



**DATE:** April 10, 2026

**TO:** All Medicare Advantage, Prescription Drug Plan, Cost, PACE, and Demonstration Organizations Systems Staff

**FROM:** Shruti Rajan, Acting Director, Medicare Plan Payment Group Center for Medicare  
  
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**SUBJECT:** Announcement of the MARx Software Release

This letter provides detailed information regarding the planned release of systems changes scheduled for the Medicare Advantage and Prescription Drug system (MARx) in May and June 2026. The updates described in this communication will be included in the May 2026 Plan Communications User Guide (PCUG). Yellow highlighting in this memo indicates changes that will be updated in the PCUG with this software release.

- [1. NEW: Hospice Status Detail Data File \(HSD\) \(May\)](#)
- [2. Monthly Membership Report Detail Data File \(MMRD\) Layout Changes \(June\)](#)

Plans are encouraged to contact the MAPD Help Desk for any issues encountered during the systems update process. Please direct any questions or concerns to the MAPD Help Desk at 1-800-927-8069 or e-mail at [mapdhelp@cms.hhs.gov](mailto:mapdhelp@cms.hhs.gov).

**1. [Implementation of New Hospice Status Detail Data File \(HSD\)](#)**

Beginning in May 2026, CMS will implement a new Hospice Status Detail (HSD) data file in MARx. The purpose of the HSD is to provide plans with a comprehensive source of hospice data that can be used to reconcile plan payments. The report will contain all hospice data that plans receive on the Daily Transaction Reply Report (DTRR). The HSD will be generated monthly and distributed to plans with the rest of the monthly reports around the 20<sup>th</sup> of the month. The first HSD file will be distributed on May 22, 2026. The file will serve as a full replacement each month and will include all hospice periods that overlap with plan enrollment. Each monthly file will include hospice records that overlap with the current calendar month plus the 48 months prior. For example, if Field 6 (Current Calendar Month) in the HSD Header Record is 05/01/2026 then the file will contain hospice records from May 2026 back to May 2022.

## Layout 1: HSD File Layout

### *File Header Record*

Item	Field	Length	Position	Description
1	Record Type	1	1	1 = File Header
2	Contract Number	5	2-6	Contract identification.
3	Start Year	4	7-10	Earliest year associated with the data
4	End Year	4	11-14	Latest year associated with the data.
5	File Generation Date	8	15-22	Date the file was generated. CCYYMMDD
6	Current Calendar Month	8	23-30	Date correlating to the current calendar month. Data provided within the report includes the current calendar month plus the 48 months prior. CCYYMMDD
7	Filler	170	31-200	Spaces

### *Beneficiary Identification Record*

Item	Field	Length	Position	Description
1	Record Type	1	1	2 = Beneficiary Identification Record.
2	Contract Number	5	2-6	Contract identification.
3	Beneficiary ID	12	7-18	Beneficiary Identifier.
4	Last Name	12	19-30	Beneficiary Surname.
5	First Name	7	31-37	Beneficiary First Name.
6	Middle Initial	1	38	Beneficiary Middle Initial.
7	DOB	8	39-46	Beneficiary Birth Date. CCYYMMDD
8	Sex	1	47	Beneficiary Sex Identification Code 0 or Blank = Unknown 1 = Male 2 = Female
9	Filler	153	48-200	Spaces

### *Beneficiary Detail Record*

Item	Field	Length	Position	Description
1	Record Type	1	1	3 = Beneficiary Detail Record(s).
2	Contract Number	5	2-6	Contract identification.

