 Daily Processing

- Plans transmit beneficiary enrollment, disenrollment, plan change, and correction (to identify Medicaid and Institutional/Nursing Home Certifiable (NHC) statuses) transactions to the CMS Data Center via Connect:Direct, Secure FTP, or Web Browser/HTTPS. Each transaction file is transmitted to a data set at CMS named XXXX.@BGD5050.TRANSFER.DATA, where XXXX is the ID of the user who submits the file. Daily processing also includes accessing the Gentran mailbox. For information regarding transmissions to CMS, refer to Appendix J.
- Plans verify MARx processing of data via various report files returned after processing the transaction file. The Plans receive FTRs that detail the transactions that could not be processed by MARx. An FTR is transmitted to the Plan upon processing of the transaction file by MARx. A list of rejected transactions is provided on the Batch Completion Status Summary Report. This report is generated when processing for the batch is complete.
- Throughout the month, MARx processes enrollment, disenrollment, plan change, and correction data as this data is received, and updates individual beneficiary records.
- Throughout the month, MARx computes beneficiary-level payments and premiums based on updated enrollment, disenrollment, plan change, and correction data, and

summarizes them at the contract level. This summary includes any applicable adjustments, subsidies, and penalties.

- MARx provides each Plan with Weekly Transaction Reports that summarize the disposition of transactions received for the week in its contracts. In the last week prior to month end, the weekly data is subsumed in the monthly TRR, which is cumulative for the month. Plans may also utilize this report to correct and resubmit failed and rejected transactions to MARx.

3.3.2 Monthly Processing

- MARx creates contract payment validation reports.
- The CMS staff reviews reports and authorizes contract payments for the month.
- The Automated Plan Payment System (APPS) transmits Plan payment data to the CMS financial control system. From there, a file is transmitted to the U.S. Treasury, where funds are electronically dispersed to Plan banking institutions.

The Monthly Schedule is provided in Appendix C, Monthly Schedule.

3.3.3 MARx Interfaces

3.3.3.1 Health Plan Management System (HPMS) and Plan Information and Control System (PICS)

- A close association exists among MARx, HPMS, and PICS. The HPMS and PICS together contain complete information about contracts between Plans and CMS. As such, these systems provide a basis for validating contract, PBP, and segment numbers and service areas. Most important, these systems identify the type of contract and where the Payment Bill Option (PBO) Code is linked to rules for enrollment and payment. These systems also provide MARx with information about terminations, rollovers (where some or all beneficiaries in one contract are automatically moved to another contract), payment rates, and rebate amounts. Changes to contract and plan information are reported to MARx. If the changes affect payments, MARx automatically calculates a new payment and any appropriate adjustments.

3.3.3.2 Risk Adjustment System

- The Risk Adjustment System (RAS) provides MARx with beneficiary-specific risk adjusted factors that are used in calculating Part C and D payments. The factors are based on each beneficiary's medical history, as reflected in claims and encounter data.
- Risk-adjusted factors are calculated annually. They are updated midyear and reconciled a few months after the end of the year. When these changes occur, MARx will automatically recalculate payments and appropriate adjustments.

3.3.3.3 Automated Plan Payment System (APPS)

- MARx is responsible for calculating payment amounts for beneficiaries enrolled in Plans. At the end of the monthly payment cycle, payments and enrollments are summarized in different categories and transmitted in files to the APPS. At this point, MARx stops processing new transactions for that month while CMS accountants review sample reports from the month's processing.

Note
New transactions for the next month can be submitted, and they will be processed when processing resumes.

- If the accountants find no problems with the sample data, they certify (approve) the month's processing and allow APPS to generate a file of payment records. This file is passed to CMS's main accounting system, then to the U.S. Treasury where wire transfers to the Plans are initiated.
- If the accountants find a problem, MARx has built-in backup procedures that allow all or part of the monthly run to be reprocessed.

Section 4 — Using MARx – Online Operations

The MARx system accommodates online and batch processing. Online capabilities are used to view beneficiary or contract information. Batch capabilities are used to submit data, such as a set of enrollments and disenrollments. This section addresses the online capabilities. See Section 1.3.1, File Submission and Retrieval, for information on batch processing.

MARx online operations support the following capabilities:

- Logon and view messages
- View beneficiary information
- View payment information
- View premiums charged by Plans
- Request historical reports

Information is available for enrollments starting from July 1966, with the exception of older reports. Availability of both the reports generated by MARx and MMCS and the legacy Group Health Plan (GHP) reports for retrieval is dependent on the date that a given report was migrated to archive status and the CMS retention policy for MARx/MMCS reports that have been archived to tape.

The following sections describe MARx online processing.

Note
This section may be read in its entirety, but it is also designed to be used for reference. Each topic provides content that is specific to that particular topic. The majority of the general information (such as common buttons, navigation processes, and messages) is provided either in Section 4.1, Getting Started, or in the appendices, and is not duplicated in the remainder of this section.

Note
All of the beneficiary, contract, and user information in the screen snapshots in this document is fictional. The names and Social Security Numbers do not identify any person living or dead. The claim numbers start with '997,' '998,' or '999' because those numbers are never assigned.

4.1 Getting Started

This section provides some basic information necessary to conduct MARx online operations:

- Accessing MARx and logging onto the system
- Changing your password
- Logging out of the system
- Understanding roles and privileges
- Using the screens
- Navigating the system

4.1.1 Accessing MARx and Logging On to the System

4.1.1.1 How Do I Get Started Using MARx?

After you have a CMS user ID and password (see Section 2.1.1, Requesting a User ID and Password), a MARx user profile will be created for you. Your profile will define what tasks you are allowed to perform. One or more roles will be assigned to you based on your job responsibilities. One of these roles is marked as the default. When you logon, you may accept the default role or choose one of the other roles assigned to you. The profile also defines which contracts you may access.

4.1.1.2 How Do I Logon to MARx?

MARx will be accessed using the CMS CUI. User will logon to the CUI and then select the MARx link to access the MARx system. For information on the CMS CUI, please refer to the (TBS).

4.1.2 Changing Your Password

Password management will be handled using the CMS Identity Management Application. Please refer to the Appendix K for more information.

4.1.3 Logging Out of the System

When you are ready to exit MARx, logging out will close your browser windows. See Section 4.2.4, Logging Out of MARx, for the steps for logging out. Closing the browser will also log you out.

4.1.4 Understanding Roles and Privileges

4.1.4.1 What Are the Different Roles and Privileges?

MARx is a role-based system, which provides a secure environment for MARx data. (A role describes a user's "job" by the tasks that a user may perform.) To fulfill the security goals,

MARx provides functionality and data filtering based on the needs of users and security considerations. The MARx security administrator can adjust access rights as needed to accommodate each user.

The roles currently defined for Plan users are as follows:

- **MCO Representative** — An individual who works for a Plan managing beneficiaries in the Medicare program via MARx. MCO representatives can access data only for their own membership. They cannot transmit batch files containing membership changes and health status corrections.
- **MCO Representative Transmitter** — This role has the same capabilities as the MCO Representative role, with the additional ability to transmit batch files containing membership changes and health status corrections.

Note

MARx Screens display the term 'MCO' rather than 'Plan'. On MARx screens, 'MCO' represents all Part C Managed Care Plans, including Medicare Advantage Plans, MA-PDs and PDPs.

4.1.4.2 *Can I Change My Role?*

When you logon to MARx, the first screen you will see is the *User Security Role Selection (M002)* screen. It appears only at logon; you cannot get to this screen using the menu system. However, each time you logon to the system, you will be presented with the list of roles in your user profile. **Figure 4.1-1** lists roles for the user XXXX, who is eligible to choose either of the MCO roles.

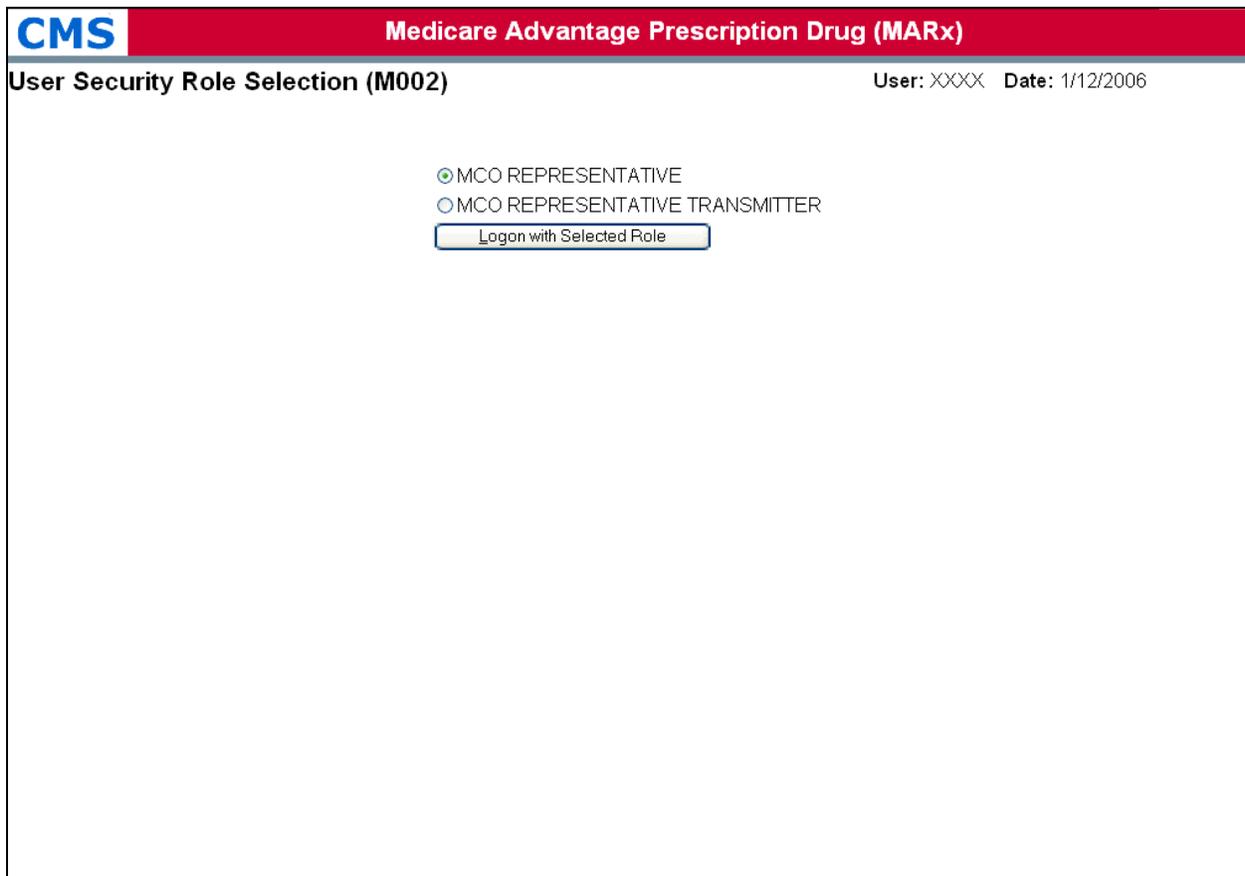


Figure 4.1-1. User Security Role Selection (M002) Screen

4.1.5 Using the Screens

4.1.5.1 General Properties of Screens

MARx screens share many properties. After you understand how the screens are organized, you can quickly and easily find the information you need.

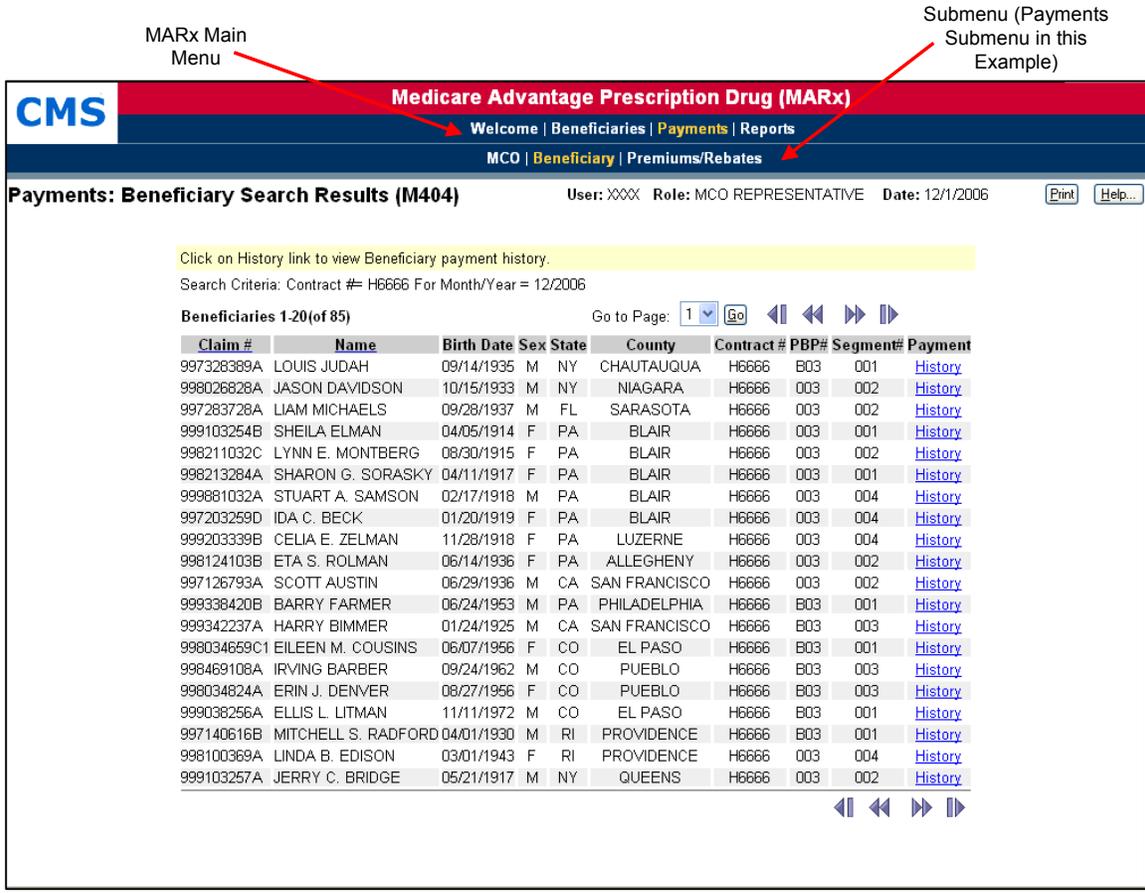
There are two main types of general screen layout: primary and secondary (pop up). The principal differences between a primary window and a secondary window are the design and content of the headers and the manner in which you navigate among the screens.

There is also a third special type of screen, the logout window, which remains in the background for the duration of your MARx session.

4.1.5.2 Screen Layout – Primary Screens

The main window contains a primary screen with a menu and submenu. Only one primary screen will be open at a time. When you navigate from one primary screen to another, the new screen replaces the previous primary screen in the main window.

The heading of each primary screen contains the MARx main menu (see **Figure 4.1-2**). In most cases, there is a submenu below the main menu, which provides options based on the menu item chosen. The selected menu and submenu items are highlighted in yellow on the system.



2615-06_001

Figure 4.1-2. Example of a Primary Window

4.1.5.3 Screen Layout – Secondary Screens

A secondary screen is opened from a primary screen to “drill-down” for more information. It is displayed in a new, pop-up window. Multiple pop-up windows may be open at a time. When you switch primary screens, any open secondary screens associated with that primary screen will be closed automatically.

Secondary screens do not have the menu/submenu headers shown on primary screens. Instead, they have headers that vary based on the screen. Many secondary screens have a header that provides information specific to the contents of the screen. In the example shown in **Figure 4.1-3**, the header information, which is indicated with a brace, is specific to the selected beneficiary and includes such information as the beneficiary’s name; claim number; date of birth (DOB), date of death (DOD) when applicable; street address; age; sex; state; and county.



Figure 4.1-3. Example of a Secondary Window (Pop-Up)

In addition, some secondary screens have their own navigation — a lower level menu system. In the example, the secondary-level menu consists of the following items [Snapshot], [Enrollment], [Status], [Payments], [Adjustments], [Premiums], and [Factors]. You can move among these screens by clicking the appropriate menu item.

One feature unique to the secondary window navigation is a [Close] or [Cancel] button. Clicking one of these buttons closes that secondary window.

4.1.5.4 Some Common Features of the Screens

Below the headings, most of the screens have the same format. The top of the screen has a title line with the following information, as shown in **Figure 4.1-4**.

Beneficiary Detail: Payments (M206)

User: XXXX Role: MCO REPRESENTATIVE Date: 11/15/2006 [Close] [Print] [Help...]

User ID, Current Role and Date

Enter required field information below and click "Find."

*Indicates required field

*Payment Date

[Find] [Reset]

Payments 1-9(9 of 9) (Click on payment date to view details)

Payment Date	Payments							Adjustments				Total Pay+Adj	Part B Premium Reduction	Regional MA BSF
	Contract	PBP#	Seg#	Part A	Part B	Part D	Total Pay	Part A	Part B	Part D	Total Adj			
11/2006	H6666	A01	123	\$0.00	\$0.00	\$0.00	\$0.00	\$86.76	\$39.54	\$0.00	\$126.30	\$126.30	-	\$0.00
10/2006	H6666	A01	123	\$384.84	\$262.51	\$0.00	\$647.35	\$0.00	\$0.00	\$0.00	\$0.00	\$647.35	-	\$0.00
09/2006	H6666	A01	123	\$384.84	\$262.51	\$0.00	\$647.35	\$0.00	\$0.00	\$0.00	\$0.00	\$647.35	-	\$0.00
08/2006	H6666	A01	123	\$384.84	\$262.51	\$0.00	\$647.35	\$0.00	\$0.00	\$0.00	\$0.00	\$647.35	-	\$0.00
07/2006	H9999	013	000	\$369.84	\$252.51	\$0.00	\$622.35	\$0.00	\$0.00	\$0.00	\$0.00	\$622.35	-	\$0.00
06/2006	H9999	013	000	\$369.84	\$252.51	\$0.00	\$622.35	\$0.00	\$0.00	\$0.00	\$0.00	\$622.35	-	\$0.00
05/2006	H9999	013	000	\$369.84	\$252.51	\$0.00	\$622.35	\$0.00	\$0.00	\$0.00	\$0.00	\$622.35	-	\$0.00
04/2006	H9999	013	000	\$369.84	\$252.51	\$0.00	\$622.35	\$0.00	\$0.00	\$0.00	\$0.00	\$622.35	-	\$0.00
03/2006	H9999	013	000	\$369.84	\$252.51	\$0.00	\$622.35	\$739.68	\$505.02	\$0.00	\$1,244.70	\$1,867.05	-	\$0.00

2615-06_003

Figure 4.1-4. Common Features of a Screen

- Screen name, which describes the screen's purpose. A primary screen's name reflects how the screen was reached using the menu and submenu.
- Screen identifier, which starts with an 'M.' This identifier can be useful when asking for help, reporting a problem to the help desk, or using this guide.
- User ID
- User's current role
- Current date
- [Print] and [Help] buttons (and the [Close] and other buttons for secondary windows)

Some windows also display additional buttons.

The message line appears below the title line. Error messages are displayed in red, and messages indicating success are displayed in green. If there is no message, this area of the screen is blank.

Many screens have instructions at the top, which are displayed on the screen with a yellow background to provide information on how to use the screen. Additional information is available by clicking on the [Help] button.

A screen may contain input (data entry) fields, output (information) fields, and links to other screens, tables, etc. **Figure 4.1-5** shows an example of a screen with links that display:

- Additional information on the same screen (the Contract column link [H6666](#) in the first table).
- Other screens (the Action column link [Payment](#) in the first table and the dates — [07/2006](#) through [03/2006](#) — in the Payment Date column link of the second table).

Claim #:999876543A
112 E WILLOW AVE
ALTOONA, PA 16601-3944
VERNA M. MILLER
DOB: 04/06/1914
Age: 91 Sex: FEMALE
State: PA (39) County: BLAIR (120)

Snapshot | Enrollment | Status | Payments | Adjustments | Premiums | Factors

Beneficiary Detail:Enrollment (M204) User: XXXX Role: MCO REPRESENTATIVE Date: 11/15/2006 Close Print Help...

Enrollments 1-2(of 2) (Click on Contract# to view details)

	Contract	PBP #	Seg #	Drug Plan	Start	End	Source	Disenroll Reason	Action
1	H6666	A01	123	N	08/01/2006				Payment
2	H9999	013	000	N	01/01/2006	07/31/2006		DISENLROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN	Payment

Payments 1-5(of 5) for Contract# H9999 (Click on Payment date for details)

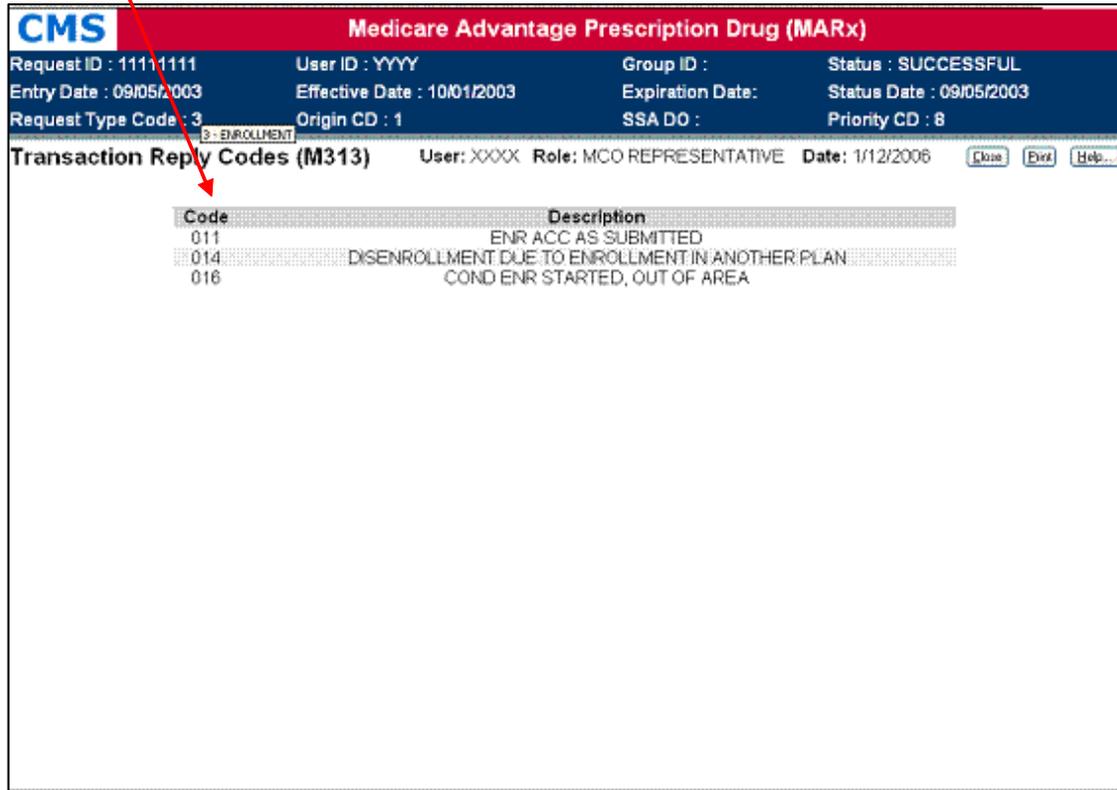
Payment Date	Contract#	Payments	Adjustments	Hospice	ESRD	Working Aged	Inst	NHC	Medicaid	Disability	CHF	Part B Premium Reduction
07/2006	H9999	\$622.35	\$0.00	-	-	-	-	-	-	-	-	-
06/2006	H9999	\$622.35	\$0.00	-	-	-	-	-	-	-	-	-
05/2006	H9999	\$622.35	\$0.00	-	-	-	-	-	-	-	-	-
04/2006	H9999	\$622.35	\$0.00	-	-	-	-	-	-	-	-	-
03/2006	H9999	\$622.35	\$1,244.70	-	-	-	-	-	-	-	-	-

Figure 4.1-5. Example of a Screen with Links

There may be additional buttons that perform operations on the screen. For an example, refer to Figure 4.1-4.

Some screens show information using a numerical code. When there is room on the screen, a description of the code is also displayed. In cases where there is no room, a description is available by placing the mouse pointer over the code, which will cause a description to pop up. See **Figure 4.1-6** for an example.

Code and Pop-Up Description



2615-06_004

Figure 4.1-6. Example of a Code with a Pop-Up Description

4.1.5.5 Some Common Characteristics of the Screens

Screens are customized by role in several ways:

- Not all screens are available to each role. The menu and submenus include links only to the available screens. For example, the screens that are used to configure MARx are limited to a few roles.
- The fields and buttons on some screens vary by role.

Screens may carry out one or more of the following functions:

- Find specific information
- Display information
- Provide links/buttons to additional functions

Many screens contain forms that you fill out and buttons you click on to carry out an action. Some fields are required, and others are optional. In some cases, it is required that one of several fields be entered, though none of the fields is individually required. A red asterisk (*) appears

next to a field label to indicate that it is required. A red plus sign (+) appears next to field labels to indicate that one or more of those fields must be entered.

Sometimes there are additional rules regarding what combination of fields is acceptable, and those rules are often indicated in instructions on the form.

There are different ways to enter information into a field:

- Text entry. Most fields (such as claim number or contract) allow you to type in the information.
- Dropdown list. Some fields (such as state or disenrollment reason) provide a list of values from which you can select. Click on the down arrow next to the field to display the list, and then click on a value to select it. To delete your selection, select the blank value, which is at the top of the dropdown list for an optional field.
- Radio buttons. Choose one of the items in a group by clicking on the circle next to that item.
- Check boxes. Select any number of the items in a group by clicking on the box next to each item to be selected.

Some fields are initialized with default values. For example, date fields are often initialized with the current date.

The information that you enter on a form is validated to ensure that your request is valid, and an error message is displayed to let you know when something is wrong.

Information that you enter into a field is validated when you exit that field (such as when you tab or click elsewhere on the screen). The field is color coded — yellow for a valid field and pink for an invalid field. When a field is invalid, it is selected (i.e., highlighted), and an error message is displayed in red below the title line.

Some validation is not performed when you exit the field, but rather when you click on a button. Generally this happens when the validation involves the relationship between fields, such as checking that a start date is not after an end date. When an error is detected upon clicking a button, an error message is displayed and the button's action is not carried out.

After validation is complete, the user's action is submitted. The buttons on the screen (except for the [Print], [Help], [Close], and [Cancel] buttons) are disabled (grayed out) until the action is complete, to prevent a button from being clicked multiple times. Also, a message is shown, asking that you wait until the requested action is completed. If the processing succeeds, a message indicating that the action was successfully completed is displayed in green. If the processing encountered an error, a message explaining the problem is displayed in red, and the user's inputs are displayed on the screen again.

4.1.5.6 Screen Components

A screen may contain links to other screens (in addition to the links on the menu and submenu). These links are indicated by underlined words.

When a screen displays a list of information, such as information on multiple beneficiaries or transactions, that information is displayed in a table. When there are too many rows in the table

to fit on one screen, only a portion of the table is displayed at one time. The [screen navigation arrows](#) at the top and bottom of the table allow you to scroll through the list. When the first page is displayed, the back [arrow](#) is disabled. When the last page is displayed, the [forward arrow](#) is disabled. There are additional arrows for jumping directly to the first or last page. You can also go directly to a particular page by selecting a page number from the list displayed at the top of the table, next to the arrows, and clicking the [Go] button. If all of the information fits on one page, there are no arrows or page number list.

If a column heading in a table is underlined, the table can be sorted by the information in that column. Click on the column heading to sort by that column in ascending order. (Note that the column heading does not act as a toggle, i.e., clicking on the heading a second time does not return the screen to the previous sort order nor does it sort the column in descending order.) Sorting is done for all rows in the list, not just for the rows on the current page, so you may see different rows on the screen after sorting.

4.1.5.7 Accessibility

Though most users will use a mouse to move through screens, it is also possible to navigate, select items, and click on actions using only the keyboard. The tab keys can be used to move from one screen element to the next, including links, fields, and buttons. To move backward from one screen element to the previous one, hold down the <SHIFT> key when tabbing. To select a particular radio button, use the tab keys to move to the radio button that is selected within a group of buttons, and then use the arrow keys to change which button is selected in the group. To select or deselect a check box, use the tab keys to move to the check box, and then use the space bar to toggle between selected and deselected.

In addition, buttons and fields have keyboard shortcuts that allow you to go directly to a screen element. The underlined letter on the field or button label indicates the shortcut. Pressing the <Alt> key with that letter provides a way of accessing that button or field. For a button, using its shortcut is the same as clicking on that button. For example, <Alt F> is equivalent to clicking on the [Find] button. For a field, using its shortcut is the same as tabbing to the field — the focus is on that field, and the value in it is selected. For a check box field, the shortcut also toggles the check box on and off.

MARx meets the U.S. regulations (Section 508 of the Rehabilitation Act Amendments of 1998) requiring all U.S. Federal agencies to make their IT accessible to their employees and customers with disabilities. MARx meets the following criteria for a user employing assisting technologies, such as screen readers:

- Text equivalents are provided for nontext elements such as graphics.
- All information conveyed with color is also available without color.
- MARx Web-based reporting tools and Hypertext Markup Language (HTML)-generated data support the use of row and column headings.
- HTML 4 tagging format is used.

- MARx is designed to allow users to skip repetitive navigation links. A link (that is only visible with a screen reader) is placed at the start of the page, which, when clicked, skips over the menu and submenu.

The other Section 508 requirements are not applicable to this application.

4.1.5.8 Commonly Referenced Buttons and Links

Table 4.1-1 describes buttons and links used on many of the screens. Instead of describing each of these buttons and links every time they are referenced, they are described below.

Table 4.1-1. Common Buttons and Links

Example	Description
[Print]	Print. Every screen supports a [Print] button. The [Print] button supports printing the entire contents of the active Web page. It displays the Printer Options pop-up screen.
[Help]	Help. Every screen supports a [Help] button, which invokes a menu of topics. At the top of the menu is a link to information that is specific to the current screen. Below that link are links for topics that are displayed for each screen. When you click on a link, the help is displayed in a separate window using Adobe Acrobat Reader. The help comes directly from this user's guide, providing the user an easy way to obtain online access to this guide.
[Close]	Close. Closes the pop-up window without submitting the data. This button does not appear on any screens accessed directly from an item on the MARx main menu.
[Cancel]	Cancel. Closes the pop-up window without submitting the data.
	<p>Screen navigation arrows. When not all list items fit on a screen, navigation arrows are used to scroll through the list. These arrows are shown at the top and the bottom of the list items on the screen. The arrows function as follows:</p> <ul style="list-style-type: none"> ■  – go to the first page of items in the list ■  – go to the previous page of items in the list ■  – go to the next page of items in the list ■  – go to the last page of items in the list
	Go to Page Number. In addition to the screen navigation arrows, [Go to Page Number] is displayed at the top of the list items. It allows the user to jump directly to a particular page. Select the page number to be displayed, and click on the [Go] button. The page numbers in the dropdown list reflect the actual number of pages in the list.
[Reset]	Reset. Resets the entered data to their previous values. If a button was clicked on the screen, the previous values are those displayed when the button was clicked. Otherwise, they are the initial values on the screen. It does not clear the screen, unless the screen was previously clear.

4.1.5.9 Common Fields

Table 4.1-2 describes the formats of input fields that are used on many of the screens. The field labels vary among screens. For example, a contract field may be labeled as “Contract #” or “Contract,” or a date field may be labeled “Birth Date” or “Effective Date.”

Table 4.1-2. Common Fields

Field	Format
Claim #	<p>One of three formats is permitted. This field consists of a Claim Account Number (CAN) and a Beneficiary Identification Code (BIC). Depending on the screen and format, the BIC may or may not be optional:</p> <ul style="list-style-type: none"> • Social Security Administration (SSA) – 9-digit Social Security Number is the CAN followed by a 1- or 2-character BIC (where the first character is a letter and the second is a letter or number). • Railroad Retirement Board (RRB) – RRB identifier, with a 1-to-3-character BIC (which has one of these values: CA, A, JA, MA, PA, WA, WCA, WCD, PD, WD, H, MH, PH, WH, WCH) followed by a 6- or 9-digit number (CAN). The BIC is not optional. • CMS internal number – The internal format of an SSA claim number is the same as the SSA format. For an RRB claim number, the RRB format is translated to 9 characters (CAN) followed by a 2-digit BIC (which has one of these values: 10, 11, 13 through 17, 43, 45, 46, 80, 83 through 86).
Contract #	Starts with an 'H', 'R', 'S', 'F', or '9' and is followed by four characters.
PBP #	Three alphanumeric characters.
Segment #	Three digits. A value of 000 indicates that there is no segment.
Date	Month, day, and four-digit year. A zero in front of a single-digit month or day is optional: (M)M/(D)D/YYYY.
Month	Month and four-digit year. A zero in front of a single-digit month is optional: (M)M/YYYY.
Last Name	May contain letters (upper and lower case), apostrophe, hyphen, and blank. Length is up to 40 characters.

4.1.5.10 Error Message Screens

This section covers screens that report errors that could occur with any MARx UI screen. See Appendix B for contact information to report the error.

If a MARx UI screen is unavailable for display, the Page Not Found screen (as shown in **Figure 4.1-7**) is displayed to notify the user of the problem.

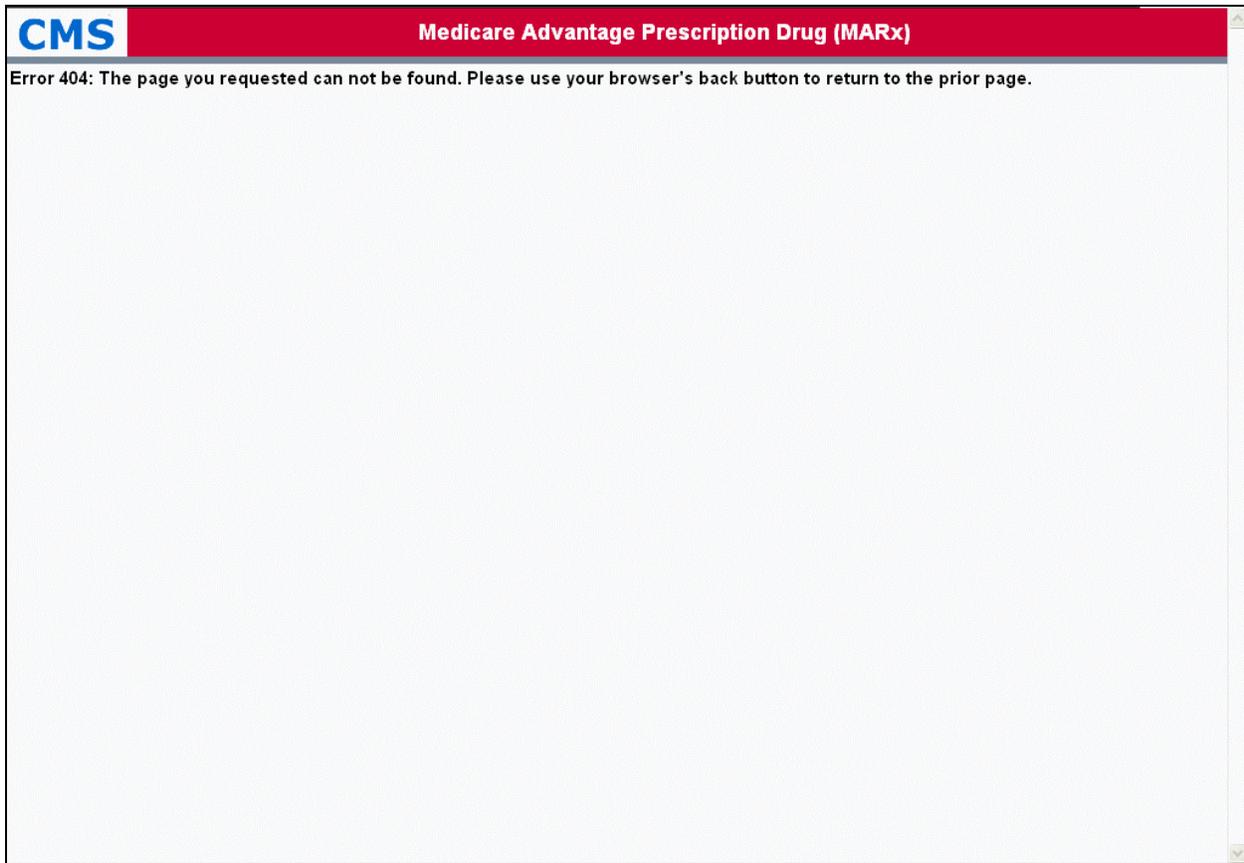


Figure 4.1-7. Page Not Found Screen

If a time-out occurs when attempting to display a MARx UI screen, the Page Time-Out screen (as shown in **Figure 4.1-8**) is displayed to notify the user of the problem.



Figure 4.1-8. Page Time-Out Screen

4.1.6 Navigating the System

4.1.6.1 How Do I Get Where I Want To Go?

The functions to which you have access vary depending on your role. Only those functions available to your role will appear in the menu and submenus. The tasks within each function may also vary based on your role. **Table 4.1-3** lists the names of the main menu items and provides a general description of the functions you will find under each item.

Table 4.1-3. Main Menu Items

Menu Item	Description
Welcome	Messages, calendar, etc.
Beneficiaries	Search for beneficiaries and view beneficiary information.
Payments	Retrieve payment and adjustment information for MCOs and beneficiaries.
Reports	Request historical reports.

4.1.6.2 How Do I Find Specific Information?

MARx uses a type of drill-down system. What this means is that you start at a very high level — an overview of the major subdivisions within MARx — and narrow your way down to more specific detailed information.

4.1.6.3 Navigating Using the Menus and Submenus

The menus and submenus all work in the same way, as follows.

When you first view the MARx main menu, shown in **Figure 4.1-9**, it appears with the |Welcome| menu item highlighted on the screen.



Figure 4.1-9. MARx Main Menu with Welcome Selected

When you select an item from the MARx main menu by clicking on the general area you want to view (e.g., the |Beneficiaries| menu item) the screen changes as displayed in **Figure 4.1-10**.

- The selected menu item (in this case, the |Beneficiaries| menu item) is highlighted in yellow on the screen.
- The associated submenu is displayed just below the MARx main menu, the first item in the submenu is selected and highlighted in yellow on the screen as well (by default), and the associated screen (in this case, the Beneficiaries: *MCO (M201)* screen is displayed in the form area.
- To view any of the other selections, just click the menu or submenu item (for example the |Payment| submenu item) to see the associated screen.

CMS Medicare Advantage Prescription Drug (MARx)
 Welcome | **Beneficiaries** | Payments | Reports

Find

Beneficiaries: Find (M201) User: XXXX Role: MCO REPRESENTATIVE Date: 1/12/2006 [Print](#) [Help...](#)

Enter search criteria in any one or more of required fields and click "Find."
 At least one of Claim Number or Contract Number (plus an optional PBP #) is required.
 + Indicates at least one of these fields is required

+Claim # *(BIC is Optional)*

+Contract # PBP #

[Find](#) [Reset](#)

Figure 4.1-10. Beneficiaries: Find (M201) Screen

Tip
 The first-level screen names are made up of the names of the “Menu: Submenu” selection that brought you to that screen. This can help with navigating to a particular screen.

4.1.6.4 Navigating Using the Screens

After you get to a screen, you may do a search to find information about a particular beneficiary or month. After you have narrowed your search to this more specific level, you may be able to find even more detail by clicking on links and/or buttons on the screens that lead to additional screens.

4.1.6.5 An Example

The following example is provided to demonstrate this drill-down navigation method used by MARx in its online processing. Note that the screens are used to help show the flow. Specific information about the contents of the screens is not provided here. However, this particular function is described in detail in Section 4.3, Viewing Beneficiary Information.

In this example you will see how to view the details of an adjustment for a selected beneficiary during a selected month.

Consider a scenario where you want to determine the reason a particular beneficiary has a particular adjustment. Starting at the top level (the MARx main menu), select the general area in which you are interested in finding information. For this example, you would look at the screens having to do with beneficiaries, so you would click on the [Beneficiaries] menu item, as in Figure 4.1-9. The *Beneficiaries: Find (M201)* screen is displayed, as in Figure 4.1-10. Because you want to find a particular beneficiary, you would enter the selection data, as shown in **Figure 4.1-11**, and click on the [Find] button.

CMS Medicare Advantage Prescription Drug (MARx)
Welcome | **Beneficiaries** | Payments | Reports
Find

Beneficiaries: Find (M201) User: XXXX Role: MCO REPRESENTATIVE Date: 1/12/2006 [Print] [Help...]

Enter search criteria in any one or more of required fields and click "Find."
At least one of Claim Number or Contract Number (plus an optional PBP #) is required.
+ Indicates at least one of these fields is required
+Claim # (EIC is Optional)

+Contract # PBP #
H6666
[Find] [Reset]

Figure 4.1-11. Beneficiaries: Find (M201) Screen with Contract # Entered

This displays the *Beneficiaries: Search Results (M202)* screen, as in **Figure 4.1-12**.

CMS Medicare Advantage Prescription Drug (MARx)
 Welcome | **Beneficiaries** | Payments | Reports

Find

Beneficiaries: Search Results (M202) User: XXXX Role: MCO REPRESENTATIVE Date: 1/12/2006 Print Help...

