

# Plan Communication User Guide for **MEDICARE ADVANTAGE PRESCRIPTION DRUG PLANS**

February 22, 2021

*Revised: March 30, 2021*

**Version 15.0**



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## Change Log

| Section | Change Description  |
|---------|---|
| Global  | <ul style="list-style-type: none"> <li>• Updated the version to 15.0.</li> <li>• Updated revision date to March 30, 2021.</li> <li>• Updated Table of Contents, Layout, Report, Table, Figure, and Section references.</li> </ul>   |
| 1       | Introduction: <ul style="list-style-type: none"> <li>• No Change.</li> </ul>  |
| 2       | Establish Connectivity: <ul style="list-style-type: none"> <li>• Updates to contact information for Risk Adjustment System (RAS) and Encounter Data Systems (EDS) in Table 2-1: Points of Contact by Topic.</li> </ul>  |
| 3       | Eligibility and Enrollment: <ul style="list-style-type: none"> <li>• No Change.</li> </ul>  |
| 4       | Low Income Subside (LIS) Status: <ul style="list-style-type: none"> <li>• No Change.</li> </ul>   |
| 5       | Premium: <ul style="list-style-type: none"> <li>• No Change.</li> </ul>   |
| 6       | Payment: <ul style="list-style-type: none"> <li>• No Change.</li> </ul>   |
| 7       | Outbound Files and Miscellaneous: <ul style="list-style-type: none"> <li>• Updates to Layout 7-3: Part C RA Model Output Detail Record Type C and F (PY2014 – PY2016).</li> <li>• Updates to Layout 7-10: Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2016.</li> </ul> |
| 8       | MARx UI: <ul style="list-style-type: none"> <li>• No Change</li> </ul>  |
| 9       | Glossary and Acronyms: <ul style="list-style-type: none"> <li>• No Change.</li> </ul>   |

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## List of Website Links

The following is a list of website links that are contained in this document. Each one is a hyperlink to the placement in the document where the actual URL of the website can be found and accessed.

- [Agent Broker Compensation website](#)
- [End Stage Renal Disease website](#)
- [Health Plan Management System \(HPMS\) Help Desk website](#)
- [MAPD Help Desk website](#)
  - [Plan Connectivity Preparation](#)
  - [MAPD/MARx Calendars and Schedules](#)
  - [MARx UI Access](#)
- [Medicare Managed Care Manual \(MMCM\)](#)
- [Medicare Managed Care Eligibility and Enrollment website](#)
- [Medicare Health Plans – Part C Eligibility and Enrollment Guidance website](#)
- [Medicare Prescription Drug Eligibility and Enrollment website](#)
- [Prescription Drug Event – Customer Service and Support Center \(CSSC\) website](#)
- [Improving Drug Utilization Review Controls in Part D website](#)
- [Social Security Administration website](#)

## 1 Introduction

The Centers for Medicare & Medicaid Services (CMS) is a federal agency that ensures health care coverage for more than 100 million Americans. The **Medicare Advantage Prescription Drug (MAPD) Plan Communication User Guide (PCUG)** provides information to Medicare Managed Care Plans and Prescription Drug Sponsors (both hereafter referred to as Plans) for the participation in the MAPD Program, the use of the Medicare Advantage Prescription Drug (MARx) User Interface (UI) System, and the exchange of data files and reports between the Plans and CMS.

The PCUG is organized into the following sections:

**Section 2, [Establish Connectivity](#)**, provides instructions for establishing user connectivity to MARx along with methods for exchanging data with CMS.

**Section 3, [Eligibility and Enrollment](#)**, provides information & file layouts used for enrollment and eligibility verification of Medicare beneficiary applications.

**Section 4, [Low Income Subsidy \(LIS\) Status](#)**, provides explanations & data file layouts concerning LIS, including information regarding co-pay levels to ensure Part D Plans charge LIS beneficiaries the correct premium and cost-sharing amounts.

**Section 5, [Premium](#)**, provides information & file layouts on premium and premium withhold processes for beneficiaries.

**Section 6, [Payment](#)**, provides an overview of Part C and Part D payment and payment calculations, including payment related data file layouts and reports.

**Section 7, [Outbound Files and Miscellaneous](#)**, provides the All Transmissions Overview, which lists all of the file and report information exchanged between CMS and the Plans, and also provides information on outbound and miscellaneous files.

**Section 8, [Medicare Advantage Prescription Drug User Interface – MARx UI](#)**, provides information for Plans to access enrollment, eligibility, payment, premium withhold, and 4Rx information for beneficiaries.

**Section 9, [Glossary and Acronyms](#)**, provides a list of terms, definitions, and acronyms used throughout the PCUG.

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## 2 Establish Connectivity

The purpose of this section is to provide guidance to Plans to perform the following:

- Establish Contract Number(s) with CMS.
- Establish access to the MARx User Interface (UI).
- Establish the data exchange process for participation in the MAPD Program.

All new Plans participating in the MAPD Program must receive a contract number(s) from CMS or the Health Plan Management System (HPMS) before they can begin. After obtaining a contract number(s), Plans must register a designated person(s) to enter the Plan's connectivity data into the HPMS Plan Connectivity Data (PCD) Module.

CMS requires a scanned copy of the data entered into the PCD Module, with signature of the Plan External Point of Contact (EPOC) Approver, to be emailed to the [MAPD Help Desk](#) for all contract numbers before any files will be exchanged. Once all contact and connectivity data is entered into the module, Plans can select the “*Create PDF option*” to print the completed PCD form. Only one (1) signed form is required if all new contract numbers will use the same data exchange mechanism (Connect:Direct, TIBCO MFT Internet Server or Third Party Administrator (TPA)); otherwise, separate forms per transfer mechanism are required.

Plans that wish to exchange data with CMS via a T1 line and Connect:Direct software must be complete in the PCD Module. After completing the “*Plan Connectivity Data – General*” form, Plans must also complete the “*Plan Connectivity Data – T1 Connect:Direct /3rd Party*” form within the PCD module. In addition, the Secure Point of Entry (SPOE) ID Request form must be completed and submitted to CMS.

**Note:** In early August of each year, the MAPD Help Desk extracts a list from HPMS of all active contracts for the coming calendar year. Once these contracts are identified, the Help Desk will send an email communication to new Plans advising of the required steps for successfully connecting to CMS to enable file transfer.

Detailed instructions for this process can also be found on the MAPD Help Desk website on the **Plan Connectivity Preparation** page at this link: <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan-Connectivity-Preparation.html>. The following documents are available for download on this page:

- Data Exchange Preparation Procedures (DEPP).
- Plan Connectivity Checklist.
- Secure Point of Entry (SPOE) ID Request Form.
- Enterprise File Transfer (EFT) Partner Server Form.
- External Point of Contact (EPOC) Designation Letter.
- EPOC Access Acknowledgement Form.

## 2.1 CMS Points of Contact

**Table 2-1: Points of Contact by Topic**

| CMS Points of Contact by Topic                                |   |   |
|---|---|---|
| Topic   | Description   | Contact Information   |
| MAPD Help Desk  | The Medicare Advantage Prescription Drug (MARx) is the primary CMS online and batch system that provides access to information about Medicare enrollment, payment, premium withhold, for beneficiaries.   | Website:<br><a href="http://go.cms.gov/mapdhelpdesk">http://go.cms.gov/mapdhelpdesk</a><br>Email: <a href="mailto:mapdhelp@cms.hhs.gov">mapdhelp@cms.hhs.gov</a><br>Phone: 800-927-8069   |
| Risk Adjustment System (RAS) and Encounter Data Systems (EDS) | RAS provides MARx with beneficiary-specific, risk-adjusted factors for calculating Part C and Part D payments. Based on each beneficiary's medical history, the factors reflect claims and encounter data.  | Website for RAS and EDS:<br><a href="http://www.csscooperations.com">http://www.csscooperations.com</a><br>Email for RAS:<br><a href="mailto:riskadjustmentpolicy@cms.hhs.gov">riskadjustmentpolicy@cms.hhs.gov</a><br>Email for EDS:<br><a href="mailto:Riskadjustmentoperations@cms.hhs.gov">Riskadjustmentoperations@cms.hhs.gov</a> |
| Prescription Drug Event (PDE) Submission Questions            | PDE provides information about Risk Adjustment, Medicare Encounter Data, Medicare Medicaid Data and Prescription Drug Programs; including opportunities to enroll to submit data and obtain comprehensive information about data submission and reporting.              | Website:<br><a href="http://www.csscooperations.com">http://www.csscooperations.com</a><br>Email:<br><a href="mailto:pdejan2011@cms.hhs.gov">pdejan2011@cms.hhs.gov</a><br>Phone: 877-534-2772  |
| Health Plan Management Systems (HPMS)                         | HPMS contains complete information about contracts between Plans and CMS. It provides information about contracts, PBPs, segment numbers, and service areas. HPMS also provides MARx with information about terminations, rollovers, payment rates, and rebate amounts. | Website to HPMS Helpdesk:<br><a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/HPMS/HelpDeskInfo.html">https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/HPMS/HelpDeskInfo.html</a>  |
| Social Security Administration (SSA)                          | SSA maintains beneficiary benefit checks. SSA is responsible for withholding Part B, C, and D Premiums and processing Part B Premium Reductions based on information received from CMS.   | Website:<br><a href="https://www.SSA.gov/">https://www.SSA.gov/</a><br>Phone: Local Office or 800-772-1213  |
| Railroad Retirement Board (RRB)                               | RRB maintains their retiree benefit checks. RRB withholds Part B, C, and D premiums and processes Part B Premium Reductions based on information received from CMS.   | Website:<br><a href="https://www.RRB.gov">https://www.RRB.gov</a><br>Phone: 877-772-5772  |



## 3 Eligibility and Enrollment

For completing an enrollment request, Plans must verify Medicare entitlement for the prospective Plan enrollee using one of the following methods:

- Batch Eligibility Query Process.
- Third Party Submitters.
- MARx User Interface (UI).

This section covers the following topics:

- [Batch Eligibility Query \(BEQ\) Process.](#)
- [Transaction Process.](#)
- [Daily Transaction Reports.](#)
- [Enrollment and Disenrollment Transaction Process.](#)
- [Cost Plan Transaction Process.](#)
- [Reporting RxID/RxGroup/RxPCN/RxBIN Data.](#)
- [Full Enrollment File.](#)
- [Agent Broker Compensation.](#)
- [Coordination of Benefits.](#)
- [Eligibility and Enrollment Transaction Reply Codes \(TRCs\) and Definitions.](#)

## 3.1 Batch Eligibility Query (BEQ) Process

The BEQ Process provides a vehicle for all Plans to verify the following information about a beneficiary:

- Medicare eligibility.
- Prescription Drug Plan (PDP) eligibility.
- Low Income Subsidy (LIS) information.
- Past drug coverage period information.
  - With this information, Plans can determine the Number of Uncovered Months (NUNCMO) relating to Late Enrollment Penalty (LEP).

The following sections provide detail information about the BEQ Request and Response File Processes.

### 3.1.1 BEQ Request File Process

Each transaction on the BEQ Request File should identify a prospective or current Plan enrollee. Plans may submit BEQ transactions only for individuals who have requested enrollment. Plans may not submit BEQ transactions for individuals who have not requested enrollment.

CMS generates one BEQ Response File for every BEQ Request File. The BEQ Response File includes the transaction records contained in the request. If a Plan submits multiple BEQ Request Files during a regular business day, the Plan receives multiple BEQ Response files, corresponding to each BEQ Request File, during that same business day.

**Note:** BEQ Response Files are not time-stamped, so the Plan must process these files immediately upon receipt.

For Plans using a Connect:Direct data transmission protocol, if a second BEQ Response File is received by the Plan prior to the Plan's processing of a previous one, a Connect:Direct transmission error results and the Plan must manually retransmit the file.

Plans can use the Detail Record Sequence Number (Field 6) located in each BEQ Request Detail Record to track individual transactions sent to and received from CMS.

**3.1.2 BEQ Request File**

| System | Type      | Frequency                                       | File Length | BEQ Request File Dataset Naming Conventions  |
|--------|-----------|---|-------------|--|
| MBD    | Data File | PRN<br>(Plans can send multiple files in a day) | 750         | <p><b>Gentran Mailbox/TIBCO MFT Internet Server: **</b><br/>[GUID].[RACFID].MBD.D.xxxxx.BEQ.[P/T][.ZIP]</p> <p><b>Connect:Direct:</b><br/>P#EFT.IN.PLxxxxx.BEQ4RX.DYYMMDD.THHMMSST</p> <p><b>Note:</b> DYYMMDD.THHMMSST must be coded as shown, as it is a literal</p> |

This file includes the following records:

- **BEQ Request Header Record.**
- **BEQ Request Detail Record.**
- **BEQ Request Trailer Record.**

*Layout 3-1: BEQ Request Header Record*

| BEQ Request File Header Record |                    |      |          |        |  |  |
|--------------------------------|--------------------|------|----------|--------|--|--|
| Item                           | Field              | Size | Position | Format | Valid Values   | Description  |
| 1                              | File ID Name       | 8    | 1- 8     | CHAR   | MMABEQRH   | Critical Field: This code identifies the file as a BEQ Request File and this record as the Header Record of the file.  |
| 2                              | Sending Entity     | 8    | 9-16     | CHAR   | Sending Organization (left justified space filled)<br>Acceptable Values:<br>5-position Contract. (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 is 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. |
| 3                              | File Creation Date | 8    | 17-24    | CHAR   | CCYYMMDD   | Critical Field: The date that the Sending Entity created the BEQ Request File. For example, January 3 2017 is the value 20170103. This value should agree with the corresponding value in the Trailer Record. CMS returns this information to the Sending Entity on all Detail Records of a BEQ Response File.                     |

| BEQ Request File Header Record |                     |      |          |        |                            |  |
|--------------------------------|---------------------|------|----------|--------|----------------------------|--|
| Item                           | Field               | Size | Position | Format | Valid Values               | Description  |
| 4                              | File Control Number | 9    | 25-33    | CHAR   | Assigned by Sending Entity | Critical Field<br>The specific Control Number assigned by the Sending Entity to the BEQ Request File. CMS returns this information to the Sending Entity on all Detail Records of a BEQ Response File. This value should agree with the corresponding value in the Trailer Record. |
| 5                              | Filler              | 717  | 34-750   | CHAR   | Spaces                     |  |

**Layout 3-2: BEQ Request Detail Record**

| BEQ Request File Detail Record |                               |      |          |        |  |   |
|--------------------------------|-------------------------------|------|----------|--------|--|---|
| Item                           | Field                         | Size | Position | Format | Valid Values   | Description   |
| 1                              | Record Type                   | 5    | 1-5      | CHAR   | DTL01 = BEQ Transaction<br><b>Note:</b> The value above is DTL-zero-one. | Critical Field<br>This code identifies the record as a Detail Record for processing specifically for BEQ Service.   |
| 2                              | Beneficiary ID                | 12   | 6-17     | CHAR   | Beneficiary ID or RRB  | Critical Field<br><ul style="list-style-type: none"> <li>•Before the Medicare Beneficiary Identifier (MBI) Transition period, the acceptable values are the Health Insurance Claim Number (HICN) and the Railroad Retirement Board (RRB) Number.</li> <li>•During the MBI Transition period, the acceptable values are the HICN, RRB Number and MBI.</li> <li>•When the MBI Transition period ends, the acceptable value is the MBI.</li> <li>•The last position may be a space.</li> </ul> |
| 3                              | Filler                        | 9    | 18-26    | CHAR   | Spaces   |   |
| 4                              | DOB                           | 8    | 27-34    | CHAR   | CCYYMMDD   | Critical Field<br>The date of the beneficiary's birth. The value should not include dashes, decimals, or commas. The value should include only numbers.   |
| 5                              | Gender Code                   | 1    | 35       | CHAR   | 0 – Unknown<br>1 – Male;<br>2 - Female                                   | Not Critical Field<br>The gender of the beneficiary.  |
| 6                              | Detail Record Sequence Number | 7    | 36-42    | NUM    | Seven-byte number unique within the BEQ Request File                     | Critical Field<br>A unique number assigned by the Sending Entity to the Detail Record.  |
| 7                              | Filler                        | 708  | 43-750   | CHAR   | Spaces   |   |

**Layout 3-3: BEQ Request Trailer Record**

| BEQ Request File Trailer Record |                      |      |          |        |   |   |
|---------------------------------|----------------------|------|----------|--------|---|---|
| Item                            | Field                | Size | Position | Format | Valid Values  | Description   |
| 1                               | File ID Name         | 8    | 1-8      | CHAR   | MMABEQRT  | Critical Field<br>This code identifies the record as the Trailer Record of a BEQ Request File.  |
| 2                               | Sending Entity (CMS) | 8    | 9-16     | CHAR   | Sending Organization (left justified space filled)<br>Acceptable Values:<br>5-position Contract Identifier + 3 Spaces (3 Spaces for Future use) | Critical Field<br>This field provides CMS with the identification of the entity that is sending the BEQ Request File. The value for this field is 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. |
| 3                               | File Creation Date   | 8    | 17-24    | CHAR   | CCYYMMDD  | Critical Field<br>The date when the Sending Entity created the BEQ Request File. For example, January 3, 2017 is the value 20170103. This value should agree with the corresponding value in the Header Record. CMS will pass this information back to the Sending Entity on all Detail Records of a BEQ Response File.             |
| 4                               | File Control Number  | 9    | 25-33    | CHAR   | Assigned by Sending Entity  | Critical Field<br>The specific Control Number assigned by the Sending Entity to the BEQ Request File. CMS will return this information to the Sending Entity on all Detail Records of a BEQ Response File. This value should agree with the corresponding value in the Header Record.   |
| 5                               | Record Count         | 7    | 34-40    | NUM    | Numeric value greater than Zero, with leading zeroes.   | Critical Field<br>The total number of Detail Records supplied on the BEQ Request File.  |
| 6                               | Filler               | 710  | 41-750   | CHAR   | Spaces  |   |

### 3.1.3 *Sample BEQ Request File Pass and Fail Acknowledgments*

The Medicare enrollment system issues an e-mail acknowledgment of receipt and status to the Sending Entity. If the status is accepted, the file is processed. If the status is rejected, the e-mail informs the Sending Entity of the first File Error Condition that caused the BEQ Request File's rejection. A rejected file is not returned.

Sample e-mail of a Pass and Fail Acknowledgement appear below:

*Figure 3-1: Example of BEQ Request File "Pass" Acknowledgment*

TO: Jim.Doe@xss.net  
TO: Chris.Doe@dxxx.org  
TO: Falcon.Doe@xxxx.org  
FROM: MBD#BQ94.HCFJES@cms.hhs.gov  
Subject: CMS MMA DATA EXCHANGE FOR MMABTCH

MMABTCH file has been received and passed surface edits by CMS.  
QUESTIONS? Contact 1-800-927-8069 or E-mail [mapdhelp@cms.hhs.gov](mailto:mapdhelp@cms.hhs.gov)

INPUT HEADER RECORD  
MMABEQRHS0094 20170306F20070306

INPUT TRAILER RECORD  
MMABEQRTS0094 20170306F200703060000074

**Figure 3-2: Example of BEQ Request File “Fail” Acknowledgment**

TO: Jim.Doe@xss.net  
 TO: Chris.Doe@dxxx.org  
 TO: Falcon.Doe@xxxx.org  
 FROM: MBD#BQ30.HCFJES@cms.hhs.gov  
 Subject: CMS MMA DATA EXCHANGE FOR MMABTCH

MMABTCH file has been received and failed surface edits by CMS.  
 QUESTIONS? Contact 1-800-927-8069 or E-mail [mapdhelp@cms.hhs.gov](mailto:mapdhelp@cms.hhs.gov)

INPUT HEADER RECORD  
 MMABEQRHH0030 20170228 84433346

INPUT TRAILER RECORD  
 MMABEQRTH0030 20170221 844333460074065

THE TRAILER RECORD IS INVALID

**3.1.4 BEQ Request File Error Conditions**

**BEQ Request File Level Error Conditions**

The following table contains File Level Error Conditions. File Level Errors represent conditions in which a BEQ Request File is rejected and not processed.

**Table 3-1: BEQ Response File Level Error Conditions**

| BEQ Response File Level Error Conditions |                                |   |
|--|--------------------------------|---|
| Source Of Error                          | Error Message                  | Error Condition   |
| Header Record                            | The Header Record is missing.  | <ul style="list-style-type: none"> <li>The Header Record is not provided on the file.</li> <li>The Header Record is unreadable.</li> <li>More than one Header Record is provided on the file.</li> </ul>  |
| Header Record                            | The Header Record is Invalid.  | <ul style="list-style-type: none"> <li>The Header Record is incorrectly formatted.</li> <li>The Header Record contains invalid values.</li> <li>The Header Record contains Critical Fields that are not provided.</li> </ul>  |
| Trailer Record                           | The Trailer Record is missing. | <ul style="list-style-type: none"> <li>The Trailer Record is not provided on the file.</li> <li>The Trailer Record is unreadable.</li> <li>More than one Trailer Record is provided on the file.</li> </ul>   |
| Trailer Record                           | The Trailer Record is invalid. | <ul style="list-style-type: none"> <li>The Trailer Record is incorrectly formatted.</li> <li>The Trailer Record contains invalid values.</li> <li>The Trailer Record contains Critical Fields that are not populated.</li> <li>The Record Count in the Trailer Record is more than 2 different from the actual number of Detail Records in the file.</li> </ul> |
| File Content                             | The File has no Transactions.  | <ul style="list-style-type: none"> <li>There are no Detail Records found in the file.</li> </ul>  |

**BEQ Request Detail Record Error Conditions**

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

**Table 3-2: BEQ Request Detail Record Error Conditions**

| BEQ Request Detail Record Error Conditions |           |  |  |
|--|-----------|--|--|
| Flag                                       | Flag Code | Flag Code Result   | Flag Result Condition  |
| Processed Flag                             | Y         | The Transaction is accepted for processing.                                | All critical fields on the Transaction are populated with valid values.  |
| Processed Flag                             | N         | The Transaction is not accepted for processing.                            | At least one critical field on the Transaction is populated with a value other than the prescribed valid values.   |
| Beneficiary Match Flag                     | Y         | The beneficiary on the Transaction is successfully located in the MBD.     | The beneficiary is successfully located by the combination of the HICN, RRB or MBI; date of birth, and gender.     |
| Beneficiary Match Flag                     | N         | The beneficiary on the Transaction is not successfully located in the MBD. | The beneficiary is not successfully located by the combination of the HICN, RRB or MBI; date of birth, and gender. |

**3.1.5 BEQ Response File Process**

CMS analyzes a BEQ Request File to determine the file’s acceptance or rejection based on the BEQ Request File Error Conditions. After determining whether the file is accepted or rejected, the BEQ process generates an e-mail acknowledgement of receipt indicating one of the following outcomes:

- If the BEQ Request File is **accepted**, an e-mail notification informs the Plan that the specific BEQ Request File is accepted and in process.
- If the BEQ Request File is **rejected**, the e-mail notification informs the Plan of the first File Error Condition that caused the rejection. A rejected file is not returned.

This e-mail acknowledgement/notification is sent to all submitters registered in the IDM system for the Sending Entity contract.

CMS processes all transactions of an accepted BEQ Request File. Each transaction is uniquely identified and tracked throughout the CMS processing service by the combination of the following:

- Sending Entity – Field 2 on the Header Record.
- File Creation Date – Field 3 on the Header Record.
- File Control Number – Field 4 on the Header Record.
- Detail Record Sequence Number – Field 6 on the Detail Record.

When a transaction is processed, CMS first verifies that all critical data is provided and valid on the record. CMS then attempts to perform a Beneficiary Match, in which the beneficiary



identifying fields on the transaction locate a single beneficiary and verify Medicare entitlement. Each Detail Record of the BEQ Response File maintains these three critical fields:

- HICN, RRB, or MBI – Field 2.
- Date of Birth – Field 4.
- Gender Code – Field 5.

If all critical fields are not provided, subsequent processing is terminated for that transaction, including any attempt to match the Beneficiary on the database and verify Medicare entitlement. The Processed Flag and the Beneficiary Match Flag in the BEQ Response Detail Record are set to N. All Error Return Codes are assigned the appropriate values.

If all critical data elements are provided, CMS then attempts to perform a Beneficiary Match, in which the beneficiary identifying fields on the transaction locate a single beneficiary on the database and verify Medicare entitlement.

If the beneficiary is matched, the Processed Flag and the Beneficiary Match Flag are set to Y and CMS returns a BEQ Response Detail record populated with the additional fields for the beneficiary.

**Note:** CMS provides the two most recent occurrences of LIS information. During an open enrollment period, CMS is unaware whether Plans are submitting queries for current year enrollments or for next year’s enrollments. Therefore, the BEQ Response File provides the current and future LIS information, so that Plans have the correct information for the year in which they may submit the enrollment transaction.

If the beneficiary is not matched or the transaction contains critical errors, the Processed Flag and the Beneficiary Match Flag are set to N. CMS returns a BEQ Response Detail record, but does not populate any of the additional fields for the beneficiary.

### 3.1.6 BEQ Response File

The BEQ Response File contains records produced from processing the transactions of accepted BEQ Request files. Detail records for all submitted records that are successfully processed contain Processed Flag = Y. Detail records for all submitted records that are not successfully processed contain Processed Flag = N.

The BEQ Response Files are flat files created as a result of processing the Detail Records of accepted BEQ Request Files. CMS sends BEQ Response Files to Plans in the following format.

| System | Type      | Frequency                     | File Length | BEQ Response File Dataset Naming Conventions   |
|--------|-----------|-------------------------------|-------------|--|
| MBD    | Data File | Response to BEQ Request File. | 2000        | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.#BQN4.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct [Mainframe]:</b><br/>zzzzzzz.Rxxxxx.#BQN4.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct [Non-mainframe]:</b><br/>[directory]Rxxxxx.#BQN4.Dyymmdd.Thhmsst</p> |

The following records are included in this file:

- **BEQ Response File Header Record**
- **BEQ Response File Detail Record**
- **BEQ Response File Trailer Record**

**Layout 3-4: BEQ Response File Header Record**

| BEQ Response File Header Record |                     |      |           |        |                               |
|---------------------------------|---------------------|------|-----------|--------|-------------------------------|
| Item                            | Field               | Size | Position  | Format | Valid Values                  |
| 1                               | Header Code         | 8    | 1 – 8     | CHAR   | CMSBEQRH                      |
| 2                               | Sending Entity      | 8    | 9 – 16    | CHAR   | “MBD ”<br>(MBD + five spaces) |
| 3                               | File Creation Date  | 8    | 17 – 24   | CHAR   | CCYYMMDD                      |
| 4                               | File Control Number | 9    | 25 – 33   | CHAR   |                               |
| 5                               | Filler              | 1967 | 34 - 2000 | CHAR   | Spaces                        |

**Layout 3-5: BEQ Response Detail Record (Transaction)**

| BEQ Response File Detail Record        |  |      |          |        |  |
|--|--|------|----------|--------|--|
| Item                                   | Field  | Size | Position | Format | Valid Values   |
| 1                                      | Record Type  | 3    | 1 – 3    | CHAR   | DTL  |
| <b>Start of Original Detail Record</b> |  |      |          |        |  |
| 2                                      | Record Type  | 5    | 4 – 8    | CHAR   |  |
| 3                                      | Beneficiary ID   | 12   | 9 – 20   | CHAR   | This field will contain exactly what is received in the same field of the beneficiary’s Detail record in the related BEQ Request file. |
| 4                                      | Filler   | 9    | 21 –29   | CHAR   |  |
| 5                                      | Beneficiary’s Date of Birth  | 8    | 30 – 37  | CHAR   |  |
| 6                                      | Beneficiary’s Gender Code  | 1    | 38       | CHAR   |  |
| 7                                      | Detail Record Sequence Number  | 7    | 39 – 45  | ZD     |  |
| <b>End of Original Detail Record</b>   |  |      |          |        |  |
| 8                                      | Processed Flag   | 1    | 46       | CHAR   | Y or N   |
| 9                                      | Beneficiary Match Flag   | 1    | 47       | CHAR   | Y or N   |
| 10                                     | Medicare Part A Entitlement Start Date   | 8    | 48 – 55  | CHAR   | CCYYMMDD   |
| 11                                     | Medicare Part A Entitlement End Date   | 8    | 56 – 63  | CHAR   | CCYYMMDD   |
| 12                                     | Medicare Part B Entitlement Start Date   | 8    | 64 – 71  | CHAR   | CCYYMMDD   |
| 13                                     | Medicare Part B Entitlement End Date   | 8    | 72 – 79  | CHAR   | CCYYMMDD   |
| 14                                     | Medicaid Indicator   | 1    | 80       | CHAR   | 0 or 1   |
| 15                                     | Part D Enrollment Effective Date or Employer Subsidy Start Date (Occurrence 1) | 8    | 81 – 88  | CHAR   | CCYYMMDD   |

| BEQ Response File Detail Record |   |      |           |        |              |
|---------------------------------|---|------|-----------|--------|--------------|
| Item                            | Field   | Size | Position  | Format | Valid Values |
| 16                              | Part D Disenrollment Date or Employer Subsidy End Date (Occurrence 1)           | 8    | 89 – 96   | CHAR   | CCYYMMDD     |
| 17                              | Part D Enrollment Effective Date or Employer Subsidy Start Date (Occurrence 2)  | 8    | 97 – 104  | CHAR   | CCYYMMDD     |
| 18                              | Part D Disenrollment Date or Employer Subsidy End Date (Occurrence 2)           | 8    | 105 – 112 | CHAR   | CCYYMMDD     |
| 19                              | Part D Enrollment Effective Date or Employer Subsidy Start Date (Occurrence 3)  | 8    | 113 – 120 | CHAR   | CCYYMMDD     |
| 20                              | Part D Disenrollment Date or Employer Subsidy End Date (Occurrence 3)           | 8    | 121 – 128 | CHAR   | CCYYMMDD     |
| 21                              | Part D Enrollment Effective Date or Employer Subsidy Start Date (Occurrence 4)  | 8    | 129 – 136 | CHAR   | CCYYMMDD     |
| 22                              | Part D Disenrollment Date or Employer Subsidy End Date (Occurrence 4)           | 8    | 137 – 144 | CHAR   | CCYYMMDD     |
| 23                              | Part D Enrollment Effective Date or Employer Subsidy Start Date (Occurrence 5)  | 8    | 145 – 152 | CHAR   | CCYYMMDD     |
| 24                              | Part D Disenrollment Date or Employer Subsidy End Date (Occurrence 5)           | 8    | 153 – 160 | CHAR   | CCYYMMDD     |
| 25                              | Part D Enrollment Effective Date or Employer Subsidy Start Date (Occurrence 6)  | 8    | 161 – 168 | CHAR   | CCYYMMDD     |
| 26                              | Part D Disenrollment Date or Employer Subsidy End Date (Occurrence 6)           | 8    | 169 – 176 | CHAR   | CCYYMMDD     |
| 27                              | Part D Enrollment Effective Date or Employer Subsidy Start Date (Occurrence 7)  | 8    | 177 – 184 | CHAR   | CCYYMMDD     |
| 28                              | Part D Disenrollment Date or Employer Subsidy End Date (Occurrence 7)           | 8    | 185 – 192 | CHAR   | CCYYMMDD     |
| 29                              | Part D Enrollment Effective Date or Employer Subsidy Start Date (Occurrence 8)  | 8    | 193 – 200 | CHAR   | CCYYMMDD     |
| 30                              | Part D Disenrollment Date or Employer Subsidy End Date (Occurrence 8)           | 8    | 201 – 208 | CHAR   | CCYYMMDD     |
| 31                              | Part D Enrollment Effective Date or Employer Subsidy Start Date (Occurrence 9)  | 8    | 209 – 216 | CHAR   | CCYYMMDD     |
| 32                              | Part D Disenrollment Date or Employer Subsidy End Date (Occurrence 9)           | 8    | 217 – 224 | CHAR   | CCYYMMDD     |
| 33                              | Part D Enrollment Effective Date or Employer Subsidy Start Date (Occurrence 10) | 8    | 225 – 232 | CHAR   | CCYYMMDD     |

| BEQ Response File Detail Record               |  |      |           |                    |                       |
|---|--|------|-----------|--------------------|-----------------------|
| Item  | Field  | Size | Position  | Format             | Valid Values          |
| 34  | Part D Disenrollment Date or Employer Subsidy End Date (occurrence 10) | 8    | 233 – 240 | CHAR               | CCYYMMDD              |
| 35  | Sending Entity   | 8    | 241 – 248 | CHAR               |                       |
| 36  | File Control Number  | 9    | 249 – 257 | CHAR               |                       |
| 37  | File Creation Date   | 8    | 258 – 265 | CHAR               | CCYYMMDD              |
| 38  | Part D Eligibility Start Date  | 8    | 266 – 273 | CHAR               |                       |
| 39  | Deemed / Low-Income Subsidy Effective Date (Occurrence 1)              | 8    | 274 – 281 | CHAR               | CCYYMMDD              |
| 40  | Deemed / Low-Income Subsidy End Date (Occurrence 1)                    | 8    | 282 – 289 | CHAR               | CCYYMMDD              |
| 41  | Co-Payment Level Identifier (Occurrence 1)                             | 1    | 290       | CHAR               | 1, 2, 3, 4 or 5       |
| 42  | Part D Premium Subsidy Percent (Occurrence 1)                          | 3    | 291 – 293 | CHAR               | 100, 075, 050, or 025 |
| 43  | Deemed / Low-Income Subsidy Effective Date (Occurrence 2)              | 8    | 294 – 301 | CHAR               | CCYYMMDD              |
| 44  | Deemed / Low-Income Subsidy End Date (Occurrence 2)                    | 8    | 302 – 309 | CHAR               | CCYYMMDD              |
| 45  | Co-Payment Level Identifier (Occurrence 2)                             | 1    | 310       | CHAR               | 1, 2, 3, 4 or 5       |
| 46  | Part D Premium Subsidy Percent (Occurrence 2)                          | 3    | 311 – 313 | CHAR               | 100, 075, 050, or 025 |
| <b>Part D/RDS Indicator (10 occurrences)</b>  |  |      |           |                    |                       |
| 47  | RDS/Part D Indicator (Occurrence 1)                                    | 1    | 314       | CHAR               | D or R                |
| 48  | RDS/Part D Indicator (Occurrence 2)                                    | 1    | 315       | CHAR               | D or R                |
| 49  | RDS/Part D Indicator (Occurrence 3)                                    | 1    | 316       | CHAR               | D or R                |
| 50  | RDS/Part D Indicator (Occurrence 4)                                    | 1    | 317       | CHAR               | D or R                |
| 51  | RDS/Part D Indicator (Occurrence 5)                                    | 1    | 318       | CHAR               | D or R                |
| 52  | RDS/Part D Indicator (Occurrence 6)                                    | 1    | 319       | CHAR               | D or R                |
| 53  | RDS/Part D Indicator (Occurrence 7)                                    | 1    | 320       | CHAR               | D or R                |
| 54  | RDS/Part D Indicator (Occurrence 8)                                    | 1    | 321       | CHAR               | D or R                |
| 55  | RDS/Part D Indicator (Occurrence 9)                                    | 1    | 322       | CHAR               | D or R                |
| 56  | RDS/Part D Indicator (Occurrence 10)                                   | 1    | 323       | CHAR               | D or R                |
| <b>Uncovered Months Data (20 occurrences)</b> |  |      |           |                    |                       |
| 57  | Start Date (Occurrence 1)  | 8    | 324 – 331 | CHAR               | CCYYMMDD              |
| 58  | Number of Uncovered Months (Occurrence 1)                              | 3    | 332 – 334 | NUM                |                       |
| 59  | Number of Uncovered Months Status Indicator (Occurrence 1)             | 1    | 335       | CHAR               |                       |
| 60  | Total Number of Uncovered Months (Occurrence 1)                        | 3    | 336 – 338 | ZD                 |                       |
| 61  | Uncovered Months (Occurrence 2)  | 15   | 339 – 353 | See Fields 57 – 60 |                       |

| BEQ Response File Detail Record |                                  |      |           |                    |              |
|---------------------------------|----------------------------------|------|-----------|--------------------|--------------|
| Item                            | Field                            | Size | Position  | Format             | Valid Values |
| 62                              | Uncovered Months (Occurrence 3)  | 15   | 354 – 368 | See Fields 57 – 60 |              |
| 63                              | Uncovered Months (Occurrence 4)  | 15   | 369 – 383 | See Fields 57 – 60 |              |
| 64                              | Uncovered Months (Occurrence 5)  | 15   | 384 – 398 | See Fields 57 – 60 |              |
| 65                              | Uncovered Months (Occurrence 6)  | 15   | 399 – 413 | See Fields 57 – 60 |              |
| 66                              | Uncovered Months (Occurrence 7)  | 15   | 414 – 428 | See Fields 57 – 60 |              |
| 67                              | Uncovered Months (Occurrence 8)  | 15   | 429 – 443 | See Fields 57 – 60 |              |
| 68                              | Uncovered Months (Occurrence 9)  | 15   | 444 – 458 | See Fields 57 – 60 |              |
| 69                              | Uncovered Months (Occurrence 10) | 15   | 459 – 473 | See Fields 57 – 60 |              |
| 70                              | Uncovered Months (Occurrence 11) | 15   | 474 – 488 | See Fields 57 – 60 |              |
| 71                              | Uncovered Months (Occurrence 12) | 15   | 489 – 503 | See Fields 57 – 60 |              |
| 72                              | Uncovered Months (Occurrence 13) | 15   | 504 – 518 | See Fields 57 – 60 |              |
| 73                              | Uncovered Months (Occurrence 14) | 15   | 519 – 533 | See Fields 57 – 60 |              |
| 74                              | Uncovered Months (Occurrence 15) | 15   | 534 – 548 | See Fields 57 – 60 |              |
| 75                              | Uncovered Months (Occurrence 16) | 15   | 549 – 563 | See Fields 57 – 60 |              |
| 76                              | Uncovered Months (Occurrence 17) | 15   | 564 – 578 | See Fields 57 – 60 |              |
| 77                              | Uncovered Months (Occurrence 18) | 15   | 579 – 593 | See Fields 57 – 60 |              |
| 78                              | Uncovered Months (Occurrence 19) | 15   | 594 – 608 | See Fields 57 – 60 |              |
| 79                              | Uncovered Months (Occurrence 20) | 15   | 609 – 623 | See Fields 57 – 60 |              |

| BEQ Response File Detail Record |  |      |           |        |   |
|---------------------------------|--|------|-----------|--------|---|
| Item                            | Field  | Size | Position  | Format | Valid Values                                |
| 80                              | Beneficiary's Retrieved Date of Birth<br>(as retrieved from CMS database for matching beneficiary) | 8    | 624 – 631 | CHAR   | CCYYMMDD                                    |
| 81                              | Beneficiary's Retrieved Gender Code<br>(as retrieved from CMS database for matching beneficiary)   | 1    | 632       | CHAR   | 0 = Unknown.<br>1 = Male.<br>2 = Female.    |
| 82                              | Last Name  | 40   | 633 – 672 | CHAR   |   |
| 83                              | First Name   | 30   | 673 – 702 | CHAR   |   |
| 84                              | Middle Initial   | 1    | 703       | CHAR   |   |
| 85                              | Current State Code   | 2    | 704 – 705 | CHAR   |   |
| 86                              | Current County Code  | 3    | 706 – 708 | CHAR   |   |
| 87                              | Date of Death  | 8    | 709 – 716 | CHAR   | CCYYMMDD                                    |
| 88                              | Part C/D Contract Number (if available)  | 5    | 717 – 721 | CHAR   |   |
| 89                              | Part C/D Enrollment Start Date (if available)  | 8    | 722 – 729 | CHAR   | CCYYMMDD                                    |
| 90                              | Part D Indicator (if available)  | 1    | 730       | CHAR   | Y = Yes.<br>N = No.<br>Space.               |
| 91                              | Part C Contract Number (if available)  | 5    | 731 – 735 | CHAR   |   |
| 92                              | Part C Enrollment Start Date (if available)  | 8    | 736 – 743 | CHAR   |   |
| 93                              | Part D Indicator (if available)  | 1    | 744       | CHAR   | N = No.<br>Space.                           |
| 94                              | End Stage Renal Disease Indicator  | 1    | 745       | CHAR   | ESRD Indicator<br>0 = No ESRD.<br>1 = ESRD. |
| 95                              | PBP Number (associated with contract number in Field 88, positions 717 – 721)                      | 3    | 746 – 748 | CHAR   | Plan Benefit Package number                 |

| BEQ Response File Detail Record |   |      |           |        |  |
|---------------------------------|---|------|-----------|--------|--|
| Item                            | Field   | Size | Position  | Format | Valid Values   |
| 96                              | Plan Type Code<br>(associated with PBP number in Field 95,<br>positions 746 – 748)  | 2    | 749 – 750 | CHAR   | Type of plan:<br>01 = HMO.<br>02 = HMOPOS.<br>04 = Local PPO.<br>05 = PSO (State License).<br>07 = MSA.<br>08 = RFB PFFS.<br>09 = PFFS.<br>18 = 1876 Cost.<br>19 = HCPP 1833 Cost.<br>20 = National PACE.<br>28 = Chronic Care.<br>29 = Medicare Prescription Drug Plan.<br>30 = Employer/ Union Only Direct Contract PDP.<br>31 = Regional PPO.<br>40 = Employer/ Union Only Direct Contract PFFS.<br>42 = RFB HMO.<br>43 = RFB HMOPOS.<br>44 = RFB Local PPO.<br>45 = RFB PSO (State License).<br>46 = Point-of-Sale Contractor.<br>47 = Employer/ Union Only Direct Contract PPO.<br>48 = Medicare-Medicaid Plan HMO.<br>49 = Medicare-Medicaid Plan HMOPOS.<br>50 = Medicare-Medicaid Plan PPO.<br>99 = Undefined Historical Data. |
| 97                              | EGHP Indicator<br>(associated with PBP number in Field 95,<br>positions 746 – 748)  | 1    | 751       | CHAR   | EGHP Switch:<br>Y = EGHP.<br>N = not EGHP.   |
| 98                              | PBP Number<br>(associated with contract number in Field 91,<br>positions 731 – 735) | 3    | 752 – 754 | CHAR   | Plan Benefit Package number.   |

| BEQ Response File Detail Record |  |      |            |        |   |
|---------------------------------|--|------|------------|--------|---|
| Item                            | Field  | Size | Position   | Format | Valid Values  |
| 99                              | Plan Type Code<br>(associated with PBP number in Field 98,<br>positions 752 – 754) | 2    | 755 – 756  | CHAR   | See values in Field<br>96, positions 749 –<br>750.                  |
| 100                             | EGHP Indicator<br>(associated with PBP number in Field 98,<br>positions 752 – 754) | 1    | 757        | CHAR   | Employer Group<br>Health Plan Switch:<br>Y = EGHP.<br>N = not EGHP. |
| 101                             | Mailing Address Line 1   | 40   | 758 – 797  | CHAR   |   |
| 102                             | Mailing Address Line 2   | 40   | 798 – 837  | CHAR   |   |
| 103                             | Mailing Address Line 3   | 40   | 838 – 877  | CHAR   |   |
| 104                             | Mailing Address Line 4   | 40   | 878 – 917  | CHAR   |   |
| 105                             | Mailing Address Line 5   | 40   | 918 – 957  | CHAR   |   |
| 106                             | Mailing Address Line 6   | 40   | 958 – 997  | CHAR   |   |
| 107                             | Mailing Address City   | 40   | 998 – 1037 | CHAR   |   |
| 108                             | Mailing Address Postal State Code  | 2    | 1038-1039  | CHAR   |   |
| 109                             | Mailing Address ZIP Code   | 9    | 1040-1048  | CHAR   |   |
| 110                             | Mailing Address Start Date   | 8    | 1049-1056  | CHAR   | CCYYMMDD  |
| 111                             | Residence Address Line 1   | 60   | 1057-1116  | CHAR   |   |
| 112                             | Residence Address City   | 40   | 1117-1156  | CHAR   |   |
| 113                             | Residence Address Postal State Code  | 2    | 1157-1158  | CHAR   |   |
| 114                             | Residence Address ZIP Code   | 9    | 1159-1167  | CHAR   |   |
| 115                             | Residence Address Start Date   | 8    | 1168- 175  | CHAR   | CCYYMMDD  |
| 116                             | Medicare Plan Ineligibility Due to<br>Incarceration Start Date(1)                  | 8    | 1176-1183  | CHAR   | CCYYMMDD  |
| 117                             | Medicare Plan Ineligibility Due to<br>Incarceration End Date(1)                    | 8    | 1184-1191  | CHAR   | CCYYMMDD  |
| 118                             | Medicare Plan Ineligibility Due to<br>Incarceration Start Date(2)                  | 8    | 1192-1199  | CHAR   | CCYYMMDD  |
| 119                             | Medicare Plan Ineligibility Due to<br>Incarceration End Date(2)                    | 8    | 1200-1207  | CHAR   | CCYYMMDD  |
| 120                             | Medicare Plan Ineligibility Due to<br>Incarceration Start Date(3)                  | 8    | 1208-1215  | CHAR   | CCYYMMDD  |
| 121                             | Medicare Plan Ineligibility Due to<br>Incarceration End Date(3)                    | 8    | 1216-1223  | CHAR   | CCYYMMDD  |
| 122                             | Medicare Plan Ineligibility Due to<br>Incarceration Start Date(4)                  | 8    | 1224-1231  | CHAR   | CCYYMMDD  |
| 123                             | Medicare Plan Ineligibility Due to<br>Incarceration End Date(4)                    | 8    | 1232-1239  | CHAR   | CCYYMMDD  |
| 124                             | Medicare Plan Ineligibility Due to<br>Incarceration Start Date(5)                  | 8    | 1240-1247  | CHAR   | CCYYMMDD  |
| 125                             | Medicare Plan Ineligibility Due to<br>Incarceration End Date(5)                    | 8    | 1248-1255  | CHAR   | CCYYMMDD  |
| 126                             | Medicare Plan Ineligibility Due to<br>Incarceration Start Date(6)                  | 8    | 1256-1263  | CHAR   | CCYYMMDD  |
| 127                             | Medicare Plan Ineligibility Due to<br>Incarceration End Date(6)                    | 8    | 1264-1271  | CHAR   | CCYYMMDD  |
| 128                             | Medicare Plan Ineligibility Due to<br>Incarceration Start Date(7)                  | 8    | 1272-1279  | CHAR   | CCYYMMDD  |
| 129                             | Medicare Plan Ineligibility Due to<br>Incarceration End Date(7)                    | 8    | 1280-1287  | CHAR   | CCYYMMDD  |



| BEQ Response File Detail Record |   |      |           |        |              |
|---------------------------------|---|------|-----------|--------|--------------|
| Item                            | Field   | Size | Position  | Format | Valid Values |
| 130                             | Medicare Plan Ineligibility Due to Incarceration Start Date(8)        | 8    | 1288-1295 | CHAR   | CCYYMMDD     |
| 131                             | Medicare Plan Ineligibility Due to Incarceration End Date(8)          | 8    | 1296-1303 | CHAR   | CCYYMMDD     |
| 132                             | Medicare Plan Ineligibility Due to Incarceration Start Date(9)        | 8    | 1304-1311 | CHAR   | CCYYMMDD     |
| 133                             | Medicare Plan Ineligibility Due to Incarceration End Date(9)          | 8    | 1312-1319 | CHAR   | CCYYMMDD     |
| 134                             | Medicare Plan Ineligibility Due to Incarceration Start Date(10)       | 8    | 1320-1327 | CHAR   | CCYYMMDD     |
| 135                             | Medicare Plan Ineligibility Due to Incarceration End Date(10)         | 8    | 1328-1335 | CHAR   | CCYYMMDD     |
| 136                             | Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(1)  | 8    | 1336-1343 | CHAR   | CCYYMMDD     |
| 137                             | Medicare Plan Ineligibility Due to Not Lawful Presence End Date (1)   | 8    | 1344-1351 | CHAR   | CCYYMMDD     |
| 138                             | Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(2)  | 8    | 1352-1359 | CHAR   | CCYYMMDD     |
| 139                             | Medicare Plan Ineligibility Due to Not Lawful Presence End Date (2)   | 8    | 1360-1367 | CHAR   | CCYYMMDD     |
| 140                             | Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(3)  | 8    | 1368-1375 | CHAR   | CCYYMMDD     |
| 141                             | Medicare Plan Ineligibility Due to Not Lawful Presence End Date (3)   | 8    | 1376-1383 | CHAR   | CCYYMMDD     |
| 142                             | Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(4)  | 8    | 1384-1391 | CHAR   | CCYYMMDD     |
| 143                             | Medicare Plan Ineligibility Due to Not Lawful Presence End Date (4)   | 8    | 1392-1399 | CHAR   | CCYYMMDD     |
| 144                             | Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(5)  | 8    | 1400-1407 | CHAR   | CCYYMMDD     |
| 145                             | Medicare Plan Ineligibility Due to Not Lawful Presence End Date (5)   | 8    | 1408-1415 | CHAR   | CCYYMMDD     |
| 146                             | Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(6)  | 8    | 1416-1423 | CHAR   | CCYYMMDD     |
| 147                             | Medicare Plan Ineligibility Due to Not Lawful Presence End Date (6)   | 8    | 1424-1431 | CHAR   | CCYYMMDD     |
| 148                             | Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(7)  | 8    | 1432-1439 | CHAR   | CCYYMMDD     |
| 149                             | Medicare Plan Ineligibility Due to Not Lawful Presence End Date (7)   | 8    | 1440-1447 | CHAR   | CCYYMMDD     |
| 150                             | Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(8)  | 8    | 1448-1455 | CHAR   | CCYYMMDD     |
| 151                             | Medicare Plan Ineligibility Due to Not Lawful Presence End Date (8)   | 8    | 1456-1463 | CHAR   | CCYYMMDD     |
| 152                             | Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(9)  | 8    | 1464-1471 | CHAR   | CCYYMMDD     |
| 153                             | Medicare Plan Ineligibility Due to Not Lawful Presence End Date (9)   | 8    | 1472-1479 | CHAR   | CCYYMMDD     |
| 154                             | Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(10) | 8    | 1480-1487 | CHAR   | CCYYMMDD     |
| 155                             | Medicare Plan Ineligibility Due to Not Lawful Presence End Date (10)  | 8    | 1488-1495 | CHAR   | CCYYMMDD     |

| BEQ Response File Detail Record |   |      |           |        |  |
|---------------------------------|---|------|-----------|--------|--|
| Item                            | Field   | Size | Position  | Format | Valid Values   |
| 156                             | Current Enrollment Source Type Code<br>(associated with PBP number in Field 95,<br>positions 746 – 748) | 1    | 1496      | CHAR   | An indicator providing the type of enrollment performed.<br><br>Values:<br><br>A: Auto enrolled by CMS.<br>B: Beneficiary election.<br>C: Facilitated enrollment by CMS.<br>D: CMS Annual Rollover.<br>E: Plan submitted auto-enrollments.<br>F: Plan submitted facilitated enrollments.<br>G: Point of Sale (POS) submitted enrollments.<br>H: CMS or plan submitted re-assignment enrollments.<br>I: Invalid Submitted Value.<br>J: State-submitted MMP passive enrollment.<br>K: CMS-submitted MMP passive enrollment.<br>L: Beneficiary MMP election.<br>M: Default for Financial Alignment Demo Plan enrollments submitted without an Enrollment Source Code (M is not submitted on an enrollment).<br>N: Rollover by plan transaction. |
| 157                             | Current Enrollment Source Type Code<br>(associated with PBP number in Field 98,<br>positions 752– 754)  | 1    | 1497      | CHAR   | See values in Field 156, position 1496.  |
| 158                             | Prior Part C/D Contract Number  | 5    | 1498-1502 | CHAR   |  |

| BEQ Response File Detail Record |   |      |           |        |   |
|---------------------------------|---|------|-----------|--------|---|
| Item                            | Field   | Size | Position  | Format | Valid Values  |
| 159                             | Prior Part C/D Enrollment Start Date<br>(associated with PBP Number in Field 162,<br>positions 1520-1522) | 8    | 1503-1510 | CHAR   | CCYYMMDD  |
| 160                             | Prior Part C/D Disenrollment Date<br>(associated with PBP Number in Field 162,<br>positions 1520-1522)    | 8    | 1511-1518 | CHAR   | CCYYMMDD  |
| 161                             | Prior Part D Indicator<br>(associated with PBP Number in Field 162,<br>positions 1520-1522)               | 1    | 1519      | CHAR   | Y = Yes.<br>N = No.<br>Space.                                       |
| 162                             | Prior PBP Number<br>(associated with Contract Number in Field<br>158, positions 1498-1502)                | 3    | 1520-1522 | CHAR   | Plan Benefit Package<br>number                                      |
| 163                             | Prior Plan Type Code<br>(associated with PBP Number in Field 162,<br>positions 1520-1522)                 | 2    | 1523-1524 | CHAR   | See values in Field 96<br>(positions 749-750).                      |
| 164                             | Prior EGHP Indicator<br>(associated with PBP Number in Field 162,<br>positions 1520-1522)                 | 1    | 1525      | CHAR   | Employer Group<br>Health Plan Switch:<br>Y = EGHP.<br>N = not EGHP. |
| 165                             | Prior Enrollment Source Type Code<br>(associated with PBP Number in positions<br>1520-1522)               | 1    | 1526      | CHAR   | See values in Field<br>156 (position 1496).                         |
| 166                             | Prior Part C Contract Number  | 5    | 1527-1531 | CHAR   |   |
| 167                             | Prior Part C Enrollment Start Date<br>(associated with PBP Number in Field 170,<br>positions 1549-1551)   | 8    | 1532-1539 | CHAR   | CCYYMMDD  |
| 168                             | Prior Part C Disenrollment Date<br>(associated with PBP Number in Field 170,<br>positions 1549-1551)      | 8    | 1540-1547 | CHAR   | CCYYMMDD  |
| 169                             | Prior Part D Indicator<br>(associated with PBP Number in Field 170,<br>positions 1549-1551)               | 1    | 1548      | CHAR   | N = No<br>Space   |
| 170                             | Prior PBP Number<br>(associated with Contract Number in Field<br>166, positions 1527-1531)                | 3    | 1549-1551 | CHAR   | Plan Benefit Package<br>number                                      |
| 171                             | Prior Plan Type Code<br>(associated with PBP Number in Field 170,<br>positions 1549-1551)                 | 2    | 1552-1553 | CHAR   | See values in Field 96<br>(positions 749-750).                      |
| 172                             | Prior EGHP Indicator<br>(associated with PBP Number in Field 170,<br>positions 1549-1551)                 | 1    | 1554      | CHAR   | Employer Group<br>Health Plan Switch<br>Y = EGHP<br>N = not EGHP    |
| 173                             | Prior Enrollment Source Type Code<br>(associated with PBP Number in Field 170,<br>positions 1549-1551)    | 1    | 1555      | CHAR   | See values in Field<br>156 (position 1496).                         |

| BEQ Response File Detail Record |   |      |           |        |  |
|---------------------------------|---|------|-----------|--------|--|
| Item                            | Field   | Size | Position  | Format | Valid Values   |
| 174                             | Active MBI  | 11   | 1556-1566 | CHAR   | The MBI from the beneficiary's active Beneficiary MBI period. The value is a system-generated identifier used internally and externally to uniquely identify the beneficiary in the Medicare database. |
| 175                             | Most Recent Duals SEP Use Date                          | 8    | 1567-1574 | CHAR   | CCYYMMDD   |
| 176                             | CARA Status Start Date (1)                              | 8    | 1575-1582 | CHAR   | CCYYMMDD   |
| 177                             | CARA Status End Date (1)                                | 8    | 1583-1590 | CHAR   | CCYYMMDD   |
| 178                             | CARA Status Start Date (2)                              | 8    | 1591-1598 | CHAR   | CCYYMMDD   |
| 179                             | CARA Status End Date (2)                                | 8    | 1599-1606 | CHAR   | CCYYMMDD   |
| 180                             | CARA Status Start Date (3)                              | 8    | 1607-1614 | CHAR   | CCYYMMDD   |
| 181                             | CARA Status End Date (3)                                | 8    | 1615-1622 | CHAR   | CCYYMMDD   |
| 182                             | CARA Status Start Date (4)                              | 8    | 1623-1630 | CHAR   | CCYYMMDD   |
| 183                             | CARA Status End Date (4)                                | 8    | 1631-1638 | CHAR   | CCYYMMDD   |
| 184                             | CARA Status Start Date (5)                              | 8    | 1639-1646 | CHAR   | CCYYMMDD   |
| 185                             | CARA Status End Date (5)                                | 8    | 1647-1654 | CHAR   | CCYYMMDD   |
| 186                             | CARA Status Start Date (6)                              | 8    | 1655-1662 | CHAR   | CCYYMMDD   |
| 187                             | CARA Status End Date (6)                                | 8    | 1663-1670 | CHAR   | CCYYMMDD   |
| 188                             | CARA Status Start Date (7)                              | 8    | 1671-1678 | CHAR   | CCYYMMDD   |
| 189                             | CARA Status End Date (7)                                | 8    | 1679-1686 | CHAR   | CCYYMMDD   |
| 190                             | CARA Status Start Date (8)                              | 8    | 1687-1694 | CHAR   | CCYYMMDD   |
| 191                             | CARA Status End Date (8)                                | 8    | 1695-1702 | CHAR   | CCYYMMDD   |
| 192                             | CARA Status Start Date (9)                              | 8    | 1703-1710 | CHAR   | CCYYMMDD   |
| 193                             | CARA Status End Date (9)                                | 8    | 1711-1718 | CHAR   | CCYYMMDD   |
| 194                             | CARA Status Start Date (10)                             | 8    | 1719-1726 | CHAR   | CCYYMMDD   |
| 195                             | CARA Status End Date (10)                               | 8    | 1727-1734 | CHAR   | CCYYMMDD   |
| 196                             | Medicare Part A Entitlement Start Date (occurrence two) | 8    | 1735-1742 | CHAR   | CCYYMMDD   |
| 197                             | Medicare Part A Entitlement End Date (occurrence two)   | 8    | 1743-1750 | CHAR   | CCYYMMDD   |
| 198                             | Medicare Part B Entitlement Start Date (occurrence two) | 8    | 1751-1758 | CHAR   | CCYYMMDD   |
| 199                             | Medicare Part B Entitlement End Date (occurrence two)   | 8    | 1759-1766 | CHAR   | CCYYMMDD   |
| 200                             | Filler  | 234  | 1767-2000 | CHAR   | Spaces   |

**Layout 3-6: BEQ Response Trailer Record**

| BEQ Response Trailer Record |                     |      |           |        |                            |
|-----------------------------|---------------------|------|-----------|--------|----------------------------|
| Item                        | Field               | Size | Position  | Format | Valid Values               |
| 1                           | Trailer Code        | 8    | 1 – 8     | CHAR   | CMSBEQRT                   |
| 2                           | Sending Entity      | 8    | 9 – 16    | CHAR   | 'MBD ' (MBD + five spaces) |
| 3                           | File Creation Date  | 8    | 17 – 24   | CHAR   | CCYYMMDD                   |
| 4                           | File Control Number | 9    | 25 – 33   | CHAR   |                            |
| 5                           | Record Count        | 7    | 34 – 40   | ZD     | Right justified.           |
| 6                           | Filler              | 1960 | 41 – 2000 | CHAR   | Spaces.                    |

## 3.2 Enrollment/Disenrollment/Change Transaction Process

Plans may submit multiple transaction files during any CMS business day, Monday through Friday. Plan transactions are processed as received; there is no minimum or maximum limit to the number of files that Plans may submit in a day.

All Plan-submitted files should comply with the record formats and field definitions as described for each file type. Plans should send files in a flat file structure that conform to the Dataset Naming Conventions unique to each file type.

CMS recognizes Plan submitted files by the information supplied in the Header and Trailer Records. Header Record information is critical as CMS uses it to track, control, formulate, and route files and transactions through the CMS systems and is used to send response files back to the Plans.

Transactions also enter the system from other sources, including the 1-800 MEDICARE Service Center. For an overview of the methodologies that CMS employs for transaction processing, see the Medicare Managed Care Eligibility and Enrollment website link: [http://www.cms.gov/MedicareManagedCareEligEnrol/01\\_Overview.asp](http://www.cms.gov/MedicareManagedCareEligEnrol/01_Overview.asp). In the **Downloads** section, refer to the Enrollment and Disenrollment Guidance documents.

### 3.2.1 Transaction Process Flow

In general, transaction and processing occurs throughout the Current Calendar Month (CCM). Transactions processed on or before the Plan Data Cut-Off date will be included in the prospective payment to the Plan.

After the Cut-Off date, the MARx month-end process performs the payment calculation of beneficiary-level payments to Plan-level payments. While CMS is reviewing monthly payments for approval, Plan transaction processing resumes for the next month. Once CMS approves the monthly prospective payments, reports are distributed to the Plans.

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

- Plans submit transaction files using the selected data exchange method.
- MARx processes the submitted transactions, resulting in actions that affect beneficiary enrollment, payment, and status.
- The Plan receives accepted transactions in the *Daily Transaction Reply Report (DTRR)*. These records contain a Transaction Reply Code (TRC), which describes CMS response.
- MARx calculates prospective payments, and/or retroactive adjustments.
- An unaccepted transaction results in either a rejected or failed status.
  - A **rejection** results when incoming data is of the correct type but is not 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 for the submitter, MARx rejects the transaction. Rejected transactions are reported on the DTRR and transmitted to the Plan.
  - A **failure** results when incoming data is inconsistent 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. The transaction is written to the *Batch Completion Status Summary (BCSS)*, and transmitted to the Plan.

### 3.2.2 **MARx Monthly Calendar**

It is vital that everyone involved in the Medicare enrollment and payment operations of the contract is aware of these dates. The MARx Monthly Calendar for the current year indicates the following dates:

- **Plan Data Cut-Off:** This is the last day for Plans to transmit records to the CMS Data Center for processing in the Current Processing Month. Plans must complete the transmission by 8:00 PM Eastern time on the date noted.
- **Payment to Plan:** This is the date that CMS deposits the monthly payment to the Plans. All deposits are made to arrive on the first calendar day of the month unless the first day falls on a weekend or a Federal holiday. In this case, the deposit arrives on the last workday prior to the first of the month.
- **Monthly Reports Available:** This is the date the CMS monthly reports are available for downloading from the mailbox or available in the MARx UI.
- **Annual Election Period:** The Annual Election Period (AEP) is October 15 through December 7 every year. Elections made during the AEP are effective January 1 of the following year.
- **Certification of Enrollment:** This is the date by which Plans must certify the accuracy of the enrollment information of the MARx Report. Plans must send the Certification via the Health Plan Management System (HPMS).
- **CMS Holidays:** These are the Federal Holidays where the CMS Offices are closed. The MAPD Help Desk is closed on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas.

The MARx Monthly Calendar and other useful calendars and schedules can be found on the MAPD Help Desk website on the **MAPD/MARx Calendars and Schedules** page at the following link:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/MAPD-MARx-Calendars-and-Schedules.html>

**3.2.3 MARx Batch Input Transaction Data File**

On a daily basis, Plans may submit a *MARx Batch Input Transaction Data File* to CMS to enroll/update information about a beneficiary. This file consists of a header record followed by detail transaction records. The **Transaction Code (TC)** in each detail record identifies the type of transaction. Plans may submit any number of detail transaction records for one or more beneficiaries.

| System | Type      | Frequency         | File Length | MARx Batch Input Dataset Naming Conventions  |
|--------|-----------|-------------------|-------------|--|
| MARx   | Data File | Batch - Daily PRN | 300         | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>[GUID].CMS.MARX.D.RXXXXXX.PLANTRAN.[P/T][.ZIP]</p> <p>Note: XXXXX is the user’s plan contract mailbox.</p> <p><b>Connect:Direct:</b><br/>P#EFT.ON.MARXTR.RXXXXXX.DYYMMDD.THHMMSST</p> <p>Notes: XXXXX is the user’s plan contract mailbox.<br/>DYYMMDD.THHMMSST must be coded as shown, as it is a literal.</p> |

The table below provides a list of the types of detail transaction records that can be submitted in the MARx Batch Input Transaction Data file.

*Table 3-3: MARx Batch Input Transaction Codes*

| MARx Batch Input Transaction Codes |  |                        |
|------------------------------------|--|------------------------|
| Transaction Code                   | MARx Batch Input Detail Transaction Record Description                   | Layout Reference       |
| 51                                 | Disenrollment Record   | <a href="#">3.2.5</a>  |
| 54                                 | Disenrollment Record (only used by the Medicare Customer Service Center) |                        |
| 61                                 | Enrollment Record  | <a href="#">3.2.6</a>  |
| 72                                 | 4Rx Data Change Record   | <a href="#">3.2.7</a>  |
| 74                                 | Employer Group Health Plan (EGHP) Change Record                          | <a href="#">3.2.8</a>  |
| 76                                 | Residence Address Change Record  | <a href="#">3.2.9</a>  |
| 79                                 | Part D Opt-Out Record  | <a href="#">3.2.10</a> |
| 80                                 | Cancellation of Enrollment Record  | <a href="#">3.2.11</a> |
| 81                                 | Cancellation of Disenrollment Record                                     |                        |
| 82                                 | Medicare and Medicaid Plan (MMP) Enrollment Cancellation Record          | <a href="#">3.2.12</a> |
| 83                                 | MMP Opt-Out Update Record  | <a href="#">3.2.13</a> |
| 90                                 | CARA Status Record   | <a href="#">3.2.14</a> |
| 91                                 | Innovation Center (IC) Model Participation Record                        | <a href="#">3.2.15</a> |
| 92                                 | Personal Information Change  | <a href="#">3.2.16</a> |



The table below provides a list of the allowable range of dates for the MARx Batch Input Transaction Data file detail transaction record types.

**Table 3-4: Allowable Range of Dates for MARx Batch Input Detail Transaction Record Types**

| Transaction Code | Description   | Earliest Date   | Latest Date |
|------------------|---|---|-------------|
| 51 and 54        | Disenrollment Record  | CCM – 3 (Employer Group Health Plans [EGHP] Only/EGHP Cost Plans)<br>CCM – 2 (EGHP Only/EGHP Cost Plans)<br>CCM – 1<br>CCM<br>CCM + 1<br>CCM + 2<br>CCM + 3   |             |
| 61               | Enrollment Record   | CCM – 3 (EGHP Only)<br>CCM – 2 (EGHP Only)<br>CCM – 1<br>CCM<br>CCM + 1<br>CCM + 2<br>CCM + 3   |             |
| 72               | 4Rx Data Change   | Effective date must fall in one of the beneficiary’s enrollment in the contract/PBP. There is no future date limitation.  |             |
| 74               | EGHP Change   | CCM – 1   | CCM + 3     |
| 76               | Residence Address Change  | No timeliness edits. The effective date occurs during an enrollment.  |             |
| 79               | Part D Opt-Out Change   | No timeliness edits.  |             |
| 80               | Cancellation of Enrollment Record                               | Effective date of the enrollment being canceled and removes a prior successfully processed enrollment or disenrollment action submitted by the current Plan and reinstates the beneficiary’s enrollment to its prior state when MARx enrollment edits permit. |             |
| 81               | Cancellation of Disenrollment Record                            | Effective date of disenrollment being canceled and removes a prior successfully processed enrollment or disenrollment action submitted by the current Plan and reinstates the beneficiary’s enrollment to its prior state when MARx enrollment edits permit.  |             |
| 82               | Medicare and Medicaid Plan (MMP) Enrollment Cancellation Record | Must equal the enrollment date  |             |
| 83               | MMP Opt-Out Update Record                                       | No timeliness edits.  |             |

| Transaction Code | Description                                       | Earliest Date                                  | Latest Date |
|------------------|---|--|-------------|
| 90               | CARA Status Record                                | Future dated records cannot be more than CCM+1 |             |
| 91               | Innovation Center (IC) Model Participation Record | No timeliness edits.                           |             |

### 3.2.4 MARx Batch Input Header Record

The MARx Batch Input Data File consists of a Header Record and one or more of the 17 types of Detail Records outlined in this section.

The format of the Detail Transaction Record follows a similar pattern for each transaction code. The first four (4) fields in each record will identify the beneficiary and the remaining fields are specific to the transaction code.

#### Layout 3-7: MARx Batch Input Header Record

| MARx Batch Input Header Record |                              |      |          |  |
|--------------------------------|------------------------------|------|----------|--|
| Item                           | Field                        | Size | Position | Description  |
| 1                              | Header Message               | 12   | 1-12     | AAAAAAHEADER   |
| 2                              | Filler                       | 1    | 13       | Spaces   |
| 3                              | Batch File Type              | 5    | 14-18    | Spaces = no special approval required.<br>RETRO = Retroactive submission.<br>POVER = Plan rollover submission.<br>SVIEW = Special Review submission.                           |
| 4                              | Filler                       | 1    | 19       | Spaces   |
| 5                              | CMS Approval Request ID      | 10   | 20-29    | Spaces when <b>Batch File Type</b> , Field 3, contains spaces; otherwise, the right justified CMS pre-approval request ID from the special batch request utility.              |
| 6                              | Filler                       | 4    | 30-33    | Spaces   |
| 7                              | Current Calendar Month (CCM) | 6    | 34-39    | MMCCYY<br>Reference month for enrollment processing. The CCM date determines whether to accept a file and evaluates the appropriate effective date for submitted transactions. |
| 8                              | Filler                       | 7    | 40-46    | Spaces   |
| 9                              | IDM User ID                  | 74   | 47-120   | Required   |
| 10                             | Filler                       | 180  | 121-300  | Spaces   |

### 3.2.5 TC 51/54: Disenrollment Effective Dates

Plans accept disenrollment requests from beneficiaries as allowed. Once the processes and requirements are fully satisfied, the Plan must generate and submit the appropriate disenrollment transaction to CMS. Additionally, Plans may, under limited circumstances, report involuntary disenrollment actions.

Plans should refer to Chapter 2 of the *Medicare Managed Care Manual* at the following link: <https://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicareMangCareEligEnrol/index.html>. In the Download section, click on the *MA\_Enrollment\_and\_Disenrollment\_Guidance* document.

The effective date of disenrollment is reported on the MARx disenrollment transaction as the first day of the month following the month enrollment ended. For example, if a beneficiary disenrolled as of March 31, the disenrollment transaction, TC 51, is submitted with April 1 as the effective date.

Plans should refer to the table below to determine the appropriate effective disenrollment date and Plan type for use with the disenrollment transaction.

**Table 3-5: Disenrollment Transaction and Effective Dates**

| Disenrollment Transaction and Effective Dates |                                 |   |
|---|---------------------------------|---|
| Code  | Definition                      | Effective Date  |
| 51  | Disenrollment submitted by Plan | CCM – 3 (EGHP Only/EGHP Cost Plans)<br>CCM – 2 (EGHP Only/EGHP Cost Plans)<br>CCM – 1<br>CCM<br>CCM + 1<br>CCM + 2<br>CCM + 3 |

Plans must include a valid disenrollment reason code on all TC 51 disenrollment transactions. The table below lists the valid disenrollment reason code values.