Item	Field	Length	Position	Description
3	Beneficiary ID	12	7-18	Beneficiary Identifier.
4	Plan Benefit Package Number	3	19-21	Beneficiary's PBP ID, spaces if none.
5	Segment Number	3	22-24	Beneficiary's Segment Identification Number, spaces if none.
6	Hospice Start Date	8	25-32	Earliest year associated with the data. CCYYMMDD
7	Hospice End Date	8	33-40	Latest year associated with the data. CCYYMMDD.
8	Hospice Provider Number	13	41-53	The unique identifier for the hospice from which the beneficiary received care.
9	Hospice Revocation Code	2	54-55	This code identifies the election of a beneficiary to terminate the use of hospice.
10	Record Add Timestamp	14	56-69	The date and time that the data was added. CCYYMMDDHHMMSS
11	Record Update Timestamp	14	70-83	The date and time that the data was updated. CCYYMMDDHHMMSS
12	Filler	117	84-200	Spaces

***File Trailer Record***

Item	Field	Length	Position	Description
1	Record Type	1	1	4 = File Trailer.
2	Contract Number	5	2-6	Contract identification.
3	Record Count	7	7-13	Number of records on the data file (count of Type 1, Type 2, Type 3, and Type 4 records). Left padded with zeroes.
4	Beneficiary Record Count	7	14-20	Number of beneficiary records (Type 2) on the data file. Left padded with zeroes.
5	Filler	180	21-200	Spaces

**2. Monthly Membership Report Detail Data File (MMRD) Layout Changes**

CMS will implement a change to the MMR Detail data file layout to expand the Part A, Part B and Part D Risk Adjustment Factor fields from 7 bytes to 8 bytes. This change will go into effect with July 2026 payment. The July MMRD with the updated layout will be distributed to plans on June 22, 2026.

## Layout 2: Updated MMRD File Layout

Item	Field	Length	Position	Description
1.	Contract Number	5	1 - 5	Plan Contract Number
2.	Run Date	8	6 - 13	Date the file was produced (YYYYMMDD)
3.	Payment Date	6	14 - 19	Payment month for the report (YYYYMM)
4.	Beneficiary ID	12	20 - 31	<ul style="list-style-type: none"> <li>• Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then</li> <li>• MBI during and after MBI transition. <ul style="list-style-type: none"> <li>• MBI is 11 characters, left-justified with one space at the end</li> </ul> </li> </ul>
5.	Surname	7	32 - 38	Beneficiary last name
6.	First Initial	1	39	First initial of the beneficiary first name
7.	Sex Code	1	40	Beneficiary's Sex Code M = Male F = Female
8.	Date of Birth	8	41 - 48	Beneficiary date of birth (YYYYMMDD)
9.	Filler	4	49 - 52	Spaces
10.	State & County Code	5	53 - 57	Beneficiary State and County Code
11.	Out of Area Indicator	1	58	Indicator that the beneficiary is Out of Area for the Plan Y = Out of Plan-level service area Space = Not out of area Always Space on Adjustment rows
12.	Part A Entitlement	1	59	Indicator that the beneficiary is entitled to Part A Y = Entitled to Part A Space = Not entitled to Part A
13.	Part B Entitlement	1	60	Indicator that the beneficiary is entitled to Part B Y = Entitled to Part B Space = Not entitled to Part B

Item	Field	Length	Position	Description
14.	Hospice	1	61	Indicator that the beneficiary is in Hospice status Y = Hospice Space = Not in Hospice status
15.	ESRD	1	62	Indicator that the beneficiary has ESRD Y = ESRD Space = Not ESRD
16.	Aged/Disabled MSP	1	63	Indicator that Medicare is Secondary Payer Y = aged/disabled factor applicable to beneficiary N = aged/disabled factor not applicable to beneficiary
17.	Filler	1	64	Spaces
18.	Filler	1	65	Spaces
19.	New Medicare Beneficiary Medicaid Status Flag	1	66	Beneficiary Medicaid Status used for the month being paid or adjusted. Y = Medicaid and a default risk factor was used N = Not Medicaid and a default risk factor was used Space = No default risk factor or beneficiary is Part D only
20.	LTI Flag	1	67	Indicator that beneficiary has Part C Long Term Institutional Status Y = Part C Long Term Institutional Space = Not LTI