Click on Claim # link to view Beneficiary Enrollment Details.
 Search Criteria: Contract #= H6666

Beneficiaries 1-20(of 281) Go to Page: 1 ◀◀ ▶▶ ▶▶ ▶▶ ▶▶

Claim #	Name	Birth Date	Date of Death	Sex	State	County
999123456A	MILLIE I. DUNKIRK	06/15/1912		F	MD	HOWARD
997246810B	JOHN D. JONES	11/06/1922		M	MD	HOWARD
998101001B	STEVEN K. MILLER	02/18/1916		M	TX	BEXAR
999112222A	JASON J. CONNORS	07/14/1935		M	MD	HOWARD
998999999M	MARSHA P. RIGHT	03/03/1933		F	MD	HOWARD
999010203A	MATTHEW K. SPENCE JR	10/19/1945		M	MD	HOWARD
997234567B	GLENN P. SMITH	06/03/1941		M	MD	MONTGOMERY
997543210A	JAMES Q. SHORT	10/06/1920		U	MD	HOWARD
998115463A	CHRIS C. PRINCE	10/14/1933		M	MD	HOWARD
999223333A	LEO S. BELL	04/18/1937		M	NY	ROCKLAND
999876543A	VERNA M. MILLER	04/06/1914		F	PA	BLAIR
997334444A	MARY P. SHUTE	07/29/1915		F	PA	BLAIR
999040506B	KATHERINE M. SPITZ	04/14/1917		F	PA	BLAIR
999466168M	LISA R. LOTTA	02/12/1918		M	PA	BLAIR
997759782A	KAREN C. LOTTA	01/22/1919		F	PA	BLAIR
998436753A	MARY K. PALANCE	11/29/1918		F	MD	MONTGOMERY
999192837A	CATHERINE H. SCHOLE	05/22/1936		F	NY	ROCKLAND
999888777D	IRWIN J. GERALD	04/19/1936		M	MD	MONTGOMERY
999121314A	TIMOTHY DRAYTON SR	04/18/1953		M	MD	HOWARD
999991111M	WESTON CLAY	01/12/1925		M	MD	HOWARD

◀◀ ▶▶ ▶▶ ▶▶ ▶▶

Figure 4.1-12. Beneficiaries: Search Results (M202) for the Contract # Specified

From here, you can view summary information about all of the beneficiaries returned from the search based on the input criteria, or you can drill down deeper to find more detailed information about a specific beneficiary. In this example we are going to look at adjustment information for Verna M. Miller. The first step to viewing this information is to click on the linked Claim # associated with Verna M. Miller ([999876543A](#)). This displays the *Beneficiary Detail: Snapshot (M203)* screen, as shown in **Figure 4.1-13**. Notice that this is a secondary (pop-up) window and has a different header with Verna M. Miller’s name, claim number, DOB, street address, age, sex, state, and county. Also note that because this is a pop-up window, there is a [Close] button in the upper right-hand corner of the body of the window.

Claim #:999876543A 112 E WILLOW AVE ALTOONA, PA 16601.3944	VERNA M. MILLER	DOB: 04/06/1914 Age: 91 Sex: FEMALE State: PA (39) County: BLAIR (120)																												
Snapshot Enrollment Status Payments Adjustments Premiums Factors																														
Beneficiary Detail: Snapshot (M203) User: XXXX Role: MCO REPRESENTATIVE Date: 1/12/2006 Close Print Help...																														
Change date to re-display Beneficiary Details and click "Find."																														
As Of: <input type="text" value="01/12/2006"/> <input type="button" value="Find"/>																														
Contract: H6666 PBP Number: A01 Segment Number: 123 Special Needs Type: Bonus Payment Portion Percent: 0% Demographic Blend Portion Percent: 70% Residency Status: Out of Area	Contract: S1234 PBP Number: B01 Segment Number: N/A Special Needs Type: Bonus Payment Portion Percent: N/A Demographic Blend Portion Percent: N/A Residency Status: In Area																													
Status Flags: <input type="checkbox"/> Hospice <input type="checkbox"/> ESRD <input type="checkbox"/> Working Aged <input type="checkbox"/> Inst <input type="checkbox"/> NHC <input type="checkbox"/> Medicaid Payment Flags: <input type="checkbox"/> Disabled <input type="checkbox"/> CHF <input type="checkbox"/> Part B Premium Reduction <input type="checkbox"/> Long Term Institutional Original Reason for Entitlement: Aged																														
Payments for Payment Date 01/2006																														
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Figure 4.1-13. Beneficiary Detail: Snapshot (M203) for Selected Beneficiary

To view adjustment information specific to Verna M. Miller, select the |Adjustments| menu item, located just below the header. The screen is then displayed as in **Figure 4.1-14**.

The screenshot displays a web application interface for beneficiary adjustments. At the top, a dark blue header contains the following information: Claim #: 999876543A, VERNA M. MILLER, and DOB: 04/06/1914. Below this, the address 112 E WILLOW AVE, ALTOONA, PA 16601-3944 is listed, along with Age: 91, Sex: FEMALE, State: PA (39), and County: BLAIR (120). A navigation bar includes links for Snapshot, Enrollment, Status, Payments, Adjustments (which is highlighted), Premiums, and Factors. The main content area is titled 'Beneficiary Detail: Adjustments (M207)' and includes user information: User: XXXX, Role: MCO REPRESENTATIVE, and Date: 11/15/2006. A search form is present with a yellow highlighted instruction: 'Enter required field information below and click "Find."'. The form includes a legend: '*Indicates required field' and '*Payment Month'. A text input field contains '11/2006'. Below the input field are 'Find' and 'Reset' buttons.

Figure 4.1-14. Beneficiary Detail: Adjustments (M207) Screen for Selected Beneficiary

Next, to get the adjustments for a particular payment date, enter the Payment Month (in this case 11/2006) and click on the [Find] button. This brings up adjustment information for that beneficiary for months up through the payment month, as shown in **Figure 4.1-15**.

Claim #:999876543A
112 E WILLOW AVE
ALTOONA, PA 16601-3944

VERNA M. MILLER

DOB: 04/06/1914
Age: 91 Sex: FEMALE
State: PA (39) County: BLAIR (120)

Snapshot | Enrollment | Status | Payments | **Adjustments** | Premiums | Factors

Beneficiary Detail:Adjustments (M207) User: XXXX Role: MCO REPRESENTATIVE Date: 11/15/2006 Close Print Help...

Enter required field information below and click "Find."

*Indicates required field
*Payment Month

Adjustment 1-5(Of 5) (Click on adjustment date to view details)

Adjustment Date	Contract	PBP	Segment	Description	Adjustment Code	Adjustments				Paid for Month
						Part A	Part B	Part D	Total	
11/2006	H6666	A01	123	RETROACTIVE ENROLLMENT	02	\$28.92	\$13.18	\$0.00	\$42.10	10/2006
11/2006	H6666	A01	123	RETROACTIVE ENROLLMENT	02	\$28.92	\$13.18	\$0.00	\$42.10	09/2006
11/2006	H6666	A01	123	RETROACTIVE ENROLLMENT	02	\$28.92	\$13.18	\$0.00	\$42.10	08/2006
03/2006	H9999	013	000	RETROACTIVE ENROLLMENT	02	\$369.84	\$252.51	\$0.00	\$622.35	02/2006
03/2006	H9999	013	000	RETROACTIVE ENROLLMENT	02	\$369.84	\$252.51	\$0.00	\$622.35	01/2006

Figure 4.1-15. Beneficiary Detail: Adjustments (M207) Screen for Selected Beneficiary Expanded for Specified Payment Month

Finally, you can select a particular adjustment by clicking on the month/year link in the Adjustment Date column ([03/2006](#), in this case) to display **Figure 4.1-16**.

At this point you have reached a display-only screen. There are no other links or ways to drill down, but you now have access to all you need regarding Verna M. Miller's adjustment information.

Again, the drill-down method enables you to navigate from very general information to very specific information just by following a path of menu and submenu items, links, and searches. For more information and for a complete description of the MARx navigational hierarchy, refer to Appendix F, Screen Hierarchy.

Plan Communications User's Guide, Version 1.1

Claim #:999876543A		VERNA M. MILLER			DOB: 04/06/1914			
112 E WILLOW AVE ALTOONA, PA 16601-3944					Age: 91 Sex: FEMALE State: PA (39) County: BLAIR (120)			
Payment/Adjustment Detail (M215)		User: XXXX Role: MCO REPRESENTATIVE Date: 4/12/2006			Close Print Help...			
Payments/Adjustment Table - Contract# H9999								
Payment Date	Type	Description	Adjustment Code	Payment/Adjustments				Paid for Month
				Part A	Part B	Part D	Total	
03/2006	PAYMENT COMPONENT	DEMOGRAPHIC	-	\$326.36	\$323.17	-	\$649.53	03/2006
03/2006	PAYMENT COMPONENT	RISK ADJUSTED	-	\$180.21	\$159.62	-	\$339.83	03/2006
03/2006	PAYMENT	BLEND	-	\$216.75	\$200.51	-	\$417.26	03/2006
03/2006	PAYMENT	BASIC PART C PREMIUM	-	\$44.00	\$36.00	-	\$80.00	03/2006
03/2006	PAYMENT COMPONENT	BASIC PART D PREMIUM	-	-	-	\$30.00	\$30.00	03/2006
03/2006	PAYMENT	REBATE FOR PART B PREMIUM REDUCTION	-	\$0.00	\$0.00	-	\$0.00	03/2006
03/2006	PAYMENT	REBATE FOR A/B COST SHARING	-	\$0.00	\$0.00	-	\$0.00	03/2006
03/2006	PAYMENT	REBATE FOR A/B MANDATORY SUPPLEMENTAL BENEFITS	-	\$0.00	\$0.00	-	\$0.00	03/2006
03/2006	PAYMENT	REBATE FOR PART D BASIC PREMIUM REDUCTION	-	\$0.00	\$0.00	-	\$0.00	03/2006
03/2006	PAYMENT	REBATE FOR PART D SUPPLEMENTAL BENEFITS	-	\$0.00	\$0.00	-	\$0.00	03/2006
03/2006	PAYMENT	PART D DIRECT SUBSIDY	-	-	-	\$6.14	\$6.14	03/2006
03/2006	PAYMENT	LIS COST SHARING	-	-	-	\$12.00	\$12.00	03/2006
03/2006	PAYMENT	REINSURANCE AMOUNT	-	-	-	\$3.00	\$3.00	03/2006
03/2006	PAYMENT COMPONENT	TOTAL PART D PAYMENTS	-	-	-	-	\$21.14	03/2006
03/2006	PAYMENT	BSF MONTHLY	-	\$6.05	\$3.95	-	\$11.00	03/2006
03/2006	PAYMENT	BONUS PAYMENTS	-	-	-	-	\$31.14	03/2006
03/2006	PAYMENT	PACE PREMIUM ADD-ON	-	-	-	\$40.98	\$40.98	03/2006
03/2006	PAYMENT	PACE COST SHARING ADD-ON	-	-	-	\$51.32	\$51.32	03/2006
03/2006	ADJUSTMENT COMPONENT	DEMOGRAPHIC	-	\$326.36	\$323.17	-	\$649.53	02/2006
03/2006	ADJUSTMENT COMPONENT	RISK ADJUSTED	-	\$180.21	\$159.62	-	\$339.83	02/2006
03/2006	ADJUSTMENT	RETROACTIVE ENROLLMENT	02	\$216.75	\$200.51	-	\$417.26	02/2006
03/2006	ADJUSTMENT	RETROACTIVE CHANGE TO BASIC PART D PREMIUM	30	-	-	\$30.00	\$30.00	02/2006
03/2006	ADJUSTMENT	RETROACTIVE CHANGE TO LIS COST SHARING	32	-	-	\$12.00	\$12.00	02/2006
03/2006	ADJUSTMENT	RETROACTIVE CHANGE TO REINSURANCE AMOUNT	33	-	-	\$3.00	\$3.00	02/2006
03/2006	ADJUSTMENT	RETROACTIVE CHANGE TO BASIC PART C PREMIUM	34	\$44.00	\$36.00	-	\$80.00	02/2006
03/2006	ADJUSTMENT	RETROACTIVE CHANGE TO REBATE AMOUNT	35	\$0.00	\$0.00	-	\$0.00	02/2006

Figure 4.1-16. Payment/Adjustment Detail (M215) Screen for the Selected Adjustment

4.2 Logging On and Viewing Messages

To use MARx online, you must first logon. After you are logged on, you are presented with a screen from which you can view messages and the calendar.

4.2.1 Logging on to MARx

You must logon to MARx before accessing any of its functions. When logging on, you select one of the roles available to you. Your role dictates the functions you may perform. After you are logged on, the *Welcome (M101)* screen appears, from which you can navigate to the other MARx screens.

STEP 1: Getting to the logon screen

TBS for common user interface screen

If MARx is down when you try to logon, your browser will display a message stating that the “page is unavailable” or “page cannot be found”. The content of this message is dependent on your browser, not on MARx.

STEP 2: Logging on

TBS for common user interface screen

After you have successfully entered your user ID and password, the *User Security Role Selection (M002)* screen will be displayed from which you select the role you wish to use for the duration of your session with MARx. This screen is shown in **Figure 4.2-1** and described in **Table 4.2-1**, with error and validation messages provided in **Table 4.2-2**.

Figure 4.2-1. User Security Role Selection (M002) Screen

Table 4.2-1. M002 Screen Inputs, Outputs, and Actions

Item	Type	Description
Role selection	Required radio button	Click on one of the buttons to indicate under which role you will logon.
[Logon with Selected Role]	Button	Click on this button to complete the logon with the selected role.

Table 4.2-2. M002 Screen Messages

Message Type	Message Text	Suggested Action
Missing data	No contracts are defined for this role	Your user profile must be updated. See Appendix B for contact information to report the error.
Software or Database Error	No security roles are defined for your user ID	See Appendix B for contact information to report the error.
Software or Database Error	Error retrieving your security roles from the database	See Appendix B for contact information to report the error.
Software or Database Error	Your user ID does not exist in MARx	See Appendix B for contact information to report the error.

Message Type	Message Text	Suggested Action
Software or Database Error	Your user ID was not supplied	See Appendix B for contact information to report the error.
Software or Database Error	Your user ID profile in MARx is inactive	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database while retrieving your security roles	See Appendix B for contact information to report the error.
Software or Database Error	Error retrieving the expected number of security setting results. Retrieved <# of results sets retrieved> out of <# of results sets expected>	See Appendix B for contact information to report the error.
Software or Database Error	No screen items defined for this role	See Appendix B for contact information to report the error.
Software or Database Error	Error retrieving your security settings	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database while retrieving your security settings	See Appendix B for contact information to report the error.
Software or Database Error	Error retrieving the expected number of dropdown list results. Retrieved <# of results sets retrieved> out of <# of results sets expected>	See Appendix B for contact information to report the error.
Software or Database Error	The dropdown lists results set is empty	See Appendix B for contact information to report the error.
Software or Database Error	Error retrieving dropdown lists from the database	See Appendix B for contact information to report the error.
Software or Database Error	No current payment month has been set	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database while retrieving the dropdown lists	See Appendix B for contact information to report the error.
Software or Database Error	Connection error	See Appendix B for contact information to report the error.

Your default role is selected on the screen. If you have more than one role available to you, you may change from the default to another role. The selected role will be shown on the title line of subsequent screens. Once a role is selected, click on the [Logon with Selected Role] button.

After you select your role, you will be brought to the *Welcome (M101)* screen, as shown in **Figure 4.2-2** and described in **Table 4.2-3**, with error and validation messages provided in **Table 4.2-4**.

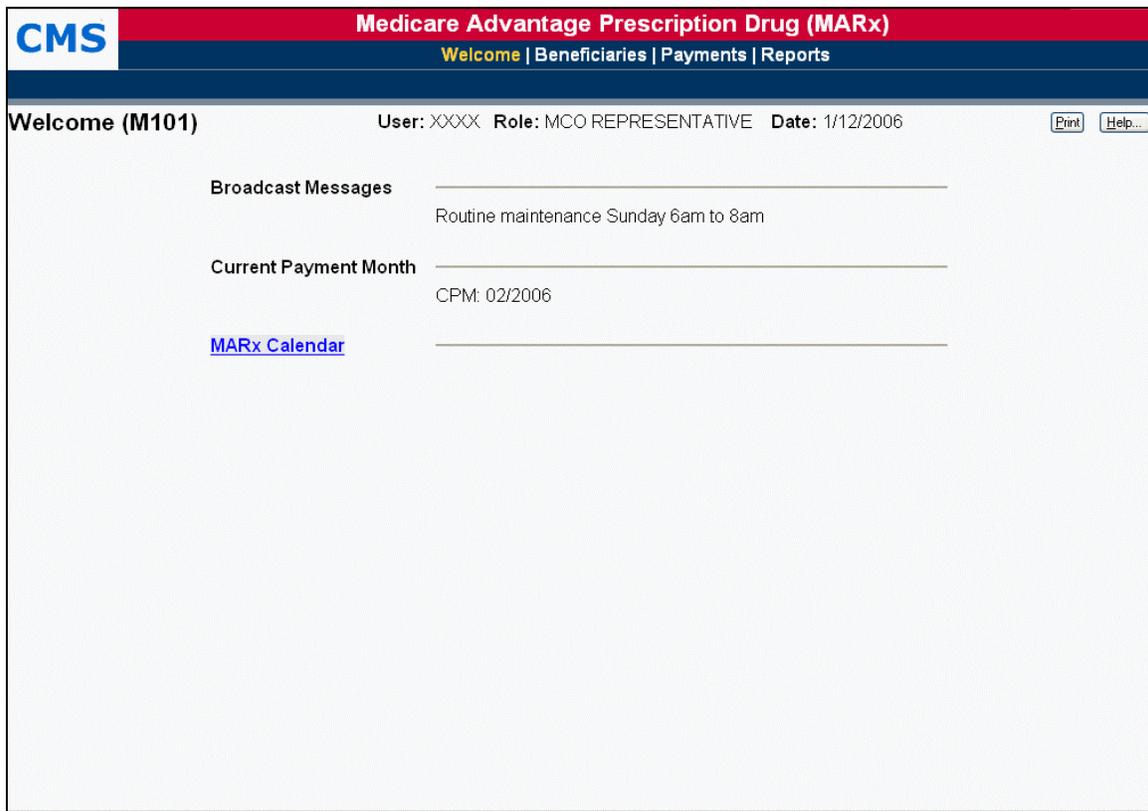


Figure 4.2-2. Welcome (M101) Screen

Table 4.2-3. M101 Screen Inputs, Outputs, and Actions

Item	Type	Description
Broadcast Messages	Output	Provides general information about what is happening in MARx (such as month-end processing has started). The list of messages will be refreshed every time you return to the screen.
Current Payment Month	Output	The month/year currently being processed by MARx. The calculated payments are for services that will be rendered by MCOs during this month. Payments calculated by MARx will be deposited directly into the MCO bank accounts by close of business (COB) on the first day of this month.
MARx Calendar	Link	Displays the <i>MARx Calendar (M105)</i> screen.

Table 4.2-4. M101 Screen Messages

Message Type	Message Text	Suggested Action
Software or Database Error	The result set that contains the system message is empty!	See Appendix B for contact information to report the error.
Software or Database Error	Database errors occur in retrieving the system messages!	See Appendix B for contact information to report the error.
Software or Database Error	Invalid input.	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database	See Appendix B for contact information to report the error.
Software or Database Error	Connection error	See Appendix B for contact information to report the error.

See the following sections for information provided on the *Welcome (M101)* screen:

- Broadcast messages – see Section 4.2.2, Viewing System Broadcast Messages
- Calendar – see Section 4.2.3, Viewing the MARx Calendar

4.2.2 Viewing System Broadcast Messages

Broadcast messages are displayed for all MARx users. They provide information about systemwide events, such as the start or completion of month-end processing. These messages expire without any user action.

STEP 1: Getting to the *Welcome (M101)* screen

From the MARx main menu, click on the |Welcome| menu item. This displays the *Welcome (M101)* screen.

STEP 2: Viewing the broadcast messages

The broadcast messages are shown on the *Welcome (M101)* screen under the Broadcast Messages heading. The list of messages will be refreshed every time you return to the screen.

4.2.3 Viewing the MARx Calendar

From the calendar, you can see a list of MARx operational events scheduled for any month.

STEP 1: Getting to the *MARx Calendar (M105)* screen

From the MARx main menu, click on the |Welcome| menu item. This automatically selects the *Welcome (M101)* screen. Click on the [MARx Calendar](#) link to display the *MARx Calendar (M105)* screen, as shown in **Figure 4.2-3** and described in **Table 4.2-5**, with error and validation messages provided in **Table 4.2-6**.

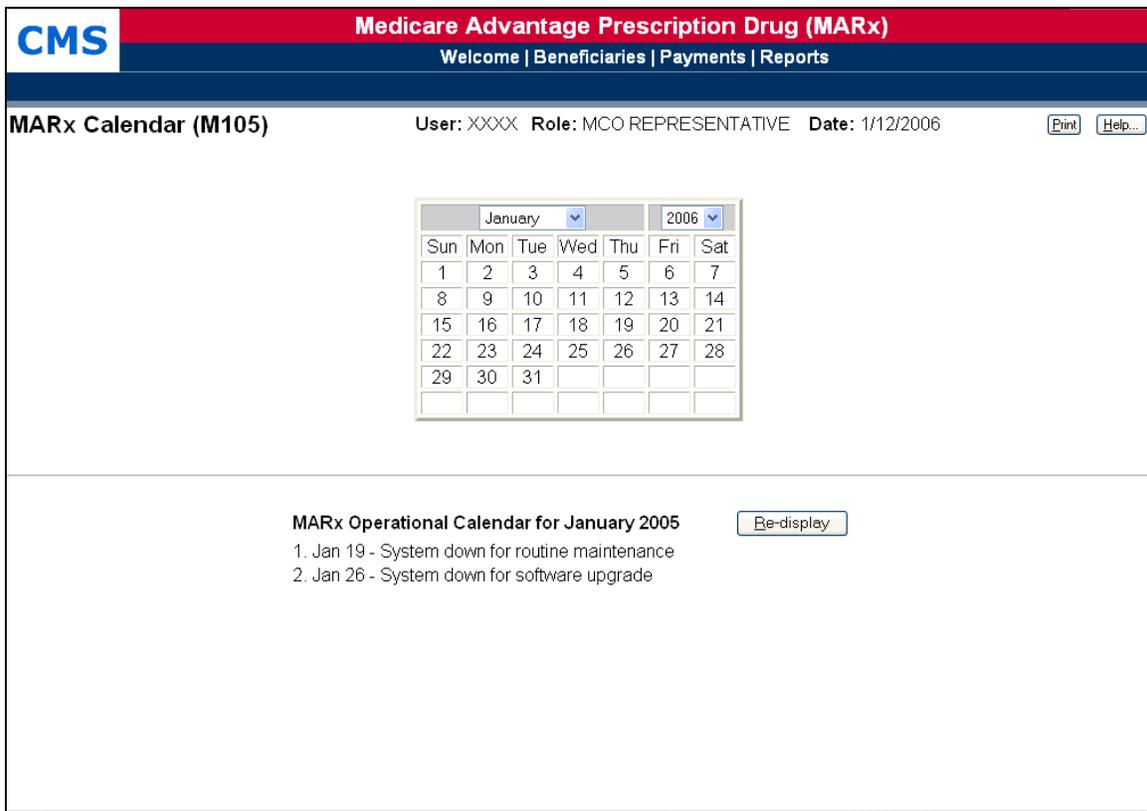


Figure 4.2-3. MARx Calendar (M105) Screen

Table 4.2-5. M105 Screen Inputs, Outputs, and Actions

Item	Type	Description
Above Line		
Month	Required dropdown list	Defaults to current calendar month. When this is changed, the pictorial calendar is automatically updated to the selected month and year.
Year	Required dropdown list	Defaults to current calendar year. When this is changed, the pictorial calendar is automatically updated to the selected month and year.
Calendar	Output	Pictorial calendar for selected month and year. If it is the current month, the current day is highlighted in blue.
Below Line		
MARx Operational Calendar	Output	List of events scheduled for the selected month and year.
[Re-display]	Button	After changing the month or year, click on this button to display the operational calendar for the newly selected month.

Table 4.2-6. M105 Screen Messages

Message Type	Message Text	Suggested Action
No data	No schedule events found for <month/year>	Pick a different month.
Software or Database Error	Error occurred retrieving schedule results for <month/year>	See Appendix B for contact information to report the error.
Software or Database Error	Error occurred retrieving schedule events for <month/year>	See Appendix B for contact information to report the error.
Software or Database Error	Invalid input	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database	See Appendix B for contact information to report the error.
Software or Database Error	Connection error	See Appendix B for contact information to report the error.

STEP 2: Viewing the calendar events

The top part of the screen shows a pictorial calendar for 1 month. When the screen is first displayed, the current month is shown with the current day highlighted in blue.

The bottom part of the screen (the operational calendar) shows the calendar events that are scheduled for that month, with the date and description of each event.

STEP 3: Changing the month

To view a different month, select a different month and/or year in the pictorial calendar. The calendar for the new month is then displayed.

To view the operational calendar for the newly selected month, click on the [Re-display] button in the bottom part of the screen.

4.2.4 Logging Out of MARx

When you are finished with your MARx activities, you should logout. If you do not explicitly logout, your session will eventually time out. However, logging out as soon as you are finished with MARx is a more secure process to follow and is therefore recommended.

If you close the browser windows, you will be logged out automatically. To simplify logging out, you may use the logout screen to close all of your windows in one step.

When you logon to MARx, your logon screen is replaced with a logout screen as shown in **Figure 4.2-4** and described in **Table 4.2-7**, with error and validation messages provided in **Table 4.2-8**. This logout screen is behind the MARx primary window and can be used at any time by selecting the window.

Click on the [Logout] button. The browser will then ask if you want to close the window.



Figure 4.2-4. MARx Logout Screen

Table 4.2-7. Logout Screen Inputs, Outputs, and Actions

Item	Type	Description
[Logout]	Button	Click on this button to logout of MARx, closing all windows.

Table 4.2-8. Logout Screen Messages

Message Type	Message Text	Suggested Action
Process		Click on the [Yes] button to close the window. Click on the [No] button to keep the window open.

4.3 Viewing Beneficiary Information

You can search for a particular beneficiary by specifying one or more selection criteria. After you have found the beneficiary of interest, you can view detailed information. This section describes the following steps for viewing beneficiary information:

- STEP 1: Getting to the *Beneficiaries: Find (M201)* screen
- STEP 2: Using the *Beneficiaries: Find (M201)* screen
- STEP 3: Using the *Beneficiaries: Search Results (M202)* screen
- STEP 4: Viewing detailed information for a beneficiary
 - STEP 4a: Viewing the *Beneficiary Detail: Snapshot (M203)* screen
 - STEP 4b: Viewing the *Beneficiary Detail: Enrollment (M204)* screen
 - STEP 4c: Viewing the *Beneficiary Detail: Status (M205)* screen
 - STEP 4d: Viewing the *Beneficiary Detail: Payments (M206)* screen
 - STEP 4e: Viewing the *Beneficiary Detail: Adjustments (M207)* screen
 - STEP 4f: Viewing the *Beneficiary Detail: Premiums (M231)* screen
 - STEP 4g: Viewing the *Beneficiary Detail: Factors (M220)* screen
- STEP 5: Viewing the *Payment/Adjustment Detail (M215)* screen
- STEP 6: Viewing the *Enrollment Detail (M222)* screen

4.3.1 Finding a Beneficiary

To find information about a beneficiary who is enrolled in one of your contracts (either currently, in the past, or the future), use the *Beneficiaries: Find (M201)* screen to search for the beneficiary. Once you find the person, you may then view information on that beneficiary.

STEP 1: Getting to the *Beneficiaries: Find (M201)* screen

From the MARx main menu, click on the |Beneficiaries| menu item. The |Find| submenu item is already selected and displays the *Beneficiaries: Find (M201)* screen as shown in **Figure 4.3-1** and described in **Table 4.3-1**, with error and validation messages provided in **Table 4.3-2**.

STEP 2: Using the *Beneficiaries: Find (M201)* screen

Figure 4.3-1. *Beneficiaries: Find (M201)* Screen

Table 4.3-1. *M201* Screen Inputs, Outputs, and Actions

Item	Type	Description
Claim #	Required data entry field	If entered, find beneficiaries who currently have this claim number. NOTE: The BIC is optional except when an RRB number is entered. NOTE: At least one of Claim # or Contract # is required.
Contract #	Required data entry field	If entered, find beneficiaries enrolled in this contract in a past, current, or future enrollment. NOTE: At least one of Claim # or Contract # is required.
PBP #	Data entry field	If entered, find beneficiaries currently enrolled in this PBP. The PBP is applicable only when a contract number is entered.
[Find]	Button	After search criteria have been entered, click on this button to initiate the search for beneficiaries.

Table 4.3-2. M201 Screen Messages

Message Type	Message Text	Suggested Action
Missing entry	Please enter one of the required fields	Make sure to enter at least one of the following fields: Claim # or Contract #.
Invalid format	The claim number is not a valid SSA, RRB, or CMS internal number.	Re-enter the claim number.
Invalid format	A contract number must start with an 'H', '9', 'R', 'S', or 'F' and be followed by four characters	Re-enter the contract number.
Invalid format	PBP number must be three alpha-numeric characters	Re-enter the PBP.
Invalid entry	When a PBP is entered, a contract must be entered also	Make sure to enter a contract number if you are entering a PBP.
Invalid entry	Invalid contract/PBP combination	Make sure the PBP is in the contract.
Invalid entry	You do not have access rights to this Contract.	First, make sure that you entered the contract number correctly. If you entered it correctly and if you should have rights to this contract, see the Central Office (CO) Computer Specialist, who can update your user profile to give you these rights.
No data	No beneficiary records found for the search criteria	<ol style="list-style-type: none"> 1. Check to make sure that you have entered the information accurately. 2. Perform a more general search — your constraints may be too restricting.
Software or Database Error	Error occurred retrieving beneficiary search results from the MBD.	See Appendix B for contact information to report the error.
Software or Database Error	Error occurred retrieving beneficiary records from the MBD.	See Appendix B for contact information to report the error.
Software or Database Error	Invalid screen ID	See Appendix B for contact information to report the error.
Software or Database Error	Error occurred validating contract/PBP combination	See Appendix B for contact information to report the error.
Software or Database Error	Missing input	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database=<error code>	See Appendix B for contact information to report the error.
Software or Database Error	Connection error	See Appendix B for contact information to report the error.

4.3.2 Viewing Summary Information About a Beneficiary

The beneficiaries who meet your search criteria are displayed on the *Beneficiaries: Search Results (M202)* screen.

STEP 3: Using the *Beneficiaries: Search Results (M202)* screen

If your search is successful, the *Beneficiaries: Search Results (M202)* screen is displayed, as shown in **Figure 4.3-2** and described by **Table 4.3-3**. Because any error associated with the search would be displayed on the *Beneficiaries: Find (M201)* screen, there are no error messages or validation messages associated with this screen.

CMS Medicare Advantage Prescription Drug (MARx)
 Welcome | **Beneficiaries** | Payments | Reports
 Find

Beneficiaries: Search Results (M202) User: XXXX Role: MCO REPRESENTATIVE Date: 1/12/2006 [Print] [Help...]

Click on Claim # link to view Beneficiary Enrollment Details.
 Search Criteria: Contract #= H6666

Beneficiaries 1-20(of 281) Go to Page: 1 [Go] [Navigation Buttons]

Claim #	Name	Birth Date	Date of Death	Sex	State	County
999123456A	MILLIE I. DUNKIRK	06/15/1912		F	MD	HOWARD
997246810B	JOHN D. JONES	11/06/1922		M	MD	HOWARD
998101001E	STEVEN K. MILLER	02/18/1916		M	TX	BEXAR
999112222A	JASON J. CONNORS	07/14/1935		M	MD	HOWARD
998999999M	MARSHA P. RIGHT	03/03/1933		F	MD	HOWARD
999010203A	MATTHEW K. SPENCE JR	10/19/1945		M	MD	HOWARD
997234567B	GLENN P. SMITH	06/03/1941		M	MD	MONTGOMERY
997543210A	JAMES Q. SHORT	10/06/1920		U	MD	HOWARD
998115463A	CHRIS C. PRINCE	10/14/1933		M	MD	HOWARD
999223333A	LEO S. BELL	04/18/1937		M	NY	ROCKLAND
999876543A	VERNA M. MILLER	04/06/1914		F	PA	BLAIR
997334444A	MARY P. SHUTE	07/29/1915		F	PA	BLAIR
999040506B	KATHERINE M. SPITZ	04/14/1917		F	PA	BLAIR
999466168M	LISA R. LOTTA	02/12/1918		M	PA	BLAIR
997759782A	KAREN C. LOTTA	01/22/1919		F	PA	BLAIR
998436753A	MARY K. PALANCE	11/29/1918		F	MD	MONTGOMERY
999192837A	CATHERINE H. SCHOLE	05/22/1936		F	NY	ROCKLAND
999888777D	IRWIN J. GERALD	04/19/1936		M	MD	MONTGOMERY
999121314A	TIMOTHY DRAYTON SR	04/18/1953		M	MD	HOWARD
999991111M	WESTON CLAY	01/12/1925		M	MD	HOWARD

[Navigation Buttons]

Figure 4.3-2. Beneficiaries: Search Results (M202) Screen

Table 4.3-3. M202 Screen Inputs, Outputs, and Actions

Item	Type	Description
Claim # column heading	Sorter	Sorts the results by claim numbers.
Claim # in the Claim # column	Link	Click on a Claim # link to display the <i>Beneficiary Detail: Snapshot (M203)</i> screen.
Name column heading	Sorter	Sorts the results by beneficiary name.
Birth Date column	Output	DOB of each beneficiary.
Date of Death column	Output	DOD (as applicable) of each beneficiary.
Sex column	Output	Sex of each beneficiary.
State column	Output	State of residence of each beneficiary.
County column	Output	County of residence of each beneficiary.

Tip

Search results may be narrowed by returning to the previous screen and adding additional selection criteria.

From this screen you can see summary information about each beneficiary that meets the search criteria. The list can be sorted by claim number or by name by clicking on the [Claim #](#) column heading or the [Name](#) column heading, respectively. To see more details about any particular beneficiary in this list, click on a [Claim #](#) link in the Claim # column. This displays the *Beneficiary Detail: Snapshot (M203)* screen in a pop-up window with a menu to get to various screens — each of which provides specific details about the beneficiary's enrollment or payment history. These screens will be described in more detail later in this section.

4.3.3 Viewing Detailed Information for a Beneficiary

Find the beneficiary on the *Beneficiaries: Search Results (M202)* screen and drill down for more information.

STEP 4: Viewing detailed information for a beneficiary

To see detailed information about any of the beneficiaries listed in the *Beneficiaries: Search Results (M202)* screen, click on the associated [Claim #](#).

Note

Instead of seeing a screen in the same area as previously displayed, you will see a new window appear with a new screen and a new header. This is a pop-up window, and it will have its own header information specific to the selected beneficiary. A beneficiary may have multiple addresses at one time, but only one address is displayed. The address chosen for display is the highest one available, in this order of importance: temporary, residential, and mailing. The header, by itself, is shown in **Figure 4.3-3**.

Claim #:999876543 112 E WILLOW AVE ALTOONA, PA 16601-3944	VERNA M. MILLER	DOB: 04/06/1914 Age: 89 Sex: FEMALE State: PA (39) Countv: BLAIR (120)
--	------------------------	---

Figure 4.3-3. Sample Header for the Beneficiary Detail Screens

In addition, just below the header is a set of menu items, described in **Table 4.3-4**. You can switch back and forth among the seven different screens by clicking the menu items. Each screen pertains to the beneficiary selected from the *Beneficiaries: Search Results (M202)* screen. See **Figure 4.3-4** for an example of the menu items.

Table 4.3-4. Menu Items for Viewing Beneficiary Detail Information

Menu Item	Screen Name	Description
Snapshot	<i>Beneficiary Detail: Snapshot (M203)</i>	Displays an overall summary of payment information for the beneficiary as of the date you specified. When the screen is first displayed, the date defaults to the current date.
Enrollment	<i>Beneficiary Detail: Enrollment (M204)</i>	Displays a summary list of enrollment information, by contract, for the enrollments to which you have access. It also provides links to drill down to more detailed payment, adjustment, and enrollment information for the beneficiary on a selected contract.
Status	<i>Beneficiary Detail: Status (M205)</i>	Displays a summary list of enrollment and health status, by contract, for the enrollments to which you have access. It also provides links to drill down to more detailed payment and adjustment information for the beneficiary on a selected contract.
Payments	<i>Beneficiary Detail: Payments (M206)</i>	Displays a list (ordered by month as of the specified payment date) of payment and adjustment information, broken down by Parts A, B, and D. The payment date defaults to the current month. It also provides links to drill down to more detailed payment and adjustment information for the beneficiary on a selected contract.
Adjustments	<i>Beneficiary Detail: Adjustments (M207)</i>	Displays a list (ordered by adjustment month as of the specified payment month) of adjustment information, broken down by Parts A, B, and D, for months up through a specified date. The payment month defaults to the current month. It also provides links to drill down to more detailed payment and adjustment information for the beneficiary on a selected contract.
Premiums	<i>Beneficiary Detail: Premiums (M231)</i>	Displays a list of premium information for the specified month. The payment month defaults to the current month.
Factors	<i>Beneficiary Detail: Factors (M220)</i>	Displays the factors (beneficiary-specific or default) used in payment calculation.

To view information for other beneficiaries, you can either select another beneficiary from the *Beneficiaries: Search Results (M202)* screen or perform a new search on the *Beneficiaries: Find (M201)* screen.

4.3.3.1 Viewing a Snapshot of Beneficiary Information

A snapshot shows a summary of membership, health status, and payment/adjustment information for the beneficiary as of a specified month

STEP 4a: Viewing the *Beneficiary Detail: Snapshot (M203)* screen

The *Beneficiary Detail: Snapshot (M203)* screen, as shown in **Figure 4.3-4** and described in **Table 4.3-5**, with error and validation messages provided in **Table 4.3-6**, provides payment, status, adjustment, entitlement, enrollment, and premium information for the beneficiary as of the date you specify. When the beneficiary is enrolled in two contracts (one for Parts A and/or B and the other for Part D), information on both contracts is displayed. On the initial display, the current date is used. To view the details as of a different date, update the date in the *As Of* data entry area and click on the [Find] button. If the beneficiary is enrolled with an effective date in the future, no status information will be available. Change the *As Of* date to the future date to view the snapshot information.

Claim #:999876543A 112 E WILLOW AVE ALTOONA, PA 166013944	VERNA M. MILLER	DOB: 04/06/1914 Age: 91 Sex: FEMALE State: PA (39) County: BLAIR (120)																									
Snapshot Enrollment Status Payments Adjustments Premiums Factors																											
Beneficiary Detail: Snapshot (M203) User: XXXX Role: MCO REPRESENTATIVE Date: 1/12/2006 Close Print Help...																											
Change date to re-display Beneficiary Details and click "Find."																											
As Of: <input type="text" value="01/12/2006"/> <input type="button" value="Find"/>																											
Contract: H6666 PBP Number: A01 Segment Number: 123 Special Needs Type: Bonus Payment Portion Percent: 0% Demographic Blend Portion Percent: 70% Residency Status: Out of Area	Contract: S1234 PBP Number: B01 Segment Number: N/A Special Needs Type: Bonus Payment Portion Percent: N/A Demographic Blend Portion Percent: N/A Residency Status: In Area																										
Status Flags: <input type="checkbox"/> Hospice <input type="checkbox"/> ESRD <input type="checkbox"/> Working Aged <input type="checkbox"/> Inst <input type="checkbox"/> NHC <input type="checkbox"/> Medicaid Payment Flags: <input type="checkbox"/> Disabled <input type="checkbox"/> CHF <input type="checkbox"/> Part B Premium Reduction <input type="checkbox"/> Long Term Institutional Original Reason for Entitlement: Aged																											
Payments for Payment Date 01/2006																											
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S1234	08/01/2006																										
Premiums																											
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Total Premium:	\$160.27																										

Figure 4.3-4. Beneficiary Detail: Snapshot (M203) Screen

Table 4.3-5. M203 Screen Inputs, Outputs, and Actions

Item	Type	Description
As Of	Required data entry field	Enter a valid date in the form (D)D/(M)M/YYYY. You may change the As Of date. After you change the date, click on the [Find] button to bring up the information for that date.
[Find]	Button	Displays the information for the specified As Of date.
The following fields are repeated for each contract (up to 2) in which the beneficiary is enrolled		
Contract	Output	The contract information for this beneficiary on the As Of date.
PBP Number	Output	The PBP number on the contract for this beneficiary on the As Of date.
Segment Number	Output	The segment number on the contract and PBP for this beneficiary on the As Of date.
Special Needs Type	Output	Indicates the special needs population that the contract serves, if applicable.
Bonus Payment Portion Percent	Output	The percentage applied to the payment to determine the bonus amount to be paid to the MCO. This is not applicable to a Prescription Drug Plan (PDP).
Demographic Blend Portion Percent	Output	When the blended payment is calculated, this percentage of the demographic rate is used. The remaining percentage of the blended payment is based on the risk-adjustment amount. This is not applicable to a PDP.
Residency Status	Output	The residency status for this beneficiary on the As Of date.
Status Flags	Output	The flags set for the beneficiary on the As Of date.
Payment Flags	Output	The flags set for the beneficiary on the As Of date.
Original Reason for Entitlement	Output	Why the beneficiary was initially entitled to Medicare – disabled or aged.
Payments for Payment Date <mm/yyyy>	Output	Payment amount for each applicable calculation method [such as Demographic, Risk Adjustment, Blended, End Stage Renal Disease (ESRD), and Hospice) for Part A, Part B, Part D, and the Net Payments for the beneficiary. Payments have asterisks, but components used in the payment calculation do not (e.g., a blended payment has an asterisk, but the demographic and risk-adjusted components used in the blend do not). The Net Payments amount includes additions and subtractions based on rebates, subsidies, and bonuses. Payments were made in the As Of month.

Item	Type	Description
Adjustments Applied to <mm/yyyy>	Output	Adjustment amount for each applicable calculation method (such as Demographic, Risk Adjustment, Blended, ESRD, and Hospice) for Part A, Part B, Part D, and the Net Adjustments for the beneficiary. Adjustments have asterisks, but components used in the adjustment calculation do not (e.g., a blended adjustment has an asterisk, but the demographic and risk-adjusted components used in the blend do not). The Net Adjustments amount includes additions and subtractions based on rebates, subsidies, and bonuses. Adjustments apply to the As Of month but were paid in a later month.
Entitlement Information	Output	Eligibility Date and Option for Part A, Part B, and Part D for this beneficiary on the As Of date.
Enrollment Information	Output	Provides the Start Date and the End Date for each of this beneficiary's contracts on the As Of date.
Premium Information	Output	Premium information for the beneficiary on the As Of date. Includes premium withholding option, basic premiums for Part C and D, low income subsidy, late enrollment penalty, waiver of the penalty, and subsidy of the penalty, and total premium as paid by the beneficiary.