**Table 3-6: Plan Submitted Disenrollment Reason Codes**

| Plan Submitted Disenrollment Reason Codes |  |  |
|---|--|--|
| Code                                      | Definition   | When to Use  |
| 11  | Voluntary Disenrollment  | Beneficiary requested disenrollment during a valid enrollment period.  |
| 63  | Auto Disenrollment   | MMP Opt-Out After Enrolled – For use by MMP Plans only.  |
| 64  | Auto Disenrollment   | Loss of Demonstration Eligibility – For use by MMP Plans only.   |
| 65  | Auto Disenrollment   | Loss of Employer Group Waiver Plan (EGWP) Eligibility – For use by EGWP Plans only.  |
| 91  | Involuntary Disenrollment for Failure to Pay Plan Premiums                 | Beneficiary fails to pay Plan premiums and Plan completes all necessary steps in CMS disenrollment guidance to effectuate an involuntary disenrollment.  |
| 92  | Involuntary Disenrollment for a Move Out of Plan Service Area              | It is determined that the Beneficiary is out of the Plan service area, according to the procedures in CMS disenrollment guidance, and the Plan meets all requirements necessary to effectuate an involuntary disenrollment.  |
| 93  | Involuntary Disenrollment for Loss of Special Needs Plan (SNP) Eligibility | It is determined that the Beneficiary no longer meets the eligibility requirements for enrollment in an exclusive SNP, and the Plan meets all requirements to effectuate an involuntary disenrollment, as defined in CMS disenrollment guidance, and including the deemed continuous eligibility provisions. |

**Table 3-7: Disenrollment Reason Code Table**

| Disenrollment Reason Codes |  |                      |         |          |            |
|----------------------------|--|----------------------|---------|----------|------------|
| Disenrollment Reason Code  | Disenrollment Reason Description   | Short Description    | MARx UI | AUTO-DIS | PLAN SUB'D |
| 01                         | FAILURE TO PAY PREMIUMS  | PREMIUMS NOT PAID    | N/A     | N/A      | N/A        |
| 02                         | RELOCATION OUT OF PLAN SERVICE AREA (NO SPECIAL PROVISIONS)                  | RELO OUT OF AREA     | N/A     | N/A      | N/A        |
| 03                         | FAILURE TO CONVERT TO RISK PROVISIONS  | NOT CONVERT TO RISK  | N/A     | N/A      | N/A        |
| 04                         | FRAUD  | FRAUD                | N/A     | N/A      | N/A        |
| 05                         | LOSS OF PART B ENTITLEMENT   | LOSS OF PART B       | N/A     | Y        | N/A        |
| 06                         | LOSS OF PART A ENTITLEMENT (PLAN-SPECIFIC)                                   | LOSS OF PART A       | N/A     | Y        | N/A        |
| 07                         | FOR CAUSE  | FOR CAUSE            | Y       | N/A      | N/A        |
| 08                         | REPORT OF DEATH  | REPORT OF DEATH      | N/A     | Y        | N/A        |
| 09                         | TERMINATION OF CONTRACT (CMS-INITIATED)                                      | CONTR TERMD-CMS      | N/A     | Y        | N/A        |
| 10                         | TERMINATION OF CONTRACT/Plan Benefit Package (PBP)/SEGMENT (PLAN WITHDRAWAL) | CONTR TERMD-PLAN     | N/A     | Y        | N/A        |
| 11                         | VOLUNTARY DISENROLLMENT THROUGH PLAN   | VLNTRY DSNR THRU PLN | Y       | N/A      | Y          |
| 12                         | VOLUNTARY DISENROLLMENT THROUGH DISTRICT OFFICE                              | VLNTRY DSNR THRU DOF | N/A     | N/A      | N/A        |
| 13                         | DISENROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN                          | ENR IN OTHER PLAN    | N/A     | Y        | N/A        |
| 14                         | RETROACTIVE  | RETROACTIVE          | N/A     | N/A      | N/A        |
| 15                         | TERMINATED IN ERROR BY CMS SYSTEM  | TERM IN ERR-CMS      | N/A     | N/A      | N/A        |
| 16                         | END OF State and County Code (SCC) CONDITIONAL ENROLLMENT PERIOD             | END OF SCC COND ENRL | N/A     | N/A      | N/A        |
| 17                         | BENE DOES NOT MEET AGE CRITERION (PLAN-SPECIFIC)                             | AGE CRIT NOT MET     | N/A     | N/A      | N/A        |
| 18                         | ROLLOVER   | ROLLOVER             | N/A     | Y        | N/A        |
| 19                         | TERMINATED BY Social Security Administration (SSA) DISTRICT OFFICE           | TERM BY SSA DO       | N/A     | N/A      | N/A        |

| Disenrollment Reason Codes |   |                      |         |          |            |
|----------------------------|---|----------------------|---------|----------|------------|
| Disenrollment Reason Code  | Disenrollment Reason Description  | Short Description    | MARx UI | AUTO-DIS | PLAN SUB'D |
| 20                         | INVALID ENROLLMENT WITH End Stage Renal Disease (ESRD)                          | ESRD AUTO DISENROL   | N/A     | Y        | N/A        |
| 21                         | CANNOT TRAVEL/POOR HEALTH/TO Health Maintenance Organization (HMO)/PLAN DOCTORS | BAD HEALTH/CANT TRVL | N/A     | N/A      | N/A        |
| 22                         | SPOUSE IS NO LONGER MEMBER OF HMO/PLAN  | SPOUSE PLN TERMINATD | N/A     | N/A      | N/A        |
| 23                         | COULDN'T USE MEDICARE CARD TO SEE OTHER PLAN                                    | CANT USE MEDICARE    | N/A     | N/A      | N/A        |
| 24                         | DID NOT KNOW I JOINED THIS HMO  | NO KNOWLEDGE OF ENRL | N/A     | N/A      | N/A        |
| 25                         | DIFFICULTY REACHING HMO/PLAN DOCTOR BY PHONE PROBLEM                            | CANT REACH DR BY PHN | N/A     | N/A      | N/A        |
| 26                         | CALLED HMO/PLAN COULD NOT GET HELP WITH PROBLEM                                 | GOT NO HLP W/PROBLEM | N/A     | N/A      | N/A        |
| 27                         | DISSATISFIED WITH MEDICAL CARE/DOCS OR HOSPITAL                                 | DISSATISFIED W/CARE  | N/A     | N/A      | N/A        |
| 28                         | TOLD BY PLAN DOCTORS OR STAFF I SHOULD DISENROLL                                | TLD BY PRVDR TO DSNR | N/A     | N/A      | N/A        |
| 29                         | PREFER TRADITIONAL MEDICARE   | PREFER REG MEDICARE  | N/A     | N/A      | N/A        |
| 30                         | HAVE OTHER HEALTH INSURANCE BENEFITS AVAILABLE                                  | NOT USING MEDICARE   | N/A     | N/A      | N/A        |
| 31                         | FOUND HMO/PLAN TO BE TOO CONFUSING  | PLAN TOO CONFUSING   | N/A     | N/A      | N/A        |
| 32                         | MY CLAIMS/BILLS WERE NOT PAID   | CLAIMS/BILS NOT PAID | N/A     | N/A      | N/A        |
| 33                         | HAD LITTLE OR NO CHOICE OF SPECIALIST   | COUDNT PIK SPECIALST | N/A     | N/A      | N/A        |
| 34                         | TREATED DISCOURTEOUSLY BY DOCTOR/NURSE/STAFF                                    | BAD TRTMNT BY PRVDR  | N/A     | N/A      | N/A        |
| 35                         | DOCTOR COULDN'T IMPROVE MY CONDITION  | NO CHG IN CONDITION  | N/A     | N/A      | N/A        |
| 36                         | HMO/PLAN MEDICAL GROUP WAS LOCATED TOO FAR AWAY                                 | PLN LOC TOO FAR AWAY | N/A     | N/A      | N/A        |
| 37                         | HAD LIMITED OR NO CHOICE OF MY PRIMARY DOCTOR                                   | COULDNT PIK PRM PHYS | N/A     | N/A      | N/A        |

| Disenrollment Reason Codes |  |                       |         |          |            |
|----------------------------|--|-----------------------|---------|----------|------------|
| Disenrollment Reason Code  | Disenrollment Reason Description                             | Short Description     | MARx UI | AUTO-DIS | PLAN SUB'D |
| 41                         | YOU MOVED PERMANENTLY OUT OF AREA WHERE PLAN PROVIDES SERVIC | LIVE OUTSIDE SVC AREA | N/A     | N/A      | N/A        |
| 42                         | YOUR DOCTOR OR THE PLAN TOLD YOU TO DISENROLL                | TOLD BY DR TO DSNR    | N/A     | N/A      | N/A        |
| 43                         | YOUR DOCTOR DIDN'T GIVE YOU GOOD QUALITY CARE                | POOR QUALITY OF CARE  | N/A     | N/A      | N/A        |
| 44                         | YOU USED UP THE PRESCRIPTION ALLOWANCE                       | RX ALLOWANCE USED UP  | N/A     | N/A      | N/A        |
| 45                         | THE PLAN COST YOU TOO MUCH                                   | PLAN COST TOO MUCH    | N/A     | N/A      | N/A        |
| 46                         | YOU COULDN'T GET CARE WHEN YOU NEEDED IT                     | LACK OF TIMELY CARE   | N/A     | N/A      | N/A        |
| 47                         | YOUR DOCTOR ISN'T IN THE PLAN                                | DOCTOR NOT IN PLAN    | N/A     | N/A      | N/A        |
| 48                         | YOU DIDN'T KNOW YOU SIGNED UP FOR THIS PLAN                  | DIDNT SIGN UP 4 PLAN  | N/A     | N/A      | N/A        |
| 49                         | YOU DIDN'T LIKE HOW THE PLAN WORKED                          | DIDNT LIKE PLAN       | N/A     | N/A      | N/A        |
| 50                         | ROLLED OVER ENROLLMENT REMOVED/AUDITED                       | RLVR ENRT RMVD/AUDT   | N/A     | Y        | N/A        |
| 54                         | PART A OR B START DATE CHANGE                                | LIVE OUTSIDE SVC AREA | N/A     | Y        | N/A        |
| 56                         | BENEFICIARY MEDICAID PERIOD RECEIVED                         | TOLD BY DR TO DSNR    | N/A     | N/A      | N/A        |
| 57                         | BENEFICIARY HOSPICE PERIOD RECEIVED                          | POOR QUALITY OF CARE  | N/A     | Y        | N/A        |
| 59                         | INVALID ENROLLMENT WITH HOSPICE                              | RX ALLOWANCE USED UP  | N/A     | Y        | N/A        |
| 60                         | BENEFICIARY LIVES IN USA LESS THAN 183 DAYS A YEAR           | IN US LT 183 DAYS     | N/A     | N/A      | N/A        |
| 61                         | LOSS OF PART D ELIGIBILITY                                   | INVALID ENROLLMENT    | N/A     | Y        | N/A        |
| 62                         | PART D DISENROLLMENT DUE TO FAILURE TO PAY IRMAA             | FAILURE TO PAY IRMAA  | N/A     | Y        | N/A        |
| 63**                       | MMP (Medicare and Medicaid Plan) OPT-OUT AFTER ENROLLED      | ENRL, OPTOUT MMP      | Y       | N/A      | Y          |
| 64**                       | LOSS OF DEMONSTRATION ELIGIBILITY                            | LOSS OF FA DEMO ELIG  | Y       | N/A      | Y          |

| Disenrollment Reason Codes |  |                     |         |          |            |
|----------------------------|--|---------------------|---------|----------|------------|
| Disenrollment Reason Code  | Disenrollment Reason Description                               | Short Description   | MARx UI | AUTO-DIS | PLAN SUB'D |
| 65                         | LOSS OF EMPLOYER GROUP PLAN ELIGIBILITY                        | LOSS OF EGP ELGBLTY | Y       | N/A      | Y          |
| 70                         | CONFIRMED INCARCERATION  | CONFIRMED INCARC    | N/A     | Y        | N/A        |
| 71                         | NOT LAWFULLY PRESENT   | NOTLAW PRESENT      | N/A     | Y        | N/A        |
| 72                         | DISENROLLMENT DUE TO PLAN-SUBMITTED ROLLOVER                   | PLAN ROLL           | N/A     | N/A      | Y          |
| 88                         | CONVERSION   | CONVERSION          | N/A     | N/A      | N/A        |
| 90                         | ENROLLMENT CANCELLED DUE TO BENEFICIARY MERGE                  | ENRL CNCL BENE MRG  | N/A     | Y        | N/A        |
| 91                         | FAILURE TO PAY PREMIUMS  | PREMIUMS NOT PAID   | Y       | N/A      | Y          |
| 92                         | RELOCATION OUT OF PLAN SERVICE AREA                            | RELO OUT OF AREA    | Y       | N/A      | Y          |
| 93                         | LOST SPECIFIC PLAN ELIGIBILITY (Special Needs Plan (SNP) ONLY) | LOST SNP            | Y       | N/A      | Y          |
| 99*                        | OTHER (NOT SUPPLIED BY BENE)                                   | OTHER               | N/A     | N/A      | Y          |
| Y8                         | REPORT OF DEATH DATE CHANGE                                    | REPORT OF DEATH     | N/A     | Y        | N/A        |

\*Plan cannot submit 99; it is assigned as a default value by the system only.

\*\*Only valid for MMP Disenrollments, Disenrollment Cancellations or Enrollment Cancellations.

\*\*\*Only valid for submittal on a disenrollment from an EGWP. When a disenrollment from one of these plans results in the cancellation of subsequent contiguous enrollments in the same contract, those enrollments will receive the same DRC 65.

No other disenrollment reason code values are valid or acceptable on Plan-submitted disenrollment transactions. Failure to include a valid value does not result in a rejected transaction. Instead, MARx defaults the value to Disenrollment Reason Code (DRC) 99. CMS may use this information to track compliance or non-compliance with program requirements. CMS-generated disenrollment actions may contain other reason code values as applicable.

**Layout 3-8: MARx Batch Input Detail Record: Disenrollment – TC 51 or 54**

| MARx Batch Input Detail – Disenrollment Transaction – TC51 or 54 |                        |      |          |  |                                    |
|--|------------------------|------|----------|--|------------------------------------|
| Item   | Field                  | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)  | Is Item Required, Optional, or N/A |
| 1  | Beneficiary Identifier | 12   | 1-12     | <p><b>Reject</b> the transaction with TRC007 if following criteria is not met during MBI transition:</p> <ol style="list-style-type: none"> <li>Format must be one of the following:                             <ul style="list-style-type: none"> <li>HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number).</li> <li>HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number).</li> <li>MBI is an 11-position value. The 2<sup>nd</sup>, 5<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> positions are alphas.</li> </ul> </li> <li>String must contain NO embedded spaces.</li> </ol> <p><b>Reject</b> the transaction with TRC008 if the beneficiary identifier is not found.</p> | Required                           |
| 2  | Surname                | 12   | 13-24    | <b>Reject</b> the transaction with TRC004 if field is blank and First Name field is also blank.  | Required                           |
| 3  | First Name             | 7    | 25-31    | <b>Reject</b> with TRC004 if blank and Surname field is also blank.  | Required                           |
| 4  | M. Initial             | 1    | 32       | N/A  | Optional                           |
| 5  | Gender                 | 1    | 33       | If value is not '1' = male or '2' = female, do not reject transaction, set value to unknown ("0").   | Required                           |
| 6  | Birth Date             | 8    | 34-41    | <p>Format (YYYYMMDD)</p> <p><b>Fail</b> the transaction with TRC257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match.</p> <p><b>Reject</b> the transaction with TRC006 if date is non-blank, formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match.</p>   | Required                           |
| 7  | Filler                 | 1    | 42       | N/A  | N/A                                |
| 8  | PBP #                  | 3    | 43-45    | Not required but must be valid for the contract when provided.   | Optional                           |



| MARx Batch Input Detail – Disenrollment Transaction – TC51 or 54 |                           |      |          |   |   |
|--|---------------------------|------|----------|---|---|
| Item   | Field                     | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)   | Is Item Required, Optional, or N/A  |
| 9  | Election Type             | 1    | 46       | <p>Must be one of the following :</p> <p>A = AEP<br/>                     E = IEP<br/>                     I = ICEP<br/>                     L = Dual/LIS Quarterly SEP<br/>                     M = MA-OEP<br/>                     N = OEPNEW<br/>                     O = OEP<br/>                     S = Other SEP<br/>                     T = OEPI<br/>                     U = Dual/LIS SEP<br/>                     V = Permanent Change in Residence SEP<br/>                     W = EGHP SEP<br/>                     X = Administrative Action<br/>                     Y = CMS/Case Work SEP<br/>                     Z = Auto Enrollment, Facilitated Enrollment, Reassign Enrollment, or POS enrollment (current and retro effective dates).</p> <p>MAs have A, D, I, L, M, N, O, S, T, U, V, W, X, Y.<br/>                     MAPDs have A, D, E, I, L, M, N, O, S, T, U, V, W, X, Y, Z.<br/>                     PDPs have A, E, L, S, U, V, W, X, Y, Z.</p> <p>Issue TRC104 if an invalid election type is submitted.</p> | Required for all Plan types except HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demo, MDHO demo, MSHO demo, and PACE National Plans |
| 10   | Contract #                | 5    | 47-51    | <b>Fail</b> with TRC003 if field is blank or the contract does not exist.   | Required  |
| 11   | Filler                    | 8    | 52-59    | N/A   | N/A   |
| 12   | Transaction Code          | 2    | 60-61    | '51' (plan-submitted) or '54'   | "51" or "54"  |
| 13   | Disenrollment Reason Code | 2    | 62-63    | Check for valid disenrollment reason code from Table 3-6. If code is not in Table 3-6 or is 'blank', issue TRC205 and set the value to "99."  | Required for Involuntary Disenrollments. Optional for Voluntary Disenrollments.   |
| 14   | Effective Date            | 8    | 64 – 71  | <p>Format (YYYYMMDD)</p> <p><b>Fail</b> the transaction with TRC258 if date is blank, not formatted correctly, or contains an invalid month or day.</p> <p><b>Reject</b> the transaction with TRC051 if year is less than 1966 or greater than current year +1, or day is not the first of the month ("01").</p>  | Required  |
| 15   | Segment ID                | 3    | 72 – 74  | Optional  | Optional  |
| 16   | Filler                    | 24   | 75 – 98  | N/A   | N/A   |
| 17   | Part D Opt-Out Flag       | 1    | 99       | <b>Reject</b> with TRC130 when value is not 'Y', 'N' or blank.  | Optional for all Part D Plans; otherwise blank  |

| MARx Batch Input Detail – Disenrollment Transaction – TC51 or 54 |                              |      |           |   |                                    |
|--|------------------------------|------|-----------|---|------------------------------------|
| Item   | Field                        | Size | Position  | Validation<br>(Edits and TRCs for the transaction fields) | Is Item Required, Optional, or N/A |
| 18   | MMP Opt-Out Flag             | 1    | 100       | Reject with TRC310 when value is not ‘Y’, ‘N’ or blank.   | Optional for all plans             |
| 19   | Filler                       | 109  | 101 – 209 | N/A   | N/A                                |
| 20   | Plan Transaction Tracking ID | 15   | 210 – 224 | Optional  | Fifteen character tracking ID      |
| 21   | Filler                       | 76   | 225 – 300 | N/A   | N/A                                |

NOTE: Spaces are substituted for all fields marked as ‘N/A’.

### 3.2.6 TC 61: Enrollment Effective Dates

Plans accept enrollment requests from beneficiaries as provided in the CMS Enrollment and Disenrollment guidance applicable to their Plan type. After fulfilling the processes and requirements outlined in that guidance, the Plan must generate and submit the appropriate enrollment transaction to CMS, within the timeframes prescribed by the applicable guidance.

The enrollment effective date reported on the Enrollment Transaction Record is the first day of the month that the beneficiary is enrolled, i.e., that the beneficiary begins receiving benefits from the Plan, and represents the first month for which the Plan is requesting payment. The Current Calendar Month (CCM) affects the enrollment and disenrollment effective dates for Plans to submit to CMS using the different TCs available.

Plans should refer to the table below to determine the appropriate effective enrollment date and Plan type for use with the enrollment transaction.

**Table 3-8: Enrollment Transaction and Effective Dates**

| Enrollment Transaction and Effective Dates |  |   |
|--|--|---|
| Code                                       | Definition   | Effective Date Options  |
| 61   | Enrollment into Contract, PBP, EGHP, and Retroactive one Month | CCM – 3 (EGHP Only)<br>CCM – 2 (EGHP Only)<br>CCM – 1<br>CCM<br>CCM + 1<br>CCM + 2<br>CCM + 3 |

**Layout 3-9: MARx Batch Input Detail Record: Enrollment – TC 61**

| MARx Batch Input Detail – Enrollment Transaction – TC 61 |                        |      |          |  |                                       |
|--|------------------------|------|----------|--|---------------------------------------|
| Item   | Field                  | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)  | Is Item Required,<br>Optional, or N/A |
| 1  | Beneficiary Identifier | 12   | 1 – 12   | <p><b>Reject</b> the transaction with TRC007 if following criteria is not met during MBI transition:</p> <ol style="list-style-type: none"> <li>Format must be one of the following: <ul style="list-style-type: none"> <li>HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number).</li> <li>HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number).</li> <li>MBI is an 11-position value. The 2<sup>nd</sup>, 5<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> positions are alphas.</li> </ul> </li> <li>String must contain NO embedded spaces.</li> </ol> <p><b>Reject</b> the transaction with TRC008 if the beneficiary identifier is not found.</p> | Required                              |
| 2  | Surname                | 12   | 13 – 24  | Reject the transaction with TRC 004 if the field is blank and the First Name field is also blank.  | Required                              |
| 3  | First Name             | 7    | 25 – 31  | Reject the transaction with TRC 004 if the field is blank and the Surname field is also blank.   | Required                              |
| 4  | M. Initial             | 1    | 32       | N/A  | Optional                              |
| 5  | Gender Code            | 1    | 33       | If the value is not ‘1’ = male or ‘2’ = female, do not reject the transaction, set value to unknown (“0”).   | Required                              |
| 6  | Birth Date             | 8    | 34 – 41  | <p><b>Format</b> (YYYYMMDD)</p> <p><b>Fail</b> the transaction with TRC 257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match.</p> <p><b>Reject</b> the transaction with TRC 006 if the date is non-blank and formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match.</p> <p>Note: The beneficiary is considered matched if three out of four personal characteristics match (and the input claim number was found on the database.) If the beneficiary is matched the invalid or incorrect birth date is ignored.</p>  | Required                              |
| 7  | EGHP Flag              | 1    | 42       | If the value is not ‘Y’ or blank, then reject with TRC 164.  | ‘Y’ or blank                          |
| 8  | PBP #                  | 3    | 43 – 45  | Reject with TRC 107 if the Contract/PBP combination does not exist.  | Required                              |

| MARx Batch Input Detail – Enrollment Transaction – TC 61 |                    |      |          |  |   |
|--|--------------------|------|----------|--|---|
| Item   | Field              | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)  | Is Item Required, Optional, or N/A  |
| 9  | Election Type Code | 1    | 46       | Reject with TRC 104 when: <ul style="list-style-type: none"> <li>The value is not “U” and the enrollment is for an MMP plan OR</li> <li>The value is not “C” and the enrollment is a Plan-submitted rollover OR</li> <li>Value is not a valid election type: A, C, D, E, F, I, J, L, M, N, O, R, S, T, U, V, W, X, Y, Z</li> </ul> Blank is acceptable.  | Required<br>Optional for HCPP<br>COST 1 without drug<br>COST 2 without drug<br>CCIP/FFS demo<br>MDHO demo<br>MSHO demo<br>PACE National plans |
| 10   | Contract ID        | 5    | 47 – 51  | Fail with TRC 003 if the value is blank or the contract does not exist.  | Required  |
| 11   | Application Date   | 8    | 52 – 59  | For CMS files, if the value is blank, create a date equal to the effective date minus one day.<br><br>Write to failed file with TRC 263 when the value is non-blank and invalid. Invalid conditions are: <ul style="list-style-type: none"> <li>Application Date is required and Not formatted as YYYYMMDD (e.g., "Aug 1940"), or Is formatted correctly but contains a non-existent month or day (e.g., "19400199").</li> </ul> Reject with TRC 102 when the <ul style="list-style-type: none"> <li>Value is blank</li> <li>Value &lt; 1966</li> <li>Value &gt; current year plus one</li> <li>Value &gt; effective date</li> </ul> | Required  |
| 12   | Transaction Code   | 2    | 60 – 61  | Value is “61”  | ‘61’  |
| 13   | Filler             | 2    | 62 – 63  | N/A  | N/A   |
| 14   | Effective Date     | 8    | 64 – 71  | <b>Format:</b> (YYYYMMDD)<br><b>Fail</b> the transaction with TRC 258 if the date is blank, not formatted correctly, or contains an invalid month or day.<br><b>Reject</b> the transaction if the year is less than 1966 or greater than current year +1, or the day is not the first of the month (“01”).   | Required  |
| 15   | Segment ID         | 3    | 72-74    | If not blank, reject with TRC 116 when value is not numeric or when segment does not exist for the Contract/PBP.   | Optional<br>3 digits for segmented organizations<br>otherwise blank   |
| 16   | Filler             | 5    | 75-79    | N/A  | N/A   |
| 17   | ESRD Override      | 1    | 80       | For non-Part D plans, valid values are character 1 – 9 or A – F, otherwise set the value to “0”  | Required for non-PDP plans;<br>otherwise blank  |

| MARx Batch Input Detail – Enrollment Transaction – TC 61 |   |      |          |   |   |
|--|---|------|----------|---|---|
| Item   | Field                                     | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)   | Is Item Required,<br>Optional, or N/A   |
| 18   | Premium Withhold Option/<br>Parts C-D     | 1    | 81       | When the effective date is 2006 or greater, reject the transaction with TRC 123 when the value is not D, S, R, O, or N.<br>Do not reject transaction if the value is blank and the effective date is less than 2006.  | Required for all plan types except HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demo, MSA/MA and MSA/demo plans |
| 19   | Part C Premium Amount<br>(XXXXvXX)        | 6    | 82 – 87  | For MA and MAPD plans, when the value is non-blank and is not numeric, reject with TRC 122. Interpret a blank field as a zero value.  | Required for all plan types except HCPP, COST 1, COST 2, CCIP/FFS demo, MSA/MA and MSA/demo plans                           |
| 20   | Filler                                    | 6    | 88 – 93  | N/A   | N/A   |
| 21   | Creditable Coverage Flag                  | 1    | 94       | For drug plans, when the field is not blank, reject with TRC 126 if value is not ‘Y’ or ‘N.’  | ‘Y’ or ‘N’ for all Part D plans; otherwise blank  |
| 22   | Number of Uncovered Months                | 3    | 95-97    | For drug plans, when the field is not blank, reject with TRC 124 if: <ul style="list-style-type: none"> <li>the value is <b>not</b> positive numeric when the Creditable Coverage Flag is ‘N,’ or</li> <li>the value is <b>not</b> zero when the Creditable Coverage Flag is ‘Y.’</li> </ul> Interpret a blank field as a zero value. | Required for all Part D plans; otherwise blank.   |
| 23   | Employer Subsidy Enrollment Override Flag | 1    | 98       | If a drug plan, valid values are “Y” and blank.   | ‘Y’ if beneficiary has Employer Subsidy status for Part D; otherwise blank  |
| 24   | Part D Opt-Out Flag                       | 1    | 99       | If not blank, reject with TRC 130 when the value is not ‘Y’ or ‘N.’   | Required when changing PBPs. (‘Y’ when Opting Out of Part D; ‘N’ when Opting In to Part D; otherwise blank)                 |
| 25   | Filler                                    | 1    | 100      | N/A   | N/A   |
| 26   | Filler                                    | 2    | 101-102  | N/A   | N/A   |
| 27   | Filler                                    | 21   | 103-123  | N/A   | N/A   |

| MARx Batch Input Detail – Enrollment Transaction – TC 61 |                                       |      |          |  |   |
|--|---------------------------------------|------|----------|--|---|
| Item   | Field                                 | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)  | Is Item Required, Optional, or N/A  |
| 28   | Preferred Language other than English | 1    | 124      | <p>Reject the Preferred Language field with Informational TRC 396 if the value provided is not valid.</p> <p>This represents the language preference other than English.</p> <p>Valid Values:</p> <ul style="list-style-type: none"> <li>• S – Spanish</li> <li>• O – Other</li> <li>• Blank (Space)</li> </ul> <p>Note: Both of the following personal information fields must be valid. If either of the fields are invalid, both are ignored:</p> <ul style="list-style-type: none"> <li>• Preferred Language Other than English (field 28)</li> </ul> <p>Accessible Format (field 29)</p>                  |   |
| 29   | Accessible Format                     | 1    | 125      | <p>Reject the Accessible Format field with Informational TRC 396 if the value provided is not valid.</p> <p>This represents an accessible format is chosen.</p> <p>Valid Values:</p> <ul style="list-style-type: none"> <li>• B – Braille</li> <li>• L – Large Print</li> <li>• A – Audio CD</li> <li>• Blank (Space)</li> </ul> <p>Note: Both of the following personal information fields must be valid. If either of the fields are invalid, both are ignored:</p> <ul style="list-style-type: none"> <li>• Preferred Language Other than English (field 28)</li> </ul> <p>Accessible Format (field 29)</p> |   |
| 30   | Filler                                | 9    | 126-134  | N/A  | N/A   |
| 31   | Secondary Drug Insurance Flag         | 1    | 135      | For drug plans, reject the transaction with TRC 133 when the value is not “Y,” “N,” or blank.  | <p>‘Y’ or ‘N’ for Part D plans.</p> <p>For auto/facilitated enrollments and rollovers, value should be blank.</p> <p>For non-Part D plans, value should be blank.</p> |
| 32   | Secondary Rx ID                       | 20   | 136-155  | For CMS or State files, initialize to blanks; otherwise, do not validate.  | Required when the secondary drug insurance flag = Y; otherwise blank.   |
| 33   | Secondary Rx Group                    | 15   | 156-170  | For CMS files, initialize to blanks; otherwise, do not validate.   | Optional when the secondary drug insurance flag = Y; otherwise, blank.  |

| MARx Batch Input Detail – Enrollment Transaction – TC 61 |                                       |      |          |   |  |
|--|---------------------------------------|------|----------|---|--|
| Item   | Field                                 | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)   | Is Item Required,<br>Optional, or N/A  |
| 34   | Enrollment Source Code                | 1    | 171      | Reject with TRC 104 when:<br>For a CMS file: <ul style="list-style-type: none"> <li>It is a non-MMP enrollment and the value is not 'A', 'C', or 'H';</li> <li>It is an MMP enrollment and the value is not 'J', 'K', or 'L'</li> </ul> For a State file, the value is not 'J', 'K', or 'L'.<br>For a LINET contractor file, the value is not 'G'<br>For a Plan file: <ul style="list-style-type: none"> <li>It is a non-MMP enrollment and the value is not 'B', 'E', 'F', 'G', 'H', or blank otherwise set to 'I';</li> <li>It is an MMP enrollment and the value is not 'J', 'K', or 'L'.</li> </ul> | Required for POS submitted enrollment transactions; otherwise optional.                                |
| 35   | Rolled From Contract                  | 5    | 172-176  | Required for Rollover enrollment transactions submitted on a POVER special batch file. For all other transactions the value is blank.<br>Reject with a TRC 060 if the beneficiary was not enrolled in the Plan as of the submitted effective date for the Rollover enrollment transaction.  | Required for Rollover enrollment transactions submitted on a POVER special batch file; otherwise blank |
| 36   | Rolled From PBP                       | 3    | 177-179  | Required for Rollover enrollment transactions submitted on a POVER special batch file. For all other transactions the value is blank.<br>Reject with TRC 060 if the beneficiary was not enrolled in the Plan as of the submitted effective date for the Rollover enrollment transaction.  | Required for Rollover enrollment transactions submitted on a POVER special batch file; otherwise blank |
| 37   | Filler                                | 30   | 180-209  | N/A   | N/A  |
| 38   | Plan Assigned Transaction Tracking ID | 15   | 210-224  | Optional field; Do not validate   | Optional   |
| 39   | Part D Rx BIN                         | 6    | 225-230  | For CMS or State files, initialize to blanks.<br>For non-CMS and non-State files from drug plans: reject the transaction with a TRC 200 if the value is not numeric or is less than 0<br>For PACE National Plans and MMP: <ul style="list-style-type: none"> <li>If there is another primary 4Rx value provided (Part D Rx PCN, Part D Rx PCN, or Part D Rx Group) then reject the transaction with TRC 200 if this value is not numeric or is less than 0</li> </ul>   | Required for all Part D plans except PACE National and MMP; otherwise blank.                           |

| MARx Batch Input Detail – Enrollment Transaction – TC 61 |                    |      |          |  |   |
|--|--------------------|------|----------|--|---|
| Item   | Field              | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)  | Is Item Required,<br>Optional, or N/A   |
| 40   | Part D Rx PCN      | 10   | 231-240  | For CMS or State files, initialize to blanks.<br><br>For non-CMS and non-State files from drug plans, the value is optional, but when provided it will be rejected with a TRC 203 if the value is not: alphanumeric and left justified with no internal spaces.  | Optional for all Part D plans, otherwise blank.                               |
| 41   | Part D Rx Group    | 15   | 241-255  | For CMS or State files, initialize to blanks.<br><br>For non-CMS and non-State files from drug plans, the value is optional, but when provided it will be rejected with a TRC 202 if the value is not: alphanumeric and left justified with no internal spaces.  | Optional for all Part D plans, otherwise blank.                               |
| 42   | Part D Rx ID       | 20   | 256-275  | For CMS or State files, initialize to blanks.<br><br>For non-CMS and non-State files from drug plans, reject with a TRC 201 if the value is not: alphanumeric and left justified with no internal spaces.<br><br>For PACE National Plans and MMP, the value is optional unless another primary 4Rx value is provided. For this case, reject with a TRC 201 if the value is not: alphanumeric and left justified with no internal spaces. | Required for all Part D plans except PACE National and MMP; otherwise, blank. |
| 43   | Secondary Drug BIN | 6    | 276-281  | For CMS or State files, initialize to blanks; otherwise, do not validate.  | Required when the secondary drug insurance flag = Y; otherwise blank.         |
| 44   | Secondary Drug PCN | 10   | 282-291  | For CMS or State files, initialize to blanks; otherwise, do not validate.  | Optional when the secondary drug insurance flag = Y; otherwise blank.         |
| 45   | Filler             | 9    | 292-300  | N/A  | N/A   |

NOTE: Spaces are substituted for all fields marked as 'N/A'.



**3.2.7 TC 72 4Rx Data Change**

**Layout 3-10: MARx Batch Input Detail Record: 4Rx Data Change – TC 72**

| MARx Batch Input Detail – 4Rx Data Change Transaction – TC 72 |                        |      |          |   |                                       |
|---|------------------------|------|----------|---|---------------------------------------|
| Item  | Field                  | Size | Position | Validation<br>(Edits and TRCs for the<br>transaction fields)  | Is Item Required,<br>Optional, or N/A |
| 1   | Beneficiary Identifier | 12   | 1 – 12   | <p><b>Reject</b> the transaction with TRC007 if following criteria is not met during MBI transition:</p> <ol style="list-style-type: none"> <li>Format must be one of the following:                             <ul style="list-style-type: none"> <li>HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number).</li> <li>HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number).</li> <li>MBI is when the 2<sup>nd</sup>, 5<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> positions are alphas.</li> </ul> </li> <li>String must contain NO embedded spaces.</li> </ol> <p><b>Reject</b> the transaction with TRC008 if the beneficiary identifier is not found.</p> | Required                              |
| 2   | Surname                | 12   | 13 – 24  | Reject the transaction with TRC 004 if the field is blank and the First Name field is also blank.   | Required                              |
| 3   | First Name             | 7    | 25 – 31  | Reject the transaction with TRC 004 if the field is blank and the Surname field is also blank.  | Required                              |
| 4   | M. Initial             | 1    | 32       | N/A   | Optional                              |
| 5   | Gender Code            | 1    | 33       | If the value is not ‘1’ = male or ‘2’ = female, do not reject the transaction, set value to unknown (“0”).  | Required                              |
| 6   | Birth Date             | 8    | 34 – 41  | <p><b>Format</b> (YYYYMMDD)</p> <p><b>Fail the</b> transaction with TRC 257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match.</p> <p><b>Reject</b> the transaction with TRC 006 if the date is non-blank and formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match.</p> <p>Note: The beneficiary is considered matched if three out of four personal characteristics match (and the input claim number was found on the database.) If the beneficiary is matched the invalid or incorrect birth date is ignored.</p>   | Required                              |

| MARx Batch Input Detail – 4Rx Data Change Transaction – TC 72 |                                       |      |           |   |                                       |
|---|---------------------------------------|------|-----------|---|---------------------------------------|
| Item  | Field                                 | Size | Position  | Validation<br>(Edits and TRCs for the<br>transaction fields)  | Is Item Required,<br>Optional, or N/A |
| 7   | Filler                                | 1    | 42        | N/A   | N/A                                   |
| 8   | PBP #                                 | 3    | 43 – 45   | Reject with TRC 107 if the Contract/PBP combination does not exist.   | Required                              |
| 9   | Filler                                | 1    | 46        | N/A   | N/A                                   |
| 10  | Contract #                            | 5    | 47 – 51   | Fail with TRC 003 if the value is blank or the contract does not exist.   | Required                              |
| 11  | Filler                                | 8    | 52 – 59   | N/A   | N/A                                   |
| 12  | Transaction Code                      | 2    | 60 – 61   | Fail with TRC 001 if the value is not 72  | Required                              |
| 13  | Filler                                | 2    | 62 – 63   | N/A   | N/A                                   |
| 14  | Effective Date                        | 8    | 64 – 71   | Format (YYYYMMDD)<br>Fail transaction with TRC 258 if date is blank, not formatted correctly or contains an invalid month or day.<br>Reject the transaction if year is less than 1966 or greater than current year +1, or day is not the first of the month (“01”). | Required                              |
| 15  | Filler                                | 63   | 72 – 134  | N/A   | N/A                                   |
| 16  | Secondary Drug Insurance Flag         | 1    | 135       | Value is 'Y' or 'N' or blank.   | Optional                              |
| 17  | Secondary Rx ID                       | 20   | 136 – 155 | Required if secondary insurance; otherwise, blank.  | Optional                              |
| 18  | Secondary Rx Group                    | 15   | 156 – 170 | Required if secondary insurance; otherwise, blank.  | Optional                              |
| 19  | Filler                                | 39   | 171 – 209 | N/A   | N/A                                   |
| 20  | Plan Assigned Transaction Tracking ID | 15   | 210 – 224 | Optional  | Optional                              |
| 21  | Part D Rx BIN                         | 6    | 225 – 230 | Optional for all Part D plans, otherwise blank.   | Required                              |
| 22  | Part D Rx PCN                         | 10   | 231 – 240 | Optional for all Part D plans, otherwise blank.   | Optional                              |
| 23  | Part D Rx Group                       | 15   | 241 – 255 | Optional for all Part D plans, otherwise blank.   | Optional                              |
| 24  | Part D Rx ID                          | 20   | 256 – 275 | Required for all Part D plans except PACE National and MMP; otherwise, blank.   | Required                              |
| 25  | Secondary Drug BIN                    | 6    | 276 – 281 | Required when the secondary drug insurance flag = Y; otherwise blank.   | Required                              |
| 26  | Secondary Drug PCN                    | 10   | 282 – 291 | Optional when the secondary drug insurance flag = Y; otherwise blank.   | Optional                              |
| 27  | Filler                                | 9    | 292 – 300 | N/A   | N/A                                   |

**3.2.8 TC 74 EGHP Change**

**Layout 3-11: MARx Batch Input Detail Record: EGHP Change – TC 74**

| MARx Batch Input Detail – EGHP Change Transaction – TC 74 |                        |      |          |   |                                    |
|---|------------------------|------|----------|---|------------------------------------|
| Item  | Field                  | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)   | Is Item Required, Optional, or N/A |
| 1   | Beneficiary Identifier | 12   | 1 – 12   | <p><b>Reject</b> the transaction with TRC007 if following criteria is not met during MBI transition:</p> <ol style="list-style-type: none"> <li>Format must be one of the following:                             <ul style="list-style-type: none"> <li>HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number).</li> <li>HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number).</li> <li>MBI is when the 2<sup>nd</sup>, 5<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> positions are alphas.</li> </ul> </li> <li>String must contain NO embedded spaces.</li> </ol> <p><b>Reject</b> the transaction with TRC008 if the beneficiary identifier is not found.</p> | Required                           |
| 2   | Surname                | 12   | 13 – 24  | <b>Reject</b> the transaction with TRC 004 if the field is blank and the First Name field is also blank.  | Required                           |
| 3   | First Name             | 7    | 25 – 31  | <b>Reject</b> the transaction with TRC 004 if the field is blank and the Surname field is also blank.   | Required                           |
| 4   | M. Initial             | 1    | 32       | N/A   | Optional                           |
| 5   | Sex                    | 1    | 33       | If the value is not ‘1’ = male or ‘2’ = female, do not reject the transaction, set value to unknown (“0”).  | Required                           |
| 6   | Birth Date             | 8    | 34 – 41  | <p>Format (YYYYMMDD)</p> <p><b>Fail the</b> transaction with TRC 257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match.</p> <p><b>Reject</b> the transaction with TRC 006 if the date is non-blank and formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match.</p> <p>Note: The beneficiary is considered matched if three out of four personal characteristics match (and the input claim number was found on the database.) If the beneficiary is matched the invalid or incorrect birth date is ignored.</p>  | Required                           |

| MARx Batch Input Detail – EGHP Change Transaction – TC 74 |                              |      |           |   |                                    |
|---|------------------------------|------|-----------|---|------------------------------------|
| Item  | Field                        | Size | Position  | Validation<br>(Edits and TRCs for the transaction fields)   | Is Item Required, Optional, or N/A |
| 7   | EGHP Flag                    | 1    | 42        | <b>Reject</b> with TRC 164 if the value is not ‘Y’ or blank.  | Required                           |
| 8   | PBP #                        | 3    | 43 – 45   | <b>Reject</b> with TRC 107 if the Contract/PBP combination does not exist.  | Required                           |
| 9   | Filler                       | 1    | 46        | N/A   | N/A                                |
| 10  | Contract #                   | 5    | 47 – 51   | <b>Fail</b> with TRC 003 if the value is blank or the contract does not exist.  | Required                           |
| 11  | Filler                       | 8    | 52 – 59   | N/A   | N/A                                |
| 12  | Transaction Code             | 2    | 60 – 61   | <b>Fail</b> with TRC 001 if the value is not ‘74’   | ‘74’                               |
| 13  | Filler                       | 2    | 62 – 63   | N/A   | N/A                                |
| 14  | Effective Date               | 8    | 64 – 71   | Format (YYYYMMDD)<br><b>Fail</b> the transaction with TRC 258 if the date is blank, not formatted correctly or contains an invalid month or day.<br><b>Reject</b> the transaction if the year is less than 1966 or greater than the current year +1, or day is not the first of the month (“01”). | Required                           |
| 15  | Filler                       | 138  | 72 – 209  | N/A   | N/A                                |
| 16  | Plan Transaction Tracking ID | 15   | 210 – 224 | Optional  | Fifteen character tracking ID      |
| 17  | Filler                       | 76   | 225 – 300 | N/A   | N/A                                |

**3.2.9 TC 76 Residence Address Change**

**Layout 3-12: MARx Batch Input Detail Record: Residence Address Change – TC 76**

| MARx Batch Input Detail – Residence Address Change Transaction – TC 76 |                        |      |          |   |                                       |
|--|------------------------|------|----------|---|---------------------------------------|
| Item   | Field                  | Size | Position | Validation<br>(Edits and TRCs for the<br>transaction fields)  | Is Item Required,<br>Optional, or N/A |
| 1  | Beneficiary Identifier | 12   | 1 – 12   | <p><b>Reject</b> the transaction with TRC007 if following criteria is not met during MBI transition:</p> <ol style="list-style-type: none"> <li>Format must be one of the following:                             <ul style="list-style-type: none"> <li>HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number).</li> <li>HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number).</li> <li>MBI is when the 2nd, 5th, 8th and 9th positions are alphas.</li> </ul> </li> <li>String must contain NO embedded spaces.</li> </ol> <p><b>Reject</b> the transaction with TRC008 if the beneficiary identifier is not found.</p> | Required                              |
| 2  | Surname                | 12   | 13 – 24  | <b>Reject</b> the transaction with TRC 004 if the field is blank and the First Name field is also blank.  | Required                              |
| 3  | First Name             | 7    | 25 – 31  | <b>Reject</b> the transaction with TRC 004 if the field is blank and the Surname field is also blank.   | Required                              |
| 4  | M. Initial             | 1    | 32       | N/A   | Optional                              |
| 5  | Sex                    | 1    | 33       | If the value is not '1' = male or '2' = female, do not reject the transaction, set value to unknown ("0").  | Required                              |

| MARx Batch Input Detail – Residence Address Change Transaction – TC 76 |                              |      |           |   |                                    |
|--|------------------------------|------|-----------|---|------------------------------------|
| Item   | Field                        | Size | Position  | Validation<br>(Edits and TRCs for the transaction fields)   | Is Item Required, Optional, or N/A |
| 6  | Birth Date                   | 8    | 34 – 41   | <b>Format</b> (YYYYMMDD)<br>Fail the transaction with TRC 257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match.<br><b>Reject</b> the transaction with TRC 006 if the date is non-blank and formatted correctly, but is less than 1870, or greater than the current year and there is no beneficiary match.<br>Note: The beneficiary is considered matched if three out of four personal characteristics match (and the input claim number was found on the database.) If the beneficiary is matched the invalid or incorrect birth date is ignored. | Required                           |
| 7  | Filler                       | 5    | 42 – 46   | N/A   | N/A                                |
| 8  | Contract #                   | 5    | 47 – 51   | <b>Fail</b> with TRC 003 if the value is blank or the contract does not exist.  | Required                           |
| 9  | Filler                       | 8    | 52 – 59   | N/A   | N/A                                |
| 10   | Transaction Code             | 2    | 60 – 61   | <b>Fail</b> with TRC 001 if the value is not '76'   | '76'                               |
| 11   | Filler                       | 2    | 62 – 63   | N/A   | N/A                                |
| 12   | Effective Date               | 8    | 64 – 71   | Format (YYYYMMDD)<br><b>Fail</b> the transaction with TRC 258 if date is blank, not formatted correctly or contains an invalid month or day.<br><b>Reject</b> the transaction if the year is less than 1966 or greater than the current year +1, or the day is not the first of the month ("01").   | Required                           |
| 13   | Filler                       | 3    | 72 – 74   | N/A   | N/A                                |
| 14   | Residence Address Line 1     | 65   | 75 – 139  | <b>Reject</b> with TRC 261 if the Residence Address Line 1 field is empty or the supplied residence address information could not be resolved in terms of identifiable address components, or the address is not a U.S. address   | Required                           |
| 15   | Residence Address Line 2     | 65   | 140 – 204 | Optional  | Second line of residence address   |
| 16   | Filler                       | 4    | 205 – 208 | N/A   | N/A                                |
| 17   | Address Update/Delete Flag   | 1    | 209       | <b>Reject</b> with TRC 261 if the value is blank or is not valid.<br>Valid codes include 'U' = update or 'D' = delete   | Required                           |
| 18   | Plan Transaction Tracking ID | 15   | 210 – 224 | Optional  | Fifteen character tracking ID      |

| MARx Batch Input Detail – Residence Address Change Transaction – TC 76 |                      |      |           |   |                                    |
|--|----------------------|------|-----------|---|------------------------------------|
| Item   | Field                | Size | Position  | Validation<br>(Edits and TRCs for the transaction fields)   | Is Item Required, Optional, or N/A |
| 19   | Residence City       | 57   | 225 – 281 | <b>Reject</b> t with TRC 261 if the field is empty  | Required                           |
| 20   | Residence State      | 2    | 282 – 283 | <b>Reject</b> t with TRC 261 if the USPS state code is missing  | Required                           |
| 21   | Residence Zip Code   | 5    | 284 – 288 | <b>Reject</b> with TRC 261 if the residence zip code is missing or is non-numeric   | Required                           |
| 22   | Residence Zip Code+4 | 4    | 289 – 292 | Optional  | Optional                           |
| 23   | End Date             | 8    | 293 – 300 | Format (YYYYMMDD)<br><br>If the End Date field is non-blank:<br>Fail with TRC 259 if the date is not a valid date<br><b>Reject</b> with TRC 260 if the End Date is not appropriate for one or more of the following reasons: <ul style="list-style-type: none"> <li>• It is before the effective date</li> <li>• It is not the last day of the month, or</li> <li>• It is not within the contract enrollment period.</li> </ul> | Optional                           |

**3.2.10 TC 79 Part D Opt Out**

**Layout 3-13: MARx Batch Input Detail Record: Part D Opt-Out – TC 79**

| MARx Batch Input Detail – Part D Opt-Out Transaction – TC 79 |                        |      |          |   |                                    |
|--|------------------------|------|----------|---|------------------------------------|
| Item   | Field                  | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)   | Is Item Required, Optional, or N/A |
| 1  | Beneficiary Identifier | 12   | 1 – 12   | <p>Reject the transaction with TRC007 if following criteria is not met during MBI transition:</p> <ol style="list-style-type: none"> <li>Format must be one of the following: <ul style="list-style-type: none"> <li>HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number).</li> <li>HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number).</li> <li>MBI is when the 2nd, 5th, 8th and 9th positions are alphas.</li> </ul> </li> <li>String must contain NO embedded spaces.</li> </ol> <p>Reject the transaction with TRC008 if the beneficiary identifier is not found.</p> | Required                           |
| 2  | Surname                | 12   | 13 – 24  | <b>Reject</b> the transaction with TRC 004 if the field is blank and the First Name field is also blank.  | Required                           |
| 3  | First Name             | 7    | 25 – 31  | <b>Reject</b> the transaction with TRC 004 if the field is blank and the Surname field is also blank.   | Required                           |
| 4  | M. Initial             | 1    | 32       | N/A   | Optional                           |
| 5  | Gender Code            | 1    | 33       | If the value is not '1' = male or '2' = female, do not reject the transaction, set value to unknown ("0").  | Required                           |
| 6  | Birth Date             | 8    | 34 – 41  | <p>Format (YYYYMMDD)</p> <p>Fail the transaction with TRC 257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match.</p> <p>Reject the transaction with TRC 006 if the date is non-blank and formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match.</p> <p>Note: The beneficiary is considered matched if three out of four personal characteristics match (and the input claim number was found on the database.) If the beneficiary is matched the invalid or incorrect birth date is ignored.</p>  | Required                           |
| 7  | Filler                 | 1    | 42       | N/A   | N/A                                |



| MARx Batch Input Detail – Part D Opt-Out Transaction – TC 79 |                              |      |           |   |                                    |
|--|------------------------------|------|-----------|---|------------------------------------|
| Item   | Field                        | Size | Position  | Validation<br>(Edits and TRCs for the transaction fields)   | Is Item Required, Optional, or N/A |
| 8  | PBP #                        | 3    | 43 – 45   | <b>Reject</b> with TRC 107 if the Contract/PBP combination does not exist.  | Required                           |
| 9  | Filler                       | 1    | 46        | N/A   | N/A                                |
| 10   | Contract #                   | 5    | 47 – 51   | <b>Fail</b> with TRC 003 if the value is blank or the contract does not exist.  | Required                           |
| 11   | Filler                       | 8    | 52 – 59   | N/A   | N/A                                |
| 12   | Transaction Code             | 2    | 60 – 61   | Fail with TRC 001 if the value is not '79.'   | 79                                 |
| 13   | Filler                       | 2    | 62 – 63   | N/A   | N/A                                |
| 14   | Effective Date               | 8    | 64 – 71   | Format (YYYYMMDD)<br><b>Fail</b> the transaction with TRC 258 if the date is blank, not formatted correctly or contains an invalid month or day.<br><b>Reject</b> the transaction if the year is less than 1966 or greater than the current year +1, or day is not the first of the month ("01"). | Required                           |
| 15   | Filler                       | 27   | 72 – 98   | N/A   | N/A                                |
| 16   | Part D Opt-Out Flag          | 1    | 99        | <b>Reject</b> with TRC 130 when changing PBPs when the values are not one of the following:<br>'Y' when Opting Out of Part D<br>'N' when Opting In to Part D  | Required                           |
| 17   | Filler                       | 110  | 100 – 209 | N/A   | N/A                                |
| 18   | Plan Transaction Tracking ID | 15   | 210 – 224 | Optional  | Fifteen character tracking ID      |
| 19   | Filler                       | 76   | 225 – 300 | N/A   | N/A                                |

### **3.2.11 TC 80/81 Reinstatement of Enrollment/Disenrollment**

Transaction Codes 80 and 81 removes a prior successfully processed enrollment or disenrollment action submitted by the current Plan and reinstates the beneficiary's enrollment to its prior state when MARx enrollment edits permit. Payments and premiums are also re-calculated and election period rules do not count against the beneficiary.

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#### ***Reinstatement Criteria***

Plans should consider the following criteria when MARx reinstates an enrollment period:

- Prior to beneficiary reinstatement, MARx evaluates the beneficiary and Plan status to ensure all values are within eligibility limits. The beneficiary is not reinstated for any month in which eligibility requirements are not met for the following subject areas:
  - Death of the beneficiary,
  - Medicare entitlement and Part D eligibility,
  - Beneficiary does not meet the health status requirements of the Plan, and
  - Plan is not open and active.
- A reinstated enrollment is not evaluated against the same rules as a new enrollment, such as timeliness of submission, Plan enrollment status, or election periods. The reinstatement qualifications are similar to the qualifications for remaining enrolled. For example, an enrollment is not reinstated when the beneficiary does not have sufficient entitlement or eligibility.
- MARx recalculates all beneficiary payments and premiums.

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#### ***Reinstatement of Enrollment from Erroneous Auto Disenrollments***

Notification of a beneficiary's date of death (DOD) triggers an automatic disenrollment in MARx. Sometimes these DODs are reversed or refined by subsequent updates, such that the original disenrollment is no longer appropriate.

A mechanism within the MARx system will attempt to automatically reinstate enrollments for beneficiaries who were auto-disenrolled by a report of DOD where there was a subsequent DOD correction or removal that impacts the Plan enrollment.

In conjunction with the reinstatement of enrollment, Plans receive appropriate TRCs that contain the information on the updated DOD and reinstated enrollment.

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#### ***Reinstatement Resulting from Erroneous Auto Disenrollment Criteria***

- Changes to the DOD effective date are applicable to auto reinstatement where Plan enrollment is impacted.
- All affected Plans receive a communication concerning reinstated enrollments.
- A reinstatement of enrollment does not exhaust or count against a beneficiary's usage of an election period.
- A corrected DOD that results in an earlier DOD also adjusts the Plan disenrollment.

**Layout 3-14: MARx Batch Input Detail Record: Cancellation of Enrollment – TC 80**

| MARx Batch Input Detail – Cancellation of Enrollment Transaction – TC 80 |                        |      |          |   |   |
|--|------------------------|------|----------|---|---|
| Item   | Field                  | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)   | Is Item Required, Optional, or N/A                    |
| 1  | Beneficiary Identifier | 12   | 1 – 12   | Reject the transaction with TRC007 if following criteria is not met during MBI transition:<br>1. Format must be one of the following:<br><ul style="list-style-type: none"> <li>• HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number).</li> <li>• HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number).</li> <li>• MBI is when the 2nd, 5th, 8th and 9th positions are alphas.</li> </ul> 2. String must contain NO embedded spaces.<br><b>Reject</b> the transaction with TRC008 if the beneficiary identifier is not found. | Required  |
| 2  | Surname                | 12   | 13 – 24  | <b>Reject</b> the transaction with TRC004 if field is ‘blank’ and First Name field is also ‘blank’.   | Required  |
| 3  | First Name             | 7    | 25 – 31  | <b>Reject</b> with TRC004 if ‘blank’ and Surname field is also ‘blank’.   | Required  |
| 4  | M. Initial             | 1    | 32       | Optional  | Optional  |
| 5  | Gender Code            | 1    | 33       | If value is not ‘1’ = male or ‘2’ = female, do not reject transaction, set value to unknown (“0”).  | Required  |
| 6  | Birth Date             | 8    | 34 – 41  | Format (YYYYMMDD)<br><b>Fail</b> the transaction with TRC257 if date is not formatted correctly or contains an invalid month or day and there is no beneficiary match.<br><b>Reject</b> the transaction with TRC006 if date is non-blank, formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match.   | Required  |
| 7  | Filler                 | 1    | 42       | N/A   | N/A   |
| 8  | PBP #                  | 3    | 43 – 45  | <b>Reject</b> with TRC107 if PBP does not exist   | Required for contracts with PBPs; otherwise, optional |
| 9  | Filler                 | 1    | 46       | N/A   | N/A   |
| 10   | Contract #             | 5    | 47 – 51  | <b>Fail</b> with TRC003 if field ‘blank’ or contract does not exist.<br><b>Fail</b> with TRC156 if user is not authorized for contract  | Required  |
| 11   | Filler                 | 8    | 52 – 59  | N/A   | N/A   |

| MARx Batch Input Detail – Cancellation of Enrollment Transaction – TC 80 |  |      |           |   |   |
|--|--|------|-----------|---|---|
| Item   | Field  | Size | Position  | Validation<br>(Edits and TRCs for the transaction fields)   | Is Item Required, Optional, or N/A                  |
| 12   | Transaction Code   | 2    | 60 – 61   | <b>Fail</b> with TRC 001 if the value is not '80'.<br><b>Reject</b> the transaction with TRC314 if the transaction is trying to cancel an MMP plan enrollment   | '80'  |
| 13   | Disenrollment Reason Required for Involuntary Disenrollments | 2    | 62 – 63   | Check for valid disenrollment reason code from Table 3-6. If code is not in Table 3-6 or is 'blank', issue TRC205 and set value to "99."  | Optional  |
| 14   | Effective Date   | 8    | 64 – 71   | Format (YYYYMMDD)<br><b>Fail</b> the transaction with TRC 258 if date is blank, not formatted correctly or contains an invalid month or day.<br><b>Reject</b> the transaction if year is less than 1966 or greater than current year +1, or day is not the first of the month ("01"). | Required (must equal the enrollment effective date) |
| 15   | Filler   | 138  | 72 – 209  | N/A   | N/A   |
| 16   | Plan Transaction Tracking ID                                 | 15   | 210 – 224 | Optional  | Fifteen character tracking ID                       |
| 17   | Filler   | 76   | 225 – 300 | N/A   | N/A   |

NOTES:

- Spaces are substituted for all fields marked as 'N/A'.
- Reject transaction with TRC009 if there is no beneficiary match.

**Layout 3-15: MARx Batch Input Detail Record: Cancellation of Disenrollment – TC 81**

| MARx Batch Input Detail – Cancellation of Disenrollment Transaction – TC 81 |                        |      |          |  |   |
|---|------------------------|------|----------|--|---|
| Item  | Field                  | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)  | Is Item Required, Optional, or N/A        |
| 1   | Beneficiary Identifier | 12   | 1-12     | <p>Reject the transaction with TRC007 if following criteria is not met during MBI transition:</p> <ol style="list-style-type: none"> <li>Format must be one of the following: <ul style="list-style-type: none"> <li>HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number).</li> <li>HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number).</li> <li>MBI is when the 2nd, 5th, 8th and 9th positions are alphas.</li> </ul> </li> <li>String must contain NO embedded spaces.</li> </ol> <p><b>Reject</b> the transaction with TRC008 if the beneficiary identifier is not found.</p> | Required                                  |
| 2   | Surname                | 12   | 13-24    | <b>Reject</b> the transaction with TRC004 if field is blank and First Name field is also blank.  | Required                                  |
| 3   | First Name             | 7    | 25-31    | <b>Reject</b> with TRC004 if blank and Surname field is also blank.  | Required                                  |
| 4   | M. Initial             | 1    | 32       | Optional   | Optional                                  |
| 5   | Gender Code            | 1    | 33       | If value is NOT '1' = male or '2' = female, set value to unknown ("0"). This does not cause a rejection.   | Required                                  |
| 6   | Birth Date             | 8    | 34-41    | <p>Format (YYYYMMDD)</p> <p><b>Fail</b> the transaction with TRC 257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match.</p> <p><b>Reject</b> the transaction with TRC 006 if the date is non-blank and formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match.</p> <p>Note: The beneficiary is considered matched if three out of four personal characteristics match (and the input claim number was found on the database.) If the beneficiary is matched the invalid or incorrect birth date is ignored.</p>   | Required                                  |
| 7   | Filler*                | 1    | 42       | N/A  | N/A                                       |
| 8   | PBP                    | 3    | 43-45    | For Contracts with defined PBPs, reject with TRC 107 if not one of the plan's PBPs.  | Required for contracts with defined PBPs. |
| 9   | Filler                 | 1    | 46       | N/A  | N/A                                       |
| 10  | Contract               | 5    | 47-51    | <b>Fail</b> with TRC 003 if field blank or contract does not exist.  | Required                                  |
| 11  | Filler                 | 8    | 52-59    | N/A  | N/A                                       |

| MARx Batch Input Detail – Cancellation of Disenrollment Transaction – TC 81 |                              |      |           |  |                                    |
|---|------------------------------|------|-----------|--|------------------------------------|
| Item  | Field                        | Size | Position  | Validation<br>(Edits and TRCs for the transaction fields)  | Is Item Required, Optional, or N/A |
| 12  | Transaction Code             | 2    | 60-61     | <b>Fail</b> with TRC 001 if the value is not ‘81’  | Required                           |
| 13  | Filler                       | 2    | 62-63     | N/A  | N/A                                |
| 14  | Effective Date               | 8    | 64 – 71   | Format (YYYYMMDD)<br><b>Fail</b> the transaction with TRC258 if date is blank, not formatted correctly or contains an invalid month or day.<br><br><b>Reject</b> the transaction with TRC051 if year is less than 1966 or greater than current year +1, or day is not the first of the month (“01”). | Required                           |
| 15  | Segment ID                   | 3    | 72 – 74   | Optional   | Three character segment ID         |
| 16  | Filler                       | 135  | 75 – 209  | N/A  | N/A                                |
| 17  | Plan Transaction Tracking ID | 15   | 210 – 224 | Optional   | Fifteen character tracking ID      |
| 18  | Filler                       | 76   | 225 – 300 | N/A  | N/A                                |

\*Spaces are substituted for all fields marked as ‘N/A’.

**3.2.12 TC 82 MMP Enrollment Cancellation**

**Layout 3-16: MARx Batch Input Detail Record: MMP Enrollment Cancellation – TC 82**

| MARx Batch Input Detail – MMP Enrollment Cancellation Transaction – TC 82 |                        |      |          |   |   |
|---|------------------------|------|----------|---|---|
| Item  | Field                  | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)   | Is Item Required, Optional, or N/A                  |
| 1   | Beneficiary Identifier | 12   | 1-12     | Reject the transaction with TRC007 if following criteria is not met during MBI transition:<br>1. Format must be one of the following:<br><ul style="list-style-type: none"> <li>• HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number).</li> <li>• HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number).</li> <li>• MBI is when the 2nd, 5th, 8th and 9th positions are alphas.</li> </ul> 2. String must contain NO embedded spaces.<br><b>Reject</b> the transaction with TRC008 if the beneficiary identifier is not found. | Required  |
| 2   | Surname                | 12   | 13-24    | <b>Reject</b> the transaction with TRC004 if field is ‘blank’ and First Name field is also ‘blank’.   | Required  |
| 3   | First Name             | 7    | 25-31    | <b>Reject</b> with TRC004 if ‘blank’ and Surname field is also ‘blank’.   | Required  |
| 4   | M. Initial             | 1    | 32       | Optional  | Optional  |
| 5   | Gender Code            | 1    | 33       | If value is not ‘1’ = male or ‘2’ = female, do not reject transaction, set value to unknown (“0”).  | Required  |
| 6   | Birth Date             | 8    | 34-41    | Format (YYYYMMDD)<br><b>Fail</b> the transaction with TRC 257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match.<br><b>Reject</b> the transaction with TRC 006 if the date is non-blank and formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match.<br>Note: The beneficiary is considered matched if three out of four personal characteristics match (and the input claim number was found on the database.) If the beneficiary is matched the invalid or incorrect birth date is ignored.   | Required  |
| 7   | Filler                 | 1    | 42       | N/A   | N/A   |
| 8   | PBP #                  | 3    | 43-45    | Reject with TRC107 if it does not exist   | Required for contracts with PBPs; otherwise, spaces |
| 9   | Filler                 | 1    | 46       | N/A   | N/A   |

| MARx Batch Input Detail – MMP Enrollment Cancellation Transaction – TC 82 |  |      |          |  |   |
|---|--|------|----------|--|---|
| Item  | Field  | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)  | Is Item Required, Optional, or N/A                  |
| 10  | Contract #   | 5    | 47-51    | <b>Fail</b> with TRC003 if field ‘blank’ or contract does not exist.<br><b>Fail</b> with TRC156 if user is not authorized for contract   | Required  |
| 11  | Filler   | 8    | 52-59    | N/A  | N/A   |
| 12  | Transaction Code   | 2    | 60-61    | <b>Fail</b> with TRC 001 if the value is not ‘82’.<br>Reject the transaction with TRC314 if the transaction is trying to cancel a non-MMP plan enrollment  | “82”  |
| 13  | Disenrollment Reason Required for Involuntary Disenrollments | 2    | 62-63    | Check for valid disenrollment reason code from Table 3-6. If code is not in Table 3-6 or is ‘blank’, issue TRC205 and set value to “99.”   | Optional  |
| 14  | Effective Date   | 8    | 64-71    | Format: (YYYYMMDD)<br><b>Fail</b> the transaction with TRC 258 if date is blank, not formatted correctly or contains an invalid month or day.<br><b>Reject</b> the transaction if year is less than 1966 or greater than current year +1, or day is not the first of the month (“01”). | Required (must equal the enrollment effective date) |
| 15  | Filler   | 28   | 72-99    | N/A  | N/A   |
| 16  | MMP Opt-Out Flag   | 1    | 100      | <b>Reject</b> with TRC 310 when value is not ‘Y’, ‘N’ or blank.  | Optional*   |
| 17  | Filler   | 109  | 101-209  | N/A  | N/A   |
| 18  | Plan Transaction Tracking ID                                 | 15   | 210-224  | Optional   | Fifteen character tracking ID                       |
| 19  | Filler   | 76   | 225-300  | N/A  | N/A   |

NOTES:

- Spaces are substituted for all fields marked as ‘N/A’.
- Reject transaction with TRC009 if there is no beneficiary match.



**3.2.13 TC 83 MMP Opt-Out Update**

**Layout 3-17: MARx Batch Input Detail Record: MMP Opt-Out Update – TC 83**

| MARx Batch Input Detail – MMP Opt-Out Update – TC 83 |                        |      |          |   |                                    |
|--|------------------------|------|----------|---|------------------------------------|
| Item   | Field                  | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)   | Is Item Required, Optional, or N/A |
| 1  | Beneficiary Identifier | 12   | 1 – 12   | Reject the transaction with TRC007 if following criteria is not met during MBI transition:<br>1. Format must be one of the following:<br><ul style="list-style-type: none"> <li>• HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number).</li> <li>• HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number).</li> <li>• MBI is when the 2nd, 5th, 8th and 9th positions are alphas.</li> </ul> 2. String must contain NO embedded spaces.<br><b>Reject</b> the transaction with TRC008 if the beneficiary identifier is not found. | Required                           |
| 2  | Surname                | 12   | 13 – 24  | <b>Reject</b> the transaction with TRC004 if field is blank and First Name field is also blank.   | Required                           |
| 3  | First Name             | 7    | 25 – 31  | <b>Reject</b> with TRC004 if blank and Surname field is also blank.   | Required                           |
| 4  | M. Initial             | 1    | 32       | N/A   | Optional                           |
| 5  | Gender Code            | 1    | 33       | If value is not '1' = male or '2' = female, do not reject transaction, set value to unknown ("0").  | Required                           |
| 6  | Birth Date             | 8    | 34 – 41  | Format (YYYYMMDD)<br><b>Fail</b> the transaction with TRC-257 if date is not formatted correctly or contains an invalid month or day and there is no beneficiary match.<br><b>Reject</b> the transaction with TRC-006 if date is non-blank, formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match.   | Required                           |
| 7  | Filler                 | 1    | 42       | N/A   | N/A                                |
| 8  | PBP #                  | 3    | 43 – 45  | <b>Reject</b> the transaction with TRC-107 if PBP is missing or invalid.  | Required                           |
| 9  | Filler                 | 1    | 46       | N/A   | N/A                                |
| 10   | Contract #             | 5    | 47 – 51  | <b>Fail</b> with TRC-003 if the field is 'blank' or contract does not exist.<br><b>Fail</b> with TRC-156 if user is not authorized for contract.  | Required                           |
| 11   | Filler                 | 8    | 52 – 59  | N/A   | N/A                                |
| 12   | Transaction Code       | 2    | 60 – 61  | <b>Fail</b> with TRC 001 if the value is not '83'   | '83'                               |

| MARx Batch Input Detail – MMP Opt-Out Update – TC 83 |                              |      |           |  |                                    |
|--|------------------------------|------|-----------|--|------------------------------------|
| Item   | Field                        | Size | Position  | Validation<br>(Edits and TRCs for the transaction fields)  | Is Item Required, Optional, or N/A |
| 13   | Filler                       | 2    | 62 – 63   | N/A  | N/A                                |
| 14   | Effective Date               | 8    | 64 – 71   | Format (YYYYMMDD)<br><b>Fail</b> the transaction with TRC 258 if date is blank, not formatted correctly or contains an invalid month or day.<br><b>Reject</b> the transaction with TRC 037 if the year is less than 1966 or greater than the current year +1, or the day is not the first of the month (“01”). Effective Date must be prospective, meaning processing month plus three months. | Required                           |
| 15   | Filler                       | 28   | 72 – 99   | N/A  | N/A                                |
| 16   | MMP Opt-Out Flag             | 1    | 100       | <b>Reject</b> with TRC310 when value is not ‘Y’ or ‘N.’  | Required                           |
| 17   | Filler                       | 109  | 101 – 209 | N/A  | N/A                                |
| 18   | Plan Transaction Tracking ID | 15   | 210 – 224 | Optional   | Fifteen character tracking ID      |
| 19   | Filler                       | 76   | 225 – 300 | N/A  | N/A                                |

NOTE: Spaces are substituted for all fields marked as ‘N/A’.

**3.2.14 TC 90 CARA Status**

**Layout 3-18: MARx Batch Input Detail Record: CARA Status – TC 90**

| MARx Batch Input Detail – CARA Status – TC 90 |                        |      |          |  |                                    |
|---|------------------------|------|----------|--|------------------------------------|
| Item  | Field                  | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)  | Is Item Required, Optional, or N/A |
| 1   | Beneficiary Identifier | 12   | 1 – 12   | <p><b>Reject</b> the transaction with TRC007 if the following criteria is not met during MBI transition:</p> <ol style="list-style-type: none"> <li>Format must be one of the following:                             <ul style="list-style-type: none"> <li>HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number).</li> <li>HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number).</li> <li>MBI is an 11-position value. The 2<sup>nd</sup>, 5<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> positions are alphas.</li> </ul> </li> <li>String must contain NO embedded spaces.</li> </ol> <p><b>Reject</b> the transaction with TRC008 if the beneficiary identifier is not found.</p> | Required                           |
| 2   | Surname                | 12   | 13 – 24  | <p><b>Reject</b> the transaction with TRC004 if the field is blank and the First Name field is also blank.</p>   | Required                           |
| 3   | First Name             | 7    | 25 – 31  | <p><b>Reject</b> transaction with TRC004 if the field is blank and the Surname field is also blank.</p>  | Required                           |
| 4   | M. Initial             | 1    | 32       | N/A  | Optional                           |
| 5   | Gender Code            | 1    | 33       | <p>If the value is not “1” = male or “2” = female, do not reject the transaction, set the value to unknown (“0”).</p>  | Required                           |

| MARx Batch Input Detail – CARA Status – TC 90 |                  |      |          |  |                                    |
|---|------------------|------|----------|--|------------------------------------|
| Item  | Field            | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)  | Is Item Required, Optional, or N/A |
| 6   | Birth Date       | 8    | 34 – 41  | <p><b>Format</b> (YYYYMMDD)<br/> <b>Fail</b> the transaction with TRC257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match.<br/> <b>Reject</b> the transaction with TRC006 if the date is non-blank and formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match.<br/>                     Note: The beneficiary is considered matched if three out of four personal characteristics match (and the input MBI (or HICN until the end of transition) was found on the database.) If the beneficiary is matched the invalid or incorrect birth date is ignored.</p> | Required                           |
| 7   | Filler           | 5    | 42 – 46  | N/A  | N/A                                |
| 8   | Contract #       | 5    | 47 – 51  | <p><b>Fail</b> the transaction with TRC003 if the field is blank or the contract does not exist.<br/> <b>Reject</b> the transaction with TRC378 if it is a LiNet contract.</p>   | Required                           |
| 9   | Filler           | 8    | 52 – 59  | N/A  | N/A                                |
| 10  | Transaction Code | 2    | 60 – 61  | <b>Fail</b> the transaction with TRC001 if the value is not '90'   | Required                           |
| 11  | Filler           | 13   | 62 – 74  | N/A  | N/A                                |

| MARx Batch Input Detail – CARA Status – TC 90 |                                       |      |          |  |   |
|---|---------------------------------------|------|----------|--|---|
| Item  | Field                                 | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)  | Is Item Required, Optional, or N/A  |
| 12  | Add/Update/Delete Flag                | 1    | 75       | <p><b>Until January 1, 2019, Reject</b> the transaction with TRC336 if the value is not valid</p> <p>Until January 1, 2019, the valid values are:</p> <p style="padding-left: 40px;">“U” = Update<br/>“D” = Delete</p> <p>Reject an update (“U”) transaction with TRC391 if the record is an inactive Legacy record.</p> <p>On or after January 1, 2019, <b>Reject</b> with TRC390 if the value provided is not valid.</p> <p>Starting January 1, 2019, the valid values are:</p> <p style="padding-left: 40px;">“A” = Add<br/>“U” = Update<br/>“D” = Delete</p> | <p>Required</p> <p>For an ‘add’, the drug class and notification start date (and any other dates provided) will be added to the database for the CARA status fields (17, 19, 20) that contain a value of Y.</p> <p>For ‘updates’, the database records for the drug class and notification start date (and any other dates provided) will be updated for the CARA status fields (17, 19, 20) that contain a value of Y or N.</p> <p>For ‘deletes’, the CARA status fields (17, 19, 20) with a value of “Y” will be deleted.</p> |
| 13  | Filler                                | 1    | 76       | N/A  | N/A   |
| 14  | Drug Class                            | 3    | 77 – 79  | <b>Reject</b> the transaction with TRC334 if the value provided is not valid.  | Required  |
| 15  | Notification Start Date<br>(YYYYMMDD) | 8    | 80 – 87  | <p><b>Fail</b> the transaction with TRC332 until January 1, 2019.</p> <p>On or after January 1, 2019 <b>Fail</b> with TRC389 if the notification start date:</p> <ul style="list-style-type: none"> <li>• is blank, or</li> <li>• not formatted correctly, or</li> <li>• contains an invalid month or day</li> </ul> <p>Reject the transaction with TRC388 if the notification start date is later than CCM plus one.</p>  | Required  |

| MARx Batch Input Detail – CARA Status – TC 90 |                                     |      |          |   |   |
|---|-------------------------------------|------|----------|---|---|
| Item  | Field                               | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)   | Is Item Required, Optional, or N/A  |
| 16  | Notification End Date<br>(YYYYMMDD) | 8    | 88 – 95  | <p><b>Fail</b> the transaction with TRC389 if the notification end date is not formatted correctly or contains an invalid month or day.</p> <p><b>Reject</b> the transaction with TRC379 if the notification end date provided is more than 60 days from the notification start date.</p> <p>For example, if the notification start date is August 1<sup>st</sup> the notification end date must be between August 1<sup>st</sup> and September 29<sup>th</sup> (inclusive).</p>  | <p>Optional</p> <p>– if provided, the end date will be applied to all fields (17, 19, 20) that have a status field value of “Y” on this transaction.</p> <p>– if provided:<br/>(must be within 60 days after the Notification Start Date</p> <p><b>AND</b><br/>one day prior to the Implementation Start Date )</p> <p><b>OR</b><br/>the notification start, notification end and implementation start dates must all be the same</p> |
| 17  | POS Edit Status                     | 1    | 96       | <p><b>Reject</b> the transaction with TRC385 if the POS Edit Status is blank or N and the POS Edit Code field is populated with a valid value</p> <p><b>Reject</b> the transaction with TRC385 if the POS Edit Status is Y but the POS Edit Code field is blank.</p> <p><b>Reject</b> the transaction with TRC386 if value provided is not valid.</p> <p>Valid values:</p> <ul style="list-style-type: none"> <li>• Y – Yes</li> <li>• N – No</li> <li>• Blank (Space)</li> </ul> | <p>Optional</p> <p>Y = Indicates that a notification of a POS Edit has been sent <b>or</b> that a POS Edit has been implemented</p> <p>N = No POS Edit</p> <p>[space] = Not reported or No change to a previously reported POS Edit. Any date updates made as a result of this transaction will not be applied to this attribute if this field is populated with a Blank (Space)</p>  |

| MARx Batch Input Detail – CARA Status – TC 90 |                              |      |          |   |  |
|---|------------------------------|------|----------|---|--|
| Item  | Field                        | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)   | Is Item Required, Optional, or N/A   |
| 18  | POS Edit Code                | 3    | 97 – 99  | <p><b>Reject</b> the transaction with TRC335 until January 1, 2019 if the value provided is not valid.</p> <p>On or after January 1, 2019 <b>Reject</b> with TRC386 if the value provided is not valid.</p> <p>As of January 1, 2019, blank is a valid value for CARA records. Legacy POS Edit records require a valid POS Edit Code.</p> <p><b>Reject</b> the transaction with TRC385 if the POS Edit Status is blank or N and the POS Edit Code is populated with a valid value.</p> <p><b>Reject</b> the transaction with TRC385 if the POS Edit Status is Y but the POS Edit Code is blank.</p> | Optional<br>Required when POS Edit Status is ‘Y’.  |
| 19  | Prescriber Limitation Status | 1    | 100      | <p><b>Reject</b> the transaction with TRC386 if the value provided is not valid.</p> <p>Valid values:</p> <ul style="list-style-type: none"> <li>• Y – Yes</li> <li>• N – No</li> <li>• Blank (Space)</li> </ul>  | Optional<br>Y = Indicates that a notification of a prescriber limitation has been sent <b>or</b> that a prescriber limitation has been implemented<br>N = No Prescriber limitation Edit<br>[space] = Not reported or No change to the Prescriber Limitation. Any date updates made as a result of this transaction will not be applied to this attribute if this field is populated with a Blank (Space) |

| MARx Batch Input Detail – CARA Status – TC 90 |                                      |      |          |  |  |
|---|--------------------------------------|------|----------|--|--|
| Item  | Field                                | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)  | Is Item Required, Optional, or N/A   |
| 20  | Pharmacy Limitation Status           | 1    | 101      | <p><b>Reject</b> the transaction with TRC386 if value provided is not valid.</p> <p>Valid values:</p> <ul style="list-style-type: none"> <li>• Y – Yes</li> <li>• N – No</li> <li>• Blank (Space)</li> </ul>   | <p>Optional</p> <p>Y = Indicates that a notification of a pharmacy limitation has been sent <b>or</b> that a pharmacy limitation has been implemented<br/>                     N = No Pharmacy limitation Edit<br/>                     [space] = Not reported or No change to the Pharmacy limitation. Any date updates made as a result of this transaction will not be applied to this attribute if this field is populated with a Blank (Space).</p> |
| 21  | Implementation Start Date (YYYYMMDD) | 8    | 102–109  | <p><b>Fail</b> the transaction with TRC332 until January 1, 2019.</p> <p>On or after January 1, 2019 <b>Fail</b> with TRC389, if the implementation start date is not formatted correctly or contains an invalid month or day.</p> <p><b>Reject</b> the transaction with TRC379 if the implementation start date is less than the Notification start date.</p> <p><b>Reject</b> the transaction with TRC379 if the implementation start date is later than the implementation end date or more than one day after the notification end date.</p> <p><b>Reject</b> the transaction with TRC388 if the implementation start date is later than CCM plus one.</p> | <p>Optional</p> <p>– if provided, the implementation start date applies to all fields (17, 19, 20) that have a status field value of “Y” on this transaction.</p>  |



| MARx Batch Input Detail – CARA Status – TC 90 |                                       |      |           |  |   |
|---|---------------------------------------|------|-----------|--|---|
| Item  | Field                                 | Size | Position  | Validation<br>(Edits and TRCs for the transaction fields)  | Is Item Required, Optional, or N/A  |
| 22  | Implementation End Date (YYYYMMDD)    | 8    | 110-117   | <p><b>Fail</b> the transaction with TRC332 until January 1, 2019.</p> <p>On or after January 1, 2019, <b>Fail</b> with TRC389 if the implementation end date is not formatted correctly or contains an invalid month or day.</p> <p><b>For CARA records, reject</b> the transaction with TRC382 if the initial implementation end date provided is more than one year from the implementation start date or an extension end date is more than two years from the implementation start date. For Legacy records, implementation end date can be greater than 12 months after the implementation start date.*</p> <p><b>For CARA records, reject</b> the transaction with TRC383 if the implementation end date has passed and it is later than thirteen months from the implementation start date.*</p> <p><b>Reject</b> the transaction with TRC 379 if an implementation end date is submitted without an implementation start date.</p> <p>* For POS Drug Edit Legacy records, the implementation date can be blank and the restrictions listed above do not apply.</p> | <p>Optional</p> <ul style="list-style-type: none"> <li>– if provided, the implementation end date will apply to all fields (17, 19, 20) that have a status field value of “Y” on this transaction</li> <li>– if provided (first time) must be after and within 1 year of the implementation start date. For example, if the implementation start date is 1/1/2019, the last valid implementation end date is 12/31/2019. Can be extended to within two years of Implementation start date on subsequent update transactions.</li> <li>Cannot be extended if the implementation end date has passed and the date MARx receives the transaction is more than 13 months from the implementation start date.</li> </ul> |
| 23  | Filler                                | 92   | 118–209   | N/A  | N/A   |
| 24  | Plan Assigned Transaction Tracking ID | 15   | 210 – 224 | Fifteen character tracking ID  | Optional  |
| 25  | Filler                                | 76   | 225 – 300 | N/A  | N/A   |

NOTE: Spaces are substituted for all fields marked as “N/A”

**3.2.15 TC 91 IC Model Participation**

**Layout 3-19: MARx Batch Input Detail Record: IC Model Participation – TC 91**

| MARx Batch Input Detail – IC Model Participation Transaction – TC 91 |                        |      |          |  |                                    |
|--|------------------------|------|----------|--|------------------------------------|
| Item   | Field                  | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)  | Is Item Required, Optional, or N/A |
| 1  | Beneficiary Identifier | 12   | 1 – 12   | Reject the transaction with TRC007 if following criteria is not met during MBI transition: <ol style="list-style-type: none"> <li>1. Format must be one of the following:                             <ul style="list-style-type: none"> <li>• HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number).</li> <li>• HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number).</li> <li>• MBI is when the 2nd, 5th, 8th and 9th positions are alphas.</li> </ul> </li> <li>2. String must contain NO embedded spaces.</li> </ol> <b>Reject</b> the transaction with TRC008 if the beneficiary identifier is not found. | Required                           |
| 2  | Surname                | 12   | 13 – 24  | Reject transaction with TRC 004 if field is blank and First Name field is also blank.  | Required                           |
| 3  | First Name             | 7    | 25 – 31  | Reject with TRC 004 if blank and Surname field is also blank.  | Required                           |
| 4  | M. Initial             | 1    | 32       | N/A  | Optional                           |
| 5  | Gender Code            | 1    | 33       | Valid values are:<br>1 – male<br>2 – female<br>If value is not 1 or 2, do not reject transaction, instead set the value to 0 – unknown   | Required                           |

| MARx Batch Input Detail – IC Model Participation Transaction – TC 91 |                                 |      |          |   |                                    |
|--|---------------------------------|------|----------|---|------------------------------------|
| Item   | Field                           | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)   | Is Item Required, Optional, or N/A |
| 6  | Birth Date                      | 8    | 34 – 41  | <p><b>Format</b> (YYYYMMDD)<br/> <b>Fail the</b> transaction with TRC 257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match.<br/> <b>Reject</b> the transaction with TRC 006 if the date is non-blank and formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match.<br/>                     Note: The beneficiary is considered matched if three out of four personal characteristics match (and the input claim number was found on the database.) If the beneficiary is matched the invalid or incorrect birth date is ignored.</p> | Required                           |
| 7  | Filler                          | 1    | 42       | N/A   | N/A                                |
| 8  | PBP #                           | 3    | 43 – 45  | <b>Reject</b> transaction with TRC 107 if PBP is not valid for the contract.  | Required                           |
| 9  | Filler                          | 1    | 46       | N/A   | N/A                                |
| 10   | Contract #                      | 5    | 47 – 51  | <b>Fail</b> with TRC 003 if field blank or contract does not exist.   | Required                           |
| 11   | Filler                          | 8    | 52 – 59  | N/A   | N/A                                |
| 12   | Transaction Code                | 2    | 60 – 61  | Value must be 91  | Required                           |
| 13   | Filler                          | 2    | 62 – 63  | N/A   | N/A                                |
| 14   | IC Model Start Date (YYYYMM DD) | 8    | 64 – 71  | <p><b>Fail</b> transaction with TRC 258 if date is blank, not formatted correctly or contains an invalid month or day.<br/> <b>Reject</b> transaction with TRC 359 if the date is not within the period that the Contract/PBP is an ICM participant or the date is not within the beneficiary’s enrollment period for the contract/PBP.</p>   | Required                           |
| 15   | Filler                          | 3    | 72 – 74  | N/A   | N/A                                |
| 16   | IC Model Update/Delete Flag     | 1    | 75       | <p><b>Reject</b> transaction with TRC 360 if the value provided is not valid. Valid values are:<br/>                     ‘U’ = Update<br/>                     ‘D’ = Delete</p>   | Required                           |
| 17   | IC Model Type Indicator         | 2    | 76 – 77  | <p><b>Reject</b> transaction with TRC 354 if the value provided is not valid, is blank, or the value is not correct for the specified Contract/PBP.<br/>                     Valid values are:<br/>                     ‘01’ – VBID<br/>                     ‘02’ – MTM</p>   | Required                           |

| MARx Batch Input Detail – IC Model Participation Transaction – TC 91 |                                       |      |           |  |   |
|--|---------------------------------------|------|-----------|--|---|
| Item   | Field                                 | Size | Position  | Validation<br>(Edits and TRCs for the transaction fields)  | Is Item Required, Optional, or N/A  |
| 18   | IC Model Benefit Status Code          | 2    | 78 – 79   | Reject transaction with TRC 365 if the submitted Benefit Status Code field is blank or not valid for Type Indicator = '01' (VBID)<br>Valid values are:<br>'01' – Full Status<br>'02' – Unearned Status   | Required if IC Model Type Indicator is '01'; N/A for other Type Indicator |
| 19   | IC Model End Date (YYYYMM DD)         | 8    | 80 – 87   | Fail transaction with TRC 358 if the date is not formatted correctly or contains an invalid month or day.<br>Reject transaction with TRC 362 if the IC Model End Date is prior to the IC Model Start Date; or is after the beneficiary's enrollment period for the contract/PBP. | Optional  |
| 20   | IC Model End Date Reason Code         | 2    | 88 – 89   | <b>Reject</b> transaction with TRC 361 if the submitted End Date Reason Code field is blank when an IC Model End Date is present in the transaction.<br>Valid values are:<br>'01' – No longer Eligible<br>'02' – Opted out of program<br>'03' – Benefit Status Change            | Required if IC Model End Date is present                                  |
| 21   | Filler                                | 120  | 90 – 209  | N/A  | N/A   |
| 22   | Plan Assigned Transaction Tracking ID | 15   | 210 – 224 | Fifteen character tracking ID  | Optional  |
| 23   | Filler                                | 76   | 225 – 300 | N/A  | N/A   |

**3.2.16 TC 92 Personal Information Change**

**Layout 3-20: MARx Batch Input Detail Record: Personal Information Change – TC 92**

| MARx Batch Input Detail – Personal Information Change – TC 92 |                        |      |          |   |                                    |
|---|------------------------|------|----------|---|------------------------------------|
| Item  | Field                  | Size | Position | Validation<br>(Edits and TRCs for the transaction fields)   | Is Item Required, Optional, or N/A |
| 1   | Beneficiary Identifier | 12   | 1 – 12   | <p><b>Reject</b> the transaction with TRC 007 if the following criteria is not met:</p> <ul style="list-style-type: none"> <li>• Format for MBI is an 11-position value. The 2<sup>nd</sup>, 5<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> positions are alphas.</li> <li>• String must contain NO embedded spaces.</li> </ul> <p><b>Reject</b> the transaction with TRC 008 if the beneficiary identifier is not found.</p>  | Required                           |
| 2   | Surname                | 12   | 13 – 24  | Reject transaction with TRC 004 if field is blank and First Name field is also blank.   | Required                           |
| 3   | First Name             | 7    | 25 – 31  | Reject with TRC 004 if blank and Surname field is also blank.   | Required                           |
| 4   | M. Initial             | 1    | 32       | N/A   | Optional                           |
| 5   | Gender Code            | 1    | 33       | <p>Valid values are:<br/>1 – male<br/>2 – female</p> <p>If value is not 1 or 2, do not reject transaction, instead set the value to 0 – unknown</p>   | Required                           |
| 6   | Birth Date             | 8    | 34 – 41  | <p><b>Format</b> (YYYYMMDD)</p> <p><b>Fail the</b> transaction with TRC 257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match.</p> <p><b>Reject</b> the transaction with TRC 006 if the date is non-blank and formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match.</p> <p>Note: The beneficiary is considered matched if three out of four personal characteristics match (and the input claim number was found on the database.) If the beneficiary is matched the invalid or incorrect birth date is ignored.</p> | Required                           |
| 7   | Filler                 | 1    | 42       | N/A   | N/A                                |
| 8   | PBP #                  | 3    | 43 – 45  | <b>Reject</b> transaction with TRC 107 if PBP is not valid for the contract.  | Required                           |
| 9   | Filler                 | 1    | 46       | N/A   | N/A                                |
| 10  | Contract #             | 5    | 47 – 51  | <b>Fail</b> with TRC 003 if field blank or contract does not exist.   | Required                           |
| 11  | Filler                 | 8    | 52 – 59  | N/A   | N/A                                |

| MARx Batch Input Detail – Personal Information Change – TC 92 |                                       |      |           |   |                                    |
|---|---------------------------------------|------|-----------|---|------------------------------------|
| Item  | Field                                 | Size | Position  | Validation<br>(Edits and TRCs for the transaction fields)   | Is Item Required, Optional, or N/A |
| 12  | Transaction Code                      | 2    | 60 – 61   | Value must be 92  | Required                           |
| 13  | Filler                                | 62   | 62 – 123  | N/A   | N/A                                |
| 14  | Preferred Language Other than English | 1    | 124       | <p><b>Reject</b> the transaction with TRC 394 if the value provided is not valid.</p> <p>This represents the language preference other than English.</p> <p>Valid Values:</p> <ul style="list-style-type: none"> <li>• S – Spanish</li> <li>• O – Other</li> <li>• X – Remove current value in MARx and set to Blank (Space)</li> </ul> <p>Blank (Space) – No update</p>                  | Optional                           |
| 15  | Accessible Format                     | 1    | 125       | <p><b>Reject</b> the transaction with TRC 394 if the value provided is not valid.</p> <p>This represents an optional accessible format.</p> <p>Valid Values:</p> <ul style="list-style-type: none"> <li>• B – Braille</li> <li>• L – Large Print</li> <li>• A – Audio CD</li> <li>• X – Remove current value in MARx and set to Blank (Space)</li> </ul> <p>Blank (Space) – No update</p> | Optional                           |
| 16  | Filler                                | 84   | 126 – 209 | N/A   | N/A                                |
| 17  | IC Model Type Indicator               | 15   | 210 – 224 | Fifteen character tracking ID   | Optional                           |
| 18  | Filler                                | 76   | 225 – 300 | N/A   | N/A                                |

**Table 3-9: IC Model Beneficiary Participation End Date Reason Codes**

| IC Model Beneficiary Participation End Date Reason Codes |                             |         |          |                     |
|--|-----------------------------|---------|----------|---------------------|
| Code   | Description                 | MARx UI | Auto-Dis | Plan Submit (TC 91) |
| 01   | No Longer Eligible          | N/A     | N/A      | Y                   |
| 02   | Opted out of program        | N/A     | N/A      | Y                   |
| 03   | Benefit status change       | N/A     | N/A      | Y                   |
| 04   | Automatic CMS Disenrollment | N/A     | Y        | N/A                 |

### 3.3 Cost Plan Transaction Process

Because beneficiaries can choose to enroll in separate or stand-alone PDPs and enroll in or remain enrolled in a Cost Plan, CMS uses PBP-level processing for Cost Plan organizations.