Item	Field	Length	Position	Description
21.	Medicaid Add-on Factor Indicator	1	68	<p>Indicator that the Medicaid Add-on was used for this payment or adjustment for a beneficiary:</p> <ul style="list-style-type: none"> <li>• Before 2023 – This field indicates when the Medicaid Add-on factor was used for: <ul style="list-style-type: none"> <li>o PACE,</li> <li>o ESRD, or</li> <li>o LTI risk scores.</li> </ul> </li> <li>• After 2023 – this field indicates when the Medicaid Add-on factor was used for: <ul style="list-style-type: none"> <li>o PACE ESRD, or</li> <li>o Any beneficiary who is in LTI status, enrolled in any plan.</li> </ul> </li> </ul> <p>Y = A RASS supplied Medicaid add-on factor is used in the payment  Space = No Medicaid Add-on was used.</p>
22.	Filler	2	69-70	Spaces
23.	Default Risk Factor Code	1	71	<p>Indicator that a Default Risk Adjustment Factor (RAF) was used for calculating this payment or adjustment.</p> <p>A Default Risk Adjustment Factor (score) is used only if the RASS system did not provide MARx risk scores for this beneficiary. In these cases, MARx assigns a default score based upon "demographics" of the beneficiary.</p> <p>1 = Default Enrollee- Aged/Disabled.  2 = Default Enrollee- ESRD dialysis.  3 = Default Enrollee- ESRD Kidney Transplant- Month 1.  4 = Default Enrollee- ESRD Kidney Transplant - Months 2-3.  5 = Default Enrollee- ESRD Post Graft - Months 4-9.  6 = Default Enrollee- ESRD Post Graft - 10+ Months.  7 = Default Enrollee Chronic Care SNP.</p> <p>Space = The beneficiary is not a default enrollee.</p>
24.	Risk Adjustment Factor A	8	72-79	Part A Risk Adjustment Factor used for the Payment Calculation (NNN.DDDD)
25.	Risk Adjustment Factor B	8	80-87	Part B Risk Adjustment Factor used for the Payment Calculation (NNN.DDDD)

Item	Field	Length	Position	Description
26.	Risk Adjustment Factor D	8	88-95	Part D Risk Adjustment Factor used for the Payment Calculation (NNN.DDDD)
27.	Number of Payment/Adjustment Months Part A	2	96-97	Number of months included in this payment or adjustment for Part A
28.	Number of Payment/Adjustment Months Part B	2	98-99	Number of months included in this payment or adjustment for Part B
29.	Adjustment Reason Code (ARC)	2	100-101	Code that indicates the reason for this adjustment Spaces = prospective payment
30.	Payment/Adjustment Start Date	8	102-109	Earliest date covered by this payment or adjustment (YYYYMMDD)
31.	Payment/Adjustment End Date	8	110-117	Latest date covered by this payment or adjustment (YYYYMMDD)
32.	Filler	8	118-125	Spaces
33.	Monthly Risk Adjusted Amount Part A	9	126-134	Monthly Part A portion of the payment or adjustment dollars (-99999.99).
34.	Monthly Risk Adjusted Amount Part B	9	135-143	Monthly Part B portion of the payment or adjustment dollars (-99999.99)
35.	LIS Premium Subsidy	8	144-151	Low Income Premium Subsidy Amount for the beneficiary (-9999.99)
36.	ESRD MSP Flag	1	152	Indicator that Medicare is a Secondary Payer due to ESRD. <b>As of January 2011:</b> T = MSP due to Transplant/Dialysis P = MSP due to Post Graft Space = ESRD MSP not applicable
37.	Medication Therapy Management (MTM) Add On	10	153-162	The total Medication Therapy Management (MTM) Add-On for the beneficiary (-999999.99)