Table 4.3-6. M203 Screen Messages

Message Type	Message Text	Suggested Action
Missing entry	As Of Date must be entered	Enter the date.
Invalid format	As Of Date is invalid. Must have format (M)M/(D)D/YYYY	Re-enter the date in one of the required formats.
No data	No payment profile information for claim number <claim number> and coverage date as of <date>	There is no payment data available for that claim number on the As Of date entered on the screen. If you are expecting to see payment data, you should verify the date and month and re-enter the corrected information.
No data	No prospective payment data for claim number <claim number> and coverage date as of <date>	There is no payment data available for that claim number on the As Of date entered on the screen. If you are expecting to see payment data, you should verify the date and month and re-enter the corrected information.
Access conflict	An MBD update is in progress for this beneficiary. Please try again later.	The requested information is currently locked due to a pending update in the MBD. Wait a while and try again to see if the information is available.
Software or Database Error	Error occurred retrieving beneficiary snapshot data for claim number <claim number> and coverage date as of <date>	See Appendix B for contact information to report the error.

Message Type	Message Text	Suggested Action
Software or Database Error	Error occurred retrieving MCO Profile information for claim number <claim number> and coverage date as of <date>	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database=<error code>	See Appendix B for contact information to report the error.
Software or Database Error	Connection error	See Appendix B for contact information to report the error.

4.3.3.2 Viewing Enrollment Information

An enrollment history shows all of the times that the beneficiary is, was, or will be enrolled in any of your contracts.

STEP 4b: Viewing the *Beneficiary Detail: Enrollment (M204)* screen

To get to the *Beneficiary Detail: Enrollment (M204)* screen, click on the |Enrollment| menu item. This displays a screen, as shown in **Figure 4.3-5**, with a summary list of enrollment information by contract (and PBP and segment numbers, as applicable). When the beneficiary is enrolled in two contracts (one for Parts A and/or B and the other for Part D), two rows covering the same time period are displayed. This is how the screen looks when it initially appears. The screen is described in **Table 4.3-7** (note that the Payments section is not yet displayed), with error and validation messages provided in **Table 4.3-8**.

Note
You can see only contracts to which you have access. Therefore, there may be gaps in your list where you cannot see the enrollment information.

Claim #:999876543A **VERNA M. MILLER** **DOB: 04/06/1914**
 112 E WILLOW AVE Age: 91 Sex: FEMALE
 ALTOONA, PA 16601-3944 State: PA (39) County: BLAIR (120)

Snapshot | Enrollment | Status | Payments | Adjustments | Premiums | Factors

Beneficiary Detail: Enrollment (M204) User: XXXX Role: MCO REPRESENTATIVE Date: 11/15/2006 [Close] [Print] [Help...]

Enrollments 1-2(of 2) (Click on Contract# to view details)

	Contract	PBP #	Seg #	Drug Plan	Start	End	Source	Disenroll Reason	Action
1	H6666	A01	123	N	08/01/2006				Payment
2	H9999	013	000	N	01/01/2006	07/31/2006		DISENROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN	Payment

Figure 4.3-5. Beneficiary Detail: Enrollment (M204) Screen (Initial Display)

Table 4.3-7. M204 Screen Inputs, Outputs, and Actions

Item	Type	Description
Enrollments		
Contract column	Output	Contracts in which the beneficiary has been enrolled.
Contract # in the Contract column	Link	Click on a Contract # link to display the <i>Enrollment Details (M222)</i> screen for that contract and this beneficiary.
PBP # column	Output	PBP number for the contracts for the beneficiary.
Segment # column	Output	Segment number for the contracts for the beneficiary.
Drug Plan column	Output	Indicates whether each contract/PBP provides drug insurance coverage. Set to Y or N.
Start column	Output	Start date for each contract (plus PBP and segment, as applicable) for the beneficiary.
End column	Output	End date for each contract (plus PBP and segment, as applicable) for the beneficiary.
Source column	Output	The person or system who submitted the enrollment [contract number when entered by an MCO; user ID when entered at CMS, SSA, or Medicare Customer Service Center (MCSC)].

Item	Type	Description
Disenroll Reason column	Output	Disenrollment reason for each contract from which the beneficiary has disenrolled.
Payment in the Action column	Link	Click on a Payment link to display on this same screen the payment information associated with the selected contract/PBP/segment for this beneficiary.
Payments		
Payment Date column	Output	Month/year in which the payments and adjustments were made.
Month/Year in the Payment Date column	Link	Click on a month/year to display the pop-up screen <i>Payment/Adjustment Detail (M215)</i> discussed in Section 4.3.3.8, Viewing Payment and Adjustment Details. This will display detail payment and adjustment information for the contract/PBP/segment selected for this beneficiary.
Contract # column	Output	The selected contract.
Payments column	Output	Payments, broken out by month, for the selected contract (plus PBP and segment, as applicable) for the beneficiary.
Adjustments column	Output	Adjustments, broken out by month, for the selected contract (plus PBP and, as applicable) for the beneficiary.
Hospice column	Output	Checked if the beneficiary has the status of Hospice that month.
ESRD column	Output	Checked if the beneficiary has the status of ESRD that month.
Working Aged column	Output	Checked if the beneficiary has the status of Working Aged that month.
Inst (Institutional) column	Output	Checked if the beneficiary has the status of Institutional that month.
NHC column	Output	Checked if the beneficiary has the status of NHC that month.
Medicaid column	Output	Checked if the beneficiary has the status of Medicaid that month.
Disability column	Output	Checked if the beneficiary has the status of Disability that month.
CHF column	Output	Checked if the beneficiary has the status of congestive heart failure (CHF) that month.
Part B Premium Reduction column	Output	Checked if a Part B premium [formerly called Benefits Improvement & Protection Act of 2000 (BIPA)] reduction was applied to the payment and/or adjustments for the beneficiary that month.

Table 4.3-8. M204 Screen Messages

Message Type	Message Text	Suggested Action
No data	No enrollment information found for claim number <claim number> and coverage date <coverage date>.	No corresponding data is available for that claim number on that date. If you are expecting to see enrollment data, you should verify the date and month and re-enter the corrected information.
No data	No payments found for claim number <claim number>, contract number <contract #> and payment date <payment date>.	No corresponding payment data is available for that claim number on that date.
Access conflict	An MBD update is in progress for this beneficiary. Please try again later.	The requested information is currently locked due to a pending update in the MBD. Wait awhile and try again to see if the information is available.
Software or Database Error	Error occurred retrieving enrollment results for claim number <claim number> and coverage date <coverage date>.	See Appendix B for contact information to report the error.
Software or Database Error	Error occurred retrieving enrollment history for claim number <claim number> and coverage date <coverage date>.	See Appendix B for contact information to report the error.
Software or Database Error	Missing input on retrieval of beneficiary enrollment history	See Appendix B for contact information to report the error.
Software or Database Error	Invalid screen ID	See Appendix B for contact information to report the error.
Software or Database Error	Error occurred retrieving payment results for claim number <claim number>, contract number <contract #> and payment date <payment date>.	See Appendix B for contact information to report the error.
Software or Database Error	Error occurred retrieving payment information for claim number <claim number>, contract number <contract #> and payment date <payment date>.	See Appendix B for contact information to report the error.
Software or Database Error	Prospective payment information missing for claim number <claim number>, contract number <contract #> and payment date <payment date>.	See Appendix B for contact information to report the error.

Message Type	Message Text	Suggested Action
Software or Database Error	Payment profile information missing for claim number <claim number>, contract number <contract #> and payment date <payment date>.	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database=<error code>	See Appendix B for contact information to report the error.
Software or Database Error	Connection error	See Appendix B for contact information to report the error.

To see details of the transaction that enrolled the beneficiary in a contract, click on a [Contract](#) link. This will display the *Enrollment Detail (M222)* screen for that contract and this beneficiary.

To see a summary of payment and adjustment information for a particular contract, click on the [Payment](#) link associated with that contract, PBP and segment (as applicable), and start date. This expands the information on the *Beneficiary Detail: Enrollment (M204)* screen to include the Payments section. The information is listed by month, as shown in **Figure 4.3-6** and previously described in **Table 4.3-7**, with error and validation messages previously provided in **Table 4.3-8**.

Claim #:999876543A
112 E WILLOW AVE
ALTOONA, PA 16601-3944

VERNA M. MILLER

DOB: 04/06/1914
Age: 91 Sex: FEMALE
State: PA (39) County: BLAIR (120)

Snapshot | **Enrollment** | Status | Payments | Adjustments | Premiums | Factors

Beneficiary Detail:Enrollment (M204) User: XXXX Role: MCO REPRESENTATIVE Date: 11/15/2006 [Close](#) [Print](#) [Help...](#)

Enrollments 1-2(of 2) (Click on Contract# to view details)

	Contract	PBP #	Seg #	Drug Plan	Start	End	Source	Disenroll Reason	Action
1	H6666	A01	123	N	08/01/2006				Payment
2	H9999	013	000	N	01/01/2006	07/31/2006		DISENROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN	Payment

Payments 1-5(of 5) for Contract# H9999 (Click on Payment date for details)

Payment Date	Contract#	Payments	Adjustments	Hospice	ESRD	Working Aged	Inst	NHC	Medicaid	Disability	CHF	Part B Premium Reduction
07/2006	H9999	\$622.35	\$0.00	-	-	-	-	-	-	-	-	-
06/2006	H9999	\$622.35	\$0.00	-	-	-	-	-	-	-	-	-
05/2006	H9999	\$622.35	\$0.00	-	-	-	-	-	-	-	-	-
04/2006	H9999	\$622.35	\$0.00	-	-	-	-	-	-	-	-	-
03/2006	H9999	\$622.35	\$1,244.70	-	-	-	-	-	-	-	-	-

Figure 4.3-6. Beneficiary Detail: Enrollment (M204) Screen (Expanded)

To see the payment and adjustment information in further detail, click on one of the [month/year](#) links in the Payment Date column to display the *Payment/Adjustment Detail (M215)* screen, as described in Section 4.3.3.8, Viewing Payment and Adjustment Details.

4.3.3.3 Viewing the Status of a Beneficiary

A status history shows the beneficiary's statuses while enrolled in any of your contracts.

STEP 4c: Viewing the *Beneficiary Detail: Status (M205)* screen

To get to the *Beneficiary Detail: Status (M205)* screen, click on the |Status| menu item. This displays a screen, as shown in **Figure 4.3-7**, with a list of enrollment and health status by contract/PBP/segment for this beneficiary. When the beneficiary is enrolled in two contracts (one for Parts A and/or B and the other for Part D), rows for each contract are displayed. There may be more than one set of statuses for a contract/PBP/segment, as a status may change during an enrollment. This is how the screen looks when it initially appears. This screen is described in **Table 4.3-9** (note that the Payments section is not yet displayed), with error and validation messages provided in **Table 4.3-10**.

Claim #:999876543A				VERNA M. MILLER				DOB: 04/06/1914						
112 E WILLOW AVE ALTOONA, PA 16601-3944								Age: 91 Sex: FEMALE State: PA (39) County: BLAIR (120)						
Snapshot Enrollment Status Payments Adjustments Premiums Factors														
Beneficiary Detail:Status (M205)				User: XXXX Role: MCO REPRESENTATIVE				Date: 11/16/2006						
Status 1-2(of 2) (Click on Contract# to view payment details)														
				Status Period										
Contract	PBP #	Seg #	Drug Plan	Start	End	Hospice	ESRD	Working Aged	Inst	NHC	Medicaid	Pt-A	SCC	Out of Area
1	H6666	A01	123	N	08/01/2006	-	-	-	-	-	-	-	15330	✓
2	H9999	013	000	N	01/01/2006	07/31/2006	-	-	-	-	-	-	15330	✓

Figure 4.3-7. Beneficiary Detail: Status (M205) Screen (Initial Display)

Table 4.3-9. M205 Screen Inputs, Outputs, and Actions

Item	Type	Description
Statuses		
Contract column	Output	Contracts in which the beneficiary was enrolled. A contract/PBP/segment may be listed more than once if there was a change in status.
Contract # in the Contract column	Link	Click on a Contract # link to display on the same screen additional information associated with the selected contract for this beneficiary.
PBP # column	Output	PBP number for each contract for the beneficiary.
Seg # column	Output	Segment number for each contract for the beneficiary.
Drug Plan column	Output	Indicates whether each contract/PBP provides drug insurance coverage. Set to Y or N.
Start column	Output	Start date for each contract (plus PBP and segment numbers, as applicable) for the beneficiary.
End column	Output	End date for each contract (plus PBP and segment numbers, as applicable) for the beneficiary.
Hospice column	Output	Checked if the beneficiary has the status of Hospice for the period indicated.
ESRD column	Output	Checked if the beneficiary has the status of ESRD for the period indicated.
Working Aged column	Output	Checked if the beneficiary has the status of Working Aged for the period indicated.
Inst (Institutional) column	Output	Checked if the beneficiary has the status of Institutional for the period indicated.
NHC column	Output	Checked if the beneficiary has the status of NHC for the period indicated.
Medicaid column	Output	Checked if the beneficiary has the status of Medicaid for the period indicated.
Pt-A column	Output	Checked if the beneficiary has Part A entitlement for the period indicated.
SCC column	Output	Displays the state and county code (SCC) for the period indicated.
Out of Area column	Output	Checked if the beneficiary is out of area for the period indicated.
Payments		
Payment Date column	Output	Month and year in which payment/adjustments were paid.
Month/Year in the Payment Date column	Link	Click on a month/year link to display the pop-up screen <i>Payment/Adjustment Detail (M215)</i> discussed in Section 4.3.3.8, Viewing Payment and Adjustment Details. This will display detail payment and adjustment information for the contract, PBP, and segment selected.
Contract # column	Output	The selected contract.
Payments column	Output	Payments, broken out by month, for the selected contract, PBP, and segment for the beneficiary.

Item	Type	Description
Adjustments column	Output	Adjustments, broken out by month, for the selected contract, PBP, and segment for the beneficiary.
Hospice column	Output	Checked if the beneficiary has the status of Hospice that month.
ESRD column	Output	Checked if the beneficiary has the status of ESRD that month.
Working Aged column	Output	Checked if the beneficiary has the status of Working Aged that month.
Inst (Institutional) column	Output	Checked if the beneficiary has the status of Institutional that month.
NHC column	Output	Checked if the beneficiary has the status of NHC that month.
Medicaid column	Output	Checked if the beneficiary has the status of Medicaid that month.
Disability column	Output	Checked if the beneficiary has the status of Disability that month.
CHF column	Output	Checked if the beneficiary has the status of CHF that month.
Part B Premium Reduction column	Output	Checked if a Part B premium (formerly called BIPA) reduction was applied to the payment and/or adjustments for the beneficiary that month.

Table 4.3-10. M205 Screen Messages

Message Type	Message Text	Suggested Action
No data	No status information found for contract number <contract> and coverage date <coverage date>.	No corresponding data is available for that contract number on that date. If you are expecting to see status data, you should verify the date and month and re-enter the corrected information.
No data	No payments found for claim number <claim number>, contract number <contract #> and payment date <payment date>.	No corresponding payment data is available for that claim number on that date.
Access conflict	An MBD update is in progress for this beneficiary. Please try again later.	The requested information is currently locked due to a pending update in the MBD. Wait awhile and try again to see if the information is available.
Software or Database Error	Error occurred retrieving beneficiary results for claim number <claim number> and coverage date <coverage date>.	See Appendix B for contact information to report the error.

Message Type	Message Text	Suggested Action
Software or Database Error	Error occurred retrieving beneficiary status history for claim number <claim number> and coverage date <coverage date>.	See Appendix B for contact information to report the error.
Software or Database Error	Missing input on retrieval of beneficiary status history	See Appendix B for contact information to report the error.
Software or Database Error	Invalid screen ID	See Appendix B for contact information to report the error.
Software or Database Error	Error occurred retrieving payment results for claim number <claim number>, contract number <contract #> and payment date <payment date>.	See Appendix B for contact information to report the error.
Software or Database Error	Error occurred retrieving payment information for claim number <claim number>, contract number <contract #> and payment date <payment date>.	See Appendix B for contact information to report the error.
Software or Database Error	Prospective payment information missing for claim number <claim number>, contract number <contract #> and payment date <payment date>.	See Appendix B for contact information to report the error.
Software or Database Error	Payment profile information missing for claim number <claim number>, contract number <contract #> and payment date <payment date>.	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database=<error code>	See Appendix B for contact information to report the error.
Software or Database Error	Connection error	See Appendix B for contact information to report the error.

<p>Note</p> <p>You can see only contracts to which you have access. Therefore, there may be gaps in your list where you cannot see the enrollment information.</p>

To see a summary of payment and adjustment information for a particular contract, click on the [contract](#) link in the Contract column associated with that contract, PBP and segment numbers (as applicable), and start date. This expands the information on the *Beneficiary Detail: Status (M205)* screen to include the Payments section. The information is listed by month, as shown in **Figure 4.3-8** and previously described in **Table 4.3-9**, with error and validation messages previously provided in **Table 4.3-10**.

Claim #:999876543A
112 E WILLOW AVE
ALTOONA, PA 16601-3944

VERNA M. MILLER

DOB: 04/06/1914
Age: 91 Sex: FEMALE
State: PA (39) County: BLAIR (120)

Snapshot | Enrollment | **Status** | Payments | Adjustments | Premiums | Factors

Beneficiary Detail: Status (M205) User: XXXX Role: MCO REPRESENTATIVE Date: 1/12/2006 [Close](#) [Print](#) [Help...](#)

Status 1-2(of 2) (Click on Contract# to view payment details)

		Status Period												
Contract	PBP #	Seg #	Drug Plan	Start	End	Hospice	ESRD	Working Aged	Inst	NHC	Medicaid	Pt-A	SCC	Out of Area
1	H6666	A01	123	N	08/01/2006	-	-	-	-	-	-	-	15330	✓
2	H9999	013	000	N	01/01/2006	07/31/2006	-	-	-	-	-	-	15330	✓

Payments 1-5(of 5) for Contract# H9999 (Click on Payment date for details)

Payment Date	Contract#	Payments	Adjustments	Hospice	ESRD	Working Aged	Inst	NHC	Medicaid	Disability	CHF	Part B Premium Reduction
07/2006	H9999	\$622.35	\$0.00	-	-	-	-	-	-	-	-	-
06/2006	H9999	\$622.35	\$0.00	-	-	-	-	-	-	-	-	-
05/2006	H9999	\$622.35	\$0.00	-	-	-	-	-	-	-	-	-
04/2006	H9999	\$622.35	\$0.00	-	-	-	-	-	-	-	-	-
03/2006	H9999	\$622.35	\$1,244.70	-	-	-	-	-	-	-	-	-

Figure 4.3-8. Beneficiary Detail: Status (M205) Screen (Expanded)

To see the payment and adjustment information in more detail, click on one of the [month/year](#) links in the Payment Date column to display the *Payment/Adjustment Detail (M215)* screen, as described in Section 4.3.3.7, Viewing Payment and Adjustment Details.

4.3.3.4 Viewing the Payment Information for a Beneficiary

A payment history shows the payments made for the beneficiary while enrolled in any of your contracts.

STEP 4d: Viewing the Beneficiary Detail: Payments (M206) screen

To get to the *Beneficiary Detail: Payments (M206)* screen, click on the [Payments] menu item. This displays a screen, as shown in **Figure 4.3-9**, that provides a field for entering a payment month and year. When the beneficiary is enrolled in two contracts (one for PARTS A and/or B and the other for Part D), two rows for the same month are displayed. Upon initial display, the current month appears in that field. This screen is described in **Table 4.3-11** (note that the Payments section is not yet displayed), with error and validation messages provided in **Table 4.3-12**.

Claim #:999876543A
112 E WILLOW AVE
ALTOONA, PA 16601-3944

VERNA M. MILLER

DOB: 04/06/1914
Age: 01 Sex: FEMALE
State: PA (39) County: BLAIR (120)

Snapshot | Enrollment | Status | **Payments** | Adjustments | Premiums | Factors

Beneficiary Detail: Payments (M206) User: XXXX Role: MCO REPRESENTATIVE Date: 11/15/2006 Close Print Help...

Enter required field information below and click "Find."

*Indicates required field

*Payment Date

Figure 4.3-9. Beneficiary Detail: Payments (M206) Screen (Initial Display)

Table 4.3-11. M206 Screen Inputs, Outputs, and Actions

Item	Type	Description
Search Criteria		
Payment Date	Required data entry field	Enter a month and year in the form (M)M/YYYY.
[Find]	Button	Click on this button to display payment information in the lower portion of the screen.
Payments		
Payment Date column	Output	When payment/adjustments were paid.
Month/Year in the Payment Date column	Link	Click on a month/year link to display the pop-up screen <i>Payment/Adjustment Detail (M215)</i> screen discussed in Section 4.3.3.7, Viewing Payment and Adjustment Details.
Contract column	Output	Contracts for which payments/adjustments were made.
PBP # column	Output	PBPs for which payments/adjustments were made.
Seg # column	Output	Segments for which payments/adjustments were made.
Part A Payments column	Output	Part A payments for the beneficiary by month.

Item	Type	Description
Part B Payments column	Output	Part B payments for the beneficiary by month.
Part D Payments column	Output	Part D payments for the beneficiary by month.
Total Pay column	Output	Totals of Parts A, B, and D payments for the beneficiary by month.
Part A Adjustments column	Output	Part A adjustments for the beneficiary by month.
Part B Adjustments column	Output	Part B adjustments for the beneficiary by month.
Part D Adjustments column	Output	Part D adjustments for the beneficiary by month.
Total Adj column	Output	Totals of Parts A, B, and D adjustments for the beneficiary by month.
Total Pay+Adj column	Output	Payments plus adjustments for the beneficiary by month.
Part B Premium Reduction column	Output	Indicates whether the payments/adjustments were adjusted for Part B premium reduction (formerly known as a BIPA reduction).
Regional MA BSF column	Output	Lists the bonus paid from the regional Medicare Advance Bonus Stabilization Fund (MA BSF).

Table 4.3-12. M206 Screen Messages

Message Type	Message Text	Suggested Action
Missing entry	Payment Date must be entered	Enter the date.
Invalid format	Payment Date is invalid. Must have format (M)M/YYYY.	Re-enter the date in one of the required formats.
No data	No composite payments found for claim number <claim number> and coverage date <date>	No payment data is available for that claim number on that date. If you are expecting to see payment data, you should verify the date and month and re-enter the corrected information.
Software or Database Error	Error occurred retrieving composite payment results for claim number <claim number> and coverage date <coverage date>.	See Appendix B for contact information to report the error.
Software or Database Error	Error occurred retrieving composite payment information for claim number <claim number and coverage date <coverage date>.	See Appendix B for contact information to report the error.
Software or Database Error	Invalid screen ID	See Appendix B for contact information to report the error.
Software or Database Error	Missing input	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database	See Appendix B for contact information to report the error.

Message Type	Message Text	Suggested Action
Software or Database Error	Connection error	See Appendix B for contact information to report the error.

To expand the *Beneficiary Detail: Payments (M206)* screen and display a list (ordered by payment month) of payment and adjustment information, enter the month and year of the payment date and click on the [Find] button. The information is displayed by Part A, B, and D for months up through the payment date, as shown in **Figure 4.3-10** and previously described in **Table 4.3-11**, with error and validation messages previously provided in **Table 4.3-12**.

Claim #: 999876543A
112 E WILLOW AVE
ALTOONA, PA 16601-3944

VERNA M. MILLER

DOB: 04/06/1914
Age: 91 Sex: FEMALE
State: PA (39) County: BLAIR (120)

Snapshot | Enrollment | Status | **Payments** | Adjustments | Premiums | Factors

Beneficiary Detail: Payments (M206)

User: XXXX Role: MCO REPRESENTATIVE Date: 11/15/2006

Enter required field information below and click "Find."

*Indicates required field

*Payment Date

Payments 1-9 (of 9) (Click on payment date to view details)

Payment Date	Contract	PBP#	Seg#	Payments				Adjustments				Total Pay+Adj	Part B Premium Reduction	Regional MA BSF
				Part A	Part B	Part D	Total Pay	Part A	Part B	Part D	Total Adj			
11/2006	H6666	A01	123	\$0.00	\$0.00	\$0.00	\$0.00	\$86.76	\$39.54	\$0.00	\$126.30	\$126.30	-	\$0.00
10/2006	H6666	A01	123	\$384.84	\$262.51	\$0.00	\$647.35	\$0.00	\$0.00	\$0.00	\$0.00	\$647.35	-	\$0.00
09/2006	H6666	A01	123	\$384.84	\$262.51	\$0.00	\$647.35	\$0.00	\$0.00	\$0.00	\$0.00	\$647.35	-	\$0.00
08/2006	H6666	A01	123	\$384.84	\$262.51	\$0.00	\$647.35	\$0.00	\$0.00	\$0.00	\$0.00	\$647.35	-	\$0.00
07/2006	H9999	013	000	\$369.84	\$252.51	\$0.00	\$622.35	\$0.00	\$0.00	\$0.00	\$0.00	\$622.35	-	\$0.00
06/2006	H9999	013	000	\$369.84	\$252.51	\$0.00	\$622.35	\$0.00	\$0.00	\$0.00	\$0.00	\$622.35	-	\$0.00
05/2006	H9999	013	000	\$369.84	\$252.51	\$0.00	\$622.35	\$0.00	\$0.00	\$0.00	\$0.00	\$622.35	-	\$0.00
04/2006	H9999	013	000	\$369.84	\$252.51	\$0.00	\$622.35	\$0.00	\$0.00	\$0.00	\$0.00	\$622.35	-	\$0.00
03/2006	H9999	013	000	\$369.84	\$252.51	\$0.00	\$622.35	\$739.68	\$505.02	\$0.00	\$1,244.70	\$1,867.05	-	\$0.00

Figure 4.3-10. Beneficiary Detail: Payments (M206) Screen (Expanded)

To see the payment and adjustment information in more detail, click on one of the [month/year](#) links in the Payment Date column to display the *Payment/Adjustment Detail (M215)* screen, as described in Section 4.3.3.8, Viewing Payment and Adjustment Details.

4.3.3.5 Viewing the Adjustment Information for a Beneficiary

An adjustment history shows the adjustments made for the beneficiary while enrolled in any of your contracts.

STEP 4e: Viewing the Beneficiary Detail: Adjustments (M207) screen

To get to the *Beneficiary Detail: Adjustments (M207)* screen, click on the |Adjustments| menu item. This displays a screen, as shown in **Figure 4.3-11**, that provides a field for entering a payment month and year. When the beneficiary is enrolled in two contracts (one for Parts A and/or B and the other for Part D), two rows for the same month are displayed. Upon initial display, the current date appears in that field. This screen is described in **Table 4.3-13** (note that the Adjustments section is not yet displayed), with error and validation messages provided in **Table 4.3-14**.

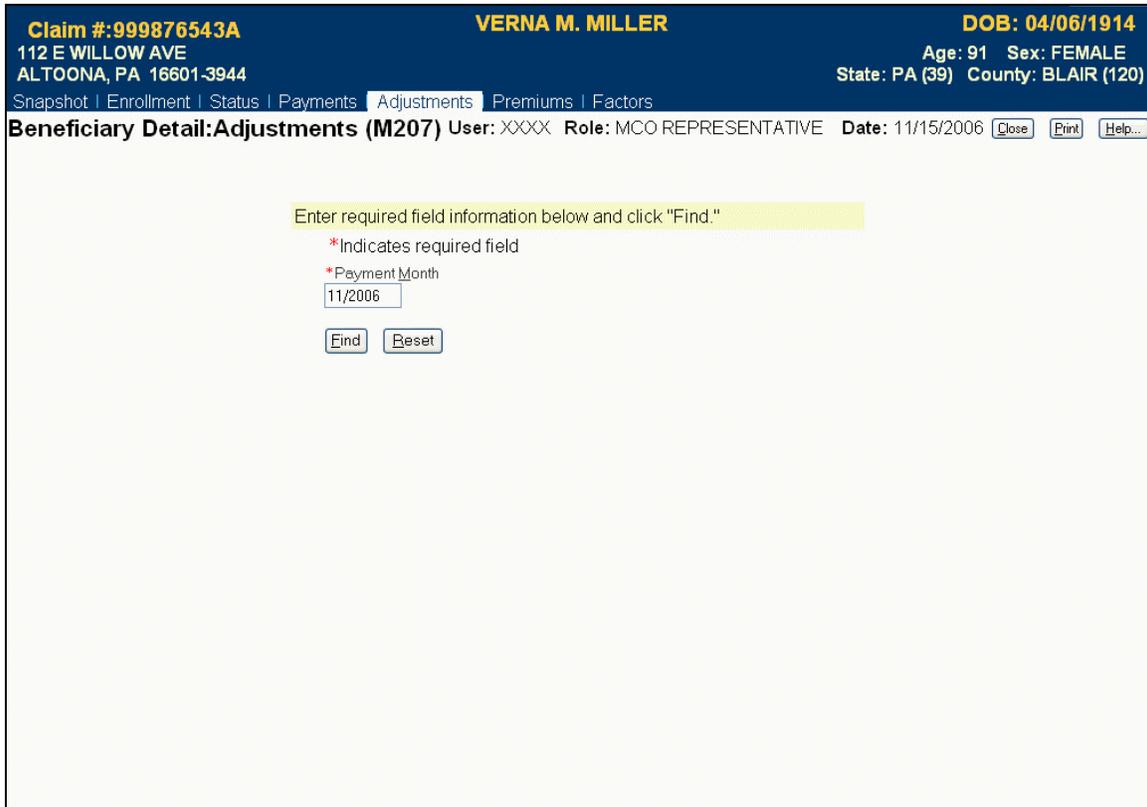


Figure 4.3-11. Beneficiary Detail: Adjustments (M207) Screen (Initial Display)

Table 4.3-13. M207 Screen Inputs, Outputs, and Actions

Item	Type	Description
Search Criteria		
Payment Month	Required data entry field	Enter a month and year in the form (M)M/YYYY.
[Find]	Button	Click on this button to display adjustment information in the lower portion of the screen.
Adjustments		
Adjustment Date column	Output	Indicates when adjustments were paid.

Item	Type	Description
Month/Year in the Adjustment Date column	Link	Click on a month/year link to display the pop-up screen <i>Payment/Adjustment Detail (M215)</i> discussed in Section 4.3.3.8, Viewing Payment and Adjustment Details.
Contract column	Output	Contracts for which adjustments were made.
PBP column	Output	PBPs for which adjustments were made.
Segment column	Output	Segments for which adjustments were made.
Description column	Output	Description of the adjustment reason for each adjustment.
Adjustment Code column	Output	Code for the adjustment reason for each adjustment.
Part A Adjustments column	Output	Part A adjustments by Paid for Month and adjustment reason.
Part B Adjustments column	Output	Part B adjustments by Paid for Month and adjustment reason.
Part D Adjustments column	Output	Part D adjustments by Paid for Month and adjustment reason.
Total Adjustments column	Output	Total adjustments by month and adjustment reason.
Paid for Month column	Output	Indicates the month to which the adjustment applies.

Table 4.3-14. M207 Screen Messages

Message Type	Message Text	Suggested Action
Missing entry	Payment Month must be entered	Enter the date.
Invalid format	Payment Month is invalid. Must have format (M)M/YYYY.	Re-enter the date in one of the required formats.
No data	No adjustments found for claim number <claim number> and payment month <month>	No adjustment data is available for that claim number up through that month. If you are expecting to see payment data, you should verify the month and re-enter the corrected information.
Software or Database Error	Error occurred retrieving adjustment results for claim number <claim number> and payment month <payment month>.	See Appendix B for contact information to report the error.
Software or Database Error	Error occurred retrieving adjustment history for claim number <claim number> and payment month <payment month>.	See Appendix B for contact information to report the error.
Software or Database Error	Invalid screen ID	See Appendix B for contact information to report the error.
Software or Database Error	Missing input on retrieval of beneficiary adjustment history	See Appendix B for contact information to report the error.

Message Type	Message Text	Suggested Action
Software or Database Error	Unexpected error code from database = <error code>	See Appendix B for contact information to report the error.
Software or Database Error	Connection error	See Appendix B for contact information to report the error.

To expand the screen to display a list (ordered by adjustment month) of adjustment information that occurred up through the payment month you entered, enter the month and year of the payment date and click on the [Find] button. The Part A, B, and D adjustments are listed in adjustment code as shown in **Figure 4.3-12**, which was previously described by **Table 4.3-13**, with error and validation messages previously provided in **Table 4.2-14**.

Claim #:999876543A **VERNA M. MILLER** **DOB: 04/06/1914**
 112 E WILLOW AVE Age: 91 Sex: FEMALE
 ALTOONA, PA 16601-3944 State: PA (39) County: BLAIR (120)

Snapshot | Enrollment | Status | Payments | **Adjustments** | Premiums | Factors

Beneficiary Detail:Adjustments (M207) User: XXXX Role: MCO REPRESENTATIVE Date: 11/15/2006 [Close] [Print] [Help...]

Enter required field information below and click "Find."
 *Indicates required field
 *Payment Month

Adjustment 1-5(Of 5) (Click on adjustment date to view details)

Adjustment Date	Contract	PBP	Segment	Description	Adjustment Code	Adjustments				Paid for Month
						Part A	Part B	Part D	Total	
11/2006	H6666	A01	123	RETROACTIVE ENROLLMENT	02	\$28.92	\$13.18	\$0.00	\$42.10	10/2006
11/2006	H6666	A01	123	RETROACTIVE ENROLLMENT	02	\$28.92	\$13.18	\$0.00	\$42.10	09/2006
11/2006	H6666	A01	123	RETROACTIVE ENROLLMENT	02	\$28.92	\$13.18	\$0.00	\$42.10	08/2006
03/2006	H9999	013	000	RETROACTIVE ENROLLMENT	02	\$369.84	\$252.51	\$0.00	\$622.35	02/2006
03/2006	H9999	013	000	RETROACTIVE ENROLLMENT	02	\$369.84	\$252.51	\$0.00	\$622.35	01/2006

Figure 4.3-12. Beneficiary Detail: Adjustments (M207) Screen (Expanded)

To see the payment and adjustment information in more detail, click on one of the [month/year](#) links in the Adjustment Date column to display the *Payment/Adjustment Detail (M215)* screen, as described in Section 4.3.3.7, Viewing Payment and Adjustment Details.

4.3.3.6 Viewing the Premium Information for a Beneficiary

The premium information includes the history of basic premiums paid by the beneficiary, the penalty for late enrollment added to the premiums, and the subsidies paid by the government that reduce the premiums.

STEP 4e: Viewing the Beneficiary Detail: Premiums (M231) screen

To get to the *Beneficiary Detail: Premiums (M231)* screen, click on the |Premiums| menu item. This displays a screen, as shown in **Figure 4.3-13**, that provides a field for entering a payment month and year. When the beneficiary is enrolled in two contracts (one for Parts A and/or B and the other for Part D), two rows for the same month are displayed. Upon initial display, the current month appears in that field. This screen is described in **Table 4.3-15** (note that the premiums section is not yet displayed), with error and validation messages provided in **Table 4.3-16**.

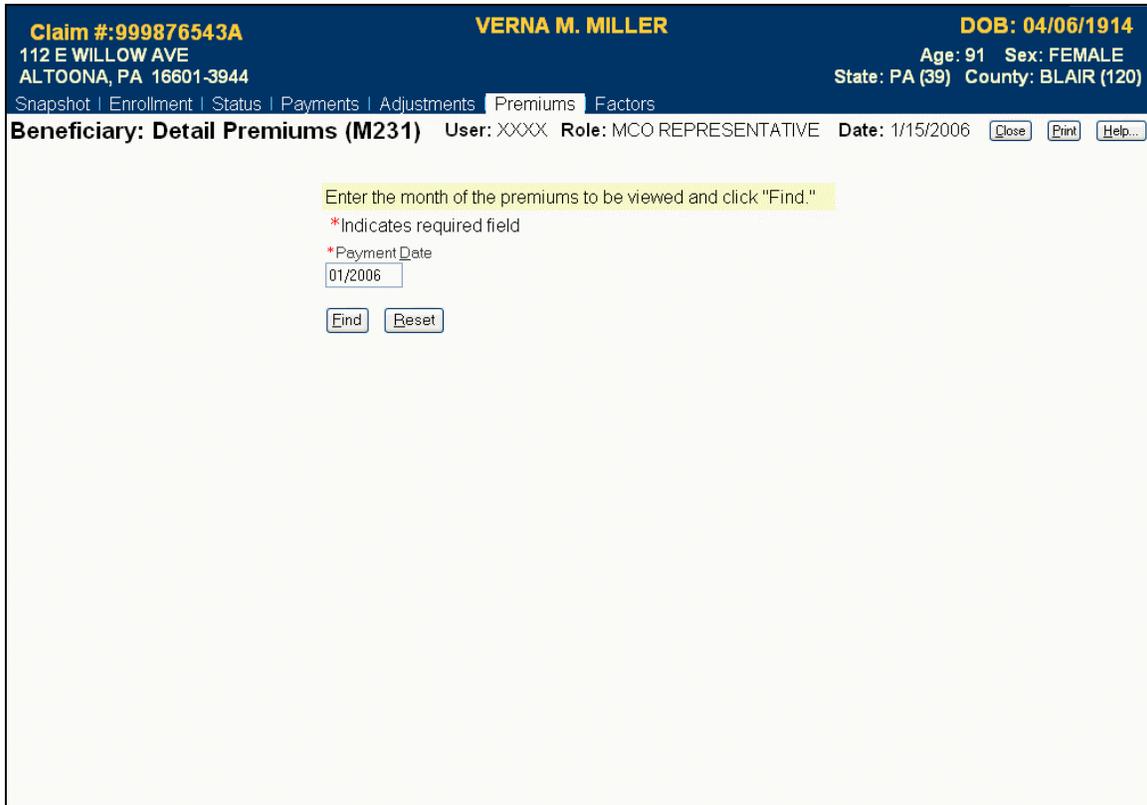


Figure 4.3-13. Beneficiary Detail: Premiums (M231) Screen (Initial Display)

Table 4.3-15. M231 Screen Inputs, Outputs, and Actions

Item	Type	Description
Search Criteria		
Payment Date	Required data entry field	Enter a month and year in the form (M)M/YYYY.
[Find]	Button	Click on this button to display premium information in the lower portion of the screen.

Item	Type	Description
Payments		
Start Date column	Output	When the premium charge began.
End Date column	Output	When the premium charge end.
Creation Date column	Output	When the premium information was provided.
Contract column	Output	Contract for which premiums were charged.
PBP column	Output	PBP for which premiums were charged.
Seg column	Output	Segment for which premiums were charged.
Premium Withholding Option column	Output	Option that the beneficiary chose for paying the premiums.
Enrollment Premiums Part C column	Output	Part C premium paid by the beneficiary.
Enrollment Premiums Part D column	Output	Part D premium paid by the beneficiary.
Low-Income Subsidy column	Output	Amount of Part D premiums that were subsidized.
Low-Income Subsidy % column	Output	Percentage of the Part D premiums that were subsidized.
Low-Income Subsidy Adj column	Output	Indicates whether the Part D premiums were subsidized.
# of Uncov Months column	Output	Number of months during which the beneficiary was not covered by drug insurance.
Late Enrollment Penalty column	Output	Penalty charged for late enrollment in Part D coverage.
Late Enrollment Penalty Adj column	Output	Indicates whether late enrollment penalties were charged.
LEP Subsidy column	Output	Amount of the late enrollment penalty that was subsidized.
LEP Waiver column	Output	Amount of the late enrollment penalty that was waived.
Total Premiums column	Output	Total premium charged for Parts C and/or D (as applicable), taking into account subsidies and penalties

Table 4.3-16. M231 Screen Messages

Message Type	Message Text	Suggested Action
Missing entry	Payment Month must be entered	Enter the date.
Invalid format	Payment Month is invalid. Must have format (M)M/YYYY.	Re-enter the date in one of the required formats.
No data	No premiums found for claim number <claim number>	No payment data is available for that claim number on that date. If you are expecting to see payment data, you should verify the date and month and re-enter the corrected information.

Message Type	Message Text	Suggested Action
Software or Database Error	Error occurred retrieving beneficiary premium results for claim number <claim number>	See Appendix B for contact information to report the error.
Software or Database Error	Error occurred retrieving beneficiary premium information for claim number <claim number>	See Appendix B for contact information to report the error.
Software or Database Error	Missing input data to retrieve premiums	See Appendix B for contact information to report the error.
Software or Database Error	Error returning premiums	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database = <error code>	See Appendix B for contact information to report the error.
Software or Database Error	Connection error	See Appendix B for contact information to report the error.

To expand the *Beneficiary Detail: Premiums (M231)* screen and display a list of premium information, enter the month and year of the payment date and click on the [Find] button. The information for the contracts in which the beneficiary was enrolled that month is displayed, as shown in **Figure 4.3-14** and previously described in **Table 4.3-15**, with error and validation messages previously provided in **Table 4.3-16**.

Claim #: 999876543A
 112 E WILLOW AVE
 ALTOONA, PA 16601 3944

VERNA M. MILLER

DOB: 04/06/1914
 Age: 91 Sex: FEMALE
 State: PA (39) County: BLAIR (120)

Snapshot | Enrollment | Status | Payments | Adjustments | **Premiums** | Factors

Beneficiary: Detail Premiums (M231)

User: XXXX Role: MCO REPRESENTATIVE Date: 1/15/2006

Enter the month of the premiums to be viewed and click "Find."