The Health Plan Management System (HPMS) provides available drug and non-drug PBP numbers for Cost Plans to MARx. If the Cost Plan does not have an approved non-drug PBP, HPMS generates a dummy non-drug PBP number of 999 for this Plan. This is unnecessary for drug PBPs, as Cost Plans are required to create drug PBPs.

Beneficiaries who are members of a non-drug PBP of a Cost Plan may elect to obtain Part D coverage through the Cost Plan if it is offered as an optional, supplemental benefit by the Cost Plan or through a separate PDP.

If a current member elects to obtain Part D through the Cost Plan, the Plan submits a TC 61 to move the member from the non-drug PBP to the drug PBP, including the valid election type and Part D premium-related information. If a current member elects to obtain Part D through a PDP while remaining in the Cost Plan, the Cost Plan submits no transactions. When the PDP submits a TC 61 to enroll the beneficiary, CMS does not disenroll the member from the Cost Plan.

If a current member enrolled in the Part D benefit of the Cost Plan requests to drop Part D, i.e. move from the drug PBP to the non-drug PBP, the Plan submits a TC 61 transaction to move the member and includes the valid election type that permits the disenrollment from Part D.

If a new member elects to enroll in the non-drug portion of the Cost Plans, the Plan submits a TC 61 with a non-drug PBP number. The number 999 is used if the user does not have a non-drug PBP approved in HPMS.

If a new member elects to enroll in the drug portion of the Cost Plans, the Plan submits a TC 61 with the drug PBP number, election type, and Part D premium-related information.

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

- Enrollment into a Cost Plan's non-drug PBP from FFS or a non-MA Plan does not require the specification of an election type. 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 that the member indicate if they are enrolled in an MA or MAPD. This occurs 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 an MA Plan.
- Enrollment into, or disenrollment from, a Cost Plan's drug PBP always requires the specification of a Part D election type of AEP, IEP, or SEP. The beneficiary must request enrollment during a valid enrollment period.



### 3.4 Daily Transaction Reports

MARx communicates a transaction disposition through the BCSS and DTRR reports transmitted to the Plan. Upon receipt of a transaction file, the Plan representative-transmitter who submits the file receives the BCSS. Following the completion of a batch process, the DTRR is received by the user. The DTRR provides a disposition for the transactions submitted daily, along with results from various system notifications and CMS actions.

Plans may correct and resubmit failed and rejected transactions for processing. Plans validate payments at the beneficiary level based on information effective at the time of processing, i.e., enrollment, disenrollment, cancellation, applicable health statuses. This information is available via the DTRR, as well as other reports and data files described in later sections.

#### 3.4.1 Batch Completion Status Summary (BCSS) Report

The BCSS file is the daily communication created to ensure Plans confirm the status of their transactions submitted to CMS in a timely manner. Plans use this file as a receipt. When CMS receives the Plan-submitted transaction, the BCSS summarizes the Plan’s submission. This data file is sent to the submitter after a batch of submitted transactions is processed. It provides a count of all transactions within the batch and summarizes the number of rejected and accepted transactions. It also provides an image of the submitted transaction for each transaction that failed.

The BCSS will be sent to the mailbox of the lowest sequenced contract that the submitter can access.

All BCSS records begin with a one-character record type identifier (H/C/P/F) that designates the type of data reported in that section. It is followed by one digit that identifies the sequence number of the record within that section.

| System | Type      | Frequency               | File Length | BCSS Dataset Naming Conventions   |
|--------|-----------|-------------------------|-------------|---|
| MARx   | Data File | Once batch is processed | 323         | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.RXXXXX.BCSS.Annnnn.Bnnnnn.Thhmmss</p> <p><b>Connect:Direct (Mainframe):</b><br/>ZZZZZZZ.RXXXXX.BCSS.Annnnn.Bnnnnn.Thhmmss</p> <p><b>Connect:Direct (Non-mainframe):</b><br/>[directory]RXXXXX.BCSS.Annnnn.Bnnnnn.Thhmmss</p> |

The following table is an example of a BCSS Report showing the following types of records:

- **Header Records (H1 – H8)** report information on the receipt, identification, and processing of the submitted batch file.
- **Transaction Count Records (C 1 – C5)** report the total number of records that were submitted for each transaction code (T51, T61, etc.). The first count on the C1 Tran CNTS1 record is not paired with a transaction code and reports the total number of

transactions received in the file. The transaction code ‘TXX’ reports the number of transactions that were submitted with invalid transaction codes.

- **Processing Results Records (P1 – P4)** summarize the total transactions received, accepted, rejected, and failed.
- **Failed Records (F)** return an exact image of the submitted transaction that failed.

*Table 3-10: BCSS Report Example*

```

H1 TRANSACTIONS RECEIVED ON 2020-07-27 AT 20.07.38
H2 TRANSACTIONS PROCESSED ON 2020-07-27 AT 21.00.07
H3 ENROLLMENT SERVICE PROCESSING COMPLETED
H4 HEADER CODE= AAAAAAHEADER
H5 HEADER DATE= 072020
H6 REQUEST ID =
H7 BATCH ID  = 0038188182
H8 USER ID   = EIDM USER ID
C1 TRAN CNTS1 = 00000031 T01 0000000 T51 0000000 T61 0000019 T72 0000000
C2 TRAN CNTS2 =      T73 0000000 T74 0000000 T75 0000002 T76 0000004
C3 TRAN CNTS3 =      T77 0000000 T78 0000001 T79 0000000 T80 0000000
C4 TRAN CNTS4 =      T81 0000000 T82 0000000 T83 0000000 T90 0000000
C5 TRAN CNTS5 =      T91 0000000 T92 0000005 TXX 0000000
P1 TOTAL TRANSACTIONS PROCESSED=      31
P2 TOTAL ACCEPTED TRANSACTIONS =      29
P3 TOTAL REJECTED TRANSACTIONS =       2
P4 TOTAL FAILED TRANSACTIONS  =       0
    
```

*Layout 3-21: BCSS Failed Transaction*

Each record with record type ‘F’ reports one submitted transaction that failed. An exact image of the submitted transaction is returned along with up to five (5) TRCs that identify why the transaction failed.

| BCSS Failed Transaction |                                      |      |           |  |
|-------------------------|--------------------------------------|------|-----------|--|
| Item                    | Field                                | Size | Position  | Description                            |
| 1                       | Record Type Identifier               | 2    | 1-2       | Failed Record Type: “F” (F and space). |
| 2                       | Filler                               | 1    | 3         | Spaces.                                |
| 3                       | Failed Input Transaction Record Text | 300  | 4-303     | Failed transaction text.               |
| 4                       | Filler                               | 5    | 304-308   | Spaces.                                |
| 5                       | TRC                                  | 3    | 309-311   | First TRC.                             |
| 6                       | TRC                                  | 3    | 312- 314  | Second TRC; otherwise, spaces.         |
| 7                       | TRC                                  | 3    | 315 - 317 | Third TRC; otherwise, spaces.          |
| 8                       | TRC                                  | 3    | 318-320   | Fourth TRC; otherwise, spaces.         |

| BCSS Failed Transaction |       |      |          |                               |
|-------------------------|-------|------|----------|-------------------------------|
| Item                    | Field | Size | Position | Description                   |
| 9                       | TRC   | 3    | 321-323  | Fifth TRC; otherwise, spaces. |

### 3.4.2 BCSS Error Conditions

There are six (6) Error Conditions that can be returned in the Message Text when an error condition prevents the submitted transaction file from processing. The text for the error condition is in the **H3 row** and shown as follows:

1. **Invalid User ID.**  
H3 USER ID NOT AUTHENTICATED: USER ID NOT FOUND
2. **Inactive User ID.**  
H3 USER ID NOT AUTHENTICATED: INACTIVE USER
3. **File does not contain records, or record length is invalid.**  
H3 FILE DOES NOT CONTAIN ANY RECORDS OR ELSE FILE RECORD LENGTH IS INVALID
4. **Header Record is Missing or Invalid.**  
H3 HEADER RECORD IS MISSING OR INVALID
5. **Invalid or Missing Header Date.**  
H3 HEADER RECORD DATE IS MISSING OR INVALID
6. **Future Header Date.**  
H3 HEADER RECORD DATE IS A FUTURE CALENDAR MONTH
7. **Header Date earlier than CCM.**  
H3 HEADER RECORD DATE IS EARLIER THAN CURRENT CALENDAR MONTH

### 3.4.3 BCSS for Special Transaction Files

When plans submit a special transaction file that requires CMS review and approval before processing, the **H3 and H4 rows** will contain the following text:

1. **Retro File Detected.**  
H4 HEADER CODE= AAAAAAHEADER RETRO
2. **Rollover File Detected.**  
H4 HEADER CODE= AAAAAAHEADER POVER
3. **Review File Detected.**  
H4 HEADER CODE= AAAAAAHEADER SVIEW
4. **Special File – Invalid.**  
H3 SPECIAL FILE DETECTED, REQUEST ID IS NOT RECOGNIZED OR PROCESSING IS NOT APPROVED
5. **Special File – Unknown.**  
H3 UNKNOWN SPECIAL FILE TYPE, OR DOES NOT AGREE WITH APPROVED TYPE
6. **Special File - Invalid Submitter.**  
H3 SPECIAL FILE DETECTED, BATCH FILE HEADER CURRENT CALENDAR MONTH DOES NOT MATCH APPROVED DATE
7. **Special File - Date Mismatch.**

- H3 SPECIAL FILE DETECTED, BATCH FILE HEADER DATE DOES NOT MATCH APPROVED DATE
8. **Special File Retro - Date Error.**  
H3 SPECIAL FILE DETECTED, RETRO HEADER DATE NOT LESS THAN CURRENT CALENDAR MONTH
  9. **Special File - Transaction Count Mismatch.**  
H3 SPECIAL FILE REJECTED, TRANSACTION COUNT DOES NOT MATCH APPROVED COUNT
  10. **Special File - Undefined Transaction.**  
H3 SPECIAL FILE REJECTED, UNDEFINED TRANSACTION CONTENT IDENTIFIED
  11. **Special File - Held for Review.**  
H3 SPECIAL FILE DETECTED, FILE HELD FOR CMS REVIEW
  12. **Special File – Invalid Enrollment Source Code**  
H3 SPECIAL FILE REJECTED: ENROLLMENT SOURCE NOT ‘N’ OR ELECTION TYPE NOT ‘C’
  13. **Special File – User Rejection Message**  
H6 REQUEST ID = 0000001904 NOTE: FIX THE ISSUE IDENTIFIED IN H3 ABOVE, AND RESUBMIT THE FILE USING THE H6 REQUEST ID.

#### **3.4.4 Daily Transaction Reply Report (DTRR)**

To assure Plans receive proper payment, the Plan’s Medicare membership records must agree with those reported to and maintained by CMS. The DTRR identifies whether a beneficiary submission was accepted or rejected and provides additional information about Plan membership.

There are three (3) types of records:

- 1 **Reply Records** – indicate the types of CMS action taken on the transactions submitted by the Plans daily, if transactions were received and processed.
- 2 **Maintenance Records** – indicates existing membership records were updated because CMS has initiated action to change or update.
- 3 **Plan Submitted Transaction Records** – displays the transaction submitted by Plans; does not show results, but allows Plans to view a transaction paired with its generated replies.

Upon receipt of the DTRR, it is important that Plans continue to reconcile their beneficiary records with these reports. Plans should submit corrected transactions to CMS promptly. Plans should not try to resolve a system issue by submitting falsified or incorrect data.

Each record in the DTRR is for a specific purpose defined by the three-digit Transaction Reply Code (TRC).

The DTRR is created each evening, Monday through Saturday, and is available for Plans the following business day. All Plans receive a DTRR for all contracts whether the Plan has or has not submitted transactions for processing by MARx. The TRC of 000 indicates that there is no data within the DTRR for processing by the Plan. In turn, the Plan does not need to take any action and may discard this file.

The DTRR contains the following types of information:

- **Acceptance TRCs** – returned in response to a submitted transaction which was successfully processed. Most of these are in response to a transaction submitted by the Plan, but some are system-generated.
- **Rejection TRCs** – returned in response to a submitted transaction which was rejected. The TRC on the record explains the reason for rejection.
- **Informational TRCs** – these records accompany a reply for an accepted transaction. They give the Plan additional information about the enrollment or beneficiary. For example, these may report Low Income Subsidy information, Out of Area status, etc.
- **Maintenance TRCs** – these records are sent to give the Plan information about a beneficiary who has an enrollment in their Plan. These communicate changes to the beneficiary’s status, address, etc. These are initiated by CMS.
- **Verbatim records** – these have a record type of ‘P’. They return an exact copy of the transaction that was submitted by the Plan. The DTRR includes a [Verbatim record](#) for each Plan-submitted transaction that was processed. These allow the Plan to review the information that they submitted when there is any question about the processing results.

| System | Type      | Frequency | File Length | DTRR Dataset Naming Conventions   |
|--------|-----------|-----------|-------------|---|
| MARx   | Data File | Daily     | 500         | <p><b><u>Gentran Mailbox/TIBCO MFT Internet Server:</u></b><br/>P.Rxxxxx.DTRRD.Dyymmdd.Thhmsst</p> <p><b><u>Connect:Direct (Mainframe):</u></b><br/>zzzzzzz.Rxxxxx.DTRRD.Dyymmdd.Thhmsst</p> <p><b><u>Connect:Direct (Non-Mainframe):</u></b><br/>[directory]Rxxxxx.DTRRD.Dyymmdd.Thhmsst</p> |

*Layout 3-22: DTRR Data File Detail Record*

| DTRR Detail Record |                 |      |          |   |
|--------------------|-----------------|------|----------|---|
| Item               | Field           | Size | Position | Description   |
| 1                  | Beneficiary ID  | 12   | 1 – 12   | <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> |
| 2                  | Surname         | 12   | 13 – 24  | Beneficiary Surname.  |
| 3                  | First Name      | 7    | 25 – 31  | Beneficiary Given Name.   |
| 4                  | Middle Initial  | 1    | 32       | Beneficiary Middle Initial.   |
| 5                  | Gender Code     | 1    | 33       | Beneficiary Gender Identification Code.<br>1 = Male.<br>2 = Female.<br>0 = Unknown.   |
| 6                  | Date of Birth   | 8    | 34 – 41  | CCYYMMDD.   |
| 7                  | Record Type     | 1    | 42       | T = TRC record.   |
| 8                  | Contract Number | 5    | 43 – 47  | Plan Contract Number.   |

| DTRR Detail Record |                                  |      |          |  |
|--------------------|----------------------------------|------|----------|--|
| Item               | Field                            | Size | Position | Description  |
| 9                  | State Code                       | 2    | 48 – 49  | If Transaction Type = 01, the State code of the beneficiary’s mailing address<br>If Transaction Type = 76, the State code of the beneficiary’s residence address.                            |
| 10                 | County Code                      | 3    | 50 – 52  | If Transaction Type = 01, the County code of the beneficiary’s mailing address.<br>If Transaction Type = 76, the County code of the beneficiary’s residence address.                         |
| 11                 | Disability Indicator             | 1    | 53       | 0 = No Disability.<br>1 = Disabled without ESRD.<br>2 = ESRD Only.<br>3 = Disabled with ESRD.<br>Space = not applicable.   |
| 12                 | Hospice Indicator                | 1    | 54       | 0 = No Hospice.<br>1 = Hospice.<br>Space = not applicable.   |
| 13                 | Institutional/NHC/HCBS Indicator | 1    | 55       | 0 = No Institutional.<br>1 = Institutional.<br>2 = NHC.<br>3 = HCBS.<br>Space = not applicable.  |
| 14                 | ESRD Indicator                   | 1    | 56       | 0 = No End-Stage Renal Disease.<br>1 = End-Stage Renal Disease.<br>Space = not applicable.   |
| 15                 | Transaction Reply Code           | 3    | 57 – 59  | TRC  |
| 16                 | Transaction Code                 | 2    | 60 – 61  | TC   |
| 17                 | Entitlement Type Code            | 1    | 62       | Beneficiary Entitlement Type Code:<br>Y = Entitled to Part A and B.<br>Z = Entitled to Part A or B.<br>Space = not applicable.<br>Space reported with TRCs 121, 194, and 223 has no meaning. |

| DTRR Detail Record |  |      |          |  |
|--------------------|--|------|----------|--|
| Item               | Field  | Size | Position | Description  |
| 18                 | Effective Date   | 8    | 63 – 70  | <p>CCYYMMDD.<br/>                     Effective date is present for all TRCs unless listed below.<br/>                     Field content is TRC dependent for the following TRCs:<br/>                     071 &amp; 072 = Effective date of the hospice period.<br/>                     090 = Current Calendar Month.<br/>                     091 = Previously reported incorrect death date.<br/>                     121, 194, and 223 = PBP enrollment effective date.<br/>                     245 = The date that payments will begin to be impacted due to the addition of the Medicare Secondary Payer (MSP) period.<br/>                     280 = The date that payments will begin to be impacted due to the addition of the MSP period.<br/>                     293 = Enrollment End Date; Last day of the month.<br/>                     305 = New ZIP Code Start Date.<br/>                     366 = The effective date of the change in Medicaid status.<br/>                     368 = Beginning date of the period for which the Plan’s payments are impacted by MSP, based on the MSP start date.<br/>                     701 = New enrollment period start date.<br/>                     702 = Fill-in enrollment period start date.<br/>                     703 = Start date of cancelled enrollment period.<br/>                     704 = Start date of enrollment period cancelled for PBP correction.<br/>                     705 = Start date of enrollment period for corrected PBP.<br/>                     706 = Start date of enrollment period cancelled for segment correction.<br/>                     707 = Start date of enrollment period for corrected segment.<br/>                     708 = Enrollment period end date assigned to existing opened ended enrollment.<br/>                     709 &amp; 710 = New start date resulting from update.<br/>                     711 &amp; 712 = New end date resulting from update.<br/>                     713 – “00000000” = End date removed. Original end date is in Field 24-x.</p> |
| 19                 | WA Indicator   | 1    | 71       | <p>0 = Not Working Aged.<br/>                     1 = Working Aged.<br/>                     Space = not applicable.</p>   |
| 20                 | Plan Benefit Package ID  | 3    | 72 – 74  | PBP number.  |
| 21                 | Filler   | 1    | 75       | Space.   |
| 22                 | Transaction Date   | 8    | 76 – 83  | <p>CCYYMMDD.<br/>                     Present for all transaction reply codes. For TRCs 121, 194, and 223, the report generation date.</p>   |
| 23                 | UI Initiated Change Flag   | 1    | 84       | <p>0 = transaction from source other than user interface.<br/>                     1 = transaction created through user interface.<br/>                     Space = not applicable.</p>  |
| 24                 | Positions 85 – 96 are dependent upon the value of the TRC.<br>Spaces except where indicated below. |      |          |  |
| a                  | Effective Date of the Disenrollment  | 8    | 85 – 92  | <p>CCYYMMDD.<br/>                     Present only when TRC is one of the following: 13, 14, 18, or 293.</p>   |

| DTRR Detail Record |                                     |      |          |   |
|--------------------|-------------------------------------|------|----------|---|
| Item               | Field                               | Size | Position | Description   |
| b                  | New Enrollment Effective Date       | 8    | 85 – 92  | CCYYMMDD.<br>Present only when TRC is 17.   |
| c                  | Claim Number (old)                  | 12   | 85 – 96  | Present only when TRC is one of the following: 22, 25, 86, or 301.  |
| d                  | Date of Death                       | 8    | 85 – 92  | CCYYMMDD.<br>Present only when TRC is one of the following: 90 (with TC 01), 92.  |
| e                  | Hospice End Date                    | 8    | 85 – 92  | CCYYMMDD.<br>Present only when TRC is 71 or 72. If blank for TRC 71, then the Hospice Period is open-ended.   |
| f                  | ESRD Start Date                     | 8    | 85 – 92  | CCYYMMDD.<br>Present only when TRC is 73.   |
| g                  | ESRD End Date                       | 8    | 85 – 92  | CCYYMMDD.<br>Present only when TRC is 74.   |
| h                  | Institutional/<br>NHC Start Date    | 8    | 85 – 92  | CCYYMMDD.<br>Present only when TRC is one of the following: 48, 75, 158, or 159.  |
| i                  | Medicaid Start Date                 | 8    | 85 – 92  | CCYYMMDD.<br>Present only when TRC is 77.   |
| j                  | Medicaid End Date                   | 8    | 85 – 92  | CCYYMMDD.<br>Present only when TRC is 78.   |
| k                  | Part A End Date                     | 8    | 85 – 92  | CCYYMMDD.<br>Present only when TRC is 79.   |
| l                  | WA Start Date                       | 8    | 85 – 92  | CCYYMMDD.<br>Present only when TRC is 66.   |
| m                  | WA End Date                         | 8    | 85 – 92  | CCYYMMDD.<br>Present only when TRC is 67.   |
| n                  | Part A Reinstatement Date           | 8    | 85 – 92  | CCYYMMDD.<br>Present only when TRC is 80.   |
| o                  | Part B End Date                     | 8    | 85 – 92  | CCYYMMDD.<br>Present only when TRC is 81.   |
| p                  | Part B Reinstatement Date           | 8    | 85 – 92  | CCYYMMDD.<br>Present only when TRC is 82.   |
| q                  | Old State and County Codes          | 5    | 85 – 89  | Beneficiary’s prior state and county code.<br>Present only when TRC is 85.  |
| r                  | Attempted Enrollment Effective Date | 8    | 85 – 92  | CCYYMMDD. The effective date of an enrollment transaction that was submitted but rejected.<br>Present only when Transaction Reply code is the following: 35, 36, 45, or 56. |
| s                  | PBP Effective Date                  | 8    | 85 – 92  | CCYYMMDD. Effective date of a beneficiary’s PBP change.<br>Present only when TRC is 100.  |
| t                  | Correct Part D Premium Rate         | 12   | 85 – 96  | ZZZZZZZZ9.99. Part D premium amount reported by HPMS for the Plan.<br>Present only when the TRC is 181.   |



| DTRR Detail Record |   |      |          |  |
|--------------------|---|------|----------|--|
| Item               | Field   | Size | Position | Description  |
| u                  | Date Identifying Information Changed by UI User                     | 8    | 85 – 92  | CCYYMMDD.<br>Field content is dependent on TRC:<br>702 – Fill-in enrollment period end date.<br>705 – End date of enrollment period for corrected PBP, spaces when end date not provided by Plan.<br>707 – End date of enrollment period for corrected segment, spaces when end date not provided by Plan.<br>709 & 710 – Enrollment period start date prior to start date change.<br>711, 712, & 713 – Enrollment period end date prior to end date change. |
| v                  | Modified Part C Premium Amount                                      | 12   | 85 – 96  | ZZZZZZZZ9.99.<br>Part C premium amount reported by HPMS for the Plan. Present only when the TRC is 182.  |
| w                  | Date of Death Removed   | 8    | 85 – 92  | CCYYMMDD.<br>Previously reported erroneous date of death. Present only when TRC is 091.  |
| x                  | Dialysis End Date   | 8    | 85 – 92  | CCYYMMDD.<br>Will be present when TRC is 268 and the dialysis period has an end date.  |
| y                  | Transplant Failure Date   | 8    | 85 – 92  | CCYYMMDD.<br>Will be present when TRC is 269 and the transplant has an end date.   |
| z                  | New ZIP Code  | 10   | 85 - 94  | #####-#### Format.<br>Will be present when TRC is 305.   |
| aa                 | Previous Contract for POS Drug Edit or CARA Status Active Indicator | 5    | 85-89    | Will be present when TRC is 322 or 376.  |
| bb                 | MSP Period Start Date   | 8    | 85 – 92  | CCYYMMDD.<br>Will be present when TRC is 245, 280, or 368 and will contain the Medicare Secondary Payer (MSP) Period Start Date.   |
| cc                 | Maximum NUNCMO Calculated   | 3    | 85 – 87  | Maximum incremental number of uncovered months that can be submitted for the effective date; otherwise, spaces. Present only when TRC is one of the following: 216, 300, or 341.   |
| dd                 | IC Model End Date   | 8    | 85 – 92  | CCYYMMDD.<br>Will be present when TRC is 351 or 359 and the IC Model End Date is populated, or when TRC is 362.  |
| ee                 | Residence Address End Date  | 8    | 85 – 92  | YYYYMMDD Format;<br>Will be present when the Transaction Reply Code is 265.  |
| ff                 | Withholding Agency Rejection Code                                   | 5    | 85 – 89  | Rejection code received from the withholding agency. Will only be present when the Transaction Reply Code is 186. This field may contain a space in the first position.  |
| 25                 | District Office Code  | 3    | 97 – 99  | Code of the originating district office. Present only when TC is 53; otherwise, spaces if not applicable.  |

| DTRR Detail Record |  |      |           |  |
|--------------------|--|------|-----------|--|
| Item               | Field  | Size | Position  | Description  |
| 26                 | Previous Part D Contract/PBP for TrOOP Transfer. | 8    | 100 – 107 | CCCCPPP Format.<br>Present only if previous enrollment exists within reporting year in Part D Contract. Otherwise, field will be spaces.<br>CCCCC = Contract Number.<br>PPP = Plan Benefit Package (PBP) Number. |
| 27                 | Filler   | 8    | 108 – 115 | Spaces.  |
| 28                 | Source ID  | 5    | 116 – 120 | Transaction Source Identifier.   |
| 29                 | Prior Plan Benefit Package ID                    | 3    | 121 – 123 | Prior PBP number for PBP Change transaction. Present only when TC is 61; otherwise, spaces.  |
| 30                 | Application Date                                 | 8    | 124 – 131 | CCYYMMDD; otherwise, spaces if not applicable. The date the Plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper).             |
| 31                 | UI User Organization Designation                 | 2    | 132 – 133 | 01 = Plan.<br>02 = Regional Office.<br>03 = Central Office.<br>Spaces = not a UI transaction.  |
| 32                 | Out of Area Flag                                 | 1    | 134       | Y = Out of area.<br>N = Not out of area.<br>Space = not applicable.  |
| 33                 | Segment Number                                   | 3    | 135 – 137 | Further definition of PBP by geographic boundaries; otherwise, spaces when not applicable.   |
| 34                 | Part C Beneficiary Premium                       | 8    | 138 – 145 | Cost to beneficiary for Part C benefits; otherwise, spaces if not applicable.  |
| 35                 | Part D Beneficiary Premium                       | 8    | 146 – 153 | Cost to beneficiary for Part D benefits; otherwise, spaces if not applicable.  |

| DTRR Detail Record |                        |      |          |   |
|--------------------|------------------------|------|----------|---|
| Item               | Field                  | Size | Position | Description   |
| 36                 | Election Type Code     | 1    | 154      | <p>A = AEP.<br/>                     C = Plan-submitted Rollover SEP.<br/>                     E = IEP.<br/>                     F = IEP2.<br/>                     I = ICEP.<br/>                     J = DEM<br/>                     L = Dual/LIS Quarterly SEP<br/>                     M = MA-OEP<br/>                     N = OEPNEW.<br/>                     O = OEP.<br/>                     R = 5 Star SEP.<br/>                     S = Other SEP.<br/>                     T = OEPL.<br/>                     U = Dual/LIS SEP.<br/>                     V = Permanent Change in Residence SEP.<br/>                     W = EGHP SEP.<br/>                     X = Administrative Action SEP.<br/>                     Y = CMS/Case Work SEP.<br/>                     Space = not applicable.<br/>                     Z = Auto Enrollment, Facilitated Enrollment, Reassign Enrollment, or POS enrollment (current and retro effective dates)</p> <p>MAs use A, C, D, F, I, J, L, M, N, O, R, S, T, U, V, W, X, Y and Z.<br/>                     MAPDs use A, C, E, F, I, J, L, M, N, O, R, S, T, U, V, W, X, Y and Z.<br/>                     PDPs use A, C, E, F, L, R, S, U, V, W, X, Y and Z.</p> |
| 37                 | Enrollment Source Code | 1    | 155      | <p>Required for POS submitted enrollment transactions. Otherwise optional.<br/>                     Indicates the source of the enrollment.<br/>                     A = Auto enrolled by CMS.<br/>                     B = Beneficiary Election.<br/>                     C = Facilitated enrollment by CMS.<br/>                     D = CMS Annual Rollover.<br/>                     E = Plan initiated auto-enrollment.<br/>                     F = Plan initiated facilitated-enrollment.<br/>                     G = Point-of-sale enrollment.<br/>                     H = CMS or Plan reassignment.<br/>                     I = Invalid submitted value (transaction is not rejected).<br/>                     J = State-submitted passive enrollment.<br/>                     K = CMS-submitted passive enrollment.<br/>                     L = MMP beneficiary election.<br/>                     N = Rollover by Plan Transaction.<br/>                     Space = not applicable.</p>   |
| 38                 | Part D Opt-Out Flag    | 1    | 156      | <p>Y = Opted out of Part D AE/FE.<br/>                     N = Not opted out of Part D AE/FE.<br/>                     Space = No change to opt-out status.</p>   |

| DTRR Detail Record |                                       |      |           |  |
|--------------------|---------------------------------------|------|-----------|--|
| Item               | Field                                 | Size | Position  | Description  |
| 39                 | Premium Withhold Option/Parts C-D     | 1    | 157       | <p>D = Direct self-pay.<br/>                     N = No premium applicable.<br/>                     R = Deduct from RRB benefits.<br/>                     S = Deduct from SSA benefits.<br/>                     Space = not applicable.</p> <p>Option applies to both Part C and D Premiums and is populated only for TRCs related to enrollment acceptance, premium or premium withholding. Rejection TRCs report the submitted PPO. TRCs 120, 185 and 186 report the PPO involved with the communication with the Withholding Agency. All others report the PPO in effect as of the Effective Date after the submitted transaction is processed.</p>  |
| 40                 | Cumulative Number of Uncovered Months | 3    | 158 – 160 | <p>Count of Total Months without drug coverage as of the effective date submitted; otherwise, spaces. Present with Enrollment Acceptance TRCs, or when TRC is the following: 141, 216, 300, or 341.</p>  |
| 41                 | Creditable Coverage Flag              | 1    | 161       | <p>‘Y’ = Covered<br/>                     ‘N’ = Not Covered<br/>                     ‘A’ = Setting uncovered months reset to zero due to a new IEP<br/>                     ‘L’ = Setting uncovered months reset to zero due to a beneficiary Low Income<br/>                     ‘R’ = Setting uncovered months to zero (other)<br/>                     ‘T’ = Setting uncovered months reset indicator to T and cumulative number of uncovered months value to zero because a beneficiary has been identified as being enrolled in a US Territory Part D plan (the Plan resides in the US Territory) and maintains a Medicaid (full or partial) status<br/>                     ‘U’ = Reset removed and uncovered month restored to previous value<br/>                     Space = not applicable</p> |
| 42                 | Employer Subsidy Override Flag        | 1    | 162       | <p>Y = Beneficiary is in a plan receiving an employer subsidy, flag allows enrollment in a Part D plan.<br/>                     Space = no flag submitted by plan.</p>  |
| 43                 | Processing Timestamp                  | 15   | 163 – 177 | <p>HH.MM.SS.SSSSS.<br/>                     Transaction processing time, or, for TRCs 121, 194, or 223, the report generation time.</p>  |
| 44                 | End Date                              | 8    | 178 - 185 | <p>CCYYMMDD.<br/>                     End Date associated with the TRC when applicable:</p> <ul style="list-style-type: none"> <li>• TRCs that report a Premium Payment Option (PPO) value that is not open-ended.</li> <li>• MSP TRCs 245, 280, and 368 - contains the MSP period end date, if available.</li> <li>• If dialysis period is reported retroactively, TRC 135 will report dialysis end date in this field.</li> </ul>  |

| DTRR Detail Record |                                       |      |           |   |
|--------------------|---------------------------------------|------|-----------|---|
| Item               | Field                                 | Size | Position  | Description   |
| 45                 | Submitted Number of Uncovered Months  | 3    | 186 – 188 | Existing or Incremental Number of Uncovered Months submitted in the transaction; otherwise, spaces.<br><br><b>Note:</b> TRC 341 may be issued due to a change to a prior Plan’s NUNCMO. In this case, field 45 will contain the existing incremental NUNCMO when issued to subsequent Plan(s).<br><br>Present with Enrollment Acceptance TRCs, or when Transaction Reply Code is the following: 141, 216, 300, 341. |
| 46                 | Filler                                | 7    | 189 – 195 | Spaces  |
| 47                 | Preferred Language Other Than English | 1    | 196       | Present only when Transaction Type Code is 61 or 92 and the Preferred Language Other Than English was provided.<br>‘S’ = Spanish<br>‘O’ = Other<br>‘X’ = remove current value in MARx and set to Blank (Space)<br>Space = not applicable (no update)  |
| 48                 | Accessible Format                     | 1    | 197       | Present only when Transaction Type Code is 61 or 92 and the Accessible Format was provided.<br>‘B’ = Braille<br>‘L’ = Large Print<br>‘A’ = Audio CD<br>‘X’ = remove current value in MARx and set to Blank (Space)<br>Space = not applicable (no update)  |
| 49                 | Secondary Drug Insurance Flag         | 1    | 198       | TC 61 MAPD and PDP transactions:<br>Y = Beneficiary has secondary drug insurance.<br>N = Beneficiary does not have secondary drug insurance available.<br>Space = No flag submitted by Plan.<br><br>TC 72 MAPD and PDP transactions:<br>Y = Secondary drug insurance available.<br>N = No secondary drug insurance available.<br>Space = no change.   |
| 50                 | Secondary Rx ID                       | 20   | 199 – 218 | Beneficiary’s secondary insurance Plan’s ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction code.   |
| 51                 | Secondary Rx Group                    | 15   | 219 – 233 | Beneficiary’s secondary insurance Plan’s Group ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction code.   |
| 52                 | EGHP                                  | 1    | 234       | TC 61 transactions:<br>Y = EGHP.<br>Space = Not EGHP.<br><br>TC 74 transactions:<br>Y = EGHP.<br>N = Not EGHP.<br>Space = no change.  |

| DTRR Detail Record |   |      |           |  |
|--------------------|---|------|-----------|--|
| Item               | Field   | Size | Position  | Description  |
| 53                 | Part D Low-Income Premium Subsidy Level       | 3    | 235 – 237 | Part D LIPS percentage category:<br>000 = No subsidy.<br>025 = 25% subsidy level.<br>050 = 50% subsidy level.<br>075 = 75% subsidy level.<br>100 = 100% subsidy level.<br>Spaces = not applicable. |
| 54                 | Low-Income Co-Pay Category                    | 1    | 238       | Definitions of the co-payment categories:<br>0 = none, not low-income.<br>1 = High.<br>2 = Low.<br>3 = 0.<br>4 = 15%.<br>5 = Unknown.<br>Space = not applicable.                                   |
| 55                 | Low-Income Period Effective Date              | 8    | 239 - 246 | CCYYMMDD.<br>Date low income period starts.<br>Spaces if not applicable.   |
| 56                 | Part D Late Enrollment Penalty Amount         | 8    | 247 - 254 | -9999.99; otherwise, spaces if not applicable.<br>Calculated Part D late enrollment penalty, not including adjustments indicated by Fields 53 and 54.  |
| 57                 | Part D Late Enrollment Penalty Waived Amount  | 8    | 255 - 262 | -9999.99; otherwise, spaces if not applicable.<br>Amount of Part D late enrollment penalty waived.   |
| 58                 | Part D Late Enrollment Penalty Subsidy Amount | 8    | 263 - 270 | -9999.99; otherwise, spaces if not applicable.<br>Amount of Part D late enrollment penalty low-income subsidy.   |
| 59                 | Low-Income Part D Premium Subsidy Amount      | 8    | 271- 278  | -9999.99; otherwise, spaces if not applicable.<br>Amount of Part D low-income premium subsidy as of the enrollment period start date.  |
| 60                 | Part D Rx BIN                                 | 6    | 279 - 284 | Beneficiary's Part D Rx BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction code.   |
| 61                 | Part D Rx PCN                                 | 10   | 285 - 294 | Beneficiary's Part D Rx PCN taken from the input transaction (61 or 72); otherwise, spaces if not provided via a transaction.  |
| 62                 | Part D Rx Group                               | 15   | 295 - 309 | Beneficiary's Part D Rx Group taken from the input transaction (61 or 72); otherwise, spaces for any other transaction code.   |
| 63                 | Part D Rx ID                                  | 20   | 310 - 329 | Beneficiary's Part D Rx ID taken from the input transaction (61 or 72); otherwise, spaces for any other transaction code.  |
| 64                 | Secondary Rx BIN                              | 6    | 330 - 335 | Beneficiary's secondary insurance BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction code.   |
| 65                 | Secondary Rx PCN                              | 10   | 336 - 345 | Beneficiary's secondary insurance PCN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction code.   |
| 66                 | De Minimis Differential Amount                | 8    | 346 - 353 | -9999.99; otherwise, spaces if not applicable.<br>Amount by which a Part D de minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark.             |
| 67                 | MSP Status Flag                               | 1    | 354       | P = Medicare primary payer.<br>S = Medicare secondary payer.<br>N = Non-respondent beneficiary.<br>Space = not applicable.   |

| DTRR Detail Record |                                     |      |           |   |
|--------------------|-------------------------------------|------|-----------|---|
| Item               | Field                               | Size | Position  | Description   |
| 68                 | Low Income Period End Date          | 8    | 355 - 362 | CCYYMMDD; otherwise, spaces if not applicable. Date low income period closes. The end date is either the last day of the PBP enrollment or the last day of the low income period itself, whichever is earlier. This field is spaces for LIS applicants with an open ended award or when the TRC is not one of the LIS TRCs 121, 194, 223. |
| 69                 | Low Income Subsidy Source Code      | 1    | 363       | A = Approved SSA applicant.<br>D = Deemed eligible by CMS.<br>Space = not applicable.   |
| 70                 | Enrollee Type Flag, PBP Level       | 1    | 364       | Designation relative to the report generation date (Transaction Date, Field 22).<br>C = Current PBP enrollee.<br>P = Prospective PBP enrollee.<br>Y = Previous PBP enrollee.<br>Space = not applicable.   |
| 71                 | Application Date Indicator          | 1    | 365       | Identifies whether the application date associated with a MARx UI submitted enrollment has a system generated default value:<br>Y = Default value for MARx UI enrollment.<br>Space = Not applicable.  |
| 72                 | TRC Short Name                      | 15   | 366 – 380 | TRC’s short-name identifier.  |
| 73                 | Disenrollment Reason Code           | 2    | 381 – 382 | DRC   |
| 74                 | MMP Opt Out Flag                    | 1    | 383       | Y = Opted out of passive enrollment into MMP plan.<br>N = Not opted out of passive enrollment into MMP plan.<br>Space = Not applicable.   |
| 75                 | Cleanup ID                          | 10   | 384 – 393 | Populated if there is a Cleanup ID associated with the transaction. Spaces if no value exists. Used to identify transactions that were created to correct payment data.   |
| 76                 | CARA Status Add/Update/Delete Flag  | 1    | 394       | A = Add (starts 2019)<br>D = Delete<br>U = Update<br>Space = Not applicable<br>Note: Prior to 2019, this field contained the POS Drug Edit Update Delete Flag   |
| 77                 | POS Drug Edit Status                | 1    | 395       | ‘Y’ = Yes, a POS Edit Code has been supplied<br>‘N’ = No, a POS Edit Code has not been supplied<br>Space = Not applicable or no update<br>Present only when Transaction Type Code is 90   |
| 78                 | Drug Class                          | 3    | 396-398   | Three character drug class identifier.<br>Spaces = Not applicable<br>Present only when Transaction Type Code is 90  |
| 79                 | POS Drug Edit Code                  | 3    | 399-401   | Three character POS Edit Code<br>Spaces = Not applicable<br>Present only when Transaction Type Code is 90   |
| 80                 | CARA Status Notification Start Date | 8    | 402-409   | Date that a beneficiary was notified of a CARA Status YYYYMMDD format<br>Present only when Transaction Type Code is 90<br>Note: Prior to 2019, this field contained the POS Drug Edit notification date   |

| DTRR Detail Record |   |      |           |  |
|--------------------|---|------|-----------|--|
| Item               | Field   | Size | Position  | Description  |
| 81                 | CARA Status Implementation Start Date                 | 8    | 410-417   | Date CARA Status was implemented<br>YYYYMMDD format<br>Spaces – Not applicable<br>Present only when Transaction Type Code is 90<br>Note: Prior to 2019, this field contained the POS Drug Edit implementation date   |
| 82                 | CARA Status Notification End Date                     | 8    | 418-425   | CARA Status notification end date<br>YYYYMMDD format<br>Present only when Transaction Type Code is 90 and a CARA Status notification start date or POS Drug Edit termination date is provided, otherwise blank<br>The CARA Status Notification End Date is either: <ul style="list-style-type: none"> <li>The one provided on the Transaction Type Code 90 transaction OR</li> <li>The one assigned by MARx</li> </ul> <b>Note:</b> Prior to 2019, this field contained the POS Drug Edit termination date |
| 83                 | Hospice Provider Number                               | 13   | 426 – 438 | Hospice Medicare Provider Number.  |
| 84                 | IC Model Type Indicator                               | 2    | 439-440   | Present only when TC is 91.<br>01 = Value Based Insurance Design (VBID).<br>02 = Medication Therapy Management (MTM).<br>Spaces = Not applicable.  |
| 85                 | IC Model End Date Reason Code                         | 2    | 441-442   | Present only when TC is 91 and the IC Model End Date is provided.<br>01 = No longer Eligible.<br>02 = Opted out of program.<br>03 = Benefit Status Change.<br>04 = CMS Auto Dis.<br>Spaces = Not applicable.   |
| 86                 | IC Model Benefit Status                               | 2    | 443-444   | Present only when TC is 91.<br>01 = Full Status.<br>02 = Unearned Status.<br>Spaces = Not Applicable.  |
| 87                 | Updated Medicaid Status for Community RAF beneficiary | 1    | 445       | Medicaid Status of a beneficiary whose payments are calculated using a Community Risk Adjustment Factor:<br>F = Full Dual.<br>P = Partial Dual.<br>N = Non-dual.   |
| 88                 | CARA Status Implementation End Date                   | 8    | 446 - 453 | CARA Status implementation end date<br>YYYYMMDD format<br>Spaces – Not applicable<br>Present only when Transaction Type Code is 90<br>The CARA Status Implementation End Date is either: <ul style="list-style-type: none"> <li>The one provided on the Transaction Type Code 90 transaction OR</li> <li>The one assigned by MARx</li> </ul>   |
| 89                 | Prescriber Limitation                                 | 1    | 454       | ‘Yes’ = Beneficiary has a Prescriber Limitation<br>‘No’ = Beneficiary does not have a Prescriber Limitation<br>Spaces – Not applicable<br>Present only when Transaction Type Code is 90  |



| DTRR Detail Record |   |      |           |   |
|--------------------|---|------|-----------|---|
| Item               | Field                                   | Size | Position  | Description   |
| 90                 | Pharmacy Limitation                     | 1    | 455       | 'Yes' = Beneficiary has a Pharmacy Limitation<br>'No' = Beneficiary does not have a Pharmacy Limitation<br>Spaces – Not applicable<br>Present only when Transaction Type Code is 90 |
| 91                 | Filler                                  | 19   | 456-474   | Spaces  |
| 92                 | System Assigned Transaction Tracking ID | 11   | 475 – 485 | System assigned transaction tracking ID.  |
| 93                 | Plan Assigned Transaction Tracking ID   | 15   | 486 – 500 | Plan submitted batch input transaction tracking ID.   |

**Layout 3-23: Verbatim Plan Submitted Transaction on DTRR**

| Verbatim Plan Submitted Transaction on DTRR |   |      |          |  |
|---|---|------|----------|--|
| Item  | Field                                   | Size | Position | Description  |
| 1   | Beneficiary Identifier                  | 12   | 1-12     | The same beneficiary ID submitted on the transaction.                |
| 2   | Surname                                 | 12   | 13-24    | Beneficiary Surname.   |
| 3   | First Nam                               | 7    | 25-31    | Beneficiary Given Name.  |
| 4   | Middle Initial                          | 1    | 32       | Beneficiary Middle Initial.  |
| 5   | Gender Code                             | 1    | 33       | 0 = Unknown.<br>1 = Male.<br>2 = Female.                             |
| 6   | Date of Birth                           | 8    | 34-41    | CCYYMMDD   |
| 7   | Record Type                             | 1    | 42       | P = Plan submitted transaction text.                                 |
| 8   | Contract Number                         | 5    | 43-47    | Plan Contract Number.  |
| 9   | Plan Transaction Text                   | 300  | 48-347   | Copy of Plan submitted transaction.                                  |
| 10  | Filler                                  | 126  | 348-473  | Spaces.  |
| 11  | Transaction Accept/Reject Status Flag   | 1    | 474      | A = System accepted transaction.<br>R = System rejected transaction. |
| 12  | System Assigned Transaction Tracking ID | 11   | 475-485  | System assigned request tracking ID.                                 |
| 13  | Plan Assigned Transaction Tracking ID   | 15   | 486-500  | Plan submitted batch input transaction tracking ID.                  |

**3.4.5 Transaction Reply Code (TRC) Types**

The Transaction Reply Code (TRC) provides the specific explanation about the change, whether the change was accepted or rejected, and other important information for the Plan to appropriately handle the beneficiary information in the Plans’ systems. The table below lists the different types of TRCs.

*Table 3-11: Transaction Reply Code Types*

| Transaction Reply Code Types |               |   |
|------------------------------|---------------|---|
| Code                         | Description   | Explanation   |
| A                            | Accepted      | A transaction is accepted and the requested action is applied.  |
| R                            | Rejected      | A transaction is rejected due to an error or other condition. The requested action is not applied to the CMS System. The TRC indicates the reason for the transaction rejection. The Plan should analyze the rejection to validate the submitted transaction and to determine whether to resubmit the transaction with corrections.   |
| I                            | Informational | These replies accompany Accepted TRC replies and provide additional information about the transaction or Beneficiary. For example: If an enrollment transaction for a Beneficiary who is “out of area” is accepted, the Plan receives an accepted TRC (TRC 011) and an additional reply is included in the Transaction Reply Report (TRR) that gives the Plan the additional information that the Beneficiary is “Out of Area” (TRC 016). |
| M                            | Maintenance   | These replies provide information to Plans about the beneficiaries enrolled in their Plans. They are sent in response to information received by CMS. For example: If CMS is informed of a change in a beneficiary’s ID, a reply is included in the Plan’s TRR with TRC 086, giving the Plan the new beneficiary ID   |
| F                            | Failed        | A transaction failed due to an error or other condition and the requested action did not occur. The TRC indicates the reason for the transaction’s failure. The Plan should analyze the failed transaction and determine whether to resubmit with corrections. Replies with the Failed TRCs are not included in the DTRR. These are provided on the Failed Records reported in the BCSS that goes back to the submitter.                  |

**3.4.6 Full Enrollment File**

The Full Enrollment Data File provides Managed Care and Prescription Drug organizations with their official membership list on record with CMS each month. This invaluable tool helps Plans reconcile their membership records with CMS records.

This file includes all active Plan membership for the date that the file published. This file is considered a definitive statement of current Plan enrollment. CMS announces the availability of each month’s file with the proper dataset name and file transfer date. To distinguish this file from other Transaction Reply Reports, the TRC on all records is 999.

| System | Type      | Frequency | File Length | Full Enrollment Data File Dataset Naming Conventions  |
|--------|-----------|-----------|-------------|---|
| MARx   | Data File | Monthly   | 278         | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.FEFD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.FEFD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.FEFD.Dyymm01.Thhmsst</p> |

**Layout 3-24: Full Enrollment Data File Record**

| Full Enrollment File Data Record |                                  |      |          |   |
|----------------------------------|----------------------------------|------|----------|---|
| Item                             | Field                            | Size | Position | Description   |
| 1                                | Beneficiary ID                   | 12   | 1 – 12   | <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> |
| 2                                | Surname                          | 12   | 13 – 24  | Beneficiary Surname.  |
| 3                                | First Name                       | 7    | 25 – 31  | Beneficiary Given Name.   |
| 4                                | Middle Initial                   | 1    | 32       | Beneficiary Middle Initial.   |
| 5                                | Gender Code                      | 1    | 33       | Beneficiary Gender Identification Code.<br>0 = Unknown.<br>1 = Male.<br>2 = Female.   |
| 6                                | Date of Birth                    | 8    | 34 – 41  | CCYYMMDD  |
| 7                                | Medicaid Indicator               | 1    | 42       | Space.  |
| 8                                | Contract Number                  | 5    | 43 – 47  | Plan Contract Number.   |
| 9                                | State Code                       | 2    | 48 – 49  | Beneficiary State Code.   |
| 10                               | County Code                      | 3    | 50 – 52  | Beneficiary County Code.  |
| 11                               | Disability Indicator             | 1    | 53       | Space.  |
| 12                               | Hospice Indicator                | 1    | 54       | Space.  |
| 13                               | Institutional/NHC/HCBS Indicator | 1    | 55       | Space.  |
| 14                               | ESRD Indicator                   | 1    | 56       | Space.  |
| 15                               | TRC                              | 3    | 57 – 59  | Transaction Reply Code; default to 999.   |
| 16                               | TC                               | 2    | 60 – 61  | Transaction Code; default to 01 for special reports.  |

| Full Enrollment File Data Record |                               |      |           |   |
|----------------------------------|-------------------------------|------|-----------|---|
| Item                             | Field                         | Size | Position  | Description   |
| 17                               | Entitlement Type Code         | 1    | 62        | Space.  |
| 18                               | Effective Date                | 8    | 63 – 70   | CCYYMMDD  |
| 19                               | WA Indicator                  | 1    | 71        | Space.  |
| 20                               | Plan Benefit Package (PBP) ID | 3    | 72 – 74   | PBP ID number.  |
| 21                               | Race Code                     | 1    | 75        | 0 = Unknown<br>1 = White<br>2 = Black<br>3 = Other<br>4 = Asian<br>5 = Hispanic<br>6 = North American Native<br>Blank=  |
| 22                               | Transaction Date              | 8    | 76 – 83   | Set to Current Date, CCYYMMDD.  |
| 23                               | Filler                        | 1    | 84        | Space.  |
| 24                               | Subsidy End Date              | 12   | 85 – 96   | End date of LIS Period (Present if Beneficiary is deemed for the full year, or if the Beneficiary is losing Low Income status before the end of the current year.)  |
| 25                               | District Office Code          | 3    | 97 – 99   | Spaces.   |
| 26                               | Filler                        | 8    | 100 – 107 | Spaces.   |
| 27                               | Filler                        | 8    | 108 – 115 | Spaces.   |
| 28                               | Source ID                     | 5    | 116 – 120 | Spaces.   |
| 29                               | Prior Plan Benefit Package ID | 3    | 121 – 123 | Spaces.   |
| 30                               | Application Date              | 8    | 124 – 131 | Spaces.   |
| 31                               | Filler                        | 2    | 132 – 133 | Spaces.   |
| 32                               | Out of Area Flag              | 1    | 134 – 134 | Spaces.   |
| 33                               | Segment Number                | 3    | 135 – 137 | Default to 000 if blank.  |
| 34                               | Part C Beneficiary Premium    | 8    | 138 – 145 | Part C Premium Amount; the amount submitted on the enrollment record for Part C premium   |
| 35                               | Part D Beneficiary Premium    | 8    | 146 – 153 | Part D Premium Amount: the Part D Total Premium Net of Rebate from the HPMS file.)  |
| 36                               | Election Type                 | 1    | 154 – 154 | Spaces  |
| 37                               | Enrollment Source Code        | 1    | 155 – 155 | A = Auto enrolled by CMS.<br>B = Beneficiary Election.<br>C = Facilitated enrollment by CMS.<br>D = CMS Annual Rollover.<br>E = Plan initiated auto-enrollment.<br>F = Plan initiated facilitated-enrollment.<br>G = Point-of-sale enrollment.<br>H = CMS or Plan reassignment.<br>I = Invalid submitted value (transaction is not rejected).<br>J = State-submitted passive enrollment.<br>K = CMS-submitted passive enrollment.<br>L = MMP beneficiary election.<br>N = Rollover by Plan Transaction. |
| 38                               | Part D Opt-Out Flag           | 1    | 156 – 156 | Space.  |
| 39                               | Filler                        | 1    | 157 – 157 | Space.  |
| 40                               | Number of Uncovered Months    | 3    | 158 – 160 | Spaces.   |

| Full Enrollment File Data Record |  |      |           |   |
|----------------------------------|--|------|-----------|---|
| Item                             | Field                                    | Size | Position  | Description   |
| 41                               | Creditable Coverage Flag                 | 1    | 161 – 161 | Space.  |
| 42                               | Employer Subsidy Override Flag           | 1    | 162 – 162 | Space.  |
| 43                               | Rx ID                                    | 20   | 163 – 182 | Spaces.   |
| 44                               | Rx Group                                 | 15   | 183 – 197 | Spaces.   |
| 45                               | Secondary Drug Insurance Flag            | 1    | 198-198   | Space.  |
| 46                               | Secondary Rx ID                          | 20   | 199 – 218 | Spaces.   |
| 47                               | Secondary Rx Group                       | 15   | 219 – 233 | Spaces.   |
| 48                               | EGHP                                     | 1    | 234 – 234 | Space.  |
| 49                               | Part D LIPS Level                        | 3    | 235 – 237 | Part D LIPS category:<br>000 = No subsidy (default for blank).<br>025 = 25% subsidy level.<br>050 = 50% subsidy level.<br>075 = 75% subsidy level.<br>100 = 100% subsidy level. |
| 50                               | Low-Income Co-Pay Category               | 1    | 238 – 238 | Definitions of the co-payment categories:<br>0 = none, not low-income (default for blank).<br>1 = (High).<br>2 = (Low).<br>3 = \$0.<br>4 = 15%.<br>5 = unknown.                 |
| 51                               | Low-Income Co-Pay Effective Date         | 8    | 239 – 246 | CCYYMMDD.   |
| 52                               | Part D LEP Amount                        | 8    | 247 – 254 | Spaces.   |
| 53                               | Part D LEP Waived Amount                 | 8    | 255 – 262 | Spaces.   |
| 54                               | Part D LEP Subsidy Amount                | 8    | 263 – 270 | Spaces.   |
| 55                               | Low-Income Part D Premium Subsidy Amount | 8    | 271- 278  | Part D Low-Income Premium Subsidy Amount.   |

## 3.5 Reporting RxID/RxGroup/RxPCN/RxBIN Data

The 4Rx Notification process is a data exchange between the Plans and CMS. Plans provide CMS with Plan enrollment and claims processing information to support Point of Sale (POS) and other pharmacy-related information needs. This exchange makes 4Rx data available to the True Out-of-Pocket (TrOOP) Facilitator and through the Facilitator to the pharmacy.

Pharmacies operate in a real-time processing environment and require accurate information at POS to properly adjudicate the claim with all payers that cover the beneficiary. In addition, many pharmacies' automated billing is based on eligibility data. The sooner Plans submit their 4Rx data to CMS, the faster complete data is available from the E1 Eligibility Query, which the transaction pharmacies submit to the TrOOP Facilitator to obtain 4Rx data. As a result, CMS requires prompt submission of 4Rx data. Plans must include 4Rx data on Plan-submitted enrollment transactions. However, for CMS-generated enrollments, for example facilitated and auto-enrollments, Plans are required to submit their 4Rx data within 72 hours of the Plan's receipt of the DTRR reporting these enrollments. One of the most difficult issues for CMS and the TrOOP Facilitator is collecting the 4Rx data from the Plans and ensuring a steady flow of the information to the TrOOP Facilitator.

This enables pharmacies to assist beneficiaries who are unable to identify the Plan in which they are enrolled. Pharmacists rely on the E1 Eligibility Query to obtain beneficiary billing information, particularly the Cardholder Identification Number (ID), which is a National Council of Prescription Drug Programs (NCPDP) mandatory field in the pharmacy billing transaction. When pharmacists are unable to obtain the 4Rx information from an E1 transaction, they must rely on dedicated phone lines at Plans and their processors to provide the required beneficiary billing information.

### 3.5.1 Plan Submission of 4Rx Data

The four Rx data elements are:

- RxBIN – Benefit Identification Number (BIN).
- RxPCN – Processor Control Number (PCN).
- RxID – Identification Number (ID).
- RxGRP – Group Number.

Plans must submit 4Rx data using Enrollment TC 61 and 4Rx Data Change TC 72 in the following fields.

- Part D Rx BIN, Mandatory.
- Part D Rx ID, Mandatory.
- Part D Rx PCN, Optional.
- Part D Rx Group, Optional.
- Secondary Rx BIN, Optional.
- Secondary Rx ID, Optional.
- Secondary Rx PCN, Optional.
- Secondary Rx Group, Optional.

Plans must use 4Rx Data Change TC 72 to submit 4Rx data changes in the following circumstances:

- Auto-assigned enrollment.
- CMS facilitated enrollment.
- Any other CMS-generated enrollments not initiated by the Plan where 4Rx data is not included in the enrollment transaction:
  - Regional Office/Central Office (RO/CO) actions.
  - Retro processing contractor actions.
  - Reassignment.
  - Annual rollover activity.

Plans may submit multiple TC 72 transactions for the same beneficiary in the same transmission file. The current requirement for effective dates submitted with TC 72s are within a date range of the Current Calendar Month (CCM) minus one month (CCM-1) through CCM plus three months (CCM+3). This is referred to as the allowable range.

However, editing for allowable date range is not performed on TC 72s, since auto-enrollments can have a retroactive effective date of several months and facilitated enrollments can have a prospective effective date of several months. Any TC 72 submitted with 4Rx data is accepted as long as the effective date in the transaction falls within the Plan's enrollment period.

### 3.5.2 CMS Editing of 4Rx Data

CMS edits against all 4Rx data fields. Any fields on an enrollment TC 61 or TC 72 transactions containing invalid information reject with an appropriate TRC.

**Note:** CMS does not edit against any 4Rx data fields for MA-only Plans, along with other Plans that do not provide Part D benefits; these Plans submit blanks in the 4Rx data fields.

When 4Rx data is rejected, the entire enrollment is rejected. Plans should correct and resubmit the enrollment transaction using the same transaction code as originally submitted. All TCs 61 submitted for Part D Plan enrollments, i.e., any contract and PBP combination with Part D coverage that must include 4Rx data elements for enrollments are edited for 4Rx data elements.

Editing of the 4Rx data elements does not occur in the following situations:

- Enrollment TC 61 submitted by Plans that do not include Part D coverage.
- 4Rx Data Change TC 72, unless at least one field is submitted; then all edits apply.
- 4Rx information stored in CMS files. These files are sent towards the end of the month.

**3.5.3 Monthly NoRx File**

CMS creates and sends monthly NoRx files to Plans identifying all enrollees that do not currently have 4Rx information stored in CMS files. Typically, these files are sent the third week of the month. CMS uses this file to inform the Plans of the incomplete 4Rx information and requests Plans to submit 4Rx information for the Beneficiary.

| System | Type      | Frequency | File Length | No Rx File Dataset Naming Conventions   |
|--------|-----------|-----------|-------------|---|
| MBD    | Data File | Monthly   | 750         | Gentran Mailbox/TIBCO MFT Internet Server:<br>P.Rxxxxx.#NORX.Dyymmdd.Thhmsst<br><br>Connect:Direct (Mainframe):<br>zzzzzzz.Rxxxxx.#NORX.Dyymmdd.Thhmsst<br><br>Connect:Direct (Non-Mainframe):<br>[directory]Rxxxxx.#NORX.Dyymmdd.Thhmsst |

The following records are included in this file:

- **No Rx Header Record**
- **No Rx Detail Record**
- **No Rx Trailer Record**

*Layout 3-25: No Rx Header Record*

| No Rx Header Record |                     |      |          |        |                        |   |
|---------------------|---------------------|------|----------|--------|------------------------|---|
| Item                | Field               | Size | Position | Format | Valid Values           | Description   |
| 1                   | File ID Name        | 8    | 1-8      | CHAR   | CMSNRX0H               | This code allows recognition of the record as the Header Record of a NoRx File. |
| 2                   | Sending Entity      | 8    | 9-16     | CHAR   | “MBD” (MBD + 5 spaces) | The value specifically is “MBD” followed by five spaces.                        |
| 3                   | File Creation Date  | 8    | 17-24    | CHAR   | CCYYMMDD               | The date on which the NoRx file was created by CMS.                             |
| 4                   | File Control Number | 9    | 25-33    | CHAR   | Spaces                 | This field is set to SPACES and is not referenced for meaningful information.   |
| 5                   | Filler              | 717  | 34-750   | CHAR   | Spaces                 |   |



**Layout 3-26: No Rx Detail Record**

| No Rx Detail Record |                                  |      |          |        |                          |   |
|---------------------|----------------------------------|------|----------|--------|--------------------------|---|
| Item                | Field                            | Size | Position | Format | Valid Values             | Description   |
| 1                   | Record Type                      | 3    | 1-3      | CHAR   | NRX                      | This code allows recognition of the detail record as a No Rx record from CMS.   |
| 2                   | Record Type from Original Detail | 5    | 4-8      | CHAR   | Spaces.                  | This field is set to SPACES and is not referenced for meaningful information.   |
| 3                   | HICN or RRB Number               | 12   | 9-20     | CHAR   | HICN or RRB              | <ul style="list-style-type: none"> <li>• Before or during the Medicare Beneficiary Identifier (MBI) Transition period, the RRB Number is populated if present; else the active HICN is populated.</li> <li>• When the MBI Transition period ends, the field is filled with spaces.</li> </ul> |
| 4                   | SSN                              | 9    | 21-29    | CHAR   | SSN from CMS             | This field may contain the SSN of the Beneficiary that does not have 4Rx data.  |
| 5                   | MBI                              | 11   | 30-40    |        |                          | The MBI from the beneficiary's active Beneficiary MBI period. The value is a system-generated identifier used internally and externally to uniquely identify the beneficiary in the Medicare database.  |
| 6                   | Filler                           | 49   | 41-89    | CHAR   | Spaces.                  |   |
| 7                   | Contract Number                  | 5    | 90- 94   | CHAR   | Contract Number from CMS | This field contains the Contract Number of the beneficiary that does not have 4Rx data.   |
| 8                   | PBP Number                       | 3    | 95- 97   | CHAR   | PBP Number from CMS      | This field contains the beneficiary PBP number but does not have 4Rx data.  |
| 9                   | Filler                           | 71   | 98 – 168 | CHAR   | Spaces.                  |   |
| 10                  | File Creation Date               | 8    | 169-176  | CHAR   | CCYYMMDD                 | This field contains the date the NoRx record was created.   |
| 11                  | Filler                           | 574  | 177-750  | CHAR   | Spaces.                  |   |

**Layout 3-27: No Rx Trailer Record**

| No Rx Trailer Record |                    |      |          |        |                                  |  |
|----------------------|--------------------|------|----------|--------|----------------------------------|--|
| Item                 | Field              | Size | Position | Format | Valid Values                     | Description  |
| 1                    | File ID Name       | 8    | 1-8      | CHAR   | CMSNRX0T                         | This code allows recognition of the record as the Trailer Record of a NoRx File.                               |
| 2                    | Sending Entity     | 8    | 9-16     | CHAR   | “MBD “<br>(MBD + 5 spaces)       | The value specifically is “MBD” followed by five spaces.   |
| 3                    | File Creation Date | 8    | 17-24    | CHAR   | CCYYMMDD                         | The date that CMS created the NoRx file.   |
| 4                    | Filler             | 9    | 25-33    | CHAR   | Spaces                           |  |
| 5                    | File Record Count  | 7    | 34-40    | NUM    | Numeric value greater than Zero. | The total number of NoRx records on this file. This value is right-justified in the field with leading zeroes. |
| 6                    | Filler             | 710  | 41-750   | CHAR   | Spaces                           |  |

## 3.6 Agent Broker Compensation

For Plan enrollments, MARx established a status of initial or renewal compensation cycle. This status provides Plans with the information necessary to determine how to pay agents for specific beneficiary enrollments. Plans pay agents an initial amount or a renewal amount as provided in the CMS agent compensation guidance.

Based on the qualification rules, Year 1 is the initial year and Years 2 and beyond are the renewal years. Plans are responsible for using this information together with their internal payment and enrollment tracking systems to determine if an agent was used and the amount to pay the agent.

The Agent Broker Compensation Report Data File is generated on the first Sunday of each calendar month, even if that falls on a holiday:

- All new enrollments, whether retroactive, current, or prospective, with broker compensation cycles.
- All changes to existing and prior enrollments as a result of retroactive enrollments and disenrollments.
- Increments to cycle-year counts each January 1<sup>st</sup>.

Plans can re-order the Agent Broker Compensation Report Data File via the MARx UI.