Item	Field	Length	Position	Description
38.	Part D Manufacturer Discount Program Amount	8	163-170	Amount of the Manufacturer Discount Program Amount included in the payment (-9999.99)
39.	Medicaid Full/Partial/Nondual	1	171	<p>The Medicaid status that is in effect for the month used to determine the appropriate:</p> <ul style="list-style-type: none"> <li>• Non-ESRD community (enrollees in MAOs or PACE organizations) or</li> <li>• ESRD risk factor for a beneficiary (MAOs only; not applicable for beneficiaries enrolled in a PACE organization with ESRD status)</li> </ul> <p>(Medicaid status = Current Payment Month (CPM) minus 3 months)</p> <p>For all other risk scores, this field is informational.</p> <p>1 = Beneficiary is determined to be full or partial Medicaid</p> <p>0 = Beneficiary is not Medicaid (N)</p> <p>Space = This is a retroactive adjustment for a month prior to January 2017.</p>
40.	Risk Adjustment Age Group (RAAG)	4	172-175	<p>The Risk Adjustment Age Group for the beneficiary (BBEE). In general, it is based upon the age as of February 1 of payment year.</p> <p>BB = Beginning Age</p> <p>EE = Ending Age</p> <p><b>Note:</b> This field should be used for all payments after 2007 (and not Item #9).</p>
41.	Part D Selected Drug Subsidy Amount	8	176-183	Amount of the Selected Drug Subsidy included in the payment (-9999.99)
42.	Filler	1	184	Spaces
43.	Plan Benefit Package ID	3	185-187	PBP Number
44.	Filler	1	188	Spaces
45.	Risk Adjustment Factor Type Code	2	189-190	The type of Part C Risk Adjustment Factor used to calculate this payment or adjustment.

Item	Field	Length	Position	Description
				<p>C = Community (Adjustments before 2017; PACE only beginning 1/2017 and ending 12/2019)</p> <p>C1 = Community Post Graft 4-9 (ESRD) (Adjustments before 2023)</p> <p>C3= Community Post Graft 4-9 (ESRD) Full Dual</p> <p>C4= Community Post Graft 4-9 (ESRD) Partial Dual</p> <p>C5= Community Post Graft 4-9 (ESRD) Non-Dual</p> <p>C2 = Community Post Graft 10+ (ESRD) (Adjustments before 2023)</p> <p>C6= Community Post Graft 10+ (ESRD) Full Dual</p> <p>C7= Community Post Graft 10+ (ESRD) Partial Dual</p> <p>C8= Community Post Graft 10+ (ESRD) Non-Dual</p> <p>CF = Community Full Dual</p> <p>CP = Community Partial Dual</p> <p>CN = Community Non-Dual</p> <p>D = Dialysis (ESRD) (Adjustments before 2023)</p> <p>D1 = Dialysis (ESRD) Full Dual</p> <p>D2 = Dialysis (ESRD) Partial Dual or Non-dual</p> <p>E = New Enrollee</p> <p>ED = New Enrollee Dialysis (ESRD)</p> <p>E1 = New Enrollee Post Graft 4-9 (ESRD)</p> <p>E2 = New Enrollee Post Graft 10+ (ESRD)</p> <p>G1 = Graft I (ESRD)</p> <p>G2 = Graft II (ESRD)</p> <p>I = Institutional</p> <p>I3 = Institutional Dialysis (ESRD) Full Dual</p> <p>I4 = Institutional Dialysis (ESRD) Partial or Non-Dual</p> <p>I1 = Institutional Post Graft 4-9 (ESRD) (Adjustments before 2023)</p> <p>I5 = Institutional Post Graft 4-9 (ESRD) Full Dual</p> <p>I6 = Institutional Post Graft 4-9 (ESRD) Partial Dual</p> <p>I7 = Institutional Post Graft 4-9 (ESRD) Non-Dual</p> <p>I2 = Institutional Post Graft 10+ (ESRD) (Adjustments before 2023)</p> <p>I8 = Institutional Post Graft 10+ (ESRD) Full Dual</p> <p>I9 = Institutional Post Graft 10+ (ESRD) Partial Dual</p>