*Indicates required field

*Payment Date

11/2006

Start Date	End Date	Creation Date	Enrollment			Premium Withholding Option	Enrollment Premiums		Low Income Subsidy			Late Enrollment				Total Premium	
			Contract	PBP	Segment		Part C	Part D	Subsidy	Subsidy %	Subsidy Adj	# of Uncov. Mos.	Penalty	Penalty Adj	LEP Subsidy		LEP Waiver
08/01/2006	12/31/2006	07/11/2005	H6666	A01	123	DIRECT SELF-PAY	\$95.12	\$124.00	\$49.30	22.5%	Y	0	\$10.15	Y	\$5.00	\$2.50	\$172.47
01/01/2006	07/31/2006	07/11/2005	H6666	A01	123	DIRECT SELF-PAY	\$95.12	\$105.00	\$45.00	22.5%	Y	0	\$10.15	Y	\$5.00	\$2.50	\$157.77
01/01/2006	12/31/2006	12/11/2005	H6666	A01	123	DIRECT SELF-PAY	\$95.12	\$105.00	\$45.00	22.5%	Y	0	\$10.15	Y	\$5.00	\$2.50	\$157.77

Figure 4.3-14. Beneficiary Detail: Premiums (M231) Screen (Expanded)

To see the payment and adjustment information in more detail, click on one of the [month/year](#) links in the Payment Date column to display the *Payment/Adjustment Detail (M215)* screen, as described in Section 4.3.3.7, Viewing Payment and Adjustment Details.

4.3.3.7 Viewing Beneficiary Factors

A factors history shows the factors used to calculate payments made for the beneficiary while enrolled in any of your contracts.

STEP 4g: Viewing the Beneficiary Detail: Factors (M220) screen

To get to the *Beneficiary Detail: Factors (M220)* screen, click on the |Factors| menu item. This displays a screen, as shown in **Figure 4.3-15**, that provides the factors that were used to calculate payments. This screen is described in **Table 4.3-17**, with error and validation messages provided in **Table 4.3-18**.

Claim #:999876543A
 112 E WILLOW AVE
 ALTOONA, PA 16601-3944

VERNA M. MILLER
 Age: 91 Sex: FEMALE
 State: PA (39) County: BLAIR (120)

DOB: 04/06/1914

[Snapshot](#) | [Enrollment](#) | [Status](#) | [Payments](#) | [Adjustments](#) | [Factors](#)

 User: XXXX Role: MCO REPRESENTATIVE Date: 1/12/2006

Beneficiary Detail:Factors (M220)

Factors 1-2(of 2)

	Factor Type	Part A	Part B	Standard Part D	PIP-DCG	Start Date	End Date
1	RA FACTOR	0.5820	0.5820	0.5820	04	01/01/2005	12/31/2005
2	RA FACTOR	0.5770	0.5770	0.5770	04	01/01/2006	12/31/2006

Figure 4.3-15. Beneficiary Detail: Factors (M220) Screen

Table 4.3-17. M220 Screen Inputs, Outputs, and Actions

Item	Type	Description
Factor Type column	Output	Type of factor calculated for the beneficiary, such as CHF.
Part A column	Output	Part A factor calculated for the beneficiary for the factor type shown.
Part B column	Output	Part B factor calculated for the beneficiary for the factor type shown.
PIP-DCG column	Output	Principal Inpatient Diagnosis Cost Group (PIP-DCG) score calculated for the beneficiary.
Start Date column	Output	First day the factors were effective.
End Date column	Output	Last day the factors were effective.

Table 4.3-18. M220 Screen Messages

Message Type	Message Text	Suggested Action
No data	No factors found for claim number <claim number>	See Appendix B for contact information to report the error.
Software or Database Error	Error occurred retrieving beneficiary-specific factors results for claim number <claim number>	See Appendix B for contact information to report the error.
Software or Database Error	Error occurred retrieving beneficiary-specific factors information for claim number <claim number>	See Appendix B for contact information to report the error.
Software or Database Error	Invalid input	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database	See Appendix B for contact information to report the error.
Software or Database Error	Connection error	See Appendix B for contact information to report the error.

4.3.3.8 Viewing Payment and Adjustment Details

The payment and adjustment details show the components that comprise the payments, adjustments, premiums, rebates, subsidies, and bonuses that apply to a beneficiary in a month.

STEP 5: Viewing the *Payment/Adjustment Detail (M215)* screen

The *Payment/Adjustment Detail (M215)* screen is accessible by clicking on a [Payment Date](#) or [Adjustment Date](#) link from the following screens:

- *Beneficiary Detail: Enrollment (M204)*
- *Beneficiary Detail: Status (M205)*
- *Beneficiary Detail: Payments (M206)*

- *Beneficiary Detail: Adjustments (M207)*
- *Beneficiary Payment History (M406)*

The screen, as shown in **Figure 4.3-16**, provides payment and adjustment details for the selected month and contract. Adjustments are listed by adjustment reason code and are shown on the screen for the month in which they are paid, not the month to which they apply. When a blended rate is displayed, the demographic and risk-adjusted components used in the blending calculation are also displayed. Any additions and subtractions for bonuses, rebates, and/or subsidies are listed on separate lines. The screen is described in **Table 4.3-19**, with error and validation messages provided in **Table 4.3-20**.

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Claim #:999876543A		VERNA M. MILLER			DOB: 04/06/1914				
112 E WILLOW AVE					Age: 91 Sex: FEMALE				
ALTOONA, PA 16601-3944					State: PA (39) County: BLAIR (120)				
Payment/Adjustment Detail (M215)				User: XXXX	Role: MCO REPRESENTATIVE	Date: 4/12/2006	<input type="button" value="Close"/>	<input type="button" value="Print"/>	<input type="button" value="Help..."/>
Payments/Adjustment Table - Contract# H9999									
Payment Date	Type	Description	Adjustment Code	Payment/Adjustments				Paid for Month	
				Part A	Part B	Part D	Total		
03/2006	PAYMENT COMPONENT	DEMOGRAPHIC	-	\$326.36	\$323.17	-	\$649.53	03/2006	
03/2006	PAYMENT COMPONENT	RISK ADJUSTED	-	\$180.21	\$159.62	-	\$339.83	03/2006	
03/2006	PAYMENT	BLEND	-	\$216.75	\$200.51	-	\$417.26	03/2006	
03/2006	PAYMENT	BASIC PART C PREMIUM	-	\$44.00	\$36.00	-	\$80.00	03/2006	
03/2006	PAYMENT COMPONENT	BASIC PART D PREMIUM	-	-	-	\$30.00	\$30.00	03/2006	
03/2006	PAYMENT	REBATE FOR PART B PREMIUM REDUCTION	-	\$0.00	\$0.00	-	\$0.00	03/2006	
03/2006	PAYMENT	REBATE FOR A/B COST SHARING	-	\$0.00	\$0.00	-	\$0.00	03/2006	
03/2006	PAYMENT	REBATE FOR A/B MANDATORY SUPPLEMENTAL BENEFITS	-	\$0.00	\$0.00	-	\$0.00	03/2006	
03/2006	PAYMENT	REBATE FOR PART D BASIC PREMIUM REDUCTION	-	\$0.00	\$0.00	-	\$0.00	03/2006	
03/2006	PAYMENT	REBATE FOR PART D SUPPLEMENTAL BENEFITS	-	\$0.00	\$0.00	-	\$0.00	03/2006	
03/2006	PAYMENT	PART D DIRECT SUBSIDY	-	-	-	\$6.14	\$6.14	03/2006	
03/2006	PAYMENT	LIS COST SHARING	-	-	-	\$12.00	\$12.00	03/2006	
03/2006	PAYMENT	REINSURANCE AMOUNT	-	-	-	\$3.00	\$3.00	03/2006	
03/2006	PAYMENT COMPONENT	TOTAL PART D PAYMENTS	-	-	-	-	\$21.14	03/2006	
03/2006	PAYMENT	BSF MONTHLY	-	\$6.05	\$3.95	-	\$11.00	03/2006	
03/2006	PAYMENT	BONUS PAYMENTS	-	-	-	-	\$31.14	03/2006	
03/2006	PAYMENT	PACE PREMIUM ADD-ON	-	-	-	\$40.98	\$40.98	03/2006	
03/2006	PAYMENT	PACE COST SHARING ADD-ON	-	-	-	\$51.32	\$51.32	03/2006	
03/2006	ADJUSTMENT COMPONENT	DEMOGRAPHIC	-	\$326.36	\$323.17	-	\$649.53	02/2006	
03/2006	ADJUSTMENT COMPONENT	RISK ADJUSTED	-	\$180.21	\$159.62	-	\$339.83	02/2006	
03/2006	ADJUSTMENT	RETROACTIVE ENROLLMENT	02	\$216.75	\$200.51	-	\$417.26	02/2006	
03/2006	ADJUSTMENT	RETROACTIVE CHANGE TO BASIC PART D PREMIUM	30	-	-	\$30.00	\$30.00	02/2006	
03/2006	ADJUSTMENT	RETROACTIVE CHANGE TO LIS COST SHARING	32	-	-	\$12.00	\$12.00	02/2006	
03/2006	ADJUSTMENT	RETROACTIVE CHANGE TO REINSURANCE AMOUNT	33	-	-	\$3.00	\$3.00	02/2006	
03/2006	ADJUSTMENT	RETROACTIVE CHANGE TO BASIC PART C PREMIUM	34	\$44.00	\$36.00	-	\$80.00	02/2006	
03/2006	ADJUSTMENT	RETROACTIVE CHANGE TO REBATE AMOUNT	35	\$0.00	\$0.00	-	\$0.00	02/2006	

Figure 4.3-16. Payment/Adjustment Detail (M215) Screen

Table 4.3-19. M215 Screen Inputs, Outputs, and Actions

Item	Type	Description
Payment Date column	Output	Date on which the payments were made.
Type column	Output	Specifies the type. These include payment, payment component, equivalent, and adjustment component.
Description column	Output	For payments or equivalent, provides description, such as demographic, risk adjusted, blended, one of the premiums types, one of the rebate types, or one of the subsidy types. For adjustments, describes reason for the adjustment.
Adjustment Code column	Output	Code of adjustment reason for each adjustment. Dashes are used when it is not an adjustment.
Payment/Adjustments Part A column	Output	Part A amount of payment or adjustment, as applicable.
Payment/Adjustments Part B column	Output	Part B amount of payment or adjustment, as applicable.
Payment/Adjustments Part D column	Output	Part D amount of payment or adjustment, as applicable.
Payment/Adjustments Total column	Output	Total amount of payment or adjustment, as applicable.
Paid for Month column	Output	Month/year to which the payment applies. For adjustments, this month is being adjusted, not the month in which the adjustment is paid.

Table 4.3-20. M215 Screen Messages

Message Type	Message Text	Suggested Action
Software or Database Error	Error occurred retrieving payments/adjustments from database	See Appendix B for contact information to report the error.
Software or Database Error	Error occurred retrieving payments/adjustments detail results	See Appendix B for contact information to report the error.
Software or Database Error	Invalid screen ID	See Appendix B for contact information to report the error.
Software or Database Error	Missing input for retrieval of payments/adjustments	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database	See Appendix B for contact information to report the error.
Software or Database Error	Connection error	See Appendix B for contact information to report the error.

4.3.3.9 Viewing Enrollment Details

The enrollment details show the information on the enrollment and (as applicable) disenrollment for a beneficiary in a plan.

STEP 6: Viewing the Enrollment Detail (M222) screen

The Enrollment Detail (M222) screen is accessible by selecting a [Contract #](#) link from the Beneficiary Detail: Enrollment (M204) screen.

The screen, as shown in **Figure 4.3-17**, provides details of the selected enrollment or enrollment period. The screen is described in **Table 4.3-21**, with error and validation messages provided in **Table 4.3-22**.

Claim #: 999876543A 112 E WILLOW AVE ALTOONA, PA 16601-3944	VERNA M. MILLER	DOB: 04/06/1914 Age: 91 Sex: FEMALE State: PA (39) County: BLAIR (120)
Enrollment Detail (M222)		
User: XXXX Role: MCO REPRESENTATIVE Date: 8/1/2006 <input type="button" value="Close"/> <input type="button" value="Print"/> <input type="button" value="Help..."/> 		
Contract: H9999 MCO Name: ACME HEALTH SERVICES PBP Number: 013 Segment Number: 000 Drug Plan: Y Effective Start Date: 01/01/2006 Effective End Date: 07/31/2006 EGHP: Y Enrollment Forced Code: Disenrollment Reason Code: 13 Application Date: 12/01/2005 Enrollment Election Type: ANNUAL ELECTION PERIOD (AEP) Disenrollment Election Type: SPECIAL ELECTION PERIOD (SEP) Special Needs Type: Enrollment Source: BENEFICIARY ELECTION Part D Auto-Enrollment Opt-Out:		

Figure 4.3-17. Enrollment Detail (M222) Screen

Table 4.3-21. M222 Screen Inputs, Outputs, and Actions

Item	Type	Description
Contract	Output	Contract number in which the beneficiary is enrolled.
MCO Name	Output	Name of the contract.
PBP Number	Output	PBP in which the beneficiary is enrolled, when applicable.
Segment Number	Output	Segment in which the beneficiary is enrolled, when applicable.
Drug Plan	Output	Indicates whether the contract provides drug insurance coverage. Set to Y or N.

Item	Type	Description
Effective Start Date	Output	Start of enrollment.
Effective End Date	Output	End of enrollment, when applicable.
EGHP	Output	Indicates whether the enrollment is an employer group health plan (EGHP). Set to Y or N.
Enrollment Forced Code	Output	Reason for overriding certain membership validation rules, when applicable.
Disenrollment Reason Code	Output	Reason for disenrollment, when applicable.
Application Date	Output	Date either when the beneficiary signed the enrollment request (if available) or when the enrollment request was received.
Enrollment Election Type	Output	Type of election period when enrollment took place.
Disenrollment Election Type	Output	Type of election period when disenrollment took place.
Special Needs Type	Output	Type of special needs population for which the plan provides coverage (Institutional, Dual Eligible, or Chronic or Disabling Condition)
Enrollment Source	Output	What triggered the enrollment — automatically enrolled by CMS, beneficiary election, or facilitated enrollment by CMS.
Part D Auto-Enrollment Opt-Out	Output	Indicates whether the beneficiary opted out of Part D coverage. Applies only to automatic enrollments by CMS. Set to Y or N.

Table 4.3-22. M222 Screen Messages

Message Type	Message Text	Suggested Action
Software or Database Error	Error occurred retrieving beneficiary enrollment information	See Appendix B for contact information to report the error.
Software or Database Error	Invalid input retrieving beneficiary enrollment information	See Appendix B for contact information to report the error.
Software or Database Error	Beneficiary enrollment information is missing	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database = <error code>	See Appendix B for contact information to report the error.
Software or Database Error	Connection error	See Appendix B for contact information to report the error.

4.4 Viewing Payment Information

This section discusses how to view MCO and beneficiary payment information.

4.4.1 Viewing MCO Payment Information

Total payments to MCOs are calculated as part of month-end processing. This section describes how to view the MCO payment information. These payment amounts are based on the beneficiary capitation amounts and may differ from the actual payment to the MCO due to contract-level payment adjustments, such as the Balanced Budget Act (BBA) User Fee adjustment. For the current processing month, the payments reflect the transactions processed to date.

STEP 1: Getting to the *Payments: MCO (M401)* screen

From the MARx main menu, click on the |Payments| menu item. The |MCO| submenu item is already selected and displays the *Payments: MCO (M401)* screen.

STEP 2: Viewing payment summary information by MCO

The *Payments: MCO (401)* screen is used for entering selection criteria, as shown in **Figure 4.4-1** and described in **Table 4.4-1**, with error and validation messages provided in **Table 4.4-2**.

Enter the month and year for the payments you want to see. To narrow your search further, specify a contract number (and optionally a PBP and/or segment). If a contract number is not entered, then all contracts for which you have access will be displayed. Another option is to break down the payments by PBP. If that option is not selected, the payments for a contract will be summarized at the contract level. If breakdown by PBP is selected, contracts without PBPs will be included on the display but summarized at the contract level. Similarly, there is an option to break down the payments by segment. If that option is not selected, the payments for a contract will be summarized at the contract or PBP level, based on whether the breakdown by PBP option was selected. If breakdown by segment is selected, PBPs without segments will be included but summarized at the PBP level. Click on the [Find] button to bring up the *Payments: MCO Payments (M402)* screen showing all of the contracts that meet the criteria.

Because the results from this search can vary based on the criteria, the examples following **Table 4.4-2** provide alternate screen shots for various inputs.

Figure 4.4-1. Payments: MCO (M401) Screen

Table 4.4-1. M401 Screen Inputs, Outputs, and Actions

Item	Type	Description
Contract #	Data entry field	Enter to narrow the request to a particular contract. If a contract is not entered, then all of the user's contracts will be displayed.
Breakdown By PBP	Checkbox	If checked, the payment information will be listed by PBP within each contract. Otherwise, the payment information will be summarized at the contract level. NOTE: When Breakdown By Segment is checked, payments will be shown by PBP, whether or not this option is checked.
PBP #	Data entry field	A PBP may be specified to request the payment information for this PBP only. If a PBP is not entered, then payment information for all PBPs in a contract (if applicable) will be displayed (either at the contract or PBP level, depending on whether Breakdown By PBP is checked). A contract number must be specified when a PBP number is specified.

Item	Type	Description
Breakdown By Segment	Checkbox	If checked, the payment information will be listed by segment within the PBP. If not checked, the payment information will be summarized at the PBP level when Breakdown by PBP and summarized at the contract level otherwise.
Segment #	Data entry field	A segment may be specified to request the payment information for this segment only. If a segment is not entered, then payment information for all segments in a PBP (if applicable) will be displayed (at the contract, PBP, or segment level, depending on whether Breakdown By PBP and Breakdown by Segment are checked). A PBP must be specified when a segment number is specified.
For Month/Year	Required data entry field	Request is for payments made in this month. Enter the date in the form (M)M/YYYY.
[Find]	Button	After the search criteria have been entered, click on this button to display the list of reports.

Table 4.4-2. M401 Screen Messages

Message Type	Message Text	Suggested Action
Missing entry	Month/Year must be entered	Enter the month/year.
Invalid format	Month/Year is invalid. Must have format (M)M/YYYY	Re-enter the month/year in one of the required formats.
Invalid format	A contract number must start with an 'H', '9', 'R', 'S', or 'F' and be followed by four characters	Re-enter the contract number.
Invalid format	PBP number must be 3 alpha-numeric characters	Re-enter the PBP.
Invalid format	Segment number must be a three-digit number	Re-enter the segment.
Invalid entry	When a PBP is entered, a contract number must also be entered	Enter a contract number.
Invalid entry	When a segment is entered, contract and PBP numbers must be entered also	Make sure to enter a PBP if you are entering a segment.
Invalid entry	Invalid contract/PBP combination	Make sure the PBP is in the contract.
Invalid entry	Invalid contract/PBP/segment combination	Make sure the PBP is in the contract and the segment is in the PBP.
Invalid entry	You do not have access rights to this Contract.	First, make sure that you entered the contract number correctly. If you entered it correctly and if you should have rights to this contract, see the CO Computer Specialist, who can update your user profile to give you these rights.

Message Type	Message Text	Suggested Action
No data	No summary payment data found for specified criteria	Verify the selection criteria. If criteria were entered incorrectly, re-enter the data.
Software or Database Error	The result set that contains the summary payment data is empty.	See Appendix B for contact information to report the error.
Software or Database Error	Error occurred retrieving summary payment data results from database	See Appendix B for contact information to report the error.
Software or Database Error	Invalid input to stored procedure	See Appendix B for contact information to report the error.
Software or Database Error	Missing input.	See Appendix B for contact information to report the error.
Software or Database Error	No records returned from the database	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database = <error code>	See Appendix B for contact information to report the error.
Software or Database Error	Connection error	See Appendix B for contact information to report the error.

EXAMPLE 1: Multiple contracts and no PBP breakdown

Figure 4.4-2 provides an example of the *Payments: MCO Payments (M402)* screen that results when only a month/year is entered on the *Payments: MCO (M401)* screen, a contract number and PBP are not entered, and Breakdown By PBP is not specified. All contracts to which user XXXX has access are displayed, and the payments are shown at the contract level. (Note that only the Contracts section is displayed on the screen; the Current Payments and Adjustment Payments sections are displayed in STEP 3.) This screen is described in **Table 4.4-3**. There are no error messages for the initial display of the screen, as any messages are displayed on *Payments: MCO (M401)* screen. **Table 4.4-4** shows the error and validation messages that may be displayed when the screen is expanded to show sections below the Contracts section.

CMS Medicare Advantage Prescription Drug (MARx)
 Welcome | Beneficiaries | Transactions | **Payments** | Rates | Reports | Maintenance
 MCO | Beneficiary | Calculator | Premiums/Rebates

Payments: MCO Payments (M402) User: XXXX Role: CMS CENTRAL OFFICE USER Date: 3/1/2006 [Print](#) [Help...](#)

Payment Information for Month 3/2006 1-3(of 3)
 (Click on Contract# to display Payment Summary)

Contract #	Contract Name	Payments			
		Part A	Part B	Part D	Total
H1111	COLUMBIA HEALTH CARE	\$12,058.37	\$37,185.63	\$9,578.07	\$58,822.07
H2222	MUTUAL OF VIRGINIA	\$15,677.89	\$13,447.59	\$0.00	\$29,125.48
H3333	MOUNTAIN INSURANCE	\$0.00	\$0.00	\$5,309.20	\$5,309.20

Figure 4.4-2. Payments: MCO Payments (M402) Screen for Multiple Contracts and No PBP or Segment Breakdown (Initial Display, Example 1)

Table 4.4-3. M402 Screen Inputs, Outputs, and Actions

Item	Type	Description
Contracts		
Contract # column heading	Sorter	Sorts MCO payment summary information by contract number.
Contract # in the Contract # column	Link	Expands this screen to show the breakdown for the selected contract.
Contract Name column heading	Sorter	Sorts MCO payment summary information by contract name.
PBP # column	Output	When displayed, information is displayed for this PBP in the contract.
Segment # column	Output	When displayed, information is displayed for this segment in the contract and PBP.
Payments Part A column	Output	Part A payments for the contract.
Payments Part B column	Output	Part B payments for the contract.

Item	Type	Description
Payments Part D column	Output	Part D payments for the contract.
Payments Total column	Output	Parts A, B, and D payment totals for the contract.
Current Payments		
Amount shown in parentheses after Part A Total Payments row heading	Output	Average Part A payment this month.
Amount shown in parentheses after Part B Total Payments row heading	Output	Average Part B payment this month.
Amount shown in parentheses after Part D Total Payments row heading	Output	Average Part D payment this month.
Payments Part A Members column	Output	Number of members in the contract with Part A payments this month. Gives total plus breakdown by status.
Payments Part A Total Amount column	Output	Payments and adjustments (for all beneficiaries) in the contract for Part A this month. Gives total plus breakdown by status.
Payments Part B Members column	Output	Number of members in the contract with Part B payments this month. Gives total plus breakdown by status.
Payments Part B Total Amount column	Output	Payments and adjustments (for all beneficiaries) in the contract for Part B this month. Gives total plus breakdown by status.
Payments Part D Members column	Output	Number of members in the contract with Part D payments this month. Gives total plus breakdown by status.
Payments Part D Total Amount column	Output	Payments and adjustments (for all beneficiaries) in the contract for Part D this month. Gives total plus breakdown by status.
Total Out of Area	Output	Number of beneficiaries living out of the service area for the contract this month.
Adjustment Payments (only displayed if there are any adjustments)		
Code column	Output	Adjustment reason code.
Code in the Code Column	Link	Opens the <i>Adjustment Detail (M408)</i> screen to display a breakdown of the adjustments for the contract/PBP and month by beneficiary.
Adjustment Reason column	Output	Description of the adjustment reason code.
# column	Output	Number of adjustments by adjustment reason for the contract this month.

Item	Type	Description
Months A column	Output	Total months (over all beneficiaries) for which adjustments are made for Part A by adjustment reason.
Months B column	Output	Total months (over all beneficiaries) for which adjustments are made for Part B by adjustment reason.
Months D column	Output	Total months (over all beneficiaries) for which adjustments are made for Part D by adjustment reason.
Part A column	Output	Total amount of Part A adjustments by adjustment reason.
Part B column	Output	Total amount of Part B adjustments by adjustment reason.
Part D column	Output	Total amount of Part D adjustments by adjustment reason.
Total Amount column	Output	Total amount of Parts A, B, and D adjustments by adjustment reason.

Table 4.4-4. M402 Screen Messages

Message Type	Message Text	Suggested Action
No data	No payment data for the criteria entered	Verify the selection criteria. If criteria were entered incorrectly, re-enter the data.
Software or Database Error	The result set that contains the Payment MCO Payments is empty.	See Appendix B for contact information to report the error.
Software or Database Error	Error occurred retrieving MCO payment details for contract <contract>	See Appendix B for contact information to report the error.
Software or Database Error	Invalid input to the stored procedure	See Appendix B for contact information to report the error.
Software or Database Error	Missing input	See Appendix B for contact information to report the error.
Software or Database Error	No records returned from the database	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database <error code>	See Appendix B for contact information to report the error.
Software or Database Error	Connection error	See Appendix B for contact information to report the error.

EXAMPLE 2: Multiple contracts and PBP breakdown

Figure 4.4-3 provides an example of the *Payments: MCO Payments (M402)* screen that results when a contract number is not entered and Breakdown By PBP is specified. All contracts to which user XXXX has access are displayed, and the payments are shown at the PBP level (if this example had contracts without PBPs, payments would be shown at the contract level). (Note that only the Contracts section is displayed on the screen; the Current Payments and Adjustment

Payments sections are displayed in STEP 3.) The inputs, outputs, and actions are described previously in **Table 4.4-3**. There are no error messages for the initial display of the screen, as any messages are displayed on *Payments: MCO (M401)* screen. See **Table 4.4-4** for the error and validation messages that may be displayed when the screen is expanded to show sections below the contracts.

CMS Medicare Advantage Prescription Drug (MARx)						
Welcome Beneficiaries Payments Reports						
MCO Beneficiary Premiums/Rebates						
Payments: MCO Payments (M402)		User: XXXX Role: MCO REPRESENTATIVE		Date: 3/1/2006		Print Help...
Payment Information for Month 3/2006 1-6 (of 6) (Click on Contract# to display Payment Summary)						
Contract #	PBP #	Contract Name	Payments			
			Part A	Part B	Part D	Total
H1111	001	COLUMBIA HEALTH CARE	\$5,793.21	\$14,315.45	\$3,253.87	\$23,362.53
H1111	002	COLUMBIA HEALTH CARE	\$4,396.12	\$16,439.08	\$2,255.07	\$23,090.27
H1111	003	COLUMBIA HEALTH CARE	\$1,869.04	\$6,431.10	\$4,069.13	\$12,369.27
H2222		MUTUAL OF VIRGINIA	\$15,677.89	\$13,447.59	0.00	\$29,125.48
H3333	A01	MOUNTAIN INSURANCE	\$0.00	\$0.00	\$2,701.20	\$2,701.20
H3333	A02	MOUNTAIN INSURANCE	\$0.00	\$0.00	\$2,608.00	\$2,608.00

Figure 4.4-3. Payments: MCO Payments (M402) Screen for Multiple Contracts and PBP Breakdown (Initial Display, Example 2)

EXAMPLE 3: Single contract with Segment breakdown

Figure 4.4-4 provides an example of the *Payments: MCO Payments (M402)* screen that results when a contract number is entered and Breakdown By Segment is specified. Only one contract is displayed, and the payments are shown at the Segment level. (Note that only the Contracts section is displayed on the screen; the Current Payments and Adjustment Payments sections are displayed in STEP 3.) The inputs, outputs, and actions are described previously in **Table 4.4-3**. There are no error messages for the initial display of the screen, as any messages are displayed on *Payments: MCO (M401)* screen. See **Table 4.4-4** for the error and validation messages that may be displayed when the screen is expanded to show sections below the contracts.

CMS Medicare Advantage Prescription Drug (MARx)
 Welcome | Beneficiaries | **Payments** | Reports
 MCO | Beneficiary | Premiums/Rebates

Payments: MCO Payments (M402) User: XXXX Role: MCO REPRESENTATIVE Date: 3/1/2006 [Print](#) [Help...](#)

Payment Information for Month 3/2006 1-20(of 28)
 (Click on Contract# to display Payment Summary)

Contract #	PBP #	Segment #	Contract Name	Payments			
				Part A	Part B	Part D	Total
H5555	001	001	LYNX HEALTH PLANS PREMIUM	\$10,260.00	\$9,110.43	\$859.01	\$20,364.44
H5555	001	002	LYNX HEALTH PLANS PREMIUM	\$7,370.22	\$6,245.13	\$791.41	\$14,406.76
H5555	002	001	LYNX HEALTH PLANS BASIC	\$2,177.37	\$1,963.59	\$1,550.99	\$5,691.95
H5555	002	002	LYNX HEALTH PLANS BASIC	\$8,972.98	\$5,562.71	\$2,930.99	\$17,466.68

Figure 4.4-4. Payments: MCO Payments (M402) Screen for Single Contract and Segment Breakdown (Initial Display, Example 3)

STEP 3: Viewing detailed payment information for a selected MCO

From the *Payments: MCO Payments (M402)* screen, find the contract or contract/PBP that you wish to view. If the list does not fit on the screen, finding the contract/PBP may require scrolling through the list using the [screen navigation arrows](#). Select the contract/PBP by clicking on the [contract #](#) link.

The following information is displayed for the selected contract (and, when applicable, PBP). The information is shown below the summary information by contract.

- Part A, Part B, Part D, and total payments
- Breakdown by health status, separated into Parts A, B, and D, with both the number of members and the payment amounts
- Breakdown by adjustment reason, separated into Parts A, B, and D, with both the number of members and the payment amounts (this section of the screen is only included when there are adjustments)

To see the details section for a selected MCO, see **Figure 4.4-5**. The inputs, outputs, and actions, as well as the error and validation messages, are previously described in **Table 4.4-3** and **Table 4.4-4**, respectively.

CMS
Medicare Advantage Prescription Drug (MARx)

Welcome | [Beneficiaries](#) | [Payments](#) | [Reports](#)

MCO | [Beneficiary](#) | [Premiums/Rebates](#)

Payments: MCO Payments (M402) User: XXXX Role: MCO REPRESENTATIVE Date: 3/1/2006 [Print](#) [Help...](#)

Payment Information for Month 3/2006 1-1(of 1)
(Click on Contract# to display Payment Summary)

Contract #	Contract Name	Payments			
		Part A	Part B	Part D	Total
H8888	CHAMPION INSURANCE	\$169,042.76	\$149,644.83	\$85,010.45	\$403,698.04

Payments to plan H8888, CHAMPION INSURANCE, for 3/2006

Part A : \$169,042.76
 Part B : \$149,644.83
 Part D : \$85,010.45
 Total : \$403,698.04

Current Payments for 3/2006

Part A	Members	Total Amount	Part B	Members	Total Amount	Part D	Members	Total Amount
Total Payments (\$325.71)	519	\$169,042.76	Total Payments (\$288.33)	519	\$149,644.83	Total Payments (\$163.80)	519	\$85,010.45
Total Hospice	1	\$0.00	Total Hospice	1	\$0.00	Total Hospice	1	\$0.00
Total ESRD	2	\$3,810.46	Total ESRD	2	\$5,922.95	Total ESRD	2	\$12,904.15
Total WA	0	\$0.00	Total WA	0	\$0.00	Total WA	0	\$0.00
Total Institutional	0	\$0.00	Total Institutional	0	\$0.00	Total Institutional	0	\$0.00
Total NHC	0	\$0.00	Total NHC	0	\$0.00	Total NHC	0	\$0.00
Total CHF	0	\$0.00	Total CHF	0	\$0.00	Total CHF	0	\$0.00
Total Medicaid	22	\$9,998.42	Total Medicaid	22	\$7,775.70	Total Medicaid	22	\$5,3120.24
Total Out of Area	4							

Adjustment Payments for 3/2006

Code	Adjustment Reason	#	Months A	Months B	Months D	Part A	Part B	Part D	Total Amount
02	RETROACTIVE ENROLLMENT	5	8	8	0	\$1,407.96	\$1,254.35	\$1001.96	\$3,664.27
03	RETROACTIVE DISENROLLMENT	9	0	0	0	(\$3,301.63)	(\$2,891.54)	(1,399.50)	(\$7,592.67)
	Total Adjustments	14	8	8	0	(\$1,893.67)	(\$1,637.19)	(\$397.54)	(\$3,928.40)

Figure 4.4-5. Payments: MCO Payments (M402) Screen with Details for an MCO (Expanded)

STEP 4: Viewing adjustment information for a selected MCO

To see further details about adjustments, click on an adjustment reason [Code](#) link at the bottom of the *Payments: MCO Payments (M402)* screen. The *Adjustment Detail (M408)* screen, as shown in **Figure 4.4-6**, is displayed, listing all adjustments by beneficiary to show how the

adjustment amount was calculated. The screen is described in **Table 4.4-5**, with error and validation messages provided in **Table 4.4-6**.

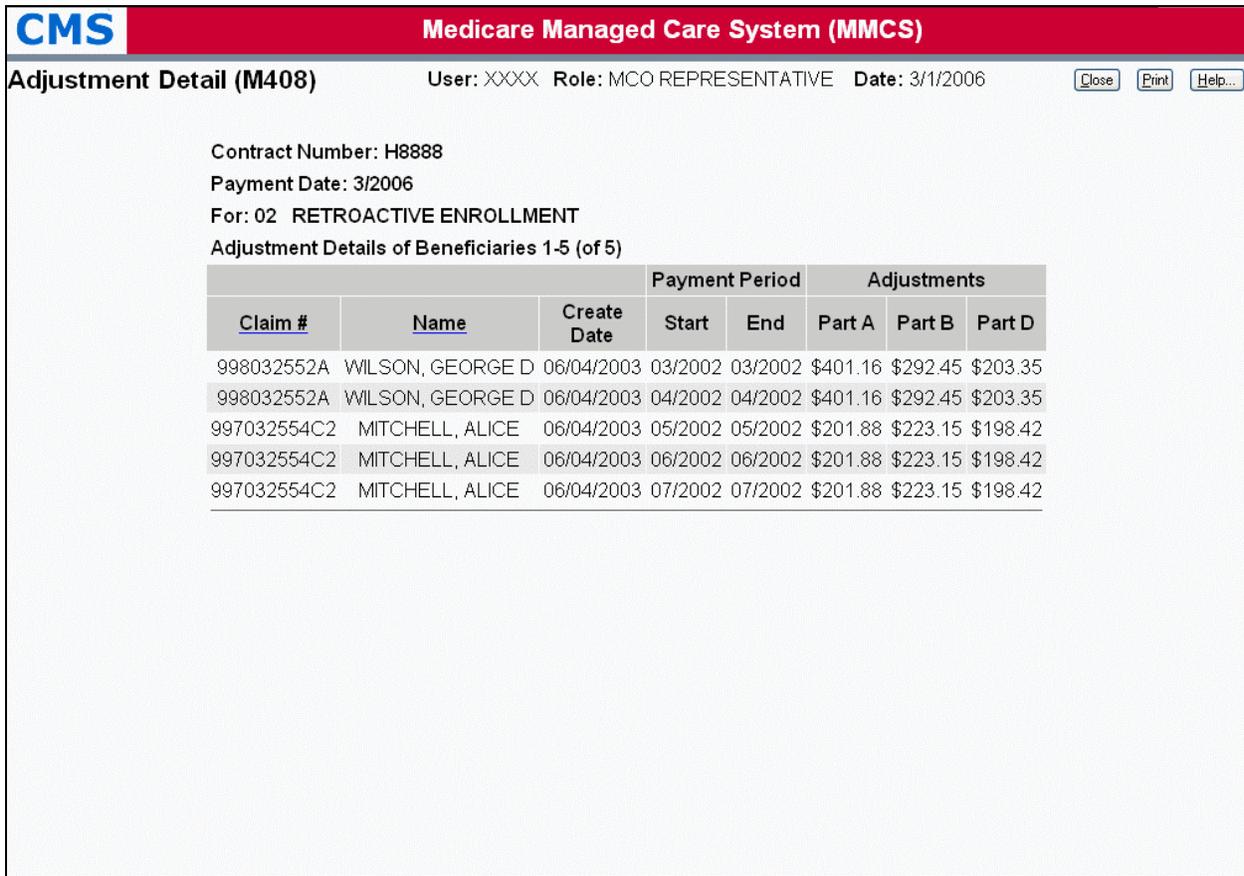


Figure 4.4-6. Adjustment Detail (M408) Screen

Table 4.4-5. M408 Screen Inputs, Outputs, and Actions

Item	Type	Description
Claim # column heading	Sorter	Sorts adjustment information by beneficiary claim number.
Name column heading	Sorter	Sorts adjustment information by beneficiary name.
Create Date column	Output	Date when adjustment was created for beneficiary.
Payment Period Start column	Output	Start of period to which adjustment was made for beneficiary.
Payment Period End column	Output	End of period to which adjustment was made for beneficiary.
Adjustments Part A column	Output	Part A adjustment amount for beneficiary.
Adjustments Part B column	Output	Part B adjustment amount for beneficiary.
Adjustments Part D column	Output	Part D adjustment amount for beneficiary.

Table 4.4-6. M408 Screen Messages

Message Type	Message Text	Suggested Action
Software or Database Error	No adjustment data for the reason code clicked.	See Appendix B for contact information to report the error.
Software or Database Error	There was a systems problem retrieving your data	See Appendix B for contact information to report the error.
Software or Database Error	Error occurred retrieving results from data	See Appendix B for contact information to report the error.
Software or Database Error	Invalid input to stored procedure	See Appendix B for contact information to report the error.
Software or Database Error	Missing input	See Appendix B for contact information to report the error.
Software or Database Error	No records returned from the database	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database	See Appendix B for contact information to report the error.
Software or Database Error	Connection error	See Appendix B for contact information to report the error.

4.4.2 Viewing Beneficiary Payment Information

Payments are calculated or recalculated for a beneficiary when there is a change in enrollment, demographics, health status, factors, or other information used in the calculation. When changes are made to payments that have already been paid, adjustments are calculated.

The steps below show how to find these payments and adjustments for a particular beneficiary. After that information is found, you can view the complete history of payments and adjustments (see Section 4.4.2.1, Viewing Beneficiary Payment History).

STEP 1: Getting to the *Payments: Beneficiary (M403)* screen

From the MARx main menu, click on the |Payments| menu item. If not already selected, click on the |Beneficiary| submenu item to view the *Payments: Beneficiary (M403)* screen.

STEP 2: Getting a list of beneficiaries

The *Payments: Beneficiary (M403)* screen is used for entering search criteria, as shown in **Figure 4.4-7** and described in **Table 4.4-7**, with error and validation messages provided in **Table 4.4-8**.

The screenshot displays the 'Payments: Beneficiary (M403)' screen. At the top, there is a CMS logo and a red header bar with the text 'Medicare Advantage Prescription Drug (MARx)'. Below this is a dark blue navigation bar with links for 'Welcome | Beneficiaries | Payments | Reports' and 'MCO | Beneficiary | Premiums/Rebates'. The main content area shows the following elements:

- Page title: **Payments: Beneficiary (M403)**
- User information: **User: XXXX Role: MCO REPRESENTATIVE Date: 12/1/2006**
- Buttons: **Print** and **Help...**
- Instructions: **Enter search criteria and click "Find."**
- Legend:
 - *Indicates required field**
 - +Indicates at least one of these fields is required**
- Search fields:
 - +Claim # (BIC is Optional)** (text input)
 - +Contract #(s)** (text input)
 - PBP #** (text input)
 - *For Month/Year** (text input)
 - +Last Name** (text input)
- Buttons: **Find**, **End**, and **Reset**

Figure 4.4-7. Payments: Beneficiary (M403) Screen

Table 4.4-7. M403 Screen Inputs, Outputs, and Actions

Item	Type	Description
Claim #	Required data entry field	If entered, find beneficiaries who currently have this claim number. NOTE: The BIC is optional except when an RRB number is entered. NOTE: At least one of Claim #, Contract #, or Last Name is required.
Contract #(s)	Required data entry field	If entered, find beneficiaries enrolled in this contract in a past, current, or future enrollment. NOTE: At least one of Claim #, Contract #, or Last Name is required.
PBP #	Data entry field	If entered, find beneficiaries currently enrolled in this PBP. The PBP is applicable only when a contract number is entered.
For Month/Year	Required data entry field	Find beneficiaries with payments/adjustments in this month. Enter the date in the form (M)M/YYYY.

Item	Type	Description
Last Name	Required data entry field	If entered, find beneficiaries who currently have this last name. At least one other criterion (besides the For Month/Year) must be entered when last name is specified. NOTE: At least one of Claim #, Contract #, or Last Name is required.
[Find]	Button	Click on this button to find the beneficiaries meeting the search criteria with payments/adjustments in the month/year indicated in the For Month/Year field.

Table 4.4-8. M403 Screen Messages

Message Type	Message Text	Suggested Action
Missing entry	Month/Year must be entered	Enter the month.
Missing entry	At least one of claim number, contract number, or last name must be entered.	Enter one of the fields.
Invalid format	The claim number is not a valid SSA, RRB, or CMS internal number.	Re-enter the claim number.
Invalid format	A contract number must start with an 'H', '9', 'R', 'S', or 'F' and be followed by 4 characters	Re-enter the contract number.
Invalid format	PBP number must be 3 alpha-numeric characters	Re-enter the PBP.
Invalid format	Month/Year is invalid. Must have format (M)M/YYYY	Re-enter the date in one of the required formats.
Invalid format	The last name contains invalid characters	Re-enter the name using only letters, apostrophes, hyphens, or blanks
Invalid entry	When a PBP is entered, a contract number must also be entered	Enter a contract number.
Invalid entry	Invalid contract/PBP combination	Make sure the PBP is in the contract.
Invalid entry	When last name is entered, additional search criteria (besides For Month/Year) must also be entered	Enter a claim number or contract in addition to or instead of a last name.
Invalid entry	You do not have access rights to this Contract.	First, make sure that you entered the contract number correctly. If you entered it correctly and if you should have rights to this contract, see the CO Computer Specialist, who can update your user profile to give you these rights.