**3.6.1 Agent Broker Compensation Report Data File**

| System | Type      | Frequency | File Length | Agent Broker Compensation Dataset Naming Conventions  |
|--------|-----------|-----------|-------------|---|
| MARx   | Data File | Monthly   | 150         | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.Rnnnnn.COMPRPT.Dyymmdd.Thhmsst<br><br><b>Connect:Direct (Mainframe):</b><br>zzzzzzzz.Rnnnnn.COMPRPT.Dyymmdd.Thhmsst<br><br><b>Connect:Direct (Non-Mainframe):</b><br>[directory]Rnnnnn.COMPRPT.Dyymmdd.Thhmsst |

The following records are included in this file:

- **Agent Broker Compensation Detail Record**
- **Agent Broker Compensation Trailer Record**

*Layout 3-28: Agent Broker Compensation Detail Record*

| Agent Broker Compensation Detail Record |                                 |      |          |   |
|---|---------------------------------|------|----------|---|
| Item                                    | Field                           | Size | Position | Description   |
| 1                                       | Record Type                     | 1    | 1        | 1 – Detail.   |
| 2                                       | Contract Number                 | 5    | 2-6      | Contract identification.  |
| 3                                       | PBP                             | 3    | 7-9      | Plan Benefit Package.   |
| 4                                       | Beneficiary ID                  | 12   | 10-21    | <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                                       | Last Name                       | 12   | 22-33    | Beneficiary Surname.  |
| 6                                       | First Name                      | 7    | 34-40    | Beneficiary Given Name.   |
| 7                                       | Middle Initial                  | 1    | 41       | Beneficiary Middle Initial.   |
| 8                                       | DOB                             | 8    | 42-49    | Beneficiary Birth Date<br>CCYYMMDD  |
| 9                                       | Gender                          | 1    | 50       | Beneficiary Gender Identification Code.<br>0 = Unknown.<br>1 = Male.<br>2 = Female.   |
| 10                                      | Application Date                | 8    | 51-58    | The date the Plan received the beneficiary’s completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper).<br>CCYYMMDD; otherwise, spaces if not applicable.   |
| 11                                      | Enrollment Effective Start Date | 8    | 59-66    | Date Beneficiary’s Plan enrollment starts.<br>CCYYMMDD  |

| Agent Broker Compensation Detail Record |   |      |          |   |
|---|---|------|----------|---|
| Item                                    | Field   | Size | Position | Description   |
| 12                                      | Compensation Type as of Enrollment Effective Date | 1    | 67       | <p>Compensation type to be paid to the broker for the first year of enrollment (I or R) that never appeared on the Broker's Compensation Data file; or the data element "Correction Indicator" field is populated. Additionally, the data element shall be left blank for all 1-1-xx enrollments that either had no change from the previous year or where on an Oct. through Dec. MARx report for new 1-1-xx effective enrollments (meaning AEP enrollments).</p> <p>I – Initial<br/>R – Renewal<br/>Blank – See above explanation</p>               |
| 13                                      | Report Generation Date                            | 8    | 68-75    | <p>Date data file created.<br/>CCYYMMDD</p>   |
| 14                                      | Cycle-Year as of Report Generation Date           | 3    | 76-78    | <p>Numeric value representing the broker compensation cycle-year as of the data file generation date:</p> <p>-1 = no compensation cycle exists for this enrollment because the data file generation date is before the effective date of the enrollment.</p> <p>1 = first calendar year.<br/>2 = second calendar year.<br/>3 = third calendar year.<br/>4 = fourth calendar year.<br/>5 = fifth calendar year.<br/>6 = sixth calendar year.</p> <p>The numeric value can go as high as 999 years.</p> <p>Right justified.</p>                         |
| 15                                      | Compensation Payment Year                         | 3    | 79-81    | <p>If the enrollment is prospective with a start date in the upcoming year, the numeric value representing the cycle year as of the enrollment effective date. Otherwise, the numeric value representing the broker compensation cycle-year as of the data file generation date.</p> <p>1 = first calendar year.<br/>2 = second calendar year.<br/>3 = third calendar year.<br/>4 = fourth calendar year.<br/>5 = fifth calendar year.<br/>6 = sixth calendar year.</p> <p>The numeric value can go as high as 999 years.</p> <p>Right justified.</p> |

| Agent Broker Compensation Detail Record |                      |      |          |  |
|---|----------------------|------|----------|--|
| Item                                    | Field                | Size | Position | Description  |
| 16                                      | Prior Plan Type      | 7    | 82-88    | Broad classification of the Beneficiary's immediately prior Plan-type:<br>None = no prior Plan.<br>MA = non-drug Medicare Advantage Plan.<br>MAPD = MA Plan offering prescription drugs.<br>COST = Non-drug Medicare COST Plan.<br>COST/PD = Medicare COST Plan providing prescription drugs.<br>PDP = Prescription Drug Plan.   |
| 17                                      | Correction Indicator | 2    | 89-90    | R – Retroactive enrollment.<br><ul style="list-style-type: none"> <li>○ Any enrollment processed by MARx after the effective date of the enrollment.</li> </ul> ER – Enrollment reinstated.<br><ul style="list-style-type: none"> <li>○ A disenrollment cancellation was processed by MARx.</li> <li>○ A cancelled enrollment reinstated a previous enrollment.</li> </ul> IR – Change in Initial or Renewal.<br><ul style="list-style-type: none"> <li>○ An enrollment was previously reported as Initial or Renewal however this information has been updated due to new information received by MARx.</li> </ul> O – Change in the Compensation Year.<br>Spaces – the enrollment does not have a corrected field. |
| 18                                      | Filler               | 60   | 91-150   | Spaces.  |

**Layout 3-29: Agent Broker Compensation Trailer Record**

| Agent Broker Compensation Trailer Record |                     |      |          |  |
|--|---------------------|------|----------|--|
| Item                                     | Field               | Size | Position | Description  |
| 1  | Record Type         | 1    | 1        | 2 – Trailer.   |
| 2  | Contract Number     | 5    | 2-6      | Contract identification.   |
| 3  | Detail Record Count | 8    | 7-14     | Right justified – number of detail records on the data file.<br>The trailer record itself is not included in this count. |
| 4  | Filler              | 136  | 15-150   | Spaces.  |

### **3.6.2 Compensation Rate Submission**

CMS regulations at 42 CFR §§422.2274(a)(1)(i)(A) and 423.2274(a)(1)(i)(A) stipulate that the compensation amount paid to an independent agent or broker for an enrollment is at or below the fair market value (FMV) cut-off amounts published yearly by CMS. These amounts can be found on the HPMS, and are posted yearly by June 1<sup>st</sup>.

As in past years, all Plans must inform CMS whether they are using employed, captive, or independent agents. Plans that use independent agents must provide the compensation amount or range of amounts paid for these agents. Additionally, if referral fees are paid, Plans must disclose the referral fee amount. The most currently released HPMS Marketing Module User Guide includes data entry instructions.

Plans may submit their agent/broker information in the HPMS Marketing Module during the dates outlined in the HPMS memorandum posted yearly. Please note that the submission process is not complete until the Plan's CEO, COO, or CFO has completed the attestation in HPMS. Plans failing to submit and attest to their agent/broker compensation data by the deadline outlined in the HPMS memorandum are out of compliance.

CMS expect Plans to keep full records providing the compensation schedules are updated and agent/brokers are paid per CMS requirements.

CMS will make the compensation information available for beneficiaries to view before the annual election period for each calendar year at the following website:

<https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/AgentBroker.html>.

## 3.7 Coordination of Benefits

CMS provides Coordination of Benefits (COB) – Other Health Insurance (OHI) information for the Plan’s enrollees. The COB-OHI file contains only members for whom there is COB information available. Each member on the file may have multiple records associated with primary and supplemental insurers.

### 3.7.1 COB-OHI 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-OHI File. The OHI information contained in the COB file is collected by the Benefits Coordination & Recovery Center (BCRC) through the following sources:

- Data Sharing Agreements (DSAs).
- COB Agreements (COBAs).
- Other data exchanges with non-Part D payers:
  - Pharmacy Benefit Manager (PBM)s.
  - Employer Group Health Plan (EGHP) sponsors.
  - Section 111 Responsible Reporting Entity (RRE)s.
  - State programs.
- Questionnaires filled out by beneficiaries.
- Employers and providers.
- Leads submitted from Part D Plans and other Medicare contractors.

The information collected by the BCRC and provided to the Part D Plan assists the Part D Plan in fulfilling its requirement to coordinate with OHI.

The COB-OHI File consists of a Detail (DTL) record identifying the Part D Plan’s Contract Number, the Plan Benefit Package (PBP) number, and identifying information for the enrollee whose OHI is contained in the records attached to the DTL record. The DTL record may have two types of subordinate records:

- **Primary (PRM) Record:** 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, i.e., primary to, Part D. It is possible to have multiple occurrences of primary insurance. Each occurrence of primary insurance is contained in PRM records subordinate to the DTL record.
- **Supplemental (SUP) Record:** SUP records contain all supplemental insurance that pays after, i.e., supplemental to, Part D. Each occurrence of supplemental insurance is contained in SUP records subordinate to the DTL record.

The COB-OHI File contains full-record replacements for Medicare Part D enrollees that had a change in their enrollment record (enroll, disenroll, reinstate, change in Medicare plan 4Rx) or with newly discovered or changed OHI. The addition, change or deletion of an enrollee’s OHI record triggers a full replacement of that enrollee’s DTL and subordinate PRM and SUP records. The Part D Plan replaces 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-OHI File is automatically sent to Part D Plans. Beneficiary updates are



provided 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 previously sent to Plan A is automatically sent to Plan B in the COB File.

**Note:** When the beneficiary disenrolls from Plan A, Plan A continues receiving updates for the beneficiary for 36 months after member is terminated with Plan A. Plan A will no longer receive updates for the beneficiary only in two scenarios:

- The member is CNE (Contract Never effective) – termed prior to actual enrollment starting (for example: effective date 01/01/2018 – termed 01/01/2018).
- The member’s disenrollment date is beyond 36 months in the past (for example: term date 09/30/2015. Plan A will never receive any updates for this member).

The COB-OHI File is sent out to Part D Plans as the BCRC collects OHI and applies records to the MBD. This can occur as often as daily. The Part D Plan will receive the COB-OHI File daily. If there is no updated beneficiary OHI data, then the plan will receive a file indicating that there is no reported COB change for the Plan to process. If there are OHI updates the file will include, records for new or current enrollees with changed or newly discovered OHI, and members with a termination date within 36 months from the COB-OHI File date. Most data exchanges administered by the BCRC for CMS are monthly. However, each data exchange partner has a unique submission schedule. The BCRC can receive file submissions from data exchange partners on any given day. The BCRC conducts development, i.e., phone calls, mailed questionnaires, on a continual basis. The BCRC 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-OHI File is sent to the Part D Plan of the OHI enrollee.

The Part D Plan uses 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 True Out-of-Pocket (TrOOP), and to populate the claim’s response to the pharmacy.

Under provisions found in § 1860D-2(a) (4) of the Medicare Modernization Act (MMA), the Medicare Secondary Payer (MSP) rules were incorporated in the MMA and apply 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. The MSP rules are found at 42 U.S.C. § 1395y(b).

In some cases, the Part D Plan makes mistaken primary payments, i.e., if the BCRC, CMS, and the Part D Plan are all unaware of any primary coverage. Under other circumstances, the Part D Plan makes conditional payments. These circumstances include:

- When the Part D Plan is aware that the enrollee has Workers’ Compensation (WC)/no-fault/liability coverage but is unaware whether the drugs for which a bill is sent are related to the WC/no-fault/liability incident.
- When the Part D Plan learns of potential primary coverage and sends information to the BCRC for development and it chooses to wait for validation before considering itself a secondary payer. This option is entirely up to the Plan; it may act as a secondary payer immediately or wait for validation, depending on its confidence of the information’s validity.
- When the Part D Plan is aware that the primary WC/no-fault/liability coverage applies but the primary payer does 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 is also subject to audit or reporting requirements.

### **3.7.2 COB-OHI PRM Record Layout Elements**

OHI contained in the PRM record is primary to, i.e., 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. Note that \* indicates that the element is found in both, but may have slightly different definitions and instructions. Not all element fields populate, depending on the information that the BCRC possesses when it applies the record to the MBD.

#### ***RxID Number\****

The National Council of Prescription Drug Programs (NCPDP) standard Rx Identification Number (ID) is used for network drug benefit of the primary insurance. The Part D Plan displays this in the reply to the pharmacy and the RxID number to identify an individual in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.

#### ***RxGroup Number\****

The NCPDP standard Rx Group Number is used for network drug benefit of the primary insurance. The Part D Plan displays this in the reply to the pharmacy and may use the RxGroup number to identify an individual in the recovery of mistaken payments, as well.

#### ***Benefit Identification Number Rx (BIN)\****

The NCPDP standard International BIN is used for network drug benefit routing of the primary insurance. The Part D Plan displays this in the reply to the pharmacy and may use the RxBIN number to identify an individual in the recovery of mistaken payments, as well.

#### ***Processor Control Number Rx (PCN)\****

The NCPDP standard PCN used for network drug benefit routing of the primary insurance. The Part D Plan displays this in the reply to the pharmacy and may use the RxPCN number to identify an individual in the recovery of mistaken payments, as well.

#### ***Rx Plan Toll-Free Number\****

The help desk number for the pharmacy benefit is the primary insurance. The Part D Plan displays this in the reply to the pharmacy.

***Sequence Number\****

The unique identifier for the PRM occurrence, the Sequence Number may identify the PRM occurrence when inquiring about a record to the BCRC.

***COB Source Code\****

The code for the BCRC, Common Working File, and MBD is used to identify the origin from which the BCRC received primary insurance information. Customer Service may use the COB Source Code when inquiring about a record to the BCRC.

**Note:** For any instances where an unknown COB Source Code is provided, Plans should contact BCRC for clarification.

***MSP Reason\****

Medicare is the Secondary Payer, i.e., the other insurance is primary to Medicare. For EGHPs, MSP (Reason codes A, B, and G), the Part D Plans reject Primary payment. The EGHP is statutorily required to make primary payment in those cases. For non-GHP, MSP (Reason codes D, E, L, H, and W), the Part D Plan makes conditional primary payment, as it is possible these MSP types are incident related. However, 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 EGHP 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 (POS).

***Coverage Code\****

This 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 includes routing information, i.e., BIN and PCN, when available; however, for COB PRM records MSP Reason codes A, B and G, RxID, RxGroup and RxBIN are required. The Group and Individual Policy Number Fields may populate when the primary insurance is a non-network drug benefit coverage type (A, V, W, X, Y & Z).

***Insurer's Name\****

The name of the primary insurance carrier can assist in the recovery of mistaken payments. CMS provides 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 can assist in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.

***Insurer Tax Identification Number (TIN)***

The TIN of primary insurance carrier may assist in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.

***Individual Policy Number\****

The Individual Policy Number used for non-network drug benefit primary insurance. Part D Plan uses this to identify non-network drug benefit primary insurance and may use the Individual Policy Number to identify an individual in the recovery of mistaken payments. CMS provides 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 and may use the Group Policy Number to identify an individual in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.

***COB Effective Date\****

For EGHP MSP (Reason codes A, B, and G) it identifies start date. For non-GHP MSP (Reason codes D, E, L, H, and W) it identifies the date of the accident, illness, or injury; or it identifies the Medicare entitlement date, whichever is earlier.

**Note:** This date is a manipulated date and does not reflect the actual effective date of the other coverage and therefore should not be used for purposes of Part D coordination of benefits. Part D Sponsors should use the Effective Date of Other Drug Coverage (Position 1084-1091 in Primary records and position 516-523 in Supplemental records) for coordination of benefits.

***Termination Date\****

MSP end date, which identifies whether or not the primary insurance is terminated. For non-GHP MSP (Reason codes D, E, L, H, and W), it identifies the date of settlement/judgment/award. If the insurance is open, the field is populated with all zeroes.

***Relationship Code\****

Relationship to primary insurance policyholder used for MSP determinations.

***Payer ID\****

Future

***Person Code\****

NCPDP standard Person Code used by the Plan to identify specific individuals on the primary insurance policy. Used for routing of network drug benefit, the Part D Plan displays the Person Code in the reply to the pharmacy and may use the Person Code in the recovery of mistaken payments.

***Payer Order\****

The order of payment for primary insurance, the Part D Plan displays this in reply to the pharmacy in order of Payment Order Indicator. The lowest number in ascending order, i.e., 001 to 400, is the first primary insurance displayed in the reply to the pharmacy. OHI with a payment order less than 401 is displayed prior, i.e., primary to, the Part D Plan. The rules that BCRC use to assign the Payer Order are attached for reference.

***Policy Holder's First Name***

The first name of the primary GHP (MSP Reason codes: A, B, and G) insurance policy holder. Part D Plans may use the Policy Holder's first name in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.

***Policy Holder's Last Name***

The last name of the primary GHP (MSP Reason codes: A, B, and G) insurance policy holder. Part D Plans may use the Policy Holder's last name to identify an individual in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.

***Policy Holder's Social Security Number (SSN)***

The Social Security Number of the primary GHP (MSP Reason codes: A, B, and G) insurance policy holder. Part D Plans may use the Policy Holder's SSN to identify an individual in the recovery of mistaken payments. CMS provides 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, and G) insurance. Part D Plans may use the Employer's Name in the recovery of mistaken payments. CMS provides 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, and G) insurance. Part D Plans may use the Employer's Address in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.

**Employer's TIN**

***Attorney's Name***

The name of the attorney handling the incident related case (MSP Reason codes D, E, L, H, and W) for the enrollee. Part D Plans may use the Attorney's Name in the recovery of mistaken payments, as well. CMS provides 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 Part D Plans may use in the recovery of mistaken payments. CMS provides 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. Part D Plans may use the Lead Contractor in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.

***Class Action Type***

This is assigned where a liability case is a class action lawsuit involving more than one Medicare beneficiary.

***Administrator Name***

The administrator of WC Set-Aside (WCSA) 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 WCSAs.

**Administrator Address 1**

**Administrator Address 2**

**Administrator City**

**Administrator State**

**Administrator Zip**

The Address, City, State, and Zip Code of the WCSA settlement; CMS is developing payment and recovery rules for WCSAs.

***Workers Compensation Set Aside (WCSA) Amount***

***WCSA Indicator***

WCSA Indicator; CMS is developing payment and recovery rules for WCSAs.

***Workers Compensation Set-Aside (WCSA) Settlement Date***

***Administrator's Telephone Number***

***Total Rx Settlement Amount***

***Rx \$ Included in the WCSA Settlement Amount***

***Claim Diagnosis Code 1 – 25***

***Claim Diagnosis Indicator 1 – 25***

International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) Diagnosis code – 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.

***Effective Date of Other Drug Coverage\****

This date is the actual effective date of other drug insurance coverage provided by the other insurance. This date should be used for coordination of benefits. The Part D Sponsor should compare Date of Service (DOS) to both the Part D effective period and the other coverage effective period to determine if coordination of benefits is necessary.

### 3.7.3 COB-OHI SUP Record Layout Elements

OHI contained in the SUP record is supplemental to, i.e., 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 populate, depending on the information that the BCRC possesses when it applies the record to the MBD.

#### ***RxID Number\****

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\****

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\****

NCPDP standard International BIN used for the network drug benefit routing of supplemental insurance. The Part D Plan displays this in the reply to the pharmacy.

#### ***RxPCN Number\****

The NCPDP standard PCN used for network drug benefit routing of the primary insurance. The Part D Plan displays this in the reply to the pharmacy.

#### ***Rx Plan Toll-Free Number\****

The Part D Plan displays this help desk number of the pharmacy benefit in the Plan's reply to the pharmacy. For Supplemental Insurance Type Code P, this field instead populates with contact information for the Patient Assistance Program (PAP).

#### ***Sequence Number\****

The unique identifier for the supplemental SUP occurrence, Part D Plans may use the number to identify the SUP occurrence when inquiring about a record to the BCRC.

#### ***COB Source Code\****

The code the BCRC, Common Working File, and MBD use to identify the process from which the BCRC received supplemental insurance information. Customer service may use the COB Source Code when inquiring about a record to the BCRC.



***Supplemental Type Code***

The type of supplemental insurance contained in the record. The Part D Plan uses this to determine if the payments made by this supplemental insurance count towards TrOOP. Supplemental Insurance Type Codes Q (SPAP), S (ADAP), and R (Charity) count towards TrOOP. All other codes do not count toward TrOOP.

***Coverage Code\****

This code identifies whether the supplemental insurance drug benefit is a network drug or non-network drug benefit. When the supplemental insurance is a network drug benefit coverage type (U), the record requires routing information RxBIN (and RxPCN when available). However, for COB SUP records with Supplemental Type Codes Q (SPAP) and S (ADAP), RxID, RxBIN, and RxPCN are required. For COB SUP records with Supplemental Type Code N (State Prog – non qualified SPAP), all 4Rx values are required.

***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, which customer service may use.

***Individual Policy Number\*******Group Policy Number\*******COB Effective Date\****

The COB insurance start date.

**Note:** This date is a manipulated date and does not reflect the actual effective date of the other coverage and therefore should not be used for purposes of Part D coordination of benefits. Part D Sponsors should use the Effective Date of Other Drug Coverage (Position 1084-1091 in Primary records and position 516-523 in Supplemental records) for coordination of benefits.

***Termination Date\****

The supplemental insurance end date, which identifies whether or not the supplemental insurance terminated. If the insurance is open, the field populates with all zeroes.

***Relationship Code\****

Relationship to supplemental insurance policyholder. No instructions at this time.

***Payer 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 the Person Code in the reply to the pharmacy.

***Payer Order\****

The order of payment for supplemental insurance, the Part D Plan displays this in reply to the pharmacy in order of the Payment Order Indicator. The lowest number in ascending order, i.e., 401 to 999, is the first supplemental insurance displayed in the reply to the pharmacy. OHI with a payment order greater than or equal to 401 is displayed after, i.e., secondary or supplemental to, the Part D Plan.

***Effective Date of Other Drug Coverage\****

This date is the actual effective date of other drug insurance coverage provided by the other insurance. This date should be used for coordination of benefits. The Part D Sponsor should compare Date of Service (DOS) to both the Part D effective period and the other coverage effective period to determine if coordination of benefits is necessary.

**3.7.4 COB-OHI File (Part D Only)**

This file is sent to Part D Plans and contains beneficiary other drug coverage. Part C Plans receive the Monthly Medicare Secondary Payer (MSP) Information File that reports MA MSP.

The COB-OHI file contains members’ primary and secondary drug coverage, validated through COB processing. MARx forwards this report to a Part D Plan whenever the Plan’s enrollees are affected, which may occur as often as daily. The enrollees included on the report are those newly enrolled in the Part D Plan who has known OHI and existing Plan enrollees who have changes to their Drug OHI.

| System     | Type      | Frequency                | File Length | COB-OHI Dataset Naming Conventions  |
|------------|-----------|--------------------------|-------------|---|
| MBD (MARx) | Data File | As Needed (can be daily) | 1100        | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.MARXCOB.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzzz.Rxxxxx.MARXCOB.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.MARXCOB.Dyymmdd.Thhmsst</p> |

The following records are included in this file:

- **COB-OHI Detail Record**
- **COB-OHI Primary Record**
- **COB-OHI Supplemental Record**

The table below provides an example of how the COB-OHI records are organized for each beneficiary.

*Table 3-12: COB-OHI Organization of Records*

| COB-OHI File Organization of Records                                    |
|---|
| Detail Record (DTL) Record 1 (Beneficiary A)                            |
| Primary (PRM) records associated with DTL Record 1 (Beneficiary A)      |
| Supplemental (SUP) records associated with DTL Record 1 (Beneficiary A) |
| DTL Record 2 (Beneficiary B)  |
| PRM records associated with DTL Record 2 (Beneficiary B)                |
| SUP records associated with DTL Record 2 (Beneficiary B)                |
| DTL Record 3 (Beneficiary C)  |
| PRM records associated with DTL Record 3 (Beneficiary C)                |
| SUP records associated with DTL Record 3 (Beneficiary C)                |
| DTL Record n  |
| PRM records associated with DTL Record n                                |
| SUP records associated with DTL Record n                                |

**Layout 3-30: COB-OHI Detail Record**

Indicates the Beginning of a Series of Beneficiary Subordinate Detail Records

| COB-OHI Detail Record |   |      |          |           |   |
|-----------------------|---|------|----------|-----------|---|
| Item                  | Field   | Size | Position | Format    | Valid Values/Description  |
| 1                     | Record Type   | 3    | 1-3      | CHAR      | DTL   |
| 2                     | Beneficiary Identifier                              | 12   | 4-15     | CHAR      | A system-generated identifier used by CMS to uniquely identify the beneficiary internally and externally. The value will be in the Medicare Beneficiary Identifier (MBI) format that CMS implemented in April of 2018 as a part of the New Medicare Card project. If there are no COB changes, the field will contain spaces. |
| 3                     | SSN   | 9    | 16-24    | Numeric   | 000000000 if unknown. If there are no COB changes, the field will contain spaces.   |
| 4                     | Date of Birth (DOB)                                 | 8    | 25-32    | CHAR      | CCYYMMDD<br>If there are no COB changes, the field will contain spaces.   |
| 5                     | Gender Code   | 1    | 33       | CHAR      | 0 = Unknown.<br>1 = Male.<br>2 = Female.<br>If there are no COB changes, the field will contain spaces.   |
| 6                     | Contract Number                                     | 5    | 34-38    | CHAR      | This field contains the Contract Number of the beneficiary (Contract Number from CMS).  |
| 7                     | Plan Benefit Package                                | 3    | 39-41    | CHAR      | The identifier from the beneficiary's Part D Enrollment record that represents the beneficiary's Part D Plan belongs. If there are no COB changes, the field will contain spaces.   |
| 8                     | Action Type   | 1    | 42-42    | Character | A code indicating the type of notification that CMS is providing about the beneficiary. The default value will be '2' (i.e., Full replacement). If there are no COB changes, the field will contain spaces.   |
| 9                     | Part D Prescription (Rx) Identification (ID) Number | 20   | 43-62    | Character | Part D (Contract/PBP) Rx ID<br>If there are no COB changes, the field will contain spaces.  |
| 10                    | Part D Rx Group Number                              | 15   | 63-77    | Character | Part D (Contract/PBP) Rx Group<br>If there are no COB changes, the field will contain spaces.   |

| COB-OHI Detail Record |  |      |          |           |   |
|-----------------------|--|------|----------|-----------|---|
| Item                  | Field                                      | Size | Position | Format    | Valid Values/Description  |
| 11                    | Part D Rx Bank Identification Number (BIN) | 6    | 78-83    | Character | Part D (Contract/PBP) Rx BIN<br>If there are no COB changes, the field will contain spaces.   |
| 12                    | Part D Rx Processor Control Number (PCN)   | 10   | 84-93    | Character | Part D (Contract/PBP) Rx PCN<br>If there are no COB changes, the field will contain spaces.   |
| 13                    | Part D Effective Date                      | 8    | 94-101   | Character | Part D (Contract/PBP) Effective Date<br>CCYYMMDD<br>If there are no COB changes, the field will contain spaces.   |
| 14                    | Part D Termination Date                    | 8    | 102-109  | Character | Part D (Contract/PBP) Termination Date<br>If the Part D Contract/PBP is open, the field is populated with all zeroes.<br>CCYYMMDD.<br>If there are no COB changes, the field will contain spaces. |
| 15                    | Filler                                     | 991  | 110-1100 | Character | The field will contain spaces when there are COB changes.<br>If there are no COB changes, then the value will be 'NO REPORT'.   |

**Layout 3-31: COB OHI Primary Record**

Subordinate to Detail Record (Unlimited Occurrences)

| COB-OHI Primary Record |                        |      |          |        |   |
|------------------------|------------------------|------|----------|--------|---|
| Item                   | Field                  | Size | Position | Format | Valid Values/Description  |
| 1                      | Record Type            | 3    | 1-3      | CHAR   | PRM   |
| 2                      | Beneficiary Identifier | 12   | 4-15     | CHAR   | A system-generated identifier used by CMS to uniquely identify the beneficiary internally and externally. The value will be in the MBI format that CMS implemented in April of 2018 as part of the New Medicare Card project. |
| 3                      | SSN*                   | 9    | 16-24    | ZD     | 000000000 if unknown.   |
| 4                      | Date of Birth (DOB)*   | 8    | 25-32    | CHAR   | CCYYMMDD  |
| 5                      | Gender Code*           | 1    | 33       | CHAR   | 0 = Unknown.<br>1 = Male.<br>2 = Female.  |

| COB-OHI Primary Record |                           |      |          |        |   |
|------------------------|---------------------------|------|----------|--------|---|
| Item                   | Field                     | Size | Position | Format | Valid Values/Description  |
| 6                      | RxID Number*              | 20   | 34-53    | CHAR   | The National Council of Prescription Drug Programs (NCPDP) standard Rx Identification Number (ID) is used for network drug benefit of the primary insurance. The Part D Plan displays this in the reply to the pharmacy and the RxID number to identify an individual in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans. |
| 7                      | RxGroup Number*           | 15   | 54-68    | CHAR   | The NCPDP standard Rx Group Number is used for network drug benefit of the primary insurance. The Part D Plan displays this in the reply to the pharmacy and may use the RxGroup number to identify an individual in the recovery of mistaken payments, as well.  |
| 8                      | RxBIN Number*             | 6    | 69-74    | ZD     | The NCPDP standard International BIN is used for network drug benefit routing of the primary insurance. The Part D Plan displays this in the reply to the pharmacy and may use the RxBIN number to identify an individual in the recovery of mistaken payments, as well.  |
| 9                      | RxPCN Number*             | 10   | 75-84    | CHAR   | The NCPDP standard PCN used for network drug benefit routing of the primary insurance. The Part D Plan displays this in the reply to the pharmacy and may use the RxPCN number to identify an individual in the recovery of mistaken payments, as well.   |
| 10                     | Rx Plan Toll Free Number* | 18   | 85-102   | CHAR   | The help desk number for the pharmacy benefit is the primary insurance. The Part D Plan displays this in the reply to the pharmacy.   |
| 11                     | Sequence Number*          | 3    | 103-105  | CHAR   | The unique identifier for the PRM occurrence, the Sequence Number may identify the PRM occurrence when inquiring about a record to the BCRC.  |

| COB-OHI Primary Record |   |      |          |        |  |
|------------------------|---|------|----------|--------|--|
| Item                   | Field   | Size | Position | Format | Valid Values/Description   |
| 12                     | <p>COB Source Code*</p> <p><b>Note:</b> There may be instances where an unknown COB Source Code will be provided.</p> <p>Plans should contact BCRC for clarification on any unknown Source Codes.</p> | 5    | 106-110  | CHAR   | <p>The code for the BCRC, Common Working File, and MBD is used to identify the origin from which the BCRC received primary insurance information.</p> <p>11100 – Non Payment/Payment Denial.</p> <p>11101 – IEQ (Initial Enrollment Questionnaire).</p> <p>11102 – Data Match.</p> <p>11103 – HMO.</p> <p>11104 – Litigation Settlement BCBS.</p> <p>11105 – Employer Voluntary Reporting.</p> <p>11106 – Insurer Voluntary Reporting.</p> <p>11107 – First Claim Development.</p> <p>11108 – Trauma Code Development.</p> <p>11109 – Secondary Claims Investigation.</p> <p>11110 – Self Report.</p> <p>11111 – 411.25.</p> <p>11112 – BCBS Voluntary Agreements.</p> <p>11113 – OPM Data Match (Office of Personnel Management).</p> <p>11114 – WC Data Match.</p> <p>11118 – PBM (Pharmacy Benefit Manager).</p> <p>11120 – COBA.</p> <p>11125 – RAC 1 (Recovery Audit Contractor).</p> <p>11126 – RAC 2 (Recovery Audit Contractor).</p> <p>11127 – RAC 3 (Recovery Audit Contractor).</p> <p>P0000 – PBM.</p> <p>S0000 – Assistance Program.</p> <p><b>Note:</b> Contractor numbers 11100 - 11199 are reserved for COB.</p> |

| COB-OHI Primary Record |  |      |          |        |  |
|------------------------|--|------|----------|--------|--|
| Item                   | Field                                    | Size | Position | Format | Valid Values/Description   |
| 13                     | MSP Reason (Entitlement Reason from COB) | 1    | 111      | CHAR   | <p>Medicare is the Secondary Payer, i.e., the other insurance is primary to Medicare, for EGHPs, MSP Reason codes A, B, and G, and the Part D Plan rejects Primary payment. The EGHP is statutorily required to make primary payment in those cases, i.e. A, B, and G. The Part D Plan makes conditional primary payment, as it is possible these MSP types are incident related. Without a diagnosis code, the Part D Plan cannot determine whether or not the non-EGHP 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 (POS).</p> <p>A = Working Aged.<br/>                     B = ESRD.<br/>                     C = Conditional Payment.<br/>                     D = Automobile Insurance, No fault.<br/>                     E = WC.<br/>                     F = Federal (public).<br/>                     G = Disabled.<br/>                     H = Black Lung.<br/>                     I = Veterans.<br/>                     L = Liability.<br/>                     W = Workers Compensation Set Aside (WCSA).</p> |



| COB-OHI Primary Record |                           |      |          |        |   |
|------------------------|---------------------------|------|----------|--------|---|
| Item                   | Field                     | Size | Position | Format | Valid Values/Description  |
| 14                     | Coverage Code*            | 1    | 112      | CHAR   | <p>This 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 includes routing information, i.e., BIN and PCN, when available; however, for COB PRM records MSP Reason codes A, B and G, RxID, RxGroup and RxBIN are required. The Group and Individual Policy Number Fields may populate when the primary insurance is a non-network drug benefit coverage type (A, U, V, W, X, Y &amp; Z).</p> <p>A = Hospital and Medical.<br/>                     U = Drug (network benefit).<br/>                     V = Drug with Major Medical (non-network benefit).<br/>                     W = Comprehensive, Hospital, Medical, Drug (network).<br/>                     X = Hospital and Drug (network).<br/>                     Y = Medical and Drug (network).<br/>                     Z = Health Reimbursement Account (hospital, medical, and drug).</p> |
| 15                     | Insurer's Name*           | 32   | 113-144  | CHAR   | The name of the primary insurance carrier can assist in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.  |
| 16                     | Insurer's Address-1*      | 32   | 145-176  | CHAR   | The Address, City, State, and Zip Code of the primary insurance carrier can assist in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.  |
| 17                     | Insurer's Address-2*      | 32   | 177-208  | CHAR   |   |
| 18                     | Insurer's City*           | 15   | 209-223  | CHAR   |   |
| 19                     | Insurer's State*          | 2    | 224-225  | CHAR   |   |
| 20                     | Insurer's Zip Code*       | 9    | 226-234  | CHAR   |   |
| 21                     | Insurer TIN               | 10   | 235-244  | CHAR   | The TIN of primary insurance carrier may assist in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.   |
| 22                     | Individual Policy Number* | 17   | 245-261  | CHAR   | The Individual Policy Number used for non-network drug benefit primary insurance. Part D Plan uses this to identify non-network drug benefit primary insurance and may use the Individual Policy Number to identify an individual in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.   |

| COB-OHI Primary Record |                            |      |          |        |   |
|------------------------|----------------------------|------|----------|--------|---|
| Item                   | Field                      | Size | Position | Format | Valid Values/Description  |
| 23                     | Group Policy Number*       | 20   | 262-281  | CHAR   | 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 and may use the Group Policy Number to identify an individual in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.   |
| 24                     | COB Effective Date*        | 8    | 282-289  | ZD     | This is a manipulated date and does not reflect the actual effective date of the other coverage and therefore should not be used for purposes of Part D coordination of benefits. Part D Sponsors should use the Effective Date of Other Drug Coverage (Position 1084-1091 in Primary records and position 516-523 in Supplemental records) for coordination of benefits. CCYYMMDD. |
| 25                     | Termination Date*          | 8    | 290-297  | ZD     | MSP end date, which identifies whether or not the primary insurance is terminated. For non-GHP MSP types D, E, L, H, and W, it identifies the date of settlement/judgment/award. If the insurance is open, the field is populated with all zeroes. CCYYMMDD   |
| 26                     | Relationship Code*         | 2    | 298-299  | CHAR   | Relationship to primary insurance policyholder used for MSP determinations.<br>01 = Beneficiary is Policy Holder.<br>02 = Spouse.<br>03 = Child.<br>04 = Other.   |
| 27                     | Payer ID*                  | 10   | 300-309  | CHAR   | This is a future element.   |
| 28                     | Person Code*               | 3    | 310-312  | CHAR   | NCPDP standard Person Code used by the Plan to identify specific individuals on the primary insurance policy. Used for routing of network drug benefit, the Part D Plan displays the Person Code in the reply to the pharmacy and may use the Person Code in the recovery of mistaken payments.   |
| 29                     | Payer Order*               | 3    | 313-315  | ZD     | The order of payment for primary insurance, the Part D Plan displays this in reply to the pharmacy in order of Payment Order Indicator. The lowest number in ascending order, i.e., 001 to 400, is the first primary insurance displayed in the reply to the pharmacy. OHI with a payment order less than 401 is displayed prior, i.e., primary to, the Part D Plan.                |
| 30                     | Policy Holder's First Name | 9    | 316-324  | CHAR   | The first name of the primary GHP (MSP Types: A, B, and G) insurance policy holder. Part D Plans may use the Policy Holder's first name in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.   |

| COB-OHI Primary Record |                           |      |          |        |  |
|------------------------|---------------------------|------|----------|--------|--|
| Item                   | Field                     | Size | Position | Format | Valid Values/Description   |
| 31                     | Policy Holder's Last Name | 16   | 325-340  | CHAR   | The last name of the primary GHP (MSP Types: A, B, and G) insurance policy holder. Part D Plans may use the Policy Holder's last name to identify an individual in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.                                    |
| 32                     | Policy Holder's SSN       | 12   | 341-352  | CHAR   | The Social Security Number of the primary GHP (MSP Types: A, B, and G) insurance policy holder. Part D Plans may use the Policy Holder's SSN to identify an individual in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.                             |
| 33                     | Employee Information Code | 1    | 353      | CHAR   | P = Patient.<br>S = Spouse.<br>M = Mother.<br>F = Father.  |
| 34                     | Employer's Name           | 32   | 354-385  | CHAR   | The name of Employer sponsor of primary GHP (MSP Reason codes: A, B, and G) insurance. Part D Plans may use the Employer's Name in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.  |
| 35                     | Employer's Address 1      | 32   | 386-417  | CHAR   | The address, city, state, and zip code of the Employer sponsoring the primary GHP (MSP Reason codes: A, B, and G) insurance. Part D Plans may use the Employer's Address in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.                           |
| 36                     | Employer's Address 2      | 32   | 418-449  | CHAR   |  |
| 37                     | Employer's City           | 15   | 450-464  | CHAR   |  |
| 38                     | Employer's State          | 2    | 465-466  | CHAR   |  |
| 39                     | Employer's Zip Code       | 9    | 467-475  | CHAR   |  |
| 40                     | Filler                    | 20   | 476-495  | CHAR   |  |
| 41                     | Employer TIN              | 10   | 496-505  | CHAR   |  |
| 42                     | Filler                    | 70   | 506-575  | CHAR   |  |
| 43                     | Attorney's Name           | 32   | 576-607  | CHAR   | The name of the attorney handling the incident related case (MSP Types D: Automobile Insurance, No Fault, E: WC, L: Liability) for the enrollee. Part D Plans may use the Attorney's Name in the recovery of mistaken payments, as well. CMS provides guidance for recoveries to Part D Plans. |
| 44                     | Attorney's Address 1      | 32   | 608-639  | CHAR   | The address of the attorney Part D Plans may use in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.   |
| 45                     | Attorney's Address 2      | 32   | 640-671  | CHAR   |  |
| 46                     | Attorney's City           | 15   | 672-686  | CHAR   |  |

| COB-OHI Primary Record |  |      |          |        |  |
|------------------------|--|------|----------|--------|--|
| Item                   | Field  | Size | Position | Format | Valid Values/Description   |
| 47                     | Attorney's State   | 2    | 687-688  | CHAR   |  |
| 48                     | Attorney's Zip   | 9    | 689-697  | CHAR   |  |
| 49                     | Lead Contractor  | 9    | 698-706  | CHAR   | 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. Part D Plans may use the Lead Contractor in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans. |
| 50                     | Class Action Type  | 2    | 707-708  | CHAR   | This is assigned where a liability case is a class action lawsuit involving more than one Medicare beneficiary.  |
| 51                     | Administrator Name   | 32   | 709-740  | CHAR   | The administrator of WC Set-Aside (WCSA) 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 WCSAs.  |
| 52                     | Administrator Address 1  | 32   | 741-772  | CHAR   | The Address, City, State, and Zip Code of the WCSA settlement. CMS is developing payment and recovery rules for WCSAs.   |
| 53                     | Administrator Address 2  | 32   | 773-804  | CHAR   |  |
| 54                     | Administrator City   | 15   | 805-819  | CHAR   |  |
| 55                     | Administrator State  | 2    | 820-821  | CHAR   |  |
| 56                     | Administrator Zip  | 9    | 822-830  | CHAR   |  |
| 57                     | Workers Compensation Set Aside (WCSA) Amount                   | 12   | 831-842  | CHAR   | Integer value.<br>WCSA Amount; CMS is developing payment and recovery rules for WCSAs.   |
| 58                     | WCSA Indicator   | 2    | 843-844  | CHAR   | WCSA Indicator; CMS is developing payment and recovery rules for WCSAs.<br>A = Approved.<br>D = Denied.<br>P = Pending.<br>Z = Zero set aside amount.  |
| 59                     | Workers Compensation Medical Set Aside (WCMSA) Settlement Date | 8    | 845-852  | ZD     | CCYYMMDD   |
| 60                     | Administrator's Telephone Number                               | 18   | 853-870  | CHAR   |  |
| 61                     | Total Rx Settlement Amount                                     | 12   | 871-882  | CHAR   | Includes decimal point:<br>9999999999.99   |
| 62                     | Rx \$ included in the WCMSA Settlement Amount                  | 1    | 883      | CHAR   | Y = Yes.<br>N = No.  |

| COB-OHI Primary Record  |                         |      |          |        |                           |
|---|-------------------------|------|----------|--------|---------------------------|
| Item  | Field                   | Size | Position | Format | Valid Values/Description  |
| <b>Diagnosis Indicator 1 – 25 and Claim Diagnosis Code 1 – 25:</b><br>International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) Diagnosis code – 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. |                         |      |          |        |                           |
| 63  | Diagnosis Indicator 1   | 1    | 884      | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 64  | Claim Diagnosis Code 1  | 7    | 885-891  | CHAR   |                           |
| 65  | Diagnosis Indicator 2   | 1    | 892      | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 66  | Claim Diagnosis Code 2  | 7    | 893-899  | CHAR   |                           |
| 67  | Diagnosis Indicator 3   | 1    | 900      | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 68  | Claim Diagnosis Code 3  | 7    | 901-907  | CHAR   |                           |
| 69  | Diagnosis Indicator 4   | 1    | 908      | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 70  | Claim Diagnosis Code 4  | 7    | 909-915  | CHAR   |                           |
| 71  | Diagnosis Indicator 5   | 1    | 916      | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 72  | Claim Diagnosis Code 5  | 7    | 917-923  | CHAR   |                           |
| 73  | Diagnosis Indicator 6   | 1    | 924      | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 74  | Claim Diagnosis Code 6  | 7    | 925-931  | CHAR   |                           |
| 75  | Diagnosis Indicator 7   | 1    | 932      | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 76  | Claim Diagnosis Code 7  | 7    | 933-939  | CHAR   |                           |
| 77  | Diagnosis Indicator 8   | 1    | 940      | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 78  | Claim Diagnosis Code 8  | 7    | 941-947  | CHAR   |                           |
| 79  | Diagnosis Indicator 9   | 1    | 948      | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 80  | Claim Diagnosis Code 9  | 7    | 949-955  | CHAR   |                           |
| 81  | Diagnosis Indicator 10  | 1    | 956      | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 82  | Claim Diagnosis Code 10 | 7    | 957-963  | CHAR   |                           |
| 83  | Diagnosis Indicator 11  | 1    | 964      | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 84  | Claim Diagnosis Code 11 | 7    | 965-971  | CHAR   |                           |
| 85  | Diagnosis Indicator 12  | 1    | 972      | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 86  | Claim Diagnosis Code 12 | 7    | 973-979  | CHAR   |                           |

| COB-OHI Primary Record |                         |      |           |        |                           |
|------------------------|-------------------------|------|-----------|--------|---------------------------|
| Item                   | Field                   | Size | Position  | Format | Valid Values/Description  |
| 87                     | Diagnosis Indicator 13  | 1    | 980       | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 88                     | Claim Diagnosis Code 13 | 7    | 981-987   | CHAR   |                           |
| 89                     | Diagnosis Indicator 14  | 1    | 988       | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 90                     | Claim Diagnosis Code 14 | 7    | 989-995   | CHAR   |                           |
| 91                     | Diagnosis Indicator 15  | 1    | 996       | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 92                     | Claim Diagnosis Code 15 | 7    | 997-1003  | CHAR   |                           |
| 93                     | Diagnosis Indicator 16  | 1    | 1004      | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 94                     | Claim Diagnosis Code 16 | 7    | 1005-1011 | CHAR   |                           |
| 95                     | Diagnosis Indicator 17  | 1    | 1012      | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 96                     | Claim Diagnosis Code 17 | 7    | 1013-1019 | CHAR   |                           |
| 97                     | Diagnosis Indicator 18  | 1    | 1020      | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 98                     | Claim Diagnosis Code 18 | 7    | 1021-1027 | CHAR   |                           |
| 99                     | Diagnosis Indicator 19  | 1    | 1028      | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 100                    | Claim Diagnosis Code 19 | 7    | 1029-1035 | CHAR   |                           |
| 101                    | Diagnosis Indicator 20  | 1    | 1036      | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 102                    | Claim Diagnosis Code 20 | 7    | 1037-1043 | CHAR   |                           |
| 103                    | Diagnosis Indicator 21  | 1    | 1044      | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 104                    | Claim Diagnosis Code 21 | 7    | 1045-1051 | CHAR   |                           |
| 105                    | Diagnosis Indicator 22  | 1    | 1052      | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 106                    | Claim Diagnosis Code 22 | 7    | 1053-1059 | CHAR   |                           |
| 107                    | Diagnosis Indicator 23  | 1    | 1060      | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 108                    | Claim Diagnosis Code 23 | 7    | 1061-1067 | CHAR   |                           |
| 109                    | Diagnosis Indicator 24  | 1    | 1068      | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 110                    | Claim Diagnosis Code 24 | 7    | 1069-1075 | CHAR   |                           |
| 111                    | Diagnosis Indicator 25  | 1    | 1076      | CHAR   | 9 = ICD-9.<br>0 = ICD-10. |
| 112                    | Claim Diagnosis Code 25 | 7    | 1077-1083 | CHAR   |                           |

| COB-OHI Primary Record |                                       |      |           |        |   |
|------------------------|---------------------------------------|------|-----------|--------|---|
| Item                   | Field                                 | Size | Position  | Format | Valid Values/Description  |
| 113                    | Effective Date of Other Drug Coverage | 8    | 1084-1091 | CHAR   | CCYYMMDD.<br>This is the actual effective date of other drug insurance coverage provided by the other insurance. This date should be used for coordination of benefits. The Part D Sponsor should compare Date of Service (DOS) to both the Part D effective period and the other coverage effective period to determine if coordination of benefits is necessary |
| 114                    | Filler                                | 9    | 1092-1100 | CHAR   | Spaces  |

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

**Layout 3-32: COB OHI Supplemental Record**

Subordinate to Detail Record (Unlimited Occurrences)

| COB OHI Supplemental Record |                           |      |          |        |   |
|-----------------------------|---------------------------|------|----------|--------|---|
| Item                        | Field                     | Size | Position | Format | Valid Values/Description  |
| 1                           | Record Type               | 3    | 1-3      | CHAR   | SUP   |
| 2                           | Beneficiary Identifier    | 12   | 4-15     | CHAR   | A system-generated identifier used by CMS to uniquely identify the beneficiary internally and externally. The value will be in the MBI format that CMS implemented in April of 2018 as a part of the New Medicare Card project.                     |
| 3                           | SSN*                      | 9    | 16-24    | ZD     | 000000000 if unknown.   |
| 4                           | Date of Birth (DOB)*      | 8    | 25-32    | CHAR   | CCYYMMDD  |
| 5                           | Gender Code*              | 1    | 33       | CHAR   | 0 = Unknown.<br>1 = Male.<br>2 = Female.  |
| 6                           | RxID Number*              | 20   | 34-53    | ZD     | 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.  |
| 7                           | RxGroup Number*           | 15   | 54-68    | CHAR   | 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.   |
| 8                           | RxBIN Number*             | 6    | 69-74    | ZD     | NCPDP standard International BIN used for the network drug benefit routing of supplemental insurance. The Part D Plan displays this in the reply to the pharmacy.   |
| 9                           | RxPCN Number*             | 10   | 75-84    | CHAR   | The NCPDP standard PCN used for network drug benefit routing of the primary insurance. The Part D Plan displays this in the reply to the pharmacy.  |
| 10                          | Rx Plan Toll Free Number* | 18   | 85-102   | CHAR   | The Part D Plan displays this help desk number of the pharmacy benefit in the Plan's reply to the pharmacy. For Supplemental Insurance Type Code P, this field instead populates with contact information for the Patient Assistance Program (PAP). |
| 11                          | Sequence Number*          | 3    | 103-105  | CHAR   | The unique identifier for the supplemental SUP occurrence, Part D Plans may use the number to identify the SUP occurrence when inquiring about a record to the BCRC.  |



| COB OHI Supplemental Record |   |      |          |        |   |
|-----------------------------|---|------|----------|--------|---|
| Item                        | Field   | Size | Position | Format | Valid Values/Description  |
| 12                          | <p>COB Source Code*</p> <p><b>Note:</b> There may be instances where an unknown COB Source Code will be provided.</p> <p>Plans should contact BCRC for clarification on any unknown Source Codes.</p> | 5    | 106-110  | CHAR   | <p>The code the BCRC, Common Working File, and MBD use to identify the process from which the BCRC received supplemental insurance information. Customer service may use the COB Source Code when inquiring about a record to the BCRC.</p> <p>11100 = Non Payment/Payment Denial.<br/>                     11101 = IEQ.<br/>                     11102 = Data Match.<br/>                     11103 = HMO.<br/>                     11104 = Litigation Settlement BCBS.<br/>                     11105 = Employer Voluntary Reporting.<br/>                     11106 = Insurer Voluntary Reporting.<br/>                     11107 = First Claim Development.<br/>                     11108 = Trauma Code Development.<br/>                     11109 = Secondary Claims Investigation.<br/>                     11110 = Self Report.<br/>                     11111 = 411.25.<br/>                     11112 = BCBS Voluntary Agreements.<br/>                     11113 = OPM Data Match.<br/>                     11114 = WC Data Match.<br/>                     11118 = PBM.<br/>                     11120 = COBA.<br/>                     11125 = RAC 1.<br/>                     11126 = RAC 2.<br/>                     11127 = RAC 3.<br/>                     P0000 = PBM.<br/>                     S0000 = Assistance Program.</p> <p><b>Note:</b> Contractor numbers 11100 - 11199 are reserved for COB.</p> |
| 13                          | Supplemental Type Code  | 1    | 111      | CHAR   | <p>The type of supplemental insurance contained in the record. The Part D Plan uses this to determine if the payments made by this supplemental insurance count towards TrOOP. Supplemental Insurance Type Codes Q (SPAP), S (ADAP), and R (Charity) count towards TrOOP. All other codes do not count toward TrOOP.</p> <p>L = Supplemental.<br/>                     M = Medigap.<br/>                     N = State Program (Non-Qualified SPAP).<br/>                     O = Other.<br/>                     P = Patient Assistance Program.<br/>                     Q = Qualified SPAP.<br/>                     R = Charity.<br/>                     S = AIDS Drug Assistance Program.<br/>                     T = Federal Health Program.<br/>                     1 = Medicaid.<br/>                     2 = Tricare.<br/>                     3 = Major Medical.</p>   |

| COB OHI Supplemental Record |                           |      |          |        |  |
|-----------------------------|---------------------------|------|----------|--------|--|
| Item                        | Field                     | Size | Position | Format | Valid Values/Description   |
| 14                          | Coverage Code*            | 1    | 112      | CHAR   | <p>This code identifies whether the supplemental insurance drug benefit is a network drug or non-network drug benefit. When the supplemental insurance is a network drug benefit coverage type (U), the record requires routing information RxBIN (and RxPCN when available). However, for COB SUP records with Supplemental Type Codes Q (SPAP) and S (ADAP), RxID, RxBIN, and RxPCN are required. For COB SUP records with Supplemental Type Code N (State Prog – non qualified SPAP) all 4RX values are required.</p> <p>U = Drug (network benefit).<br/> V = Drug with Major Medical (non-network benefit).<br/> Z = Health Reimbursement Account (hospital, medical, and drug).</p> |
| 15                          | Insurer's Name*           | 32   | 113-144  | CHAR   | The name of the supplemental insurance carrier. The Part D Plan uses this to identify supplemental insurance carrier.  |
| 16                          | Insurer's Address-1*      | 32   | 145-176  | CHAR   | The Address, City, State, and Zip Code of the supplemental insurance carrier, which customer service may use.  |
| 17                          | Insurer's Address-2*      | 32   | 177-208  | CHAR   |  |
| 18                          | Insurer's City*           | 15   | 209-223  | CHAR   |  |
| 19                          | Insurer's State*          | 2    | 224-225  | CHAR   |  |
| 20                          | Insurer's Zip Code*       | 9    | 226-234  | CHAR   |  |
| 21                          | Filler                    | 10   | 235-244  | CHAR   | Spaces.  |
| 22                          | Individual Policy Number* | 17   | 245-261  | CHAR   | The Individual Policy Number is used for non-network drug benefit supplemental insurance. The Part D Plan uses the Individual Policy Number to identify non-network drug benefit supplemental insurance.   |
| 23                          | Group Policy Number*      | 20   | 262-281  | CHAR   | The Group Policy number is used for non-network drug benefit supplemental insurance. The Part D Plan uses the Group Policy number to identify non-network drug benefit supplemental insurance.   |
| 24                          | COB Effective Date*       | 8    | 282-289  | ZD     | This is a manipulated date and does not reflect the actual effective date of the other coverage and therefore should not be used for purposes of Part D coordination of benefits. Part D Sponsors should use the Effective Date of Other Drug Coverage (Position 1084-1091 in Primary records and position 516-523 in Supplemental records) for coordination of benefits.<br>CCYYMMDD  |

| COB OHI Supplemental Record |                                       |      |          |        |   |
|-----------------------------|---------------------------------------|------|----------|--------|---|
| Item                        | Field                                 | Size | Position | Format | Valid Values/Description  |
| 25                          | Termination Date*                     | 8    | 290-297  | ZD     | The supplemental insurance end date, which identifies whether or not the supplemental insurance terminated. If the insurance is open, the field populates with all zeroes.<br>CCYYMMDD  |
| 26                          | Relationship Code*                    | 2    | 298-299  | CHAR   | Relationship to supplemental insurance policyholder. No instructions at this time.<br>01 = Bene is Policy Holder.<br>02 = Spouse.<br>03 = Child.<br>04 = Other.   |
| 27                          | Payer ID*                             | 10   | 300-309  | CHAR   | Future use.   |
| 28                          | Person Code*                          | 3    | 310-312  | CHAR   | 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 the Person Code in the reply to the pharmacy.  |
| 29                          | Payer Order*                          | 3    | 313-315  | ZD     | The order of payment for supplemental insurance, the Part D Plan displays this in reply to the pharmacy in order of the Payment Order Indicator. The lowest number in ascending order, i.e., 401 to 999, is the first supplemental insurance displayed in the reply to the pharmacy. OHI with a payment order greater than or equal to 401 is displayed after, i.e., secondary or supplemental to, the Part D Plan. |
| 30                          | Filler                                | 200  | 316-515  | CHAR   | Spaces.   |
| 31                          | Effective Date of Other Drug Coverage | 8    | 516-523  | CHAR   | This is the actual effective date of other drug insurance coverage provided by the other insurance. This date should be used for coordination of benefits. The Part D Sponsor should compare DOS to both the Part D effective period and the other coverage effective period to determine if coordination of benefits is necessary.<br>CCYYMMDD   |
| 32                          | PAP National Drug Code (NDC) 1        | 11   | 524-534  | CHAR   | This field contains the National Drug Code submitted by the participating PAP   |
| 33                          | PAP NDC 2                             | 11   | 535-545  | CHAR   | This field contains the National Drug Code submitted by the participating PAP   |
| 34                          | PAP NDC 3                             | 11   | 546-556  | CHAR   | This field contains the National Drug Code submitted by the participating PAP   |
| 35                          | PAP NDC 4                             | 11   | 557-567  | CHAR   | This field contains the National Drug Code submitted by the participating PAP   |
| 36                          | PAP NDC 5                             | 11   | 568-578  | CHAR   | This field contains the National Drug Code submitted by the participating PAP   |
| 37                          | Filler                                | 522  | 579-1100 | CHAR   | Spaces  |

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

**3.7.5 Payer Order Rules**

The order of payment for primary insurance, the Part D Plan displays this in reply to the pharmacy in order of Payment Order Indicator. The lowest number in ascending order, i.e., 001 to 400, is the first primary insurance displayed in the reply to the pharmacy. OHI with a payment order less than 401 is displayed prior, i.e., primary to, the Part D Plan. The rules that the BCRC uses to assign the Payer Order are in the table below.

**Table 3-13: Payment Order Rules**

| 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, I, L, W |                             | 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 – 750           | Non-qualified SPAP, Patient Association Programs (PAPs), Charities (Note: COB SUP PAP and Charity records created prior to 01/01/2016 had a payer order range of 701-800) |                        | N, P, R                     | Secondary              |
| 751 - 800           | SPAPs (Note: COB SUP SPAP records created prior to 01/01/2016 had a payer order range of 801-900)   |                        | Q                           | Secondary              |
| 801 – 900           | Medicaid (Note: COB SUP Medicaid records created prior to 01/01/2016 had a payer order range of 901-999)  |                        | 1                           | Secondary              |
| 901 – 999           | AIDS Drug Assistance Programs (ADAPs) (Note: COB SUP ADAP records created prior to 01/01/2016 had a payer order range of 701-800)   |                        | S                           | Secondary              |

1. Payment Order Indicator' indicates payment ordering; the lowest number in ascending order, 001 to 999, is the first coverage billed at the pharmacy.
2. All drug coverage with a payment order less than 401 is billed using the COB-OHI PRM record prior, or primary to, the Part D Plan; all drug coverage with a payment order greater than or equal to 401 is billed using the COB-OHI SUP record after, or secondary to, the Part D Plan.
3. EGHPs include MSP Types A (Working Aged), B (End Stage Renal Disease [ESRD]) and G (Disabled). These are applied payment orders in the 001 to 200 range.
4. Non-EGHPs include MSP Types D (Automobile Insurance, No Fault), E (WC), L (Liability) and H (Black Lung); these applied payment orders are in the 201 to 300 range.
5. For two GHPs with a Patient Relationship Code of 1, the GHP with the earlier effective date is before the GHP with the later effective date.
6. For two GHPs with Patient Relationship Code of 1, with the same effective date, the GHP with the first accretion date is before the later accretion date.

7. For two GHPs with Patient Relationship Code of 2 or more, the GHP with the earlier effective date is before the GHP with the later effective date.
8. For two GHPs with Patient Relationship Code of 2 or more, and with the same effective date, the GHP with the first accretion date is before the later accretion date.
9. For two insurers with Person Code of 1, the insurer with the first accretion date is before the later accretion date.
10. For two insurers with Person Code of 2 or more, the insurer with the first accretion date is before the later accretion date.
11. If the record represents a supplemental insurer, the Insurance Type code determines the order. Within the Supplemental Types, those for Federal Government Programs take precedence over the PAPs and Charities, which take precedence over the State Pharmaceutical Assistance Programs, which take precedence over Medicaid and ADAPs.
12. ESRD: A beneficiary receives the ESRD status when a physician prescribes a regular course of dialysis because the member reaches that stage of renal impairment that a kidney transplant or a regular course of dialysis is necessary to maintain life. Medicare pays the Plan at the higher ESRD rate for that beneficiary, unless the beneficiary elects hospice care.

**3.7.6 Benefits Coordination & Recovery Center (BCRC) Points of Contact**

*Table 3-14: BCRC Points of Contact*

| <b>BCRC Points of Contact</b>                          |                                     |
|--|-------------------------------------|
| <b>Topic</b>   | <b>Point Of Contact Information</b> |
| BCRC Contractor  | 1-800-999-1118                      |
| BCRC Contractor Electronic Data Interchange Department | 1-646-458-6740                      |
| BCRC Help Desk   | 1-212-615-4357                      |

### 3.8 Eligibility and Enrollment Transaction Reply Codes (TRCs) and Definitions

The following tables contain the TRC Grouping information, values, and definition details of the TRCs related to Eligibility and Enrollment.

**Table 3-15: Eligibility and Enrollment TRC Grouping**

| Eligibility and Enrollment TRC Grouping |  |
|---|--|
| TRC-Type                                | TRC Title  |
| <b>4Rx TRC GROUPING</b>                 |  |
| 143-A                                   | SECONDARY INSURANCE RX NUMBER CHANGE ACCEPTED          |
| 190-A                                   | NO CHANGE IN SECONDARY DRUG INFORMATION                |
| 200-R                                   | RX BIN BLANK OR NOT VALID                              |
| 201-R                                   | RX ID BLANK OR NOT VALID                               |
| 202-R                                   | RX GROUP NOT VALID                                     |
| 203-R                                   | RX PCN NOT VALID                                       |
| 204-A                                   | RECORD UPDATE FOR PRIMARY 4RX DATA SUCCESSFUL          |
| 209-R                                   | 4RX CHANGE REJECTED, INVALID CHANGE EFFECTIVE DATE     |
| 242-I                                   | NO CHANGE IN PRIMARY DRUG INFORMATION                  |
| 294-I                                   | NO 4RX INSURANCE CHANGED                               |
| <b>ALL TRANSACTIONS TRC GROUPING</b>    |  |
| 001-F                                   | INVALID TRANSACTION CODE                               |
| 002-F                                   | INVALID CORRECTION ACTION CODE                         |
| 003-F                                   | INVALID CONTRACT NUMBER                                |
| 004-R                                   | BENEFICIARY NAME REQUIRED                              |
| 006-R                                   | INCORRECT BIRTH DATE                                   |
| 007-R                                   | INVALID BENEFICIARY ID                                 |
| 008-R                                   | BENEFICIARY IDENTIFIER NOT FOUND                       |
| 009-R                                   | NO BENEFICIARY MATCH                                   |
| 022-A                                   | TRANSACTION ACCEPTED BENEFICIARY ID CHANGE             |
| 023-A                                   | TRANSACTION ACCEPTED, NAME CHANGE                      |
| 037-R                                   | TRANSACTION REJECTED INCORRECT EFFECTIVE DATE          |
| 107-R                                   | REJECTED; INVALID OR MISSING PBP NUMBER                |
| 109-R                                   | REJECTED, DUPLICATE PBP NUMBER                         |
| 156-F                                   | TRANSACTION REJECTED, USER NOT AUTHORIZED FOR CONTRACT |
| 157-R                                   | CONTRACT NOT AUTHORIZED FOR TRANSACTION CODE           |
| 315-R                                   | ARCHIVED BENEFICIARY TRANSACTION REJECTED              |

| <b>Eligibility and Enrollment TRC Grouping</b> |  |
|--|--|
| <b>TRC-Type</b>                                | <b>TRC Title</b>                                     |
| <b>BENEFICIARY CROSS REFERENCE MERGE</b>       |  |
| 301-M  | MERGED BENEFICIARY, IDENTIFIER CHANGE                |
| 302-M  | ENROLLMENT CANCELLED, BENEFICIARY IDENTIFIER CHANGE  |
| <b>CMS-ONLINE UPDATES TRC GROUPING</b>         |  |
| 701-A  | NEW UI ENROLLMENT (OPEN ENDED)                       |
| 702-A  | UI FILL-IN ENROLLMENT                                |
| 703-A  | UI ENROLLMENT CANCEL (DELETE)                        |
| 704-A  | UI ENROLLMENT CANCEL-PBP CORRECTION                  |
| 705-A  | UI ENROLLMENT PBP CORRECTION                         |
| 708-A  | UI ASSIGNS END DATE                                  |
| 709-A  | UI MOVED START DATE EARLIER                          |
| 710-A  | UI MOVED START DATE LATER                            |
| 711-A  | UI MOVED END DATE EARLIER                            |
| 712-A  | UI MOVED END DATE LATER                              |
| 713-A  | UI REMOVED ENROLLMENT END DATE                       |
| 714-I  | UI PART D OPT OUT CHANGE ACCEPTED                    |
| 715-M  | MEDICAID CHANGE ACCEPTED                             |
| 716-I  | UI CHANGED THE NUMBER OF UNCOVERED MONTHS            |
| 717-I  | UI CHANGED ONLY THE APPLICATION DATE                 |
| <b>DEMONSTRATION TRC GROUPING</b>              |  |
| 056-R  | DEMONSTRATION ENROLLMENT REJECTED                    |
| 169-R  | REINSURANCE DEMONSTRATION ENROLLMENT REJECTED        |
| 307-A  | MMP PASSIVE ENROLLMENT ACCEPTED                      |
| 308-R  | MMP PASSIVE ENROLLMENT REJECTED                      |
| 309-I  | NO CHANGE IN MMP OPT-OUT FLAG                        |
| 310-R  | MMP OPT-OUT REJECTED; INVALID OPT-OUT CODE           |
| 311-A  | MMP OPT-OUT ACCEPTED                                 |
| 312-A  | MMP ENROLLMENT CANCELLATION ACCEPTED                 |
| 313-R  | MMP ENROLLMENT CANCELLATION REJECTED                 |
| 314-R  | INVALID CANCELLATION TRANSACTION                     |
| 318-R  | INVALID OR MISSING MMP DEMO ENRLMT SOURCE CODE       |
| 718-I  | UI MMP OPT-OUT CHANGE ACCEPTED                       |
| <b>DIENROLLMENT TRC GROUPING</b>               |  |
| 013-A  | DIENROLLMENT ACCEPTED AS SUBMITTED                   |
| 014-A  | DIENROLLMENT DUE TO ENROLLMENT IN ANOTHER PLAN       |
| 018-A  | AUTOMATIC DIENROLLMENT                               |
| 025-A  | DIENROLLMENT ACCEPTED, BENEFICIARY IDENTIFIER CHANGE |
| 026-A  | DIENROLLMENT ACCEPTED, NAME CHANGE                   |
| 050-R  | DIENROLLMENT REJECTED, NOT ENROLLED                  |
| 051-R  | DIENROLLMENT REJECTED, INCORRECT EFFECTIVE DATE      |
| 052-R  | DIENROLLMENT REJECTED, DUPLICATE TRANSACTION         |

| <b>Eligibility and Enrollment TRC Grouping</b>  |  |
|---|--|
| <b>TRC-Type</b>   | <b>TRC Title</b>   |
| 054-R   | DISENROLLMENT REJECTED, RETROACTIVE EFFECTIVE DATE       |
| 090-M   | DATE OF DEATH ESTABLISHED                                |
| 205-I   | INVALID DISENROLLMENT REASON CODE                        |
| 293-A   | DISENROLL, FAILURE TO PAY PART D IRMAA                   |
| 340-A   | DISENROLLMENT DUE TO MMP PASSIVE ENROLLMENT              |
| 346-M   | PRISONER SUSPENSION PERIOD CANCEL/DISENROLL              |
| 349-I   | DISENROLLMENT DUE TO NOT LAWFULLY PRESENT PERIOD         |
| <b>DISENROLLMENT CANCELLATION TRC GROUPING</b>  |  |
| 036-R   | TRANSACTION REJECTED BENEFICIARY IS DECEASED             |
| 042-R   | TRANSACTION REJECTED, BLOCKED                            |
| 044-R   | TRANSACTION REJECTED, OUTSIDE CONTRACT PERIOD            |
| 284-R   | CANCELLATION REJECTED, ENROLL/DISENROLL CANCELLATION     |
| 288-A   | DISENROLLMENT CANCELLATION ACCEPTED                      |
| 289-R   | DISENROLLMENT CANCELLATION REJECTED                      |
| 291-I   | ENROLLMENT REINSTATED, DISENROLLMENT CANCELLATION        |
| <b>DISENROLLMENT TRANSACTION (TC 51)</b><br><i>Rejected when used to attempt an enrollment Cancellation</i> |  |
| 292-R   | DISENROLLMENT REJECTED, WAS CANCELLATION ATTEMPT         |
| <b>EGHP TRC GROUPING</b>  |  |
| 110-R   | REJECTED; NO PART A AND NO EGHP ENROLLMENT WAIVER        |
| 127-R   | PART D ENROLLMENT REJECTED, EMPLOYER SUBSIDY             |
| 128-R   | PART D ENROLL REJECT, EMPLOYER SUBSIDY SET: NO PRIOR TRN |
| 129-I   | PART D ENROLL ACCEPT, EMP SUBSIDY SET: PRIOR TURN REJECT |
| 139-A   | EGHP FLAG CHANGE ACCEPTED                                |
| 162-R   | INVALID EGHP FLAG VALUE                                  |
| 189-A   | NO CHANGE IN EGHP FLAG                                   |
| <b>ENROLLMENT TRC GROUPING</b>  |  |
| 011-A   | ENROLLMENT ACCEPTED AS SUBMITTED                         |
| 015-A   | ENROLLMENT CANCELED                                      |
| 016-I   | ENROLLMENT ACCEPTED, OUT OF AREA                         |
| 017-I   | ENROLLMENT ACCEPTED, PAYMENT DEFAULT RATE                |
| 019-R   | ENROLLMENT REJECTED- NO PART- A & PART-B ENTITLEMENT     |
| 020-R   | ENROLLMENT REJECTED-PACE UNDER 55                        |
| 032-R   | ENROLLMENT REJECTED, BENEFICIARY NOT ENTIT PART B        |
| 033-R   | ENROLLMENT REJECTED, BENEFICIARY NOT ENTIT PART A        |
| 034-R   | ENROLLMENT REJECTED, BENEFICIARY IS NOT AGE 65           |
| 035-R   | ENROLLMENT REJECTED, BENEFICIARY IS IN HOSPICE           |
| 038-R   | ENROLLMENT REJECTED, DUPLICATE TRANSACTION               |
| 039-R   | ENROLLMENT REJECTED, CURRENTLY ENROLL IN SAME PLAN       |
| 045-R   | ENROLLMENT REJECTED, BENEFICIARY IS IN ESRD              |
| 100-A   | PBP CHANGE ACCEPTED AS SUBMITTED                         |
| 102-R   | REJECTED; INCORRECT OR MISSING APPLICATION DATE          |



| <b>Eligibility and Enrollment TRC Grouping</b> |  |
|--|--|
| <b>TRC-Type</b>                                | <b>TRC Title</b>   |
| 103-R  | MISSING A/B ENTITLEMENT DATE                                       |
| 104-R  | REJECTED; INVALID OR MISSING ELECTION TYPE                         |
| 105-R  | REJECTED; INVAILD EFFECTIVE DATE FOR ELECTION TYPE                 |
| 106-R  | REJECTED; ANOTHER TRANSACTION RECEIVED WITH LATER APPLICATION DATE |
| 108-R  | REJECTED; ELECTION LIMITS EXCEEDED                                 |
| 114-R  | DRUG COVERAGE CHANGE REJECTED; NOT AEP                             |
| 116-R  | ENROLLMENT OR CHANGE REJECTED; INVALID SEGMENT NUM                 |
| 133-R  | PART D ENROLL REJECTED; INVALID SECNDRY INSUR FLAG                 |
| 134-I  | MISSING SECONDARY INSURANCE INFORMATION                            |
| 150-I  | ENROLLMENT ACCEPTED, EXCEEDS CAPACITY LIMIT                        |
| 176-R  | TRANSACTION REJECTED, ANOTHER TRANSACTION ACCEPTED                 |
| 196-R  | TRANSACTION REJECTED, BENE NOT ELIGIBLE FOR PART D                 |
| 211-R  | RE-ASSIGNMENT ENROLLMENT REJECTED                                  |
| 212-A  | RE-ASSIGNMENT ENROLLMENT ACCEPTED                                  |
| 338-I  | ENROLLMENT ACCEPTED, PPO CHANGED                                   |
| 339-I  | ENROLLMENT ACCEPTED, PBP CHANGED                                   |
| 345-R  | ENROLLMENT REJECTED – CONFIRMED INCARCERATION                      |
| 347-I  | REENROLLMENT DUE TO CLOSED INCARCERATION PERIOD                    |
| 348-R  | ENROLLMENT REJECTED – NOT LAWFULLY PRESENT PERIOD                  |
| 355-R  | ENROLLMENT REJECTED, PLN RO NOT IN POVER FILE                      |
| 356-R  | ENROLLMENT REJECTED, PLN RO WITHOUT ESC OR ETC                     |
| 357-R  | ENROLLMENT REJECTED, PLN RO IMPACTS DUAL ENROLL                    |
| 367-R  | ENROLLMENT REJECTED, INCORRECT ESC OR ETC                          |
| 369-R  | ENROLLMENT REJECTED, IEP/ICEP ENROLL AVAILABLE                     |
| 370-R  | ENROLLMENT REJECTED, INVALID PLAN FOR DEM                          |
| 373-R  | REJECTED, BENE WITHOUT MA ENRL OR ICEP                             |
| 374-R  | LIS SEP ENROLLMENT REJECTED  |
| 719-I  | UI ENROLLMENT SOURCE CODE ACCEPTED                                 |
| <b>ENROLLMENT CANCELLATION TRC GROUPING</b>    |  |
| 060-R  | TRANSACTION REJECTED, NOT ENROLLED                                 |
| 285-I  | ENROLLMENT CANCELLATION ACCEPTED                                   |
| 286-R  | ENROLLMENT CANCELLATION REJECTED                                   |
| 287-A  | ENROLLMENT REINSTATED  |
| <b>ESRD TRC GROUPING</b>                       |  |
| 055-M  | ESRD CANCELLATION  |
| 073-M  | ESRD STATUS SET  |
| 074-M  | ESRD STATUS TERMINATED   |
| 135-M  | BENEFICIARY HAS STARTED DIALYSIS TREATMENTS                        |
| 136-M  | BENEFICIARY HAS ENDED DIALYSIS TREATMENTS                          |
| 137-M  | BENEFICIARY HAS RECEIVED A KIDNEY TRANSPLANT                       |
| 268-I  | BENEFICIARY HAS DIALYSIS PERIOD                                    |

| <b>Eligibility and Enrollment TRC Grouping</b>   |   |
|--|---|
| <b>TRC-Type</b>                                  | <b>TRC Title</b>  |
| 269-I  | BENEFICIARY HAS TRANSPLANT                                    |
| <b>FAILED TRCs GROUPING</b>                      |   |
| 257-F  | FAILED; BIRTH DATE INVALID FOR DATABASE INSERTION             |
| 258-F  | FAILED; EFFECTIVE DATE INVALID FOR DATABASE INSERTION         |
| 259-F  | FAILED; END DATE INVALID FOR DATABASE INSERTION               |
| 263-F  | APPLICATION DATE INVALID FOR DATABASE INSERTION               |
| 332-F  | FAILED, PSDE DATES INVALID FOR DATABASE INSERTION             |
| <b>HOSPICE TRCs GROUPING</b>                     |   |
| 071-M  | HOSPICE STATUS SET  |
| 072-M  | HOSPICE STATUS TERMINATED                                     |
| <b>IC MODEL TRC GROUPING</b>                     |   |
| 351-A  | IC MODEL PARTICIPATION ACCEPTED                               |
| 352-R  | IC MODEL PARTICIPATION DUPLICATE TRANSACTION                  |
| 353-R  | IC MODEL PARTICIPATION DELETE ERROR                           |
| 354-R  | REJECT, INVALID IC MODEL TYPE INDICATOR                       |
| 358-F  | FAIL, IC MODEL END DATE HAD AN INVALID FORMAT                 |
| 359-R  | ICM TRANS START DATE IS INCORRECT                             |
| 360-R  | REJECT, INVALID IC MODEL U/D                                  |
| 361-R  | REJECT, INVALID IC MODEL END DATE REASON CODE                 |
| 362-R  | IC MODEL END DATE INCORRECT                                   |
| 363-R  | ICM TRANS DATES OVERLAP AN EXISTING ICM PRD                   |
| 365-R  | REJECT, INVALID IC MODEL BENEFIT STATUS CODE                  |
| <b>LIS/AUTO/FACI TRC GROUPING</b>                |   |
| 117-A  | FBD AUTO ENROLLMENT ACCEPTED                                  |
| 118-A  | LIS FACILITATED ENROLLMENT ACCEPTED                           |
| 121-M  | LOW INCOME PERIOD STATUS                                      |
| 166-R  | PART D FBD AUTO ENROLLMENT OR FACILITATED ENROLLMENT REJECTED |
| 223-M  | LOW INCOME PERIOD CLOSED                                      |
| <b>MEDICAID TRC GROUPING</b>                     |   |
| 077-M  | MEDICAID STATUS SET   |
| 078-M  | MEDICAID STATUS TERMINATED                                    |
| 099-M  | MEDICAID PERIOD CHANGE/CANCELLATION                           |
| 184-R  | ENROLLMENT REJECTED, BENEFICIARY IS IN MEDICAID               |
| 366-M  | COMMUNITY MEDICAID STATUS                                     |
| <b>MEDICARE SECONDARY PAYER/MSP TRC GROUPING</b> |   |
| 245-M  | MEMBER HAS MSP PERIOD   |
| 280-M  | MEMBER MSP PERIOD HAS ENDED                                   |
| 368-I  | MEMBER MSP PERIOD EXISTS                                      |
| <b>PERSONAL INFORMATION TRC GROUPING</b>         |   |

| <b>Eligibility and Enrollment TRC Grouping</b>  |  |
|---|--|
| <b>TRC-Type</b>   | <b>TRC Title</b>   |
| 394-R   | Rejected; Invalid Personal Information                           |
| 395-A   | Personal Info Accepted as Submitted                              |
| 396-I   | Invalid Personal Information Submitted                           |
| <b>PLAN CHANGES TRC GROUPING</b>  |  |
| 171-R   | RECORD UPDATE REJECTED, INVALID CHG EFFECTIVE DATE               |
| 172-R   | CHANGE REJECTED; CREDITABLE COVERAGE//2 DRUG INFO NOT APPLICABLE |
| <b>PART D OPT OUT TRC GROUPING</b>  |  |
| 130-R   | PART D OPT-OUT REJECTED, OPT-OUT FLAG NOT VALID                  |
| 131-A   | PART D OPT-OUT ACCEPTED  |
| 241-I   | NO CHANGE IN PART D OPT OUT FLAG                                 |
| <b>POINT OF SALE (POS) TRC GROUPING</b><br>These TRCs will no longer be issued as of 1/1/2019 |  |
| 210-A   | POS ENROLLMENT ACCEPTED  |
| 220-R   | TRANSACTION REJECTED; INVALID POS ENROLL SOURCE CODE             |
| 321-A   | POS DRUG EDIT ACCEPTED AS SUBMITTED                              |
| 322-I   | NEW ENROLLEE POS DRUG EDIT NOTIFICATION                          |
| 323-R   | POS DRUG EDIT INVALID ENROLLMENT                                 |
| 324-R   | POS DRUG EDIT INVALID CONTRACT                                   |
| 325-R   | POS DRUG EDIT STATUS/DATE ERROR                                  |
| 326-R   | POS DRUG EDIT IMPLEMENTATION DATE INCORRECT                      |
| 327-R   | POS DRUG EDIT TERMINATION DATE INCORRECT                         |
| 328-R   | POS DRUG EDIT DUPLICATE TRANSACTION                              |
| 329-R   | POS DRUG EDIT DELETE ERROR                                       |
| 330-R   | POS DRUG EDIT WITHOUT ASSOCIATED RECORDS                         |
| 331-R   | FUTURE POS DRUG EDIT DATE EXCEEDS CCM PLUS ONE                   |
| 333-R   | REJECT, INVALID POS DRUG EDIT STATUS                             |
| 335-R   | REJECT, INVALID POS DRUG EDIT CODE                               |
| 336-R   | REJECT, INVALID POS DRUG EDIT U/D                                |
| 337-A   | POS DRUG EDIT EVENT DELETED - PLAN                               |
| 342-R   | REJECT, MULTIPLE NOTIFICATION                                    |
| 344-R   | REJECT, MORE RESTRICTIVE IMPLEMENTATION                          |
| 720-I   | CMS AUDIT REVIEW POS DRUG EDIT                                   |
| 721-A   | POS DRUG EDIT ACCEPTED AS SUBMITTED –UI                          |
| 722-A   | POS DRUG EDIT EVENT DELETED - CMS                                |
| <b>CARA STATUS TRC GROUPING</b>   |  |
| 334-R   | REJECT, INVALID DRUG CLASS                                       |
| 343-I   | CARA STATUS DRUG CLASS INACTIVE                                  |
| 375-A   | CARA STATUS ACCEPTED AS SUBMITTED                                |
| 376-I   | NEW ENROLLEE CARA STATUS NOTIFICATION                            |
| 377-R   | CARA STATUS INVALID ENROLLMENT                                   |
| 378-R   | CARA STATUS INVALID CONTRACT                                     |
| 379-R   | CARA DATE INVALID  |

| <b>Eligibility and Enrollment TRC Grouping</b> |  |
|--|--|
| <b>TRC-Type</b>                                | <b>TRC Title</b>   |
| 380-R  | CARA STATUS DUPLICATE TRANSACTION  |
| 381-R  | CARA LIMITATION OVERLAP  |
| 382-R  | INVALID IMPLEMENTATION END   |
| 383-R  | LATE IMPLEMENTATION EXTENSION  |
| 384-R  | BLANK CARA STATUS  |
| 385-R  | CARA POS EDIT STATUS/CODE ERROR  |
| 386-R  | INVALID CARA EDIT CODE/LIMITATION  |
| 387-R  | CARA STATUS DELETE ERROR   |
| 388-R  | FUTURE CARA STATUS START DATE EXCEEDS CCM PLUS ONE   |
| 389-F  | FAILED, CARA STATUS DATE INVALID FOR DB INSERTION  |
| 390-R  | REJECT, INVALID CARA A/U/D   |
| 391-R  | INVALID UPDATE FOR LEGACY RECORD   |
| 723-A  | CARA STATUS ACCEPTED AS SUBMITTED – UI   |
| 724-A  | CARA STATUS DELETED - CMS  |
| <b>RESIDENCE ADDRESS CHANGE TRC GROUPING</b>   |  |
| 154-M  | OUT OF AREA STATUS   |
| 260-R  | REJECTED; BAD END DATE, REJECT RESIDENCE ADDRESS CHANGE  |
| 261-R  | REJECTED; INCOMPLETE RESIDENCE ADDRESS INFORMATION   |
| 265-A  | RESIDENCE ADDRESS CHANGE ACCEPTED, NEW SCC   |
| 266-R  | UNABLE TO RESOLVE SSA STATE COUNTY CODES   |
| 282-A  | RESIDENCE ADDRESS DELETED  |
| 283-R  | RESIDENCE ADDRESS DELETE REJECTED  |
| <b>SCC ADDRESS TRC GROUPING</b>                |  |
| 085-M  | STATE AND COUNTY CODE CHANGE   |
| 138-M  | BENEFICIARY ADDRESS CHANGE TO OUTSIDE THE U.S.   |
| 305-M  | ZIP CODE CHANGE  |
| <b>SPECIAL REPLY TRC GROUPING</b>              |  |
| 990-995  | APPEAR ON SPECIAL TRR GENERATED FOR SPECIFIC PURPOSE. WHEN A SPECIAL TRR PRODUCES ONE OF THESE CODES, CMS WILL PROVIDE COMMUNICATIONS TO EXPLAIN THE TRC |
| 996-I  | EOY LOSS OR LOW INCOME SUBSIDY STATUS  |
| 997-999  | APPEAR ON SPECIAL TRR GENERATED FOR SPECIFIC PURPOSE. WHEN A SPECIAL TRR PRODUCES ONE OF THESE CODES, CMS WILL PROVIDE COMMUNICATIONS TO EXPLAIN THE TRC |
| <b>SYSTEM NOTIFICATION TRC GROUPING</b>        |  |
| 048-A  | NURSING HOME CERTIFIABLE STATUS SET  |
| 062-R  | CORRECTION REJECTED, OVERLAPS OTHER PERIOD   |
| 075-A  | INSTITUTIONAL STATUS SET   |
| 079-M  | PART A TERMINATION   |
| 080-M  | PART A REINSTATEMENT   |
| 081-M  | PART B TERMINATION   |
| 082-M  | PART B REINSTATEMENT   |

| Eligibility and Enrollment TRC Grouping |  |
|---|--|
| TRC-Type                                | TRC Title  |
| 086-M                                   | BENEFICIARY IDENTIFIER CHANGE                    |
| 087-M                                   | NAME CHANGE                                      |
| 088-M                                   | SEX CODE CHANGE                                  |
| 089-M                                   | DATE OF BIRTH CHANGE                             |
| 091-M                                   | DATE OF DEATH REMOVED                            |
| 092-M                                   | DATE OF DEATH CORRECTED                          |
| 152-M                                   | RACE CODE CHANGE                                 |
| 155-M                                   | INCARCERATION NOTIFICATION RECEIVED              |
| 158-M                                   | INSTITUTIONAL PERIOD CHANGE/CANCELLATION         |
| 159-M                                   | NURSING HOME CERT PERIOD CHANGE/CANCELLATION     |
| 161-M                                   | BENEFICIARY RECORD ALERT FROM MBD                |
| 165-R                                   | PROCESSING DELAYED DUE TO MARX SYSTEM PROBLEMS   |
| 197-M                                   | PART D ELIGIBILITY TERMINATION                   |
| 198-M                                   | PART D ELIGIBILITY REINSTATEMENT                 |
| 270-M                                   | BENEFICIARY TRANSPLANT HAS ENDED                 |
| 303-M                                   | TERMINATION DATE CHANGE DUE TO BENEFICIARY MERGE |
| 350-I                                   | MBI IS AVAILABLE FOR BENEFICIARY                 |