Item	Field	Length	Position	Description
				<p>IA = Institutional Post Graft 10+ (ESRD) Non-Dual  SE = New Enrollee Chronic Care SNP  PA = PACE Dialysis Factor  PN = PACE Community Dialysis (ESRD) Full Dual  PO = PACE Community Dialysis (ESRD) Partial Dual  or  Non-dual  PP = PACE Institutional Dialysis (ESRD) Full Dual  PQ = PACE Institutional Dialysis (ESRD) Partial Dual  or  Non-dual  PB = PACE New Enrollee Dialysis Factor  PC = PACE Community Post Graft 4-9  PR = PACE Community Post Graft 4-9 (ESRD) Full Dual  PS = PACE Community Post Graft 4-9 (ESRD) Partial Dual  PT = PACE Community Post Graft 4-9 (ESRD) Non Dual  PD = PACE Institutional Post Graft 4-9  PU = PACE Institutional Post Graft 4-9 (ESRD) Full Dual  PV = PACE Institutional Post Graft 4-9 (ESRD) Partial Dual  PW = PACE Institutional Post Graft 4-9 (ESRD) Non Dual  PE = PACE New Enrollee Post Graft 4-9  PF = PACE Community Post Graft 10+  PX = PACE Community Post Graft 10+ (ESRD) Full Dual  PY = PACE Community Post Graft 10+ (ESRD) Partial Dual  PZ = PACE Community Post Graft 10+ (ESRD) Non Dual  PG = PACE Institutional Post Graft 10+  P1 = PACE Institutional Post Graft 10+ (ESRD) Full Dual  P2 = PACE Institutional Post Graft 10+ (ESRD) Partial Dual</p>

Item	Field	Length	Position	Description
				P3 = PACE Institutional Post Graft 10+ (ESRD) Non Dual PH = PACE New Enrollee Post Graft 10+ PI = PACE Community Full Dual PJ = PACE Community Partial Dual PK = PACE Community Non-Dual PL = PACE Graft I PM = PACE Graft II <b>Note:</b> The actual RAF values are in fields 24 – 25.
46.	Frailty Indicator (PACE/FIDE SNP only)	1	191	Indicator that a Plan-level Frailty Factor was included in the calculation of the payment or adjustment Y = Frailty Factor Included N = No Frailty Factor
47.	Original Reason for Entitlement Code (OREC)	1	192	The original reason that the beneficiary was entitled to Medicare 0 = Beneficiary insured due to age 1 = Beneficiary insured due to disability 2 = Beneficiary insured due to ESRD 3 = Beneficiary insured due to disability and current ESRD 9 = None of the above
48.	Filler	1	193	Spaces
49.	Segment Number	3	194-196	Segment number for the beneficiary enrolment. 000 = Plan with no segments.
50.	Filler	1	197	Spaces
51.	EGHP Flag	1	198	Indicator that the Plan is an Employer Group Health Plan Y = Employer Group Health Plan N = Not an Employer Group Health Plan
52.	Part C Basic Premium – Part A Amount	8	199-206	The premium amount for determining the MA payment attributable to Part A. (-9999.99)

Item	Field	Length	Position	Description
53.	Part C Basic Premium – Part B Amount	8	207-214	The premium amount for determining the MA payment attributable to Part B. (-9999.99)
54.	Rebate for Part A Cost Sharing Reduction	8	215-222	The amount of the rebate allocated to reducing the beneficiary Part A cost-sharing (-9999.99)
55.	Rebate for Part B Cost Sharing Reduction	8	223-230	The amount of the rebate allocated to reducing the beneficiary Part B cost-sharing. (-9999.99)
56.	Rebate for Other Part A Mandatory Supplemental Benefits	8	231-238	The amount of the rebate allocated to providing Part A supplemental benefits. (-9999.99)
57.	Rebate for Other Part B Mandatory Supplemental Benefits	8	239-246	The amount of the rebate allocated to providing Part B supplemental benefits (-9999.99)
58.	Rebate for Part B Premium Reduction – Part A Amount	8	247-254	The Part A amount of the rebate that is allocated to reducing the beneficiary Part B premium. (-9999.99) This amount is subtracted from payments for one of two reasons. <ul style="list-style-type: none"> <li>1. The beneficiary has ESRD status.</li> <li>2. The beneficiary is enrolled in an Employer Group Plan and is neither Hospice nor ESRD. (Effective 01/01/2020)</li> </ul> For all other beneficiaries, this field is informational.
59.	Rebate for Part B Premium Reduction – Part B Amount	8	255-262	The Part B amount of the rebate that is allocated to reducing the beneficiary Part B premium. (-9999.99) This amount is subtracted from payments for one of two reasons. <ul style="list-style-type: none"> <li>1. The beneficiary has ESRD status.</li> <li>2. The beneficiary is enrolled in an Employer Group Plan and is neither Hospice nor ESRD. (Effective 01/01/2020)</li> </ul> For all other beneficiaries, this field is informational.