Message Type	Message Text	Suggested Action
No data	No payment beneficiary data found for the search criteria.	Verify the information that was entered. If an error was made, re-enter the information.
Software or Database Error	Error occurred validating contract/PBP combination	See Appendix B for contact information to report the error.
Software or Database Error	Invalid results when retrieving beneficiary payment data	See Appendix B for contact information to report the error.
Software or Database Error	Error occurred retrieving beneficiary payment data from database.	See Appendix B for contact information to report the error.
Software or Database Error	Missing input.	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database = <error code>	See Appendix B for contact information to report the error.
Software or Database Error	Connection error	See Appendix B for contact information to report the error.

Enter search criteria to find the beneficiary or beneficiaries that you want to view and the payment month/year in which you are interested, and then click on the [Find] button. The beneficiaries that meet the search criteria and have payments and/or adjustments calculated for that month will then be displayed on the *Payments: Beneficiary Search Results (M404)* screen, as shown in **Figure 4.4-8** and described in **Table 4.4-9**. Because any errors that occur would be reported on the *Payments: Beneficiary (M403)* screen, there are no messages on this screen. When the beneficiary is enrolled in two contracts (one for Parts A and/or B and the other for Part D), two rows for the same month are displayed.

CMS Medicare Advantage Prescription Drug (MARx)

Welcome | Beneficiaries | Payments | Reports

MCO | Beneficiary | Premiums/Rebates

Payments: Beneficiary Search Results (M404) User: XXXX Role: MCO REPRESENTATIVE Date: 12/1/2006 [Print] [Help...]

Click on History link to view Beneficiary payment history.

Search Criteria: Contract #= H6666 For Month/Year = 12/2006

Beneficiaries 1-20(of 85) Go to Page: 1 [Go] [Navigation icons]

Claim #	Name	Birth Date	Sex	State	County	Contract #	PBP#	Segment#	Payment
997328389A	LOUIS JUDAH	09/14/1935	M	NY	CHAUTAUQUA	H6666	B03	001	History
998026828A	JASON DAVIDSON	10/15/1933	M	NY	NIAGARA	H6666	003	002	History
997283728A	LIAM MICHAELS	09/28/1937	M	FL	SARASOTA	H6666	003	002	History
999103254B	SHEILA ELMAN	04/05/1914	F	PA	BLAIR	H6666	003	001	History
998211032C	LYNN E. MONTBERG	08/30/1915	F	PA	BLAIR	H6666	003	002	History
998213284A	SHARON G. SORASKY	04/11/1917	F	PA	BLAIR	H6666	003	001	History
999881032A	STUART A. SAMSON	02/17/1918	M	PA	BLAIR	H6666	003	004	History
997203259D	IDA C. BECK	01/20/1919	F	PA	BLAIR	H6666	003	004	History
999203339B	CELIA E. ZELMAN	11/28/1918	F	PA	LUZERNE	H6666	003	004	History
998124103B	ETA S. ROLMAN	06/14/1936	F	PA	ALLEGHENY	H6666	003	002	History
997126793A	SCOTT AUSTIN	06/29/1936	M	CA	SAN FRANCISCO	H6666	003	002	History
999338420B	BARRY FARMER	06/24/1953	M	PA	PHILADELPHIA	H6666	B03	001	History
999342237A	HARRY BIMMER	01/24/1925	M	CA	SAN FRANCISCO	H6666	B03	003	History
998034659C1	EILEEN M. COUSINS	06/07/1956	F	CO	EL PASO	H6666	B03	001	History
998469108A	IRVING BARBER	09/24/1962	M	CO	PUEBLO	H6666	B03	003	History
998034824A	ERIN J. DENVER	08/27/1956	F	CO	PUEBLO	H6666	B03	003	History
999038256A	ELLIS L. LITMAN	11/11/1972	M	CO	EL PASO	H6666	B03	001	History
997140616B	MITCHELL S. RADFORD	04/01/1930	M	RI	PROVIDENCE	H6666	B03	001	History
998100369A	LINDA B. EDISON	03/01/1943	F	RI	PROVIDENCE	H6666	003	004	History
999103257A	JERRY C. BRIDGE	05/21/1917	M	NY	QUEENS	H6666	003	002	History

[Navigation icons]

Figure 4.4-8. Payments: Beneficiary Search Results (M404) Screen

Table 4.4-9. M404 Screen Inputs, Outputs, and Actions

Item	Type	Description
Claim # column heading	Sorter	Sorts beneficiaries by their claim numbers.
Name column heading	Sorter	Sorts beneficiaries by their names.
Birth Date column	Output	When beneficiary was born.
Sex column	Output	Sex of beneficiary.
State column	Output	State where beneficiary lived that month.
County column	Output	County where beneficiary lived that month.
Contract # column	Output	Payment is made for enrollment in this contract.
PBP# column	Output	Payment is made for enrollment in this PBP.
Segment# column	Output	Payment is made for enrollment in this segment.
History in the Payment column	Link	Click on a History link to open the <i>Beneficiary Payment History (M406)</i> screen to see payments for the beneficiary up through the month/year indicated in the For Month/Year field.

From this list of beneficiaries, you can see how the rate calculations were made, investigate how the payments would change if information about the beneficiary changed, and review the payment history, as discussed in the sections below.

4.4.2.1 Viewing Beneficiary Payment History

This section discusses how to view the payment and adjustment history for a beneficiary. From the history, you can view the details of the payments and adjustments for a particular month.

STEP 1: Getting to the Beneficiary Payment History (M406) screen

From the *Payments: Beneficiary Search Results (M404)* screen (see **Figure 4.4-8**), click on the beneficiary's [History](#) link to open the *Beneficiary Payment History (M406)* screen, as shown in **Figure 4.4-9** and described in **Table 4.4-10**, with error and validation messages provided in **Table 4.4-11**. When the beneficiary is enrolled in two contracts (one for Parts A and/or B and the other for Part D), two rows for the same month are displayed.

Claim #:997199598A				LISA D. JOHANNSON				DOB: 04/16/1911									
1125 LAUGHING SNAIL LN KOKOMO, IN 46902-3803								Age: 95 Sex: FEMALE State: IN (15) County: HOWARD (330)									
Beneficiary Payment History (M406)												User: XXXX	Role: MCO REPRESENTATIVE	Date: 12/1/2006	<input type="button" value="Close"/>	<input type="button" value="Print"/>	<input type="button" value="Help..."/>
Payments 1-9(of 9)																	
Payment Date	Contract	PBP#	Seg#	Payments				Adjustments				Total Pay+Adj	Part B Premium Reduction	Regional MA BSF			
				Part A	Part B	Part D	Total Pay	Part A	Part B	Part D	Total Adj						
11/2006	H6666	A01	123	\$0.00	\$0.00	\$0.00	\$0.00	\$86.76	\$39.54	\$0.00	\$126.30	\$126.30	-	\$0.00			
10/2006	H6666	A01	123	\$384.84	\$262.51	\$0.00	\$647.35	\$0.00	\$0.00	\$0.00	\$0.00	\$647.35	-	\$0.00			
09/2006	H6666	A01	123	\$384.84	\$262.51	\$0.00	\$647.35	\$0.00	\$0.00	\$0.00	\$0.00	\$647.35	-	\$0.00			
08/2006	H6666	A01	123	\$384.84	\$262.51	\$0.00	\$647.35	\$0.00	\$0.00	\$0.00	\$0.00	\$647.35	-	\$0.00			
07/2006	H9999	013	000	\$369.84	\$252.51	\$0.00	\$622.35	\$0.00	\$0.00	\$0.00	\$0.00	\$622.35	-	\$0.00			
06/2006	H9999	013	000	\$369.84	\$252.51	\$0.00	\$622.35	\$0.00	\$0.00	\$0.00	\$0.00	\$622.35	-	\$0.00			
05/2006	H9999	013	000	\$369.84	\$252.51	\$0.00	\$622.35	\$0.00	\$0.00	\$0.00	\$0.00	\$622.35	-	\$0.00			
04/2006	H9999	013	000	\$369.84	\$252.51	\$0.00	\$622.35	\$0.00	\$0.00	\$0.00	\$0.00	\$622.35	-	\$0.00			
03/2006	H9999	013	000	\$369.84	\$252.51	\$0.00	\$622.35	\$739.68	\$505.02	\$0.00	\$1,244.70	\$1,867.05	-	\$0.00			

Figure 4.4-9. Beneficiary Payment History (M406) Screen

Table 4.4-10. M406 Screen Inputs, Outputs, and Actions

Item	Type	Description
Payment Date column	Output	Indicates when payment/adjustments were paid.
Month/Year in Payment Date column	Link	Click on a month/year link to open the <i>Payment/Adjustment Detail (M215)</i> screen.
Contract column	Output	Contracts for which payments/adjustments were made.
PBP # column	Output	PBPs for which payments/adjustments were made.
Seg # column	Output	Segments for which payments/adjustments were made.
Part A Payments column	Output	Part A payments for the beneficiary by month.
Part B Payments column	Output	Part B payments for the beneficiary by month.
Part D Payments column	Output	Part D payments for the beneficiary by month.
Total Pay column	Output	Totals of Parts A, B, and D payments for the beneficiary by month.
Part A Adjustments column	Output	Part A adjustments for the beneficiary by month.
Part B Adjustments column	Output	Part B adjustments for the beneficiary by month.
Part D Adjustments column	Output	Part D adjustments for the beneficiary by month.
Total Adj column	Output	Totals of Parts A, B, and D adjustments for the beneficiary by month.
Total Pay+Adj column	Output	Payments plus adjustments for the beneficiary by month.
Part B Premium Reduction column	Output	Is checked if a Part B premium (formerly called BIPA) reduction was applied to the payment and/or adjustments for the beneficiary that month.
Regional MA BSF column	Output	Lists the bonus paid from the regional Medicare Advance Bonus Stabilization Fund.

Table 4.4-11. M406 Screen Messages

Message Type	Message Text	Suggested Action
Software or Database Error	No payment history records found.	See Appendix B for contact information to report the error.
Software or Database Error	The result set that contains the history data is empty	See Appendix B for contact information to report the error.
Software or Database Error	Error occurred retrieving payment history results from database.	See Appendix B for contact information to report the error.
Software or Database Error	Invalid screen ID	See Appendix B for contact information to report the error.
Software or Database Error	Missing input	See Appendix B for contact information to report the error.

Message Type	Message Text	Suggested Action
Software or Database Error	Unexpected error code from database	See Appendix B for contact information to report the error.
Software or Database Error	Connection error	See Appendix B for contact information to report the error.

STEP 2: Understanding the payment history

The *Beneficiary Payment History (M406)* screen lists the payments and adjustments for the beneficiary, starting with the month selected on the *Payments: Beneficiary (M403)* screen and going back in time. Each entry in the history includes:

- Month in which the payments/adjustments were made
- Enrollment — contract and (as applicable) PBP and segment
- Payments made that month, itemized by Part A, Part B, Part D, and combined
- Adjustments made that month for previous months, itemized by Part A, Part B, Part D, and combined
- Total amount paid in the month
- Indicator of whether a Part B premium reduction was taken
- Payment from the regional Medicare Advantage Benefit Stabilization Fund (MA BSF)

To view a further breakdown of the payments and adjustments, click on the [month/year](#) link to open the *Payment/Adjustment Detail (M215)* screen (see Section 4.3.3.8).

4.4.3 Viewing Basic Premiums and Rebates

This section describes how to view the basic premiums and rebates for a contract, contract/PBP, or contract/PBP/segment combination. These are the premiums and rebates that were negotiated with an MCO. They are not the premiums and rebates that are calculated for a beneficiary.

STEP 1: Getting to the *Basic Premiums and Rebates (M409)* screen

From the MARx main menu, click on the |Payments| menu item. If not already selected, click on the |Premiums/Rebates| submenu item to view the *Basic Premiums and Rebates (M409)* screen, as shown in **Figure 4.4-10** and described in **Table 4.4-12**, with error and validation messages provided in **Table 4.4-13**.

CMS Medicare Advantage Prescription Drug (MARx)
 Welcome | Beneficiaries | Payments | Reports
 MCO | Beneficiary | Premiums/Rebates

Basic Premiums and Rebates (M409) User: XXXX Role: MCO REPRESENTATIVE Date: 1/12/2006 [Print] [Help...]

Enter search criteria and click "Display."
 *Indicates required field

*Date *Contract PBP Segment
 [Display]

Figure 4.4-10. Basic Premiums and Rebates (M409) Screen, Before Search Criteria Entered

Table 4.4-12. M409 Screen Inputs, Outputs, and Actions

Item	Type	Description
Date	Required data entry field	Premiums and rebates are effective during this month; enter the date in the form (M)M/YYYY.
Contract	Required data entry field	Premiums and rebates that apply to this contract are displayed.
PBP	Data entry field	If entered, premiums and rebates that apply to this contract and PBP are displayed. Otherwise, the premiums and rebates at the contract level are displayed.
Segment	Data entry field	If entered, premiums and rebates that apply to this contract, PBP, and segment are displayed. Otherwise, the premiums and rebates at the contract or contract/PBP level are displayed.
[Display]	Button	Click on this button to display the premiums and rebates for the contract and, if provided, PBP and segment.
Basic Part C Premium	Output	Part C premium in MCO's contract.
Basic Part D Premium	Output	Part D premium in MCO's contract.

Item	Type	Description
Rebate for Part B Premium Reduction	Output	Rebate paid to MCO for reduction in Part B premium.
Rebate for A/B Cost Sharing	Output	Rebate paid to MCO for Parts A/B cost sharing.
Rebate for A/B Mandatory Supplemental Benefits	Output	Rebate paid to MCO for providing Parts A/B mandatory supplemental benefits.
Rebate for Basic Part D Premium Reduction	Output	Rebate paid to MCO for reduction in basic Part D premium.
Rebate for Part D Supplemental Benefits	Output	Rebate paid to MCO for providing Part D supplemental benefits.

Table 4.4-13. M409 Screen Messages

Message Type	Message Text	Suggested Action
Missing entry	Date must be entered	Enter the date.
Missing entry	A contract number must be entered	Enter a contract number.
Invalid format	Date is invalid. Must have format (M)M/YYYY.	Re-enter the date in one of the required formats.
Invalid format	A contract number must start with an 'H', '9', 'R', 'S', or 'F' and be followed by 4 characters	Re-enter the contract number.
Invalid format	PBP number must be 3 alpha-numeric characters	Re-enter the PBP.
Invalid format	Segment number must be a 3-digit number	Re-enter the segment.
Invalid entry	When a segment is entered, a PBP must be entered also	Make sure to enter a PBP if you are entering a segment.
Invalid entry	Invalid contract/PBP combination	Make sure the PBP is in the contract.
Invalid entry	Invalid contract/PBP/segment combination	Make sure the PBP is in the contract and the segment is in the PBP.
Invalid entry	You do not have access rights to this Contract.	First, make sure that you entered the contract number correctly. If you entered it correctly and if you should have rights to this contract, see the CO Computer Specialist, who can update your user profile to give you these rights.
No data	No basic premiums and rebates were found for this contract	Verify the information that was entered. If an error was made, re-enter the information.
No data	No basic premiums and rebates were found for this contract and PBP	Verify the information that was entered. If an error was made, re-enter the information.

Message Type	Message Text	Suggested Action
No data	No basic premiums and rebates were found for this contract, PBP, and segment	Verify the information that was entered. If an error was made, re-enter the information.
Software or Database Error	Error occurred validating contract/PBP/segment combination	See Appendix B for contact information to report the error.
Software or Database Error	Error occurred retrieving basic premiums and rebates	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database=<error code>	See Appendix B for contact information to report the error.
Software or Database Error	Connection error	See Appendix B for contact information to report the error.

After the criteria are entered, click on the [Display] button to show the premiums and rebates. These premiums and rebates are displayed on the same screen, below the criteria, as shown in **Figure 4.4-11**. The inputs, outputs, and actions, as well as the error and validation messages, are described previously in **Tables 4.4-12** and **4.4-13**, respectively. To view different premiums and rebates, change the search criteria and click on the [Display] button.

CMS Medicare Advantage Prescription Drug (MARx)
 Welcome | Beneficiaries | Payments | Reports
 MCO | Beneficiary | Basic Premiums

Payments: Basic Premiums and Rebates (M409) User: XXXX Role: MCO REPRESENTATIVE Date: 01/12/2006 [Print] [Help...]

Enter search criteria and click "Display."
 *Indicates required field

*Date *Contract/PBP Segment
 01/12/2006 H0524 013 100 [Display]

Contract #: H0524
 PBP: 013
 Segment: 100

Basic Part C Premium: \$25.05
 Basic Part D Premium: \$32.50
 Rebate for Part B Premium Reduction \$11.00
 Rebate for A/B Cost Sharing: \$1.00
 Rebate for A/B Mandatory Supplemental Benefits: \$2.00
 Rebate for Part D Basic Premium Reduction: \$3.00
 Rebate for Part D Supplemental Benefits: \$3.50

Figure 4.4-11. Basic Premiums and Rebates (M409) Screen, After Search Criteria Entered

4.5 Reports

This section describes how to order copies of reports generated for previous months. The ordered reports are placed in the Gentran Mailbox server (see Section 1.5.1).

There are various types of reports in MARx:

- Month-end reports and data files are scheduled and automatically generated as part of monthly payment processing.
- Weekly reports and data files are scheduled and automatically generated to reflect transactions that were processed that week for a contract.
- Daily (or randomly-occurring) reports and data files are generated as certain events occur. These events include processing of a batch transaction file or receipt of a report from the MBD.

See Appendix I for a description and sample of each report.

Note: Only MCO Representative Transmitters may order reports from MARx.

STEP 1: Getting to the *Reports: Find (M601)* screen

From the MARx main menu, click on the |Reports| menu item.

STEP 2: Getting a list of reports

From the *Reports: Find (M601)* screen, choose the report frequency first—monthly, weekly, or daily—as the selection criteria displayed is affected by the frequency chosen. Enter the selection criteria that characterize the reports being requested. Click on the [Find] button to bring up the *Reports: Search Results (M602)* screen showing all of the reports that meet the criteria.

The *Reports: Find (M601)* screen with selection criteria for monthly reports is shown in **Figure 4.5-1** and described in **Table 4.5-1**, with error and validation messages provided in **Table 4.5-2**.

Figure 4.5-1. Reports: Find (M601) Screen

Table 4.5-1. M601 Screen Inputs, Outputs, and Actions for Monthly and Weekly Reports

Item	Type	Description
Frequency	Required radio button	Select MONTHLY or WEEKLY.
End Payment Month	Required data entry field	Searches for report for the Start Payment Month through this payment month. Enter as (M)M/YYYY. Defaults to current month and year.
File Type	Dropdown list	Click on arrow and select value to narrow search to report or data file. NOTE: When the File Type is selected, the Report/Data File should not be selected. If both are selected, an error message is displayed and the Find does not proceed.
Report/Data File	Dropdown list	Click on arrow and select value to narrow search to type of report or data file. NOTE: When the Report/Data File is selected, the File Type should not be selected. If both are selected, an error message is displayed and the Find does not proceed.
Contract #	Data entry field	Enter to narrow search to a particular contract

Item	Type	Description
[Find]	Button	After the search criteria have been entered, click on this button to display the list of reports.

Table 4.5-2. M601 Screen Messages for Monthly and Weekly Reports

Message Type	Message Text	Suggested Action
Missing entry	Start Payment Month must be entered	Enter the month.
Missing entry	End Payment Month must be entered	Enter the month.
Invalid format	Start Payment Month is invalid. Must have format (M)M/YYYY	Re-enter the month in one of the required formats.
Invalid format	End Payment Month is invalid. Must have format (M)M/YYYY	Re-enter the month in one of the required formats.
Invalid format	A contract number must start with an 'H', '9', 'R', 'S', or 'F' and be followed by 4 characters	Re-enter the contract number.
Invalid entry	Cannot specify both file type and report/data file	Deselect one of the selections.
Invalid entry	You do not have access rights to this Contract	First, make sure that you entered the contract number correctly. If you entered it correctly and if you should have rights to this contract, see the CO Computer Specialist, who can update your user profile to give you these rights.
No data	No files meet the search criteria	Verify the criteria that you have entered.
Software or Database Error	Error occurred retrieving list of files	See Appendix B for contact information to report the error.
Software or Database Error	Database error occurred finding list of files	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database=<error code>	See Appendix B for contact information to report the error.
Software or Database Error	Connection error	See Appendix B for contact information to report the error.

The results list of reports is shown in **Figure 4.5-2** and described in **Table 4.5-3**, with error and validation messages provided in **Table 4.5-4**. From this list, you can select a report or data file and click the [Order] button. You will receive a message letting you know that the order has been submitted.

CMS Medicare Advantage Prescription Drug (MARx)
 Welcome | Beneficiaries | Payments | Reports
 Find

Reports: Search Results (M602) User: XXXX Role: MCO REPRESENTATIVE TRANSMITTER Date: 1/12/2006 [Print] [Help...]

Select a file before clicking on a button.

Available Files 1-8(of 8) from 09/15/2005 to 10/15/2005

Select	File Name	Requested	Contract	Report/Data File	File Type
<input type="radio"/>	XXXX.@BGD5050.YM200510.D03.HM0933.BATCHSTD	10/03/2005		BATCH COMPLETION STATUS SUMMARY DATA FILE	DATA FILE
<input type="radio"/>	XXXX.@BGD5050.YM200510.D03.HM1129.BATCHSTD	10/03/2005		BATCH COMPLETION STATUS SUMMARY DATA FILE	DATA FILE
<input type="radio"/>	P#MMA.@BGD5050.PLNH1111.YM200509.D30.T1604.C	09/30/2005	H1111	COORDINATION OF BENEFITS DATA FILE	DATA FILE
<input type="radio"/>	P#MMA.@BGD5050.PLNH1111.YM200509.D30.T1604.C	09/30/2005	H1111	COORDINATION OF BENEFITS DATA FILE	DATA FILE
<input type="radio"/>	P#MMA.@BGD5050.PLNH2222.YM200509.D30.T1604.C	09/30/2005	H2222	COORDINATION OF BENEFITS DATA FILE	DATA FILE
<input type="radio"/>	P#MMA.@BGD5050.PLNH2222.YM200509.D30.T1604.C	09/30/2005	H2222	COORDINATION OF BENEFITS DATA FILE	DATA FILE
<input type="radio"/>	P#MMA.@BGD5050.PLNS3333.YM200509.D30.T1604.C	09/30/2005	S3333	COORDINATION OF BENEFITS DATA FILE	DATA FILE
<input type="radio"/>	P#MMA.@BGD5050.PLNS3333.YM200509.D30.T1604.C	09/30/2005	S3333	COORDINATION OF BENEFITS DATA FILE	DATA FILE

[Order]

Figure 4.5-2. Reports: Search Results (M602) Screen for Monthly and Weekly Reports

Table 4.5-3. M602 Screen Inputs, Outputs, and Actions for Monthly and Weekly Reports

Item	Type	Description
Select column	Radio button	Click on one of the buttons to indicate which file is to be ordered.
File Name column heading	Sorter	Sorts all files by file name.
Payment Month column heading	Sorter	Sorts all files by payment month.
Contract column heading	Sorter	Sorts all files by contract number.
Report/Data File column heading	Sorter	Sorts all files by type of report or data file.
File Type column heading	Sorter	Sorts all files by file type (report or data).
[Order]	Button	After a file has been selected, click on this button to request that the file be placed in the mailbox.

Table 4.5-4. M602 Screen Messages for Monthly and Weekly Reports

Message Type	Message Text	Suggested Action
Missing entry	Select a file to order	Find the file to order and click on the file selection radio button next to the file name.
Software or Database Error	Invalid input to database when requesting that the file be ordered	See Appendix B for contact information to report the error.
Software or Database Error	Error occurred requesting that the file be ordered	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database when requesting order of file=<error code>	See Appendix B for contact information to report the error.
Software or Database Error	Connection error	See Appendix B for contact information to report the error.
Software or Database Error	A security violation has occurred. You do not have access rights to this file.	See Appendix B for contact information to report the error.
Success	Request submitted for order of <file name>.	No action required.

Weekly Reports

Weekly reports are accessed the same way as monthly reports. The *Reports: Find (M601)* screen is the same as shown in **Figure 4.5-1** (except that the WEEKLY frequency is selected) and it is described in **Table 4.5-1**, with error and validation messages provided in **Table 4.5-2**. The results list of weekly reports is similar to **Figure 4.5-2** (except that the report/data files names are different) and described in **Table 4.5-3**, with error and validation messages provided in **Table 4.5-4**.

Daily Reports

The *Reports: Find (601)* screen with selection criteria for daily reports is shown in **Figure 4.5-3** and described in **Table 4.5-5**, with error and validation messages provided in **Table 4.5-6**.

Figure 4.5-3. Reports: Find (M601) Screen for Daily Reports

Table 4.5-5. M601 Screen Inputs, Outputs, and Actions for Daily Reports

Item	Type	Description
Frequency	Required radio button	Select DAILY.
Start Request Date	Required data entry field	Searches for reports generated on or after this date. Enter as (M)M/(D)D/YYYY. Defaults to current date.
End Request Date	Required data entry field	Searches for reports generated on or before this date. Enter as (M)M/(D)D/YYYY. Defaults to current date.
File Type	Dropdown list	Click on arrow and select value to narrow search to report or data file. NOTE: When the File Type is selected, the Report/Data File should not be selected. If both are selected, an error message is displayed and the Find does not proceed.

Item	Type	Description
Report/Data File	Dropdown list	Click on arrow and select value to narrow search to type of report or data file. NOTE: When the Report/Data File is selected, the File Type should not be selected. If both are selected, an error message is displayed and the Find does not proceed.
Contract #	Data entry field	Enter to narrow search to a particular contract.
[Find]	Button	After the search criteria have been entered, click on this button to display the list of reports.

Table 4.5-6. M601 Screen Messages for Daily Reports

Message Type	Message Text	Suggested Action
Missing entry	Start Request Date must be entered	Enter the date.
Missing entry	End Request Date must be entered	Enter the date.
Invalid format	Start Request Date is invalid. Must have format (M)M/(D)D/YYYY	Re-enter the date in one of the required formats.
Invalid format	End Request Date is invalid. Must have format (M)M/(D)D/YYYY	Re-enter the date in one of the required formats.
Invalid format	A contract number must start with an 'H', '9', 'R', 'S', or 'F' and be followed by 4 characters	Re-enter the contract number.
Invalid data	Cannot specify both file type and report/data file	Deselect one of the selections.
Invalid entry	You do not have access rights to this Contract	First, make sure that you entered the contract number correctly. If you entered it correctly and if you should have rights to this contract see the CO Computer Specialist, who can update your user profile to give you these rights.
No data	No files meet the search criteria	Verify the criteria entered.
Software or Database Error	Error occurred retrieving list of files	See Appendix B for contact information to report the error.
Software or Database Error	Database error occurred finding list of files	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database=<error code>	See Appendix B for contact information to report the error.
Software or Database Error	Connection error	See Appendix B for contact information to report the error.

The results list of daily reports is shown in **Figure 4.5-4** and described in **Table 4.5-7**, with error and validation messages provided in **Table 4.5-8**. From this list, you can select a report or data file and click the [Order] button. You will receive a message letting you know that the order has been submitted.

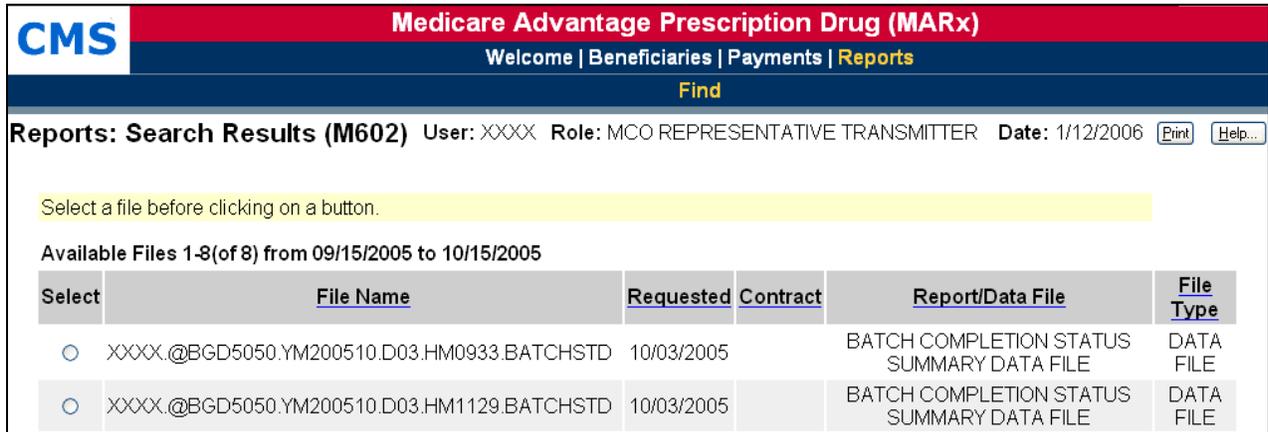


Figure 4.5-4. Reports: Search Results (M602) Screen for Daily Reports

Table 4.5-7. M602 Screen Inputs, Outputs, and Actions for Daily Reports

Item	Type	Description
Select column	Radio button	Click on one of the buttons to indicate which file is to be ordered.
File Name column heading	Sorter	Sorts all files by file name.
Requested column heading	Sorter	Sorts all files by date the file was requested.
Contract column heading	Sorter	Sorts all files by contract number.
Report/Data File column heading	Sorter	Sorts all files by type of report or data file.
File Type column heading	Sorter	Sorts all files by file type (report or data).
[Order]	Button	After a file has been selected, click on this button to request that the file be placed in the mailbox.

Table 4.5-8. M602 Screen Messages for Daily Reports

Message Type	Message Text	Suggested Action
Missing entry	Select a file to order	Find the file to order and click on the file selection radio button next to the file name.
Software or Database Error	Invalid input to database when requesting that the file be ordered	See Appendix B for contact information to report the error.

Message Type	Message Text	Suggested Action
Software or Database Error	Error occurred requesting that the file be ordered	See Appendix B for contact information to report the error.
Software or Database Error	Unexpected error code from database when requesting order of file=<error code>	See Appendix B for contact information to report the error.
Software or Database Error	Connection error	See Appendix B for contact information to report the error.
Software or Database Error	A security violation has occurred. You do not have access rights to this file.	See Appendix B for contact information to report the error.
Success	Request submitted for order of <file name>.	No action required.

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Section 5 —Accessing the CMS Systems for Eligibility Verification

The CMS Systems for Eligibility Verification is comprised of two main applications that will streamline and facilitate the beneficiary eligibility determination – The Batch Eligibility Query (BEQ) and the Medicare Beneficiary Database User Interface (MBD-UI).

The BEQ is a specific query service within the Medicare Beneficiary Database (MBD) services that will be provided to the Plans.

The BEQ provides a vehicle for all Plans, regardless of type or size, to submit batches of individuals for timely prescription drug program eligibility determination.

The BEQ will be available to the Plans beginning 11/15/2005.

The MBD-UI is a centralized application that allows users to view beneficiary information. The MBD-UI at its core is the centralized database that is able to communicate with other systems to exchange, manage, and update beneficiary information. The MBD database is the authoritative source of beneficiary information.

The MBD-UI will be available to the Plans beginning 11/15/2005.

5.1 Batch Eligibility Query (BEQ) Request File (From Plan to CMS)

5.1.1 Batch Eligibility Query (BEQ) Request File / Record Formats

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

Table 5.1-1 Record: Batch Eligibility Query (BEQ) Request Header Record (From: Plan To: CMS)

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

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

**Table 5.1-2 Record: Batch Eligibility Query (BEQ) Request Trailer Record
(From: Plan To: CMS)**

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

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

Table 5.1-3 Record: Batch Eligibility Query (BEQ) Request Detail Record (Transaction) (From: Plan To: CMS)

Data Field	Length	Position	Format	Valid Values	Field Definition
Record Type	5	1 ... 5	X(5)	"DTL01" = Batch Eligibility Query Transaction Note: The value above is DTL-zero-one.	Critical Field This field should be set to the value "DTL01," which indicates that this detail record is a Batch Eligibility Query Transaction. This code allows recognition of the detail record to be processed specifically for Batch Eligibility Query Service.

Data Field	Length	Position	Format	Valid Values	Field Definition
HICN/RRB Number	12	6 ... 17	X(12)	Health Insurance Claim Number or Railroad Retirement Board Number	Critical Field: This is a required field, if the SSN is not provided. This field provides either the Health Insurance Claim Number or the Railroad Retirement Board Number for identification of the individual. The Plan should provide either the HICN or the RRB Number, whichever the Plan has available and active for the individual. The value should be left-justified in the field. The value should not include dashes, decimals, or commas.
SSN	9	18 ... 26	X(9)	Social Security Number. Nine-Byte Numeric.	Critical Field: This is a required field, if the HICN/RRB is not provided. The Social Security Number for the individual. The value should include only numbers. The value should not include dashes, decimals, or commas.
Date of Birth (DOB)	8	27 ... 34	X(8)	YYYYMMDD	Critical Field The date of birth of the individual. The value should be formatted as YYYYMMDD. The value should not include dashes, decimals, or commas. The value should include only numbers.
Gender Code	1	35 ... 35	X(1)	0 (Zero) = Unknown; 1 = Male; 2 = Female	Not Critical Field The gender of the individual. The acceptable values include 0 (Zero) = Unknown, 1 = Male, 2 = Female.
Detail Record Sequence Number	7	36 ... 42	9(7)	Seven-byte number unique within the Batch Eligibility Query Request File	Critical Field A unique number assigned by the Sending Entity to the Transaction (Detail Record). This number should uniquely identify the Transactions (Detail Record) within the Batch Eligibility Query Request File.
FILLER	708	43... 750	X(708)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

5.1.2 Batch Eligibility Query (BEQ) Request Instructions

The Sending Entities may submit one BEQ (Batch Eligibility Query) Request File to CMS during any CMS business day (*Monday thru Friday*) via Connect:Direct (NDM) or the Sterling Electronic

Mailbox (Gentran). There is not a minimum or maximum limit with respect to the number of BEQ Request Transactions. Each Detail Record of a BEQ Request File will be considered a BEQ "Transaction."

The BEQ Request Files should be formulated to the record formats and field definitions described in the Batch Eligibility Query (BEQ) Request File / Record Formats. The BEQ Request Files should be in flat file structure and conform to CMS naming conventions.

The MBD will recognize BEQ Request Files by the information supplied in the Header and Trailer Records. Header Record information is considered critical as it will be used by CMS to track, control, formulate and route files and transactions through the MBD process and communicate responses back to the Sending Entities.

The Transactions (Detail Records) on the BEQ Request File should be formulated to identify a prospective or current Plan enrollee. The Sending Entities should not submit Transactions for individuals who have not requested consideration for enrollment.

The Sending Entities should utilize the following naming standards for a BEQ (Batch Eligibility Query) Request file:

For Sterling Electronic Mailbox (Gentran) users:

(Uncompressed files)

GUID.RACFID.MBD.D.xxxxx.BEQ.y

(Compressed files)

GUID.RACFID.MBD.D.xxxxx.BEQ.y.ZIP

GUID

The Global User ID assigned to an individual by CMS who is authorized by one or more Plans or Organizations to submit data to CMS on their behalf.

RACFID

The CMS RACFID assigned to the Sending Entity. If the Sending Entity does not have a RACFID, then this should be set to the word NONE.

MBD

The word MBD is necessary for destination identification.

D

Additional application identifier.

xxxxx

The 5-position Contract Identifier of the Sending Entity.

BEQ

Application identifier.

y

If the Sending Entity is testing the BEQ process, then this should be set to T.
If the Sending Entity is in production with the BEQ process, then this should be set to P.

ZIP (Compressed files only)

If the Sending Entity has utilized a ZIP utility to compress their BEQ Notification Request File, then this value is necessary in order for CMS to uncompress the file appropriately.

For further information, please refer to the Sterling Mailbox (Gentran) information in Appendix J and consult your CMS Plan Liaison.

For Connect:Direct (NDM) users:

P#MBD.#BTCH4.XXXXX.IN.RQST.NDM

XXXXX

The 5-position Contract Identifier of the Sending Entity.

The MBD will generate one Batch Eligibility Query (BEQ) Response File for a Sending Entity during a regular business day. This BEQ Response File will include BEQ Request Transactions (Detail Records) processed by the MBD for the Sending Entity during that regular business day. It should be noted that:

- The BEQ Response File received by a Sending Entity may not include all BEQ Request Transactions provided to CMS during that regular business day;
- The BEQ Response File received by a Sending Entity may include BEQ Request Transactions provided to CMS during the previous regular business day; and
- Any BEQ Request Transactions that have not been provided on the BEQ Response file will appear in the subsequent BEQ Response File for the following regular business day.

For example, if a Sending Entity submits one BEQ Request File within one day, it is possible that the Transactions (Detail Records) returned in the BEQ Response File will be for only a portion of the BEQ Request File submitted. In addition, the Transactions (Detail Records) absent from the BEQ Response File may be related to a BEQ Request File submitted by the Sending Entity during the previous CMS business day. The "Detail Record Sequence Number" located in each Transaction (Detail Record) can be used by the Sending Entity to track individual Transactions sent to and received from CMS.

5.2 Batch Eligibility Query (BEQ) Response File (From CMS to Plans)

5.2.1 Batch Eligibility Query (BEQ) Response File / Record Formats

CMS will send BEQ (Batch Eligibility Query) Response Files to Sending Entities 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).

Table 5.2-1 Record: Batch Eligibility Query (BEQ) Response Header Record (From: CMS To: Plans)

Data Field	Length	Position	Format	Valid Values	Field Definition
File ID Name	8	1 ... 8	X(8)	"CMSBEQRH"	This field will always be set to the value "CMSBEQRH". This code allows recognition of the record as the Header Record of a BEQ Response File. This field allows for identification of the file as a Batch Eligibility Query (BEQ) Response File.
Sending Entity (MBD)	8	9 ... 16	X(8)	"MBD " (MBD + 5 Spaces)	This field will always be set to the value "MBD ". The value specifically is MBD + 5 following Spaces. This value will agree with the corresponding value in the Trailer Record.
File Creation Date	8	17 ... 24	X(8)	YYYYMMDD	The date on which the BEQ Response File was created by CMS. This value will be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value will agree with the corresponding value in the Trailer Record.
File Control Number	9	25 ... 33	X(9)	Assigned by Sending Entity (MBD)	The specific Control Number assigned by the MBD to the BEQ Response File. CMS will utilize this value to track the BEQ Response File through CMS processing and archive. This value will agree with the corresponding value in the Trailer Record.
FILLER	717	34 ... 750	X(717)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

**Table 5.2-2 Record: Batch Eligibility Query (BEQ) Response Trailer Record
(From: CMS To: Plans)**

Data Field	Length	Position	Format	Valid Values	Field Definition
File ID Name	8	1 ... 8	X(8)	"CMSBEQRT"	This field will always be set to the value "CMSBEQRT". This code allows recognition of the record as the Trailer Record of a Batch Eligibility Query (BEQ) Response File. This field allows for the identification of the file as a BEQ Response File.
Sending Entity (MBD)	8	9 ... 16	X(8)	"MBD " (MBD + 5 Spaces)	This field will always be set to the value "MBD ". The value specifically is MBD + 5 following Spaces. This value will agree with the corresponding value in the Header Record.
File Creation Date	8	17 ... 24	X(8)	YYYYMMDD	The date on which the BEQ Response File was created by CMS. This value will be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value will agree with the corresponding value in the Header Record.
File Control Number	9	25 ... 33	X(9)	Assigned by Sending Entity (MBD)	The specific Control Number assigned by CMS to the BEQ Response File. CMS will utilize this value to track the BEQ Response File through CMS processing and archive. This value will agree with the corresponding value in the Header Record.
Record Count	7	34 ... 40	9(7)	Numeric value greater than Zero.	The total number of Transactions (Detail Records) on the BEQ Response File. This value will be right-justified in the field, with leading zeros. This value will not include non-numeric characters, such as commas, spaces, dashes, decimals.
FILLER	710	41 ... 750	X(710)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

Table 5.2-3 Record: Batch Eligibility Query (BEQ) Response Detail Record (Transaction)

*(This record is produced for all Batch Eligibility Query (BEQ) Response Transactions Received)
(From: CMS To: Plans)*

Data Field	Length	Position	Format	Valid Values	Field Definition
Record Type	3	1 ... 3	X(3)	"DTL"	This field will be set to the value "DTL," which indicates that this is a detail record.
Original Detail Record	42	4 ... 45	X(42)	The first 42 positions of the original Transaction (Detail Record) supplied by the Sending Entity.	This field provides the meaningfully- populated area of the BEQ Request File Transaction (Detail Record) provided by the Sending Entity.
Processed Flag	1	46 ... 46	X(1)	"Y" = The detail record was accepted for processing. "N" = The detail record was not accepted for processing..	A flag that indicates if the Transaction (Detail Record) was accepted for processing. A Transaction will be accepted for processing if all critical fields contain valid values. See also the Batch Eligibility Query (BEQ) Request File Error Condition Table and the Request Transaction (Detail Record) Error Conditions Table in Section 5.3.
Beneficiary Match Flag	1	47 ... 47	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 to be attempted.	A flag that indicates whether or not the beneficiary in the Transaction (Detail Record) was successfully matched (located) to a beneficiary on the CMS Medicare Beneficiary Database (MBD). See also the Batch Eligibility Query (BEQ) Request File Error Condition Table and the Request Transaction (Detail Record) Error Conditions Table in Section 5.3.