Table 3-16: Eligibility and Enrollment TRC Values and Definitions

| Eligibility and Enrollment Transaction Reply Codes |      |                          |                  |   |
|--|------|--------------------------|------------------|---|
| Code   | Type | Title                    | Short Definition | Definition  |
| 001  | F    | Invalid Transaction Code | BAD TRANS CODE   | <p>A transaction failed because the Transaction Type Code (field 16) contained an invalid value.</p> <p>Valid Transaction Type Code values are 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90, 91 and 92. This transaction should be resubmitted with a valid Transaction Type Code.</p> <p><b>Note:</b> Transaction Types 41, 42 and 54 are valid but not submitted by the Plans.</p> <p>This TRC is returned in the Batch Completion Status Summary (BCSS) Report along with the failed record and is not returned in the DTRR.</p> <p><b>Plan Action:</b> Correct the Transaction Type Code and resubmit if appropriate.</p> |

| Eligibility and Enrollment Transaction Reply Codes |      |                                |                  |   |
|--|------|--------------------------------|------------------|---|
| Code   | Type | Title                          | Short Definition | Definition  |
| 002  | F    | Invalid Correction Action Code | BAD ACTION CODE  | <p>This TRC is returned on a failed transaction (Transaction Type 01) when the supplied action code contains an invalid value. The valid action code values are D, E, F and G.</p> <p>This TRC is returned in the BCSS Report along with the failed record. This TRC is not returned in the DTRR.</p> <p><b>Plan Action:</b> Correct the Action Code and resubmit if appropriate.</p>   |
| 003  | F    | Invalid Contract Number        | BAD CONTRACT #   | <p>A transaction (Transaction Types 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90, 91 and 92) failed because CMS did not recognize the contract number.</p> <p>This TRC is returned in the Batch Completion Status Summary (BCSS) Report along with the failed record. This TRC will not be returned in the DTRR.</p> <p><b>Plan Action:</b> Correct the Contract Number and resubmit if appropriate.</p>  |
| 004  | R    | Beneficiary Name Required      | NEED MEMB NAME   | <p>A transaction (Transaction Types 01, 41, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82,83, 90, 91 and 92) was rejected, because both of the beneficiary name fields (Surname and First Name) were blank. The beneficiary's name must be provided.</p> <p><b>Plan Action:</b> Populate the Beneficiary Name fields and resubmit if appropriate.</p>  |
| 006  | R    | Incorrect Birth Date           | BAD BIRTH DATE   | <p>A transaction (Transaction Types 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90, 91 and 92) was rejected because the Birth Date, while non-blank and formatted correctly as YYYYMMDD (year, month, and day), is before 1870 or greater than the current year. The system tried to identify the beneficiary with the remaining demographic information but could not.</p> <p><b>Note:</b> A blank Birth Date does not result in TRC 006 but may affect the ability to identify the appropriate beneficiary. See TRC 009.</p> <p><b>Plan Action:</b> Correct the Birth Date and resubmit if appropriate.</p> |

| Eligibility and Enrollment Transaction Reply Codes |      |                                  |                    |  |
|--|------|----------------------------------|--------------------|--|
| Code   | Type | Title                            | Short Definition   | Definition   |
| 007  | R    | Invalid Beneficiary ID           | BAD BENE ID FORMAT | <p>The valid format for a Medicare Beneficiary Identifier (MBI) is as follows:</p> <ul style="list-style-type: none"> <li>• Length of 11 positions.</li> <li>• The first character must be numeric and greater than zero.</li> <li>• The fourth, seventh, tenth, and eleventh characters must be numeric.</li> <li>• The second, fifth, eighth, and ninth characters must contain one of the following letters: 'A', 'C', 'D', 'E', 'F', 'G', 'H', 'J', 'K', 'M', 'N', 'P', 'Q', 'R', 'T', 'U', 'V', 'W', 'X', or 'Y'.</li> <li>• The third and sixth characters must be numeric or be one of the letters listed above.</li> </ul> <p><b>Plan Action:</b> Determine the correct MBI for the beneficiary and resubmit the transaction if appropriate.</p> |
| 008  | R    | Beneficiary Identifier Not Found | BENE ID NOT FOUND  | <p>A transaction (Transaction Types 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90, 91 and 92) was rejected, because a beneficiary with this identifier was not found. The Plan must resubmit the transaction with a valid Beneficiary ID.</p> <p><b>Plan Action:</b> Determine the correct beneficiary identifier (HICN, RRB, or MBI) and resubmit the transaction if appropriate.</p>  |
| 009  | R    | No beneficiary match             | NO BENE MATCH      | <p>A transaction (Transaction Types 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90 91 and 92) attempted to process but the system was unable to find the beneficiary based on the identifying information submitted in the transaction.</p> <p>A match on beneficiary identifier (HICN, RRB, or MBI) is required, along with a match on 3 of the following 4 fields: surname, first initial, date of birth and sex code.</p> <p><b>Plan Action:</b> Correct the beneficiary identifying information and resubmit if appropriate.</p>   |
| 011  | A    | Enrollment Accepted as Submitted | ENROLL ACCEPTED    | <p>The new enrollment (Transaction Type 61) has been successfully processed. The effective date of the new enrollment is reported in DTRR field 18.</p> <p>This is the definitive enrollment acceptance record. Other accompanying replies with different TRCs may give additional information about this enrollment.</p> <p><b>Plan Action:</b> Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.</p>  |

| Eligibility and Enrollment Transaction Reply Codes |      |   |                     |   |
|--|------|---|---------------------|---|
| Code   | Type | Title   | Short Definition    | Definition  |
| 013  | A    | Disenrollment Accepted as Submitted             | DISENROL<br>ACCEPT  | <p>A disenrollment transaction (Transaction Type 51 or 54) has been successfully processed. The last day of the enrollment is reported in DTRR fields 18 and 24.</p> <p>The disenrollment date is always the last day of the month.</p> <p><b>Plan Action:</b> Ensure the Plan’s system matches the information included in the DTRR record and that the beneficiary’s disenrollment date matches the date in field 24. Take the appropriate actions as per CMS enrollment guidance.</p>  |
| 014  | A    | Disenrollment Due to Enrollment in Another Plan | DISNROL-<br>NEW MCO | <p>This TRC is returned when the system generates a disenrollment date due to a beneficiary’s enrollment in another Plan. It is returned on a reply with Transaction Type 51 or 61.</p> <p>The last day of the enrollment is reported in DTRR fields 18 and 24. This date is always last day of the month.</p> <p>For the Transaction Type 51 transaction, the beneficiary has been disenrolled from this Plan because they were successfully enrolled in another Plan The Source ID (field 28) contains the Contract number of the Plan that submitted the new enrollment which caused this disenrollment.</p> <p>For the Transaction Type 61 transaction, the TRC is issued whenever a retroactive enrollment runs into an existing enrollment that prevails according to application date edits. The Source ID (field 28) contains the Contract number of the prevailing Plan. TRC 014 will not be generated if the TC 61 is a result of a PBP change.</p> <p><b>Plan Action:</b> Update the Plan’s records accordingly, ensuring that the beneficiary’s information matches the data included in the DTRR record and that the beneficiary’s disenrollment date matches the date in field 24. Take the appropriate actions as per CMS enrollment guidance.</p> |



| Eligibility and Enrollment Transaction Reply Codes |      |                                  |                  |   |
|--|------|----------------------------------|------------------|---|
| Code   | Type | Title                            | Short Definition | Definition  |
| 015  | A    | Enrollment Removed               | ENROLL REMOVED   | <p>An existing enrollment was removed from the list of the beneficiary’s active enrollments. The effective date of the enrollment that was removed is reported in the Effective Date field (18). This TRC is reported on a reply with a Transaction Type 51 or 54.</p> <p>When an enrollment is removed, it means that the enrollment never occurred.</p> <p>A removal may be the result of an action on the part of the beneficiary, CMS, or another Plan. Examples:</p> <ul style="list-style-type: none"> <li>• The beneficiary enrolled in another plan before this enrollment began.</li> <li>• The beneficiary died before the enrollment began.</li> <li>• An enrollment that was the result of a rollover was removed before it began. This can be due to: <ul style="list-style-type: none"> <li>○ The beneficiary disenrolled from the original plan with an effective date before the rollover enrollment began.</li> <li>○ The plan into which the beneficiary was rolled over removed the enrollment before it began.</li> </ul> </li> <li>• The enrollment falls completely within a period during which the beneficiary was incarcerated or not lawfully present.</li> </ul> <p><b>Note:</b> This removal is different from enrollment cancellations generated with an Enrollment Cancellation Transaction Code 80. An Enrollment cancellation attempts to reinstate the beneficiary into the previous plan. When a plan receives a TRC 015 saying the enrollment was removed, no reinstatements in previous plans occur.</p> <p><b>Plan Action:</b> Because it was removed, this entire enrollment that was scheduled to begin on the date in field 18 should be removed from the Plan’s enrollment records. Take the appropriate actions as per CMS enrollment guidance.</p> |
| 016  | I    | Enrollment Accepted, Out Of Area | ENROLL-OUT AREA  | <p>The beneficiary’s residence state and county codes placed the beneficiary outside of the Plan’s approved service area.</p> <p>This TRC provides additional information about a new enrollment or PBP change (Transaction Type 61) for which an acceptance was sent in a separate Transaction Reply record with an enrollment acceptance TRC. The Effective Date of the enrollment for which this information is pertinent is reported in DTRR field 18.</p> <p><b>Plan Action:</b> Investigate the apparent discrepancy and take the appropriate actions as per CMS enrollment guidance.</p>   |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |  |
|--|------|--|------------------|--|
| Code   | Type | Title  | Short Definition | Definition   |
| 017  | I    | Enrollment Accepted, Payment Default Rate            | ENROLL-BAD SCC   | <p>CMS was unable to derive a valid state and county code for the beneficiary who has been successfully enrolled. Part C payment for this beneficiary is at the Plan bid rate with no geographic adjustment.</p> <p>This TRC provides additional information about a new enrollment or PBP change (Transaction Type 61) for which an acceptance was sent in a separate Transaction Reply with an enrollment acceptance TRC. The effective date of the new enrollment for which this information is pertinent is reported in DTRR fields 18 and 24.</p> <p><b>Plan Action:</b> Contact the MAPD Help Desk for assistance.</p>   |
| 018  | A    | Automatic Disenrollment                              | AUTO DISENROLL   | <p>The beneficiary has been disenrolled from the Plan. The last day of enrollment is reported in DTRR fields 18 and 24. This date is always the last day of the month.</p> <p>The disenrollment may result from an action on the part of the beneficiary, CMS or another Plan.</p> <p>A DTRR reply with this TRC is usually accompanied by one or more replies, which make the reason for automatic disenrollment evident. For example, in the case of a disenrollment due to a beneficiary's death, the reply with TRC 018 is accompanied by a reply with TRC 090 (Date of Death Established). Or in the case of beneficiary loss of entitlement, TRC018 will be accompanied by one of the following benefit termination TRCs – 079 (Part A Term), 081 (Part B Term), 197 (Part D Eligibility Term).</p> <p><b>Plan Action:</b> Update the Plan's records to reflect the disenrollment using the date in field 24. Take the appropriate actions as per CMS enrollment guidance.</p> |
| 019  | R    | Enrollment Rejected - No Part A & Part B Entitlement | NO ENROLL-NO AB  | <p>A submitted enrollment or PBP change transaction (Transaction Type 61) was rejected because the beneficiary does not have Medicare entitlement as of the effective date of the transaction.</p> <p><b>Plan Action:</b> Take the appropriate actions as per CMS enrollment guidance.</p>   |
| 020  | R    | Enrollment Rejected - Under 55                       | NO ENROLL-NOT55  | <p>A submitted enrollment or PBP change transaction (Transaction Type 61) for a PACE Plan was rejected because the beneficiary is not yet 55 years of age.</p> <p><b>Plan Action:</b> Take the appropriate actions as per CMS enrollment guidance.</p>   |

| Eligibility and Enrollment Transaction Reply Codes |      |   |                  |   |
|--|------|---|------------------|---|
| Code   | Type | Title                                       | Short Definition | Definition  |
| 022  | A    | Transaction Accepted, Beneficiary ID Change | NEW BENE ID      | <p>A transaction (Transaction Types 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) has been successfully processed. The effective date of the transaction is shown in DTRR field 18.</p> <p>Additionally, the beneficiary identifier has changed. The new beneficiary identifier is in DTRR field 1 and the old beneficiary identifier is reported in field 24.</p> <p>For enrollment acceptance (Transaction Type 61), TRC 022 is reported in lieu of TRC 011 or TRC 100. Other accompanying replies with different TRCs may give additional information about this enrollment.</p> <p><b>Plan Action:</b> Ensure the Plan’s system matches the information included in the DTRR record. Take the appropriate actions as per CMS guidance. Change the beneficiary identifier in the Plan’s records. Any future submitted transactions for this beneficiary must use the new beneficiary identifier.</p> |
| 023  | A    | Transaction Accepted, Name Change           | NEW NAME         | <p>A transaction (Transaction Types 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) has been successfully processed. The effective date of the transaction is reported in DTRR field 18.</p> <p>Additionally, the beneficiary’s name has changed. The new name is reported in DTRR fields 2, 3 and 4.</p> <p>For enrollment acceptance (Transaction Type 61), TRC 023 is reported in lieu of TRC 011 or TRC 100. Other accompanying replies with different TRCs may give additional information about this enrollment.</p> <p><b>Plan Action:</b> Ensure the Plan’s system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. Change the beneficiary’s name in the Plan’s records. To ensure accurate identification of the beneficiary, future submitted transactions for this beneficiary should use the new name.</p>                   |

| Eligibility and Enrollment Transaction Reply Codes |      |   |                  |   |
|--|------|---|------------------|---|
| Code   | Type | Title   | Short Definition | Definition  |
| 025  | A    | Disenrollment Accepted, Beneficiary Identifier Change | DISROL-NEW MBI   | <p>A disenrollment transaction (Transaction Type 51 or 54) submitted by the Plan has been successfully processed. The effective date of the disenrollment is reported in DTRR field 18. The disenrollment date is always the last day of the month.</p> <p>Additionally, the beneficiary identifier has changed. The new beneficiary identifier is in DTRR field 1 and the old beneficiary identifier is reported in field 24.</p> <p><b>Plan Action:</b> Update the Plan’s records to reflect the disenrollment using the date in field 24. Take the appropriate actions as per CMS enrollment guidance. Change the beneficiary identifier in the Plan’s records. Future submitted transactions for this beneficiary must use the new beneficiary identifier.</p>                                |
| 026  | A    | Disenrollment Accepted, Name Change                   | DISROL-NEW NAME  | <p>A disenrollment transaction (Transaction Type 51 or 54) submitted by the Plan has been successfully processed. The effective date of the disenrollment is reported in the DTRR field 18. The disenrollment date is always the last day of the month.</p> <p>Additionally, The beneficiary’s name has changed. The new name is reported in DTRR fields 2, 3 and 4 and in the corresponding columns in the printed report.</p> <p><b>Plan Action:</b> Update the Plan’s records to reflect the disenrollment using the date in field 24. Take the appropriate actions as per CMS enrollment guidance. Change the beneficiary’s name in the Plan’s records. To ensure accurate identification of the beneficiary, future submitted transactions for this beneficiary should use the new name.</p> |
| 032  | R    | Transaction Rejected, Beneficiary Not Entitl Part B   | MEMB HAS NO B    | <p>This TRC is returned when the system rejects an enrollment (Transaction Type 61) into, or a disenrollment cancellation (Transaction Type 81) from, an MCO (MA, MAPD, HCPP, Cost 1, Cost 2 or Demos) because the beneficiary is not entitled to Part B.</p> <ul style="list-style-type: none"> <li>• TC61 – transaction rejects because the submitted enrollment date is outside the beneficiary’s Part B entitlement period.</li> <li>• TC81 – transaction rejects because the enrollment reinstatement period is outside the beneficiary’s Part B entitlement period.</li> </ul> <p><b>Plan Action:</b> Take the appropriate actions as per CMS enrollment guidance.</p>  |

| Eligibility and Enrollment Transaction Reply Codes |      |   |                  |  |
|--|------|---|------------------|--|
| Code   | Type | Title   | Short Definition | Definition   |
| 033  | R    | Transaction Rejected, Beneficiary Not Entitl Part A | MEMB HAS NO A    | <p>This TRC is returned when the system rejects an enrollment (Transaction Type 61) into, or a disenrollment cancellation (Transaction Type 81) from, an MCO (MA, MAPD, HCPP, Cost 1, Cost 2 or Demos) because the beneficiary is not entitled to Part A.</p> <ul style="list-style-type: none"> <li>• TC61 – transaction rejects because the submitted enrollment date is outside the beneficiary’s Part A entitlement period.</li> <li>• TC81 – transaction rejects because the enrollment reinstatement period is outside the beneficiary’s Part A entitlement period.</li> </ul> <p><b>Plan Action:</b> Take the appropriate actions as per CMS enrollment guidance.</p> |
| 034  | R    | Enrollment Rejected, Beneficiary is Not Age 65      | MEMB NOT AGE 65  | <p>A submitted enrollment or PBP change transaction (Transaction Type 61) was rejected because the beneficiary was not age 65 or older. The age requirement is Plan-specific.</p> <p><b>Plan Action:</b> Take the appropriate actions as per CMS enrollment guidance.</p>  |
| 035  | R    | Enrollment Rejected, Beneficiary is in Hospice      | MEMB IN HOSPICE  | <p>A submitted enrollment or PBP change transaction (Transaction Type 61) was rejected because the beneficiary was in Hospice status. The Hospice requirement is Plan-specific (e.g. applies only to MSA/MA, MSA/Demo, OFM Demo, ESRD I Demo, ESRD II Demo, and PACE National Plans). The attempted enrollment date is reported in DTRR field 18 and 24.</p> <p><b>Plan Action:</b> Update the Plan records accordingly and take the appropriate actions as per CMS enrollment guidance.</p>   |
| 036  | R    | Transaction Rejected, Beneficiary is Deceased       | MEMB DECEASED    | <p>A submitted enrollment or PBP change transaction (Transaction Type 61) or disenrollment cancellation transaction (Transaction Type 81) enrollment reinstatement was rejected because the beneficiary is deceased.</p> <p><b>Plan Action:</b> Update the Plan records accordingly and take the appropriate actions as per CMS enrollment guidance.</p>   |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |  |
|--|------|--|------------------|--|
| Code   | Type | Title  | Short Definition | Definition   |
| 037  | R    | Transaction Rejected, Incorrect Effective Date       | BAD ENROLL DATE  | <p>A transaction (Transaction Types 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) was rejected because the submitted effective date is not appropriate. Inappropriate effective dates include:</p> <ul style="list-style-type: none"> <li>• For all transaction types, date is not first day of the month</li> <li>• For all transaction types, date is greater than current calendar year plus one, or, date does not meet Current Calendar Month (CCM) constraints</li> <li>• For Transaction Type 61, non-EGHP enrollment, date is more than one month prior to CCM or greater than three months after CCM</li> <li>• For Transaction Type 61 transaction, EGHP enrollment, date is more than three months prior to the CCM or greater than three months after CCM</li> <li>• Transaction Type 72 4Rx Record Update transaction with an effective date not equal to the effective date of an existing enrollment period</li> <li>• Transaction Type 73 Uncovered Months Change transaction (Creditable Coverage Flag = N or Y) with an effective date not equal to the effective date of an existing enrollment period</li> <li>• Transaction Type 80 Enrollment Cancellation transaction with an effective date not equal to the effective date of an existing enrollment</li> <li>• Transaction Type 81 Disenrollment Cancellation transaction with an effective date not equal to the effective date of an existing disenrollment</li> <li>• Transaction Type 82 MMP Enrollment Cancellation transaction with an effective date not equal to the effective date of an existing enrollment</li> </ul> <p><b>Plan Action:</b> Correct the Effective Date and resubmit if appropriate. If this is a retroactive transaction, contact CMS for instructions on submitting retroactive transactions.</p> |
| 038  | R    | Enrollment Rejected, Duplicate Transaction           | DUPLICATE        | <p>An enrollment transaction (Transaction Type 61) was rejected because it was a duplicate transaction. CMS has already processed another enrollment transaction submitted for the same contract, PBP, application date and effective date.</p> <p><b>Plan Action:</b> None required</p>   |
| 039  | R    | Enrollment Rejected, Currently Enrolled in Same Plan | ALREADY ENROLL   | <p>An enrollment or PBP change transaction (Transaction Type 61) was rejected because the beneficiary is already enrolled in this contract/PBP.</p> <p><b>Plan Action:</b> None required</p>   |

| Eligibility and Enrollment Transaction Reply Codes |      |   |                  |   |
|--|------|---|------------------|---|
| Code   | Type | Title   | Short Definition | Definition  |
| 042  | R    | Transaction Rejected, Blocked                   | ENROLL BLOCKED   | <p>An enrollment or PBP change transaction (Transaction Type 61) or disenrollment cancellation transaction (Transaction Type 81) [enrollment reinstatement] was rejected because the Plan is currently blocked from enrolling new beneficiaries.</p> <p><b>Plan Action:</b> Check HPMS and contact CMS.</p>   |
| 044  | R    | Transaction Rejected, Outside Contracted Period | NO CONTRACT      | <p>This TRC is returned for an enrollment or PBP change transaction (Transaction Type 61), enrollment cancellation transaction (Transaction Type 80), disenrollment cancellation transaction (Transaction Type 81), and MMP enrollment cancellation (Transaction Type 82) [enrollment reinstatement].</p> <ul style="list-style-type: none"> <li>TC61 – transaction was rejected because the submitted enrollment date is outside the Plan’s contracted period</li> <li>TC80, TC81, and TC82 – transaction was rejected because the enrollment reinstatement period is outside the Plan’s contracted period</li> </ul> <p><b>Plan Action:</b> Check HPMS and contact CMS.</p>   |
| 045  | R    | Enrollment Rejected, Beneficiary is in ESRD     | MEMB HAS ESRD    | <p>An enrollment or PBP change transaction (Transaction Type 61) was rejected because the beneficiary is in ESRD (end-stage renal disease) status. The attempted enrollment effective date is reported in DTRR field 18 and 24.</p> <p>Affected Plans cannot enroll ESRD members unless the individual was previously enrolled in the commercial side of the Plan or the Plan has been previously approved for such enrollments.</p> <p><b>Plan Action:</b> Review full CMS guidance on enrollment of ESRD beneficiaries in the Medicare Managed Care Manual (MMCM) or PDP Enrollment Guidance. If the Plan has approval to enroll ESRD members, they should resubmit the enrollment with an A in the Prior Commercial Indicator field (position 80).</p> |
| 048  | A    | Nursing Home Certifiable Status Set             | NHC ON           | <p>A correction transaction (Transaction Type 01) placed the beneficiary in Nursing Home Certifiable (NHC) status. The NHC health status is Plan specific, e.g., applies to SHMO I, Mass. Dual Eligible, MDHO and MSHO Plans. The effective date of the NHC status is reported in DTRR field 18 and 24.</p> <p><b>Note:</b> This TRC is only applicable for effective dates prior to 1/1/2008.</p> <p><b>Plan Action:</b> Update the Plan records.</p>  |
| 050  | R    | Disenrollment Rejected, Not Enrolled            | NOT ENROLLED     | <p>A disenrollment transaction (Transaction Type 51) was rejected, because the beneficiary was not enrolled in the contract as of the effective date of the disenrollment.</p> <p><b>Plan Action:</b> Verify the Plan’s enrollment information for this beneficiary.</p>  |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |  |
|--|------|--|------------------|--|
| Code   | Type | Title  | Short Definition | Definition   |
| 051  | R    | Disenrollment Rejected, Incorrect Effective Date   | BAD DISENR DATE  | <p>A disenrollment transaction (Transaction Type 51) or a disenrollment cancellation transaction (Transaction Type 81) was rejected because the submitted enrollment effective date was either:</p> <ul style="list-style-type: none"> <li>• Not the first day of the month, or</li> <li>• More than three months beyond the Current Calendar Month (CCM+3)</li> </ul> <p><b>Note:</b> Transactions with effective dates prior to CCM are returned with TRC 054.</p> <p><b>Plan Action:</b> Correct the Effective Date and resubmit if appropriate. If this is a retroactive transaction, contact CMS for instructions on submitting retroactive transactions</p>  |
| 052  | R    | Disenrollment Rejected, Duplicate Transaction      | DUPLICATE        | <p>A disenrollment transaction (Transaction Type 51), enrollment cancellation transaction (Transaction Type 80), disenrollment cancellation transaction (Transaction Type 81) or MMP enrollment cancellation (Transaction Type 82) was rejected because it was a duplicate transaction. CMS has already processed another a similar transaction submitted for the same contract with the same effective date.</p> <p>The effective date of the disenrollment is reported in the Effective Date field (18) on the DTRR data file.</p> <p><b>Plan Action:</b> None required</p>  |
| 054  | R    | Disenrollment Rejected, Retroactive Effective Date | RETRO DISN DATE  | <p>A disenrollment transaction (Transaction Type 51 or 54) was rejected because the submitted effective date was prior to the earliest allowed date for disenrollment transactions. Effective dates for disenrollment transactions (Transaction Type 51) are no earlier than one month prior to the Current Calendar Month (CCM) or two months prior for Transaction Type 54 transactions.</p> <p>The requested disenrollment effective date is reported in the Effective Date field (18) on the DTRR data file.</p> <p><b>Plan Action:</b> Correct the Effective Date and resubmit if appropriate. If this is a retroactive transaction, contact CMS for instructions on submitting retroactive transactions.</p> |
| 055  | M    | ESRD Cancellation                                  | ESRD CANCELED    | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.</p> <p>This beneficiary was previously in End State Renal Disease (ESRD) status. That status has been cancelled. The effective date of the ESRD status cancellation is reported in DTRR field 18 and 24.</p> <p><b>Plan Action:</b> Update the Plan records.</p>   |



| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |  |
|--|------|--|------------------|--|
| Code   | Type | Title                                      | Short Definition | Definition   |
| 056  | R    | Demonstration Enrollment Rejected          | FAILS DEMO REQ   | <p>An enrollment transaction (Transaction Type 61) was rejected because the beneficiary did not meet the Demonstration requirements. For example, the beneficiary is currently known as Working Aged or not known as ESRD. These requirements are Plan specific.</p> <p>The attempted enrollment effective date is reported in DTRR fields 18 and 24.</p> <p><b>Plan Action:</b> Take the appropriate actions as per CMS enrollment guidance.</p>  |
| 060  | R    | Transaction Rejected, Not Enrolled         | NOT ENROLLED     | <p>A Correction (Transaction Type 01), Enrollment (Transaction 61), Cancellation of Enrollment (Transaction Type 80), Cancellation of Disenrollment (Transaction Type 81), MMP Enrollment Cancellation (Transaction Type 82) or change transaction (Transaction Types 74, 75, 76, 77, 78, 79, and 83) was rejected because the beneficiary was not enrolled in a Plan as of the submitted effective date.</p> <p>A Personal Information Change Transaction 92 was rejected because the beneficiary was not enrolled in a valid Plan as of the 1<sup>st</sup> of the current calendar month (the month the transaction was submitted).</p> <p>For NUNCMO Change transactions, Transaction Type 73, either the beneficiary is not enrolled in the Plan submitting this transaction as of the month of the submission, or, the submitted effective date does not fall within a Part D Plan enrollment.</p> <p><b>Plan Action:</b> Verify the beneficiary identifying information and resubmit the transaction with updated information, if appropriate.</p> |
| 062  | R    | Correction Rejected, Overlaps Other Period | INS-NHC OVERLAP  | <p>A Correction (Transaction Type 01) was rejected because this transaction would have resulted in overlapping Institutional and Nursing Home Certifiable (NHC) periods. The beneficiary is not allowed to have both Institutional and NHC status. These two types of periods are mutually exclusive.</p> <p><b>Note:</b> This TRC is only applicable for effective dates prior to 1/1/2008.</p> <p><b>Plan Action:</b> Ensure that the Plan's records reflect the correct dates.</p>  |

| Eligibility and Enrollment Transaction Reply Codes |      |                           |                  |  |
|--|------|---------------------------|------------------|--|
| Code   | Type | Title                     | Short Definition | Definition   |
| 071  | M    | Hospice Status Set        | HOSPICE ON       | <p>This TRC is returned on a reply with Transaction Type 01. A notification has been received that this beneficiary is in Hospice status. The date on which Hospice Status became effective is reported in DTRR field 18. The end date for the Hospice Status is reported in DTRR field 24. The effective and end date for Hospice Status is not restricted to the first or last day of the month. It may be any day of the month.</p> <p>This is not a reply to a submitted transaction but is intended to supply the Plan with additional beneficiary information.</p> <p>The hospice provider number is reported on the DTRR field 81.</p> <p><b>Plan Action:</b> Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.</p>                 |
| 072  | M    | Hospice Status Terminated | HOSPICE OFF      | <p>This TRC is returned on a reply with Transaction Type 01. A notification has been received that this beneficiary's Hospice Status has been terminated. The date on which Hospice Status became effective is reported in DTRR field 18. The end date for the Hospice Status is reported in DTRR field 24. The effective and end date for Hospice Status is not restricted to the first or last day of the month. It may be any day of the month.</p> <p>This is not a reply to a submitted transaction but is intended to supply the Plan with additional beneficiary information.</p> <p>The hospice provider number is reported on the DTRR field 81.</p> <p><b>Plan Action:</b> Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.</p> |

| Eligibility and Enrollment Transaction Reply Codes |      |                          |                  |   |
|--|------|--------------------------|------------------|---|
| Code   | Type | Title                    | Short Definition | Definition  |
| 073  | M    | ESRD Status Set          | ESRD ON          | <p>This TRC is returned on a reply with Transaction Type 01 and occasionally with Transaction Type 61. When returned with Transaction Type 01, the TRC is in response to a change in beneficiary ESRD status. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.</p> <p>In the case of Transaction Type 01, a notification has been received that this beneficiary is in End Stage Renal Disease (ESRD) status. The date on which ESRD Status became effective reported in DTRR fields 18 and 24.</p> <p>When this TRC is returned with Transaction Type 61 the TRC is in response to a retroactive enrollment and is identifying the fact that an enrollment end date has been established due to the beneficiary's ESRD status. The enrollment start date is in DTRR field 18 and the enrollment end date is in field 24. In this circumstance it is accompanied by TRC 018, Automatic Disenrollment, as well.</p> <p><b>Plan Action:</b> Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.</p> |
| 074  | M    | ESRD Status Terminated   | ESRD OFF         | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.</p> <p>A notification has been received that this beneficiary's End Stage Renal Disease (ESRD) Status has been terminated. The end date for the ESRD Status is reported in DTRR fields 18 and 24.</p> <p><b>Plan Action:</b> Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.</p>  |
| 075  | A    | Institutional Status Set | INSTITUTION ON   | <p>A correction transaction (Transaction Type 01) placed the beneficiary in Institutional status. The effective date of the Institutional status is shown in DTRR field 24.</p> <p>Institutional status automatically ends each month; therefore, there is no Institutional Status termination transaction. This TRC is only applicable for application dates prior to 01/01/2008.</p> <p><b>Plan Action:</b> Update the Plan records. Take the appropriate actions as per CMS enrollment guidance.</p> <p><b>Note:</b> This TRC is only applicable for effective dates prior to 01/01/2008.</p>  |

| Eligibility and Enrollment Transaction Reply Codes |      |                            |                  |  |
|--|------|----------------------------|------------------|--|
| Code   | Type | Title                      | Short Definition | Definition   |
| 077  | M    | Medicaid Status Set        | MEDICAID ON      | <p>This TRC is returned on a reply with Transaction Type 01.</p> <p>This beneficiary has been identified as having Medicaid. The effective date of the Medicaid Status is reported in field 18 (Effective Date) and field 24. The beneficiary's Medicaid status identification may be the result of any of the following:</p> <ul style="list-style-type: none"> <li>• The Medicaid status was updated for a beneficiary whose payments are calculated using a default factor.</li> <li>• The beneficiary's Medicaid status was updated through the UI by CMS.</li> </ul> <p><b>Plan Action:</b> Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.</p> |
| 078  | M    | Medicaid Status Terminated | MEDICAID OFF     | <p>This TRC is returned on a reply with Transaction Type 01.</p> <p>A period of Medicaid status for this beneficiary has ended. The end date of the Medicaid Status is reported in field 18 (Effective Date) and field 24. The beneficiary's Medicaid status change may be the result of any of the following:</p> <ul style="list-style-type: none"> <li>• The Medicaid status was updated for a beneficiary whose payments are calculated using a default factor.</li> <li>• The beneficiary's Medicaid status was updated through the UI by CMS.</li> </ul> <p><b>Plan Action:</b> Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.</p>            |

| Eligibility and Enrollment Transaction Reply Codes |      |                    |                  |   |
|--|------|--------------------|------------------|---|
| Code   | Type | Title              | Short Definition | Definition  |
| 079  | M    | Part A Termination | MEDICARE A OFF   | <p>This TRC is returned on a reply with Transaction Type 01 and occasionally with Transaction Type 61. When returned with Transaction Type 01, the TRC is in response to a change in beneficiary Part A Entitlement. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. If the termination results in a disenrollment, a TRC 018 will be returned in addition to TRC 079.</p> <p>In the case of Transaction Type 01, this beneficiary's Part A Entitlement has been terminated. The effective date of the termination is reported in Daily Transaction Reply Report data file fields 18 and 24.</p> <p>When this TRC is returned with Transaction Type 61, the TRC is in response to a retroactive enrollment and is identifying the fact that an enrollment end date has been established due to the beneficiary's termination of Part A. The enrollment start date is in Daily Transaction Reply Report data file field 18 and the enrollment end date is in field 24.</p> <p><b>Note:</b> A DTRR record with this reply code is only reported to the Plan in which the beneficiary is actively enrolled on or after the termination date. If more than one Part A Entitlement period has been audited/removed, this TRC will only be returned for the most recent period.</p> <p><b>Plan Action:</b> Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.</p> |

| Eligibility and Enrollment Transaction Reply Codes |      |                      |                  |  |
|--|------|----------------------|------------------|--|
| Code   | Type | Title                | Short Definition | Definition   |
| 080  | M    | Part A Reinstatement | MEDICARE A ON    | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional beneficiary information.</p> <p>This beneficiary's Part A Entitlement has been reinstated.</p> <ul style="list-style-type: none"> <li>• If a new entitlement period is added, the start of Part A Entitlement will be reported in the Daily Transaction Reply Report data file fields 18 and 24.</li> <li>• If the only change to the entitlement period is the removal of the end date, the reinstatement date will be reported in Daily Transaction Reply Report data file fields 18 and 24 as the day immediately following the end date previously reported.</li> <li>• If the start date for the entitlement period also changes, the new start date will be reported in Daily Transaction Reply Report data file fields 18 and 24.</li> </ul> <p><b>Note:</b> A DTRR record with this reply code is only reported to the Plan in which the beneficiary is actively enrolled on or after the reinstatement date, even if it affects periods of enrollment in other Plans. If, as a result of a loss of Part A Entitlement, the beneficiary is disenrolled, but not re-enrolled, the reply code is not issued.</p> <p><b>Plan Action:</b> Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.</p> |

| Eligibility and Enrollment Transaction Reply Codes |      |                    |                  |  |
|--|------|--------------------|------------------|--|
| Code   | Type | Title              | Short Definition | Definition   |
| 081  | M    | Part B Termination | MEDICARE B OFF   | <p>This TRC is returned on a reply with Transaction Type 01 and occasionally with Transaction Type 51 and Transaction Type 61. When returned with Transaction Type 01, the TRC is in response to a termination of a beneficiary's Part B Entitlement. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. If the termination results in a disenrollment, a TRC 018 will be returned in addition to TRC 081.</p> <p>In the case of Transaction Type 01, this beneficiary's Part B Entitlement has been terminated. The effective date of the termination is reported in Daily Transaction Reply Report data file fields 18 and 24.</p> <p>When this TRC is returned with Transaction Types 51 or 61, the TRC is in response to a retroactive enrollment and is identifying the fact that an enrollment end date has been established due to the beneficiary's termination of Part B. The enrollment start date is in Daily Transaction Reply Report data file field 18 and the enrollment end date is in field 24.</p> <p><b>Note:</b> A DTRR record with this reply code is only reported to the Plan(s) in which the beneficiary is actively enrolled on or after the termination date. If more than one Part B Entitlement period has been audited/removed, this TRC will only be returned for the most recent period.</p> <p><b>Plan Action:</b> Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.</p> |

| Eligibility and Enrollment Transaction Reply Codes |      |                               |                  |  |
|--|------|-------------------------------|------------------|--|
| Code   | Type | Title                         | Short Definition | Definition   |
| 082  | M    | Part B Reinstatement          | MEDICARE B ON    | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.</p> <p>This beneficiary's Part B Entitlement has been reinstated.</p> <ul style="list-style-type: none"> <li>• If a new entitlement period is added, the start of Part B Entitlement will be reported in the Daily Transaction Reply Report data file fields 18 and 24.</li> <li>• If the only change to the entitlement period is the removal of the end date, the reinstatement date will be reported in Daily Transaction Reply Report data file fields 18 and 24 as the day immediately following the end date previously reported.</li> <li>• If the start date for the entitlement period also changes, the new start date will be reported in Daily Transaction Reply Report data file fields 18 and 24.</li> </ul> <p><b>Note:</b> A DTRR record with this reply code is only reported to the Plan(s) in which the beneficiary is actively enrolled on or after the reinstatement date. If, as a result of a loss of Part B entitlement, the beneficiary has been disenrolled, but not re-enrolled, the reply code is not issued.</p> <p><b>Plan Action:</b> Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.</p> |
| 085  | M    | State and County Code Change  | NEW SCC          | <p>This TRC is returned on a reply with Transaction Type 01. It supplies the Plan with additional beneficiary information.</p> <p>This beneficiary's State and County Code (SCC) information has changed. The new SCC information is reported in DTRR fields 9 (state code), 10 (county code), and together in field 24.</p> <p><b>Plan Action:</b> Update the Plan's records.</p>   |
| 086  | M    | Beneficiary Identifier Change | NEW MBI          | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional beneficiary information.</p> <p>This beneficiary's MBI has changed. The new beneficiary identifier is reported in DTRR field 1 and the old beneficiary identifier is in Field 24.</p> <p><b>Plan Action:</b> Update the Plan's records. The new beneficiary identifier is used on all future transactions for this beneficiary.</p>   |



| Eligibility and Enrollment Transaction Reply Codes |      |                      |                  |   |
|--|------|----------------------|------------------|---|
| Code   | Type | Title                | Short Definition | Definition  |
| 087  | M    | Name Change          | NEW NAME         | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional beneficiary information.</p> <p>This beneficiary's name has changed. The new name is reported in the DTRR name fields (2, 3 and 4), SURNAME, FIRST NAME and MI. The effective date field (field 18) reports the date the name change was processed by CMS.</p> <p><b>Plan Action:</b> Update the Plan's records. To ensure accurate identification of the beneficiary, future submitted transactions for this beneficiary should use the new name.</p> |
| 088  | M    | Sex Code Change      | NEW SEX CODE     | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional beneficiary information.</p> <p>This beneficiary's sex code has changed. The new sex code is reported in DTRR field 5. The effective date field (field 18) reports the date CMS processed the sex code change.</p> <p><b>Plan Action:</b> Update the Plan's records. To ensure accurate identification of the beneficiary, future submitted transactions for this beneficiary should use the new sex code.</p>   |
| 089  | M    | Date of Birth Change | NEW BIRTH DATE   | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.</p> <p>This beneficiary's date of birth has changed. The new date of birth is reported in DTRR field 6 (DOB) and field 24. Field 18 (Effective Date) reports the date the DOB change was processed by CMS.</p> <p><b>Plan Action:</b> Update the Plan's records. To ensure accurate beneficiary identification, future submitted transactions for this beneficiary should use the new date of birth.</p>            |

| Eligibility and Enrollment Transaction Reply Codes |      |                           |                  |   |
|--|------|---------------------------|------------------|---|
| Code   | Type | Title                     | Short Definition | Definition  |
| 090  | M    | Date of Death Established | MEMB<br>DECEASED | <p>This TRC is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.</p> <p>When CMS is notified of a beneficiary’s death, the Plan receives multiple replies in their DTRR.</p> <ul style="list-style-type: none"> <li>• Transaction Type 01 with TRC 090 – received by any Plan with an enrollment affected by the beneficiary’s death.</li> <li>• Transaction Type 51 with TRC 018 or TRC 015 – for any automatic disenrollments or enrollment cancellations triggered as a result of the beneficiary’s death.</li> <li>• Transaction replies with other TRCs may also accompany these replies. Examples include status terminations and SSA responses.</li> </ul> <p>On the Transaction Type 01 with TRC 090, the beneficiary’s actual date of death is reported in DTRR fields 18 and 24.</p> <p>On a Transaction Type 51 transaction with TRC 018, fields 18 and 24 report the effective date of the disenrollment resulting from the report of death. This is always on the first of the month following the date of death, if the beneficiary is actively enrolled in a Plan. If the Plan’s enrollment is not yet effective, the Plans will receive a Type 51 transaction with TRC 015 and these fields will report the effective date of the enrollment being cancelled.</p> <p><b>Plan Action:</b> Update the Plan’s records with the beneficiary’s date of death from the Transaction Type 01 transaction. It is the Transaction Type 51 transaction with TRC 018 or 015 that is processed as the auto-disenrollment or cancellation. Take the appropriate actions as per CMS enrollment guidance.</p> <p><b>Note:</b> The above transaction replies may not appear in the same DTRR.</p> |

| Eligibility and Enrollment Transaction Reply Codes |      |                                     |                  |   |
|--|------|-------------------------------------|------------------|---|
| Code   | Type | Title                               | Short Definition | Definition  |
| 091  | M    | Date Of Death Removed               | DEATH DATE OFF   | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.</p> <p>Although the Plan has previously received a transaction reply reporting a date of death for this beneficiary, the date of death has been removed. The beneficiary is still alive. DTRR fields 18 and 24 contain the date of death that was previously reported to the Plan.</p> <p>If the date of death is removed after the auto disenrollment has taken effect, the Plan will not receive this transaction reply. The removal of the Date of Death may initiate the reinstatement of an enrollment. (See TRC 287)</p> <p><b>Plan Action:</b> Update the Plan’s records and restore the beneficiary’s enrollment with the original enrollment start and end dates. Take the appropriate actions as per CMS enrollment guidance.</p> |
| 092  | M    | Date of Death Corrected             | NEW DEATH DATE   | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.</p> <p>The date of death for this beneficiary has been corrected. The corrected date of death is reported in DTRR field 24. <i>The correction of the DOD may initiate the reinstatement of an enrollment. (See TRC 287)</i></p> <p><b>Plan Action:</b> Update the Plan’s records. Take the appropriate actions as per CMS enrollment guidance.</p>  |
| 099  | M    | Medicaid Period Change/Cancellation | MCAID CHANGE     | <p>A change has been made to a period of Medicaid status information for the beneficiary.</p> <p><b>Plan Action:</b> Plan should update beneficiary record.</p>   |

| Eligibility and Enrollment Transaction Reply Codes |      |   |                  |  |
|--|------|---|------------------|--|
| Code   | Type | Title   | Short Definition | Definition   |
| 100  | A    | PBP Change Accepted as Submitted                | PBP CHANGE OK    | <p>A submitted PBP Change transaction (Transaction Type 61) has been successfully processed. The beneficiary has been moved from the original PBP to the new PBP. The effective date of enrollment in the new PBP is reported in fields 18 and 24 of the DTRR. The effective date is always the first day of the month.</p> <p>This is the definitive PBP Change acceptance record. Other accompanying replies with different TRCs may give additional information about this accepted PBP Change.</p> <p>Field 20 (Plan Benefit Package ID) contains the new PBP identifier. The old PBP is reported in field 29 (Prior Plan Benefit Package ID).</p> <p><b>Plan Action:</b> Ensure the Plan’s system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.</p> |
| 102  | R    | Rejected; Incorrect or Missing Application Date | BAD APP DATE     | <p>If the Application Date on an enrollment transaction (Transaction Type 61) is blank or contains a valid date that is not appropriate for the submitted transaction, TRC 102 is returned in the DTRR record. Examples of inappropriate application dates:</p> <ul style="list-style-type: none"> <li>• Date is blank.</li> <li>• Date is later than the submitted Effective Date.</li> <li>• Date does not lie within the election period specified on the submitted transaction.</li> </ul> <p><b>Note:</b> Plans should see <i>Chapter 2 of the MMCM or the PDP Guidance on Eligibility, Enrollment and Disenrollment</i> for detailed descriptions of the Election Periods.</p> <p><b>Plan Action:</b> Correct the Application Date and resubmit if appropriate.</p>  |
| 103  | R    | Missing A/B Entitlement Date                    | NO A/B ENT       | <p>An enrollment transaction (Transaction Type 61) was rejected because the beneficiary does not have entitlement for Part A and/or enrollment in Part B on record (required for enrollment transactions).</p> <p>This TRC will only be returned on enrollment transactions submitted with election type I (Initial Coverage Election Period), E (Initial Enrollment Period for Part D) or J (Default Enrollment Mechanism).</p> <p><b>Plan Action:</b> Verify the beneficiary’s Part A / Part B entitlement / enrollment. Take the appropriate actions as per CMS enrollment guidance.</p>  |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |   |
|--|------|--|------------------|---|
| Code   | Type | Title                                      | Short Definition | Definition  |
| 104  | R    | Rejected; Invalid or Missing Election Type | BAD ELECT TYPE   | <p>An enrollment (Transaction Type 61) or disenrollment (Transaction Type 51) was rejected because the submitted Election Type Code is missing, contains an invalid value, or is not appropriate for the plan or for the transaction type.</p> <p>The valid Election Type Code values are:</p> <ul style="list-style-type: none"> <li>A - Annual Election Period (AEP)</li> <li>E - Initial Enrollment Period for Part D (IEP)</li> <li>F - Second Initial Enrollment Period for Part D (IEP2)</li> <li>I - Initial Coverage Election Period (ICEP)</li> <li>J - Default Enrollment Mechanism (DEM)</li> <li>L - LIS SEP (LIS SEP)</li> <li>M - Medicare Advantage Open Enrollment Period (MA-OEP)</li> <li>N - Open Enrollment for Newly Eligible Individuals (OEPNEW) (Valid through 12/31/2010)</li> <li>O - Open Enrollment Period (OEP) (Valid through 3/31/2010)</li> <li>T - Open Enrollment Period for Institutionalized Individuals (OEPI)</li> </ul> <p>Special Enrollment Periods</p> <ul style="list-style-type: none"> <li>C - SEP for Plan-submitted rollovers                             <ul style="list-style-type: none"> <li>• <i>Plan-submitted rollover enrollments (Enrollment Source Code = N)</i></li> </ul> </li> <li>U - SEP for Loss of Dual Eligibility or for Loss of LIS</li> <li>V - SEP for Changes in Residence</li> </ul> |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                   |  |
|--|------|--|-------------------|--|
| Code   | Type | Title  | Short Definition  | Definition   |
| 104<br>Con't                                       | R    | Rejected;<br>Invalid or<br>Missing<br>Election Type            | BAD ELECT<br>TYPE | <p>W – SEP EGHP (Employer/Union Group Health Plan)<br/>                     Y – SEP for CMS Casework Exceptional Conditions<br/>                     X – SEP for Administrative Change</p> <ul style="list-style-type: none"> <li>• <i>Involuntary Disenrollment</i></li> <li>• <i>Premium Payment Option Change</i></li> <li>• <i>Plan-submitted “Canceling” Transaction</i></li> </ul> <p>Z – SEP for:</p> <ul style="list-style-type: none"> <li>• <i>Auto-Enrollment (Enrollment Source Code = A)</i></li> <li>• <i>Facilitated Enrollment (Enrollment Source Code = C)</i></li> <li>• <i>Plan-Submitted Auto-Enrollment (Enrollment Source Code = E) and Transaction Type 61 (PBP Change) and MA or Cost Plan (all conditions must be met)</i></li> <li>• <i>LINET Enrollment (Enrollment Source Code = G)</i></li> </ul> <p>S – Special Enrollment Period (SEP)</p> <p>The value expected in Election Type Code depends on the Plan and transaction type, as well as on when the beneficiary gains entitlement. Each Election Type Code can be used only during the election period associated with that election type. Additionally, there are limits on the number of times each election type may be used by the beneficiary.</p> <p><b>Plan Action:</b> Review the detailed information on Election Periods in <i>Chapter 2 of the Medicare Managed Care Manual or the PDP Guidance on Eligibility, Enrollment and Disenrollment</i>. Determine the appropriate Election Type Code value and resubmit, if appropriate.</p> |
| 105  | R    | Rejected;<br>Invalid<br>Effective Date<br>for Election<br>Type | BAD ELECT<br>DATE | <p>An enrollment or disenrollment transaction (Transaction Types 61, 51) was rejected because the effective date was not appropriate for the election type or for the submitted application date.</p> <p>Examples of inappropriate effective dates:</p> <ul style="list-style-type: none"> <li>• Date is outside of the election period defined by the submitted election type.<br/>(ex: Election Type = A and Effective Date = 2/1/2007)</li> <li>• Date is not appropriate for the application date<br/>(ex: App date = 6/10/2007 &amp; Eff Date = 11/01/2007)</li> </ul> <p><b>Plan Action:</b> Correct the Effective Date or Election Type and resubmit if appropriate. Review <i>Chapter 2 of the MMCM or the PDP Guidance on Eligibility, Enrollment and Disenrollment</i> for detailed descriptions of the Election Periods and corresponding effective dates.</p>  |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |  |
|--|------|--|------------------|--|
| Code   | Type | Title  | Short Definition | Definition   |
| 106  | R    | Rejected, Another Trans Rcvd with Later App Date | LATER APPLIC     | <p>An enrollment transaction (Transaction Type 61) was rejected because a previously received enrollment transaction exists with the following criteria:</p> <ul style="list-style-type: none"> <li>• An application date that is more recent or equal to the application date provided on the submitted enrollment transaction; and</li> <li>• An effective date that is earlier or equal to the effective date provided on the submitted enrollment transaction.</li> </ul> <p>An enrollment transaction (Transaction Type 61) is rejected because a previously received enrollment transaction exists with the following criteria:</p> <p>The submitted enrollment has been overridden by a previously received enrollment in another contract/PBP.</p> <p>When multiple transactions are received for the same beneficiary with different contract/PBP #s, the application date is used to determine which enrollment to accept. If the application dates are different, the system will accept the election containing the most recent date.</p> <p><b>Plan Action:</b> The beneficiary is not enrolled in the Plan. Update the Plan's records.</p> |
| 107  | R    | Rejected, Invalid or Missing PBP Number          | BAD PBP NUMBER   | <p>An enrollment, disenrollment or Record Update transaction (Transaction Types 51, 61, 72, 73, 74, 75, 77, 78, 79, 80, 81, 82, 83, 91 and 92) was rejected because the PBP # was missing or invalid. The PBP # must be of the correct format and be valid for the contract on the transaction.</p> <p><b>Note:</b> PBP # is not required on Residence Address (Transaction Type 76) but when submitted it must be valid for the contract number on the transaction.</p> <p><b>Plan Action:</b> Correct the PBP # and resubmit the transaction if appropriate.</p>   |

| Eligibility and Enrollment Transaction Reply Codes |      |   |                  |   |
|--|------|---|------------------|---|
| Code   | Type | Title   | Short Definition | Definition  |
| 108  | R    | Rejected, Election Limits Exceeded                | NO MORE ELECTS   | <p>A transaction for which an election type is required (Transaction Types 51, 61) was rejected because the transaction will exceed the beneficiary’s election limits for the submitted election type.</p> <p>The valid Election Type values which have limits are:</p> <ul style="list-style-type: none"> <li>• A – Annual Election Period (AEP) <ul style="list-style-type: none"> <li>○ 1 per calendar year</li> </ul> </li> <li>• E – Initial Enrollment Period for Part D (IEP) <ul style="list-style-type: none"> <li>○ 1 per lifetime</li> </ul> </li> <li>• F – Initial Enrollment Period for Part D (IEP2) <ul style="list-style-type: none"> <li>○ 1 per lifetime</li> </ul> </li> <li>• I – Initial Coverage Election Period (ICEP) <ul style="list-style-type: none"> <li>○ 1 per lifetime</li> </ul> </li> <li>• J – Default Enrollment Mechanism (DEM) <ul style="list-style-type: none"> <li>○ 1 per lifetime</li> </ul> </li> <li>• L – LIS SEP (LIS SEP) <ul style="list-style-type: none"> <li>○ 1 per quarter (cannot be used in October, November, or December)</li> </ul> </li> <li>• M – Medicare Advantage Open Enrollment Period (MA-OEP) <ul style="list-style-type: none"> <li>○ 1 per calendar year</li> </ul> </li> </ul> <p><b>Plan Action:</b> Review the discussion of election type requirements in <i>Chapter 2 of the Medicare Managed Care Manual or the PDP Guidance on Eligibility, Enrollment and Disenrollment</i>. Correct the election type and resubmit the transaction if appropriate.</p> |
| 109  | R    | Rejected, Duplicate PBP Number                    | ALREADY ENROLL   | <p>An enrollment transaction (Transaction Type 61) was rejected because the member is already enrolled in the PBP # on the transaction.</p> <p>The effective date of the requested enrollment is reported in DTRR field 18.</p> <p><b>Plan Action:</b> If the submitted PBP was correct, no Plan Action is required. If another PBP was intended, correct the PBP # and resubmit if appropriate.</p>  |
| 110  | R    | Rejected; No Part A and No EGHP Enrollment Waiver | NO PART A/EGHP   | <p>A PBP enrollment change transaction (Transaction Type 61) was rejected because the beneficiary lacks Part A and there was no EGHP Part B-only waiver in place.</p> <p>Plans can offer a PBP for EGHP members only, and, if the Plan chooses, it can define such PBPs for individuals who do not have Part A.</p> <p><b>Plan Action:</b> Review CMS enrollment guidance in <i>Chapter 2 of the MMCM or the PDP Guidance on Eligibility, Enrollment and Disenrollment</i> and notify the beneficiary.</p>  |



| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |   |
|--|------|--|------------------|---|
| Code   | Type | Title  | Short Definition | Definition  |
| 114  | R    | Drug Coverage Change Rejected; not AEP or OEPI | RX NOT AEP/OEPI  | <p>An enrollment change transaction (Transaction Type 61) was rejected because the beneficiary is not allowed to add or drop drug coverage using an O (OEP) or N (OEPNEW) election types.</p> <p>Using O or N, a beneficiary who is in a Plan that includes drug coverage may only move to another Plan with drug coverage. Likewise, if in a Plan without drug coverage, the beneficiary may not enroll in a Plan with drug coverage or a PDP.</p> <p><i>Occasionally, if a beneficiary is moving from a Plan with drug coverage to a combination of stand-alone MA and PDP Plans, the enrollment transaction in the MA-only Plan may be processed prior to the enrollment transaction in the PDP Plan. Since this appears to CMS as if the beneficiary is trying to drop drug coverage, the enrollment into the MA only Plan will be rejected with TRC 114. Once the enrollment in the PDP is processed, the enrollment in the MA-only may be resubmitted.</i></p> <p><b>Plan Action:</b> Review CMS enrollment guidance on the O and N election type limitations in <i>Chapter 2 of the MMCM or the PDP Guidance on Eligibility, Enrollment and Disenrollment</i>. Take the appropriate actions as per CMS enrollment guidance.</p> <p><b>Note:</b> If TRC 114 is received by an MA-only Plan when using the OEP or OEPNEW, the Plan should determine if the beneficiary is enrolled in an accompanying PDP. Once that enrollment is complete, the MA-Only Plan may resubmit their enrollment transaction.</p> |
| 116  | R    | Transaction Rejected; Invalid Segmt num        | BAD SEGMENT NUM  | <p>This TRC is returned on a segment change transaction (Transaction Type 77) when the transaction is submitted with an invalid segment number, for a PBP that has been segmented</p> <p>OR</p> <p>A disenrollment cancellation transaction (Transaction Type 81) [enrollment reinstatement] is submitted and the enrollment being reinstated has a non-blank segment which is no longer valid for the PBP.</p> <p><b>Plan Action:</b> Correct the Segment number and resubmit the transaction if appropriate for transaction type 77. Submit enrollment for transaction type 81 if appropriate.</p>  |

| Eligibility and Enrollment Transaction Reply Codes |      |                                     |                  |  |
|--|------|-------------------------------------|------------------|--|
| Code   | Type | Title                               | Short Definition | Definition   |
| 117  | A    | FBD Auto Enrollment Accepted        | FBD AUTO ENROLL  | <p>This new enrollment transaction (Transaction Type 61) was the result of a Plan-submitted or CMS-initiated auto-enrollment of a full-benefit dual-eligible beneficiary into a Part D Plan. The enrollment was accepted. The effective date of the new enrollment is shown in the Effective Date (field 18) of the DTRR data record.</p> <p>Other accompanying replies with different TRCs may give additional information about this new enrollment.</p> <p><b>Plan Action:</b> Ensure the Plan’s system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.</p> |
| 118  | A    | LIS Facilitated Enrollment Accepted | LIS FAC ENROLL   | <p>This new enrollment transaction (Transaction Type 61) was the result of a Plan-submitted or CMS-initiated facilitated enrollment of a low income beneficiary into a Part D Plan. The effective date of the new enrollment is shown in the Effective Date (field 18) of the DTRR.</p> <p>Other accompanying replies with different TRCs may give additional information about this new enrollment.</p> <p><b>Plan Action:</b> Ensure the Plan’s system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.</p>   |

| Eligibility and Enrollment Transaction Reply Codes |      |                          |                  |   |
|--|------|--------------------------|------------------|---|
| Code   | Type | Title                    | Short Definition | Definition  |
| 121  | M    | Low Income Period Status | LIS UPDATE       | <p>This TRC is returned on a reply with Transaction Type 01, 61, 80, and 81. It supplies the plan with additional information about a beneficiary.</p> <p>TRC 121 reports a period of time during which the beneficiary has specific LIS status. It may represent a period during which the beneficiary is DEEMED or a period as an approved SSA LIS Applicant. The following characteristics of the LIS period are provided:</p> <ul style="list-style-type: none"> <li>• Low-income Subsidy Source Code (Field 67) (Deemed = D or Applicant = A)</li> <li>• Low-income Period Effective date (Field 53)</li> <li>• Low-income Period End Date, if applicable (Field 66) <ul style="list-style-type: none"> <li>○ <i>If the SSA LIS Applicant period is removed the Low-income Period End Date will not be populated</i></li> </ul> </li> <li>• Part D Low-income Premium Subsidy Level (Field 51)</li> <li>• Low-income Co-Pay Category (Field 52)</li> </ul> <p>When a new enrollment is processed, the plan receives one TRC 121 for each of the beneficiary’s LIS periods that overlap the new enrollment. The system provides one or many TRC 121 replies to report the beneficiary’s full LIS status over time.</p> <p>A set of TRC 121’s is also supplied with transaction type 01 when the beneficiary has a change to one or more of their LIS periods. The set supplies the beneficiary’s full LIS picture, not just a period that changed. Because some of these periods may represent changes affecting previous enrollments in the contract, two fields identify whether the beneficiary is a current, previous, or future enrollee in the plan and provide the Effective date of the enrollment that the LIS period overlaps.</p> <ul style="list-style-type: none"> <li>• Enrollee Type Flag (Field 68) (Current = C, Prospective = P, or Previous = Y)</li> <li>• PBP Enrollment Effective Date (Field 18)</li> </ul> <p><b>Note:</b> When reporting an LIS change, TRC 223 may accompany the set of TRC 121s. The TRC 121s identify periods when the beneficiary has LIS. The TRC 223s identify any periods of time during which the beneficiary was previously reported as having LIS but no longer has LIS.</p> <p><b>Plan Action:</b> Update the Plan’s records to reflect the given data for the beneficiary’s LIS period. Take the appropriate actions as per CMS enrollment guidance.</p> |

| Eligibility and Enrollment Transaction Reply Codes |      |   |                  |   |
|--|------|---|------------------|---|
| Code   | Type | Title   | Short Definition | Definition  |
| 127  | R    | Part D Enrollment Rejected; Employer Subsidy Status   | EMP SUB REJ      | <p>An enrollment transaction (Transaction Type 61) was rejected because the beneficiary has employer subsidy periods overlapping with the requested enrollment period.</p> <p>The requested effective date is reported in DTRR field 18.</p> <p><b>Plan Action:</b> Take the appropriate actions as per CMS enrollment guidance. Contact the beneficiary to explain the potential consequences of this enrollment. If the beneficiary elects to join the Part D Plan anyway, the enrollment should be resubmitted with the Employer Subsidy Override Flag set to Y.</p>   |
| 128  | R    | Part D Enroll Reject; Emplr Sbsdy set; No Prior Trn   | EMP SUB OVR REJ  | <p>An enrollment transaction (Transaction Type 61) was rejected because the beneficiary has employer subsidy periods overlapping with the requested enrollment period.</p> <p>Even though this transaction was submitted with the Employer Subsidy Override Flag set to Y, the override is not valid because there is no record that the enrollment was previously submitted and rejected with TRC 127 (Part D Enrollment Rejected; Employer Subsidy Status).</p> <p>CMS enforces this two-step process to ensure that the Plan discusses the potential consequences of the Part D enrollment (i.e. possible loss of employer health coverage) with the beneficiary before CMS accepts the employer subsidy override.</p> <p><b>Plan Action:</b> Take the appropriate actions as per CMS enrollment guidance. Contact the beneficiary to explain the potential consequences of this enrollment. If the beneficiary elects to join the Part D Plan anyway, the enrollment should be resubmitted with the Employer Subsidy Override Flag set.</p> |
| 129  | I    | Part D Enroll Accept; Emp Sbsdy set; Prior Trn Reject | EMP SUB ACC      | <p>This TRC provides additional information about a new enrollment (Transaction Type 61). The effective date of the enrollment for which this information is pertinent is reported in DTRR field 18.</p> <p>This newly enrolled beneficiary had employer subsidy periods overlapping with the requested enrollment period. A prior enrollment transaction was rejected with TRC 127 or 128. The Plan resubmission of the enrollment transaction with the Employer Subsidy Override Flag set to Y indicates that the Plan has contacted the beneficiary to explain the potential consequences of this enrollment, and that the beneficiary elected to join the Part D Plan anyway.</p> <p><b>Plan Action:</b> No action required. Process the accompanying transaction enrollment acceptance transaction.</p>  |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |   |
|--|------|--|------------------|---|
| Code   | Type | Title  | Short Definition | Definition  |
| 130  | R    | Part D Opt-Out Rejected, Opt-Out Flag Not Valid    | BAD OPT OUT CD   | <p>An opt-out from CMS, disenrollment, PBP enrollment change, or Plan-Submitted Opt-Out transaction (Transaction Types 41, 51, 54, 61, 79) was rejected because the Part D Opt-Out Flag field was not correctly populated.</p> <p>The valid values for Part D Opt-Out Flag are:</p> <ul style="list-style-type: none"> <li>Transaction Types 41 or 79 transactions - 'Y' or 'N'</li> <li>All other Transaction Types - 'Y,' 'N,' or space.</li> </ul> <p><b>Plan Action:</b> If submitted by the Plan (Transaction Types 51, 61, 79), correct the Part D Opt-Out Flag value and resubmit the transaction if appropriate. If submitted by CMS (Transaction Types 41, 54), no Plan Action is required.</p>  |
| 131  | A    | Part D Opt-Out Accepted                            | OPT OUT OK       | <p>A transaction (Transaction Types 51, 79) was received that specified a Part D opt-out flag value or a change to the Part D opt-out flag value. The Part D opt-out flag has been accepted.</p> <p>The new Part D Opt-Out Flag value is reported in DTRR field 38.</p> <p><b>Plan Action:</b> No action necessary.</p>   |
| 133  | R    | Part D Enroll Rejected; Invalid Secndry Insur Flag | BAD 2 INS FLAG   | <p>An enrollment, PBP change transaction or 4Rx record update transaction (Transaction Types 61, 72) was rejected because the DTRR data file's Secondary Drug Coverage Flag field was not correctly populated.</p> <p>The valid values for Secondary Drug Coverage Flag are Y, N or blank.</p> <p><b>Plan Action:</b> Correct the Secondary Drug Coverage Flag and resubmit the transaction if appropriate.</p>   |
| 134  | I    | Missing Secondary Insurance Information            | NO 2 INS INFO    | <p>This TRC is returned on a rejected enrollment or 4Rx record update transaction (Transaction Types 61 or 72) when the submitted Secondary Drug Coverage Flag is invalid. . No changes to the beneficiary's secondary insurance information are made.</p> <p>This is not a transaction rejection. The submitted transaction is accepted and a reply is provided in the DTRR with an appropriate acceptance TRC. This reply provides additional information about the transaction. The Effective Date of the transaction for which this information is pertinent is reported in DTRR field 18. The Transaction Type reflects the Transaction Type of the submitted transaction. (Transaction Types 61 or 72).</p> <p><b>Plan Action:</b> If appropriate, submit a 4Rx Record Update transaction (Transaction Type 72) with the correct Secondary Insurance RxID and Secondary Insurance RxGroup values.</p> |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |  |
|--|------|--|------------------|--|
| Code   | Type | Title  | Short Definition | Definition   |
| 135  | M    | Beneficiary Has Started Dialysis Treatments  | DIALYSIS START   | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.</p> <p>CMS has been notified that the beneficiary has ESRD and has begun dialysis treatments. The effective date of the change is reported in DTRR field 18.</p> <p><b>Note:</b> If a dialysis period is reported retroactively, this TRC will also report the dialysis end date in the Daily Transaction Reply Report data file in field 44, and no TRC 136 will be sent.</p> <p><b>Plan Action:</b> Update the Plan’s beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance.</p> |
| 136  | M    | Beneficiary Has Ended Dialysis Treatments    | DIALYSIS END     | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.</p> <p>CMS has been notified that the beneficiary has ESRD and is no longer receiving dialysis treatments. The effective date of the change is reported in DTRR field 18.</p> <p><b>Note:</b> If a dialysis period is reported retroactively, both the effective date and the end date will be provided with TRC 135. No TRC 136 will be sent.</p> <p><b>Plan Action:</b> Update the Plan’s beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance.</p>                             |
| 137  | M    | Beneficiary Has Received a Kidney Transplant | TRANSPLANT ADD   | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.</p> <p>CMS has been notified that the beneficiary has ESRD and has received a transplanted kidney. The effective date of the change is reported in DTRR field 18.</p> <p><b>Plan Action:</b> Update the Plan’s beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance.</p>  |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |   |
|--|------|--|------------------|---|
| Code   | Type | Title  | Short Definition | Definition  |
| 138  | M    | Beneficiary Address Change to Outside the U.S. | ADDR NOT U.S.    | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.</p> <p>CMS has been notified that the beneficiary’s address is now outside of the U.S. The effective date of the change is reported in DTRR field 18.</p> <p><b>Plan Action:</b> Research the beneficiary’s new address and update the Plan’s beneficiary records. Take the appropriate actions as per CMS enrollment guidance.</p>   |
| 139  | A    | EGHP Flag Change Accepted                      | EGHP FLAG CHG    | <p>An EGHP Update transaction (Transaction Type 74) was accepted. This transaction changed the beneficiary’s EGHP flag.</p> <p>The EGHP Update transaction may have been submitted by the Plan or initiated by a CMS User. The value in DTRR field 48 on the DTRR record will contain the new EGHP flag. The effective date of the change is reported in field 18 of the DTRR record and in the EFF DATE column on the printed report.</p> <p>All data provided for change other than the EGHP Flag fields has been ignored.</p> <p><b>Plan Action:</b> Ensure the Plan’s system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.</p>  |
| 143  | A    | Secondary Insurance Rx Number Change Accepted  | 4RX SCD INS CHG  | <p>A 4Rx Record Update transaction (Transaction Type 72) was accepted. This transaction updated the secondary drug insurance information (Secondary RxID, Secondary RxBIN, Secondary Rx Group, Secondary RxPCN) for the beneficiary. The 4Rx Record Update transaction may have been submitted by the Plan or initiated by a CMS User.</p> <p>The values in DTRR fields 46, 47, 60 &amp; 61 on the DTRR record will contain the new secondary drug insurance information. The effective date of the change is reported in field 18.</p> <p>All data provided for change, other than the 4Rx fields, has been ignored.</p> <p><b>Plan Action:</b> Ensure the Plan’s system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.</p> |