Item	Field	Length	Position	Description
60.	Rebate for Part D Supplemental Benefits – Part A Amount	8	263–270	Part A Amount of the rebate allocated to providing Part D supplemental benefits. (-9999.99)
61.	Rebate for Part D Supplemental Benefits – Part B Amount	8	271–278	Part B Amount of the rebate allocated to providing Part D supplemental benefits. (-9999.99)
62.	Total MA Payment or Adjustment Part A	10	279–288	The total Part A portion of the MA payment. (-999999.99)
63.	Total MA Payment or Adjustment Part B	10	289–298	The total Part B portion of the MA payment. (-999999.99)
64.	Total MA Part C Payment or Adjustment	11	299-309	The total MA Part C A/B payment (-9999999.99)
65.	Filler	7	310-316	Spaces
66.	Part D Low-Income Indicator	1	317	Indicator of beneficiary’s Low Income status for the Part D payment or adjustment. Calculations for a Low Income beneficiary include a Part D Low-Income multiplier. Y = beneficiary is Low Income N = beneficiary is not Low Income Spaces = Not applicable
67.	Part D Low-Income Multiplier	7	318-324	The Part D low-income multiplier used in the calculation of the payment or adjustment (NN.DDDD)
68.	Part D Long Term Institutional Indicator	1	325	Indicator of beneficiary Long Term Institutional (LTI) status for the Part D payment or adjustment. A = LTI (aged) D = LTI (disabled) Space = No LTI

Item	Field	Length	Position	Description
69.	Part D Long Term Institutional Multiplier	7	326-332	Part D LTI multiplier used in the calculation of the payment or adjustment (NN.DDDD)
70.	Rebate for Part D Basic Premium Reduction	8	333-340	Amount of the rebate allocated to reducing the beneficiary basic Part D premium. (-9999.99)
71.	Part D Basic Premium Amount	8	341-348	Plan's Part D premium amount. (-9999.99)
72.	Part D Direct Subsidy Amount	10	349-358	Total Part D Direct subsidy amount for the beneficiary. (-999999.99)
73.	Reinsurance Subsidy Amount	10	359-368	The amount of reinsurance subsidy included in the payment (-999999.99)
74.	Low-Income Subsidy Cost-Sharing Amount	10	369-378	The low-income subsidy cost-sharing amount included in the payment. (-999999.99)
75.	Total Part D Payment or Adjustment	11	379-389	The total Part D payment or adjustment for the beneficiary (-999999.99)
76.	Number of Payment/Adjustment Months Part D	2	390-391	Number of months included in this payment or adjustment.
77.	PACE Premium Add On	10	392-401	Total Part D Pace Premium Add-on amount (-999999.99)
78.	PACE Cost Sharing Add-on	10	402-411	Total Part D Pace Cost Sharing Add-on amount (-999999.99)
79.	Part C Frailty Score Factor	7	412-418	Part C frailty factor used in this payment or adjustment calculation. NN.DDDD Spaces = Not applicable Used for PACE, and FIDE SNPs.
80.	MSP Reduction Factor	7	419-425	MSP secondary payer reduction factor used in this payment or adjustment calculation (NN.DDDD) Spaces = Not applicable

Item	Field	Length	Position	Description
81.	MSP Reduction Amount – Part A	10	426-435	MSP reduction amount Part A. (9999999.99) Reported as a POSITIVE AMT, is actually a NEGATIVE AMT.
82.	MSP Reduction Amount – Part B	10	436-445	MSP reduction amount Part B. (9999999.99) Reported as a POSITIVE AMT, is actually a NEGATIVE AMT.