Data Field	Length	Position	Format	Valid Values	Field Definition
Medicare Part A Entitlement Start Date	8	48 ... 55	X(8)	YYYYMMDD Spaces = Not currently enrolled or Data Not Found	The Entitlement Start Date of the beneficiary's most recent or active Medicare Part A entitlement period.
Medicare Part A Entitlement End Date	8	56 ... 63	X(8)	YYYYMMDD Spaces = Not currently enrolled or Data Not Found.	The Entitlement End Date of the beneficiary's most recent or active Medicare Part A entitlement period.
Medicare Part B Entitlement Start Date	8	64 ... 71	X(8)	YYYYMMDD Spaces = Not currently enrolled or Data Not Found.	The Entitlement Start Date of the beneficiary's most recent or active Medicare Part B entitlement period.
Medicare Part B Entitlement End Date	8	72 ... 79	X(8)	YYYYMMDD Spaces = Not currently enrolled or Data Not Found.	The Entitlement End Date of the beneficiary's most recent or active Medicare Part B entitlement period.
Medicaid Indicator	1	80 ...80	X(1)	"0" = The beneficiary has no current or active Medicaid coverage; "1" = The beneficiary has current or active Medicaid coverage.	An indicator of the presence of current Medicaid coverage for the beneficiary. The value for this field is based upon the presence of Medicaid reported for the beneficiary by states in the previous calendar month via the MMA State Files.
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.
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.
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

Data Field	Length	Position	Format	Valid Values	Field Definition
					beneficiary.
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.
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.
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.
Employer Subsidy Start Date (Occurrence 4)	8	129136	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.
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.
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.
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.
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.

Data Field	Length	Position	Format	Valid Values	Field Definition
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.
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.
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.
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.
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.
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.
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.
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.

Data Field	Length	Position	Format	Valid Values	Field Definition
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.
Sending Entity	8	241 ... 248	X(8)	Sending Part D Organization (left justified space filled) Acceptable Values: 5-position Contract Identifier + 3 Spaces (3 Spaces are for Future Use)	The Sending Entity provided on the Header Record of the BEQ Request File in which the Transaction (Detail Record) was found. The Sending Entity may be a Part D Organization.
File Control Number	9	249 ... 257	X(9)	Assigned by Sending Entity	The File Control Number provided by the Sending Entity on the Header record of the BEQ Request File in which the Transaction (Detail Record) was found.
File Creation Date	8	258 ... 265	X(8)	YYYYMMDD	The File Creation Date provided on the Header Record of the BEQ Request File in which the Transaction (Detail Record) was found.
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 otherwise.
Total Length = 750					

5.2.2 Batch Eligibility Query (BEQ) Response Process

The MBD will analyze a received Batch Eligibility Query (BEQ) Request File to determine if the BEQ Request file can be accepted or if it must be rejected. The Transactions (Detail Records) of an accepted BEQ File will be processed and a Batch Eligibility Query (BEQ) Response File will be

created as a result. If a BEQ Request File is rejected, then a BEQ Response File will not be generated.

The MBD will determine if a BEQ Request File shall be accepted or rejected based upon the Request File Error Conditions as documented in Section 5.3 Request File Error Conditions. Upon determining if a BEQ Request File is to be accepted or rejected, the MBD will generate an email acknowledgement of receipt indicating one of the following outcomes:

- If the Batch Eligibility Query (BEQ) Request File has been accepted, the email notification shall inform the Sending Entity that the specific BEQ Request File has been accepted and shall be processed.
- If the Batch Eligibility Query (BEQ) Request File has been rejected, the email notification shall inform the Sending Entity of the first File Error Condition which had caused the BEQ Request File to be Rejected. A rejected file will not be returned.

This email acknowledgement/notification will be issued to the Sending Entity.

The MBD shall process all Transactions (Detail Records) of an Accepted BEQ Request File. Each Transaction shall be uniquely identified and tracked throughout the MBD processing service by the combination of the Sending Entity Name, File Control Number, File Creation Date, and Detail Record Sequence Number as provided by the Sending Entity on the BEQ Request File. As documented in Section 3a, each Detail Record of the BEQ Response File maintains these four critical fields.

When the MBD processes a Transaction, the MBD first verifies that all critical data is provided and valid on the record (See Section 2a. Batch Eligibility Query (BEQ) Request File / Record Formats). The MBD then attempts to perform a Beneficiary Match, in which the beneficiary identifying fields on the Transaction are utilized to locate a single beneficiary on the MBD and verify Medicare entitlement.

- If all Critical data elements are not provided, subsequent MBD processing will be terminated for that transaction including any attempt to locate (perform match) the Beneficiary on the MBD (i.e. verify Medicare entitlement). The Processed Flag in the BEQ Response Detail Record will be set to "N" and the Beneficiary Match Flag will have a space. All Error Return Codes will be assigned the appropriate values (see Section 4b. Request Transaction (Detail Record) Error Conditions).
- If all Critical data elements are provided, the MBD will then attempt to perform a Beneficiary Match, in which the beneficiary identifying fields on the Transaction are utilized to locate a single beneficiary on the MBD and verify Medicare entitlement.
- If a Beneficiary match is found, the Beneficiary Match Flag in the BEQ Response (Detail) Record will be set to "Y". All Error Return Codes will be assigned the appropriate values

(see Section 4b. Request Transaction (Detail Record) Error Conditions). The Processing Flag will be set to the value "Y."

- If the beneficiary is not matched, the Beneficiary Match Flag will be set to "N." All Error Return Codes will be assigned the appropriate values (see Section 4b. Request Transaction (Detail Record) Error Conditions). The Processing Flag will be set to the value "N."

If the MBD *successfully locates* the beneficiary on the database tables, then the MBD will perform the following steps.

- Create a Detail Record to be returned to the Sending Entity in a Batch Eligibility Query (BEQ) Response File as specified in Section 3a. Batch Eligibility Query (BEQ) Response File / Record Formats;
- Assign values to the Match Flag fields as defined in Section 3a and Section 4b; and
- Populate the additional Eligibility Query fields of the Response File Detail Record with MBD data for the beneficiary.

If the MBD is *unsuccessful in locating* the beneficiary on the database tables or the Batch Eligibility Query (BEQ) Request File Transaction contains one or more critical errors (e.g. a critical field is invalid), then the MBD will perform the following steps.

- Create a Detail Record to be returned to the Sending Entity in a Batch Eligibility Query (BEQ) Response File as specified in Section 3a. Batch Eligibility Query (BEQ) Response File / Record Formats;
- Assign values to the Match Flag fields as defined in Section 3a and Section 4b; and
- Not Populate the additional Eligibility Query fields of the Response File Detail Record with MBD data for the beneficiary.

The BEQ Response File will conform to the following file naming conventions.

For Sterling Electronic Mailbox (Gentran) users:

P#MBD.#BQN4.XXXXX.OUT.RESPONSE.pn

XXXXX

The 5-position Contract Identifier of the Sending Entity on the incoming BEQ Request File.

The value **pn** is a Processing Number of varying length assigned to the file by Sterling Mailbox (Gentran).

For Connect:Direct (NDM) users:

ZZZZZZZ.#BQN4.XXXXX.OUT.RESPONSE

ZZZZZZZ

High level qualifier that can be up to 8 characters

XXXXX

The 5-position Contract Identifier of the Sending Entity.

The Batch Eligibility Query (BEQ) Response File will be issued to the Sending Entity in the same transmission mechanism that the Sending Entity had utilized to deliver the BEQ Request File to CMS. This mechanism is either through the Sterling Mailbox (Gentran) or through NDM (Connect Direct).

5.3 Batch Eligibility Query (BEQ) Response File Error Condition Table

5.3.1 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.

Table 5.3-1 Batch Eligibility Query (BEQ) Response File Error Condition Table

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

5.3.2 Request Transaction (Detail Record) Error Conditions

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

Table 5.3-2 Flag Fields Table

FLAG	FLAG CODE	FLAG CODE RESULT	FLAG RESULT CONDITION
Processed Flag	Y	The Transaction was accepted for processing.	All critical fields on the Transaction were populated with valid values.
	N	The Transaction was not accepted for processing.	At least one critical field on the Transaction was populated with a value other than the prescribed valid values.
Beneficiary Match Flag	Y	The beneficiary on the Transaction was successfully located in the Medicare Beneficiary Database (MBD).	The beneficiary was successfully located by the combination of the Health Insurance Claim Number (HICN) (or Railroad Retirement Board Number RRB), the Social Security Number, the Date of Birth and gender,
	N	The beneficiary on the Transaction was not successfully located in the Medicare Beneficiary Database (MBD).	The beneficiary was not successfully located by the combination of the Health Insurance Claim Number (HICN) (or Railroad Retirement Board Number RRB), the Social Security Number, the Date of Birth and gender.
	SPACE	No attempt made to locate the beneficiary on the Medicare Beneficiary Database (MBD).	Insufficient valid data was provided on the Transaction in order to support the beneficiary match algorithm.

5.4 MBD User Interface

5.4.1 Introduction

The MBD UI application is comprised of various system interfaces that will streamline and facilitate the beneficiary eligibility determination and enrollment process. The MBD UI is installed in a secured environment at the CMS Data Center (CDC) on their modernization project's application and data zones mid-tier Sun Solaris systems.

CMS authorized users will be able to initiate a beneficiary data request by submitting the request with a Health Insurance Claim number (HICN). The users will receive responses to their requests and the details are visible in the MBD UI, if the beneficiary data exists.

5.4.2 Purpose

This section presents a high level functional how to Internet access to MBD UI application. Toward this end, this manual will familiarize the user with the MBD application through the web access so that the user will be able to efficiently view beneficiary data.

The principal users of the MBD will be CMS personnel from Central Office, the Regional Offices, Medicare Customer Service Centers (MCSC), and managed care organizations (Plans).

5.4.3 User Access to CMS Website

- The User will access the Medicare Eligibility User Interface (MBD UI) Website through the CMS Applications Portal from the applications.cms.hhs.gov website.
- The User will be required to enter a **User Name** and **Password** in order to access the application.

5.4.4 Display Inquiry

- When a User successfully passes authentication, the **Beneficiary Profile Inquiry** screen will be displayed.
- To initiate a request, a **HICN** in **RRB** or **SSA** format must be entered in the HICN field.
- Online **Help** will be available to explain the format required for entering a HICN.

5.4.5 Validate Inquiry Request

- When the request is submitted, MBD UI determines if HICN is entered in a valid format. (RRB or SSA).
- When a Beneficiary Profile Inquiry request is initiated without entering a HICN, MBD UI will prompt the User with, "**HICN required**" message.

- When a Beneficiary Profile Inquiry request is initiated with a HICN less than 6 positions, the User receives an error message, “**Invalid HICN has been entered**”.
- When a Beneficiary Profile Inquiry request is initiated with a HICN greater than 12 positions in length, the User shall receive an error message, “**Invalid HICN has been entered**”.

5.4.6 Display Response

- The requested HICN is displayed as entered in a separate and protected HICN field on the MBD UI screen.
- When the requested HICN belongs to a beneficiary that is currently enrolled in the User's Plan, the MBD UI will follow the Plan Member Role (PLM) requirements.
- When the requested HICN belongs to a beneficiary that has never been enrolled or was previously enrolled in the User's Plan, the MBD UI will follow the Plan Non-Member Role (PLN) requirements.
- When the User is not authorized to view the beneficiary data, the field will be **unreadable**.
- MBD UI displays a field as blank when there is no beneficiary data in that field.
- MBD UI displays a **RRB HICN** in the converted **SSA** format.
- MBD UI displays a warning message and the response received when any of the following conditions are encountered:
 - a. Cross-reference lookup when an inactive HICN is entered.
 - b. Equitable BIC lookup when an inactive HICN is entered.
 - c. No HICN found when a HICN in the SSA format is entered.
- Once MBD UI has displayed the requested data, the cursor will be positioned the HICN field to enable the User to enter a new HICN for another Beneficiary Profile Inquiry.
- The User will have the ability to print from any screens.
- MBD UI will not allow the User to update any of the data fields.

5.4.7 Data Retrieval

The following functions are performed for each inquiry request.

- Convert a valid identified RRB HICN to the SSA format.
- Cross-reference lookup when an inactive HICN is entered.
- Equitable BIC lookup when an inactive HICN is entered.

When the requested HICN belongs to a beneficiary that is currently enrolled in the User's Plan, MBD UI will apply the Plan Member Role (PLM), which displays the available data for all of the following data elements:

BENEFICIARY PROFILE

- Health Insurance Claim Number
- XREF Health Insurance Claim Number
- XREF Type (Kill Credit Code)
- Social Security Number
- Birth Date
- Sex Code
- Source Sex Code
- First Name
- Middle Initial
- Last Name
- Last Name Source Name Code
- Death Date
- Beneficiary Resides with Representative Payee Indicator
- Representative Payee Name

BENEFICIARY ADDRESS INFORMATION

- Mailing Address and Zip Code
- Mailing Address Start Date
- Mailing Address End Date
- Mailing Foreign Address Consular Code
- Mailing Address Source Code
- Beneficiary Residence Street Address & Zip
- Beneficiary Residence Address Consular Code
- Beneficiary Residence Start Date
- Beneficiary Residence End Date
- Residence Address Source Code

BENEFICIARY STATE COUNTY (SCC) INFORMATION

- Beneficiary SCC Start Date
- Beneficiary SCC End Date
- Beneficiary FIPS State Code
- Beneficiary FIPS County Code
- Beneficiary SSA Standard State Code
- Beneficiary SSA Standard County Code

BENEFICIARY COMMUNICATION PROFILE

- Language Preference Code
- Language Preference Source Code
- Media Preference Code

MISCELLANEOUS BENEFICIARY INFORMATION

- CWF Host Site

ENTITLEMENT INFORMATION

- Part A Entitlement Effective Date
- Part A Entitlement Termination Date
- Part A Entitlement Status Code
- Beneficiary Part A Enrollment Reason Code
- Part B Entitlement Effective Date
- Part B Entitlement Termination Date
- Part B Entitlement Status Code
- Beneficiary Part B Enrollment Reason Code
- Part A Non Entitlement Reason Code
- Part B Non Entitlement Reason Code
- Entitlement Source Code
- Start Create Timestamp
- Start Source
- End Create Timestamp

- End Source
- Audit Create Timestamp
- Audit Source

MA BENEFICIARY SERVICE DELIVERY ELECTIONS (ENROLLMENTS)

- Contract Number
- Contract Type Code
- Enrollment Effective Date
- Disenrollment Effective Date
- Disenrollment Reason
- Signature Date
- CCP Prior Commercial Months
- Employer Group Health Plan Switch
- Audit Indicator
- Plan Benefit Package PBP Periods:
 - PBP ID
 - PBP Start Date
 - PBP End Date
 - PBP Signature Date
 - PBP Audit Indicator
 - PBP Part B Premium Reduction Indicator
 - Audit Indicator
 - PBP Disenrollment Reason Code
 - PBP Out of Service Area Switch
- Enrollment Type Source (auto-enroll, rollover, etc.)
- Part D Payment Flag
- Part D Rx BIN Number
- Part D Rx ID Number
- Part D Rx Group Number
- Part D Rx PCN (number assigned by processor)

- Employer Subsidy Override Flag
- Contract Data:
 - Payment Bill Option
 - Bill Option Code
 - Pay Bill Start Date
 - Pay Bill End Date

FEE-FOR-SERVICE BENEFICIARY SERVICE DELIVERY ELECTIONS

- FFS Period Effective Date
- FFS Period Termination Date

HOSPICE DETAIL INFORMATION

- Hospice Period Effective Date
- Hospice Period Termination Date

ESRD DETAIL INFORMATION

- ESRD Coverage Effective Date
- ESRD Coverage Termination Date
- ESRD Coverage Start Source Code
- ESRD Coverage Termination Reason
- ESRD Dialysis Effective Date
- ESRD Dialysis Termination Date
- ESRD Self-Care Training Date
- ESRD Transplant Effective Date
- ESRD Transplant Fail Date

MANAGED CARE INSTITUTIONAL STATUS INFORMATION

- MA Nursing Home Certifiable Effective Date
- MA Nursing Home Certifiable Termination Date
- MA Nursing Home Certifiable Audit Indicator

- MA Institutional Status Effective Date
 - MA Institutional Status Termination Date
 - MA Institutional Status Audit Indicator

MA MEDICAID INFORMATION

- Medicaid Effective Date
- Medicaid Termination Date
- Medicaid Audit Indicator
- Medicaid Source Code
- Other Insurance (MSP) Data:
 - Effective Date
 - Termination Date
 - Primary Insurance Code
 - MSP Source Code
 - Policy Number
 - Insurer name
 - Insurer Line 1 Address
 - Insurer Line 2 Address
 - Insurer City name
 - Insurer State Code
 - Insurer Zip Code
 - COB Contractor Number

- Benefit Period/Deductible Information
- Lifetime Reserve Days
- Lifetime Psychiatric Days Remaining Count
- Part A Spell Earliest Billing Date
- Part A Spell Latest Billing Date
- Part A Spell Inpatient Deductible Amount
- Part A Spell Full Days Remaining Count
- Part A Spell Coinsurance Days Remaining Count

- Home Health Information
- Home Health Earliest Bill Date
- Home Health Start Date
- Home Health End Date
- Home Health Latest Bill Date
- Home Health Contractor Number
- Home Health Patient Status Code
- Home Health Provider Number

When the requested HICN belongs to a beneficiary that has never been enrolled or was previously enrolled in the User's Plan, MBD UI will apply the Plan Non-Member Role (PLN) requirements, which displays the available data for all of the following data elements:

BENEFICIARY PROFILE

- Health Insurance Claim Number
- XREF Health Insurance Claim Number
- XREF Type (Kill Credit Code)
- Social Security Number
- Birth Date
- Sex Code
- Source Sex Code
- First Name
- Middle Initial
- Last Name
- Last Name Source Name Code
- Death Date

BENEFICIARY ADDRESS INFORMATION

- Mailing Address and Zip Code
- Mailing Address Start Date
- Mailing Address End Date

- Mailing Foreign Address Consular Code
- Beneficiary Residence Street Address & Zip
- Beneficiary Residence Address Consular Code
- Beneficiary Residence Start Date
- Beneficiary Residence End Date
- Residence Address Source Code

ENTITLEMENT INFORMATION

- Part A Entitlement Effective Date
- Part A Entitlement Termination Date
- Part A Entitlement Status Code
- Beneficiary Part A Enrollment Reason Code
- Part B Entitlement Effective Date
- Part B Entitlement Termination Date
- Part B Entitlement Status Code
- Beneficiary Part B Enrollment Reason Code
- Part A Non Entitlement Reason Code
- Part B Non Entitlement Reason Code
- Entitlement Source Code
- Start Create Timestamp
- Start Source
- End Create Timestamp
- End Source
- Audit Create Timestamp
- Audit Source

MA BENEFICIARY SERVICE DELIVERY ELECTIONS (ENROLLMENTS)

(Plans can view non-member's PRIOR enrollment data for the same contract number)

- Contract Number
- Contract Type Code

- Enrollment Effective Date
- Disenrollment Effective Date
- Disenrollment Reason
- Signature Date
- CCP Prior Commercial Months
- Employer Group Health Plan Switch
- Audit Indicator
- Plan Benefit Package PBP Periods:
 - PBP ID
 - PBP Start Date
 - PBP End Date
 - PBP Signature Date
 - PBP Audit Indicator
 - PBP Part B Premium Reduction Indicator
 - Audit Indicator
 - PBP Disenrollment Reason Code
 - PBP Out of Service Area Switch
 - PBP Disenrollment Reason Code
 - PBP Out of Service Area Switch
- Enrollment Type Source (auto-enroll, rollover, etc.)
- Part D Payment Flag
- Part D Rx BIN Number
- Part D Rx ID Number
- Part D Rx Group Number
- Part D Rx PCN (number assigned by processor)
- Employer Subsidy Override Flag

ESRD DETAIL INFORMATION

- ESRD Coverage Effective Date
- ESRD Coverage Termination Date
- ESRD Coverage Start Source Code

- ESRD Coverage Termination Reason
- ESRD Dialysis Effective Date
- ESRD Dialysis Termination Date
- ESRD Self-Care Training Date
- ESRD Transplant Effective Date
- ESRD Transplant Fail Date

MA MEDICAID INFORMATION

- Medicaid Effective Date
- Medicaid Termination Date
- Medicaid Audit Indicator
- Medicaid Source Code
- Other Insurance (MSP) Data:
 - Effective Date
 - Termination Date
 - Primary Insurance Code
 - MSP Source Code

5.5 MBD UI Screenshots

Prior to accessing the MBD UI, the User has to go to <https://applications.cms.hhs.gov> and enter the CMS Applications Portal.

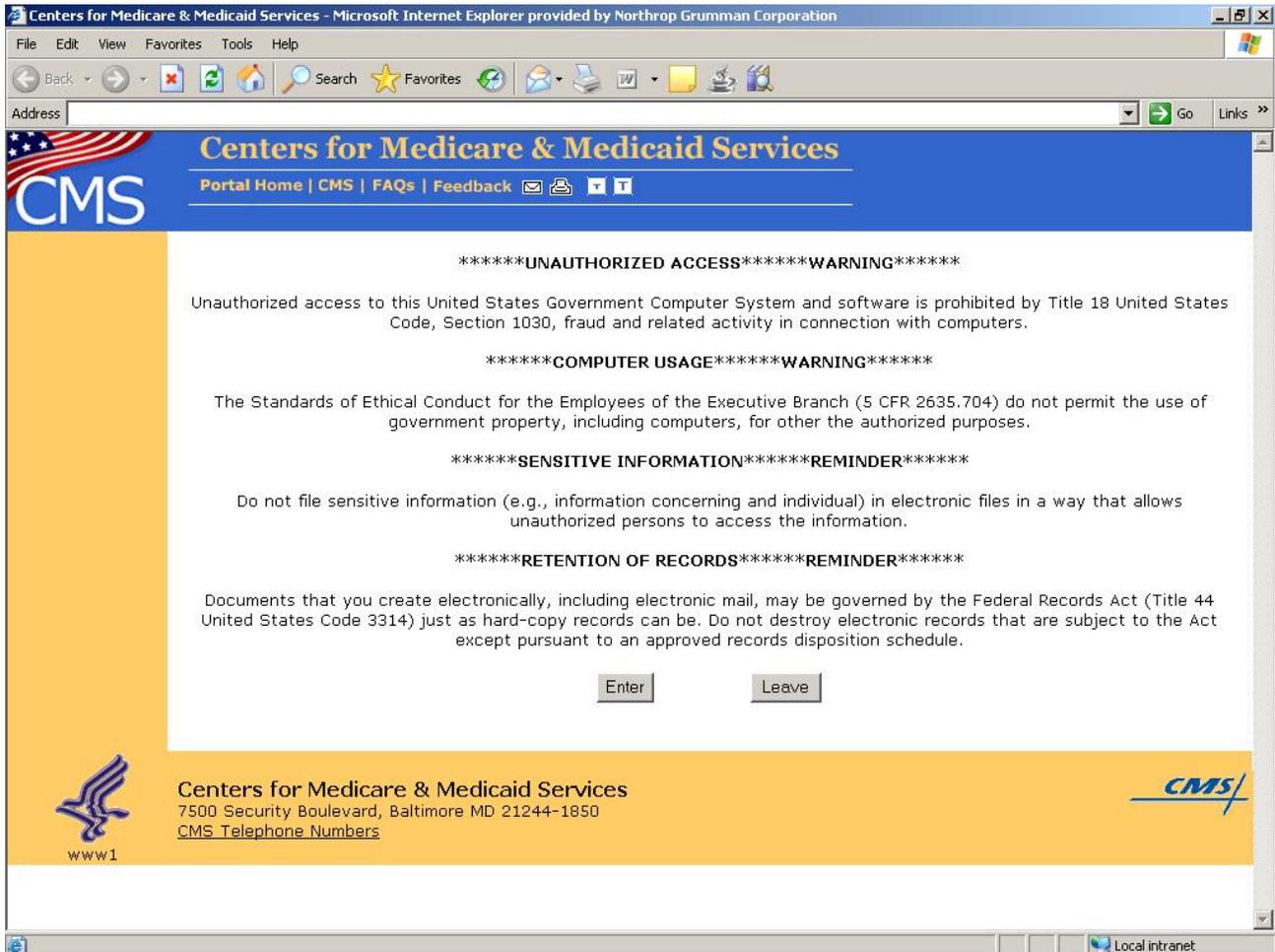


Figure 5.5-1. Screenshot: CMS Website

After clicking on Plans link, the User will be able to select MBD UI Application.

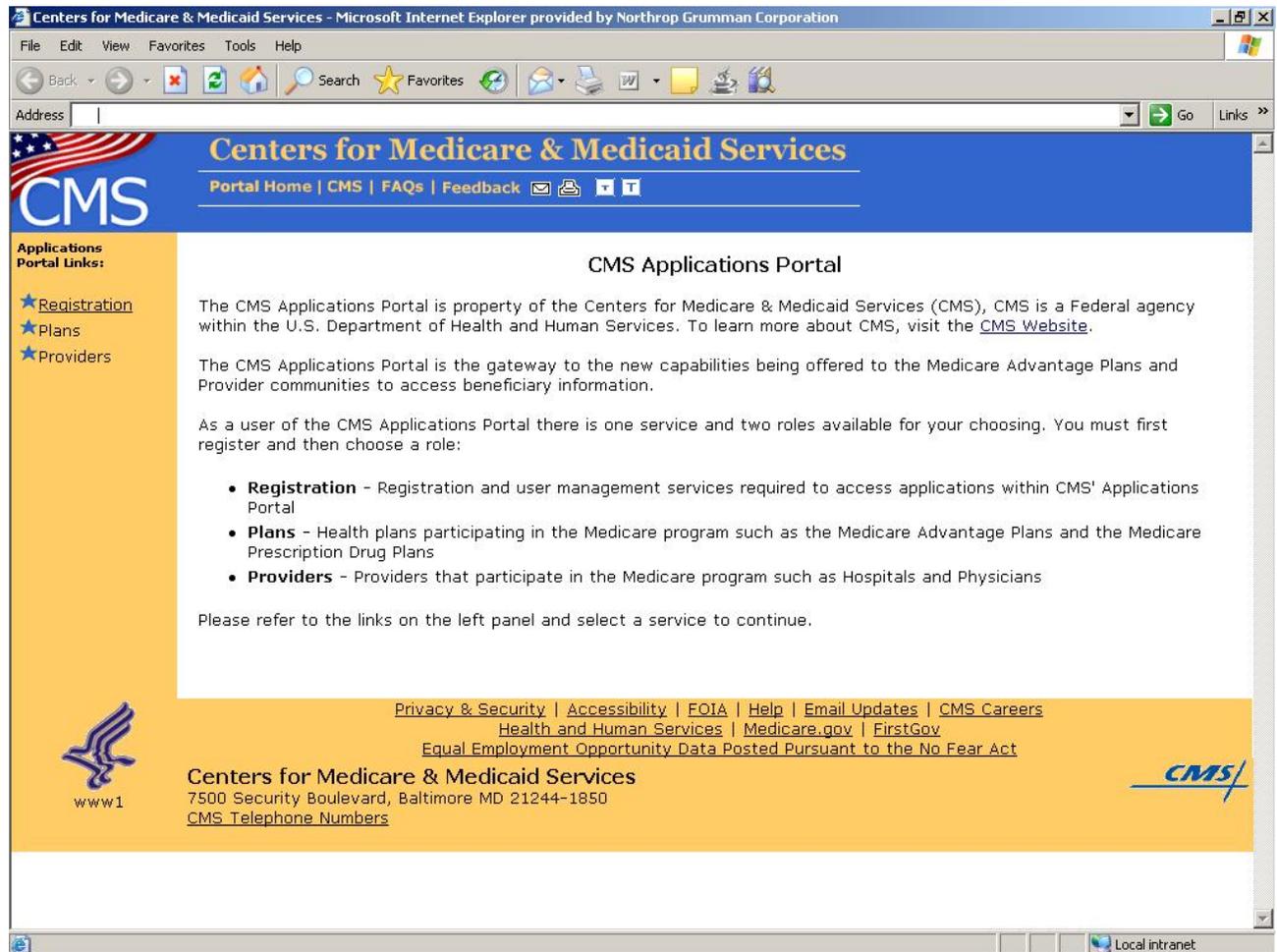


Figure 5.5-2. Screenshot: CMS Applications Portal

The Plans page provides the link to the MBD-UI application.

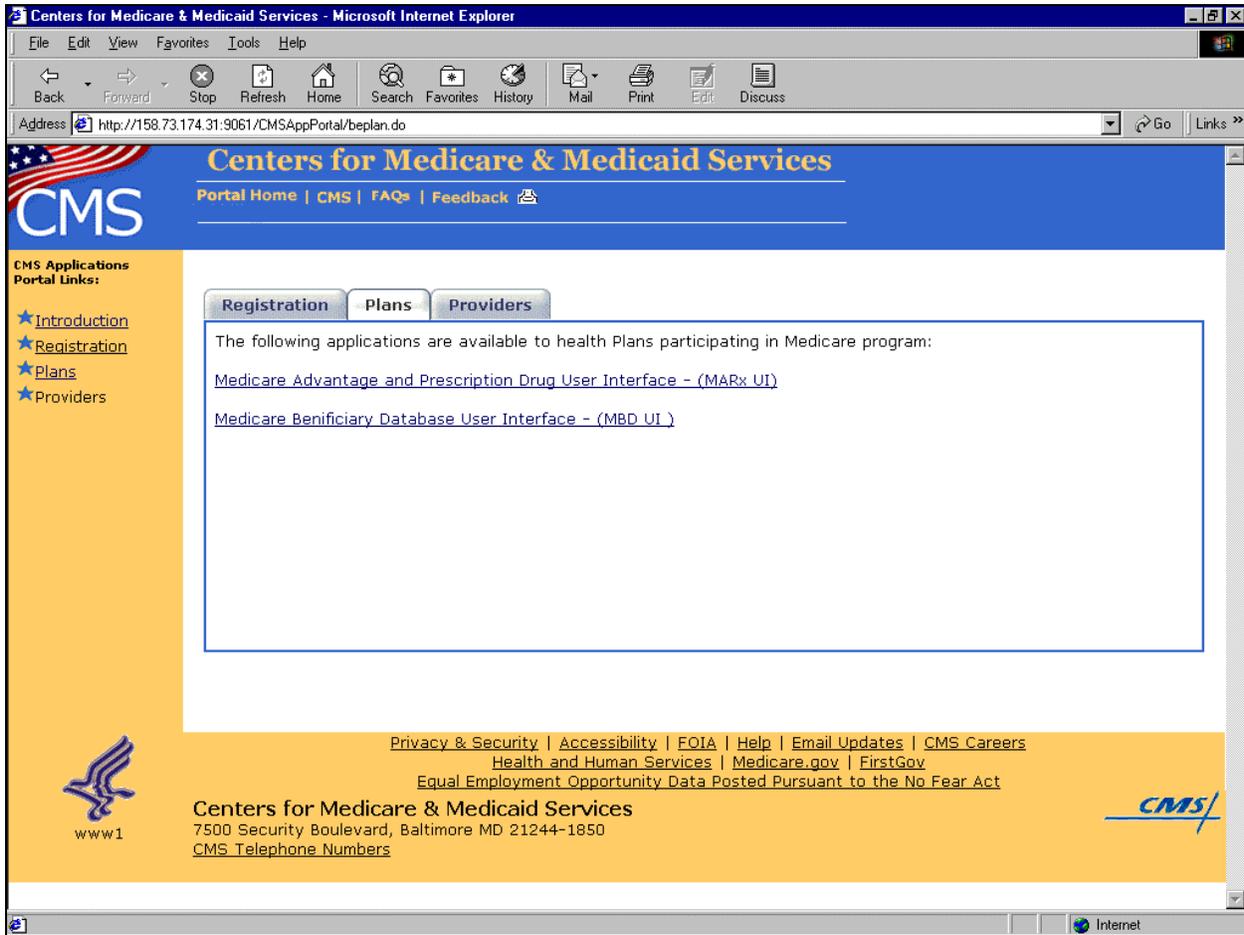


Figure 5.5-3. Screenshot: Plans Page

This section presents the html screenshots of the MBD UI application. These screens have been developed based on the existing UI and the Business requirements of the MBD UI application.

CMS Centers for Medicare & Medicaid Services

Medicare Beneficiary Database Inquiry User ID : CMSUser
Help | Exit

INQUIRY

Enter HICN:

Bene Profile Entitlement Coverage Medicaid

HICN:
 SSN:
 Last Name: Src: DOB:
 First Name: MI: Sex: Src:

Beneficiary Profile

XREF: XREF Type:
 Rep Payee:
 Rep Payee Name:
 Date Of Death:
 DOD Proof Code:
 DOD Source:
 Verify Day Of Death:

	Effective Date	Term Date	Current Entitlement Status	Enroll Reason
Pt A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pt B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore MD 21244-1850

Figure 5.5-4. Screenshot: MBD Beneficiary Profile Screen

The screenshot displays the 'Medicare Beneficiary Database Inquiry' interface. At the top, the CMS logo and title are visible. A navigation menu on the left lists categories: Beneficiary Profile, Entitlement, Coverage, and Medicaid. The main content area includes an 'INQUIRY' section with a search box for HICN. Below this are tabs for 'Bene Profile', 'Entitlement', 'Coverage', and 'Medicaid'. The 'Bene Profile' tab is active, showing fields for HICN, SSN, Last Name, First Name, MI, Sex, and Src. A 'Print' button is located in the top right of this section. The 'Beneficiary Address Information' section contains two columns of address fields: 'Mailing Address' and 'Residence Address'. Each column includes fields for City, ST, Zip, Eff. Date, To, and Cons Code. Below the address fields is a 'Resides with Rep Payee?' checkbox. At the bottom, there is a section for 'Current Valid SSA Codes' with fields for Type, Eff Date, SSA State Cd, and SSA Cnty Cd. The footer contains the CMS logo and contact information: 'Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore MD 21244-1850'.

Figure 5.5-5. Screenshot: MBD Beneficiary Address Screen

The screenshot displays the 'Medicare Beneficiary Database Inquiry' interface. At the top left is the CMS logo. The main header reads 'Centers for Medicare & Medicaid Services'. Below this, the title 'Medicare Beneficiary Database Inquiry' is centered, with 'User ID : CMSUser' and 'Help | Exit' links to the right. A navigation menu on the left lists categories: Beneficiary Profile, Entitlement, Coverage, and Medicaid, each with sub-items. The main content area has an 'INQUIRY' tab and a search box for HICN. Below that are tabs for 'Bene Profile', 'Entitlement', 'Coverage', and 'Medicaid'. The 'Bene Profile' tab is active, showing fields for HICN, SSN, Last Name, First Name, MI, Sex, and Src. A 'Print' icon is visible. The 'Beneficiary Communication Profile' section contains fields for Telephone Number, Fax Number, Language Preference (set to English), Media Preference (set to Written), Rec. Add Timestamp, E-Mail Address, EFT Address, Survey Sample Cumulative Total, and Survey Sample Participation Indicator. The 'Medicare HandBook Information' section includes Correspondence Type, Language Preference (set to English), and Media Preference (set to Written). The footer contains the CMS logo and address: 'Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore MD 21244-1850'.

Figure 5.5-6. Screenshot: MBD Beneficiary Communication Profile

CMS
Centers for Medicare & Medicaid Services

Beneficiary Profile

- Beneficiary Address Information
- **Beneficiary Communication Profile**
- Rep Payee Communication Profile
- Misc. Beneficiary Information

Entitlement

- Entitlement Audit History

Coverage

- Other Insurance Profile
- Hospice
- Managed Care Institutional Status
- ESRD Detail Information
- Home Health Detail
- Benefit Period/Deductible Info

Medicaid

Medicare Beneficiary Database Inquiry

User ID : CMSUser
[Help](#) | [Exit](#)

INQUIRY

Enter HICN:

Bene Profile
Entitlement
Coverage
Medicaid

HICN:

SSN:

Last Name:

First Name:

Src:

DOB:

MI:

Sex:

Src:

[Print](#)

Rep Payee Communication Profile

Rep Payee Name:

Telephone Number:

Fax Number:

Language Preference: Src:

Media Preference:

Correspondence Type: Src:

Language Preference:

Media Preference:

E-Mail Address:

EFT Address:

Survey Sample Cumulative Total:

Survey Sample Participation Indicator:

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Figure 5.5-7. Screenshot: MBD Inquiry – Rep Payee Communication Profile

CMS Centers for Medicare & Medicaid Services

Medicare Beneficiary Database Inquiry User ID : CMSUser
Help | Exit

INQUIRY

Enter HICN:

Bene Profile Entitlement Coverage Medicaid

HICN:
 SSN:
 Last Name: Src: DOB:
 First Name: MI: Sex: Src:

Miscellaneous Beneficiary Information

Last Health Insurance Card Request Date: Program Service Center(CSC) Code :
 MBD Accreditation Date: CWD Host Site:
 Date of Last EDB Update :
 Rec. Add Timestamp :
 SSA Benefit Payment Status Code:
 Medicare Qualified Govt. Employee (MQGE) Code :
 Combined US Foreign Earning Switch :

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Figure 5.5-8. Screenshot: MBD Inquiry – Miscellaneous Beneficiary Information

CMS Centers for Medicare & Medicaid Services

Entitlement User ID : CMSUser
Exit | Help

INQUIRY

Enter HICN:

Bene Profile **Entitlement** **Coverage** **Medicaid**

HICN:

SSN:

Last Name: Src: DOB:

First Name: MI: Sex: Src:

Part A Entitlement

Effective Date	Term Date	Status	Enrollment Reason

Part B Entitlement

Effective Date	Term Date	Status	Enrollment Reason

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Figure 5.5-9. Screenshot: MBD Inquiry – MBD Entitlement Screen

Entitlement

User ID : CMSUser
[Help](#) | [Exit](#)

INQUIRY

Enter HICN:

Bene Profile | **Entitlement** | **Coverage** | **Medicaid**

HICN: [Print](#)

SSN:

Last Name: Src: DOB:

First Name: MI: Sex: Src:

Part A Entitlement Audit History

Effective Date	Term Date	Status	Enrollment Reason	Non Entl Reason	Start Create TS	Start SR	End Create TS	End SR	Audit Create TS	Audit SR

Part B Entitlement Audit History

Effective Date	Term Date	Status	Enrollment Reason	Non Entl Reason	Start Create TS	Start SR	End Create TS	End SR	Audit Create TS	Audit SR

Display Options

All
 Audit Only

Sort Options

Effective Date
 Process Date

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Figure 5.5-10. Screenshot: MBD Inquiry – MBD Entitlement Audit Screen

Centers for Medicare & Medicaid Services

Coverage

User ID : CMSUser
[Help](#) | [Exit](#)

INQUIRY

Enter HICN:

Bene Profile | **Entitlement** | **Coverage** | **Medicaid**

HICN: HICN as entered:

SSN:

Last Name: Src: DOB:

First Name: MI: Sex: Src:

Coverage

MCO Beneficiary Service Delivery Elections

Delivery Option	Contract Number	Enrollment Effective Date	Disenrollment Effective Date	Audit Indicator
FFS	123456789033	2002-01-01	2003-01-01	*
FFS	123456789022	2001-01-01	2002-01-01	V
FFS	123456789011	2000-01-01	2001-01-01	A

Audit History? Yes No

	Effective Date	Termination Date
Hospice	2003-01-01	2004-01-01
ESRD	2001-01-01	2002-01-01
Home Health	2003-01-01	2003-01-01

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Figure 5.5-11. Screenshot: MBD Coverage Screen

The screenshot displays the 'Medicare Beneficiary Database Inquiry' web application. The interface includes a navigation menu on the left with categories like Beneficiary Profile, Entitlement, Coverage, and Medicaid. The main content area features an 'INQUIRY' search box, a 'Print' button, and a form for entering beneficiary details (HICN, SSN, Last Name, First Name, MI, Sex, Src, DOB). Below this is the 'Other Insurance Profile' section, which contains two tables. The first table lists insurance coverage with columns for Cvrgr Type, Effective Date, Termination Date, Pmr Insurance Tvpe, MSP Src, Policy Number, Rec. Add Timestamp, and COB Cntr No. The second table provides insurer details with columns for Insurer Name, Insurer Address (Line 1), Insurer Address (Line 2), Insurer City, Insurer State, and Insurer Zip.