| Eligibility and Enrollment Transaction Reply Codes |      |   |                  |   |
|--|------|---|------------------|---|
| Code   | Type | Title                                       | Short Definition | Definition  |
| 150  | I    | Enrollment accepted, Exceeds Capacity Limit | OVER CAP LIMIT   | <p>Although a submitted enrollment or PBP change transaction (Transaction Type 61) was accepted, the resulting enrollment count exceeds the capacity limit for the contract or PBP.</p> <p>This TRC provides additional information about a new enrollment or PBP change (Transaction Type 61) for which an acceptance was sent in a separate DTRR data record with an enrollment acceptance TRC. The effective date of the new enrollment for which this information is pertinent is reported in field 18.</p> <p><b>Plan Action:</b> Take the appropriate actions as per CMS enrollment guidance.</p>   |
| 152  | M    | Race Code Change                            | NEW RACE CODE    | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.</p> <p>CMS has been notified that the beneficiary's race code has changed. The New Race code will be reported in the next Monthly Full Enrollment Data File.</p> <p><b>Plan Action:</b> Update the Plan's records accordingly, ensuring that the beneficiary's information matches the data included in the Monthly full Enrollment Data File.</p>  |
| 154  | M    | Out of Area Status                          | OUT OF AREA      | <p>This TRC is returned either on a reply with Transaction Type 01 in response to a state and county code change or ZIP Code change. It is intended to supply the Plan with additional information about the beneficiary.</p> <p>In the case of the 01 transaction, CMS has information that the beneficiary is no longer in the Plan's service area. This can be the result of:</p> <ul style="list-style-type: none"> <li>• A change in the Plan's service area and the beneficiary's address is outside the new area</li> <li>• A change in the beneficiary's address which places them Out of area</li> </ul> <p><b>Plan Action:</b> Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance.</p> |
| 155  | M    | Incarceration Notification Received         | INCARCERATED     | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.</p> <p>CMS has been notified that the beneficiary is incarcerated. The effective date of the change is reported in DTRR field 18.</p> <p><b>Plan Action:</b> Contact the beneficiary to confirm the incarceration. Review full CMS guidance on enrollment of incarcerated beneficiaries in the MMCM or PDP Enrollment Guidance and take appropriate actions.</p>  |



| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |  |
|--|------|--|------------------|--|
| Code   | Type | Title  | Short Definition | Definition   |
| 156  | F    | Transaction Rejected, User Not Authrzed for Cntrct | BAD USR FOR PLN  | <p>This TRC is returned on a failed transaction (Transaction Types 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) when the transaction was submitted by a user who is not authorized to submit transactions for the contract.</p> <p>This TRC will not be returned in the DTRR.</p> <p><b>Plan Action:</b> Resubmit using the correct submitter if appropriate.</p>   |
| 157  | R    | Contract Not Authorized for Transaction Code       | UNAUT REQUEST    | <p>A transaction (Transaction Types 41, 51, 54, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) was rejected because the Plan is not authorized to submit that type of transaction.</p> <p><b>Plan Action:</b> Correct the Transaction Type and resubmit if appropriate.</p>   |
| 158  | M    | Institutional Period Change/Cancellation           | INST CHANGE      | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.</p> <p>CMS has changed or cancelled an Institutional period for the beneficiary.</p> <p><b>Plan Action:</b> Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance.</p> |
| 159  | M    | NHC Period Change/Cancellation                     | NHC CHANGE       | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.</p> <p>CMS has changed or cancelled a NHC period for the beneficiary.</p> <p><b>Plan Action:</b> Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance.</p>            |
| 161  | M    | Beneficiary Record Alert from MBD                  | MBD ALERT        | <p>This TRC is returned on a Transaction Type 01 and not the result of a Plan submitted transaction. The beneficiary ID had a discrepancy within the CMS systems, which resulted in this Transaction Code being generated.</p> <p><b>Plan Action:</b> Contact the MAPD Help Desk. CMS will review the beneficiary id and make the appropriate corrections.</p>   |

| Eligibility and Enrollment Transaction Reply Codes |      |   |                  |  |
|--|------|---|------------------|--|
| Code   | Type | Title   | Short Definition | Definition   |
| 162  | R    | Invalid EGHP Flag Value                             | BAD EGHP FLAG    | <p>An enrollment or EGHP change transaction (Transaction Types 61, 74) was rejected because the submitted EGHP Flag value was invalid.</p> <p>The valid values for EGHP Flag is Y or blank for enrollment Transaction Type 61. Y or N is accepted for EGHP change Transaction Type 74.</p> <p><b>Plan Action:</b> Correct the EGHP Flag value and resubmit if appropriate.</p>   |
| 165  | R    | Processing delayed due to MARx system problems      | SYSTEM DELAY     | <p>This TRC does not apply to Plans and is only for internal CMS use. Processing of this transaction has been delayed due to CMS system conditions. No action is required by the user. CMS will process the transaction as soon as possible.</p> <p><b>Plan Action:</b> None required.</p>   |
| 166  | R    | Part D FBD Auto Enroll or Facilitated Enroll Reject | PARTD AUTO REJ   | <p>This TRC is returned on a rejected Plan-submitted auto or facilitated Part D enrollment when CMS has a record of a Part D ‘opt out’ option on file for the beneficiary.</p> <p><b>Plan Action:</b> Update the Plan’s records to ensure that the beneficiary is not enrolled in the Plan. Take the appropriate actions as per CMS enrollment guidance.</p>   |
| 169  | R    | Reinsurance Demonstration Enrollment Rejected       | EMP SUBSIDY      | <p>An enrollment transaction (Transaction Type 61) placing the beneficiary into a reinsurance demonstration Plan was rejected because the beneficiary has employer subsidy periods overlapping with the requested enrollment period.</p> <p>This TRC is equivalent to TRC 127 except that it applies to Reinsurance Demonstration Plans only. The requested effective date is reported in DTRR field 18.</p> <p><b>Plan Action:</b> Contact the beneficiary to explain the potential consequences of this enrollment. If the beneficiary elects to join the Part D Plan anyway, the enrollment should be resubmitted with the Employer Subsidy Override Flag set to Y.</p> |
| 171  | R    | Record Update Rejected, Invalid Chg Effective Dt    | BAD CHG EFF DT   | <p>An EGHP Change, PPO Change, Segment ID Change, or Part C Premium Change (Transaction Types 74, 75, 77, or 78) was rejected because the submitted transaction effective date was incorrect.</p> <p>The Effective Date on the Transaction Type 75 must be in the CPM to CPM+2 range.</p> <p>The Effective Date on the Transaction Type 78 must be in the CPM-3 to CPM+2 range.</p> <p>The Effective date on the Transaction Types 74 or 77 must be in the CCM-1 to CCM+3 range.</p> <p><b>Plan Action:</b> Correct the effective date and resubmit the transaction if appropriate.</p>  |

| Eligibility and Enrollment Transaction Reply Codes |      |   |                  |   |
|--|------|---|------------------|---|
| Code   | Type | Title   | Short Definition | Definition  |
| 172  | R    | Change Rejected; Creditable Coverage/2 Drug Info NA | CRED COV/RX NA   | <p>A 4RX or NUNCMO transaction (Transaction Type 72 or 73) was rejected because the information was not applicable to the selected Plan type (MAs and other Plans without drug coverage). Non-drug Plans should not submit drug Plan information.</p> <p>The inappropriate information included on the transaction could be any or all of the following:</p> <ul style="list-style-type: none"> <li>• Creditable Coverage Information (Creditable Coverage Flag and NUNCMO)</li> <li>• Primary Drug Insurance Information (Rx ID, Rx GRP, Rx PCN and Rx BIN)</li> <li>• Secondary Drug Insurance Information (Secondary Insurance Flag, Rx ID, Rx GRP, Rx PCN and Rx BIN)</li> </ul> <p><b>Plan Action:</b> Verify that the above fields are not populated and resubmit the transaction if appropriate.</p> |
| 176  | R    | Transaction Rejected, Another Transaction Accepted  | TRANS REJ        | <p>An enrollment transaction (Transaction Type 61) was rejected.</p> <p>A transaction enrolling the beneficiary into another contract was previously accepted. That transaction and this submitted one had the same effective and application dates.</p> <p>The beneficiary is not enrolled in the Plan in this newly submitted transaction.</p> <p><b>Plan Action:</b> Take the appropriate actions as per CMS enrollment guidance.</p>  |
| 184  | R    | Enrollment Rejected, Beneficiary is in Medicaid     | MBR IN MEDICAID  | <p>An enrollment transaction (Transaction Type 61) was rejected because the beneficiary was in Medicaid status and the Plan is not eligible to enroll Medicaid beneficiaries.</p> <p>This TRC is Plan specific. It only applies to MSA/MA and MSA/Demo Plans.</p> <p><b>Plan Action:</b> Update the Plan's beneficiary records to reflect the fact that the beneficiary is not enrolled in the Plan. Take the appropriate actions as per CMS enrollment guidance.</p>   |
| 189  | A    | No Change in EGHP Flag                              | DUP EGHP FLAG    | <p>An EGHP Record Update transaction (Transaction Type 74) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained an EGHP Flag value that matched the EGHP Flag already on record with CMS.</p> <p>This transaction had no effect on the beneficiary's records.</p> <p><b>Plan Action:</b> None required.</p>   |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                       |   |
|--|------|--|-----------------------|---|
| Code   | Type | Title  | Short Definition      | Definition  |
| 190  | A    | No Change in Secondary Drug Information            | DUP<br>SECNDARY<br>RX | <p>A 4Rx Record Update transaction (Transaction Type 72) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained Secondary Drug Insurance Information (Secondary Drug Insurance flag, Secondary Rx ID, Secondary Rx Group, Secondary Rx BIN, Secondary Rx PCN) that matched the Secondary Drug Insurance values already on record with CMS.</p> <p>This transaction had no effect on the beneficiary's records.</p> <p><b>Plan Action:</b> None required.</p>  |
| 196  | R    | Transaction Rejected, Bene not Eligible for Part D | NO PART D             | <p>An enrollment transaction or PBP change transaction (Transaction Type 61) or disenrollment cancellation transaction (Transaction Type 81) [enrollment reinstatement] was rejected. Part D eligibility is required for Part D Plan enrollment.</p> <ul style="list-style-type: none"> <li>• TC61 – transaction was rejected because the submitted enrollment date is outside the beneficiary's Part D eligibility period.</li> <li>• TC81 – transaction was rejected because the enrollment reinstatement period is outside the beneficiary's Part D eligibility period.</li> </ul> <p><b>Plan Action:</b> Take the appropriate actions as per CMS enrollment guidance.</p> |

| Eligibility and Enrollment Transaction Reply Codes |      |                                |                  |  |
|--|------|--------------------------------|------------------|--|
| Code   | Type | Title                          | Short Definition | Definition   |
| 197  | M    | Part D Eligibility Termination | PART D OFF       | <p>This TRC is returned on a reply with Transaction Type 01 and occasionally with Transaction Type 51 and Transaction Type 61. When returned with Transaction Type 01, the TRC is in response to a change in beneficiary Part D Eligibility. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. If the termination results in a disenrollment, a TRC 018 will be returned in addition to TRC 197.</p> <p>In the case of Transaction Type 01, this beneficiary's Part D eligibility has been terminated. The effective date of the termination is reported in Daily Transaction Reply Report data file fields 18 and 24.</p> <p>When this TRC is returned with Transaction Type 51 or 61, the TRC is in response to a retroactive enrollment and is identifying the fact that an enrollment end date has been established due to the beneficiary's termination of Part D. The enrollment start date is in Daily Transaction Reply Report data file field 18 and the enrollment end date is in field 24.</p> <p><b>Note:</b> A DTRR record with this reply code is only reported to the Plan in which the beneficiary is actively enrolled on or after the termination date. If more than one Part D Eligibility period has been audited/removed, this TRC will only be returned for the most recent period.</p> <p><b>Plan Action:</b> Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance.</p> |

| Eligibility and Enrollment Transaction Reply Codes |      |                                  |                   |  |
|--|------|----------------------------------|-------------------|--|
| Code   | Type | Title                            | Short Definition  | Definition   |
| 198  | M    | Part D Eligibility Reinstatement | PART D ON         | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional beneficiary information.</p> <p>This beneficiary's Part D Eligibility has been reinstated.</p> <ul style="list-style-type: none"> <li>• If a new entitlement period is added, the start of Part D Eligibility will be reported in the Daily Transaction Reply Report data file fields 18 and 24.</li> <li>• If the only change to the eligibility period is the removal of the end date, the reinstatement date will be reported in Daily Transaction Reply Report data file fields 18 and 24 as the day immediately following the end date previously reported.</li> <li>• If the start date for the eligibility period also changes, the new start date will be reported in Daily Transaction Reply Report data file fields 18 and 24.</li> </ul> <p><b>Note:</b> A DTRR record with this reply code is only reported to the Plan in which the beneficiary is actively enrolled on or after the reinstatement date, even if it affects periods of enrollment in other Plans. If, as a result of a loss of Part D Eligibility, the beneficiary is disenrolled, but not re-enrolled, the reply code is not issued.</p> <p><b>Plan Action:</b> Update the Plan's beneficiary records. Take the appropriate actions as per CMS enrollment guidance.</p> |
| 200  | R    | Rx BIN Blank or Not Valid        | BIN BLANK/INVALID | <p>An enrollment transaction or 4Rx change transaction (Transaction Types 61, 72) was rejected because the primary drug insurance Rx BIN field was either blank or did not have a valid value.</p> <p>Exception: Rx Bin for primary drug insurance is not a mandatory field for enrollments transactions for PACE National Part D Plans or MMPs.</p> <p><b>Plan Action:</b> Correct the Primary Rx BIN value and resubmit the transaction if appropriate.</p>  |
| 201  | R    | Rx ID Blank or Not Valid         | ID BLANK/INVALID  | <p>An enrollment transaction or 4Rx change transaction (Transaction Types 61, 72) was rejected because the primary drug insurance Rx ID field was either blank or does not have a valid value.</p> <p>Exception: Rx ID for primary drug insurance is not a mandatory field for enrollment transactions for PACE National Part D Plans or MMPs.</p> <p><b>Plan Action:</b> Correct the Primary Rx ID value and resubmit the transaction if appropriate.</p>   |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |  |
|--|------|--|------------------|--|
| Code   | Type | Title  | Short Definition | Definition   |
| 202  | R    | Rx Group Not Valid                                 | RX GRP INVALID   | <p>An enrollment transaction or 4Rx change transaction (Transaction Types 61, 72) was rejected because the primary drug insurance Rx GRP field does not have a valid value.</p> <p><b>Plan Action:</b> Correct the Primary Rx GRP value and resubmit the transaction if appropriate.</p>   |
| 203  | R    | Rx PCN Not Valid                                   | RX PCN INVALID   | <p>An enrollment or 4Rx change transaction (Transaction Types 61, 72) was rejected because the primary drug insurance Rx PCN field does not have a valid value.</p> <p><b>Plan Action:</b> Correct the Primary Rx PCN value and resubmit the transaction if appropriate.</p>   |
| 204  | A    | Record Update for Primary 4Rx Data Successful      | 4RX CHNG ACPTED  | <p>A submitted 4Rx Record Update transaction (Transaction Type 72) included a request to change primary drug insurance 4Rx data. The 4Rx data were successfully changed.</p> <p><b>Note:</b> At a minimum, values must be provided for both of the mandatory primary 4Rx fields, RX BIN and RX ID</p> <p><b>Plan Action:</b> No action required.</p>   |
| 205  | I    | Invalid Disenrollment Reason Code                  | INV DISENRL RSN  | <p>A disenrollment transaction (Transaction Type 51) was submitted with a blank or invalid disenrollment reason code. CMS substituted the default value of '99' for the disenrollment reason code.</p> <p>This TRC provides the Plan with additional information on a disenrollment that was processed successfully. It is received in addition to the appropriate disenrollment acceptance TRC.</p> <p><b>Plan Action:</b> None required.</p>   |
| 209  | R    | 4Rx Change Rejected, Invalid Change Effective Date | NO ENROLL MATCH  | <p>A 4Rx change transaction (Transaction Type 72) for 4Rx information for primary drug insurance was rejected because the beneficiary was not enrolled as of the submitted transaction effective date.</p> <p>Plans may only submit 4Rx data for periods when the beneficiary is enrolled in the Plan.</p> <p><b>Plan Action:</b> Correct the dates and resubmit the transaction if appropriate.</p>   |
| 210  | A    | POS Enrollment Accepted                            | POS ENROLLMENT   | <p>An enrollment into a POS designated Part D Plan that was submitted by a Point Of Sale (POS/POS 10) contractor or CMS (MBD) has been successfully processed. The effective date of the new enrollment is shown in the Effective Date (field 18) of the DTRR. The date in field 18 will always be the first day of the month.</p> <p><b>Plan Action:</b> Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.</p> |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |   |
|--|------|--|------------------|---|
| Code   | Type | Title  | Short Definition | Definition  |
| 211  | R    | Re-Assignment Enrollment Rejected                  | RE-ASN ENRL REJ  | <p>A reassignment enrollment request transaction (Transaction Type 61) which would move the beneficiary into another Part D Plan was rejected because CMS has record of an “Opt-Out” option on file for the beneficiary. The beneficiary has ‘opted out’ of auto or facilitated enrollment.</p> <p><b>Plan Action:</b> Do not move the beneficiary’s enrollment to the new Plan. Keep the beneficiary in the Plan in which they are currently enrolled. Take the appropriate actions as per CMS enrollment guidance.</p>  |
| 212  | A    | Re-Assignment Enrollment Accepted                  | REASSIGN ACCEPT  | <p>A reassignment enrollment request transaction (Transaction Type 61) to move the beneficiary into a new Part D Plan has been successfully processed. The beneficiary has been moved from the original contract and PBP to the new contract and PBP. The effective date of enrollment in the new PBP is reported in fields 18 and 24 of the DTRR.</p> <p>Other accompanying replies with different TRCs may give additional information about this accepted reassignment.</p> <p>Field 20 (Plan Benefit Package ID) contains the new PBP identifier and the old PBP is reported in field 29 (Prior Plan Benefit Package ID).</p> <p><b>Plan Action:</b> Update the Plan’s records accordingly with the information in the DTRR record, ensuring that the Plan’s beneficiary’s information reflects enrollment in the new contract and PBP.</p> |
| 220  | R    | Transaction Rejected; Invalid POS Enroll Source CD | BAD POS SOURCE   | <p>Enrollment source code submitted by a POS/POS 10 contractor for a POS/POS 10 enrollment transaction was other than ‘G’. Transaction rejected.</p> <p><b>Plan Action:</b> Correct the Enrollment Source Code and resubmit transaction if appropriate.</p>   |



| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |  |
|--|------|--|------------------|--|
| Code   | Type | Title  | Short Definition | Definition   |
| 223  | M    | Low Income Period Removed from Enrollment Period | LIS REMOVED      | <p>This TRC is returned on a reply with Transaction Type 01. It supplies the Plan with additional information about the beneficiary.</p> <p>TRC 223 reports a period of time during which the beneficiary was previously reported as having LIS but is no longer LIS for an Applicant status, or when a previously LIS period is completely removed. When the beneficiary's LIS status changes, TRC 223s may accompany the set of TRC 121s that report the beneficiary's new LIS periods. If, as a result of the change, the beneficiary has NO remaining LIS periods, TRC 223 may be reported alone.</p> <p>The following characteristics of the former LIS period are provided:</p> <ul style="list-style-type: none"> <li>• Low-income Subsidy Source Code (Field 67) (Deemed = D or Applicant = A).</li> <li>• Low-income Period Effective date (Field 53).</li> <li>• Low-income Period End Date (Field 66).</li> <li>• Part D Low-income Premium Subsidy Level (Field 51).</li> <li>• Low-income Co-Pay Category (Field 52).</li> </ul> <p>Because the periods during which the beneficiary lost LIS may affect previous or future enrollments in the contract, two fields identify whether the beneficiary is a current, previous, or future enrollee in the plan and provide the Effective date of the enrollment that the lost LIS period overlapped.</p> <ul style="list-style-type: none"> <li>• Enrollee Type Flag (Field 68) (Current = C, Prospective = P, or Previous = Y).</li> <li>• PBP Enrollment Effective Date (Field 18).</li> </ul> <p><b>Note:</b> TRCs 223 typically are reported for one of the following conditions:</p> <ul style="list-style-type: none"> <li>• An existing LIS period is removed or shortened.</li> <li>• An end date is added to an open-ended LIS period (because this signals an end to a period that previously went into the future, the open-ended period after the end date is reported with TRC 223).</li> <li>• During an open-ended SSA Applicant LIS period, the beneficiary is Deemed with an end date of 12/31/xxxx. The Applicant period ends one day prior to the Deemed Period and the period after the end of the Deemed period is reported with TRC 223 (because this period was previously included in the open-ended Applicant period).</li> </ul> <p><b>Plan Action:</b> Update the Plan's records to reflect the given data for the beneficiary's LIS period. Take the appropriate actions as per CMS enrollment guidance.</p> |

| Eligibility and Enrollment Transaction Reply Codes |      |                                       |                  |  |
|--|------|---------------------------------------|------------------|--|
| Code   | Type | Title                                 | Short Definition | Definition   |
| 241  | I    | No Change in Part D Opt Out Flag      | DUP PTD OPT OUT  | <p>A Part D Opt-Out Record Update transaction (Transaction Type 79) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained a Part D Opt Out Flag value that matched the Part D Opt Out Flag already on record with CMS.</p> <p>This transaction had no effect on the beneficiary's records.</p> <p><b>Plan Action:</b> None required.</p>  |
| 242  | I    | No Change in Primary Drug Information | DUP PRIMARY RX   | <p>A 4Rx Record Update transaction (72) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained Primary Drug Insurance Information (Primary Rx ID, Primary Rx Group, Primary Rx BIN, Primary Rx PCN) that matched the Primary Drug Insurance values already on record with CMS.</p> <p>This transaction had no effect on the beneficiary's records.</p> <p><b>Plan Action:</b> None required.</p>   |
| 245  | M    | Member has MSP period                 | MEMBER IS MSP    | <p>This TRC is returned with a transaction type 01. The beneficiary has a change to their MSP (Medicare Secondary Payer) period that impacts payments for one or more of the beneficiary's enrollments in your plan.</p> <p>TRC 245 is sent to the plan(s) that have enrollment(s) that are impacted by the new/changed MSP period.</p> <ul style="list-style-type: none"> <li>Field 18 will contain the Start Date of the payments impacted by the MSP period</li> <li>Field 24 will contain the actual start date of the MSP period</li> <li>Field 44 will contain the actual end date of the MSP period if available</li> </ul> <p><b>Plan Action:</b> Update the Plan's records accordingly.</p> |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |  |
|--|------|--|------------------|--|
| Code   | Type | Title  | Short Definition | Definition   |
| 257  | F    | Failed; Birth Date Invalid for Database Insertion  | INVALID DOB      | <p>An Enrollment transaction (Transaction Type 61), change transaction (Transaction Types 72, 73, 74, 75, 77, 78, 79, 83, and 92), residence address transaction (Transaction Type 76), cancellation transaction (Transaction Types 80, 81, 82), or a CARA Status transaction (2019 or later) or a POS Drug Edit (2018 or earlier) (Transaction Type 90), or IC Model Participation transaction (Transaction Type code 91) failed because the submitted birth date was either</p> <ul style="list-style-type: none"> <li>• Not formatted as YYYYMMDD (e.g., “Aug 1940”).</li> <li>• Formatted correctly but contained a nonexistent month or day (e.g., “19400199”).</li> </ul> <p>As a result, the beneficiary could not be identified. The transaction record will not appear on the Daily Transaction Reply Report (DTRR) data file but will be returned on the Batch Completion Status Summary (BCSS) data file along with the failed record.</p> <p><b>Plan Action:</b> Correct the date format and resubmit transaction.</p> |
| 258  | F    | Failed; Efectv Date Invalid for Database Insertion | INVALID EFF DT   | <p>A disenrollment transaction (Transaction Types 51, 54), enrollment transaction (Transaction Type 61), change transaction (Transaction Types 72, 73, 74, 75, 77, 78, 79, 83), residence address transaction (Transaction Type 76) or cancellation transaction (Transaction Types 80, 81, 82) or IC Model Participation transaction (Transaction Type 91) failed because the submitted effective date was either:</p> <ul style="list-style-type: none"> <li>• Blank.</li> <li>• Not formatted as YYYYMMDD (e.g., “Aug 1940”).</li> <li>• Formatted correctly but contained a nonexistent month or day (e.g., “19400199”).</li> </ul> <p>The transaction record will not appear on the Daily Transaction Reply Report (DTRR) data file but will be returned on the Batch Completion Status Summary (BCSS) data file along with the failed record.</p> <p><b>Plan Action:</b> Correct the date format and resubmit transaction.</p>  |
| 259  | F    | Failed; End Date Invalid for Database Insertion    | INVALID END DT   | <p>A residence address transaction (Transaction Type 76) failed because the submitted end date was either not formatted as YYYYMMDD (e.g., “Aug 1940”) or was formatted correctly but contained a nonexistent month or day (e.g., “19400199”). The transaction record does not appear on the DTRR data file is returned on the BCSS data file along with the failed record.</p> <p><b>Plan Action:</b> Correct the date format and resubmit transaction.</p>   |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |  |
|--|------|--|------------------|--|
| Code   | Type | Title  | Short Definition | Definition   |
| 260  | R    | Rejected; Bad End Date on Residence Address Change | BAD RES END DT   | <p>A residence address transaction (Transaction Type 76) was rejected because the End Date is not appropriate for one or more of the following reasons:</p> <ul style="list-style-type: none"> <li>• It is earlier than address change start date.</li> <li>• It is not the last day of the month.</li> <li>• It is not within the contract enrollment period.</li> </ul> <p><b>Plan Action:</b> Correct the End Date and resubmit.</p>  |
| 261  | R    | Rejected; Incomplete Residence Address Information | BAD RES ADDR     | <p>A residence address transaction (Transaction Type 76) was rejected for one of the following reasons:<br/>The residence address information was incomplete –</p> <ul style="list-style-type: none"> <li>• Residence Address Line 1 was empty.</li> <li>• Residence City was empty.</li> <li>• USPS state code was missing.</li> <li>• Residence zip code was missing or non-numeric.</li> <li>• The value specified for the Address Update/Delete Flag was blank or not valid.</li> <li>• The supplied residence address information could not be resolved in terms of identifiable address components.</li> <li>• The address was not a U.S. address.</li> </ul> <p><b>Plan Action:</b> Correct address information and resubmit.</p>   |
| 263  | F    | Failed; Aplctn Date Invalid for Database Insertion | INVALID APP DT   | <p>An enrollment transaction (Transaction Type 61) failed and did not process because the submitted application date was either not formatted as YYYYMMDD (e.g., “Aug 1940”) or was formatted correctly but contained a nonexistent month or day (e.g., “19400199”). The transaction record does not appear on the DTRR data file is returned on the BCSS data file along with the failed record.</p> <p><b>Plan Action:</b> Correct the date format and resubmit transaction.</p>   |
| 265  | A    | Residence Address Change Accepted, New SCC         | RES ADR SCC      | <p>A residence address change transaction (Transaction Type 76) was accepted. The submitted residence address overrides the beneficiary’s default address for the submitted effective period. The state and county code (SCC) and/or zip code used for enrollment changes and payments may have changed. The SCC and/or zip code in this residence address will be used for the effective period to determine if the beneficiary is out of area for the Plan.</p> <p>SCC values are returned in DTRR fields 9 (state code) and 10 (county code). The residence address period start date is in field 18 and any provided end date is in field 24.</p> <p>This TRC may be accompanied by TRC 154 if the submitted residence address has placed the beneficiary outside the Plan’s service area.</p> <p><b>Plan Action:</b> Update the Plan’s records.</p> |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |  |
|--|------|--|------------------|--|
| Code   | Type | Title                                    | Short Definition | Definition   |
| 266  | R    | Unable to Resolve SSA State County Codes | SCC UNRESOLVED   | <p>A residence address transaction (Transaction Type 76) was rejected because SSA state and county codes (SCC) could not be resolved. The beneficiary's residence address was not changed.</p> <p><b>Plan Action:</b> Confirm the address specified in the transaction. Update and resubmit the transaction if necessary; otherwise, contact your district office for assistance.</p>  |
| 268  | I    | Beneficiary Has Dialysis Period          | DIALYSIS EXISTS  | <p>This TRC is returned on an enrollment. It is intended to supply the Plan with additional information about the beneficiary. Each TRC 268 returns start and end dates for each dialysis period that overlaps the enrollment period. There may be more than one TRC 268 returned.</p> <p>The effective date for the dialysis period is shown in the Effective Date field (field 18). The end date, if one exists, is in the Open Data field (field 24).</p> <p><b>Plan Action:</b> Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance.</p> |
| 269  | I    | Beneficiary Has Transplant               | TRNSPLNT EXISTS  | <p>This TRC is returned on an enrollment. It is intended to supply the Plan with additional information about the beneficiary. Each TRC 269 returns transplant and failure dates for each kidney transplant that overlaps the enrollment period. There may be more than one TRC 269 returned.</p> <p>The transplant date is shown in the Effective Date field (field 18). The end date, if one exists, is shown in Transplant End Date (field 24).</p> <p><b>Plan Action:</b> Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance.</p>       |
| 270  | M    | Beneficiary Transplant Has Ended         | TRANSPLANT END   | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS was notified that the beneficiary's transplant s failed or was an error. The effective date of the failure or removal is reported in field 18 of the DTRR record and in the EFF DATE column on the printed report.</p> <p><b>Plan Action:</b> Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance.</p>                                   |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |   |
|--|------|--|------------------|---|
| Code   | Type | Title  | Short Definition | Definition  |
| 280  | M    | Member MSP Period Ended                            | MEMBER NOT MSP   | <p>This TRC is returned with a transaction type 01. The beneficiary has an MSP (Medicare Secondary Payer) period that has been ended or updated. The MSP period change impacts payments for one or more of the beneficiary's enrollments in your plan.</p> <p>TRC 280 is sent to the Plan(s) that have enrollment(s) that are impacted by the change in the MSP period.</p> <ul style="list-style-type: none"> <li>Field 18 will contain the earliest date that the payments are impacted by the MSP period change, based on the MSP new/changed end date.</li> <li>Field 24 will contain the actual start date of the MSP period.</li> <li>Field 44 will contain the end date of the MSP period.</li> </ul> <p><b>Note:</b> If the MSP period has both start and end dates, plans will receive both TRC 245 and 280.</p> <p><b>Plan Action:</b> Update the Plan's records accordingly.</p> |
| 282  | A    | Residence Address Deleted                          | RES ADR DELTD    | <p>The residence address associated with the DTRR effective date (in field 18) has been deleted and is no longer valid.</p> <p>The address was removed either through "delete" action via the 76 transaction or because an overlapping residence address change was submitted with the same or earlier effective date.</p> <p><b>Plan Action:</b> None required.</p>  |
| 283  | R    | Residence Address Delete Rejected                  | RJCTD ADR DELT   | <p>The residence address delete attempted was rejected. No residence address exists for the effective date provided. See DTRR field 18.</p> <p><b>Plan Action:</b> Correct effective date and resubmit.</p>   |
| 284  | R    | Cancellation Rjctd, Prior Enroll/Disenroll Changed | NO REINSTATE     | <p>A Disenrollment Cancellation (Transaction Type 81) was rejected. The cancellation action attempted the reinstatement of the enrollment and this reinstatement could not be accomplished.</p> <p>The reinstatement could not be accomplished because some aspect of the enrollment, or the beneficiary's status during that enrollment, has been changed by the Plan (examples include: 4Rx, Residence Address or Segment ID) prior to their issuance of this current cancellation transaction.</p> <p><b>Plan Action:</b> Enroll the beneficiary using a Transaction Type 61, Enrollment.</p>  |
| 285  | I    | Enrollment Cancellation Accepted                   | ACPT ENROLL CAN  | <p>An Enrollment Cancellation (Transaction Type 80) transaction was accepted. The identified enrollment is cancelled. The start date of the cancelled enrollment period is reported in the DTRR Effective Date field 18.</p> <p><b>Plan Action:</b> Update the Plan's records accordingly.</p>  |

| Eligibility and Enrollment Transaction Reply Codes |      |                                     |                  |   |
|--|------|-------------------------------------|------------------|---|
| Code   | Type | Title                               | Short Definition | Definition  |
| 286  | R    | Enrollment Cancellation Rejected    | RJCT ENROLL CAN  | <p>An Enrollment Cancellation (Transaction Type 80) or an MMP Enrollment Cancellation (Transaction Type 81) transaction was rejected. Rejection occurred for one of the following reasons: The cancellation was submitted more than one month after the enrollment became active, the transaction attempts to cancel a Rollover, Auto or Facilitated Enrollment, or when the transaction attempts to cancel a closed enrollment period.</p> <p><b>Plan Action:</b> Submit a Disenrollment transaction.</p>  |
| 287  | A    | Enrollment Reinstated               | ENROLL REINSTAT  | <p>The identified enrollment period was reinstated. The start date of the reinstated period is reported in the DTRR Effective Date field 18. The reinstatement occurred for one of the following reasons:</p> <ul style="list-style-type: none"> <li>• For Transaction Type 80, cancellation of another Plan’s enrollment.</li> <li>• For Transaction Type 81, cancellation of Plan’s disenrollment.</li> <li>• For Transaction Type 82, cancellation of another Plan’s enrollment.</li> <li>• For Transaction Type 01, change or removal of a date of death.</li> </ul> <p>If the reinstated enrollment has an end date, it is reported in the DTRR field 24. The end date may or may not have existed with the enrollment originally.</p> <p><b>Plan Action:</b> Update the Plan’s records accordingly following CMS guidance for enrollment reinstatement.</p> |
| 288  | A    | Disenrollment Cancellation Accepted | ACPT DISNRL CAN  | <p>A Disenrollment Cancellation (Transaction Type 81) transaction was accepted. The identified disenrollment was cancelled. The start date of the cancelled disenrollment period is reported in the DTRR Effective Date field 18.</p> <p>The Disenrollment Cancellation (Transaction Type 81) may have been submitted by a Plan or the result of a Date of Death Change or Date of Death Rescinded notification that cancels an auto-disenrollment that was created by a Date of Death notification.</p> <p><b>Plan Action:</b> Update the Plan’s records accordingly.</p>  |

| Eligibility and Enrollment Transaction Reply Codes |      |   |                    |   |
|--|------|---|--------------------|---|
| Code   | Type | Title   | Short Definition   | Definition  |
| 289  | R    | Disenrollment Cancellation Rejected               | RJCT DISNRL CAN    | <p>A Disenrollment Cancellation (Transaction Type 81) transaction was rejected. Rejection occurred for one of the following reasons:</p> <ul style="list-style-type: none"> <li>• Beneficiary was still enrolled in plan, never disenrolled.</li> <li>• Beneficiary was not enrolled in the plan.</li> <li>• Disenrollment being cancelled was not submitted by the Plan.</li> <li>• Cannot restore prior enrollment due to associated disenrollment reason codes 5, 6, 8, 9, 10, 13, 15, 18, 19, 54, 56, 57, 61.</li> <li>• Reinstated enrollment would conflict with another existing enrollment.</li> <li>• The beneficiary’s benefits have been suspended due to confirmed incarceration or a Not Lawfully Present period.</li> </ul> <p><b>Plan Action:</b> Submit Enrollment transaction.</p> |
| 291  | I    | Enrollment Reinstated, Disenrollment Cancellation | ENROLL REINSTAT    | <p>A Disenrollment Cancellation (Transaction Type 81) transaction cancelled a disenrollment and the enrollment was reinstated. The start date of the reinstated period is reported in the DTRR Effective Date field 18.</p> <p>If the reinstated enrollment has an end date, it is reported in the DTRR field 24. The end date may or may not have existed with the enrollment originally.</p> <p><b>Plan Action:</b> Update the Plan’s records accordingly following <a href="#">CMS guidance for enrollment reinstatement</a>.</p>  |
| 292  | R    | Disenrollment Rejected, Was Cancellation Attempt  | NOT CANCELLATN     | <p>A Disenrollment transaction (Transaction Type 51) was rejected. The submitted disenrollment effective date is the same as the enrollment start date. Only Auto or Facilitated enrollments may be cancelled using the Transaction Type 51.</p> <p><b>Plan Action:</b> Submit an Enrollment Cancellation transaction (Transaction Type 80) if it is desired to cancel the enrollment; otherwise, correct the disenrollment effective date and resubmit.</p>  |
| 293  | A    | Disenroll, Failure to Pay Part D IRMAA            | FAIL PAY PTD IRMAA | <p>A disenrollment transaction (Transaction Type 51) has been successfully processed due to failure to pay Part D IRMAA. The last day of the enrollment is reported in DTRR fields 18 and 24.</p> <p>The disenrollment date is always the last day of the month.</p> <p><b>Plan Action:</b> Ensure the Plan’s system matches the information included in the DTRR record and that the beneficiary’s disenrollment date matches the date in field 24. Take the appropriate actions as per CMS enrollment guidance.</p>   |



| Eligibility and Enrollment Transaction Reply Codes |      |   |                  |   |
|--|------|---|------------------|---|
| Code   | Type | Title   | Short Definition | Definition  |
| 294  | I    | No 4Rx Insurance Changed                            | NO INSUR CHANGE  | <p>A 4Rx Change (Transaction Type 72) transaction was received with no primary or secondary insurance information provided on the transaction. No insurance data changes took place for this beneficiary.</p> <p><b>Plan Action:</b> Resubmit with new 4Rx data as needed.</p>  |
| 301  | M    | Merged Beneficiary Identifier Change                | BENE MBI MERGE   | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.</p> <p>This beneficiary had multiple conflicting beneficiary identifier (MBIs) which were merged under a single MBI. This DTRR reports the VALID MBI in field 1 and the INVALID MBI in field 24.</p> <p><b>Plan Action:</b> Update the Plan's records to use the VALID MBI from field 1 for this beneficiary. The valid beneficiary identifier must be used on all future transactions for this beneficiary.</p>  |
| 302  | M    | Enrollment Cancelled, Beneficiary Identifier Change | ENRL CNCL MERGE  | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.</p> <p>This beneficiary had multiple conflicting MBIs, which were merged into one. Plan enrollments for the conflicting MBIs have been combined under a valid MBI. This enrollment conflicted with another existing enrollment. As a result, the conflicting enrollment period was cancelled. The effective date of the enrollment which has been cancelled is reported in the Effective Date field (18). The termination date of the enrollment (if present) is reported in field 24.</p> <p><b>Plan Action:</b> Because the enrollment period is now cancelled, the enrollment period should be adjusted in the Plan's enrollment records. This change may impact premiums that you collected directly from the beneficiary. Take the appropriate actions as per CMS enrollment guidance.</p> |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |  |
|--|------|--|------------------|--|
| Code   | Type | Title  | Short Definition | Definition   |
| 303  | M    | Termination Date Change due to Beneficiary Merge | TRM DT CHG MERGE | <p>This TRC is returned on a reply with Transaction Type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.</p> <p>This beneficiary had multiple conflicting beneficiary identifier (MBIs) which were merged into one. Plan enrollments for the conflicting MBIs have been combined under a valid MBI. This enrollment conflicted with another existing enrollment. Current enrollment rules regarding the application signature date were applied and this enrollment's termination date was changed from the original date. The effective date of the enrollment with the changed termination date is reported in the Effective Date field (18). The new termination date of this enrollment is reported in Field 24.</p> <p><b>Plan Action:</b> Because the termination date has changed, the enrollment period should be adjusted in the Plan's enrollment records. This change may impact premiums that you collected directly from the beneficiary. Take the appropriate actions as per CMS enrollment guidance.</p> |
| 305  | M    | ZIP Code Change                                  | ZIP CODE CHANGE  | <p>A notification has been received that this beneficiary's zip code has changed. The new zip code is reported in field 24 of the DTRR. The effective date of the change is reported in field 18.</p> <p><b>Note:</b> A reply with this TRC only reports changes in the Zip Code the beneficiary has on file with SSA/CMS. It does not report changes in a Plan-submitted Residence Address.</p> <p><b>Plan Action:</b> Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance.</p>   |
| 307  | A    | MMP Passive Enrollment Accepted                  | PASSIVE ACCEPT   | <p>This TRC is returned on a successful MMP passive enrollment transaction (TC 61). The effective date of the new enrollment is reported in DTRR field 18.</p> <p>This is the definitive MMP enrollment acceptance record. Other accompanying replies with different TRCs may give additional information about this enrollment.</p> <p><b>Plan Action:</b> Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.</p>   |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |  |
|--|------|--|------------------|--|
| Code   | Type | Title                                      | Short Definition | Definition   |
| 308  | R    | MMP Passive Enrollment Rejected            | PASSIVE REJECT   | <p>An MMP passive enrollment transaction (TC 61) was rejected because the beneficiary did not meet the MMP requirements or the beneficiary opted out of passive enrollment.</p> <p>The attempted enrollment effective date is reported in DTRR fields 18 and 24.</p> <p><b>Plan Action:</b> Take the appropriate actions as per CMS enrollment guidance.</p>   |
| 309  | I    | No Change in MMP Opt-Out Flag              | DUP FA OPT OUT   | <p>An MMP Opt-Out Record Update transaction (TCs 42, 83) was submitted; however, no data change was made to the beneficiary's record. The submitted transaction contained an MMP Opt-Out Flag value that matched the MMP Opt-Out already on record with CMS.</p> <p>This transaction did not affect the beneficiary's records.</p> <p><b>Plan Action:</b> None required.</p>   |
| 310  | R    | MMP Opt-Out Rejected, Invalid Opt-Out Code | BAD FA OPT OUT   | <p>An opt-out from CMS, disenrollment, or Plan submitted Opt-Out transaction (TCs 42, 51, 54, 82, 83) was rejected because the MMP Opt-Out Flag field was incorrectly populated.</p> <p>The valid values for MMP Opt-Out are:</p> <ul style="list-style-type: none"> <li>• TCs 42 or 83 transactions - Y or N.</li> <li>• All other TCs - Y, N, or space.</li> </ul> <p><b>Plan Action:</b> If submitted by the Plan (TCs 51, 82, 83), correct the MMP Opt-Out Flag value and resubmit the transaction if appropriate.</p> |
| 311  | A    | MMP Opt-Out Accepted                       | FA OPT OUT ACPT  | <p>A transaction (TCs 42, 51, 54, 82, 83) was received that specified an MMP Opt-Out Flag value or a change to the MMP Opt-Out Flag value. The MMP Opt-Out Flag was accepted.</p> <p>The new MMP Opt-Out Flag value is reported in DTRR field 70.</p> <p><b>Plan Action:</b> No action necessary.</p>  |
| 312  | A    | MMP Enrollment Cancellation Accepted       | ACPT FA CANCEL   | <p>An Enrollment Cancellation (TC 82) was accepted. The identified enrollment was cancelled. The start date of the cancelled enrollment period is reported in DTRR field 18.</p> <p><b>Plan Action:</b> Update the Plan's records accordingly.</p>   |
| 313  | R    | MMP Enrollment Cancellation Rejected       | RJCT FA CANCEL   | <p>An MMP Enrollment Cancellation (TC 82) transaction was rejected because the cancellation was submitted after the enrollment became active.</p> <p><b>Plan Action:</b> Submit a Disenrollment transaction.</p>   |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |   |
|--|------|--|------------------|---|
| Code   | Type | Title  | Short Definition | Definition  |
| 314  | R    | Invalid Cancellation TC                        | BAD CANCEL CODE  | <p>An enrollment cancellation transaction was rejected because the wrong Transaction Type Code (Field 16) was used.</p> <p>TC 82 can only be used for cancelling MMP enrollments. TC 80 is only used for cancelling non-MMP enrollments.</p> <p><b>Plan Action:</b> Correct the TC and resubmit if appropriate.</p>   |
| 315  | R    | Archived Beneficiary Transaction Rejected      | ARCH BENE REJ    | <p>This reply can be returned for all transaction types. The transaction is rejected because it is for an archived beneficiary. A beneficiary is eligible for archiving under the following conditions:</p> <ul style="list-style-type: none"> <li>Deceased for 15 years with no activity for 2 years.</li> <li>No DOD, 120+ years of age and a BIC of M or T with no activity for 2 years.</li> </ul> <p><b>Plan Action:</b> Double check the beneficiary information and submit a corrected transaction. Contact the MAPD Help Desk for assistance.</p>   |
| 318  | R    | Invalid or Missing MMP Demo Enrlmt Source Code | INVALID MMP SRC  | <p>A Medicare and Medicaid Plan (MMP) enrollment transaction was rejected because the enrollment source code was missing or invalid. Valid values are J, K, and L.</p> <p><b>Plan Action:</b> Correct the enrollment source code and resubmit.</p>  |
| 321  | A    | POS Drug Edit Accepted as Submitted            | PSDE ACC         | <p>Obsolete as of 1/1/2019</p> <p>A submitted POS Drug Edit transaction (Transaction Type code 90) was successfully processed. The TRC is applicable for both update and delete transactions.</p> <p>The TRC will also be issued when a POS Drug Edit record is submitted via the MARx UI by a Plan User with POS Drug Edit Update Authority.</p> <p><b>Plan Action:</b> None.</p>  |
| 322  | I    | New Enrollee POS Drug Edit Notification        | PSDE ENR NOT     | <p>Obsolete as of 1/1/2019</p> <p>The beneficiary had an active POS Drug Edit associated with the enrollment immediately preceding this enrollment. The contract ID associated with this earlier enrollment is supplied in DTRR data record field 24.</p> <p>This TRC supplies additional information about an accepted enrollment transaction. For a beneficiary with an active POS Drug Edit, the transaction reply with TRC322 is provided in addition to the reply with the enrollment acceptance TRC.</p> <p><b>Plan Action:</b> Contact the Plan associated with the previous enrollment for pertinent details about the beneficiary's POS Drug Edit and overutilization case file.</p> |

| Eligibility and Enrollment Transaction Reply Codes |      |   |                  |   |
|--|------|---|------------------|---|
| Code   | Type | Title                                       | Short Definition | Definition  |
| 323  | R    | POS Drug Edit Invalid Enrollment            | PSDE INV ENR     | <p>Obsolete as of 1/1/2019</p> <p>A POS drug edit transaction (Transaction Type code 90) was rejected for one of the following reasons:</p> <ul style="list-style-type: none"> <li>The notification, implementation, or termination date is outside of the contract enrollment period.</li> <li>There is an enrollment gap between two of the dates on the transaction.</li> </ul> <p><b>Plan Action:</b> Correct the date(s) and resubmit the transaction, if appropriate. If the beneficiary re-enrolled in the Contract with a gap between the two enrollments, submit new records using a notification date that is equal to or later than the new enrollment effective date.</p>   |
| 324  | R    | POS Drug Edit Invalid Contract              | PSDE INV CON     | <p>Obsolete as of 1/1/2019</p> <p>A POS drug edit transaction (Transaction Type 90) was rejected because the submitting contract is:</p> <ul style="list-style-type: none"> <li>LiNet Plan.</li> <li>Not a Part D Plan.</li> </ul> <p><b>Plan Action:</b> Correct the contract number and resubmit the POS Drug Edit transaction, if appropriate.</p>   |
| 325  | R    | POS Drug Edit Status/Date Error             | PSDE DATE ERR    | <p>Obsolete as of 1/1/2019</p> <p>A POS drug edit transaction (Transaction Type code 90) was rejected due to one of the following date errors:</p> <ul style="list-style-type: none"> <li>POS status of N and: <ul style="list-style-type: none"> <li>Implementation or Termination date is populated (these must be blank).</li> </ul> </li> <li>POS status of I and: <ul style="list-style-type: none"> <li>Required Implementation date is blank</li> <li>Termination date is populated (this must be blank).</li> </ul> </li> <li>POS status of T and: <ul style="list-style-type: none"> <li>Required Implementation (if exists) and/or Termination dates are blank.</li> </ul> </li> </ul> <p><b>Plan Action:</b> Correct the dates and resubmit the POS Drug Edit Transaction, if appropriate.</p> |
| 326  | R    | POS Drug Edit Implementation Date Incorrect | PSDE IMP DT INC  | <p>Obsolete as of 1/1/2019</p> <p>A POS drug edit transaction (Transaction Type code 90) with a status of I was rejected because the implementation date is before the notification date.</p> <p><b>Plan Action:</b> Correct the dates and resubmit the POS Drug Edit Transaction, if appropriate.</p>  |
| 327  | R    | POS Drug Edit Termination Date Incorrect    | PSDE TERM DT INC | <p>Obsolete as of 1/1/2019</p> <p>A POS drug edit transaction (Transaction Type Code 90) with a status of T was rejected because:</p> <ul style="list-style-type: none"> <li>The termination date is before the implementation date if the latest status is I, or</li> <li>The termination date is before the notification date if the latest status is N.</li> </ul> <p><b>Plan Action:</b> Correct the dates and resubmit the POS Drug Edit Transaction, if appropriate.</p>  |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |   |
|--|------|--|------------------|---|
| Code   | Type | Title                                    | Short Definition | Definition  |
| 328  | R    | POS Drug Edit Duplicate Transaction      | PSDE DUP         | <p>Obsolete as of 1/1/2019</p> <p>A POS Drug Edit transaction (Transaction Type code 90) was rejected because it is a duplicate. The submitted transaction matched the following values on an existing POS Drug Edit record:</p> <ul style="list-style-type: none"> <li>• Status</li> <li>• POS Drug Edit Class</li> <li>• POS Drug Edit Code</li> <li>• POS Drug Edit dates (notification, implementation and/or termination)</li> </ul> <p>This TRC will only be issued for update transactions not delete.</p> <p><b>Plan Action:</b> None required.</p>   |
| 329  | R    | POS Drug Edit Delete Error               | PSDE DEL ERR     | <p>Obsolete as of 1/1/2019</p> <p>A POS Drug Edit transaction (Transaction Type 90) was rejected because the transaction attempted to delete an existing POS Drug Edit but there was no corresponding existing record.</p> <p><b>Plan Action:</b> Correct the information provided and resubmit the transaction, if appropriate.</p>  |
| 330  | R    | POS Drug Edit Without Associated Records | PSDE WO ASSOC    | <p>Obsolete as of 1/1/2019</p> <p>A POS Drug Edit transaction (Transaction Type Code 90) was rejected because it was submitted for a beneficiary without a corresponding POS Drug Edit record.</p> <ul style="list-style-type: none"> <li>• When Status = I - Submitted notification date must match an existing record.</li> <li>• When Status = T - Both the submitted notification date and implementation date (if exists) must match an existing record(s).</li> <li>• When Status = I or T - POS Drug Edit Class must match an existing notification record with the same notification date.</li> <li>• When Status = I or T - POS Drug Edit Code must be the same or less restrictive as the notification record with the same notification date.</li> <li>• When Status = T – POS Drug Edit Code must be the same as the implementation record with the same implementation date provided.</li> </ul> <p>A notification record can only be associated with one implementation and termination record (same POS Drug Edit Class and POS Drug Edit Code).</p> <p><b>Plan Action:</b> Verify the dates associated with the POS Drug Edit to be updated. Verify that the correct POS Drug Edit Code and Class were submitted. Correct and resubmit the transaction, if appropriate.</p> |

| Eligibility and Enrollment Transaction Reply Codes |      |   |                       |  |
|--|------|---|-----------------------|--|
| Code   | Type | Title   | Short Definition      | Definition   |
| 331  | R    | Future POS Drug Edit Date Exceeds CCM Plus One    | PSDE DT FUT           | <p>Obsolete as of 1/1/2019</p> <p>A POS Drug Edit transaction (Transaction Type 90) was rejected because a submitted notification, implementation or termination date is later than the end of the month that follows the current calendar month.</p> <p><b>Plan Action:</b> Correct the date(s) and resubmit the transaction, as appropriate.</p>   |
| 332  | F    | Failed, PSDE Dates Invalid for Database Insertion | F<br>PSDE DT<br>INVAL | <p>Obsolete as of 1/1/2019</p> <p>A POS Drug Edit transaction (Transaction Type 90) failed because one of the following dates was either not formatted as YYYYMMDD (e.g., “Aug 1940”) or was formatted correctly but contained a nonexistent month or day (e.g., “19400199”):</p> <ul style="list-style-type: none"> <li>• Notification Date.</li> <li>• Implementation Date.</li> <li>• Termination Date.</li> </ul> <p>The failed transaction record is not returned in the DTRR data file. It is returned on the Batch Completion Status Summary (BCSS) data file.</p> <p><b>Plan Action:</b> Correct the date(s) and resubmit the transaction, as appropriate.</p> |
| 333  | R    | Reject, Invalid POS Drug Edit Status              | PSDE INV<br>STATUS    | <p>Obsolete as of 1/1/2019</p> <p>A POS Drug Edit transaction (Transaction Type 90) was rejected because the submitted POS Drug Edit Status field was blank or contained an invalid value.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> <li>• N – Notification.</li> <li>• I – Implementation.</li> <li>• T – Termination.</li> </ul> <p><b>Plan Action:</b> Correct the POS Drug Edit Status and resubmit the transaction, if appropriate.</p>   |
| 334  | R    | Reject, Invalid Drug Class                        | INV CLASS             | <p>A CARA Status transaction (2019 or later) or a POS Drug Edit (2018 or earlier) (Transaction Type code 90) was rejected because:</p> <ul style="list-style-type: none"> <li>• the submitted Drug Class field was blank or contained an invalid value</li> </ul> <p><b>Plan Action:</b> Correct the Drug Class and resubmit the transaction, if appropriate.</p>  |
| 335  | R    | Reject, Invalid POS Drug Edit Code                | PSDE INV<br>CODE      | <p>Obsolete as of 1/1/2019</p> <p>A POS Drug Edit transaction (Transaction Type 90) was rejected because the submitted Drug Edit Code field was blank or contained an invalid value.</p> <p><b>Plan Action:</b> Correct the Drug Edit Code and resubmit the transaction, if appropriate.</p>   |

| Eligibility and Enrollment Transaction Reply Codes |      |                                    |                  |  |
|--|------|------------------------------------|------------------|--|
| Code   | Type | Title                              | Short Definition | Definition   |
| 336  | R    | Reject, Invalid POS Drug Edit U/D  | PSDE INV U/D     | <p>Obsolete as of 1/1/2019</p> <p>A POS Drug Edit transaction (Transaction Type 90) was rejected because the submitted POS Drug Edit Update/Delete flag was blank or contained an invalid value.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> <li>• U – Update.</li> <li>• D – Delete.</li> </ul> <p><b>Plan Action:</b> Correct the POS Drug Edit Update/Delete flag and resubmit the transaction, if appropriate.</p>   |
| 337  | A    | POS Drug Edit Event Deleted - Plan | PSDE EVT DEL P   | <p>Obsolete as of 1/1/2019</p> <p>A Plan User with POS Drug Edit update Authority deleted a POS Drug Edit event via the MARx UI for this beneficiary.</p> <ul style="list-style-type: none"> <li>• If the latest status was T (Termination), the associated Notification, Implementation (if exists) and Termination POS Drug Edit records were deleted.</li> <li>• If the latest status was I (Implementation), the associated Notification and Implementation POS Drug Edit records were deleted.</li> <li>• If the latest status was N, the Notification POS Drug Edit record was deleted.</li> </ul> <p>If the Notification record is associated with a different valid Implementation record the Notification record will not be deleted; it will remain associated with that event.</p> <p><b>Plan Action:</b> None.</p> |
| 338  | I    | Enrollment Accepted, PPO Changed   | PPO CHG          | <p>CMS has changed the Premium Payment Option specified on the enrollment transaction because the beneficiary is enrolled in a LINET, MMP, or PACE plan. If the beneficiary premiums are zero, the PPO is changed to ‘N – No Premium’. If the beneficiary premiums are greater than zero, the PPO is changed to ‘D – direct bill’.</p> <p>This TRC may be generated in response to an accepted Enrollment or PBP change (Transaction Type 61).</p> <p><b>Plan Action:</b> Update the Plan’s beneficiary records to reflect the updated premium payment method.</p>   |



| Eligibility and Enrollment Transaction Reply Codes |      |   |                  |   |
|--|------|---|------------------|---|
| Code   | Type | Title   | Short Definition | Definition  |
| 339  | I    | Enrollment Accepted, PBP Changed                        | PBP CHANGE OK    | <p>A submitted Enrollment transaction (Transaction Type 61) for the Limited Income Newly Eligible Transition (LINET) Plan has been successfully processed. The beneficiary has been moved from the submitted PBP to the PBP that is active for the transaction processing date.</p> <p>Field 20 (Plan Benefit Package ID) contains the new PBP identifier. The submitted PBP is reported in Field 29 (Prior Plan Benefit Package ID).</p> <p><b>Plan Action:</b> Ensure the Plan’s system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.</p>   |
| 340  | A    | DISENROLLMENT DUE TO MMP PASSIVE ENROLLMENT             | DISNROL-NEW MMP  | <p>The beneficiary has been automatically disenrolled from the Plan. The last day of enrollment is reported in DTRR fields 18 and 24. This date is always the last day of the month. This disenrollment results from an action by CMS or a state to passively enroll a full benefit dual eligible beneficiary into a Medicare-Medicaid Plan (MMP).</p> <p><b>Plan Action:</b> Update the Plan’s records to reflect the disenrollment using the date in field 24. Take the appropriate actions as per CMS enrollment guidance.</p>   |
| 342  | R    | Reject, Multiple Notification                           | PSDE MULT NOT    | <p>Obsolete as of 1/1/2019</p> <p>A POS Drug Edit transaction (Transaction Type code 90) was rejected because a valid notification record with the same contract, drug class, and notification date currently exists for this beneficiary.</p> <p><b>Plan Action:</b> If appropriate, delete the existing notification and resubmit the transaction.</p>  |
| 343  | I    | CARA Status Drug Class Inactive                         | CARA CLASS OBS   | <p>The Drug Class is no longer valid for reporting CARA Status records. This beneficiary has a CARA Status record with a notification or implementation start or end date that is after the end date for the Drug Class.</p> <p><b>Plan Action:</b> End date or delete the impacted CARA Status Records, if appropriate.</p>  |
| 344  | R    | Reject, More Restrictive Implementation<br><br>OBSOLETE | PSDE RES IMP     | <p>Obsolete as of 1/1/2019</p> <p>A POS Drug Edit transaction was rejected because the Drug Edit Code supplied on the implementation transaction is not less restrictive than a previous implementation associated with the same notification record.</p> <p><b>Plan Action:</b> If a less restrictive implementation is correct, submit a new implementation transaction with the less restrictive Drug Edit Code. If the more restrictive implementation is correct, the beneficiary must be notified of the more restrictive implementation. Submit a new notification transaction with the more restrictive Drug Edit Code. Then, submit a new implementation transaction with the more restrictive Drug Edit Code.</p> |

| Eligibility and Enrollment Transaction Reply Codes |      |   |                  |   |
|--|------|---|------------------|---|
| Code   | Type | Title   | Short Definition | Definition  |
| 345  | R    | Enrollment Rejected – Confirmed Incarceration   | CNFRMD INCARC    | <p>An enrollment transaction (Transaction Type 61) was rejected because the beneficiary’s benefits have been suspended due to confirmed incarceration and the enrollment effective date falls within the period when the beneficiary’s benefits were suspended.</p> <p><b>Plan Action:</b> Update the Plan’s records accordingly. Take the appropriate actions as per CMS enrollment guidance.</p>  |
| 346  | M    | Prisoner Suspension Period Cancel/Disenrollment | PRSNR SUSPENSE   | <p>The benefits for this beneficiary were suspended due to a confirmed incarceration. As a result, an existing enrollment that falls within the suspension period was either shortened (disenrolled) or removed (cancelled).</p> <p>This TRC provides additional information about the disenrollment (TRC 018) or enrollment removal (TRC 015) which was sent as a separate reply in the same DTRR. The last day of the enrollment is reported in Transaction Reply Report data record field 18. This date will always be the last day of the first month of the prisoner suspension.</p> <p><b>Plan Action:</b> Update the Plan’s records to reflect the removal of the existing enrollment or the disenrollment using the date in field 18. Take the appropriate actions as per CMS enrollment guidance.</p>  |
| 347  | I    | Reenrollment due to Closed Incarceration Period | REENROLL INCARC  | <p>This TRC provides additional information about an enrollment acceptance (TRC 011) which was sent as a separate reply in the same DTRR.</p> <p>An existing enrollment has been given a new start date because the beneficiary has a period when their benefits were suspended due to a confirmed incarceration. The existing enrollment overlapped the end of the suspension period and has been changed to begin the first day of the month when the suspension period ended.</p> <p>When this occurs, the plan will see the removal of the original enrollment (TRC 015 and TRC 346) followed by the reenrollment with the new enrollment effective date (TRC 011 and TRC 347).</p> <p>The start date of the reenrollment period is reported in the Daily Transaction Reply Report (DTRR) data record Effective Date field, Field 18. This date will always be the first day of the month that the Prisoner Suspension Period ended.</p> <p><b>Plan Action:</b> Update the Plan’s records accordingly. Take the appropriate actions as per CMS enrollment guidance.</p> |

| Eligibility and Enrollment Transaction Reply Codes |      |   |                              |   |
|--|------|---|------------------------------|---|
| Code   | Type | Title   | Short Definition             | Definition  |
| 348  | R    | Enrollment Rejected – Not Lawfully Present Period | CNFRMD<br>NOTLAWFL           | <p>An enrollment transaction (Transaction Type 61) was rejected because the beneficiary’s benefits have been suspended due to confirmed Not Lawfully Present period, and the enrollment effective date falls within the Medicare Plan Ineligibility period.</p> <p><b>Plan Action:</b> Update the Plan’s records accordingly. Take the appropriate actions as per CMS enrollment guidance.</p>  |
| 349  | I    | Disenrollment Due to Not Lawfully Present Period  | DISENRL<br>NOTLAW<br>PRESENT | <p>The benefits for this beneficiary were suspended due to a confirmed Not Lawfully Present period. As a result, an existing enrollment that falls within the suspension period was either shortened (disenrolled) or removed (cancelled).</p> <p>This TRC provides additional information about the disenrollment (TRC 018) or enrollment removal (TRC 015), which was sent as a separate reply in the same DTRR. The last day of the enrollment is reported in Transaction Reply Report data record Field 18.</p> <p><b>Plan Action:</b> Using the date in Field 18, update the Plan’s records to reflect the disenrollment or the removal of the existing enrollment. Take the appropriate actions as per CMS enrollment guidance.</p> |
| 350  | I    | MBI is available for beneficiary                  | MBI<br>AVAILABLE             | <p>A transaction was submitted with a HICN during the transition to MBI and it was accepted. A Medicare Beneficiary Identification (MBI) number is assigned to the beneficiary. This TRC provides the MBI number assigned to the beneficiary in the Beneficiary Identifier field.</p> <p><b>Plan Action:</b> None</p>   |
| 351  | A    | IC Model Participation Accepted                   | IC MDL PRT<br>ACC            | <p>A submitted IC Model Participation transaction (Transaction Type code 91) was successfully processed. The TRC is applicable for both update and delete transactions.</p> <p><b>Plan Action:</b> None</p>   |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |  |
|--|------|--|------------------|--|
| Code   | Type | Title  | Short Definition | Definition   |
| 352  | R    | IC Model Participation Duplicate Transaction | IC MDL PRT DUP   | <p>An IC Model Participation transaction (Transaction Type code 91) was rejected because it is a duplicate. The submitted transaction matched the following values on an existing IC Model Participation record:</p> <ul style="list-style-type: none"> <li>• MBI.</li> <li>• Contract and PBP.</li> <li>• IC Model Indicator.</li> <li>• IC Model Benefit Status Code.</li> <li>• IC Model Start Date.</li> <li>• IC Model End Date (if exists).</li> <li>• IC Model End Date Reason Code.</li> </ul> <p>This TRC will only be issued for update transactions not delete.</p> <p><b>Plan Action:</b> Two options to correct this error:<br/>                     1. Edit the previous period so the new period will not overlap (put an end date on previous period record).<br/>                     2. If intent is to correct the Start Date of a previously submitted period, submit a Delete transaction with the original record data, then submit a new transaction with the new Start Date.</p> |
| 353  | R    | IC Model Participation Delete Error          | IC MDL DEL ERR   | <p>An IC Model Participation transaction (Transaction Type code 91) was rejected because the transaction attempted to delete an existing IC Model Participation entry but there was no corresponding existing record.</p> <p><b>Plan Action:</b> Correct the information provided and resubmit the transaction, if appropriate.</p>  |
| 354  | R    | Reject, Invalid IC Model Type Indicator      | NVLD IC MDL IND  | <p>An IC Model Participation transaction (Transaction Type code 91) was rejected because of one the following reasons:</p> <ul style="list-style-type: none"> <li>• IC Model Type Indicator code was blank.</li> <li>• IC Model Type Indicator code is not valid.</li> <li>• IC Model Type Indicator code is not correct for the specified Contract/PBP.</li> </ul> <p>Valid values for the IC Model Type Indicator are '01' for VBID and '02' for MTM.</p> <p><b>Plan Action:</b> Correct the information provided and resubmit the transaction, if appropriate.</p>  |

| Eligibility and Enrollment Transaction Reply Codes |      |   |                  |  |
|--|------|---|------------------|--|
| Code   | Type | Title   | Short Definition | Definition   |
| 355  | R    | Enrollment Rejected, Pln RO not in POVER file   | PLN RO NT POVER  | <p>This Plan-Submitted Rollover transaction was rejected because it was not submitted via a POVER file.</p> <p>The transaction was recognized as a 'Plan-Submitted Rollover' because it was submitted with Enrollment Source Code = 'N' (Rollover by Plan Transaction) or Election Type Code = 'C' (Special Enrollment Period (SEP) for Plan-submitted rollovers).</p> <p>Plan-submitted rollover enrollment transactions must have an Enrollment Source Code = 'N', Election Type Code = 'C', and must be submitted in a POVER special batch file.</p> <p><b>Plan Action:</b> Correct the file header and resubmit the special batch file. The file header record should say POVER and go through the CMS approval process for a file of Plan-submitted rollover enrollment transactions.</p> |
| 356  | R    | Enrollment Rejected, Pln RO without ESC or ETC  | PL RO WO C OR N  | <p>This transaction was rejected because it contained an Enrollment Source Code or Election Type Code that indicated it was a Plan-Submitted Rollover, but only one of these values were submitted.</p> <p>Plan-submitted rollover enrollment transactions must have an Enrollment Source Code = 'N', Election Type Code = 'C', and be submitted in a POVER special batch file.</p> <p><b>Plan Action:</b> Correct the enrollment source code or election type code and resubmit the special batch file.</p>   |
| 357  | R    | Enrollment Rejected, Pln RO Impacts Dual Enroll | PLN RO DUAL ENR  | <p>This Plan-Submitted Rollover transaction was rejected because it would disenroll a dual-enrolled beneficiary from both the MA and PDP plans.</p> <p>For example, a beneficiary is dual-enrolled in both an MA and a PDP Plan. If the MA Plan is rolled over to an MAPD Plan, the beneficiary would be disenrolled from both the MA and PDP plans.</p> <p><b>Plan Action:</b> Review the beneficiary's enrollment and resubmit the rollover transaction if appropriate.</p>  |
| 358  | F    | Fail, IC Model End Date had an Invalid format   | NVLD IC END DT   | <p>An IC Model Participation transaction (Transaction Type code 91) failed because the IC Model End Date was either not formatted as YYYYMMDD (e.g., "08312013" or "Aug 2014") or was formatted correctly but contained a nonexistent month or day (e.g., "20170199").</p> <p><b>Plan Action:</b> Correct the IC Model End Date and resubmit the transaction, if appropriate.</p>  |

| Eligibility and Enrollment Transaction Reply Codes |      |   |                  |   |
|--|------|---|------------------|---|
| Code   | Type | Title   | Short Definition | Definition  |
| 359  | R    | ICM Trans Start Date is Incorrect             | IC STRT DT ERR   | <p>An IC Model Participation transaction (Transaction Type code 91) was rejected because the IC Model Start Date is not within the contract/PBP IC Model period, or is not within the beneficiary's enrollment period for the contract/PBP specified in the transaction.</p> <p><b>Plan Action:</b> Correct the IC Model Start Date, contract and PBP, and resubmit the transaction, if appropriate.</p>  |
| 360  | R    | Reject, Invalid IC Model U/D                  | IC MDL INV U/D   | <p>An IC Model Participation transaction (Transaction Type code 91) was rejected because the submitted Update/Delete flag was blank or contained an invalid value.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> <li>• U – Update.</li> <li>• D – Delete.</li> </ul> <p><b>Plan Action:</b> Correct the Update/Delete flag and resubmit the transaction, if appropriate.</p>  |
| 361  | R    | Reject, Invalid IC Model End Date Reason Code | IC END RSN ERR   | <p>An IC Model Participation transaction (Transaction Type code 91) was rejected because the submitted End Date Reason Code field was blank when an End Date is present in the transaction or contained an invalid value.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> <li>• 01 – No Longer Eligible</li> <li>• 02 – Opted out of program</li> <li>• 03 – Benefit Status Change</li> </ul> <p><b>Plan Action:</b> Correct the End Date Reason Code and resubmit the transaction, if appropriate.</p> |
| 362  | R    | IC Model End Date Incorrect                   | IC END DT ERROR  | <p>An IC Model Participation transaction (Transaction Type code 91) was rejected because the IC Model End Date:</p> <ul style="list-style-type: none"> <li>• Is earlier than the IC Model Start Date or</li> <li>• Is after the Enrollment End Date.</li> </ul> <p><b>Plan Action:</b> Correct the IC Model End Date and resubmit the transaction, if appropriate.</p>  |
| 363  | R    | ICM Trans Dates Overlap an Existing ICM Prd   | OVERLAP DATES    | <p>An IC Model Participation update transaction (Transaction Type code 91) was rejected because the IC Model Start or End Date overlaps an existing IC Model period for a beneficiary that has the same contract number, PBP, and transaction type indicator.</p> <p><b>Plan Action:</b> Submit a Transaction Type code 91 with Delete for the stored IC Model Participation record. Submit a second Transaction Type code 91 with Update and the new dates.</p>  |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |   |
|--|------|--|------------------|---|
| Code   | Type | Title  | Short Definition | Definition  |
| 365  | R    | Reject, Invalid IC Model Benefit Status Code | BNFT STUS ERR    | <p>An IC Model Participation transaction (Transaction Type code 91) was rejected because the submitted Benefit Status Code field was blank or contained an invalid value when the IC Model Type Indicator is '01' (VBID).</p> <p>Valid values are:</p> <ul style="list-style-type: none"> <li>• 01 – Full Status.</li> <li>• 02 – Unearned Status.</li> </ul> <p><b>Plan Action:</b> Correct the Benefit Status Code and resubmit the transaction, if appropriate.</p>  |
| 366  | M    | Community Medicaid Status                    | MEDICAID UPDATE  | <p>This TRC is returned on a reply with Transaction Type 01.</p> <p>An update has been made to the Medicaid status used to determine the Community Risk Adjustment Factor that will impact future payments.</p> <p>The effective date of the change of Medicaid status is reported in Field 18. The new Medicaid status is reported in Field 85:</p> <ul style="list-style-type: none"> <li>• F – Full Dual.</li> <li>• P – Partial Dual.</li> <li>• N – Non-dual.</li> </ul> <p><b>Plan Action:</b> Update the Plan's records. Take the appropriate actions as per CMS guidance.</p> |
| 367  | R    | Enrollment Rejected, incorrect ESC or ETC    | BAD ESC OR ETC   | <p>This enrollment transaction was rejected because it contained an Enrollment Source Code or Election Type Code that indicated it was a default enrollment transaction, but only one of these values was submitted.</p> <p>Plan-submitted default enrollment transactions must have an Enrollment Source Code = 'B' and Election Type Code = 'J'.</p> <p><b>Plan Action:</b> Correct the enrollment source code or election type code and resubmit the enrollment transaction.</p>   |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |   |
|--|------|--|------------------|---|
| Code   | Type | Title  | Short Definition | Definition  |
| 368  | I    | Member MSP Period Exists                       | MEMBER HAS MSP   | <p>This TRC is returned with transaction types 61, 76, 77, 80, 81, or 82. The beneficiary has an existing MSP (Medicare Secondary Payer) period. This TRC accompanies an enrollment acceptance TRC that is included in the same DTRR. It provides additional information related to the beneficiary's accepted enrollment.</p> <p>One TRC 368 for each MSP period is sent to the plan(s) that have enrollment(s) impacted by the MSP period.</p> <ul style="list-style-type: none"> <li>Field 18 contains the Start Date of the payments impacted by the MSP period change.</li> <li>Field 24 contains the actual start date of the MSP period.</li> <li>Field 44 contains the end date of the MSP period.</li> </ul> <p><b>Plan Action:</b> Update the Plan's records accordingly.</p>   |
| 369  | R    | Enrollment Rejected, IEP/ICEP enroll available | IEP/ICEP AVAIL   | <p>This default enrollment transaction (Transaction Type 61) was rejected because an IEP/ICEP enrollment transaction with the same application date was already accepted.</p> <p><b>Plan Action:</b> Update the Plan's records accordingly. Take the appropriate actions as per CMS enrollment guidance.</p>  |
| 370  | R    | Enrollment Rejected, Invalid Plan for DEM      | INVAL DEM PLN    | <p>This default enrollment transaction (Transaction Type 61) was rejected because it was submitted for an invalid Plan. Default enrollments are only valid for plans approved by CMS.</p> <p><b>Plan Action:</b> Update the Plan's records accordingly. Take the appropriate actions as per CMS enrollment guidance.</p>  |
| 373  | R    | Rejected, Bene without MA Enrl or ICEP         | REJECT MAOEP     | <p>This Medicare Advantage Open Enrollment Period (MA-OEP) transaction was rejected because one of the transaction types below was submitted and the beneficiary is not actively enrolled in an MA or MAPD plan with the ICEP Election Type Code (i.e. – the beneficiary is not newly MA-eligible).</p> <ul style="list-style-type: none"> <li>The enrollment (Transaction Type 61) transaction was submitted with an application date that is outside the regular MA-OEP (i.e. – the application date is not within January 1 – March 31), and within the beneficiary's first three months of entitlement to Part A and Part B, or</li> <li>The disenrollment (Transaction Type 51 or 54) transaction was submitted with an effective date that is outside the regular MA-OEP (i.e. – the effective date is not February 1, March 1, or April 1), and within the beneficiary's first three months of entitlement to Part A and Part B.</li> </ul> <p><b>Plan Action:</b> Update the Plan's records accordingly. Take the appropriate actions as per CMS enrollment guidance.</p> |