Item	Field	Length	Position	Description
83.	Medicaid Dual Status Code	2	446-447	<p>This field reports the Medicaid dual status code that is in effect for the month used to determine the appropriate:</p> <ul style="list-style-type: none"> <li>• Non-ESRD community (enrollees in MAOs or PACE organizations) or</li> <li>• ESRD risk score (MAOs only; not applicable for beneficiaries enrolled in a PACE organization with ESRD status). Otherwise, the field is informational.</li> </ul> <p>Entitlement status for the dual eligible beneficiary for the month used when determining Medicaid Status.</p> <p>When Field 39 = 1 or Field 19 = Y:</p> <p>01 = Eligible - entitled to Medicare- QMB only (Partial Dual)</p> <p>02 = Eligible - entitled to Medicare- QMB AND Medicaid coverage (Full Dual)</p> <p>03 = Eligible - entitled to Medicare- SLMB only (Partial Dual)</p> <p>04 = Eligible - entitled to Medicare- SLMB AND Medicaid coverage (Full Dual)</p> <p>05 = Eligible - entitled to Medicare- QDWI (Partial Dual)</p> <p>06 = Eligible - entitled to Medicare- Qualifying individuals (Partial Dual)</p> <p>08 = Eligible - entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB, QDWI or QI) with Medicaid coverage (Full Dual)</p> <p>09 = Eligible - entitled to Medicare – Other Dual Eligibles but without Medicaid coverage (Non-Dual)</p> <p>10 = Other Full Dual</p> <p>99 = Unknown</p> <p>When Field 39 = 0:</p> <ul style="list-style-type: none"> <li>• 00 = No Medicaid Status</li> </ul> <p>When Field 39 is spaces:</p> <ul style="list-style-type: none"> <li>• Spaces</li> </ul>
84.	Part D Coverage Gap Discount Amount	8	448-455	Amount of the Coverage Gap Discount Amount included in the payment (-9999.99)

Item	Field	Length	Position	Description
85.	Part D Risk Adjustment Factor Type	2	456-457	<p>The type of Part D Risk Adjustment Factor used to calculate this payment or adjustment.</p> <p><b><u>Factor types used for January 2011 through December 2024 payments</u></b></p> <p>D1 = Community Non-Low Income Continuing Enrollee,  D2 = Community Low Income Continuing Enrollee,  D3 = Institutional Continuing Enrollee,  D4 = New Enrollee Community Non-Low Income Non-ESRD,  D5 = New Enrollee Community Non-Low Income ESRD,  D6 = New Enrollee Community Low Income Non-ESRD,  D7 = New Enrollee Community Low Income ESRD,  D8 = New Enrollee Institutional Non-ESRD,  D9 = New Enrollee Institutional ESRD,</p> <p><b><u>Existing factor types that will continue to be used for 2025 payments</u></b></p> <p>P1 = PACE New Enrollee Community Low Income Non-ESRD  P2 = PACE New Enrollee Community Non- Low Income Non-ESRD  P3 = PACE New Enrollee Institutional Non-ESRD  P4 = PACE New Enrollee Institutional ESRD  P5 = PACE New Enrollee Community Low Income ESRD  P6 = PACE New Enrollee Community Non- Low Income ESRD  P7 = PACE Community Non- Low Income CONTINUING Enrollee  P8 = PACE Community Low Income Continuing Enrollee  P9 = PACE Institutional Continuing Enrollee</p>

Item	Field	Length	Position	Description
				<p><b><u>New factor types used for payment beginning January 2025</u></b></p> <p>R1 = Community Non-Low Income Continuing Enrollee MAPD</p> <p>R2 = Community Non-Low Income Continuing Enrollee PDP</p> <p>R3 = Community Low Income Continuing Enrollee MAPD,</p> <p>R4 = Community Low Income Continuing Enrollee PDP,</p> <p>I1 = Institutional Continuing Enrollee MAPD, I2= Institutional Continuing Enrollee PDP,</p> <p>N1 = New Enrollee Community Non-Low Income NonESRD MAPD,</p> <p>N2 = New Enrollee Community Non-Low Income NonESRD PDP,</p> <p>N3 = New Enrollee Community Non-Low Income ESRD MAPD,</p> <p>N4 = New Enrollee Community Non-Low Income ESRD PDP,</p> <p>N5= New Enrollee Community Low Income Non-ESRD MAPD,</p> <p>N6= New Enrollee Community Low Income Non-ESRD PDP,</p> <p>N7 = New Enrollee Community Low Income ESRD MAPD,</p> <p>N8 = New Enrollee Community Low Income ESRD PDP,</p> <p>I3 = New Enrollee Institutional Non-ESRD MAPD, I4 = New Enrollee Institutional Non-ESRD PDP, I5 = New Enrollee Institutional ESRD MAPD, I6 = New Enrollee Institutional ESRD PDP,</p> <p>Spaces = Not applicable.</p> <p>Note: The value of the Part D RAF is found in field 67.</p>