Figure 5.5-12. Screenshot: MBD Inquiry – Other Insurance Profile

Centers for Medicare & Medicaid Services

Medicare Beneficiary Database Inquiry

User ID : CMSUser
[Help](#) | [Exit](#)

INQUIRY

Enter HICN:

Bene Profile | Entitlement | Coverage | Medicaid

HICN:

SSN:

Last Name: Src: DOB:

First Name: MI: Sex: Src:

Hospice Detail Information

Effective Date	Term Date	Provider Num	Rvctn Code	Rec Add Timestamp

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Figure 5.5-13. Screenshot: MBD Inquiry – Hospice Detail Information

Centers for Medicare & Medicaid Services

Medicare Beneficiary Database Inquiry

User ID : CMSUser
[Help](#) | [Exit](#)

INQUIRY

Enter HICN:

Bene Profile | Entitlement | Coverage | Medicaid

HICN:

SSN:

Last Name: Src: DOB:

First Name: MI: Sex: Src:

Managed Care Institutional Status Information

MCO Nursing Home Certifiable

Effective Date	Term Date	Audit Ind	Start Create Timestamp	Start Src	End Create Timestamp	End Src	Audit Create Timestamp	Audit Src

MCO Institutional Status

Effective Date	Term Date	Audit Ind	Start Create Timestamp	Start Src	End Create Timestamp	End Src	Audit Create Timestamp	Audit Src

Audit History? Yes No

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CMS

Figure 5.5-14. Screenshot: MBD Inquiry – Managed Care Institutional Status Information

Centers for Medicare & Medicaid Services

Medicare Beneficiary Database Inquiry

User ID : CMSUser
[Help](#) | [Exit](#)

INQUIRY

Enter HICN:

Bene Profile | Entitlement | Coverage | Medicaid

HICN: [Print](#)

SSN:

Last Name: Src: DOB:

First Name: MI: Sex: Src:

ESRD Detail Information

Coverage Effective Date	Coverage Term Date	Start Source CD	Termination Reason	Rec Add Timestamp

Self-Care Training Date	Rec Add Timestamp

Dialysis Effective Date	Dialysis Term Date	Rec Add Timestamp

Transplant Effective Date	Transplant Fail Date	Rec Add Timestamp

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[CMS](#)

Figure 5.5-15. Screenshot: MBD Inquiry – ESRD Detail Information

Centers for Medicare & Medicaid Services

Medicare Beneficiary Database Inquiry

User ID : CMSUser
[Help](#) | [Exit](#)

INQUIRY

Enter HICN:

Bene Profile | **Entitlement** | **Coverage** | **Medicaid**

HICN: [Print](#)

SSN:

Last Name: Src: DOB:

First Name: MI: Sex: Src:

Home Health Detail Information

Start Date	End Date	Earliest Bill Date	Latest Bill Date	Contractor Number	Patient Status	Provider Number

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Figure 5.5-16. Screenshot: MBD Inquiry – Home Health Detail Information

Centers for Medicare & Medicaid Services

Medicare Beneficiary Database Inquiry

User ID : CMSUser
[Help](#) | [Exit](#)

INQUIRY

Enter HICN:

Bene Profile | Entitlement | **Coverage** | Medicaid

HICN:

SSN:

Last Name: Src: DOB:

First Name: MI: Sex: Src:

Benefit Period Deductible Information

Lifetime Rsrv Days: Lifetime Psych Days:

Part A Spell

Earliest Billing Date	Latest Billing Date	IP Ded Amt	Full Days Remaining	Coins Rmng

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Figure 5.5-17. Screenshot: MBD Inquiry – Benefit Period Deductible Information


Centers for Medicare & Medicaid Services

Beneficiary Profile

- Beneficiary Address Information
- Beneficiary Communication Profile
- Rep Payee Communication Profile
- Misc. Beneficiary Information

Entitlement

- Entitlement Audit History

Coverage

- Other Insurance Profile
- Hospice
- Managed Care Institutional Status
- ESRD Detail Information
- Home Health Detail
- Benefit Period/Deductible Info

Medicaid

Medicare Beneficiary Database Inquiry

User ID : CMSUser
[Help](#) | [Exit](#)

INQUIRY

Enter HICN:

Bene Profile
Entitlement
Coverage
Medicaid

HICN: [Print](#)

SSN:

Last Name: Src: DOB:

First Name: MI: Sex: Src:

Enrollment Detail

Contract No	Enrollment Date	Disenrollment Date	Disenroll/Audit Reason	Audit Ind	Signature Date	Prior CMCL Mbr Mths	Employer HP Sw

Contract Type	Start Create Timestamp	Start Src	End Create Timestamp	End Src	Audit Create Timestamp	Audit Src

PBP Information

PBP ID	PBP Start Date	PBP End Date	Audit Ind	Signature Date	Prem Red Ind	Dsnrll Rsn Cd	Out of Svc Area Sv
ID4	2002-01-01	2003-01-01	V	2003-01-02	Y	CD	T
ID2	2000-01-01	2001-01-01	V	2001-01-02	Y	CO	T

Part D Coverage

Part D Flag	Rx BIN	Rx ID Number	Rx Group Number	Rx PCN	ESO Flag

Audit History? Yes No

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Figure 5.5-18. Screenshot: MBD Inquiry – Enrollment Detail

CMS Centers for Medicare & Medicaid Services

Medicare Beneficiary Database Inquiry User ID : CMSUser
Help | Exit

INQUIRY

Enter HICN:

Bene Profile | Entitlement | Coverage | Medicaid

HICN:

SSN:

Last Name: Src: DOB:

First Name: MI: Sex: Src:

Medicaid

GHP Medicaid Data

Effective Date	Termination Date	Audit Ind	Start Create Timestamp	Start Src	End Create Timestamp	End Src	Audit Create Timestamp	Audit Src

MSIS Medicaid Data

Fiscal Year	Qtr Num	Days of Eligibility			State Code	Dual Elig Code	Dual Elig Description
		Month 1	Month 2	Month 3			

Third party Medicaid Data

Mdcr Type Code	Start Date	Term Date	Prem Pyr Code

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7500 Security Boulevard, Baltimore MD 21244-1850

Figure 5.5-19. Screenshot: MBD Inquiry – Medicaid

The screenshot displays the CMS Medicare Beneficiary Database Inquiry interface. At the top, there is a blue header with the CMS logo and the text "Centers for Medicare & Medicaid Services Medicare Beneficiary Database Inquiry". To the right of the header are "Print" and "close" buttons. The main content area contains a table with columns for Contract Type, Start Date, End Date, Code, Pay Bill Option Description, Code, and Bill Option Code Description. Below the table are input fields for Contract Name, Address, and Scrub Sw.

Contract Type	Start Date	Contract Type	End Date	Code	Pay Bill Option Description	Code	Bill Option Code Description

Contract Name:

Address:

Scrub Sw:

Figure 5.5-20. Screenshot: MBD Contract Information Screen

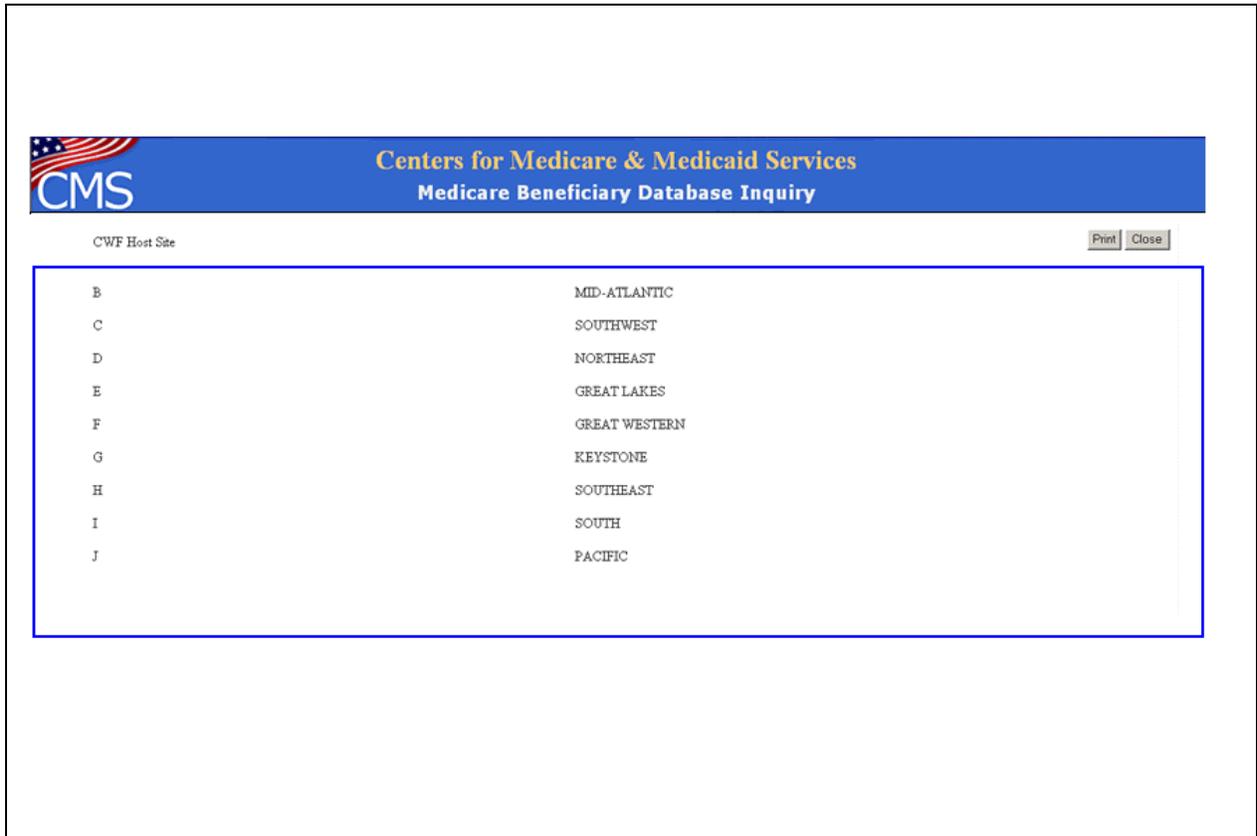


Figure 5.5-21. Screenshot: MBD Region Screen

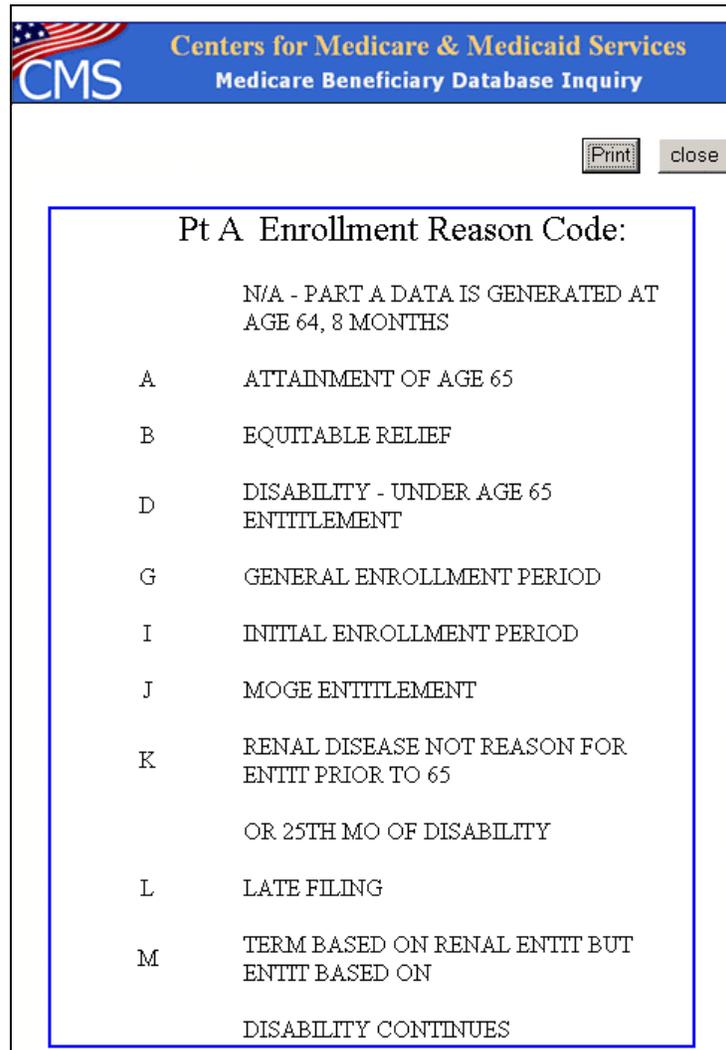


Figure 5.5-22. Screenshot: MBD Part A Enrollment Reason Code Screen

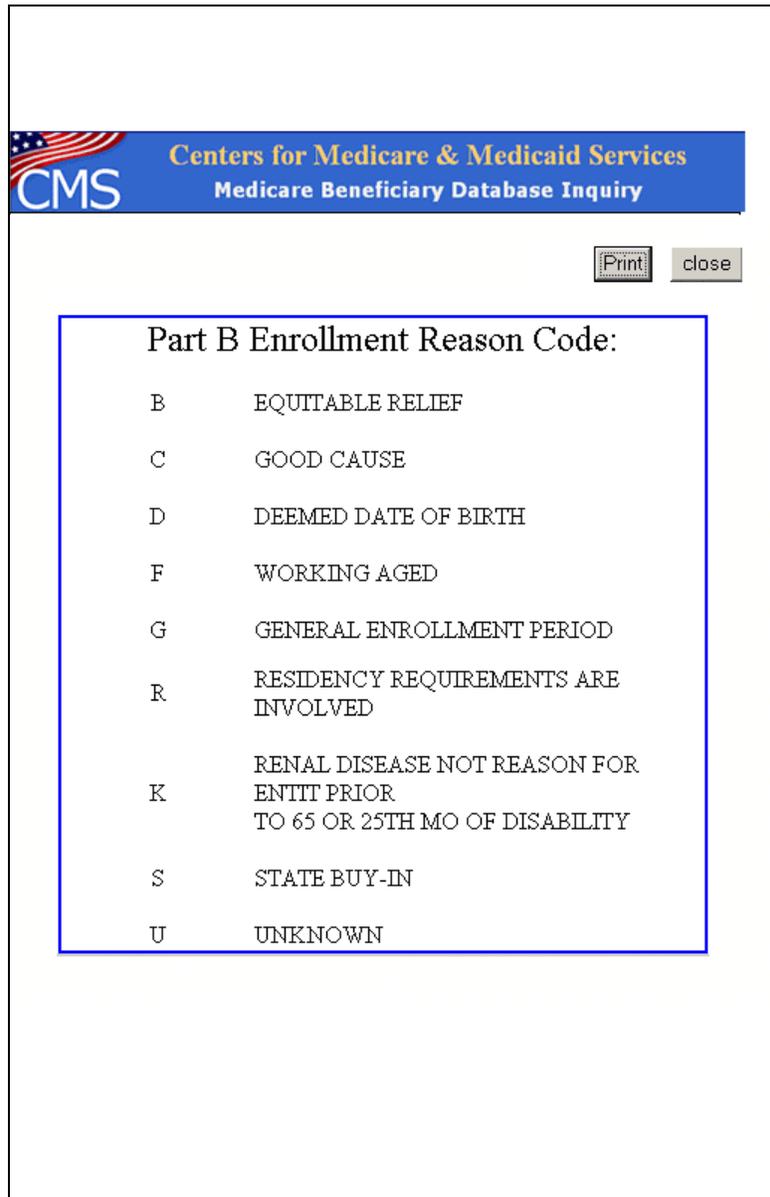


Figure 5.5-23. Screenshot: MBD Part B Enrollment Reason Code Screen

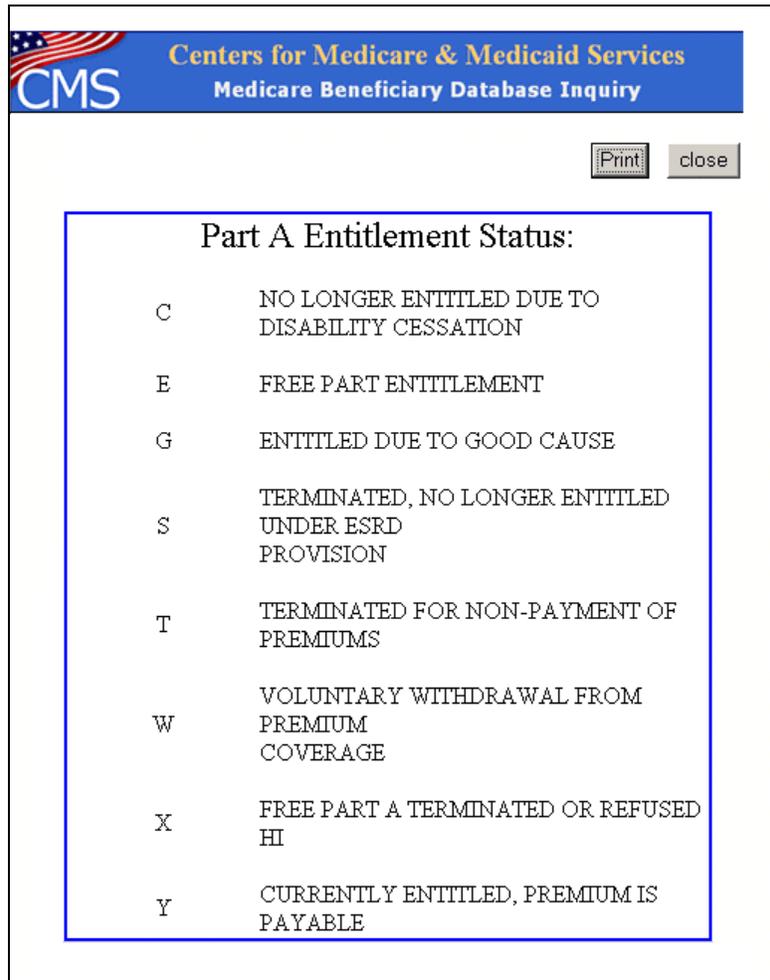


Figure 5.5-24. Screenshot: MBD Part A Entitlement Status Screen

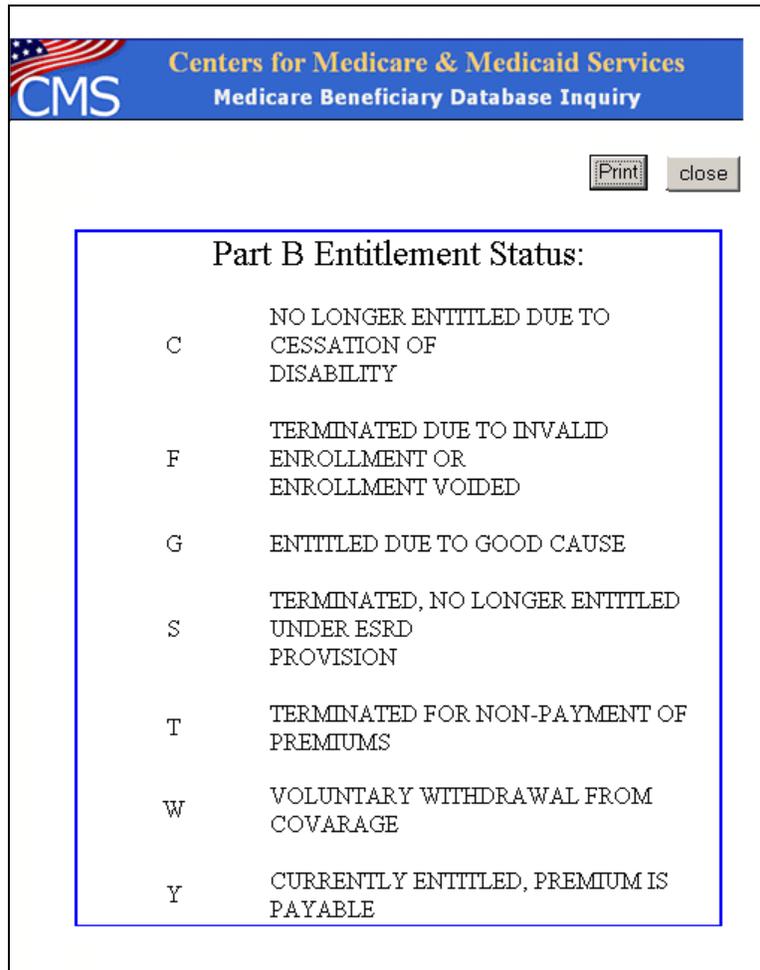


Figure 5.5-25. Screenshot: MBD Part B Entitlement Status Screen

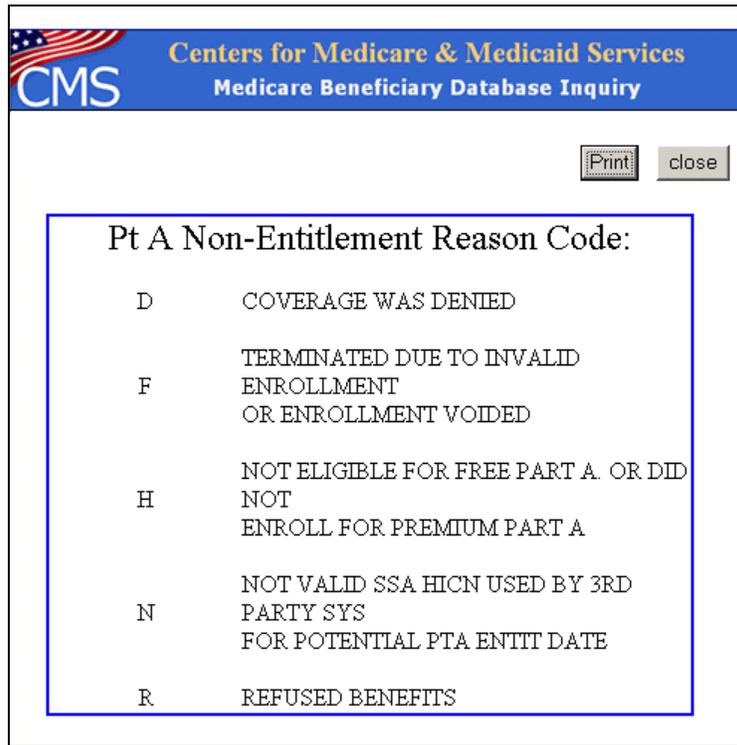


Figure 5.5-26. Screenshot: MBD Part A Non-Entitlement Reason Code

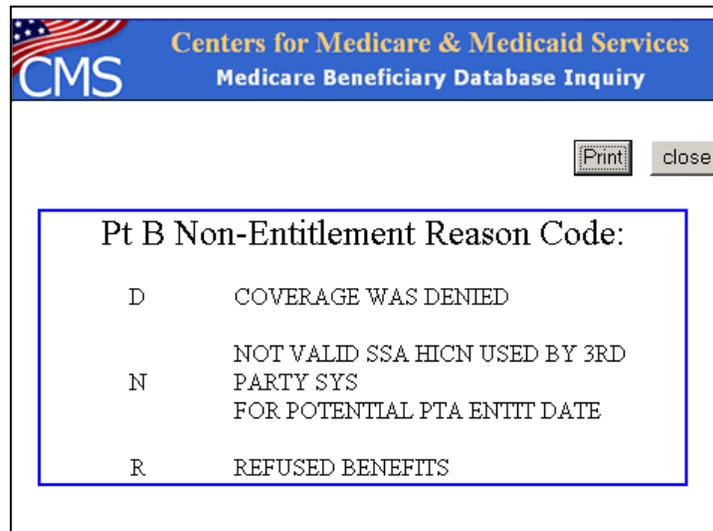


Figure 5.5-27. Screenshot: MBD Part B Non-Entitlement Reason Code

The screenshot shows the CMS Medicare Beneficiary Database Inquiry interface. At the top, there is a blue header with the CMS logo and the text "Centers for Medicare & Medicaid Services Medicare Beneficiary Database Inquiry". Below the header, there are "Print" and "close" buttons. The main content is a table titled "State and County Code History".

State and County Code History				Start Date	End Date
FIPS ST	FIPS CO	SSA ST	SSA CO		
FI	FTP	SS	SSA	2003-01-01	2003-01-01
FI	FTP	SS	SSA	2002-01-01	2002-01-01
FI	FTP	SS	SSA	2001-01-01	2001-01-01

Figure 5.5-28. Screenshot: MBD State and County Code History

The screenshot shows the CMS Medicare Beneficiary Database Inquiry interface. At the top, there is a blue header with the CMS logo and the text "Centers for Medicare & Medicaid Services Medicare Beneficiary Database Inquiry". Below the header, there are "Print" and "close" buttons. The main content is a table titled "SSN History".

SSN History
SSN
SSN
SSN1
SSN2
SSN3
SSN4

Figure 5.5-29. Screenshot: MBD SSN History

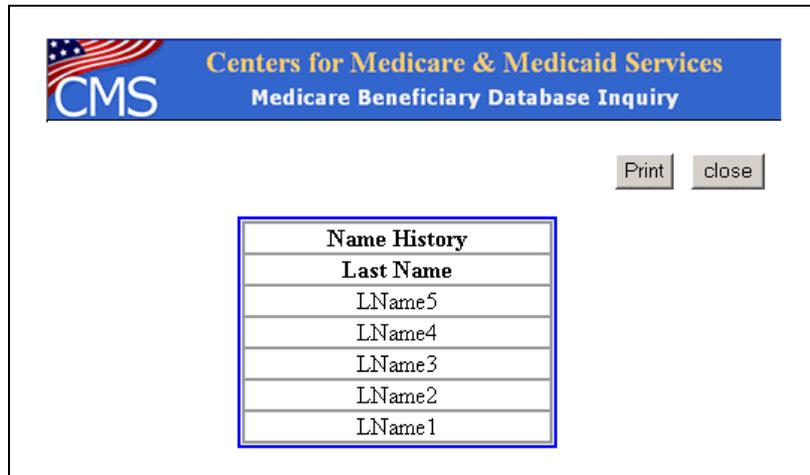


Figure 5.5-30. Screenshot: MBD Name History

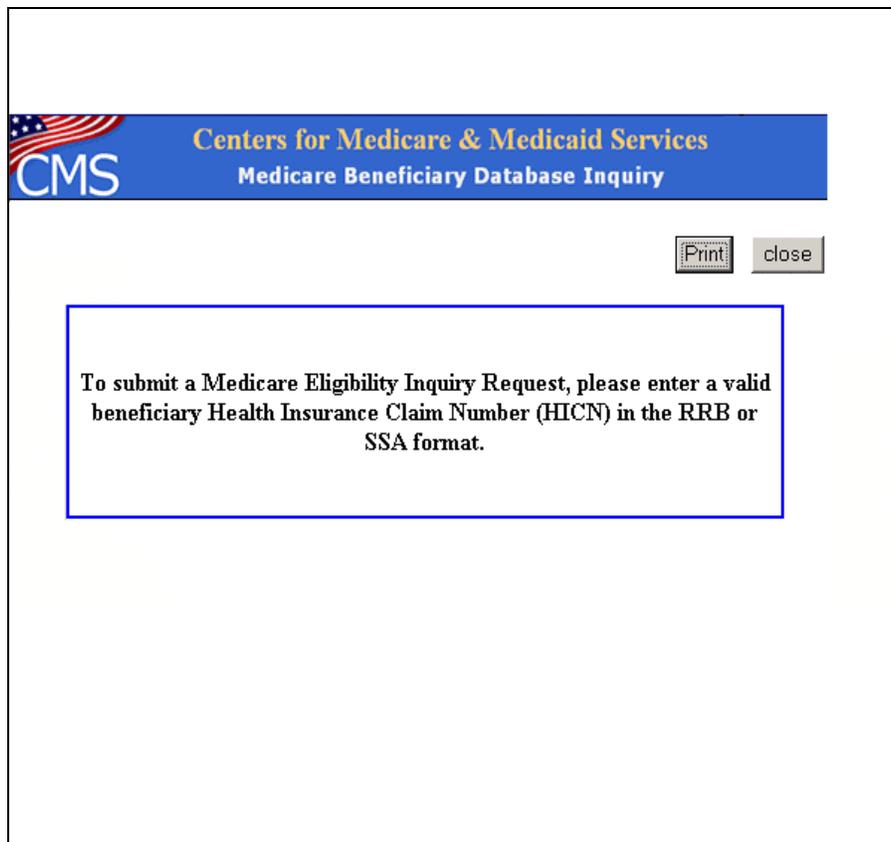


Figure 5.5-31. Screenshot: MBD Inquiry Request Screen

Section 6 — Cost Plan Transaction Processing

Because beneficiaries can choose to enroll in an outside PDP and remain in the Cost Plans, MARx will have to utilize PBP-level processing for your organizations. This will be accomplished by the following steps:

- HPMS will provide available drug and non-drug PBP numbers for Cost Plans to MARx. If no non-drug PBPs were approved for the Cost Plan, HPMS will generate a “dummy” non-drug PBP number of 999. This will not be necessary for drug PBPs as Cost Plans were required to create drug PBPs.
- MARx will move all Cost Plans members to non-drug PBPs. This will be reported to you on the November and December MMRs.

As all members will begin in non-drug PBPs, Cost Plans will submit transactions as follows:

- If a current member elects to obtain Part D through the Cost Plan, submit a 71 transaction to move the member from the non-drug PBP to the drug PBP. Include the election type and Part D premium-related information.
- If a current member elects to obtain Part D through a PDP, the Cost Plan submits no transactions. When the PDP submits a 61 transaction to enroll the beneficiary, MARx will not disenroll the member from the Cost Plan.
- If a current member (who has been moved by you to a drug PBP) elects to drop Part D, but stay in the Cost Plan, submit a 71 transaction to move the member from the drug PBP back to the non-drug PBP.
- If a current member (who has been moved by you to a drug PBP) elects to enroll in a PDP, you will receive a disenrollment due to enrollment in another plan (reply code – 014). When this occurs, contact the member to verify that they still want to be enrolled in the non-drug portion of the Cost Plans. You will submit a 61 (with a non-drug PBP number) to re-enroll the member.
- If a new member elects to enroll in the non-drug portion of the Cost Plans, submit a 61 with a non-drug PBP number. (Use 999 if you do not have a non-drug PBP approved in HPMS.)
- If a new member elects to enroll in the drug portion of the Cost Plans, submit a 61 with the drug PBP number, election type and Part D premium-related information.

The following clarifications related to election periods will also impact Cost Plans. In two of the three scenarios, you must specify an election type:

- Enrollment into a Cost Plans's non-drug PBP from FFS or a non-MA plan does not require that an election type be specified. The beneficiary does not utilize an election when enrolling in non MA or non Part D plans.
- Enrollment into a Cost Plan's non-drug PBP requires an election type to be specified if the member is currently enrolled in a MA, MA-PD, or PDP. This is because the beneficiary must utilize an election to disenroll from the latter plan types. At the time of enrollment, the Cost Plan may need to query the beneficiary if they are currently enrolled in a Medicare Advantage or Part D plan.
- Enrollment into, or disenrollment from, a Cost Plan's drug PBP requires an election type of AEP, IEP, or SEP to be specified. The beneficiary utilizes an election in these situations.

Section 7 — Reporting RxID/RxGROUP/RxPCN/RxBIN Data

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 beginning 11/15/2005.

7.1 Plan to CMS / 4Rx Notification

7.1.1 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 adhering to the following format:

**Table 7.1-1 Record: 4Rx Notification Header Record
(From: Plan To: CMS)**

Data Field	Length	Position	Format	Valid Values	Field Definition
File ID Name	8	1 ... 8	X(8)	"MMA4RXNH"	Critical Field This field should always be set to the value "MMA4RXNH". This code allows recognition of the record as the Header Record of a 4Rx Notification File. This field allows for the identification of the file as a 4Rx Notification File.
Sending Entity	8	9 ... 16	X(8)	Sending Organization (left justified space filled) Acceptable Values: 5-position Contract Identifier + 3 Spaces (3 Spaces are for Future Use)	Critical Field This field provides CMS with the identification of the entity that is sending the 4Rx Notification File. The value for this field will be provided to CMS and used in connection with CMS electronic routing and mailbox functions. The value in this field should agree with the corresponding value in the Trailer Record. The Sending Entity may be a Part D Organization.
File Creation Date	8	17 ... 24	X(8)	YYYYMMDD	Critical Field The date on which the 4Rx Notification file was created by the Sending Entity. This value should be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value should agree with the corresponding value in the Trailer Record. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a 4Rx Response File.

Data Field	Length	Position	Format	Valid Values	Field Definition
File Control Number	9	25 ... 33	X(9)	Assigned by Sending Entity	Critical Field The specific Control Number assigned by the Sending Entity to the 4Rx Notification File. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a 4Rx Response File. This value should agree with the corresponding value in the Trailer Record.
FILLER	717	34 ... 750	X(717)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

**Table 7.1-2 Record: 4Rx Notification Trailer Record
(From: Plan To: CMS)**

Data Field	Length	Position	Format	Valid Values	Field Definition
File ID Name	8	1 ... 8	X(8)	"MMA4RXNT"	Critical Field This field should always be set to the value "MMA4RXNT". This code allows recognition of the record as the Trailer Record of a 4Rx Notification File. This field allows for the identification of the file as a 4Rx Notification File.
Sending Entity	8	9 ... 16	X(8)	Sending Organization (left justified space filled) Acceptable Values: 5-position Contract 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 Header Record. The Sending Entity may be a Part D Organization.

Data Field	Length	Position	Format	Valid Values	Field Definition
File Creation Date	8	17 ... 24	X(8)	YYYYMMDD	<p>Critical Field</p> <p>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.</p>
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 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.</p>
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 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.</p>
FILLER	710	41 ... 750	X(710)	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 otherwise.</p>
Total Length = 750					

**Table 7.1-3 Record: 4Rx Notification Detail Record (Transaction)
(From: Plan To: CMS)**

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

Data Field	Length	Position	Format	Valid Values	Field Definition
Rx PCN	10	42 ... 51	X(10)	10-position Alphanumeric 9999999999 when Rx PCN is Unknown Left Justify in field, space fill.	Not Critical Field The number assigned by the processor. If this value is not known, this field should be populated with the value '9999999999'. If the value in this field is less than 10 characters in length, then the value should be left-justified in the field with spaces in the empty positions.
Rx ID	20	52 ... 71	X(20)	20-position Alphanumeric Left Justify in field, space fill.	Critical Field The member ID assigned to the beneficiary. If the value in this field is less than 10 characters in length, then the value should be left-justified in the field with spaces in the empty positions.
Rx Group	15	72... 86	X(15)	15-position Alphanumeric Left Justify in field, space fill.	Critical Field The identifying number assigned to the cardholder group or employer group. 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.
Contract Number	5	87 ... 91	X(5)	5-position H- Number	Critical Field The Contract Number of the Part D enrollment.
PBP Number	3	92 ... 94	X(3)	3-position Alphanumeric	Critical Field The Plan Benefit Package number for the Part D enrollment. If no PBP Number applies to the Contract Number, then this field should be left Blank (space filled).
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.
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.

Data Field	Length	Position	Format	Valid Values	Field Definition
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					

7.1.2 4Rx Notification Instructions

The Sending Entities may submit one or more 4Rx Notification Files to CMS during any CMS business day (*Monday thru Friday*) via Connect:Direct (NDM) or the Sterling Electronic Mailbox (Gentran). There is not a minimum or maximum limit with respect to 4Rx Notification files or Transactions. However, if no transactions are submitted within a file, the file will be rejected. Each Detail Record of a 4Rx Notification File will be considered a 4Rx "Transaction."

The 4Rx Notification Files should be formulated to the record formats and field definitions described in Section 7.1.1 4Rx Notification File / Record Formats. The 4Rx Notification Files should be in flat file structure and conform to CMS naming conventions.

The MBD will recognize 4Rx Notification Files by the information supplied in the Header and Trailer Records. Header Record information is considered critical as it will be used by CMS to track, control, formulate, and route files and transactions through the MBD process and communicate responses back to the Sending Entities.

The Transactions (Detail Records) on the 4Rx Notification File should be formulated to identify a Plan enrollee, identify the current Contract and Plan of the enrollee, and to provide the four prescription drug coverage fields for the enrollee's coverage.

The Sending Entities should not submit prospective nor historical enrollment information in the 4Rx Notification Files. The 4Rx Notification Files should contain Transactions (Detail Records) for only current Plan enrollments.

The Sending Entities should utilize the following naming standards for a 4Rx Notification file:

For Sterling Electronic Mailbox (Gentran) users:

(Uncompressed files)

GUID.RACFID.MBD.D.xxxxx.4RX.y

(Compressed files)

GUID.RACFID.MBD.D.xxxxx.4RX.y.ZIP

GUID

The Global User ID assigned to an individual by CMS who is authorized by one or more Plans or Organizations to submit data to CMS on their behalf.

RACFID

The CMS RACFID assigned to the Sending Entity. If the Sending Entity does not have a RACFID, then this should be set to the word NONE.

MBD

The word MBD is necessary for destination identification.

D

Additional application identifier.

XXXXX

The 5-position Contract Identifier of the Sending Entity.

4RX

Application identifier.

y

If the Sending Entity is testing the 4RX process, then this should be set to T. If the Sending Entity is in production with the 4RX process, then this should be set to P.

ZIP (Compressed files only)

If the Sending Entity has utilized a ZIP utility to compress their 4RX Notification Request File, then this value is necessary in order for CMS to uncompress the file appropriately.

For further information, please refer to the Sterling Mailbox (Gentran) information in Appendix J.

For Connect:Direct (NDM) users:

P#MBD.#BTCH4.XXXXXX.IN.RQST.NDM

XXXXX

The 5-position Contract Identifier of the Sending Entity.

The MBD will generate one 4Rx Response File for a Sending Entity during a regular business day. This 4Rx Response File will include 4Rx Notification Transactions (Detail Records) processed by the MBD for the Sending Entity during that regular business day.

It should be noted that:

- The 4Rx Response File received by a Sending Entity may not include all 4Rx Notification Transactions provided to CMS during that regular business day.
- The 4Rx Response File received by a Sending Entity may include 4Rx Notification Transactions provided to CMS during the previous regular business day.
- Any 4Rx Notification Transactions that have not been provided on the 4Rx Response File will appear in the subsequent 4Rx Response File for the following regular business day.

For example, if a Sending Entity submits three 4Rx Notification Files within one day, it is possible that the Transactions (Detail Records) returned in the 4Rx Response File will be for only a portion of one of the three 4Rx Notification Files submitted. In addition, the Transactions (Detail Records) absent from the 4Rx Response File may be related to any of the three 4Rx Notification Files submitted by the Sending Entity; the MBD may not process the Transactions in the order they are received. The “Detail Record Sequence Number” located in each Transaction (Detail Record) can be used by the Sending Entity to track individual Transactions sent to and received from CMS.

7.2 CMS to Plans / 4Rx Response

7.2.1 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 (See Section 7.1.2 4Rx Notification Instructions and Section 7.2 4Rx Response Process).

**Table 7.2-1 Record: 4Rx Response File Header Record
(From: CMS To: Plans)**

Data Field	Length	Position	Format	Valid Values	Field Definition
File ID Name	8	1 ... 8	X(8)	"CMS4RXNH"	This field will always be set to the value "CMS4RXNH". This code allows recognition of the record as the Header Record of a 4Rx Response File. This field allows for identification of the file as a 4Rx Response File.
Sending Entity (MBD)	8	9 ... 16	X(8)	"MBD " (MBD + 5 Spaces)	This field will always be set to the value "MBD ". The value specifically is MBD + 5 following Spaces. This value will agree with the corresponding value in the Trailer Record.
File Creation Date	8	17 ... 24	X(8)	YYYYMMDD	The date on which the 4Rx Response File was created by CMS. This value will be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value will agree with the corresponding value in the Trailer Record.
File Control Number	9	25 ... 33	X(9)	Assigned by Sending Entity (MBD)	The specific Control Number assigned by the MBD to the 4Rx Response File. CMS will utilize this value to track the 4Rx Response File through CMS processing and archive. This value will agree with the corresponding value in the Trailer Record.
FILLER	717	34 ... 750	X(717)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

**Table 7.2-2 Record: 4Rx Response File Trailer Record
(From: CMS To: Plans)**

Data Field	Length	Position	Format	Valid Values	Field Definition
File ID Name	8	1 ... 8	X(8)	"CMS4RXNT"	This field will always be set to the value "CMS4RXNT". This code allows recognition of the record as the Trailer Record of a 4Rx Response File. This field allows for the identification of the file as a 4Rx Response File.
Sending Entity (MBD)	8	9 ... 16	X(8)	"MBD " (MBD + 5 Spaces)	This field will always be set to the value "MBD ". The value specifically is MBD + 5 following Spaces. This value will agree with the corresponding value in the Header Record.
File Creation Date	8	17 ... 24	X(8)	YYYYMMDD	The date on which the 4Rx Response File was created by CMS. This value will be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value will agree with the corresponding value in the Header Record.
File Control Number	9	25 ... 33	X(9)	Assigned by Sending Entity (MBD)	The specific Control Number assigned by CMS to the 4Rx Response File. CMS will utilize this value to track the 4Rx Response File through CMS processing and archive. This value will agree with the corresponding value in the Header Record.
Record Count	7	34 ... 40	9(7)	Numeric value greater than Zero.	The total number of Transactions (Detail Records) on the 4Rx Response File. This value will be right-justified in the field, with leading zeros. This value will not include non-numeric characters, such as commas, spaces, dashes, decimals.
FILLER	710	41 ... 750	X(710)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

Table 7.2-3 Record: 4Rx Response Detail Record (Transaction)
 (This record is produced for all 4Rx transactions)
 (From: CMS To: Plans)

Data Field	Length	Position	Format	Valid Values	Field Definition
Record Type	3	1 ... 3	X(3)	"DTL"	This field will be set to the value "DTL," which indicates that this is a detail record.
Original Detail Record	112	4 ... 115	X(112)	The first 112 positions of the original Detail Record (Transaction) supplied by the Sending Entity.	This field provides the meaningfully-populated area of the 4Rx Notification file Transaction (Detail Record) provided by the Sending Entity.
Processed Flag	1	116 ... 116	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 Section 7.3 4Rx Notification File Error Condition Table and Section 7.3-1 Notification Transaction (Detail Record) Error Conditions.
Beneficiary Match Flag	1	117 ... 117	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 to be attempted.	A flag that indicates whether or not the beneficiary in the Transaction (Detail Record) was successfully matched (located) to a beneficiary on the CMS Medicare Beneficiary Database (MBD). See also Section 7.3 4Rx Notification File Error Condition Table and Section 7.3-1 Notification Transaction (Detail Record) Error Conditions.
PBP Enrollment Match Flag	1	118 ... 118	X(1)	"Y" = The PBP enrollment for the beneficiary was successfully matched (located). "N" = The PBP enrollment for the beneficiary was not successfully matched (located).	A flag that indicates whether or not the beneficiary's PBP enrollment was successfully matched (located) on the CMS Medicare Beneficiary Database (MBD). See also Section 7.3 4Rx Notification File Error Condition Table and Section 7.3-1 Notification Transaction (Detail Record) Error Conditions.