| Eligibility and Enrollment Transaction Reply Codes |      |   |                  |  |
|--|------|---|------------------|--|
| Code   | Type | Title   | Short Definition | Definition   |
| 374  | R    | LIS SEP Enrollment/<br>Disenrollment Rejected | LIS SEP REJ      | This TRC will only be returned on enrollment transactions submitted with election type L. This LIS SEP transaction ('L' election type code) was rejected because the beneficiary has a CARA Status and <ul style="list-style-type: none"> <li>The application date on the enrollment transaction (Transaction Type 61) is after a CARA status notification start date and before the later of a notification or implementation end date.</li> <li>or</li> <li>The effective date on the disenrollment transaction (Transaction Type 51 or 54) is after a CARA status notification start date and before the later of a notification or implementation end date.</li> </ul> |
| 375  | A    | CARA Status Accepted as Submitted             | CARA ACC         | A submitted CARA Status transaction (TC 90) was successfully processed. The TRC is applicable for add, update and delete transactions.<br><br>The TRC will also be issued when a CARA Status record is submitted via the MARx UI by a Plan User with CARA Status Update Authority.<br><br><b>Plan Action:</b> None   |
| 376  | I    | New Enrollee CARA Status Notification         | CARA ENR NOT     | The beneficiary had an active CARA Status associated with the enrollment immediately preceding this enrollment. The contract ID associated with this earlier enrollment is supplied in DTRR data record field 24. This TRC supplies additional information about an accepted enrollment transaction. For a beneficiary with an active CARA Status, the transaction reply with TRC376 is provided in addition to the reply with the enrollment acceptance TRC.<br><br><b>Plan action:</b> Contact the Plan associated with the previous enrollment for pertinent details about the beneficiary's CARA Status Risk Status and overutilization case file.                     |
| 377  | R    | CARA Status Invalid Enrollment                | CARA INV ENR     | A CARA Status transaction (TC 90) was rejected for one of the following reasons: <ul style="list-style-type: none"> <li>The notification or implementation start or end date is outside of the contract enrollment period</li> <li>There is an enrollment gap between two of the dates on the transaction</li> </ul> <b>Plan Action:</b> Correct the date(s) and resubmit the transaction, if appropriate. If the beneficiary re-enrolled in the Contract with a gap between the two enrollments, submit new records using a notification start date that is equal to or later than the new enrollment effective date.   |

| Eligibility and Enrollment Transaction Reply Codes |      |                                   |                  |  |
|--|------|-----------------------------------|------------------|--|
| Code   | Type | Title                             | Short Definition | Definition   |
| 378  | R    | CARA Status Invalid Contract      | CARA INV CON     | <p>A CARA Status transaction (TC 90) was rejected because the submitting contract is:</p> <ul style="list-style-type: none"> <li>• A LI-Net Plan</li> <li>• Not a Part D Plan</li> </ul> <p><b>Plan Action:</b> Correct the contract number and resubmit the CARA Status transaction, if appropriate.</p>  |
| 379  | R    | CARA Date Invalid                 | CARA DT INVAL    | <p>A CARA Status transaction (TC 90) rejected because one of the following occurred:</p> <ul style="list-style-type: none"> <li>• Notification end date prior to notification start date</li> <li>• Implementation end date prior to implementation start date</li> <li>• Implementation end date without an implementation start date</li> <li>• Notification end date more than 60 days from notification start date</li> <li>• Implementation start date later than one day after the notification end date</li> <li>• Implementation start date is before notification start date</li> </ul> <p><b>Plan Action:</b> Correct the date(s) and resubmit the transaction, as appropriate.</p>  |
| 380  | R    | CARA Status Duplicate Transaction | CARA DUP         | <p>A CARA Status transaction (TC 90) was rejected because it is a duplicate. The submitted transaction matched the following values on an existing CARA Status record:</p> <ul style="list-style-type: none"> <li>• Notification start and end dates                             <ul style="list-style-type: none"> <li>◦ If the notification end date exists</li> </ul> </li> <li>• Implementation start and end dates                             <ul style="list-style-type: none"> <li>◦ If either exists</li> </ul> </li> <li>• POS Edit Code (PS1, PS2 or blank)</li> <li>• Prescriber Limitation (Yes or No)</li> <li>• Pharmacy Limitation (Yes or No)</li> <li>• Drug Class Code</li> </ul> <p>This TRC will only be issued for add and update transactions, not delete transactions.</p> <p><b>Plan Action:</b> None required.</p> |
| 381  | R    | CARA Limitation Overlap           | CARA LMT OVRLP   | <p>A CARA Status transaction (TC 90) was rejected because it caused an overlap with an existing CARA Status record within the same date ranges. An overlap is defined as two records for the same beneficiary, contract, drug class with any of the below simultaneously:</p> <ul style="list-style-type: none"> <li>• POS Edit Codes – either the same or different</li> <li>• Prescriber Limitation</li> <li>• Pharmacy Limitation</li> </ul> <p><b>Plan Action:</b> Correct the transaction and resubmit the transaction, as appropriate.</p>   |

| Eligibility and Enrollment Transaction Reply Codes |      |                                   |                  |  |
|--|------|-----------------------------------|------------------|--|
| Code   | Type | Title                             | Short Definition | Definition   |
| 382  | R    | Invalid Implementation End        | INVL IMPL END    | <p>This CARA Status transaction (TC 90) was rejected because</p> <ul style="list-style-type: none"> <li>The original implementation end date is one year from the implementation start date OR</li> <li>A subsequent update will cause the implementation end date to be more than two years after the implementation start date.</li> </ul> <p><b>Plan Action:</b> Correct the date(s) and resubmit the transaction, as appropriate.</p>  |
| 383  | R    | Late Implementation Extension     | LATE IMPL EXTN   | <p>This CARA Status “Update” transaction (TC 90) was rejected because there was an end date extension after:</p> <ul style="list-style-type: none"> <li>An implementation end date has passed AND</li> <li>The transaction was submitted more than thirteen months from the implementation start date</li> </ul> <p><b>Plan Action:</b> Correct the date(s) and resubmit the transaction, as appropriate.</p>  |
| 384  | R    | Blank CARA Transaction            | BLANK CARA TRNS  | <p>This CARA Status “Add” transaction (TC 90) was rejected because the POS Edit Status Code, Prescriber Limitation, AND Pharmacy Limitation are ALL ‘N’ (no) or blank</p> <p>This CARA Status “Update” transaction (TC 90) was rejected because as a result of processing the transaction, the POS Edit Status Code, Prescriber Limitation, AND Pharmacy Limitation would ALL be ‘N’ (no) or blank</p> <p><b>Plan Action:</b> Correct the transaction and resubmit, as appropriate. An add or update transaction must have a value of ‘Y’ for at least one of the following fields: POS Edit Status Code, Pharmacy Limitation, or Prescriber Limitation. A delete transaction may be necessary, instead of an add or update transaction.</p> |
| 385  | R    | CARA POS Edit Status /Code Error  | POS STATUS ERR   | <p>This CARA Status transaction (TC 90) was rejected because the submitted:</p> <ul style="list-style-type: none"> <li>POS Edit Status field is blank or N and the POS Edit Code field is populated with PS1 or PS2</li> <li>POS Edit Status field is Y but the POS Edit Code field is blank</li> </ul> <p><b>Plan Action:</b> Correct the POS Edit Code and resubmit the transaction, as appropriate.</p>   |
| 386  | R    | Invalid CARA Edit Code/Limitation | INV EDIT/LIMIT   | <p>This CARA Status transaction (TC 90) was rejected because the submitted:</p> <ul style="list-style-type: none"> <li>Prescriber Limitation Status contains an invalid value OR</li> <li>Pharmacy Limitation Status contains an invalid value OR</li> <li>POS Edit Status contains an invalid value OR</li> <li>POS Edit Code contains an invalid value</li> </ul> <p><b>Plan Action:</b> Correct the Limitation and/or POS Edit and resubmit the transaction, as appropriate.</p>  |

| Eligibility and Enrollment Transaction Reply Codes |      |  |                  |   |
|--|------|--|------------------|---|
| Code   | Type | Title  | Short Definition | Definition  |
| 387  | R    | CARA Status Delete Error                           | CARA DEL ERR     | <p>A CARA Status transaction (TC 90) was rejected because the transaction attempted to delete an existing CARA Status Record but there is no corresponding existing record.</p> <p><b>Plan Action:</b> Correct the information provided and resubmit the transaction, if appropriate.</p>   |
| 388  | R    | Future CARA Status Start Date Exceeds CCM Plus One | CARA FUT         | <p>A CARA Status transaction (TC 90) was rejected because the submitted notification or implementation start date is later than the end of the month that follows the current calendar month.</p> <p><b>Plan Action:</b> Correct the date(s) and resubmit the transaction, as appropriate.</p>  |
| 389  | F    | Failed, CARA Status Date Invalid for DB Insertion  | F CARA DT INVAL  | <p>A CARA Status transaction (TC 90) failed because one of the following dates is either not formatted as YYYYMMDD (e.g., “Aug 1940”) or is formatted correctly but contains a nonexistent month or day (e.g., “19400199”):</p> <ul style="list-style-type: none"> <li>• Notification Start Date                             <ul style="list-style-type: none"> <li>• A blank notification start date on a transaction (TC 90)</li> </ul> </li> <li>• Notification End Date</li> <li>• Implementation Start Date</li> <li>• Implementation End Date</li> </ul> <p>The failed transaction record is not returned in the DTRR data file. It is returned on the Batch Completion Status Summary (BCSS) data file.</p> <p><b>Plan Action:</b> Correct the date(s) and resubmit the transaction, as appropriate.</p> |
| 390  | R    | Reject, Invalid CARA A/U/D                         | CARA INV A/ U/D  | <p>A CARA Status transaction (TC 90) was rejected because the submitted Add/Update/Delete flag is blank or contains an invalid value.</p> <p>Valid values are A (Add), U (Update) or D (Delete).</p> <p><b>Plan Action:</b> Correct the Add/Update/Delete flag and resubmit the transaction, if appropriate.</p>  |
| 391  | R    | INV UPD FOR LEGACY REC OR CARA STRT DT PRIOR 2019  | INV LGCY U/STRT  | <p>A CARA Status transaction (TC 90) was rejected because:</p> <ul style="list-style-type: none"> <li>• The CARA notification start date is before 1/1/2019 OR</li> <li>• The Legacy POS Edit is inactive</li> </ul> <p><b>Plan Action:</b> Correct the transaction and resubmit the transaction, if appropriate.</p>   |

| Eligibility and Enrollment Transaction Reply Codes |      |   |                  |  |
|--|------|---|------------------|--|
| Code   | Type | Title                                     | Short Definition | Definition   |
| 394  | R    | Rejected;<br>Invalid Personal Information | BAD PRSNL INFO   | <p>This TRC will be generated in response to invalid data submitted on a Personal Information Change Transaction (Transaction Type 92):</p> <ul style="list-style-type: none"> <li>• Preferred Language Other than English (Must be S, O, X, or Space)                             <ul style="list-style-type: none"> <li>• S – Spanish</li> <li>• O – Other</li> <li>• X - Remove current value in MARx and set to Blank (Space)</li> </ul> </li> <li>• Accessible Format (Must be B, L, A, or Space)                             <ul style="list-style-type: none"> <li>• B – Braille</li> <li>• L – Large Print</li> <li>• A – Audio CD</li> <li>• X - Remove current value in MARx and set to Blank (Space)</li> </ul> </li> </ul> <p><b>Plan Action:</b> Resubmit the 92 transaction with the corrected values.</p> |
| 395  | A    | Info Accepted as Submitted                | PRSNL INFO ACPT  | <p>This TRC will be generated in response to a Personal Information Change Transaction (Transaction Type 92) or an Enrollment or PBP Change (Transaction Type 61) when ALL the data fields are valid.</p> <p><b>Plan Action:</b> None Required</p>   |
| 396  | I    | Invalid Personal Information Submitted    | BAD PRSNL INFO   | <p>This TRC will be generated (as an informational TRC) in response to one or more of the following invalid data fields on an Enrollment or PBP Change (Transaction Type 61):</p> <ul style="list-style-type: none"> <li>• Preferred Language Other than English (Must be S, O, or Space)                             <ul style="list-style-type: none"> <li>• S – Spanish</li> <li>• O – Other</li> </ul> </li> <li>• Accessible Format (Must be B, L, A, or Blank/Space)                             <ul style="list-style-type: none"> <li>• B – Braille</li> <li>• L – Large Print</li> <li>• A – Audio CD</li> </ul> </li> </ul> <p><b>Plan Action:</b> Submit a 92 transaction with the corrected values.</p>  |

| Eligibility and Enrollment Transaction Reply Codes |      |                                |                  |   |
|--|------|--------------------------------|------------------|---|
| Code   | Type | Title                          | Short Definition | Definition  |
| 701  | A    | New UI Enrollment (Open Ended) | UI ENROLLMENT    | <p>A CMS User enrolled this beneficiary in this contract under the indicated PBP (if applicable) and segment (if applicable). DTRR data record, field 18 contains the enrollment effective date. This is an open-ended enrollment, which does not have a disenrollment date.</p> <p>The Part C Premium amount may have been populated automatically with the base Part C premium amount.</p> <p><b>Plan Action:</b> Update the Plan’s beneficiary records with the information in the DTRR. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance.</p>  |
| 702  | A    | UI Fill-In Enrollment          | UI FILL-IN ENRT  | <p>A CMS User enrolled this beneficiary in this contract under the indicated PBP (if applicable) and segment (if applicable). This enrollment is a Fill-In Enrollment and represents a complete enrollment period that begins on the date in DTRR data record field 18 and ends on the date in field 24. This is a distinct enrollment period and does not affect any existing enrollments.</p> <p>The Part C Premium amount may have been populated automatically with the base Part C premium amount.</p> <p><b>Plan Action:</b> Update the Plan’s records to reflect the beneficiary’s enrollment as of the effective date in Daily Transaction Reply Report data record field 18 and ending on the date in field 24. This end date should not affect the beginning of any existent enrollment periods. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance.</p> |
| 703  | A    | UI Enrollment Cancel (Delete)  | UI ENROLL CANCL  | <p>A CMS User cancelled the beneficiary’s existing enrollment and the beneficiary is disenrolled. When an enrollment is cancelled, it means that the enrollment never occurred. DTRR field 18 contains the effective date (start date) of the cancelled enrollment period.</p> <p><b>Plan Action:</b> Remove the indicated enrollment from the Plan’s records. Take the appropriate actions as per CMS enrollment guidance.</p>   |

| Eligibility and Enrollment Transaction Reply Codes |      |                                     |                  |   |
|--|------|-------------------------------------|------------------|---|
| Code   | Type | Title                               | Short Definition | Definition  |
| 704  | A    | UI Enrollment Cancel PBP Correction | UI CNCL PBP COR  | <p>A CMS User updated the PBP on an existing enrollment. This generates two transaction replies, a Transaction Type 51 with TRC 704 and a Transaction Type 61 with TRC 705. This reply with TRC 704 (Transaction Type 51) represents the cancellation of the enrollment in the original PBP. The effective (start) and disenrollment (end) dates of the enrollment being cancelled are found in DTRR fields 18 &amp; 24, respectively. When an enrollment is cancelled it means that the enrollment never occurred.</p> <p><b>Plan Action:</b> Remove the indicated enrollment in the original PBP from the Plan's records. Look for the accompanying reply with TRC 705 to determine the replacement enrollment period. Take the appropriate actions as per CMS enrollment guidance.</p>   |
| 705  | A    | UI Enrollment PBP Correction        | UI ENR PBP COR   | <p>A CMS User updated the PBP on an existing enrollment. This generates two transaction replies, a Transaction Type 51 with TRC 704 and a Transaction Type 61 with TRC 705. This reply with TRC 705 (Transaction Type 61) represents the enrollment in the new PBP. The effective (start) and disenrollment (end) dates of the enrollment in this new PBP are found in DTRR fields 18 &amp; 24, respectively. This enrollment should replace the enrollment cancelled by the associated Transaction Type 51 transaction (TRC 704).</p> <p>The Part C Premium amount may have been populated automatically with the base Part C premium amount.</p> <p><b>Plan Action:</b> Update the Plan records to reflect the beneficiary's enrollment in the new Contract, PBP. Look for the accompanying reply with TRC 704 to ensure that the original PBP enrollment was cancelled. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance.</p> |
| 708  | A    | UI Assigns End Date                 | UI ASSGN END DT  | <p>A CMS User assigned an end date to existing open-ended enrollment. The last day of enrollment is in Daily Transaction Reply Report data record field 18. The enrollment effective date (start date) remains unchanged.</p> <p><b>Plan Action:</b> Update the Plan records to reflect the beneficiary's disenrollment from the Plan. Take the appropriate actions as per CMS enrollment guidance.</p>   |

| Eligibility and Enrollment Transaction Reply Codes |      |                             |                  |  |
|--|------|-----------------------------|------------------|--|
| Code   | Type | Title                       | Short Definition | Definition   |
| 709  | A    | UI Moved Start Date Earlier | UI ERLY STRT DT  | <p>A CMS User updated the start date of an existing enrollment to an earlier date. This reply has a Transaction Type of 61. The new start date is reported in DTRR field 18 (Effective Date) and the original start date is reported in field 24. The existing enrollment was changed to begin on the date in DTRR field 18. The end date of the existing enrollment (if it exists) remains unchanged.</p> <p>The Part C Premium amount may have been populated automatically with the base Part C premium amount.</p> <p><b>Plan Action:</b> Locate the enrollment for this beneficiary that starts on the date in field 24. Update the Plan records for this enrollment to start on the date in field 18. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance.</p> |
| 710  | A    | UI Moved Start Date Later   | UI LATE STRT DT  | <p>A CMS User updated the start date of an existing enrollment to a later date. This reply has a Transaction Type of 51. The new start date is reported in field 18 (effective date) and the original start date is reported in DTRR field 24. The existing enrollment has been reduced to begin on the date in DTRR field 18. The end date of the existing enrollment (if it exists) remains unchanged.</p> <p><b>Plan Action:</b> Locate the enrollment for this beneficiary that starts on the date in field 24. Update the Plan records for this enrollment to start on the date in field 18. Take the appropriate actions as per CMS enrollment guidance.</p>   |
| 711  | A    | UI Moved End Date Earlier   | UI ERLY END DT   | <p>A CMS User updated the end date of an existing enrollment to an earlier date. This reply has a Transaction Type of 51. The new end date is reported in field 18 (effective date) and the original end date is reported in Daily Transaction Reply Report data record field 24. The existing enrollment was reduced to end on the date in Daily Transaction Reply Report data record field 18. The start date of the existing enrollment remains unchanged.</p> <p><b>Plan Action:</b> Locate the enrollment for this beneficiary that ends on the date in field 24. Update the Plan records for this enrollment to end on the date in field 18. Take the appropriate actions as per CMS enrollment guidance.</p>  |



| Eligibility and Enrollment Transaction Reply Codes |      |                                   |                  |   |
|--|------|-----------------------------------|------------------|---|
| Code   | Type | Title                             | Short Definition | Definition  |
| 712  | A    | UI Moved End Date Later           | UI LATE END DT   | <p>A CMS User updated the end date of an existing enrollment to a later date. This reply has a Transaction Type of 61. The new end date is reported in field 18 (effective date) and the original end date is reported in DTRR field 24. The existing enrollment was extended to end on the date in DTRR field 18. The start date of the existing enrollment remains unchanged.</p> <p>The Part C Premium amount may have been populated automatically with the base Part C premium amount.</p> <p><b>Plan Action:</b> Locate the enrollment for this beneficiary that ends on the date in field 24. Update the Plan records for this enrollment to end on the date in field 18. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance.</p>                                   |
| 713  | A    | UI Removed Enrollment End Date    | UI REMVD END DT  | <p>A CMS User removed the end date from an existing enrollment. This reply has a Transaction Type of 61. DTRR field 18 (effective date) contains zeroes (00000000) and the original end date is reported in field 24. The existing enrollment was extended to be an open-ended enrollment. The start date of the existing enrollment remains unchanged.</p> <p>The Part C Premium amount may have been populated automatically with the base Part C premium amount.</p> <p><b>Plan Action:</b> Locate the enrollment for this beneficiary that ends on the date in DTRR field 24. Update the Plan records for this enrollment to remove the end date and to extend this enrollment to be an open-ended enrollment. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance.</p> |
| 714  | I    | UI Part D Opt-Out Change Accepted | UI OPT OUT OK    | <p>A CMS User added or changed the value of the Part D Opt-Out Flag for this beneficiary. The new Part D Opt-Out Flag is reported in Daily Transaction Reply Report data record field 38 on the DTRR record.</p> <p><b>Plan Action:</b> Update the Plan's records accordingly.</p>  |
| 715  | M    | Medicaid Change Accepted          | MCAID CHG ACCEPT | <p>A CMS User changed the beneficiary's Medicaid status. This may or may not have changed the beneficiary's actual status since multiple sources of Medicaid information are used to determine the beneficiary's actual Medicaid status.</p> <p>The Plan will see the result of any changes to the beneficiary's actual Medicaid status included in the next scheduled update of Medicaid status.</p> <p><b>Plan Action:</b> Update the Plan's records accordingly.</p>   |

| Eligibility and Enrollment Transaction Reply Codes |      |   |                  |   |
|--|------|---|------------------|---|
| Code   | Type | Title                                     | Short Definition | Definition  |
| 716  | I    | UI changed the Number of Uncovered Months | UI CHGD NUNCMO   | A CMS User updated the beneficiary's Number of Uncovered Months.<br><br><b>Plan Action:</b> Update the Plan's records accordingly. Ensure that the Plan is billing the correct amount for the LEP. Take the appropriate actions as per CMS enrollment guidance.   |
| 717  | I    | UI changed only the Application Date      | UI CHGD APP DT   | A CMS User updated only the Application Date of a beneficiary's enrollment, which results in a blank TC on the DTRR, field 16.<br><br><b>Plan Action:</b> Update the Plan's records accordingly.  |
| 718  | I    | UI MMP Opt-Out Change Accepted            | UI MMP OPTOUT OK | A CMS User added or changed the value of the MMP Opt-Out Flag for this beneficiary. The new MMP Opt-Out Flag is reported in DTRR data record field 70.<br><br><b>Plan Action:</b> Update the Plan's records accordingly.  |
| 719  | I    | UI Enrollment Source Code Accepted        | UI ENRL SRC OK   | A CMS User updates the Enrollment Source Code on this beneficiary's enrollment record.<br><br><b>Plan Action:</b> Update the Plan's records accordingly.  |
| 720  | I    | CMS Audit Review POS Drug Edit            | PSDE REVIEW      | A CMS User flagged this beneficiary's POS Drug Edit for review.<br><br><b>Plan Action:</b> Review the POS Drug Edit transactions for this beneficiary and submit corrections if appropriate. Contact CMS via e-mail at <a href="mailto:PartDPolicy@cms.hhs.gov">PartDPolicy@cms.hhs.gov</a> with subject "POS Edit Reporting" to discuss the flagged POS Drug Edit information.   |
| 721  | A    | POS Drug Edit Accepted as submitted –UI   | PSDE ACC UI      | A CMS User added (updated) or deleted a POS Drug Edit record via the MARx UI for this beneficiary.<br><br><b>Plan Action:</b> None.   |
| 722  | A    | POS Drug Edit Event Deleted - CMS         | PSDE EVT DEL C   | A CMS User deleted a POS Drug Edit event via the MARx UI for this beneficiary.<br><br>If the latest status was T (Termination), the associated Notification, Implementation (if exists) and Termination POS Drug Edit records were deleted.<br><br>If the latest status was I (Implementation), the associated Notification and Implementation POS Drug Edit records were deleted.<br><br>If the latest status was N, the Notification POS Drug Edit record was deleted.<br><br><b>Plan Action:</b> None. |
| 723  | A    | CARA Status Accepted as submitted- UI     | CARA ACC UI      | A CMS User added or updated a CARA Status record via the MARx UI for this beneficiary.<br><br><b>Plan Action:</b> None  |

| Eligibility and Enrollment Transaction Reply Codes |      |                                       |                  |   |
|--|------|---------------------------------------|------------------|---|
| Code   | Type | Title                                 | Short Definition | Definition  |
| 724  | A    | CARA Status Deleted - CMS             | CARA DEL C       | A CMS User deleted a CARA Status record via the MARx UI for this beneficiary.<br><br><b>Plan Action:</b> None   |
| 990 – 995  |      |                                       |                  | These codes appear only on special DTRRs that are generated for specific purposes; for example, those generated to communicate Full Enrollment or to report beneficiaries losing low-income deeming. When a special DTRR produces one of these TRCs, CMS will provide the Plans with communications which define the TRC descriptions and Plan Actions (if applicable). |
| 996  | I    | EOY Loss of Low Income Subsidy Status | EOY LOSS SBSDY   | Identifies those beneficiaries who are losing their deemed or LIS Applicant status as of December 31st of the current year with no low income status determined for January of the following year.<br><br><b>Plan Action:</b> Update Plan records accordingly.  |
| 997 – 999  |      |                                       |                  | These codes appear only on special DTRRs that are generated for specific purposes; for example, those generated to communicate Full Enrollment or to report beneficiaries losing low-income deeming. When a special DTRR produces one of these TRCs, CMS will provide the Plans with communications which define the TRC descriptions and Plan Actions (if applicable). |

## 4 Low Income Subsidy (LIS) Status

To establish the correct premium, cost sharing, and deductible levels with the correct effective dates for current, prior, and prospective enrollees, Part D sponsors should refer to the Daily Transaction Reply Report (DTRR).

The DTRRs provide full replacement LIS profiles to Plans in response to any LIS change that impacts a Part D enrollment period. When there is a new enrollment, Part D sponsor will receive a TRC for every LIS period that overlaps the new enrollment (this includes PBP changes). Therefore, the DTRR is the definitive source of LIS eligibility information. It is important to note that LIS reporting is unique. Unlike much of the data provided in the DTRR, LIS eligibility information is not based on Current Calendar Month (CCM) reporting.

### 4.1 Key Changes in LIS Data Reporting

- LIS TRCs independently accompany enrollment and PBP change transaction responses.
- Plans receive full replacement LIS profiles in response to low-income changes that accumulate over the weekly and monthly reporting cycles. Replacement profiles are established using data known to CMS at the end of each reporting cycle. Reported data spans a PBP enrollment.
- TRC 223 now identifies LIS periods that were removed from and are no longer affecting an enrollment.
- An ensemble composed of one or more of the TRCs 121, 194, and 223 represents full replacement LIS profiles. Each profile returns LIS period start and end dates, premium subsidy percentage, co-payment level, enrollee type flag, and LIS source code. Low-Income Premium Subsidy (LIPS) percentage and co-payment level values retain their current definitions. The enrollee type flag identifies a beneficiary as a prior, current, or prospective enrollee. The source code identifies whether the LIS period is the result of CMS deeming or Social Security Administration (SSA) approval.

## 4.2 Low Income Subsidy Overview

Beneficiaries who receive Medicaid benefits or Supplemental Security Income automatically qualify for the Low Income Subsidy. Other low income beneficiaries can apply for the subsidy through their State's Medicaid program or by application through the Social Security Administration (SSA). Plans should see CMS Guidance for details on the requirements to qualify for LIS.

Beneficiaries are classified as 'Deemed' (those who automatically qualify for LIS) or 'Applicant'. The data associated with a Deemed beneficiary vs. an Applicant beneficiary have different characteristics. States and SSA provide CMS with the information used to categorize the LIS beneficiaries.

### 4.2.1 Deemed Beneficiaries

Deemed beneficiaries include:

- Medicare beneficiaries who have both Medicare and full Medicaid benefits (Full-benefit Dual Eligibles – FBDEs).
- Beneficiaries who receive Supplemental Security Income (SSI) from SSA (even if they do not qualify for their State's Medicaid).
- Beneficiaries who participate in the Medicare Saving Programs (MSP). These include:
  - Qualified Medicare Beneficiaries (QMB).
  - Specified Low Income Medicare Beneficiary (SLMB).
  - Qualified Individuals (QI).

As information is received from States or SSA, CMS deems qualified beneficiaries as often as daily. Deemed periods have the following characteristics:

- Beneficiaries who are deemed based on Medicaid status from the States are deemed for the balance of the calendar year. For example, a beneficiary whose record from the State has an Eligibility Month of January is deemed effective January 1 through the end of the calendar year. A beneficiary whose record has an Eligibility Month of July through December is deemed for the balance of the calendar year and all of the next calendar year. For example, a beneficiary whose State record has an Eligibility Month/Year of July 2016 is deemed from July 2016 through December 2017.
- Beneficiaries are usually deemed retroactively. A new Deemed period may have a begin date that is several years retroactive.
- Deemed LIS periods always have end dates. A new deemed period is assigned an end date of the last day of the year. They are not open-ended.
- Deemed beneficiaries qualify for 100% LIS Premium Subsidy Level, which determines the portion of their premium that is subsidized.
- Deemed beneficiaries are assigned to one of three Copay Categories, which specifies the beneficiary's copay amount at the pharmacy.
- States submit all beneficiaries with Medicaid to CMS each month, so a beneficiary will be included in each month's state file as long as they have Medicaid. Because a beneficiary is deemed through the end of the year, the deemed period may extend beyond the state-reported Medicaid months.

- Beneficiaries may be reported on more than one State’s Medicaid file in a given month.
- SSA submits records weekly for beneficiaries who have begun receiving Supplemental Security Income (SSI) benefits. The SSI record from SSA has a start date and an end date within the same calendar year.

#### **4.2.2 Redeeming**

CMS reviews and redeems all currently deemed beneficiaries each year in July and August. The Redeeming Process consists of the following activities:

- Qualifying beneficiaries are redeemed for the next year.
- A beneficiary’s co-pay level is determined for the next year.
- During the first week in August, SSA submits a file with records for all beneficiaries currently receiving SSI benefits. These records have a start date of January with an end date of December of the next year.
- Communications to beneficiaries inform them if they are deemed for the New Year, along with the new subsidy and co-pay level. The deeming process does not notify beneficiaries if deemed for next year. The process only notifies beneficiaries who have lost deeming for next year.

#### **4.2.3 SSA LIS Applicants**

Beneficiaries who do not meet the qualifications to be deemed may apply for LIS through the SSA or their State. These beneficiaries may be granted LIS at several subsidy levels.

- LIS Premium Subsidy Level identifies what percentage of the beneficiary’s premium will be subsidized.
  - No subsidy.
  - 25%.
  - 50%.
  - 75%.
  - 100%.
- Copay Category indicates the amount a beneficiary will pay for their prescriptions at the pharmacy.
  - 1 = High.
  - 2 = Low.
  - 3 = Zero copay.
  - 4 = 15%.

SSA notifies CMS of changes to an applicant’s LIS status.

Applicant LIS periods have the following characteristics:

- The applicant LIS period has a begin date but is often open-ended.
- End dates are not originally assigned to applicant periods. They are assigned when SSA changes, terminates, or cancels the LIS award.
- Applicant LIS periods can cross calendar year boundaries.
- An applicant’s LIS status can increase, decrease, or terminate at any point during the year.
- If a beneficiary becomes deemed, the applicant LIS period ends or is cancelled.

#### **4.2.4 SSA Re-Determination**

Each year SSA reviews beneficiary LIS eligibility:

- SSA selects the beneficiaries for review. Not all beneficiaries are reviewed each year.
- Selected beneficiaries provide requested information to SSA.
- Beneficiaries are notified of any change in or termination of their LIS status.
- Beneficiaries not reviewed have no change in their status.

## 4.3 Auto Enrollment and Facilitated Enrollment

CMS ensures that all LIS beneficiaries, deemed or applicant, are enrolled in a Prescription Drug Plan (PDP) unless they have current prescription drug coverage or they opt-out of such enrollment. Specific Opt Out transactions (TC 41 or 83) communicates to CMS that the beneficiary is opting out of Part D enrollment. These transactions are submitted by a Plan or by 1-800-Medicare.

Deemed beneficiaries who are not already enrolled in a Part D Plan are auto-enrolled into the Limited Income Newly Eligible Transition (LINET) Plan and subsequently, within 3 months, prospectively enrolled into an eligible PDP. Applicants are prospectively enrolled into an eligible PDP through Facilitated Enrollment.

The prospective Auto and Facilitated enrollments are only into PDPs with premium amount at or below the LIS premium subsidy amount.

For general CMS guidance on the auto/facilitated enrollment process for PDPs, see Section 40.1.4 of the *PDP Eligibility, Enrollment, and Disenrollment Guidance* at the following link: <https://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicarePresDrugEligEnrol/index.html>. In the Download section, click on the *PDP\_Enrollment\_and\_Disenrollment\_Guidance* document.

For general CMS guidance on auto/facilitated enrollment in MA/cost plans, see Section 40.1.5 of Chapter 2 of the *Medicare Managed Care Manual* at the following link: <https://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicareMangCareEligEnrol/index.html>. In the Download section, click on the *MA\_Enrollment\_and\_Disenrollment\_Guidance* document.

### 4.3.1 Auto Enrollment

Auto enrollments have the following characteristics:

- Only deemed beneficiaries who do not have current Part D coverage are auto enrolled.
- The initial enrollment is into the LINET Plan, a Plan that accepts all new retroactive auto enrollments that are submitted during a calendar year, as well as enrollments through a pharmacy. A new LINET Plan may be designated each year.
- The effective date of LINET auto enrollments is retroactive to the start of full dual status. This may be up to several years retroactive.
- Partial Duals and LIS Applicants are not automatically enrolled into the LINET Plan.
- Beneficiaries in the LINET Plan are then auto enrolled into a qualifying PDP with a prospective effective date.
- Auto enrollment is done daily.



### **4.3.2 *Facilitated Enrollment***

Facilitated enrollments have the following characteristics:

- Beneficiaries who qualify for LIS but are not deemed are enrolled into qualifying PDPs via Facilitated Enrollment.
- The Facilitated Enrollment has a prospective effective date. This is usually the first day of the second month after CMS identifies the beneficiary as an LIS beneficiary.

### **4.3.3 *Auto Enrollment and Facilitated Enrollment in MARx***

When a beneficiary is enrolled in the LINET Plan or a PDP through auto enrollment or facilitated enrollment, an enrollment transaction (TC 61) is generated to be processed by MARx. Once accepted, the Plan receives the Transaction Reply in the DTRR data file:

- TRC 117 – FBD Auto Enrollment Accepted.
- TRC 118 – LIS Facilitated Enrollment Accepted.

### **4.3.4 *Reassignments***

At the end of the year, PDPs may also see enrollments that are the result of reassignments. If a beneficiary's enrollment in a Plan was through auto or facilitated enrollment and the premiums of the Plan will become higher than the regional benchmark for the coming year, CMS reassigns the beneficiary to a PDP that has a premium within the benchmark. Beneficiaries who chose their own Plan are not reassigned.

Reassignment is also done for Low Income beneficiaries who are enrolled in a PDP that is terminating or reducing its service area.

## 4.4 LIS Information in Data Files

Some Medicare beneficiaries are granted LIS to enable them to afford the premiums, deductibles, and copays associated with enrollment in a Medicare Prescription Drug Plan. MARx provides the Plans with data related to these beneficiaries and their subsidies. This section gives an overview of the data files that include information on beneficiary LIS Status.

- [\*\*Daily Transaction Reply Report \(DTRR\)\*\*](#), provides full replacement LIS profiles to Plans in response to Part D enrollments and Plan Benefit Package (PBP) changes as well as any LIS change that impacts a Part D enrollment period.
- [\*\*Beneficiary Eligibility Query \(BEQ\) Response File\*\*](#), is provided in response to a Plan-submitted Beneficiary Eligibility Request. It provides beneficiary eligibility status including LIS periods and subsidy levels.
- [\*\*LIS/Part D Premium File\*\*](#), provides beneficiaries from the premium profile table with a low-income designation. It is provided on a bi-weekly basis and is the reference file used to determine the LIS Match Rate.
- [\*\*LIS History File \(LIS HIST\)\*\*](#), provides a comprehensive list of a sponsor's current LIS membership. The data on each beneficiary spans through the most recent 36 consecutive months of contract enrollment. This report also informs Plans whether a beneficiary is LIS in the next calendar year.
- [\*\*Loss of Subsidy File\*\*](#), notifies Plans about the beneficiaries who will lose LIS Deemed status for the following year. It is provided based on CMS Redeeming activities.
- [\*\*Auto Assignment Address Notification File for AE-FE\*\*](#), provides LIS information and immediate access to full name and address data for these beneficiaries.
- [\*\*MA Full Dual Auto Assignment Notification Data File\*\*](#), identifies the MA enrollees who are full-benefit dual eligible and therefore eligible for Plan-submitted auto enrollment into one of the contract's Plans that include Part D.
- [\*\*Monthly Full Enrollment Data File\*\*](#), provides the LIS details that are in effect for the coverage month.
- [\*\*Monthly Membership Report \(MMR\)\*\*](#), provides a Part D Low Income Indicator and includes LIS values that were considered when calculating the Plan's payment.

**4.4.1 LIS/Part D Premium File**

The bi-weekly LIS/Part D Premium data file provides beneficiaries from the premium profile table with a low-income designation and is the reference file used to determine the LIS Match Rate.

| System | Type      | Frequency | File Length | LIS/Part D Premium Dataset Naming Conventions  |
|--------|-----------|-----------|-------------|--|
| MARx   | Data File | Biweekly  | 278         | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.LISPRMD.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.LISPRMD.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.LISPRMD.Dyymmdd.Thhmsst</p> |

**Layout 4-1: LIS/Part D Premium File Record**

| LIS/Part D Premium Record |                                       |      |          |   |
|---------------------------|---------------------------------------|------|----------|---|
| Item                      | Field                                 | Size | Position | Description   |
| 1                         | Beneficiary ID                        | 12   | 1-12     | <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> |
| 2                         | Contract Number                       | 5    | 13-17    | Contract Identification Number.   |
| 3                         | PBP Number                            | 3    | 18-20    | Beneficiary's PBP ID, spaces if none.   |
| 4                         | Segment Number                        | 3    | 21-23    | Beneficiary's Segment Identification Number, spaces if none.  |
| 5                         | Run Date                              | 8    | 24-31    | Data File Generation Date.<br>CCYYMMDD.   |
| 6                         | Subsidy Start Date                    | 8    | 32-39    | Beneficiary's Subsidy Start Date.<br>CCYYMMDD.  |
| 7                         | Subsidy End Date                      | 8    | 40-47    | Beneficiary's Subsidy End Date.<br>CCYYMMDD.  |
| 8                         | Part D Premium Subsidy Percentage     | 3    | 48-50    | Beneficiary's LIPS Percent:<br>100 = 100% Premium Subsidy.<br>075 = 75% Premium Subsidy.<br>050 = 50% Premium Subsidy.<br>025 = 25% Premium Subsidy.  |
| 9                         | Low-Income Co-Payment Level ID        | 1    | 51       | Co-Payment Category Definitions:<br>1=High.<br>2=Low.<br>3=\$0.<br>4=15%.   |
| 10                        | Beneficiary Enrollment Effective Date | 8    | 52-59    | Beneficiary's Enrollment effective date.<br>CCYYMMDD.   |
| 11                        | Beneficiary Enrollment End Date       | 8    | 60-67    | Beneficiary's Enrollment End Date.<br>CCYYMMDD, spaces if none.   |

| <b>LIS/Part D Premium Record</b> |                                       |             |                 |  |
|----------------------------------|---------------------------------------|-------------|-----------------|--|
| <b>Item</b>                      | <b>Field</b>                          | <b>Size</b> | <b>Position</b> | <b>Description</b>   |
| 12                               | Part C Premium Amount                 | 8           | 68-75           | Beneficiary's Part C Premium Amount. (----9.99).   |
| 13                               | Part D Premium Amount                 | 8           | 76-83           | Beneficiary's Part D Premium Amount Net of De Minimis if applicable, (----9.99).   |
| 14                               | Part D Late Enrollment Penalty Amount | 8           | 84-91           | Beneficiary's Part D LEP Amount. (—9.99).  |
| 15                               | LIS Subsidy Amount                    | 8           | 92-99           | Beneficiary's LIS Subsidy Amount. (----9.99).  |
| 16                               | LIS Penalty Subsidy Amount            | 8           | 100-107         | Beneficiary's LIS Penalty Subsidy Amount, (----9.99).  |
| 17                               | Part D Penalty Waived Amount          | 8           | 108-115         | Beneficiary's Part D Penalty Waived Amount, (----9.99).  |
| 18                               | Total Premium Amount                  | 8           | 116-123         | Total Calculated Premium for Beneficiary (----9.99).   |
| 19                               | De Minimis Differential Amount        | 8           | 124-131         | Amount by which a Part D De Minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark. |
| 20                               | Filler                                | 147         | 132- 278        | Spaces.  |

**4.4.2 LIS History (LISHIST) File**

The monthly LISHIST provides the most complete picture of LIS eligibility over a period not to exceed 36 months. This data file includes LIS activity for past, present, and future enrollees.

| System | Type      | Frequency | File Length | LISHIST Dataset Naming Conventions   |
|--------|-----------|-----------|-------------|--|
| MARx   | Data File | Monthly   | 165         | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.LISHIST.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.LISHIST.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.LISHIST.Dyymmdd.Thhmsst</p> |

**Note:** The date in the file name defaults to “01” denoting the first day of the CCM.

The following records are included in this file:

- **LISHIST Header Record**
- **LISHIST Detail Record**
- **LISHIST Trailer Record**

*Layout 4-2: LISHIST Header Record*

| LISHIST Header Record |                     |      |          |        |   |
|-----------------------|---------------------|------|----------|--------|---|
| Item                  | Field               | Size | Position | Format | Description   |
| 1                     | Record Type         | 1    | 1        | CHAR   | H = Header Record.  |
| 2                     | MCO Contract Number | 5    | 2-6      | CHAR   | Contract ID: 9xxxx, Exxxx, Fxxxx, Hxxxx, Rxxxx, or Sxxxx, where “xxxx” is the contract’s numeric designation. |
| 3                     | Data file Date      | 8    | 7-14     | CHAR   | Date this data file created.<br>CCYYMMDD.   |
| 4                     | Calendar Month      | 6    | 15-20    | CHAR   | First six digits contain calendar year and month the report generated.<br>CCYYMM.                             |
| 5                     | Filler              | 145  | 21-165   | CHAR   | Spaces.   |

*Layout 4-3: LISHIST Detail Record*

| LISHIST Detail Record |                     |      |          |        |   |
|-----------------------|---------------------|------|----------|--------|---|
| Item                  | Field               | Size | Position | Format | Description   |
| 1                     | Record Type         | 1    | 1        | CHAR   | D = Detail Record.  |
| 2                     | MCO Contract Number | 5    | 2-6      | CHAR   | Contract ID: 9xxxx, Exxxx, Fxxxx, Hxxxx, Rxxxx, or Sxxxx, where “xxxx” is the contract’s numeric designation. |
| 3                     | PBP Number          | 3    | 7-9      | CHAR   | PBP Number, spaces when Beneficiary premium profile is unavailable.   |

| LISHIST Detail Record |                                    |      |          |        |  |
|-----------------------|------------------------------------|------|----------|--------|--|
| Item                  | Field                              | Size | Position | Format | Description  |
| 4                     | Beneficiary ID                     | 12   | 10-21    | CHAR   | <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                            | 12   | 22-33    | CHAR   | Beneficiary's Surname.   |
| 6                     | First Name                         | 7    | 34-40    | CHAR   | Beneficiary's First Initial.   |
| 7                     | Middle Initial                     | 1    | 41       | CHAR   | Beneficiary's Middle Initial.  |
| 8                     | Sex                                | 1    | 42       | CHAR   | M = Male.<br>F = Female.   |
| 9                     | Date of Birth                      | 8    | 43-50    | CHAR   | Date of Birth.<br>CCYYMMDD   |
| 10                    | Low Income Period Start Date       | 8    | 51-58    | CHAR   | Start date for beneficiary's Low Income Period Amount.<br>CCYYMMDD   |
| 11                    | Low Income Period End Date         | 8    | 59-66    | CHAR   | End date for beneficiary's Low Income Period Amount.<br>CCYYMMDD   |
| 12                    | LIPS Percentage                    | 3    | 67-69    | CHAR   | Beneficiary's LIPS Percentage.<br>100 = 100% Premium subsidy.<br>075 = 75% Premium subsidy.<br>050 = 50% Premium subsidy.<br>025 = 25% Premium subsidy.  |
| 13                    | Premium LIS Amount                 | 8    | 70-77    | CHAR   | <p>The portion of the Part D basic premium paid by the Government on behalf of a low-income individual. A zero dollar amount represents several possibilities:</p> <ul style="list-style-type: none"> <li>There is no Plan premium and therefore no premium subsidy.</li> <li>Although the Beneficiary is enrolled and LIS eligible, a system error occurred making premium data unavailable.</li> </ul> <p>Premium LIS Amount is entered in spaces when data is unavailable.<br/>99999.99</p> |
| 14                    | Low Income Co-pay Level ID         | 1    | 78       | CHAR   | <p>Co-Payment Category Definitions:</p> <p>1 = High.<br/>2 = Low.<br/>3 = \$0.<br/>4 = 15%.</p> <p>Co-pay level IDs 1 and 2 change each year.</p>  |
| 15                    | Beneficiary Source of Subsidy Code | 1    | 79       | CHAR   | <p>Source of beneficiary subsidy.</p> <p>A = Determined Eligible for LIS by the SSA or a State Medicaid Agency.<br/>D = Deemed Eligible for LIS.</p>   |

| LISHIST Detail Record |                                 |      |          |        |   |
|-----------------------|---------------------------------|------|----------|--------|---|
| Item                  | Field                           | Size | Position | Format | Description   |
| 16                    | LIS Activity Flag               | 1    | 80       | CHAR   | <p>N = No change in reported LIS data since last month's data file.</p> <p>Y = One of the following may have changed since the last month's data file:</p> <ul style="list-style-type: none"> <li>• Co-payment level</li> <li>• Low-income premium subsidy level</li> <li>• Low-income period start or end date</li> </ul> <p>Changes occur to low-income information that does not impact the Plan. The changes are not yet separable from variations in which the Plan is interested. Although it is possible that data records are flagged as representing a change, the data of interest to the Plan is unaffected.</p> |
| 17                    | PBP Start Date                  | 8    | 81-88    | CHAR   | PBP enrollment effective start date.<br>CCYYMMDD  |
| 18                    | Net Part D Premium Amount       | 8    | 89-96    | CHAR   | The total Part D premium net of any Part A/B rebates less the Beneficiary's premium subsidy amount. Spaces when the premium record is unavailable.<br>99999.99  |
| 19                    | Contract Year                   | 4    | 97-100   | CHAR   | Calendar Year associated with the low income premium subsidy amount.<br>CCYY  |
| 20                    | Institutional Status Indicator  | 1    | 101      | CHAR   | <p>1 = Institutionalized.</p> <p>2 = Non-Institutionalized.</p> <p>3 = Home and Community- Based Services (HCBS).</p> <p>9 = Not applicable.</p>  |
| 21                    | PBP Enrollment Termination Date | 8    | 102-109  | CHAR   | PBP enrollment termination date.<br>CCYYMMDD  |
| 22                    | Filler                          | 56   | 110-165  | CHAR   | Spaces.   |

**Layout 4-4: LISHIST Trailer Record**

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

**4.4.3 Loss of Subsidy File**

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

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

The December file is for transactions and is used by Plans to determine who has lost the LIS as of January 1<sup>st</sup> of the coming year. The TRC is 996, which indicates the loss of the LIS. This means the Beneficiary is not LIS eligible as of January 1<sup>st</sup> of the upcoming year.

| System | Type      | Frequency    | File Length | Loss of Subsidy Dataset Naming Conventions   |
|--------|-----------|--------------|-------------|--|
| MARx   | Data File | Twice Yearly | 500         | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.EOYLOSD.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.EOYLOSD.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.EOYLOSD.Dyymmdd.Thhmsst</p> |



**Layout 4-5: Loss of Subsidy Record**

| Loss of Subsidy Record |   |      |          |  |
|------------------------|---|------|----------|--|
| Item                   | Field                                   | Size | Position | Description  |
| 1                      | Beneficiary ID                          | 12   | 1-12     | <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> |
| 2                      | Surname                                 | 12   | 13-24    | Beneficiary Surname.   |
| 3                      | First Name                              | 7    | 25-31    | Beneficiary Given Name.  |
| 4                      | Middle Initial                          | 1    | 32       | Beneficiary Middle Initial.  |
| 5                      | Gender Code                             | 1    | 33       | Beneficiary Gender Identification Code.<br>0 = Unknown.<br>1 = Male.<br>2 = Female.  |
| 6                      | Date of Birth                           | 8    | 34-41    | CCYYMMDD.  |
| 7                      | Filler                                  | 1    | 42       | Spaces.  |
| 8                      | Contract Number                         | 5    | 43-47    | Plan Contract Number.  |
| 9                      | State Code                              | 2    | 48-49    | Beneficiary State Code.  |
| 10                     | County Code                             | 3    | 50-52    | Beneficiary County Code.   |
| 11                     | Filler                                  | 4    | 53-56    | Spaces.  |
| 12                     | TRC                                     | 3    | 57-59    | 996  |
| 13                     | Transaction Code                        | 2    | 60-61    | 01   |
| 14                     | Filler                                  | 1    | 62       | Spaces.  |
| 15                     | Effective Date                          | 8    | 63-70    | CCYY0101 – January 01 of the next year.<br>Start of Beneficiary’s Loss of LIS status.  |
| 16                     | Filler                                  | 1    | 71       | Spaces.  |
| 17                     | Plan Benefit Package ID                 | 3    | 72-74    | PBP number.  |
| 18                     | Filler                                  | 1    | 75       | Spaces.  |
| 19                     | Transaction Date                        | 8    | 76-83    | Set to Current Date (CCYYMMDD); run date.  |
| 20                     | Filler                                  | 1    | 84       | Spaces.  |
| 21                     | Low-Income Subsidy End Date             | 8    | 85-92    | CCYY1231 – December 31 of the current year.<br>End Date of Beneficiary’s LIS Period.   |
| 22                     | Filler                                  | 42   | 93-134   | Spaces.  |
| 23                     | Segment Number                          | 3    | 135-137  | 000 if no segment in PBP.  |
| 24                     | Filler                                  | 97   | 138-234  | Spaces.  |
| 25                     | Part D Low-Income Premium Subsidy Level | 3    | 235-237  | Part D low-income premium subsidy category.<br>000 = No subsidy.   |
| 26                     | Low-Income Co-Pay Category              | 1    | 238      | Co-payment category.<br>0 = none, not low-income.  |
| 27                     | Filler                                  | 124  | 239-362  | Spaces.  |
| 28                     | LIS Source Code                         | 1    | 363      | A = Approved SSA Applicant.<br>D = Deemed eligible by CMS.   |
| 29                     | Filler                                  | 137  | 364-500  | Spaces.  |

**4.4.4 Auto Assignment Address Notification File for AE-FE**

CMS enrolls LIS beneficiaries into Drug Plans through AE-FE. The Auto Assignment Address Notification File (aka, PDP Notification File) provides LIS information and immediate access to full name and address data for these beneficiaries. Each October, it also provides information on individuals gained and lost due to reassignment. 1-800-MEDICARE Customer Service Representatives (CSRs) should have access to the data on this file so they can answer beneficiary queries prior to the PDP auto/facilitated enrollments. Also, this file assists Plans in expediting the submission of the 4Rx records for these beneficiaries.

Because CMS performs AE on a daily basis, PDPs may receive this file daily throughout the month. This file only contains assignments, not confirmation that MARx processed AE-FE transactions for beneficiaries. Plans must still check DTRRs to determine whether the assignments were accepted or rejected as actual enrollments into their PDP.

These reports offer two ways for Plans to differentiate between the full and partial dual eligible beneficiaries assigned to them:

1. The Auto Assignment Address Notification file and the DTRR:
  - a. Enrollment Source = **A** for Auto-enrollment.
  - b. Enrollment Source = **C** for Facilitated enrollment.
2. The DTRR Transaction Reply Code:
  - a. TRC 117 = Auto-enrollment.
  - b. TRC 118 = Facilitated enrollment.

This file contains monthly addresses of Beneficiaries that are either AE, FE, or reassigned to PDPs.

| System | Type      | Frequency | File Length | Auto Assignment Address Notification File Dataset Naming Conventions  |
|--------|-----------|-----------|-------------|---|
| MBD    | Data File | Daily     | 626         | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.#APDP4.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.#APDP4.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.#APDP4.Dyymmdd.Thhmsst</p> |

The following records are included in this file:

- **Auto Assignment Address Notification Header Record**
- **Auto Assignment Address Notification Detail Record**
- **Auto Assignment Address Notification Trailer Record**

The full address, including city/state/zip code, is “wrapped” in the fields “Beneficiary Address Line 1” through “Beneficiary Address Line 6,” with the result that street address, city, and state may appear on different lines for different beneficiaries. Different parts of the address appear only on certain lines, as follows:

- Beneficiary Address Lines 1-6 is limited to Representative Payee Name (if applicable), and street address, and these elements “wrap.”

- When a Beneficiary has a Representative Payee, the Beneficiary Representative Payee Name prints on Address Line 1, and may use more Address Lines.
- The actual street address in such cases is printed on the line after the name concludes.
- Address Lines print on fewer than six lines with the remainder of the lines padded with space prior to printing.
- City/State/Zip Code data only appear in the fields labeled as City/State/Zip Code data fields.

**Layout 4-6: Auto Assignment Address Notification Header Record**

| Auto Assignment Address Notification Header Record |                     |      |          |  |
|--|---------------------|------|----------|--|
| Item   | Field               | Size | Position | Description  |
| 1  | Header Code         | 9    | 1-9      | MMAAPDPGH<br>Used for file/record identification purposes. |
| 2  | Sending Entity      | 8    | 10-17    | Identifies the sending entity, 'MBD '(MBD + 5 spaces).     |
| 3  | File Creation Date  | 8    | 18-25    | The date the file was created in CCYYMMDD format.          |
| 4  | File Control Number | 9    | 26-34    | Unique file identifier created by Sending Entity.          |
| 5  | Filler              | 592  | 35-626   | Spaces.  |

**Layout 4-7: Auto Assignment Address Notification Detail Record**

| Auto Assignment Address Notification Detail Record |                                |      |          |   |
|--|--------------------------------|------|----------|---|
| Item   | Field                          | Size | Position | Description   |
| 1  | Beneficiary HICN or RRB Number | 12   | 1-12     | The identifier issued under the SSA or RRB program that is used to uniquely identify the Medicare beneficiary. Based on the following phases of the MBI transition, the value will be populated accordingly. <ul style="list-style-type: none"> <li>• Before or during the MBI Transition period, the field will contain the RRB if it exists in the beneficiary's Medicare record; else it will contain the active HICN.</li> <li>• When the MBI Transition period ends, the field will contain spaces.</li> </ul> |
| 2  | Beneficiary's Last Name        | 12   | 13-24    | First twelve characters of the last name of the beneficiary.  |
| 3  | Beneficiary's First name       | 7    | 25-31    | First seven characters of the first name of the beneficiary.  |
| 4  | Beneficiary's Middle Initial   | 1    | 32       | Middle initial of the beneficiary.  |
| 5  | Beneficiary's Gender           | 1    | 33       | Gender of the beneficiary; '0', '1', or '2'.  |
| 6  | Beneficiary's DOB              | 8    | 34-41    | Date of birth of the beneficiary in CCYYMMDD format.  |

| Auto Assignment Address Notification Detail Record |                    |      |          |   |
|--|--------------------|------|----------|---|
| Item   | Field              | Size | Position | Description   |
| 7  | Medicaid Indicator | 1    | 42       | Indicates the beneficiary's Medicaid eligibility.<br>1 = Yes.   |
| 8  | Contract Number    | 5    | 43-47    | Contract assigned to the beneficiary.   |
| 9  | State Code         | 2    | 48-49    | Beneficiary's state of residency.   |
| 10   | County Code        | 3    | 50-52    | Beneficiary's county of residency.  |
| 11   | Filler             | 7    | 53-59    | Spaces.   |
| 12   | Transaction Code   | 2    | 60-61    | 61  |
| 13   | Filler             | 1    | 62       | Spaces.   |
| 14   | Effective Date     | 8    | 63-70    | The effective date of the assignment in CCYYMMDD format.  |
| 15   | Filler             | 1    | 71       | Spaces.   |
| 16   | PBP                | 3    | 72-74    | PBP of the auto-assigned contract.  |
| 17   | Filler             | 49   | 75-123   | Spaces.   |
| 18   | Application Date   | 8    | 124-131  | The date of the application in CCYYMMDD format.   |
| 19   | Filler             | 30   | 132-161  | Spaces.   |
| 20   | Election Type      | 1    | 162      | Type of election.<br>A = AEP.<br>C = Plan-submitted Rollover SEP.<br>E = IEP.<br>F = IEP2.<br>I = ICEP.<br>N = OEPNEW.<br>O = OEP.<br>R = 5 Star SEP.<br>S = Other SEP.<br>T = OEPI.<br>U = Dual/LIS SEP.<br>V = Permanent Change in Residence SEP.<br>W = EGHP SEP.<br>X = Administrative Action SEP.<br>Y = CMS/Case Work SEP.<br>Space = not applicable. |
| 21   | Enrollment Source  | 1    | 163      | Source of the enrollment<br>A = Auto enrolled by CMS.<br>C = Facilitated enrolled by CMS.   |
| 22   | Filler             | 1    | 164      | Spaces.   |
| 23   | PPO/Parts C-D      | 1    | 165      | Payment option for payment of Part C and D premiums.<br>D = Direct self-pay   |
| 24   | Filler             | 77   | 166-242  | Spaces.   |

| Auto Assignment Address Notification Detail Record |                            |      |          |   |
|--|----------------------------|------|----------|---|
| Item   | Field                      | Size | Position | Description   |
| 25   | Part D Subsidy Level       | 3    | 243-245  | Part D Premium subsidy Level. For monthly, value is always 100.<br>For Facilitated, values are either 100, 075, 050, or 025.<br>025 = 25% subsidy level.<br>050 = 50% subsidy level.<br>075 = 75% subsidy level.<br>100 = 100% subsidy level. |
| 26   | Co-Payment Category        | 1    | 246      | Co-Payment Category.<br>1=High.<br>4=15%.   |
| 27   | Filler                     | 8    | 247-254  | Spaces  |
| 28   | Beneficiary Address Line 1 | 40   | 255-294  | First line in the mailing address.  |
| 29   | Beneficiary Address Line 2 | 40   | 295-334  | Second line in the mailing address.   |
| 30   | Beneficiary Address Line 3 | 40   | 335-374  | Third line in the mailing address.  |
| 31   | Beneficiary Address Line 4 | 40   | 375-414  | Fourth line in the mailing address.   |
| 32   | Beneficiary Address Line 5 | 40   | 415-454  | Fifth line in the mailing address.  |
| 33   | Beneficiary Address Line 6 | 40   | 455-494  | Sixth line in the mailing address.  |
| 34   | Beneficiary Address City   | 40   | 495-534  | The city in the mailing address.  |
| 35   | Beneficiary Address State  | 2    | 535-536  | The state in the mailing address.   |
| 36   | Beneficiary Zip Code       | 9    | 537-545  | The zip code in the mailing address.  |
| 37   | Full Last Name             | 40   | 546-585  | Full last name of the beneficiary.  |
| 38   | Full First Name            | 30   | 586-615  | Full first name of the beneficiary.   |
| 39   | MBI                        | 11   | 616-626  | The MBI from the beneficiary's active Beneficiary MBI period. The value is a system-generated identifier used internally and externally to uniquely identify the beneficiary in the Medicare database   |

**Layout 4-8: Auto Assignment Address Notification Trailer Record**

| Auto Assignment Address Notification Trailer Record |                     |      |          |   |
|---|---------------------|------|----------|---|
| Item  | Field               | Size | Position | Description   |
| 1   | Trailer Code        | 9    | 1-9      | MMAAPDPGT<br>This field used for file/record identification purposes.   |
| 2   | Sending Entity      | 8    | 10-17    | This field used to identify the sending entity, 'MBD' (MBD + 5 spaces). |
| 3   | File Creation Date  | 8    | 18-25    | The date the file was created in CCYYMMDD format.                       |
| 4   | File Control Number | 9    | 26-34    | Unique file identifier created by Sending Entity.                       |
| 5   | Record Count        | 9    | 35-43    | Number of Detail Records, right justified with leading zeroes.          |
| 6   | Filler              | 583  | 44-626   | Spaces.   |

**4.4.5 MA Full Dual Auto Assignment Notification File**

CMS has directed the following organizations to auto/facilitate enroll (AE-FE) LIS beneficiaries from their MA-only Plan into a MAPD Plan or Cost Plan Part D optional supplemental benefit:

- MA organizations that offer MA-only Plans.
- MA PFFS organizations that offer at least one Plan with a Part D benefit.
- 1876 Cost Plans that offer at least one Plan with a Part D optional supplemental benefit.

The organization must first identify LIS beneficiaries in its MA-only Plan or Cost Plan without Part D, e.g., those beneficiaries identified on the LIS bi-weekly report. The organization must then determine the full-dual eligible subsets, which is accomplished by reviewing the monthly MA Full Dual Auto Assignment Notification File. The MA Full Dual Auto Assignment Notification File identifies those who held full-benefit dual eligibility at any time during the calendar year. The organization must distinguish between the two populations because the effective date is calculated differently for full dual eligible for whom the organization auto-enrolls versus partial dual eligible with LIS for whom the organization facilitates enrollment.

This cumulative monthly file identifies organizations’ enrollees who are full-benefit dual eligible.

| System | Type      | Frequency | File Length | MA Full Dual Auto Assignment Notification File Dataset Naming Conventions   |
|--------|-----------|-----------|-------------|---|
| MBD    | Data File | Monthly   | 100         | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.Rxxxxx.#ADUA4.Dyymmdd.Thhmsst<br><br><b>Connect:Direct (Mainframe):</b><br>zzzzzzz.Rxxxxx.#ADUA4.Dyymmdd.Thhmsst<br><br><b>Connect:Direct (Non-Mainframe):</b><br>[directory]Rxxxxx.#ADUA4.Dyymmdd.Thhmsst |

The following records are included in this file:

- **MA Full Dual Auto Assignment Notification Header Record**
- **MA Full Dual Auto Assignment Notification Detail Record**
- **MA Full Dual Auto Assignment Notification Trailer Record**

**Layout 4-9: MA Full Dual Auto Assignment Notification Header Record**

| MA Full Dual Auto Assignment Notification Header Record |                     |      |          |        |                            |   |
|---|---------------------|------|----------|--------|----------------------------|---|
| Item  | Field               | Size | Position | Format | Valid Values               | Description   |
| 1   | File ID Name        | 8    | 1-8      | CHAR   | MMAADUAH                   | This field is always set to the value MMAADUAH. This code identifies the record as the Header Record of an Auto Assignment Full Dual Notification File. |
| 2   | Sending Entity: MBD | 8    | 9-16     | CHAR   | “MBD ”<br>(MBD + 5 Spaces) | The value specifically is MBD + 5 following Spaces. This value agrees with the corresponding value in the Trailer Record.                               |

| MA Full Dual Auto Assignment Notification Header Record |                     |      |          |        |                                  |  |
|---|---------------------|------|----------|--------|----------------------------------|--|
| Item  | Field               | Size | Position | Format | Valid Values                     | Description  |
| 3   | File Creation Date  | 8    | 17-24    | CHAR   | CCYYMMDD                         | The date on which the Full Dual File was created by CMS. This value agrees with the corresponding value in the Trailer Record.   |
| 4   | File Control Number | 9    | 25-33    | CHAR   | Assigned by Sending Entity (MBD) | The specific Control Number assigned by CMS to the Full Dual Notification File. CMS utilizes this value to track the Full Dual Notification File through CMS processing and archive. This value agrees with the corresponding value in the Trailer Record. |
| 5   | Filler              | 67   | 34-100   | CHAR   | Spaces                           |  |

**Layout 4-10: MA Full Dual Auto Assignment Notification Detail Record**

| MA Full Dual Auto Assignment Notification Detail Record |                                     |      |          |  |
|---|-------------------------------------|------|----------|--|
| Item  | Field                               | Size | Position | Description  |
| 1   | Contract Number                     | 5    | 1-5      | Contract assigned to the beneficiary.  |
| 2   | Run Date                            | 8    | 6-13     | Creation date of the file in CCYYMMDD format.  |
| 3   | Filler                              | 6    | 14-19    | Spaces   |
| 4   | Beneficiary's HICN/RRB              | 12   | 20-31    | <ul style="list-style-type: none"> <li>• Before and during the Medicare Beneficiary Identifier (MBI) Transition period, the RRB Number is written if a value is present in the beneficiary's record; else, the HICN is written.</li> <li>• After the MBI Transition period ends, the field is filled with spaces.</li> </ul> |
| 5   | Beneficiary's Surname               | 12   | 32-43    | Last name of the beneficiary.  |
| 6   | Initial of Beneficiary's First Name | 1    | 44       | Initial of the first name of the beneficiary.  |
| 7   | Beneficiary's Gender                | 1    | 45       | Gender of the beneficiary.   |
| 8   | Beneficiary's Date of Birth         | 8    | 46-53    | This field provides the date of birth of the beneficiary in CCYYMMDD format.   |
| 9   | MBI                                 | 11   | 54-64    | A system-generated identifier used by CMS to identify the beneficiary. The field will contain the active MBI from the beneficiary's Medicare record. Eventually, this identifier replaces the HICN and RRB Number.   |
| 10  | Filler                              | 36   | 65-100   | Spaces   |



**Layout 4-11: MA Full Dual Auto Assignment Notification Trailer Record**

| MA Full Dual Auto Assignment Notification Trailer Record |                     |      |          |        |                                   |   |
|--|---------------------|------|----------|--------|-----------------------------------|---|
| Item   | Field               | Size | Position | Format | Valid Values                      | Definition  |
| 1  | File ID Name        | 8    | 1- 8     | CHAR   | MMAADUAT                          | This code identifies the record as the Trailer Record of an Auto Assignment Full Dual Notification File.  |
| 2  | Sending Entity MBD  | 8    | 9-16     | CHAR   | “MBD ”<br>(MBD + 5 Spaces).       | The value specifically is MBD + 5 following Spaces. This value agrees with the corresponding value in the Header Record.  |
| 3  | File Creation Date  | 8    | 17-24    | CHAR   | CCYYMMDD                          | The date on which the Full Dual Notification File was created by CMS.   |
| 4  | File Control Number | 9    | 25-33    | CHAR   | Assigned by Sending Entity (MBD). | The specific Control Number assigned by CMS to the Full Dual Notification File. CMS utilizes this value to track the Full Dual Notification File through CMS processing and archive. This value agrees with the corresponding value in the Header Record. |
| 5  | Record Count        | 9    | 34-42    | NUM    | Numeric value greater than Zero.  | The total number of Transactions or Detail Records on the Full Dual Notification File. This value is right justified in the field, with leading zeroes.   |
| 6  | Filler              | 58   | 43-100   | CHAR   | Spaces.                           |   |

## 4.5 LIS Transaction Reply Codes (TRCs)

Plans receive and process the DTRR data file daily. This file provides the responses to transactions submitted by the Plan, as well as replies that communicate CMS-initiated actions, auto disenrollments, health status changes, LIS status changes, and other beneficiary-specific information. In the DTRR, Plans receive timely notification of a beneficiary's current LIS status and any LIS status changes.

### 4.5.1 LIS TRCs for New Enrollments and PBP Changes

When MARx processes a new enrollment or a PBP change, an acceptance TRC is provided in the Plan's DTRR. If the beneficiary is Low Income, the acceptance TRC is accompanied by one or more replies that together provide the complete picture of the beneficiary's LIS status. In addition to the enrollment acceptance TRC, the Plan receives one TRC 121 (Low Income Period Status) for each LIS period that overlaps the enrollment. This set of LIS periods represents the beneficiary's LIS profile that overlaps the new enrollment or PBP change (prior enrollments are not included). Each TRC 121 reply includes the following data for one LIS period:

- LIS Start Date.
- The LIS Start Date provided is the later of the:
  - LIS Start Date
  - Enrollment Effective Date
- LIS End Date.
  - For periods when the beneficiary is Deemed, LIS End Date will always be populated. This date is always the last day of the year.
  - For periods when the beneficiary is an Applicant, LIS End Date may be blank or populated. Initial applicant periods are open-ended (no end date) but SSA may terminate the period at any time (end date populated).
- Beneficiary Source of Subsidy (Applicant or Deemed).
- Low Income Premium Subsidy Percentage (LIS %).
- Low Income Co-pay Level.
- Low Income Subsidy Amount.

### 4.5.2 TRCs for LIS Changes

When there is a change in the beneficiary's LIS Percentage, LIS Co-pay Level, LIS period start date, or LIS period end date, the Plan receives a new set of TRC 121. These represent the periods (new or updated) that overlap the beneficiary's enrollment in the Plan. TRC 223 (Low Income Period Removed) reports any period that was originally part of the beneficiary's LIS picture but is no longer valid. TRC 223 tells the plan definitively that for a specific period of time the period is not LIS, even though the period may have been valid before. This may represent the removal of an entire LIS period or an LIS period that is ended on an earlier date. The TRC 223 has two purposes:

- It prevents Plans from assuming that a previously reported LIS period (TRC 121) is still in effect when it has been removed. The Plan should not assume that the period was 'accidentally omitted' in the file.

- When a beneficiary had only one LIS period and it is removed, the beneficiary will no longer have any LIS periods. Without TRC 223, the Plan will not be aware that the beneficiary’s LIS status changed.

### 4.5.3 Interpreting LIS TRCs

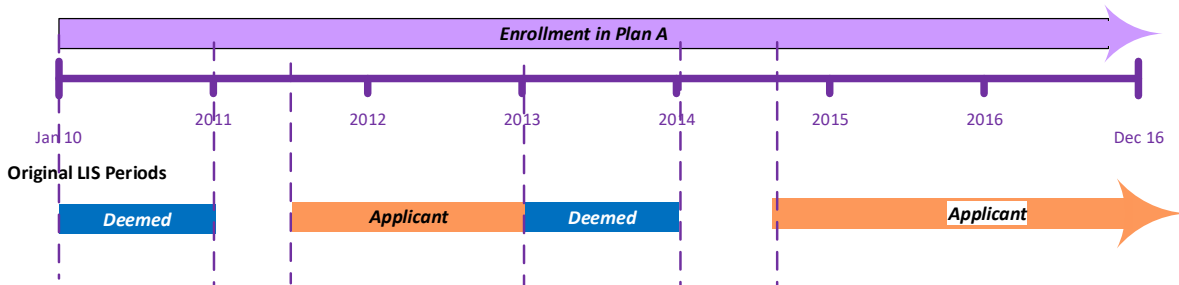
It is important to understand how TRC 121 and 223 may be encountered in a beneficiary’s DTRR data. TRC 121 is straightforward. A reply with TRC 121 always represents a distinct LIS period. The Beneficiary Source of Subsidy field tells the Plan whether the beneficiary is Deemed or an Applicant for the period. The end date may be blank for open-ended Applicant periods but will always be populated with 12/31/CCYY for Deemed periods. An enrollment acceptance TRC for a beneficiary with LIS is only accompanied by TRC 121s, not TRC 223.

- TRC 223 is only present when MARx is reporting the full or partial removal of an LIS period.
- A reply with TRC 223 may or may not have an end date.

The following examples demonstrate different TRC 223 scenarios. The assumption for all examples is that the beneficiary is only enrolled under one plan for the entire time-period reported.

#### Example 1: TRCs with Enrollment Acceptance

- A retroactive enrollment with effective date of 01/01/10 and open-ended is accepted.
- The beneficiary has four existing LIS periods during the enrollment in Plan A.



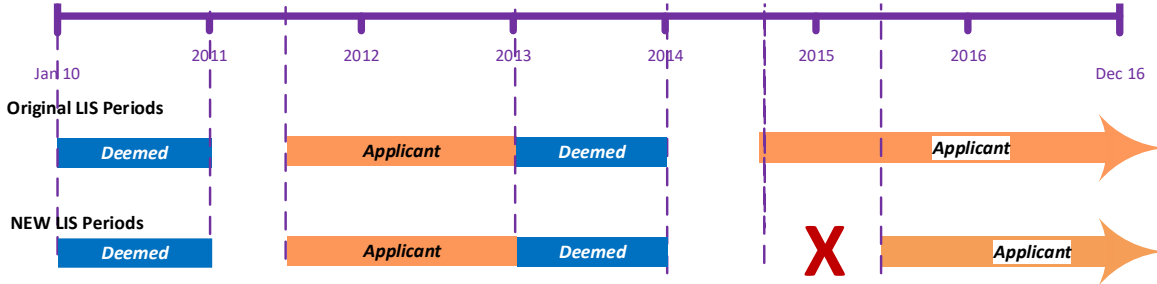
- When the enrollment is accepted, the following LIS TRCs accompany the TRC 011 (Enrollment Accepted):
  - TRC 121 – 01/01/2010 – 12/31/2010 (Deemed).
  - TRC 121 – 06/01/2011 – 12/31/2012 (Applicant).
  - TRC 121 – 01/01/2013 – 12/31/2013 (Deemed).
  - TRC 121 – 08/01/2014 – open ended (Applicant).

**Example 2: TRCs with LIS Change**

**Original LIS Period:** The Beneficiary had the following periods:

- Deemed period from 01/01/2010 to 12/31/2010.
- Applicant period from 06/01/2011 – 12/31/2012.
- Deemed period from 01/01/2013 – 12/31/2013.
- Applicant period from 08/01/2014 – open ended.

**Changes to LIS Period:** The applicant period that began 08/01/2014 is corrected to actually begin 06/01/2015. The beneficiary no longer has LIS from 08/01/2014 to 05/31/2015.



- When the LIS changes, the following LIS TRCs are sent to the Plan:
  - TRC 121 – 01/01/2010 – 12/31/2010 (Deemed).
  - TRC 121 – 06/01/2011 – 12/31/2012 (Applicant).
  - TRC 121 – 01/01/2013 – 12/31/2013 (Deemed).
  - TRC 223 – 08/01/2014 – 05/31/2015 (Applicant) – **LIS Period Removed.**
  - TRC 121 – 06/01/2015 – open ended (Applicant).

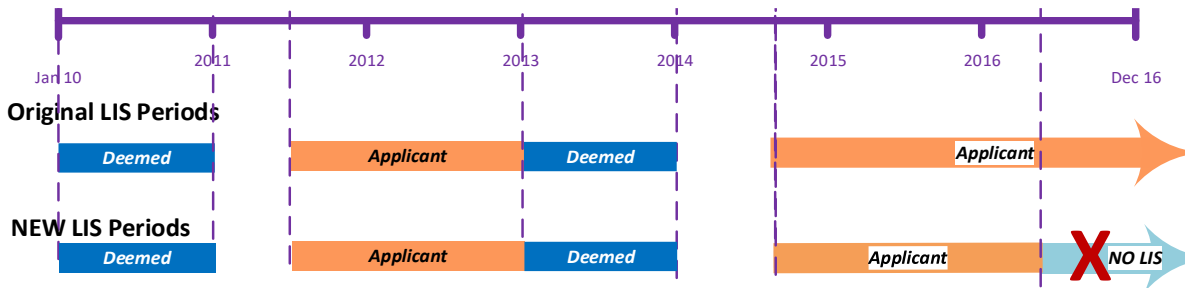
**Example 3: TRCs with LIS Change – Putting an end date on an open-ended period.**

**Original LIS Period:** The Beneficiary had the following periods:

- Deemed period from 01/01/2010 to 12/31/2010.
- Applicant period from 06/01/2011 – 12/31/2012.
- Deemed period from 01/01/2013 – 12/31/2013.
- Applicant period from 08/01/2014 – open-ended.

**Changes to LIS Period:**

- An end date of 03/31/2016 is put on the applicant period that began 08/01/2014. The beneficiary no longer has LIS beginning 04/01/2016 – open-ended.



- When the LIS changes, the following LIS TRCs are sent to the Plan:
  - TRC 121 – 01/01/2010 – 12/31/2010 (Deemed).
  - TRC 121 – 06/01/2011 – 12/31/2012 (Applicant).
  - TRC 121 – 01/01/2013 – 12/31/2013 (Deemed).
  - TRC 121 – 08/01/2014 – 03/31/2016 (Applicant).
  - TRC 223 – 04/01/2016 – open-ended (Applicant) – **LIS Period Removed.**

**Note:** TRC 223 has an open end date. This is because the original period that was shortened had an open end date. The period being removed represents the portion of the original period that is no longer in effect.

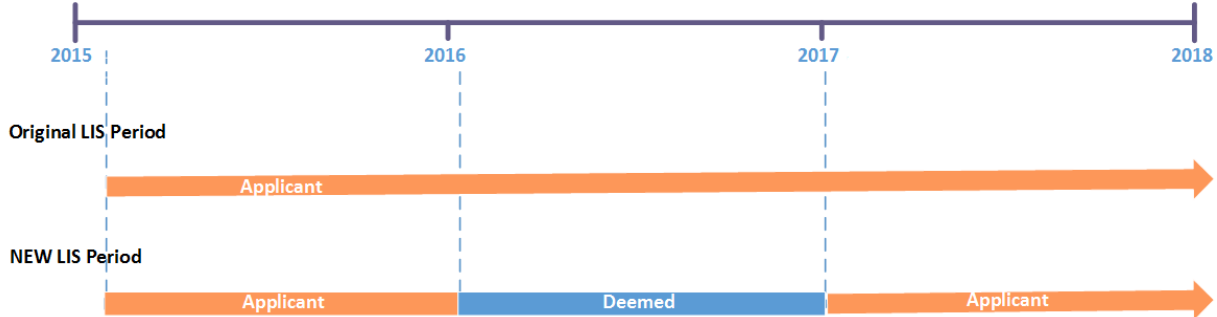
**Example 4: TRCs with LIS Change – Original LIS Terminated and Reinstated.**

**Original LIS Period:** The Beneficiary had the following period:

- Applicant period from 02/01/2015 – open-ended.