Item	Field	Length	Position	Description
86.	Part D Default Risk Factor Code	1	458	<p>The code that indicates the type of Part D Default Risk Factor for beneficiaries with less than 12 months of Medicare Part A entitlement.</p> <p><b><u>Factor types used for January 2011 through December 2024 payments</u></b></p> <p>1 = Not ESRD, Not Low Income, Not Originally Disabled  2 = Not ESRD, Not Low Income, Originally Disabled  3 = Not ESRD, Low Income, Not Originally Disabled  4 = Not ESRD, Low Income, Originally Disabled  5 = ESRD, Not Low Income, Not Originally Disabled  6 = ESRD, Low Income, Not Originally Disabled  7 = ESRD, Not Low Income, Originally Disabled  8 = ESRD, Low Income, Originally Disabled</p> <p><b><u>Factor types used for payment beginning January 2025</u></b></p> <p>A = Not ESRD, Not Low Income, Not Originally Disabled MAPD  B = Not ESRD, Not Low Income, Not Originally Disabled PDP  C = Not ESRD, Not Low Income, Originally Disabled MAPD  D = Not ESRD, Not Low Income, Originally Disabled PDP  E = Not ESRD, Low Income, Not Originally Disabled MAPD  F = Not ESRD, Low Income, Not Originally Disabled PDP  G = Not ESRD, Low Income, Originally Disabled MAPD  H = Not ESRD, Low Income, Originally Disabled, PDP  I = ESRD, Not Low Income, Not Originally Disabled, MAPD  J = ESRD, Not Low Income, Not Originally Disabled,</p>

Item	Field	Length	Position	Description
				PDP K = ESRD, Not Low Income, Originally Disabled, MAPD L = ESRD, Not Low Income, Originally Disabled, PDP M = ESRD, Low Income, Not Originally Disabled, MAPD N = ESRD, Low Income, Not Originally, Disabled, PDP O = ESRD, Low Income, Originally Disabled, MAPD P = ESRD, Low Income, Originally Disabled, PDP Spaces = Not applicable
87.	Part A Monthly Rate for Payment or Adjustment	9	459-467	The Part A Risk Adjusted Rate amount used in the payment or adjustment calculation. (-99999.99) Payments = Rate amount in effect for payment period Adjustments = Rate amount in effect for adjustment period i.e. the updated rate in effect for the adjustment period
88.	Part B Monthly Rate Amount for Payment or Adjustment	9	468-476	The Part B Risk Adjusted Rate amount used in the payment or adjustment calculation. (-99999.99) Payments = Rate amount in effect for payment period Adjustments = Rate amount in effect for adjustment period i.e. the updated rate in effect for the adjustment period
89.	Part D Monthly Rate for Payment or Adjustment	9	477-485	The Part D rate used in the payment or adjustment calculation. (-99999.99) Payments = Rate amount in effect for payment period Adjustments = Rate amount in effect for adjustment period i.e. the updated rate in effect for the adjustment period

Item	Field	Length	Position	Description
90.	Cleanup ID	10	486-495	<p>The Cleanup ID field is used in the event of a cleanup or a RAS overpayment run. It is used to identify the cleanup associated with the record. It is usually the Ticket number for the cleanup or overpayment run.</p> <p>RAS overpayment runs are associated with an ARC 60 or ARC 61 in Field 28.</p> <p>ARC 94 in Field 28 is used to identify clean-ups when no other ARC codes apply.</p> <p>The field will be blank when the record reports:</p> <ul style="list-style-type: none"> <li>• A prospective payment</li> <li>• A non-cleanup adjustment</li> <li>• Any payment or adjustment prior to August 2011.</li> </ul>