Data Field	Length	Position	Format	Valid Values	Field Definition
Record Type Error Return Code	3	119 ... 119	X(3)	See Section 7.3 4Rx Notification File Error Condition Table and Section 7.3-1 Notification Transaction (Detail Record) Error Conditions.	See Section 7.3 4Rx Notification File Error Condition Table and Section 7.3-1 Notification Transaction (Detail Record) Error Conditions.
HICN/RRB Number Error Return Code	3	122 ... 124	X(3)	See Section 7.3 4Rx Notification File Error Condition Table and Section 7.3	See Section 7.3 4Rx Notification File Error Condition Table and Section 7.3 Notification Transaction (Detail Record) Error Conditions.
SSN Error Return Code	3	125 ... 127	X(3)	See Section 7.3 4Rx Notification File Error Condition Table and Section 7.3	See Section 7.3 4Rx Notification File Error Condition Table and Section 7.3 Notification Transaction (Detail Record) Error Conditions.
Date of Birth Error Return Code	3	128 ... 130	X(3)	See Section 7.3 4Rx Notification File Error Condition Table and Section 7.3	See Section 7.3 4Rx Notification File Error Condition Table and Section 7.3 Notification Transaction (Detail Record) Error Conditions.
Rx Bin Error Return Code	3	131 ... 133	X(3)	See Section 7.3 4Rx Notification File Error Condition Table and Section 7.3	See Section 7.3 4Rx Notification File Error Condition Table and Section 7.3 Notification Transaction (Detail Record) Error Conditions.
Rx PCN Error Return Code	3	134 ... 136	X(3)	See Section 7.3 4Rx Notification File Error Condition Table and Section 7.3	See Section 7.3 4Rx Notification File Error Condition Table and Section 7.3 Notification Transaction (Detail Record) Error Conditions.
Rx ID Error Return Code	3	137 ... 139	X(3)	See Section 7.3 4Rx Notification File Error Condition Table and Section 7.3	See Section 7.3 4Rx Notification File Error Condition Table and Section 7.3 Notification Transaction (Detail Record) Error Conditions.
Rx Group Error Return Code	3	140 ... 142	X(3)	See Section 7.3 4Rx Notification File Error Condition Table and Section 7.3	See Section 7.3 4Rx Notification File Error Condition Table and Section 7.3 Notification Transaction (Detail Record) Error Conditions.
Contract Number Error Return Code	3	143 ... 145	X(3)	See Section 7.3 4Rx Notification File Error Condition Table and Section 7.3	See Section 7.3 4Rx Notification File Error Condition Table and Section 7.3 Notification Transaction (Detail Record) Error Conditions.

Data Field	Length	Position	Format	Valid Values	Field Definition
PBP (Plan Benefit Package) Error Return Code	3	146 ... 148	X(3)	See Section 4. 4Rx Notification File Error Condition Table, 4b. Notification Transaction (Detail Record) Error Conditions.	See Section 7.3 4Rx Notification File Error Condition Table and Section 7.3 Notification Transaction (Detail Record) Error Conditions.
PBP Enrollment Effective Date Error Return Code	3	149 ... 151	X(3)	See Section 4. 4Rx Notification File Error Condition Table, 4b. Notification Transaction (Detail Record) Error Conditions.	See Section 7.3 4Rx Notification File Error Condition Table and Section 7.3 Notification Transaction (Detail Record) Error Conditions.
Detail Record Sequence Number Error Return Code	3	152 ... 154	X(3)	See Section 4. 4Rx Notification File Error Condition Table, 4b. Notification Transaction (Detail Record) Error Conditions.	See Section 7.3 4Rx Notification File Error Condition Table and Section 7.3 Notification Transaction (Detail Record) Error Conditions.
Sending Entity	8	155 ... 162	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.
File Control Number	9	163 ... 171	X(9)	Assigned by Sending Entity	The File Control Number provided by the Sending Part D Organization on the Header Record of the 4Rx Notification File in which the Transaction (Detail Record) was found.
File Creation Date	8	172 ... 179	X(8)	YYYYMMDD	The File Creation Date provided on the Header Record of the 4Rx Notification File in which the Transaction (Detail Record) was found.
FILLER	571	180 ... 750	X(571)	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					

7.2.2 4Rx Response Process

The MBD will analyze a received 4Rx Notification File to determine if the 4Rx Notification File can be accepted or if it must be rejected. The Transactions (Detail Records) of an accepted 4Rx Notification File will be processed and a 4Rx Response File will be created as a result. If a 4Rx Notification File is rejected, then a 4Rx Response File will not be generated.

The MBD will determine if a 4Rx Notification File shall be accepted or rejected based upon the Notification File Error Conditions as documented in Section 7.3 Notification File Error Conditions. Upon determining if a 4Rx Notification File is to be accepted or rejected, the MBD will generate an email acknowledgement of receipt conveying this outcome.

- If the 4Rx Notification File has been accepted, the email notification shall inform the Sending Entity that the specific 4Rx Notification File has been accepted and shall be processed.
- If the 4Rx Notification File has been rejected, the email notification shall inform the Sending Entity of the first File Error Condition which had caused the 4Rx Notification File to be rejected. The original file will not be returned.

This email acknowledgement/notification will be issued to the Sending Entity.

The MBD shall process all Transactions (Detail records) of an accepted 4Rx Notification File. Each Transaction shall be uniquely identified and tracked throughout the MBD processing service by the combination of the Sending Entity Name, File Control Number, File Creation Date, and Detail Record Sequence Number as provided by the Sending Entity on the 4Rx Notification File. As documented in Section 7.2, each Detail record of the 4Rx Response File maintains these four critical fields.

When the MBD processes a Transaction, the MBD first verifies that all critical data is provided and valid on the record (See Section 7.1 4Rx Notification File / Record Formats).

- If all Critical data elements are not provided, subsequent MBD processing will be terminated for that transaction including any attempt to locate (perform match) the Beneficiary on the MBD (i.e. verify Medicare entitlement). The Processed Flag in the 4Rx Response Detail Record will be set to "N" and the Beneficiary Match Flag will have a space. The PBP Enrollment Match Flag will have a space. All Error Return Codes will be assigned the appropriate values (see Section 7.3 4Rx Notification Transaction (Detail Record) Error Conditions).
- If all Critical data elements are provided, the MBD will then attempt to perform a Beneficiary Match, in which the beneficiary identifying fields on the Transaction are utilized to locate a single beneficiary on the MBD and verify Medicare entitlement.
- If a Beneficiary match is found, the Beneficiary Match Flag in the 4Rx Response (detail) Record will be set to "Y". All Error Return Codes will be assigned the

appropriate values (see Section 7.3 4Rx Notification Transaction (Detail Record) Error Conditions). The Processing Flag and PBP Enrollment Match Flag will be assigned values based upon whether or not the beneficiary's Part D enrollment is located successfully in the MBD.

- If the beneficiary is not matched, the Beneficiary Match Flag will be set to "N." All Error Return Codes will be assigned the appropriate values (see Section 7.3 4Rx Notification Transaction (Detail Record) Error Conditions). The Processing Flag and PBP Enrollment Match Flag will be assigned values based upon whether or not the beneficiary's Part D enrollment is located successfully in the MBD.

If the MBD *successfully locates* the beneficiary on the database tables, then the MBD will attempt to locate (verify) the beneficiary's Plan Benefit Package enrollment through the PBP Number, Contract Number, and PBP Enrollment Effective Date supplied on the 4Rx Notification File Transaction (Detail Record). The MBD will verify that the information in the Transaction (Detail Record) is existing enrollment data by successfully locating a single matching PBP enrollment period for the beneficiary. The MBD will then perform the following steps:

- Update (replace) the beneficiary's prescription drug coverage field values for the election period with the four Rx field values supplied on the Transaction (Detail Record); MBD will not be keeping history of any changes to these fields;
- Create a Detail Record to be returned to the Sending Entity in a 4Rx Response File as specified in Section 7.2 4Rx Response File / Record Formats;
- Assign values to the Match Flag fields as defined in Section 7.2 and Section 7.3; and
- Set the Processed Flag in the 4Rx Response (detail) Record to "Y."

If the MBD is *unsuccessful in locating* (i.e. unsuccessful in verifying Medicare entitlement for) the beneficiary on the database tables, or if the 4Rx Notification Transaction (Detail Record) contains one or more critical errors (e.g. a critical field is invalid), then the MBD will perform the following steps:

- Create a Detail Record to be returned to the Sending Entity in a 4Rx Response File containing the data fields as specified in Section 7.2 Rx Response File / Record Formats;
- Assign values to the Match Flag fields as defined in Section 7.2 and Section 7.3; and
- Set the Processed Flag in the 4Rx Response (detail) Record to "N."

The error conditions that could prevent a 4Rx Notification Transaction from being processed by the MBD are described in Section 7.3.

The 4Rx Response File will conform to the following file naming conventions.

For Sterling Electronic Mailbox (Gentran) users:

P#MBD.#RXN4.XXXXX.OUT.RESPONSE.pn

XXXXX

The 5-position Contract Identifier of the Sending Entity on the incoming 4Rx Notification File.

The value **pn** is a Processing Number of varying length assigned to the file by Sterling Mailbox (Gentran).

For Connect:Direct (NDM) users:

ZZZZZZZZ.#RXN4.XXXXX.OUT.RESPONSE

ZZZZZZZZ

High level qualifier that can be up to 8 characters.

XXXXX

The 5-position Contract Identifier of the Sending Entity.

The 4Rx Response File will be issued to the Sending Entity in the same transmission mechanism that the Sending Entity had utilized to deliver the 4Rx Notification File to CMS. This mechanism is either through the Sterling Mailbox (Gentran) or through NDM (Connect Direct).

7.3 4Rx Notification Error Condition Table

7.3.1 File Error Conditions

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

Table 7.3-1 4Rx Notification File Error Conditions Table

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

7.3.2 Transaction (Detail Record) Error Conditions

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

Table 7.3-2 Transaction Error Conditions Flag Fields Table

FLAG	FLAG CODE	FLAG CODE RESULT	FLAG RESULT CONDITION
Processed Flag	Y	The Transaction was accepted for processing.	All critical fields on the Transaction were populated with valid values.
	N	The Transaction was not accepted for processing.	At least one critical field on the Transaction was populated with a value other than the prescribed valid values.
Beneficiary Match Flag	Y	The beneficiary on the Transaction was successfully located in the Medicare Beneficiary Database (MBD).	The beneficiary was successfully located by the combination of the Health Insurance Claim Number (HICN) (or Railroad Retirement Board Number RRB), the Social Security Number, the Date of Birth and gender.
	N	The beneficiary on the Transaction was not successfully located in the Medicare Beneficiary Database (MBD).	The beneficiary was not successfully located by the combination of the Health Insurance Claim Number (HICN) (or Railroad Retirement Board Number RRB), the Social Security Number, the Date of Birth and gender.
	SPACE	No attempt made to locate the beneficiary on the Medicare Beneficiary Database (MBD).	Insufficient valid data was provided on the Transaction in order to support the beneficiary match algorithm.
PBP Enrollment Match Flag	Y	The beneficiary's PBP enrollment on the Transaction was successfully located in the Medicare Beneficiary Database (MBD).	The beneficiary's PBP enrollment was successfully located by the combination of the Contract Number, PBP Number, PBP Enrollment Effective Date.

FLAG	FLAG CODE	FLAG CODE RESULT	FLAG RESULT CONDITION
	N	The beneficiary's PBP enrollment on the Transaction was not successfully located in the Medicare Beneficiary Database (MBD).	The beneficiary's PBP enrollment was not successfully located (verified) by the combination of the Contract Number, PBP Number, PBP Enrollment Effective Date.

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.

Table 7.3-3 Transaction Level Error Conditions Table

ERROR FIELD	ERROR CODE	ERROR MESSAGE	ERROR CONDITION
Record-Type-ERC	000	Record Type is valid.	Record-type = "DTL02"
	001	Record Type is invalid.	Record-type not = "DTL02". Record Type is not provided.
HICN-RRB-Num-ERC	000	HICN-RRB-NUM is valid.	HICN-RRB-NUM is in a valid format.
	001	HICN-RRB-NUM is invalid.	HICN-RRB-NUM is in an invalid format. HICN-RRB Number is not provided.
SSN-ERC	000	SSN is valid.	SSN is in a valid format.
	001	SSN is invalid.	SSN is in an invalid format. SSN is not provided.
DOB-ERC	000	DOB is valid.	DOB is in a valid format.

ERROR FIELD	ERROR CODE	ERROR MESSAGE	ERROR CONDITION
	001	DOB is invalid.	DOB could have any of the following error conditions: Format not CCYYMMDD Date is GT system date CCYY spaces, before 1890, greater than current CCYY DD spaces or not 01 - 31 MM spaces or not 01-12. Date of Birth not provided
Rx-Bin-ERC	000	Rx-Bin is valid.	Rx-Bin is provided.
	001	Rx-Bin is invalid.	Rx-Bin is non-numeric. Rx-Bin not provided.
Rx-PCN-ERC	000	Rx-PCN is valid.	Rx-PCN is provided.
	001	Rx-PCN is invalid.	Rx-PCN is spaces.
Rx-ID-ERC	000	Rx-ID is valid.	Rx-ID is provided.
	001	Rx-ID is invalid.	Rx-ID is not provided.
Rx-Group-ERC	000	Rx-Group is valid.	Rx-Group is provided.
	001	Rx-Group is invalid.	Rx-Group is equal to spaces. Rx-Group is not provided
Contract-Number-ERC	000	Contract Number is valid.	Contract Number is provided.
	001	Contract Number is invalid	Contract Number is not provided.
PBP-Number-ERC	000	PBP Number is valid.	PBP Number is provided.
	001	PBP Number is invalid	PBP Number is not provided.
PBP-Enrollment-Effective-Date-ERC	000	PBP-Enrollment-Effective-Date is valid.	PBP-Enrollment-Effective-Date is in a valid format.

ERROR FIELD	ERROR CODE	ERROR MESSAGE	ERROR CONDITION
	001	PBP-Enrollment-Effective-Date is invalid.	PBP-Enrollment-Effective-Date is in an invalid format or contains spaces.

Section 8 — Accessing the MA-PD/Cost Plan Full Dual File

CMS will provide MA organizations and Cost Plans a monthly file of their enrollees who are full-benefit dual eligibles, for purposes of facilitating their enrollment into the Medicare Part D benefit. CMS will make the file available on approximately the fifth of each month. The file will be sent monthly from September 2005 through March 2006. MA organizations and Cost Plans will retrieve the September and October files the way they currently retrieve files from MMCS, i.e., off the mainframe. CMS will provide direction, at a later date, on how files from November through March will be made available.

Starting November 2005 through March 2006, the file name will be P#MBD.#ADUA4.xxxxx.OUT.NOTIF.GnnnnV00, where “xxxxx” is the organization’s five-character Contract ID number (i.e., starting with H, R, or 9, and followed by four numbers). The “nnnn” equals the exact generation of the file starting as 0001 and increasing by 1 for each execution of the Full dual monthly process. Based on the 3 connectivity methods the file name will be transmitted under the following names:

- Gentrans mailbox: P#MBD.#ADUA4.xxxxx.OUT.NOTIF.pn (pn= process number)
- Connect:Direct (Mainframe): zzzzzzzz.#ADUA4.xxxxx.OUT.NOTIF (zzzzzzz = Site specific High Level Qualifier)
- Connect:Direct (Non-Mainframe): \[directory]\P#MBD.#ADUA4.xxxxx.OUT.NOTIF (directory = site specific directory name)

Please reference Appendix I.20 - Auto and Facilitated Enrollment Address Data File Report, for how this data should be used and Section 5 of this guide for the file format. (This information is on the CMS website at <http://www.cms.hhs.gov/healthplans/letters/systemsletternumber3.pdf>). Please note that MA organizations that will only offer MA-PD plans in 2006 will not need to use this file to auto-enroll, as all their enrollees, including full-benefit dual eligibles, will be transitioned to an MA-PD plan effective January 1, 2006. The plan must submit transaction type 71 if the PBP# is changing for the member, or transaction type 72 if the PBP# is remaining the same. CMS requires the premium related information be submitted for the members. In addition, Cost Plans that will not offer a Part D optional supplemental benefit will not use this file, as CMS will auto-enroll their full-benefit dual eligibles into stand-alone Prescription Drug Plans (PDPs).

Section 9 — Cost Plan Auto-Enrollment Clarification

CMS has directed Cost Plans that offer a Part D optional supplemental benefit to auto-enroll full-benefit dual eligibles into that benefit. Please see the July 5, 2005 Systems letter for more detail (on our website at <http://www.cms.hhs.gov/healthplans/letters/systemsletternumber3.pdf>, see specifically pages 7-9). These pages can also be found in Appendix I.20 - Auto and Facilitated Enrollment Address Data File Report.

When a Cost Plans auto-enrolls a current full-benefit dual eligible member to a drug PBP, submit a 71 transaction to move the member from the non-drug PBP to the drug PBP. Include the election type of "S" (Special Election Period) and Part D premium-related information.

If a full-benefit dual eligible current member (who has been auto-enrolled by the Plan to a drug PBP) elects to affirmatively decline auto-enrollment into the drug PBP (i.e., drop Part D), but stay in the Cost Plan, submit a 71 transaction to move the member from the drug PBP back to the non-drug PBP.

Section 10 — Reporting Coordination of Benefits (COB) Data

CMS will provide COB information for your enrollees via the record layouts in this section. This file can be provided as often as daily but it will contain only members for whom there is COB information available. For each member on the file, there can be multiple records associated with primary and supplemental insurers. This section also defines the order of the records in the file.

10.1 COB File Data Element Definitions and Instructions for Part D Plans

This section defines and provides instructions on the use of data elements found in the COB File Formats. The COB File contains the Other Health Insurance (OHI) information of enrollees in that Part D Plan. The OHI information contained in the COB File has been collected by the COB Contractor through its VDSAs, COBAs, and other data exchanges with non-Part D payers (PBMs, insurers, Employer GHP sponsors, State programs); questionnaires filled out by beneficiaries, employers, and providers; and from leads submitted from Part D Plans and other Medicare contractors. The information collected by the COB Contractor and provided to the Part D Plan is meant to assist the Part D Plan in fulfilling its requirement to coordinate with OHI.

The COB File consists of a Detail (DTL) record identifying the Part D Plan's Contract Number, the Plan Benefit Package number, and identifying information for the enrollee whose OHI is contained in the records attached to the DTL record. Two types of records may be subordinate (attached) to the DTL record: up to twenty (20) Primary (PRM) records and up to twenty (20) Supplemental (SUP) records. PRM records contain OHI that is primary to Part D. "Primary" does not necessarily refer to a single primary insurance, but to all occurrences of insurance that are statutorily required to pay prior to (primary to) Part D. There may be multiple occurrences of primary insurance. Each occurrence of primary insurance will be contained in PRM records subordinate to the DTL record. SUP records contain all supplemental insurance that pays after (supplemental to) Part D. Each occurrence of supplemental insurance will be contained in SUP records subordinate to the DTL record.

The COB File will contain full-record replacements for enrollees with newly discovered or changed OHI. If an enrollee's OHI record has been added, changed, or deleted, this will trigger a full replacement of that enrollee's DTL and subordinate PRM and SUP records. The Part D Plan will replace its entire existing OHI profile for an enrollee with the most recent DTL and subordinate PRM and SUP records for that enrollee.

The Medicare Beneficiary Database (MBD) sends the COB File to Part D Plans via the MARx system. The COB File is automatically sent to Part D Plans when, at enrollment, the MBD already contains OHI information on that enrollee. For instance, if an individual has OHI, disenrolls from Part D Plan A, and then enrolls in Part D Plan B, all of the OHI that the MBD held and had previously sent to Plan A will be automatically sent to Plan B in the COB File.

The COB File will be sent out to Part D Plans as the COB Contractor collects OHI and applies records to the MBD. This can occur as often as daily. The Part D Plan may or may not receive the COB File daily, and if it does it will only receive records for enrollees with changed or newly discovered OHI. Most of the data exchanges that the COB Contractor administers for CMS are on a monthly frequency. Each data exchange partner has its own submission schedule, however. The COB Contractor can receive file submissions from data exchange partners on any given day. The COB Contractor conducts development (phone calls, mailed questionnaires) on a continual

basis. The COB Contractor may apply records originating from development or data exchanges to the MBD any day. As soon as the records are applied to the MBD, the COB File will be sent to the Part D Plan of the enrollee with OHI.

The Part D Plan will use the elements contained in the PRM and SUP records to make payment determinations, recover mistaken payments, identify whether or not payments made by OHI count towards TrOOP, and to populate the reply to the pharmacy.

The CMS is currently drafting specific guidelines for secondary payments by Part D Plans and recovery of mistaken payments made by the Part D Plan when another insurance was statutorily required to make primary payment. The Medicare Secondary Payer (MSP) rules can be found at 42 U.S.C. § 1395y(b). Under provisions found in § 1860D-2(a) (4) of the MMA, the MSP rules have been incorporated in the MMA and are applicable to Part D Plans as payers of Medicare benefits and to non-Part D GHP and non-GHP prescription drug payers that meet the MSP rules.

In some cases, the Part D plan will make mistaken primary payments (if the COB Contractor, CMS, and the Part D plan are all unaware of any primary coverage). Under other circumstances, the Part D plan will make conditional payments. These circumstances include:

- When the Part D plan is aware that the enrollee has WC/no-fault/liability coverage but does not know whether the drugs for which a bill is sent are related to the WC/no-fault/liability incident;
- When the Part D plan has learned of potential primary coverage and has sent information to the COBC for development and *it chooses to wait for validation* before considering itself a secondary payer. Note that this option is entirely up to the plan; it may act as a secondary payer immediately or wait for validation, depending upon how confident it is that the information it received is valid;
- When the Part D plan is aware that the primary WC/no-fault/liability coverage applies but the primary payer will not make prompt payment.

When these mistaken or conditional primary payments are made, the Part D plan *is required to* recover the primary payment from the relevant employer, insurer, WC/no-fault/liability carrier, or enrollee. The Part D plan will also be subject to audit or reporting requirements. CMS is currently writing and will shortly publish further guidance on these and other Medicare Secondary Payer procedures.

10.2 PRM Record Layout Elements

OHI contained in the PRM record is primary to (pays before) Part D. The following are definitions and instructions on the use of elements contained in the PRM record layout. Some of the PRM record layout elements are the same as elements contained in the SUP record layout (* indicates that the element is found in both), but may have slightly different definitions and instructions. Not all element fields will be populated, depending on the information that the COB Contractor possesses when it applied the record to the MBD.

RxID Number*

The NCPDP standard Rx Identification Number used for network drug benefit of the primary insurance. The Part D Plan displays this in the reply to the pharmacy. It may be used to identify an individual in the recovery of mistaken payments. CMS will provide guidance for recoveries to Part D Plans.

RxGroup Number*

The NCPDP standard Rx Group Number used for network drug benefit of the primary insurance. The Part D Plan displays this in the reply to the pharmacy. It may be used to identify an individual in the recovery of mistaken payments, as well.

RxBIN Number*

The NCPDP standard International Benefit Identification Number used for network drug benefit routing of the primary insurance. The Part D Plan displays this in the reply to the pharmacy. It may be used to identify an individual in the recovery of mistaken payments, as well.

RxPCN Number*

The NCPDP standard Processor Control Number used for network drug benefit routing of the primary insurance. The Part D Plan displays this in the reply to the pharmacy. It may be used to identify an individual in the recovery of mistaken payments, as well.

Rx Plan Toll Free Number*

The help desk number of the pharmacy benefit of the primary insurance. The Part D Plan displays this in the reply to the pharmacy.

Sequence Number*

The unique identifier for the primary PRM occurrence. This may be used to identify the PRM occurrence when inquiring about a record to the COB Contractor.

COB Source Code*

The code for the COB Contractor, Common Working File, and MBD are used to identify which process the COB Contractor received primary insurance information from. This may be used for customer service and when inquiring about a record to the COB Contractor.

MSP Type

The reason for Medicare Secondary Payer, i.e., why the insurance is primary to Medicare. For GHP MSP Reason codes (A, B, G), the Part D Plan rejects primary payment. The GHP is statutorily required to make primary payment. The Part D Plan makes secondary payment. For non-GHP MSP Reason codes (C, D, E, F, H, I, L), the Part D Plan makes conditional primary payment, as these MSP types may be incident related, so without a diagnosis code the Part D Plan can not determine whether or not the non-GHP insurance is primary for that particular claim, unless the Part D Plan is certain that the claim is related to the incident. If the Part D Plan is certain that the claim is incident related, and that primary insurance for this incident exists, it should reject primary payment in the same way it rejects GHP MSP primary insurance. If the Part D Plan makes a conditional primary payment, it must reconcile with the non-GHP insurance post point of sale.

Coverage Code*

Identifies whether the coverage offered by the primary insurance is a network drug or non-network drug benefit. When the primary insurance is a network drug benefit coverage type (U), the record will include routing information (BIN and possibly PCN). When the primary insurance is a non-network drug benefit coverage type (V & Z) the Group and Individual Policy Number Fields may be populated.

Insurer's Name*

The name of the primary insurance carrier. It may be used in the recovery of mistaken payments, as well. CMS will provide guidance for recoveries to Part D Plans.

Insurer's Address-1*

Insurer's Address-2*

Insurer's City*

Insurer's State*

Insurer's Zip Code*

The Address, city, state, and zip code of the primary insurance carrier. It may be used in the recovery of mistaken payments, as well. CMS will provide guidance for recoveries to Part D Plans.

Insurer TIN

The Tax Identification Number (TIN) of primary insurance carrier. It may be used in the recovery of mistaken payments, as well. CMS will provide guidance for recoveries to Part D Plans.

Individual Policy Number*

The Individual Policy Number used for non-network drug benefit primary insurance. The Part D Plan uses this to identify non-network drug benefit primary insurance. It may be used to identify an individual in the recovery of mistaken payments, as well. CMS will provide guidance for recoveries to Part D Plans.

Group Policy Number*

The Group Policy Number used for non-network drug benefit primary insurance. The Part D Plan uses this to identify non-network drug benefit primary insurance. It may be used to identify an individual in the recovery of mistaken payments, as well. CMS will provide guidance for recoveries to Part D Plans.

Effective Date*

The Medicare Secondary Payer start date. For MSP types D, E, L it identifies the date of the accident, illness, or injury.

Termination Date*

Medicare Secondary Payer end date. Identifies whether or not the primary insurance has terminated. If the insurance is open, the field will be populated with all zeros.

Relationship Code*

Relationship to primary insurance policyholder used for MSP determinations.

- 01=Self
- 02=Spouse
- 03=Child
- 04=Other

Payor ID*

Future

Person Code*

The NCPDP standard Person code the plan uses to identify specific individuals on the primary insurance policy. Used for routing of network drug benefit. The Part D Plan

displays this in the reply to the pharmacy. It may be used in the recovery of mistaken payments, as well.

Payer Order*

The order of payment for primary insurance. The Part D Plan displays in the reply to the pharmacy in order according to Payment Order Indicator. The lowest number in ascending order (001 to 400) is the first primary insurance to be displayed in the reply to the pharmacy. OHI with a payment order less than 401 will be displayed prior (primary to) to the Part D Plan. The rules that the COB Contractor will use to assign the Payer Order are attached for reference.

Policy Holder's First Name

The first name of the primary GHP (MSP Types: A, B, G) insurance policy holder. It may be used in the recovery of mistaken payments, as well. CMS will provide guidance for recoveries to Part D Plans.

Policy Holder's Last Name

The Last name of the primary GHP (MSP Types: A, B, G) insurance policy holder. It may be used to identify an individual in the recovery of mistaken payments, as well. CMS will provide guidance for recoveries to Part D Plans.

Policy Holder's SSN

The Social Security Number of the primary GHP (MSP Types: A, B, G) insurance policy holder. It may be used to identify an individual in the recovery of mistaken payments, as well. CMS will provide guidance for recoveries to Part D Plans.

Employee Information Code

Not used.

Employer's Name

The name of Employer sponsor of primary GHP (MSP Reason codes: A, B, G) insurance. It may be used in the recovery of mistaken payments, as well. CMS will provide guidance for recoveries to Part D Plans.

Employer's Address 1
Employer's Address 2
Employer's City
Employer's State
Employer's Zip Code

The address, city, state, and zip code of the Employer sponsoring the primary GHP (MSP Reason codes: A, B, G) insurance. It may be used in the recovery of mistaken payments, as well. CMS will provide guidance for recoveries to Part D Plans.

Claim Diagnosis Code 1
+Claim Diagnosis Code 2
Claim Diagnosis Code 3
Claim Diagnosis Code 4
Claim Diagnosis Code 5

ICD-9-CM Diagnosis code – International Classification of Diseases, 9th Edition, Clinical Modification. Official system of assigning codes to diagnoses and procedures associated with hospital utilization in the U.S. National Center for Health Statistics and CMS are the U.S. governmental agencies responsible for overseeing all changes to the ICD-9-CM. No instructions at this time.

Attorney's Name

The name of the attorney handling the incident related case (MSP Types D: Automobile Insurance, No Fault, E: Workers' Compensation, L: Liability) for the enrollee. It may be used in the recovery of mistaken payments, as well. CMS will provide guidance for recoveries to Part D Plans.

Attorney's Address 1
Attorney's Address 2
Attorney's City
Attorney's State
Attorney's Zip

The address of the attorney. It may be used in the recovery of mistaken payments, as well. CMS will provide guidance for recoveries to Part D Plans.

Lead Contractor

The assigned lead Medicare claims payment contractor responsible for developing, tracking and recovering Medicare payments made where the enrollee received payments from a liability insurer. It may be used in the recovery of mistaken payments, as well. CMS will provide guidance for recoveries to Part D Plans.

Class Action Type

Assigned where liability case is a class action lawsuit involving more than one Medicare beneficiary.

Administrator Name

The administrator of Workers' Compensation (WC) Set Aside Settlement that CMS will bill for payment of future claims related to the incident that allowed the enrollee to receive WC benefits. CMS is developing payment and recovery rules for Worker's Compensation Set-Asides.

Administrator Address 1

Administrator Address 2

Administrator City

Administrator State

Administrator Zip

The address, city, state, and zip code of the WC Set-Aside Settlement. CMS is developing payment and recovery rules for Worker's Compensation Set-Asides.

WCSA Amount

Worker's Compensation Set-Aside Amount. CMS is developing payment and recovery rules for Worker's Compensation Set-Asides.

WCSA Indicator

Worker's Compensation Set-Aside Indicator. CMS is developing payment and recovery rules for Worker's Compensation Set-Asides.

10.3 SUP Record Layout Elements

OHI contained in the SUP record is supplemental to (pays after) Part D. The following are definitions and instructions on the use of elements contained in the SUP record layout. Some of the SUP record layout elements are the same as elements contained in the PRM record layout, but may have slightly different definitions and instructions. Not all element fields will be populated, depending on the information that the COB Contractor possesses when it applied the record to the MBD.

RxID Number*

The NCPDP standard Rx Identification Number used for network drug benefit of the supplemental insurance. The Part D Plan displays this in the reply to the pharmacy.

RxGroup Number*

The NCPDP standard Rx Group Number used for network drug benefit of the supplemental insurance. The Part D Plan displays this in the reply to the pharmacy.

RxBIN Number*

The NCPDP standard International Benefit Identification Number used for the network drug benefit routing of supplemental insurance. The Part D Plan displays this in the reply to the pharmacy.

Rx Plan Toll Free Number*

The help desk number of the pharmacy benefit. The Part D Plan displays this in the reply to the pharmacy.

Sequence Number*

The unique identifier for the supplemental SUP occurrence. This may be used to identify the SUP occurrence when inquiring about a record to the COB Contractor.

COB Source Code*

The code the COB Contractor, Common Working File, and MBD use to identify which process the COB Contractor received supplemental insurance information from. This may be used for customer service and when inquiring about a record to the COB Contractor.

Supplemental Type Code

The type of supplemental insurance contained in the record. The Part D Plan will use this to determine if the payments made by this supplemental insurance counts towards TrOOP or not. Supplemental Insurance Type Codes P (PAP), Q (SPAP), R (Charity) count towards TrOOP. All other codes do not count towards TrOOP.

Coverage Code*

Identifies whether the drug benefit offered by supplemental insurance is a network drug or non-network drug benefit. When the supplemental insurance is a network drug benefit coverage type (U), the record will include routing information (BIN and possibly PCN). When the supplemental insurance is a non-network drug benefit coverage type (V & Z) the Group and Individual Policy Number Fields will be populated.

Insurer's Name*

The name of the supplemental insurance carrier. The Part D Plan uses this to identify supplemental insurance carrier.

Insurer's Address-1*

Insurer's Address-2*

Insurer's City*

Insurer's State*

Insurer's Zip Code*

The address, city, state, and zip code of the supplemental insurance carrier. This may be used for customer service.

Individual Policy Number*

The Individual Policy Number used for non-network drug benefit supplemental insurance. The Part D Plan uses to identify non-network drug benefit supplemental insurance.

Group Policy Number*

The Group Policy Number used for non-network drug benefit supplemental insurance. The Part D Plan uses to identify non-network drug benefit supplemental insurance.

Effective Date*

The supplemental insurance start date.

Termination Date*

The supplemental insurance end date. Identifies whether or not the supplemental insurance has terminated. If the insurance is open, the field will be populated with all zeros.

Relationship Code*

Relationship to supplemental insurance policyholder. No instructions at this time.

Payor ID*

Future

Person Code*

The NCPDP standard Person code the supplemental insurance uses to identify specific individuals on the supplemental insurance policy. Used for routing of network drug benefit. The Part D Plan displays this in the reply to the pharmacy.

Payer Order*

The order of payment for supplemental insurance. The Part D Plan displays in the reply to the pharmacy in order according to the Payment Order Indicator. The lowest number in ascending order (401 to 999) is the first supplemental insurance to be displayed in the reply to the pharmacy. OHI with a payment order greater than or equal to 401 will be displayed after (secondary/supplemental to) the Part D Plan. The rules that the COB Contractor will use to assign the Payer Order are in **Table 10.3-1**.

Table 10.3-1 Payment Order Rules

Payment Order Range	Payment Type	MSP Reason	Supplemental Insurance Type	Coverage (to Medicare)
001 – 100	GHP w/ Patient Relationship= 1	A, B, G		Primary
101 – 200	GHP w/ Patient Relationship>= 2	A, B, G		Primary
201 – 300	Non-GHP	C, D, E, F, H		Primary
301 – 400	For Future Use			N/A
401 – 500	Secondary Insurer w/ Person Code = 1		L, M, O,	Secondary
501 – 600	Secondary Insurer w/ Person Code>= 2		L, M, O	Secondary
601 – 700	Federal Government Programs		T, 2	Secondary
701 – 800	ADAPs, PAPs, Charities		N, P, R, S	Secondary
801 – 900	SPAPs		Q	Secondary
901 – 999	Medicaid		1	Secondary

1. The 'Payment Order Indicator' will indicate payment ordering; the lowest number in ascending order (001 to 999) is the first coverage to be billed at the pharmacy.
2. All drug coverages with a payment order less than 401 will be billed (using the COB to MBD – Other Insurance PRM format) prior (primary to) to the Part D Plan; all drug coverages with a payment order greater than or equal to 401 will be billed (using the COB to MBD – Other Insurance SUP format) after (secondary to) the Part D Plan.
3. Employer Group Health Plans (EGHP) will include MSP Types A (Working Aged), B (ESRD) and G (Disabled). These will be applied payment orders in the 001 to 200 range.
4. Non-EGHP will include MSP Types D (Automobile Insurance, No Fault), E (Workers' Compensation), L (Liability) and H (Black Lung). These will have applied payment orders in the 201 to 300 range.
5. If there are two GHPs with a Patient Relationship Code of '1', the GHP with the earlier effective date shall go before the GHP with the later effective date.
6. If there are two GHPs with Patient Relationship Code of '1', and with the same effective date, the GHP with the first accretion date (validated against the date timestamp or DCN) shall go before the later accretion date.
7. If there are two GHPs with Patient Relationship Code of '2' or more, the GHP with the earlier effective date shall go before the GHP with the later effective date.

8. If there are two GHPs with Patient Relationship Code of '2' or more, and with the same effective date, the GHP with the first accretion date (validated against the date timestamp or DCN) shall go before the later accretion date.
9. If there are two insurers with Person Code of '1', the insurer with the first accretion date (validated against the date timestamp or DCN) shall go before the later accretion date.
10. If there are two insurers with Person Code of '2' or more, the insurer with the first accretion date shall go before the later accretion date.
11. If the record represents a supplemental insurer, the Insurance Type code shall determine the order. Within the list of Supplemental Types, those for Federal Government Programs shall take precedence over those for ADAPs, PAPs and Charities, which shall take precedence over those for SPAPs, which shall take precedence over Medicaid.

Table 10.3-2 Detail Records: Indicates the Beginning of a Series of Beneficiary Subordinate Detail Records

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

Record Length = 1000

**Table 10.3-3 Primary Record: Subordinate to Detail Record
(Unlimited Occurrences)**

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

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Data Field	Length	Position	Format	Valid Values
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
Coverage Code*	1	112 ... 112	CHAR	A=Hospital and Medical U=Drug (network benefit) V=Drug with Major Medical (non-network benefit) W=Comprehensive, Hospital, Medical, Drug (network) X=Hospital and Drug (network) Y=Medical and Drug (network) Z=Health Reimbursement Account (hospital, medical, and drug)
Insurer's Name*	32	113 ... 144	CHAR	
Insurer's Address-1*	32	145 ... 176	CHAR	
Insurer's Address-2*	32	177 ... 208	CHAR	
Insurer's City*	15	209 ... 223	CHAR	
Insurer's State*	2	224 ... 225	CHAR	
Insurer's Zip Code*	9	226 ... 234	CHAR	
Insurer TIN	10	235 ... 244	CHAR	
Individual Policy Number*	17	245 ... 261	CHAR	
Group Policy Number*	20	262 ... 281	CHAR	
Effective Date*	8	282 ... 289	ZD	CCYYMMDD
Termination Date*	8	290 ... 297	ZD	CCYYMMDD
Relationship Code*	2	298 ... 299	CHAR	01=Bene is Policy Holder 02=Spouse 03=Child 04=Other
Payor ID*	10	300 ... 309	CHAR	<i>This is a future element</i>
Person Code*	3	310 ... 312	CHAR	
Payer Order*	3	313 ... 315	ZD	
Policy Holder's First Name	9	316 ... 324	CHAR	
Policy Holder's Last Name	16	325 ... 340	CHAR	
Policy Holder's SSN	12	341 ... 352	CHAR	
Employee Information Code	1	353 ... 353	CHAR	P=Patient S=Spouse M=Mother F=Father
Employer's Name	32	354 ... 385	CHAR	

Data Field	Length	Position	Format	Valid Values
Employer's Address 1	32	386 ... 417	CHAR	
Employer's Address 2	32	418 ... 449	CHAR	
Employer's City	15	450 ... 464	CHAR	
Employer's State	2	465 ... 466	CHAR	
Employer's Zip Code	9	467 ... 475	CHAR	
Filler	20	476 ... 495	CHAR	
Employer TIN	10	496 ... 505	CHAR	
Filler	20	506 ... 525	CHAR	
Claim Diagnosis Code 1	10	526 ... 535	CHAR	
Claim Diagnosis Code 2	10	536 ... 545	CHAR	
Claim Diagnosis Code 3	10	546 ... 555	CHAR	
Claim Diagnosis Code 4	10	556 ... 565	CHAR	
Claim Diagnosis Code 5	10	566 ... 575	CHAR	
Attorney's Name	32	576 ... 607	CHAR	
Attorney's Address 1	32	608 ... 639	CHAR	
Attorney's Address 2	32	640 ... 671	CHAR	
Attorney's City	15	672 ... 686	CHAR	
Attorney's State	2	687 ... 688	CHAR	
Attorney's Zip	9	689 ... 697	CHAR	
Lead Contractor	9	698 ... 706	CHAR	
Class Action Type	2	707 ... 708	CHAR	
Administrator Name	32	709 ... 740	CHAR	
Administrator Address 1	32	741 ... 772	CHAR	
Administrator Address 2	32	773 ... 804	CHAR	
Administrator City	15	805 ... 819	CHAR	
Administrator State	2	820 ... 821	CHAR	
Administrator Zip	9	822 ... 830	CHAR	
WCSA Amount	9	831 ... 839	ZD	Integer value
WCSA Indicator	2	840 ... 841	CHAR	
Filler	159	842 ... 1000	CHAR	

Record Length = 1000

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

**Table 10.3-4 Supplemental Record: Subordinate to Detail Record
(Unlimited Occurrences)**

Data Field	Length	Position	Format	Valid Values
Record Type	3	1 ... 3	CHAR	"SUP"
HICN/RRB Number	12	4 ... 15	CHAR	Spaces if unknown
SSN	9	16 ... 24	ZD	000000000 if unknown
Date of Birth (DOB)	8	25 ... 32	CHAR	YYYYMMDD
Gender Code	1	33 ... 33	CHAR	0=unknown, 1 = male, 2 = female

Data Field	Length	Position	Format	Valid Values
RxID Number*	20	34 ... 53	CHAR	
RxGroup Number*	15	54 ... 68	CHAR	
RxBIN Number*	6	69 ... 74	CHAR	
RxPCN Number*	10	75 ... 84	CHAR	
Rx Plan Toll Free Number*	18	85 ... 102	CHAR	
Sequence Number*	3	103 ... 105	CHAR	
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
Supplemental Type Code	1	111 ... 111	CHAR	L=Supplemental M=Medigap N=State Program (Non Qualified SPAP) O=Other P=Patient Assistance Program Q=Qualified State Pharmaceutical Assistance Program (SPAP) R=Charity S=AIDS Drug Assistance Program T=Federal Health Program 1=Medicaid 2=Tricare
Coverage Code*	1	112 ... 112	CHAR	U=Drug (network benefit) V=Drug with Major Medical (non- network benefit)
Insurer's Name*	32	113 ... 144	CHAR	

Data Field	Length	Position	Format	Valid Values
Insurer's Address-1*	32	145 ... 176	CHAR	
Insurer's Address-2*	32	177 ... 208	CHAR	
Insurer's City*	15	209 ... 223	CHAR	
Insurer's State*	2	224 ... 225	CHAR	
Insurer's Zip Code*	9	226 ... 234	CHAR	
Filler	10	235 ... 244	CHAR	Spaces
Individual Policy Number*	17	245 ... 261	CHAR	
Group Policy Number*	20	262 ... 281	CHAR	
Effective Date*	8	282 ... 289	ZD	CCYYMMDD
Termination Date*	8	290 ... 297	ZD	CCYYMMDD
Relationship Code*	2	298 ... 299	CHAR	01=Bene is Policy Holder 02=Spouse 03=Child 04=Other
Payor ID*	10	300 ... 309	CHAR	
Person Code*	3	310 ... 312	CHAR	
Payer Order*	3	313 ... 315	ZD	
Filler	20	316 ... 335	CHAR	
Filler	665	336 ... 1000	CHAR	Spaces

Record Length = 1000

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

Coordination of Benefits is a contract specific report file that is created daily.

Table 10.3-5 General Organization of Records

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

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