**Changes to LIS Period:**

- An end date of 01/31/2016 is put on the applicant period that began 02/01/2015.
- A retroactive Deeming period starts on 02/01/2016 and ends 12/31/2016 (deemed).
- The applicant period is reinstated from 01/01/2017 – open-ended.



- When the LIS changes, the following LIS TRCs are sent to the Plan:
  - TRC 121 – 02/01/2015 – 01/31/2016 (Applicant).
  - TRC 121 – 02/01/2016 – 12/31/2016 (Deemed).
  - TRC 121 – 01/01/2017 – open-ended (Applicant.)

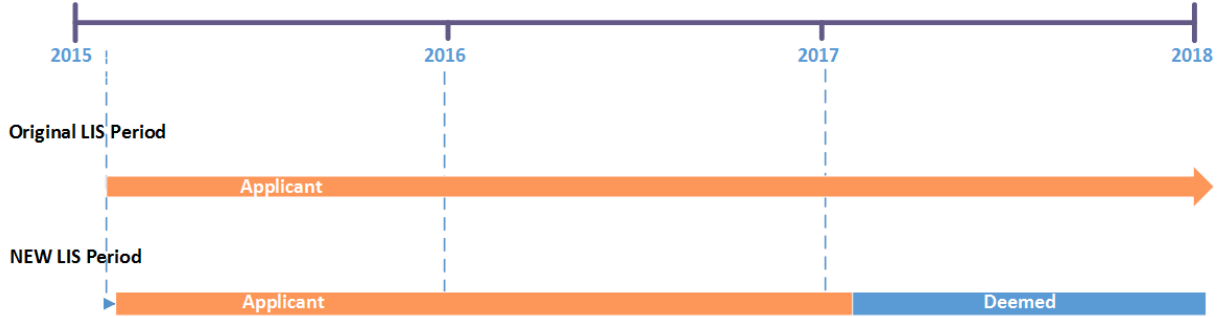
**Example 5: TRCs with LIS Change – Original LIS Terminated and Not Reinstated.**

**Original LIS Period:** The Beneficiary had the following period:

- Applicant period from 02/01/2015 – open-ended.

**Changes to LIS Period:**

- An end date of 01/31/2017 is put on the applicant period that began 02/01/2015.
- A retroactive Deeming period starts on 02/01/2017 and ends 12/31/2017 (Deemed).
- No LIS period is reinstated after the Deeming period ends in 2017.



- When the LIS changes, the following LIS TRCs are sent to the Plan:
  - TRC 121 – 02/01/2015 – 01/31/2017 (Applicant).
  - TRC 121 – 02/01/2017 – 12/31/2017 (Deemed).
  - TRC 223 – 01/01/2018 – open-ended (Applicant) – **LIS Period Removed.**
  - TRC 223 – 02/01/2017 – open-ended (Applicant) – **LIS Period Removed.**

**Note:** TRC 223 has an open-ended date field. The period being removed represents the portion of the original period that is no longer in effect.

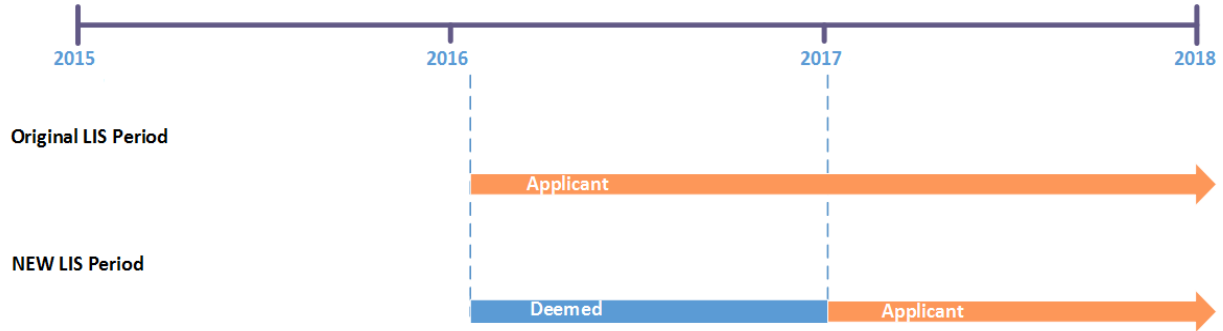
**Example 6: TRCs with LIS Change – Original LIS Audited and Reinstated.**

**Original LIS Period:** The Beneficiary had the following period:

- Applicant period from 02/01/2016 – open-ended.

**Changes to LIS Period:**

- The applicant period that began 02/01/2016 – open-ended is audited on 4/13/2017 (Applicant).
- A retroactive Deeming period starts on 02/01/2016 and ends 12/31/2016 (Deemed).
- The applicant period from 01/01/2017 – open-ended is reinstated.



- When the LIS changes, the following LIS TRCs are sent to the Plan:
  - TRC 121 – 02/01/2016 – 12/31/2016 (Deemed).
  - TRC 121 - 01/01/2017 – open-ended (Applicant).



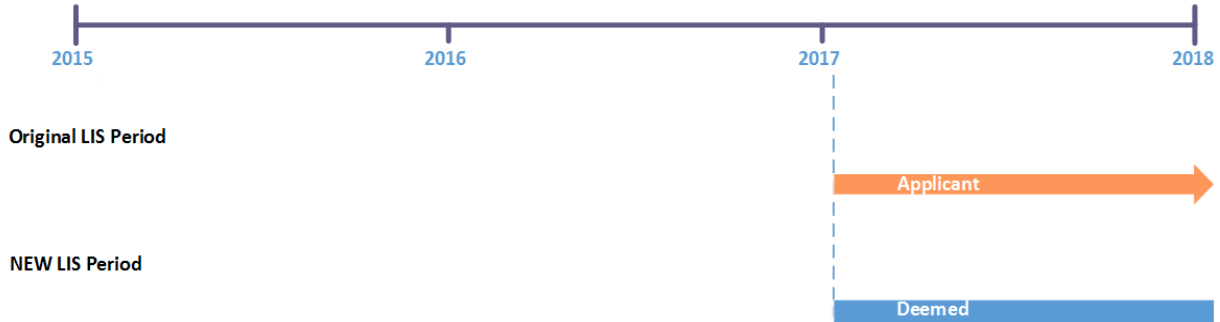
**Example 7: TRCs with LIS Change – Original LIS Audited and Not Reinstated.**

**Original LIS Period:** The Beneficiary had the following period:

- Applicant period from 02/01/2017 – open-ended.

**Changes to LIS Period:**

- The applicant period that began 02/01/2017 – open-ended is audited on 4/13/2017 (Applicant).
- A retroactive Deeming period starts on 02/01/2017 and ends 12/31/2017 (Deemed).
- No LIS periods are reinstated after 12/31/2017.



- When the LIS changes, the following LIS TRCs are sent to the Plan:
  - TRC 223 – 01/01/2018 – open-ended (Applicant) – **LIS Period Removed.**
  - TRC 121 – 02/01/2017 – 12/31/2017 (Deemed).
  - TRC 223 – 01/01/2018 – open-ended (Applicant) – **LIS Period Removed.**

**Note:** TRC 223 has an open-ended date field. This tells the Plan there are no more LIS periods in 2018.

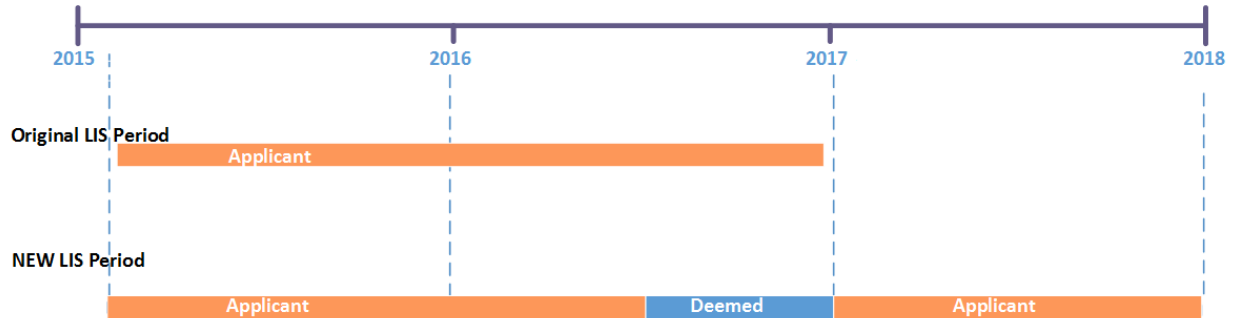
**Example 8: TRCs with LIS Change – Original LIS with Termination Date Reinstated.**

**Original LIS Period:** The Beneficiary had the following period:

- Applicant period from 02/01/2015 – 01/31/2017.

**Changes to LIS Period:**

- The applicant period that begins 02/01/2015 is end-dated 05/31/2016 (Applicant).
- A retroactive Deeming period starts on 06/01/2016 and ends 12/31/2016 (Deemed).
- The applicant period for 01/01/2017 to 01/31/2017 is reinstated.



- When the LIS changes, the following LIS TRCs are sent to the Plan:
  - TRC 121 – 02/01/2015 – 05/31/2016 (Applicant).
  - TRC 121 – 06/01/2016 – 12/31/2016 (Deemed).
  - TRC 121 – 01/01/2017 – 01/31/2017 (Applicant).

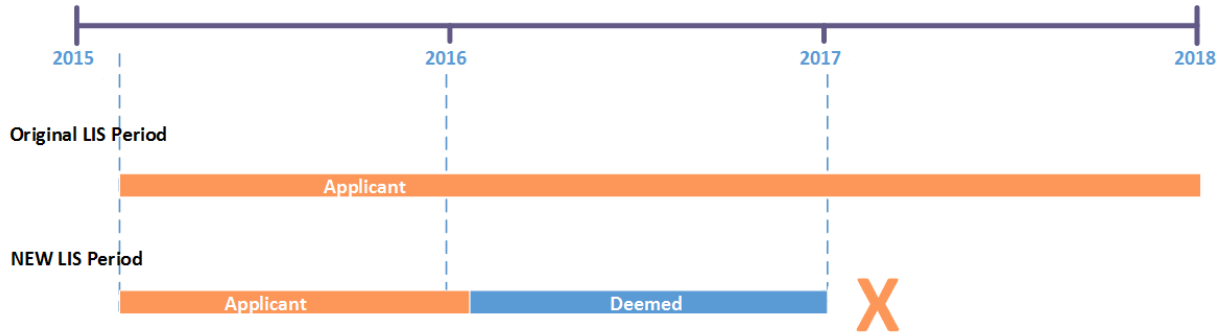
**Example 9: TRCs with LIS Change – Original LIS with Termination Date Not Reinstated.**

**Original LIS Period:** The Beneficiary had the following period:

- Applicant period from 02/01/2015 – 12/31/2017.

**Changes to LIS Period:**

- The applicant period that begins 02/01/2015 is end-dated 01/31/2016 (Applicant).
- A retroactive Deeming period starts on 02/01/2016 and ends 12/31/2016 (Deemed).
- No LIS periods are reinstated after 2017.



- When the LIS changes, the following LIS TRCs are sent to the Plan:
  - TRC 121 – 02/01/2015 – 01/31/2016 (Applicant).
  - TRC 121 – 02/01/2016 – 12/31/2016 (Deemed).
  - TRC 223 – 01/01/2017 – 12/31/2017 – **LIS Period Removed.**

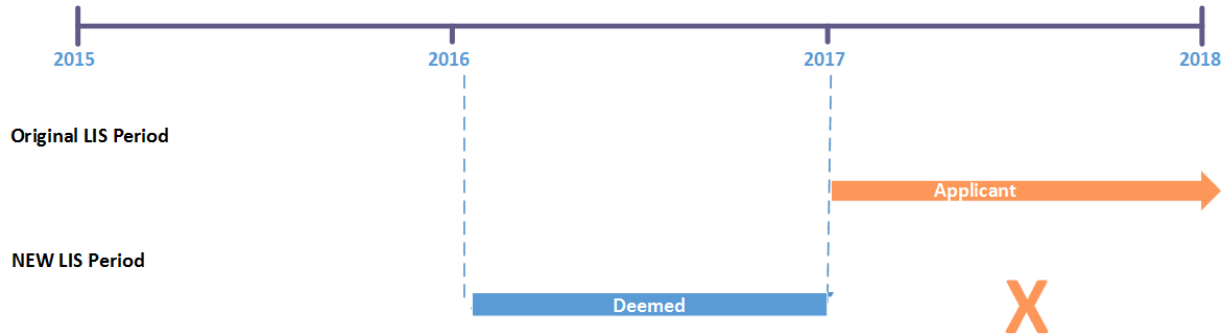
**Example 10: TRCs with LIS Change – Original LIS Not Reinstated – Part D Termination.**

**Original LIS Period:** The Beneficiary had the following period:

- Applicant period from 02/01/2016 – open ended.

**Changes to LIS Period:**

- A retroactive Deeming period starts on 02/01/2016 and ends 12/31/2016 (Deemed)
- The Beneficiary’s Part D Eligibility Period ended on 12/31/2016. As the beneficiary is no longer eligible for Part D in 2017, no LIS periods can be reinstated or established.



- When the LIS changes, the following LIS TRCs are sent to the Plan:
  - TRC 223 – 01/01/2017 – open-ended (Applicant) – **LIS Period Removed.**
  - TRC 121 – 02/01/2016 – 12/31/2016 (Deemed).
  - TRC 223 – 01/01/2017 – open-ended (Applicant) – **LIS Period Removed.**

**Note:** TRC 223 had an open-end date; however, since the beneficiary lost Part D eligibility effective 01/01/2017, no LIS periods can be established or reinstated.

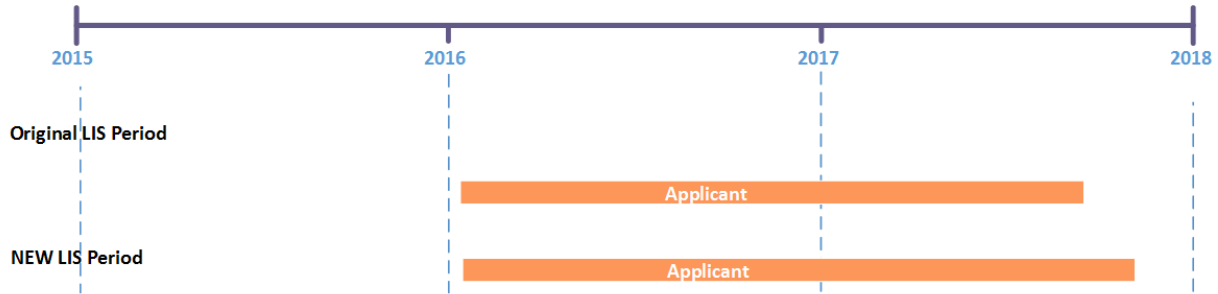
**Example 11: TRCs with LIS Change – Original LIS End Date Moved to a Future End Date.**

**Original LIS Period:** The Beneficiary had the following period:

- Applicant period from 02/01/2016 – 05/31/2017.

**Changes to LIS Period:**

- An SSA notice is received to change the end date on the Applicant period to 08/31/2017.



- When the LIS period end date changes, the following LIS TRC is sent to the Plan:
  - TRC 121 – 02/01/2016 – 08/31/2017 (Applicant).

## 4.6 LIS Periods on the MARx UI

A beneficiary's LIS status, periods, premium subsidies, and copays are displayed on the following MARx UI screens.

- M232 – Beneficiary Eligibility.
- M203 – Beneficiary Snapshot.
- M231 – Premiums View.
- M256 – Status Activity.
- M257 – Status Detail: Medicaid.

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## 5 Premium

This section covers the following topics:

- [Premium Withhold Process.](#)
- [Low-Income Premium Subsidy \(LIPS\).](#)
- [Late Enrollment Penalty \(LEP\).](#)
- [All or Nothing Rule.](#)
- [Single Payment Option Rule.](#)
- [Retroactive LEP Increase and SSA Benefit Safety Net.](#)
- [Premium Reports.](#)
- [Premium Transaction Reply Codes \(TRCs\) and Definitions.](#)



## 5.1 Premium Withhold Process

Beneficiaries may elect to withhold their Part C and Part D premiums from their monthly Social Security Administration (SSA) and Railroad Retirement Board (RRB) benefits if the benefit amount equals or exceeds their premiums.

For Part C premiums, the presence of optional supplemental benefit premiums precludes MARx from identifying the exact amount. Therefore, MARx edits the Part C premium using a range defined by the lowest Part C premium amount, which starts at zero for the PBP, and the highest Part C premium amount, which is the sum of all available optional supplemental premiums for the PBP that the member could elect. As long as the submitted Part C premium falls within this range, it is accepted unchanged. If it is not within this range, MARx changes it to the lowest possible Part C premium for the PBP and notifies the Plan with a Transaction Reply Code (TRC) 182, *Invalid PTC Premium Submitted, Corrected, Accepted*.

If the beneficiary elects the Direct self-pay option (D), the Plan receives payment directly from the member. If the beneficiary elects Deduct from SSA benefits option (S), CMS transmits this information to SSA. Monthly, SSA withholds premiums and sends them to CMS, which verifies the premiums and passes payment to the Plans. If SSA is unable to deduct a beneficiary's premium from their benefit check due to insufficient funds or some type of data issue, CMS notifies the Plan with a TRC 144, *PPO changed to Direct Bill*, which instructs the Plan to bill the member for the premiums.

**Note:** SSA may reject withholding requests due to insufficient funds even if the premiums are relatively low due to the difference in the timing of the payment cycles between SSA and CMS. This difference often requires SSA to process a withholding request with premiums due for two or three months. Additionally, SSA limits premium withholding to \$300 a month per beneficiary, which can also impact SSA's ability to accept and process premium withholding for a member.

### 5.1.1 Low-Income Premium Subsidy (LIPS)

If a member is determined eligible for LIPS and elects the Deduct from SSA benefits option (S), SSA withholds the non-subsidized amount, if any, and CMS pays the subsidy to the Plan. If the member elects the Direct self-pay option (D), the Plan bills the non-subsidized amount, if any, to the member and CMS pays the Plan the subsidy. The [Monthly Membership Report \(MMR\)](#) reports the LIPS payments to the Plans.

### 5.1.2 Late Enrollment Penalty (LEP)

For members assessed an LEP, their premium includes a penalty. If the member elects the Deduct from SSA benefits option (S), SSA withholds the penalty amount and CMS retains it. Plans can view the amounts on the [Monthly Premium Withhold Report Data File \(MPWR\)](#). If the member elects the Direct self-pay option (D), the Plan bills the premium amount that includes the LEP and CMS deducts the LEP from the Plan payment. Plans can view the amounts on the [LEP Report](#).

### 5.1.3 *All or Nothing Rule*

The All or Nothing rule means that the beneficiary may deduct their entire premium amount due, i.e., the sum of Part C and Part D premiums for one Plan, from their monthly SSA benefit. Partial deductions are not allowed. When the benefit amount is insufficient to cover the entire premium amount, SSA rejects the withhold request and notifies CMS. CMS notifies the Plan of the insufficient benefit amount and rejection of the Deduct from SSA benefits option (S), and instructs the Plan to change the member to Direct self-pay option (D), for the full amount of premiums due and for subsequent monthly premiums. CMS notifies the Plan with a modified TRC 213, *Exceed Safety Net Amount*, for transactions rejected due to the \$300 safety net.

### 5.1.4 *Single Payment Option Rule*

The single payment option rule requires that both the Part C and Part D premiums are either direct bill or withhold as a beneficiary may only elect one payment option. This rule applies to a single Plan enrollment. For beneficiaries legally enrolled in two different Plans, they may elect two payment options. Examples:

- Beneficiary enrolls in a Medicare Advantage Prescription Drug (MAPD) Plan for Part C and Part D coverage, which results in a single premium; the member must elect one payment option, either withholding or direct bill.
- Beneficiary enrolls in a Private Fee-for-Service (FFS) Plan for Part C coverage and a Prescription Drug Plan (PDP) for Part D coverage, which results in enrollment in two different types of Plans and two different premiums. The member may elect to pay the Part C premium Direct self-pay option (D), and the Part D premium as Deduct from SSA benefits option (S).

### 5.1.5 *Part D Creditable Coverage and Late Enrollment Penalty (LEP)*

Medicare-eligible beneficiaries are legally required to have prescription drug coverage, either from a Medicare PDP or a non-Medicare equivalent insurer that provides drug coverage. If a Medicare-eligible beneficiary does not have prescription drug coverage after Part D eligibility is established, an LEP is assessed against the beneficiary. The penalty is added to the Part D premium once the beneficiary is enrolled in a Medicare PDP.

To establish whether or not a beneficiary is assessed an LEP, Plans must determine the number of months in which a Medicare-eligible beneficiary did not have creditable drug coverage for a continuous period of 63 days or more, and report this as the Number of Uncovered Months (NUNCMO) to CMS.

### 5.1.6 *Calculating LEP*

CMS calculates the LEP by multiplying a percentage, currently 1 percent, of the national base beneficiary Part D premium for the current coverage year by the total NUNCMO, regardless of the year(s) in which those months occurred. This calculation occurs annually because the percentage and the base beneficiary Part D premium changes each year.

Plans report the NUNCMO to CMS by including it on an enrollment, Transaction Code (TC) 61 or separately on a TC 73 if the determination is made after the enrollment transaction is

submitted. If there are no uncovered months to report, Plans must place a Y in the Creditable Coverage Flag and 000 in the NUNCMO field. If there are uncovered months to report, Plans place an N in the Creditable Coverage Flag and the applicable number in the NUNCMO field.

The table below summarizes the actions Plans should take to submit NUNCMO data:

**Table 5-1: Summary of Plan Action to Add, Change, or Remove the NUNCMO for Enrolled Beneficiary**

| Summary of Plan Action to Add, Change, or Remove the NUNCMO for Enrolled Beneficiary |                          |  |  |
|--|--------------------------|--|--|
| Action   | Creditable Coverage Flag | NUNCMO Field Value   | Effective Date on Transaction Code 73  |
| Submit a new NUNCMO  | N                        | Number greater than 0  | Equal to existing enrollment effective date<br><b>Note:</b> An enrollment TC 61 may also provide this information. |
| Change/correct an existing NUNCMO due to Plan error or reconsideration decision      | N                        | Revised existing number to a number greater than 0 – new number of months (>0) | Equal to existing enrollment effective date  |
|  | Y                        | 0 to remove the existing number completely.                                    | Equal to existing enrollment effective date  |

## 5.2 Premium Withhold Transaction Process

Plans may submit multiple transaction files during any CMS business day, Monday through Friday. Plan transactions are processed as received; there is no minimum or maximum limit to the number of files that Plans may submit in a day.

All Plan-submitted files should comply with the record formats and field definitions as described for each file type. Plans should send files in a flat file structure that conform to the Dataset Naming Conventions unique to each file type.

On a daily basis, Plans may submit a *MARx Batch Input Transaction Data File* to CMS to enroll/update information about a beneficiary. This file consists of a header record followed by detail transaction records. The **Transaction Code (TC)** in each detail record identifies the type of transaction. Plans may submit any number of detail transaction records for one or more beneficiaries.

**Table 5-2: MARx Batch Transaction Codes (Premium)**

| MARx Batch Transaction Codes (Premium) |  |
|--|--|
| Transaction Code                       | Transaction Code Description               |
| 73                                     | Number of Uncovered Months Change          |
| 75                                     | Premium Payment Option (PPO) Change Record |
| 77                                     | Segment ID Change Record                   |
| 78                                     | Part C Premium Change Record               |

**Table 5-3: Allowable Date Range for TC 73, 75, 77, and 78**

| Allowable Date Range for TC 73, 75, 77, and 78 |                                   |  |             |  |
|--|-----------------------------------|--|-------------|--|
| Transaction Code                               | Description                       | Earliest Date  | Latest Date | Other  |
| 73   | Number of Uncovered Months Change | No timeliness edits.<br>The effective date must match the start date of an enrollment. |             | Current Plan can submit for the current enrollment and all prior enrollment even if the enrollment was with a different Plan.<br><br>The beneficiary must have enrolled in the submitting Plan as of the CCM that is in the header record. A prior Plan submitting a NUNCMO update for its enrollment must submit via a Retro file that has a header date during the enrollment in the Prior Plan. |

| Allowable Date Range for TC 73, 75, 77, and 78 |                               |  |             |   |
|--|-------------------------------|--|-------------|---|
| Transaction Code                               | Description                   | Earliest Date  | Latest Date | Other   |
| 75   | Premium Payment Option Change | CPM  | CPM + 2     | Notice that this option is based on the CPM. Most options are based on the CCM. |
| 77   | Segment ID Change             | CCM – 1<br>(CCM – 3 for EGHP)  | CCM + 3     | Normal enrollment transaction range.  |
| 78   | Part C Premium Change         | The effective date must occur during an enrollment in the submitting Plan. |             |   |

**5.2.1 TC 73 Number of Uncovered Months Data Change**

**Layout 5-1: MARx Batch Input Detail Record: NUNCMO Change – TC 73**

| MARx Batch Input Detail – NUNCMO Change Transaction – TC 73 |                        |      |          |   |
|---|------------------------|------|----------|---|
| Item  | Field                  | Size | Position | Description   |
| 1   | Beneficiary Identifier | 12   | 1-12     | <p>Required</p> <p><b>Reject</b> the transaction with TRC007 if following criteria is not met during MBI transition:</p> <p>1. Format must be one of the following:</p> <ul style="list-style-type: none"> <li>HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number).</li> <li>HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number).</li> <li>MBI is when the 2nd, 5th, 8th and 9th positions are alphas.</li> </ul> <p>2. String must contain NO embedded spaces.</p> <p><b>Reject</b> the transaction with TRC008 if the beneficiary identifier is not found.</p> |
| 2   | Surname                | 12   | 13-24    | Beneficiary’s last name. Required.  |
| 3   | First Name             | 7    | 25-31    | Beneficiary’s first name. Required.   |
| 4   | M. Initial             | 1    | 32       | Beneficiary’s middle initial. Optional.   |
| 5   | Gender Code            | 1    | 33       | <p>Required.</p> <p>1 = Male.</p> <p>2 = Female.</p> <p>0 = Unknown.</p>  |
| 6   | Birth Date             | 8    | 34-41    | CCYYMMDD. Required.   |
| 7   | Filler                 | 1    | 42       | Space   |
| 8   | PBP #                  | 3    | 43-45    | <p>Three-character Plan Benefit Package (PBP) identifier, 001 – 999 (zero padded).</p> <p>PBP is required for all organizations except HCPP and CCIP/FFS demos. For these non-PBP organizations, populate with spaces.</p>  |
| 9   | Filler                 | 1    | 46       | Space   |

| <b>MARx Batch Input Detail – NUNCMO Change Transaction – TC 73</b> |                          |             |                 |  |
|--|--------------------------|-------------|-----------------|--|
| <b>Item</b>  | <b>Field</b>             | <b>Size</b> | <b>Position</b> | <b>Description</b>   |
| 10   | Contract #               | 5           | 47-51           | Contract Number. Required.<br>Hxxxx = Local Plans.<br>Rxxxx = Regional Plans.<br>Sxxxx = PDPs.<br>Fxxxx = Fallback Plans.<br>Exxxx = Employer sponsored MA/MAPD and PDP Plans.   |
| 11   | Filler                   | 8           | 52-59           | Spaces   |
| 12   | Transaction Code         | 2           | 60-61           | 73   |
| 13   | Filler                   | 2           | 62-63           | Spaces   |
| 14   | Effective Date           | 8           | 64-71           | CCYYMMDD. Required.<br>The effective date for the transaction.   |
| 15   | Filler                   | 22          | 72-93           | Spaces   |
| 16   | Creditable Coverage Flag | 1           | 94              | This indicates whether the beneficiary has creditable drug coverage in the period prior to this enrollment in a Part D Prescription Plan.<br><br>Y = Beneficiary has creditable coverage.<br>N = Beneficiary does not have creditable coverage.<br><br>To set a beneficiary's NUNCMO to zero for a particular date, Plans should use Creditable Coverage Flag = Y and NUNCMO = 0.                                  |
| 17   | NUNCMO                   | 3           | 95-97           | Required for all Part D Plans; otherwise spaces.<br><br>The number of months during which the beneficiary did not have creditable coverage in the period prior to this enrollment, as determined by the Plan according to the applicable CMS policy.<br><br>A NUNCMO may be greater than 0 only if the Creditable Coverage Flag is N.<br>This field is populated with zeroes if the Creditable Coverage Flag is Y. |
| 18   | Filler                   | 112         | 98-209          | Spaces.  |
| 19   | Transaction Tracking ID  | 15          | 210-224         | Optional value created and used by the Plan to track the replies of the transaction.   |
| 20   | Filler                   | 76          | 225-300         | Spaces.  |

**5.2.2 TC 75 Premium Payment Option Change**

The premium withhold process relies on data reported by the Plans and on an interface between the SSA, RRB, and CMS. Processing begins when Plans submit premium information for new members on the Enrollment TC 61 and for current members on the Premium Payment Option (PPO) Change TC 75. On both of these transactions, Plans report the beneficiary Part C and Part D premiums as applicable and the PPO option selected by the member. Current options are:

- D = Direct self-pay.
- S = Deduct from SSA benefits.
- R = Deduct from RRB benefits.
- N = No Premium.

*Layout 5-2: PPO Change – TC 75*

| PPO Change Transaction – TC 75 |                        |      |          |   |
|--------------------------------|------------------------|------|----------|---|
| Item                           | Field                  | Size | Position | Description   |
| 1                              | Beneficiary Identifier | 12   | 1-12     | Required<br><b>Reject</b> the transaction with TRC007 if following criteria is not met during MBI transition:<br>1. Format must be one of the following: <ul style="list-style-type: none"> <li>• HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number).</li> <li>• HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number).</li> <li>• MBI is when the 2nd, 5th, 8th and 9th positions are alphas.</li> </ul> 2. String must contain NO embedded spaces.<br><b>Reject</b> the transaction with TRC008 if the beneficiary identifier is not found. |
| 2                              | Surname                | 12   | 13-24    | Beneficiary’s last name. Required.  |
| 3                              | First Name             | 7    | 25-31    | Beneficiary’s first name. Required.   |
| 4                              | M. Initial             | 1    | 32       | Beneficiary’s middle initial. Optional.   |
| 5                              | Gender Code            | 1    | 33       | Required.<br>1 = Male.<br>2 = Female.<br>0 = Unknown.   |
| 6                              | Birth Date             | 8    | 34-41    | CCYYMMDD. Required.   |
| 7                              | Filler                 | 1    | 42       | Space.  |



| PPO Change Transaction – TC 75 |                         |      |          |  |
|--------------------------------|-------------------------|------|----------|--|
| Item                           | Field                   | Size | Position | Description  |
| 8                              | PBP #                   | 3    | 43-45    | Three-character Plan Benefit Package (PBP) identifier, 001 – 999 (zero padded).<br>PBP is required for all organizations except HCPP and CCIP/FFS demos. For these non-PBP organizations, populate with spaces.  |
| 9                              | Filler                  | 1    | 46       | Space.   |
| 10                             | Contract #              | 5    | 47-51    | Contract Number. Required.<br>Hxxxx = Local Plans.<br>Rxxxx = Regional Plans.<br>Sxxxx = PDPs.<br>Fxxxx = Fallback Plans.<br>Exxxx = Employer sponsored MA/MAPD and PDP Plans.   |
| 11                             | Filler                  | 8    | 52-59    | Spaces.  |
| 12                             | Transaction Code        | 2    | 60- 61   | 75   |
| 13                             | Filler                  | 2    | 62- 63   | Spaces.  |
| 14                             | Effective Date          | 8    | 64-71    | CCYYMMDD. Required.<br>The effective date for the transaction.   |
| 15                             | Filler                  | 9    | 72-80    | Spaces.  |
| 16                             | PPO/Parts C-D           | 1    | 81       | Required for all Plan types except: <ul style="list-style-type: none"> <li>• HCPP</li> <li>• COST 1 without drug</li> <li>• COST 2 without drug</li> <li>• CCIP/FFS demo</li> <li>• MSA/MA</li> <li>• MSA/demo</li> </ul> This indicates the PPO requested by the beneficiary on this transaction.<br>D = Direct self-pay.<br>S = Deduct from SSA benefits.<br>R = Deduct from RRB benefits.<br>N = No Premium.<br>The option applies to both Part C and D Premiums. |
| 17                             | Filler                  | 128  | 82-209   | Spaces.  |
| 18                             | Transaction Tracking ID | 15   | 210-224  | Optional value created and used by the Plan to track the replies of the transaction.   |
| 19                             | Filler                  | 76   | 225- 300 | Spaces.  |

**5.2.3 TC 77 Segment ID Change**

*An MA Plan’s service area can be divided into segments composed of one or more counties. Segmenting permits a Plan to offer the same package of benefits, but at different premium rates and cost-sharing levels. Rules requiring uniformity of premiums and cost-sharing levels for all enrollees in the Plan apply to the segment (and not the Plan’s entire service area).*

**Layout 5-3: Segment ID Change – TC 77**

| Segment ID Change Transaction – TC 77 |                        |      |          |   |
|---------------------------------------|------------------------|------|----------|---|
| Item                                  | Field                  | Size | Position | Description   |
| 1                                     | Beneficiary Identifier | 12   | 1-12     | Required<br><br><b>Reject</b> the transaction with TRC007 if following criteria is not met during MBI transition:<br>1. Format must be one of the following: <ul style="list-style-type: none"> <li>• HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number).</li> <li>• HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number).</li> <li>• MBI is when the 2nd, 5th, 8th and 9th positions are alphas.</li> </ul> 2. String must contain NO embedded spaces.<br><br><b>Reject</b> the transaction with TRC008 if the beneficiary identifier is not found. |
| 2                                     | Surname                | 12   | 13-24    | Beneficiary’s last name. Required.  |
| 3                                     | First Name             | 7    | 25-31    | Beneficiary’s first name. Required.   |
| 4                                     | M. Initial             | 1    | 32       | Beneficiary’s middle initial. Optional.   |
| 5                                     | Gender Code            | 1    | 33       | Required.<br>1 = Male.<br>2 = Female.<br>0 = Unknown.   |
| 6                                     | Birth Date             | 8    | 34-41    | CCYYMMDD. Required.   |
| 7                                     | Filler                 | 1    | 42       | Space.  |
| 8                                     | PBP #                  | 3    | 43-45    | Three-character Plan Benefit Package (PBP) identifier, 001 – 999 (zero padded).<br><br>PBP is required for all organizations except HCPP and CCIP/FFS demos. For these non-PBP organizations, populate with spaces.   |
| 9                                     | Filler                 | 1    | 46       | Space   |

| Segment ID Change Transaction – TC 77 |                         |      |          |  |
|---------------------------------------|-------------------------|------|----------|--|
| Item                                  | Field                   | Size | Position | Description  |
| 10                                    | Contract #              | 5    | 47-51    | Contract Number. Required.<br>Hxxxx = Local Plans.<br>Rxxxx = Regional Plans.<br>Sxxxx = PDPs.<br>Fxxxx = Fallback Plans.<br>Exxxx = Employer sponsored MA/MAPD and PDP Plans. |
| 11                                    | Filler                  | 8    | 52-59    | Spaces.  |
| 12                                    | Transaction Code        | 2    | 60-61    | 77   |
| 13                                    | Filler                  | 2    | 62-63    | Spaces.  |
| 14                                    | Effective Date          | 8    | 64-71    | CCYYMMDD. Required.<br>The effective date for the transaction.   |
| 15                                    | Segment ID              | 3    | 72-74    | The three character segment identifier, 001-999 (zero-padded).<br><br>Only local MA/MAPD Plans (Hxxxx) may have segments.  |
| 16                                    | Filler                  | 135  | 75-209   | Spaces.  |
| 17                                    | Transaction Tracking ID | 15   | 210-224  | Optional value created and used by the Plan to track the replies of the transaction.   |
| 18                                    | Filler                  | 76   | 225-300  | Spaces.  |

**5.2.4 TC 78 Part C Premium**

The Part C premium amount reported by the Plan to CMS includes additional premium amounts for any optional supplemental benefits selected by the member. Part C Premium Change, TC 78 is used to submit Part C premium amounts.

*Layout 5-4: Part C Premium Change – TC 78*

| Part C Premium Change Transaction – TC 78 |                        |      |          |   |
|---|------------------------|------|----------|---|
| Item                                      | Field                  | Size | Position | Description   |
| 1   | Beneficiary Identifier | 12   | 1-12     | <p>Required</p> <p><b>Reject</b> the transaction with TRC007 if following criteria is not met during MBI transition:</p> <ol style="list-style-type: none"> <li>Format must be one of the following:                             <ul style="list-style-type: none"> <li>HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number).</li> <li>HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number).</li> <li>MBI is when the 2nd, 5th, 8th and 9th positions are alphas.</li> </ul> </li> <li>String must contain NO embedded spaces.</li> </ol> <p><b>Reject</b> the transaction with TRC008 if the beneficiary identifier is not found.</p> |
| 2   | Surname                | 12   | 13-24    | Beneficiary’s last name. Required.  |
| 3   | First Name             | 7    | 25-31    | Beneficiary’s first name. Required.   |
| 4   | M. Initial             | 1    | 32       | Beneficiary’s middle initial. Optional.   |
| 5   | Gender Code            | 1    | 33       | <p>Required.</p> <p>1 = Male.</p> <p>2 = Female.</p> <p>0 = Unknown.</p>  |
| 6   | Birth Date             | 8    | 34-41    | CCYYMMDD. Required.   |
| 7   | Filler                 | 1    | 42       | Space   |
| 8   | PBP #                  | 3    | 43-45    | <p>Three-character Plan Benefit Package (PBP) identifier, 001 – 999 (zero padded).</p> <p>PBP is required for all organizations except HCPP and CCIP/FFS demos. For these non-PBP organizations, populate with spaces.</p>  |
| 9   | Filler                 | 1    | 46       | Space   |

| <b>Part C Premium Change Transaction – TC 78</b> |                         |             |                 |  |
|--|-------------------------|-------------|-----------------|--|
| <b>Item</b>                                      | <b>Field</b>            | <b>Size</b> | <b>Position</b> | <b>Description</b>   |
| 10   | Contract #              | 5           | 47-51           | Contract Number. Required.<br>Hxxxx = Local Plans.<br>Rxxxx = Regional Plans.<br>Sxxxx = PDPs.<br>Fxxxx = Fallback Plans.<br>Exxxx = Employer sponsored MA/MAPD and PDP Plans.       |
| 11   | Filler                  | 8           | 52-59           | Spaces.  |
| 12   | Transaction Code        | 2           | 60-61           | 78   |
| 13   | Filler                  | 2           | 62-63           | Spaces.  |
| 14   | Effective Date          | 8           | 64-71           | CCYYMMDD. Required.<br>The effective date for the transaction.   |
| 15   | Filler                  | 10          | 72-81           | Spaces.  |
| 16   | Part C Premium Amount   | 6           | 82-87           | The amount of the Part C Premium is formatted as six digits with leading zeroes.<br>A decimal point is assumed 2-digits from right; XXXXvXX. Zero is interpreted as an actual value. |
| 17   | Filler                  | 122         | 88-209          | Spaces.  |
| 18   | Transaction Tracking ID | 15          | 210-224         | Optional value created and used by the Plan to track the replies of the transaction.   |
| 19   | Filler                  | 76          | 225-300         | Spaces.  |

**5.2.5 Premium Transaction Reply Codes (TRCs) and Definitions**

The following tables contain the TRC Grouping information, values, and definition details of the TRCs related to Premium.

*Table 5-4: Premium TRC Grouping*

| Premium TRC Grouping |  |
|----------------------|--|
| TRC-Type             | TRC Title  |
| 119-A                | PREMIUM AMOUNT CHANGE ACCEPTED                       |
| 120-A                | PREMIUM PAYMENT OPTION CHANGE SENT TO W/H AGENCY     |
| 122-R                | ENROLLMENT/CHANGE REJECTED, INVALID PREM AMT         |
| 123-R                | ENROLLMENT/CHANGE REJECTED, INVALID PREM PAY OPT CD  |
| 124-R                | ENROLLMENT/CHANGE REJECTED, INVALID UNCOV MONTHS     |
| 126-R                | ENROLLMENT/CHANGE REJECTED, INVALID CRED CVRG FLAG   |
| 140-A                | SEGMENT ID CHANGE ACCEPTED                           |
| 141-A                | UNCOVERED MONTHS CHANGE ACCEPTED                     |
| 144-M                | PREMIUM PAYMENT OPTION CHANGED TO DIRECT BILL        |
| 170-I                | PREMIUM WITHHOLD OPTION CHANGE TO DIRECT BILL        |
| 173-R                | CHANGE REJECTED; PREMIUM NOT PREVIOUSLY SET          |
| 177-M                | CHANGE IN LATE ENROLLMENT PENALTY                    |
| 178-M                | LATE ENROLLMENT PENALTY RESCINDED                    |
| 179-A                | TRANSACTION ACCEPTED- NO CHANGE TO PREMIUM RECORD    |
| 182-I                | INVALID PTC PREMIUM SUBMITTED, CORRECTED, ACCEPTED   |
| 185-M                | WITHHOLDING AGENCY ACCEPTED TRANSACTION              |
| 186-I                | WITHHOLDING AGENCY REJECTED TRANSACTION              |
| 187-R                | NO CHANGE IN NUMBER OF UNCOVERED MONTHS INFORMATION  |
| 188-A                | NO CHANGE IN SEGMENT ID                              |
| 191-R                | NO CHANGE IN PREMIUM WITHHOLD OPTION                 |
| 195-M                | SSA UNSOLICITED RESPONSE (SSA WITHHOLD UPDATE)       |
| 206-I                | PART C PREMIUM HAS BEEN CORRECTED TO ZERO            |
| 213-I                | PREMIUM WITHHOLD OPTION CHANGE TO DIRECT BILL        |
| 215-R                | UNCOVERED MONTHS CHANGE REJECTED, INCORRECT EFF DATE |
| 216-I                | UNCOVERED MONTHS EXCEEDS MAX POSSIBLE VALUE          |
| 217-R                | CAN'T CHANGE NUMBER OF UNCOVERED MONTHS              |
| 218-M                | LEP RESET UNDONE                                     |
| 219-M                | LEP RESET ACCEPTED                                   |
| 222-I                | BENE EXCLUDED FROM TRANSMISSION TO SSA/RRB           |
| 225-I                | EXCEEDS SSA BENEFIT & SAFETY NET AMOUNT              |
| 235-I                | SSA ACCEPTED PART B REDUCTION TRANSACTION            |
| 236-I                | SSA REJECTED PART B REDUCTION TRANSACTION            |
| 237-I                | PART B PREMIUM REDUCTION SENT TO SSA                 |
| 238-I                | RRB REJECTED PART B REDUCTION, DELAYED PROCESSING    |
| 239-I                | RRB REJECTED PART B REDUCTION, JURISDICTION          |

| Premium TRC Grouping |   |
|----------------------|---|
| TRC-Type             | TRC Title   |
| 240-A                | TRANSACTION RECEIVED, WITHHOLDING PENDING           |
| 243-R                | CHANGE TO SSA WITHHOLDING REJECTED DUE TO NO SSN    |
| 252-I                | PREM PAYMENT OPTION CHANGED TO DIRECT BILL, NO SSN  |
| 253-M                | CHANGED TO DIRECT BILL; NO FUNDS WITHHELD           |
| 254-I                | BENEFICIARY SET TO DIRECT BILL; SPANS JURISDICTION  |
| 255-I                | PLAN SUBMITTED RRB W/H FOR SSA BENE                 |
| 256-I                | PLAN SUBMITTED SSA W/H FOR RRB BENE                 |
| 262-R                | BAD RRB PREMIUM WITHHOLD EFFECTIVE DATE             |
| 267-M                | PREMIUM PAYMENT OPTION SET TO "N" DUE TO NO PREMIUM |
| 290-I                | IEP NUNCMO RESET                                    |
| 295-M                | LOW INCOME NUNCMO RESET                             |
| 300-R                | NUNCMO CHANGE REJECTED, EXCEEDS MAX POSSIBLE VALUE  |
| 306-R                | NUNCMO CHANGE REJECTED, NO PART D ELIGIBILITY       |
| 316-I                | DEFAULT SEGMENT ID ASSIGNMENT                       |
| 317-I                | SEGMENT ID REASSIGNED AFTER ADDRESS UPDATE          |
| 319-M                | RRB TO SSA BENEFICIARY JURISDICTION CHANGE          |
| 320-M                | SSA TO RRB BENEFICIARY JURISDICTION CHANGE          |
| 341-I                | MAXIMUM NUNCMO CALCULATION                          |
| 371-I                | LEP EXCEEDS SSA HARM LIMIT                          |
| 372-I                | SSA HARM LEP REFUND                                 |
| 392-M                | PPO CHANGED TO DIRECT BILL; BIC OF M OR T           |
| 393-M                | PPO CHANGED TO DIRECT BILL; OUT OF AREA             |
| 706-A                | UI ENROLLMENT CANCEL SEGMENT CORRECTION             |
| 707-A                | UI ENROLLMENT SEGMENT CORRECTION                    |

Table 5-5: Premium TRC Values and Definitions

| Premium Transaction Reply Codes |      |                                |                  |   |
|---------------------------------|------|--------------------------------|------------------|---|
| Code                            | Type | Title                          | Short Definition | Definition  |
| 119                             | A    | Premium Amount Change Accepted | PREM AMT CHG     | <p>A Part C Premium Change transaction (Transaction Type 78) was accepted. The Part C premium amount has been updated with the amount submitted on the transaction. The effective date of the new premium will be reported in the Daily Transaction Reply Report data record field 18. The amount of the new Part C premium will be reported in field 34 of the DTRR record.</p> <p><b>Plan Action:</b> Update the Plan’s records accordingly, ensuring that the beneficiary’s premium amounts are implemented as of the effective date in field 18. Take the appropriate actions as per CMS enrollment guidance.</p> |

| Premium Transaction Reply Codes |      |  |                  |  |
|---------------------------------|------|--|------------------|--|
| Code                            | Type | Title  | Short Definition | Definition   |
| 120                             | A    | PPO Change Sent to W/H Agency                      | WHOLD UPDATE     | <p>As a result of an accepted Plan-submitted transaction (Transaction Types 51, 61, 73, 74, 75, 77, 78) or UI update to a beneficiary's records, information has been forwarded to SSA/RRB to update SSA/RRB records and implement any requested premium withholding changes.</p> <p>Any requested change will not take effect until an SSA/RRB acceptance is received. Plans are notified of the SSA/RRB acceptance with a TRC 185 in a future DTRR data file.</p> <p><b>Plan Action:</b> None required. Take the appropriate actions as per CMS enrollment guidance.</p> <p><b>Note:</b> The Plan will not see the result of any PPO change until they have received a TRC 185 on a future DTRR.</p> |
| 122                             | R    | Enrollment/Change Rejected, Invalid Premium Amount | BAD PREMIUM AMT  | <p>An enrollment or premium change transaction (Transaction Type 61, or 78) was rejected because the submitted Part C premium amount was non-blank and not numeric.</p> <p>If the Part C premium field is blank on a submitted enrollment transaction (Transaction Type 61), the blank will be converted to zeroes. Any submitted value must be numeric.</p> <p>A blank or invalid Part C premium field is not permitted on the Part C premium change transaction (Transaction Type 78).</p> <p><b>Plan Action:</b> Correct the Part C premium amounts and resubmit if appropriate.</p>  |
| 123                             | R    | Enrollment/Change Rejected, Invalid Prm Pay Opt Cd | BAD W/HOLD OPT   | <p>An Enrollment or PPO Change transaction (Transaction Types 61, 75) was rejected because the value submitted in the PPO Code field was an invalid value.</p> <p>The valid values include:</p> <ul style="list-style-type: none"> <li>• D - Direct Bill - Self Pay</li> <li>• R - Deduct from RRB benefits</li> <li>• S - Deduct from SSA benefits</li> <li>• N - No premium applicable</li> </ul> <p><b>Plan Action:</b> Correct the PPO code and resubmit if appropriate.</p>   |



| Premium Transaction Reply Codes |      |  |                  |  |
|---------------------------------|------|--|------------------|--|
| Code                            | Type | Title  | Short Definition | Definition   |
| 124                             | R    | Enrollment/Change Rejected; Invalid Uncov Months   | BAD UNCOV MNTHS  | <p>An enrollment or NUNCMO change transaction (Transaction Types 61, 73) was rejected because the NUNCMO field was not correctly populated.</p> <p>This rejection could be the result of the following conditions:</p> <ul style="list-style-type: none"> <li>• The field contained a non-numeric value</li> <li>• The Uncovered Months field was zero when the Creditable Coverage Switch was set to N</li> <li>• For Transaction Type 61, the Uncovered Months field was greater than zero when the Creditable Coverage Switch was set to Y or blank.</li> <li>• For Transaction Type 73, the Uncovered Months field was greater than zero when the Creditable Coverage Switch was set to Y.</li> </ul> <p><b>Plan Action:</b> Correct the NUNCMO value and resubmit the transaction if appropriate. Verify that the Creditable Coverage Flag and NUNCMO combination is valid.</p> |
| 126                             | R    | Enrollment/Change Rejected; Invalid Cred Cvrq Flag | BAD CRED COV FL  | <p>An enrollment or NUNCMO change transaction (Transaction Types 61, 73) was rejected because the Creditable Coverage Flag field was not correctly populated.</p> <p>For Transaction Type 61, the valid values for the Creditable Coverage Flag are Y, N, and blank.</p> <p>For Transaction Type 73, the valid values for the Creditable Coverage Flag are Y and N.</p> <p>Creditable Coverage Flag values of R and U are not available as valid values for Plan submission.</p> <p><b>Plan Action:</b> Correct the Creditable Coverage Flag value and resubmit the transaction if appropriate. Verify that the Creditable Coverage Flag and NUNCMO combination is valid.</p>  |
| 140                             | A    | Segment ID Change Accepted                         | SEGMENT ID CHG   | <p>A Segment ID Update transaction (Transaction Type 77) was accepted. This transaction changed the Segment ID for the beneficiary.</p> <p>The value in DTRR field 33 contains the new Segment ID. The effective date of the change is reported in field 18</p> <p>All data provided for change other than the Segment ID field has been ignored.</p> <p><b>Plan Action:</b> Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.</p>  |

| Premium Transaction Reply Codes |      |                                  |                       |  |
|---------------------------------|------|----------------------------------|-----------------------|--|
| Code                            | Type | Title                            | Short Definition      | Definition   |
| 141                             | A    | Uncovered Months Change Accepted | UNCOV<br>MNTHS<br>CHG | <p>A Number of Uncovered Months Record Update transaction (Transaction Type 73) was accepted. This transaction updated the creditable coverage information (Creditable Coverage Flag and/or Number of Uncovered Months) for the beneficiary.</p> <p>The values in Daily Transaction Reply Report data record fields 40 and 41 on the DTRR record will contain the new creditable coverage values. The effective date of the change is reported in field 18. Total uncovered months are displayed in field 24.</p> <p>All data provided for change, other than the Uncovered Months fields, has been ignored.</p> <p><b>Please Note: This transaction could have resulted from a Plan/CMS submitted transaction or from a CMS NUNCMO Resynchronization effort.</b></p> <p><b>Plan Action:</b> Ensure the Plan’s system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.</p>  |
| 144                             | M    | PPO changed to Direct Bill       | PREM WH<br>OPT CHG    | <p>CMS has changed the Premium Payment Option specified on the transaction to “D – Direct Bill” for one of the following reasons:</p> <ul style="list-style-type: none"> <li>• Retroactive premium withholding was requested.</li> <li>• The beneficiary’s retirement system (SSA, RRB or OPM) was unable to withhold the entire premium amount from the beneficiary’s monthly check.</li> <li>• The beneficiary chose “OPM” as the withhold option. OPM is not withholding premiums at this time.</li> <li>• The Plan has submitted a Part C premium amount that exceeds the maximum Part C premium value provided by HPMS.</li> <li>• RRB Withholding was requested for an effective date prior to 06/01/2011.</li> <li>• The beneficiary’s premium withholding period cannot be sent to SSA at this time.</li> </ul> <p>This TRC may be generated in response to an accepted enrollment, PBP change, Premium Payment Option Change or Part C Premium Change transaction (Transaction Types 61, 75, 78) or may be initiated by CMS.</p> <p><b>Plan Action:</b> Update the Plan’s beneficiary records to reflect the direct bill payment method. Take the appropriate actions as per CMS enrollment guidance.</p> |

| Premium Transaction Reply Codes |      |   |                  |  |
|---------------------------------|------|---|------------------|--|
| Code                            | Type | Title   | Short Definition | Definition   |
| 170                             | I    | Premium Withhold Option Changed to Direct Billing | PREM WH OPT CHG  | <p>The beneficiary's PPO was changed to Direct Billing (D) because the beneficiary is a member of an employer group. Retirees who are members of an employer group cannot elect SSA withholding.</p> <p>This TRC provides additional information about an enrollment, PBP change, or PPO Change transaction (Transaction Types 61, 75) for which an acceptance was sent in a separate Transaction Reply with an enrollment acceptance TRC. The Effective Date of the enrollment for which this information is pertinent is reported in DTRR field 18.</p> <p><b>Plan Action:</b> Update the Plan's billing method and contact the beneficiary to explain the consequences of this change.</p>  |
| 173                             | R    | Change Rejected; Premium Not Previously Set       | NO PREMIUM INFO  | <p>An Uncovered Months, PPO, or Part C premium amount change transaction (Transaction Types 73, 75, 78) was rejected because the beneficiary's premium was not established as of the transaction effective date.</p> <p><b>Plan Action:</b> Review the beneficiary's premium data and resubmit if appropriate.</p>   |
| 177                             | M    | Change in Late Enrollment Penalty                 | NEW PENALTY AMT  | <p>This TRC is intended to supply the Plan with additional information about the beneficiary.</p> <p>The beneficiary's total late enrollment penalty has changed. This may be the result of:</p> <ul style="list-style-type: none"> <li>• A change to the beneficiary's NUNCMO (but there are still uncovered months);</li> <li>• A change to the beneficiary's LIS status;</li> <li>• A new Initial Election Period (IEP); or</li> <li>• The addition, withdrawal, or change in the CMS-granted waiver of penalty.</li> </ul> <p><b>Plan Action:</b> Adjust the beneficiary's payment amount. The new total penalty amount can be determined by subtracting amounts in DTRR fields 55 (waived amount) and 56 (subsidized amount) from field 54 (base penalty). Take the appropriate actions as per CMS enrollment guidance.</p> |
| 178                             | M    | Late Enrollment Penalty Rescinded                 | PNLTY RESCINDED  | <p>This TRC is intended to supply the Plan with additional information about the beneficiary.</p> <p>The LEP, reported in field 52 of the DTRR, associated with the specified effective date has been rescinded (set to zero).</p> <p><b>Plan Action:</b> Adjust the beneficiary's payment amount. Take the appropriate actions as per CMS enrollment guidance.</p>  |

| Premium Transaction Reply Codes |      |   |                  |  |
|---------------------------------|------|---|------------------|--|
| Code                            | Type | Title   | Short Definition | Definition   |
| 179                             | A    | Transaction Accepted, No Change to Premium Record | NO CHNG TO PREM  | <p>A Record Update transaction (Transaction Type 73, 77, 78) was accepted. The submitted transaction contained premium data values that matched those already on record with CMS for the specified period.</p> <p><b>Plan Action:</b> Ensure that the Plan’s system reflects the amounts in the DTRR record.</p>   |
| 182                             | I    | Invalid PTC Premium Submitted Corrected, Accepted | PTC PRM OVERRIDE | <p>An Enrollment, Residence Address Change, Segment ID Change, PBP change, Enrollment Cancellation, Disenrollment Cancellation or Part C Premium Record Update transaction (Transaction Types 61, 76, 77, 78, 80, 81, 82) was accepted but the Part C premium did not agree with the Plan’s HPMS contracted Part C premium rate. The premium has been adjusted to reflect the contracted rate.</p> <ul style="list-style-type: none"> <li>• If the submitted Part C premium amount has pennies, the Part C premium amount was rounded to the nearest dime.</li> <li>• If the rounded Part C premium amount was less than the HPMS contracted Part C premium minimum amount or greater than the HPMS contracted Part C premium maximum amount for the Plan, MARx has reset the premium to the HPMS contracted Part C premium minimum amount.</li> </ul> <p><b>Note:</b> If any of the HPMS contracted Part C premium amounts contained pennies, the amounts were rounded for these comparisons.</p> <p>The updated Part C premium rate is reported in Daily Transaction Reply Report (DTRR) data record fields 24 and 34.</p> <p>TRC 182 is the acceptance TRC for Transaction Type 78. For the other transaction types, normal acceptance TRCs will be returned along with TRC 182.</p> <p><b>Plan Action:</b> Update the Plan’s beneficiary records with the premium information in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.</p> |

| Premium Transaction Reply Codes |      |   |                  |   |
|---------------------------------|------|---|------------------|---|
| Code                            | Type | Title   | Short Definition | Definition  |
| 185                             | M    | Withholding Agency Accepted Transaction           | ACCEPTED         | <p>CMS submitted information on a beneficiary to SSA/RRB (See TRC 120). TRC 185 is sent to the Plan when SSA/RRB acknowledges that they have accepted and processed the beneficiary data.</p> <p>If the submittal to SSA/RRB was the result of a requested premium withholding change, TRC 185 informs the Plan that SSA/RRB has accepted and processed the change. The beneficiary's PPO is reported in DTRR field 39. The effective date of the PPO change is reported in field 18.</p> <p><b>Note:</b> The reported new PPO may be the same as the existing PPO.</p> <p>Plans will not see the results of any requested premium withholding changes until TRC 185 is received.</p> <p><b>Plan Action:</b> Ensure the Plan's system matches the information, primarily the PPO, included in the DTRR.</p> |
| 186                             | I    | Withholding Agency Rejected Transaction           | REJECTED         | <p>CMS submitted information on a beneficiary to SSA/RRB (See TRC 120). This data transmittal was rejected by SSA/RRB.</p> <p>This is exclusive to the communication between CMS and SSA/RRB. CMS will continue to interface with SSA/RRB to resolve the rejection.</p> <p>If CMS is unable to resolve this rejection and the Beneficiary-requested Premium Payment Option is changed, the Plan may receive TRC 144.</p> <p>A reason code (based on the rejection code received from the agency) will be provided in Field 24.</p> <p><b>Plan Action:</b> No action required.</p>   |
| 187                             | R    | No Change in Number of Uncovered Mths Information | DUP NO UNCV MTH  | <p>A NUNCMO Record Change transaction (Transaction Type 73) was rejected. No data change was made to the beneficiary's record. The submitted transaction contained NUNCMO Information that matched those already on record with CMS.</p> <p>This transaction had no effect on the beneficiary's records.</p> <p><b>Plan Action:</b> None required.</p>  |

| Premium Transaction Reply Codes |      |                                      |                  |  |
|---------------------------------|------|--------------------------------------|------------------|--|
| Code                            | Type | Title                                | Short Definition | Definition   |
| 188                             | A    | No Change in Segment ID              | DUP SEGMENT ID   | <p>A Segment ID Update transaction (Transaction Type 77) was accepted, however, no data change was made to the beneficiary’s record. The submitted transaction contained a Segment ID value that matched the Segment ID already on record with CMS.</p> <p>This transaction had no effect on the beneficiary’s records.</p> <p><b>Plan Action:</b> None required.</p>  |
| 191                             | R    | No Change in Premium Withhold Option | DUP PRM WH OPTN  | <p>A Premium Payment Option Change transaction (Transaction Type 75) was rejected and no data change was made to the beneficiary’s record for one of the following reasons:</p> <ol style="list-style-type: none"> <li>1. The submitted transaction contained a Premium Payment Option value that matched the Premium Payment Option already on record with CMS.</li> <li>2. Beneficiary has a premium. Setting the Premium Payment Option to “no premium” (N), is not acceptable. Beneficiary premium may be due wholly or in part to a late enrollment penalty.</li> <li>3. Beneficiary premiums are zero. Withholding cannot be established.</li> <li>4. A Premium Payment Option request of ‘Deduct from SSA (S)’ or ‘Deduct from RRB (R)’ was submitted on a Premium Payment Option Change transaction (Transaction Type 75) when the beneficiary has ‘No Premiums’. The Premium Payment Option was set to ‘N’, which matches the Premium Payment Option already on record with CMS.</li> <li>5. SSA or RRB Withholding was requested for a LINET, MMP or PACE Plan.</li> </ol> <p>This transaction had no effect on the beneficiary’s records.</p> <p><b>Plan Action:</b> None required.</p> |
| 195                             | M    | SSA Unsolicited Response             | SSA WHOLD UPDT   | <p>An unsolicited response has been received from SSA. The PPO for this beneficiary is set to Direct Bill. This action is not in response to a Plan-initiated transaction.</p> <p>The effective change date change is reported in DTRR field 18.</p> <p><b>Plan Action:</b> Change the beneficiary to direct bill as of the effective date in field 18. Take the appropriate actions as per CMS enrollment guidance.</p>   |

| Premium Transaction Reply Codes |      |  |                  |   |
|---------------------------------|------|--|------------------|---|
| Code                            | Type | Title  | Short Definition | Definition  |
| 206                             | I    | Part C Premium has been corrected to zero          | PTC PREM ZEROED  | <p>An enrollment, PBP change or Part C Premium Update transaction (Transaction Types 61, 78) was submitted and accepted for a Part D only Plan. This transaction contained an amount other than zero in the Part C premium field. Since a Part C premium does not apply to a Part D only Plan, the Part C premium has been corrected to be zero.</p> <p>This TRC provides additional information about an enrollment, PBP change, or Part C Premium Update transaction (Transaction Types 61, 78) for which an acceptance was sent in a separate Transaction Reply with an acceptance TRC. The effective date of the enrollment for which this information is pertinent is reported in DTRR field 18.</p> <p><b>Plan Action:</b> Update the Plan’s records accordingly, ensuring that the beneficiary’s information matches zero Part C premium amount included in the DTRR record.</p> |
| 213                             | I    | Premium Withhold Exceeds Safety Net Amount         | EXCEED SNET AMT  | <p>CMS has changed the PPO specified on the transaction to “D – Direct Bill” because the transaction would result in SSA withholding exceeding the Safety Net amount from the beneficiary’s check in one month.</p> <p>This TRC may be generated in response to an accepted enrollment or PBP change (Transaction Type 61), NUNCMO Record Update (Transaction Type 73), Part C Premium Update (Transaction Type 78), PPO Change (Transaction Type 75), or may be initiated by CMS.</p> <p><b>Plan Action:</b> Change the beneficiary to Direct Bill and contact them to explain the consequences of the PPO change. Take the appropriate actions as per CMS enrollment guidance.</p>  |
| 215                             | R    | Uncovered Months Chng Rejected, Incorrect Eff Date | BAD NUNCMO EFF   | <p>A NUNCMO Change (Transaction Type 73) transaction was rejected because the submitted effective date is incorrect. The date may have been incorrect for one of the following reasons:</p> <ul style="list-style-type: none"> <li>• The submitted effective date is prior to August 1, 2006.</li> <li>• The submitted effective date is after the Current Calendar Month (CCM) plus 3.</li> <li>• The submitted effective date falls within a Part D Plan enrollment but does not match the contract enrollment start date.</li> </ul> <p><b>Plan Action:</b> Correct the effective date and resubmit the transaction. If the Plan still does not get a successful transaction, please contact the MAPD Help desk.</p>   |

| Premium Transaction Reply Codes |      |   |                  |   |
|---------------------------------|------|---|------------------|---|
| Code                            | Type | Title                                       | Short Definition | Definition  |
| 216                             | I    | Uncovered months exceeds max possible value | NUNCMO EXDS MAX  | <p>This TRC is returned on an accepted enrollment transaction (Transaction Type 61) when the submitted incremental NUNCMO value exceeds the maximum possible value.</p> <p>This does NOT cause the rejection of the enrollment transaction but zero uncovered months (000) is associated with the effective date of the enrollment. This informational TRC may accompany the enrollment transaction's acceptance TRC.</p> <p>Field 24 (Maximum Number of Uncovered Months) reports the maximum incremental NUNCMO value that could be associated with the enrollment effective date submitted.</p> <p>Field 40 (Cumulative Number of Uncovered Months) reports the total uncovered months as of the effective date.</p> <p>Field 45 (Submitted Number of Uncovered Months) reports the incremental NUNCMO value submitted by the Plan.</p> <p><b>Plan Action:</b> Update the Plan's records. If the NUNCMO should be another value, review CMS enrollment guidance and correct the NUNCMO value using a new NUNCMO Record Update (Transaction Type 73) transaction.</p> |
| 217                             | R    | Can't Change number of uncovered months     | CANT CHG NUNCMO  | <p>An uncovered months change transaction (Transaction Type 73) was rejected because the submitted transaction attempted to change the number of uncovered months for an effective date corresponding to a "Late Enrollment Penalty (LEP) Reset" transaction in the CMS database that disallows an uncovered months change transaction.</p> <p>LEP Resets include:<br/>                     'A' – Aged<br/>                     'L' – LIS<br/>                     'T' – US Territory 'R' – Reset</p> <p><b>Plan Action:</b> Take the appropriate actions as per CMS enrollment guidance.</p>   |
| 218                             | M    | LEP Reset Undone                            | LEP RESET UNDNE  | <p>CMS has re-established the beneficiary's late enrollment penalty (LEP). The previous LEP RESET was removed.</p> <p><b>Plan Action:</b> Update the Plan's records accordingly, ensuring that the beneficiary's LEP information matches the data included in the Daily Transaction Reply Report (DTRR) record. Take the appropriate actions as per CMS enrollment guidance.</p>  |



| Premium Transaction Reply Codes |      |  |                  |   |
|---------------------------------|------|--|------------------|---|
| Code                            | Type | Title                                      | Short Definition | Definition  |
| 219                             | M    | LEP Reset Accepted                         | LEP RESET        | <p>CMS has reset the beneficiary’s NUNCMO to zero. The Late Enrollment Penalty (LEP) amount is now zero.</p> <p><b>Plan Action:</b> Update the Plan’s records accordingly, ensuring that the beneficiary’s LEP information matches the data included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.</p>   |
| 222                             | I    | Bene Excluded from Transmission to SSA/RRB | BENE EXCLUSIO N  | <p>This TRC can be returned on a reply with various Transaction Types (51, 61, 73, 78) and the maintenance Transaction Type (01). It is intended to supply the Plan with additional information about the beneficiary.</p> <p>CMS has excluded beneficiary from transmission to SSA/RRB.</p> <p><b>Plan Action:</b> None required.</p>  |
| 225                             | I    | Exceeds SSA Benefit & Safety Net Amount    | Insuf fund&snet  | <p>CMS has changed the PPO specified on the transaction to “D – Direct Bill” because the transaction would result in the SSA benefit being insufficient to cover the withholding and the withholding would exceed the Safety Net amount.</p> <p>This TRC may be generated in response to an accepted enrollment or PBP change (Transaction Type 61), NUNCMO Record Update (Transaction Type 73), Part C Premium Update (Transaction Type 78), PPO Change (Transaction Type 75), or may be initiated by CMS.</p> <p><b>Plan Action:</b> Change the beneficiary to direct bill and contact them to explain the consequences of the PPO change. Take the appropriate actions as per CMS enrollment guidance.</p> |
| 235                             | I    | SSA Accepted Part B Reduction Transaction  | SSA PT B ACCEPT  | <p>CMS submitted Part B Reduction information on a beneficiary to SSA (See TRC 237). TRC 235 is sent to the Plan when SSA acknowledges that they have accepted and processed the beneficiary data.</p> <p>If the submittal to SSA was the result of a requested Part B Reduction change, TRC 235 informs the Plan that SSA has accepted and processed the change.</p> <p>Plans will not see the results of any requested Part B Reduction change until TRC 235 is received and SSA has processed the request. This may take as long as 60 days.</p> <p><b>Plan Action:</b> No action required.</p>  |

| Premium Transaction Reply Codes |      |   |                  |   |
|---------------------------------|------|---|------------------|---|
| Code                            | Type | Title   | Short Definition | Definition  |
| 236                             | I    | SSA Rejected Part B Reduction Transaction         | SSA PT B REJECT  | <p>CMS submitted Part B Reduction information on a beneficiary to SSA (See TRC 237). This data transmittal was rejected by SSA.</p> <p>This is exclusive to the communication between CMS and SSA. CMS will continue to interface with SSA to resolve the rejection.</p> <p><b>Plan Action:</b> No action required.</p>   |
| 237                             | I    | Part B Premium Reduction Sent to SSA              | PT B RED UPDATE  | <p>As a result of an accepted Plan-submitted transaction (Transaction Types 51, 61, 72, 73, 75, 78) or UI update to a beneficiary's records, information has been forwarded to SSA/RRB to update SSA/RRB records and implement any requested Part B premium reduction changes.</p> <p>Any requested change will not take effect until an SSA/RRB acceptance is received. Plans are notified of the SSA/RRB acceptance with a TRC 235 on a future DTRR.</p> <p><b>Plan Action:</b> None required. Take the appropriate actions as per CMS enrollment guidance.</p> <p><b>Note:</b> The Plan will not see the result of any Part B Reduction change until they have received a TRC 235 or 236 on a future DTRR.</p> |
| 238                             | I    | RRB Rejected Part B Reduction, Delayed Processing | DELAY RRB PROC   | <p>CMS submitted Part B Reduction information for a beneficiary to RRB (See TRC 237). This data transmittal was rejected by RRB because they are unable to process the data at this time.</p> <p>CMS continues to interface with RRB to resolve the rejection.</p> <p><b>Plan Action:</b> No action required.</p>   |
| 239                             | I    | RRB Rejected Part B Reduction, Jurisdiction       | NOT RRB JRSDCTN  | <p>CMS submitted Part B Reduction information for a beneficiary to the RRB (See TRC 237). This data transmittal was rejected by the RRB. The beneficiary no longer falls under the RRB jurisdiction.</p> <p><b>Plan Action:</b> The beneficiary jurisdiction must be assessed and aligned between agencies to successfully process the data.</p>  |

| Premium Transaction Reply Codes |      |  |                  |  |
|---------------------------------|------|--|------------------|--|
| Code                            | Type | Title  | Short Definition | Definition   |
| 240                             | A    | Transaction Received, Withholding Pending          | WHOLD UPDATE     | <p>As a result of an accepted Plan-submitted transaction to update a beneficiary's PPO (Transaction Type 75) or a UI update of same, a request will soon be forwarded to SSA.</p> <p>Plans will receive TRC 120 when this request is forwarded to SSA. Plans are notified of the subsequent SSA acceptance or rejection of the PPO change with a TRC 185 or 186, respectively, on a future DTRR.</p> <p>All data provided for change other than the PPO field was ignored.</p> <p><b>Plan Action:</b> Take the appropriate actions as per CMS enrollment guidance.</p> <p><b>Note:</b> The Plan will not see the result of any PPO change until they have received a TRC 185 on a future DTRR.</p> |
| 243                             | R    | Change to SSA Withholding rejected due to no SSN   | NO SSN AT CMS    | <p>A PPO Change transaction (Transaction Type 75) was submitted to change the beneficiary's PPO to SSA withholding, however, there is no Social Security Number (SSN) on file at CMS. The beneficiary's PPO is not changed to SSA withholding.</p> <p>The beneficiary's records were unchanged.</p> <p><b>Plan Action:</b> Update the Plan's beneficiary record accordingly. Take the appropriate action with member as per CMS enrollment guidance.</p>   |
| 252                             | I    | Prem Payment Option Changed to Direct Bill; No SSN | W/O CHG;NO SSN   | <p>CMS has changed the PPO specified on the transaction to "D – Direct Bill" because the beneficiary does not have a Social Security number on file at CMS.</p> <p>This TRC may be generated in response to an accepted Enrollment, PBP change or PPO Change transaction (Transaction Types 61 or, 75) or may be initiated by CMS.</p> <p><b>Plan Action:</b> Update the Plan's beneficiary records to reflect the direct bill payment method. Take the appropriate actions with member as per CMS enrollment guidance.</p>  |
| 253                             | M    | Changed to Direct Bill; no Funds Withheld          | W/O CHG;NO W/H   | <p>CMS has changed the PPO to "D-Direct Bill" because no funds have been withheld by the withholding agency in the two months since withholding was accepted.</p> <p><b>Plan Action:</b> Update the Plan's beneficiary records to reflect the direct bill payment method. Take the appropriate actions with member as per CMS enrollment guidance.</p>   |

| Premium Transaction Reply Codes |      |  |                       |   |
|---------------------------------|------|--|-----------------------|---|
| Code                            | Type | Title  | Short Definition      | Definition  |
| 254                             | I    | Beneficiary set to Direct Bill, spans jurisdiction | DIR BIL<br>JRSDCTN    | <p>CMS has changed the PPO to “D-Direct Bill” because the withholding request spans two different withholding agency jurisdictional periods. This could occur for one of the following reasons:</p> <ul style="list-style-type: none"> <li>SSA is the beneficiary’s current withholding agency but the withholding request contains one or more periods from when RRB was the beneficiary’s withholding agency.</li> <li>RRB is the beneficiary’s current withholding agency but the withholding request contains one or more periods from when SSA was the beneficiary’s withholding agency.</li> </ul> <p><b>Plan Action:</b> Update the Plan’s beneficiary records to reflect the Direct Bill payment method. Take the appropriate actions with member as per CMS enrollment guidance.</p> |
| 255                             | I    | Plan Submitted RRB W/H for SSA Beneficiary         | RRB<br>WHOLD 4<br>SSA | <p>CMS has changed the PPO to “S-SSA Withhold” because SSA is the correct withholding agency for this beneficiary.</p> <p><b>Plan Action:</b> None required.</p>  |
| 256                             | I    | Plan Submitted SSA W/H for RRB Beneficiary         | SSA<br>WHOLD 4<br>RRB | <p>CMS has changed the PPO to “R-RRB Withhold” because RRB is the correct withholding agency for this beneficiary.</p> <p><b>Plan Action:</b> None required.</p>  |
| 262                             | R    | Bad RRB Premium Withhold Effective Date            | INVALID<br>EFF DTE    | <p>A PPO Change Transaction (Transaction Type 75) was rejected because request for RRB withholding is NOT allowed for effective date prior to 6/1/2011.</p> <p><b>Plan Action:</b> Correct the Effective date and resubmit.</p>   |
| 267                             | M    | PPO set to N due to No Premium                     | PPO SET<br>TO N       | <p>The beneficiary’s PPO was set to N because their premium is \$0. This occurs as part of an end-of-year process based on the Plan’s basic Part C premium for the upcoming year.</p> <p><b>Plan Action:</b> Submit a transaction to reset the Part C premium and to renew a request for withholding status if appropriate.</p>   |
| 290                             | I    | IEP NUNCMO Reset                                   | NUNCMO<br>RSET IEP    | <p>This TRC was the result of an automatic system reset, or zeroing, of the cumulative uncovered months for the identified beneficiary. This reset occurred for one of the following reasons:</p> <ul style="list-style-type: none"> <li>Disabled beneficiary became age-qualified for Medicare.</li> <li>An aged beneficiary had a retroactive NUNCMO transaction with an effective date prior to aged qualification at the beginning of the IEP period.</li> </ul> <p>Reset effective date is in DTRR field 18.</p> <p><b>Plan Action:</b> Update Plan records accordingly.</p>   |

| Premium Transaction Reply Codes |      |   |                    |  |
|---------------------------------|------|---|--------------------|--|
| Code                            | Type | Title   | Short Definition   | Definition   |
| 295                             | M    | Low Income<br>NUNCMO RESET                                  | NUNCMO<br>RSET LIS | <p>This TRC is the result of an automatic system reset, or zeroing, of the cumulative uncovered months for the identified beneficiary. This reset occurred because of one of the following conditions:</p> <ul style="list-style-type: none"> <li>• The beneficiary has been identified as having the Part D low- income subsidy.</li> <li>• The beneficiary has been identified as being enrolled in an US Territory Part D plan (the Plan resides in the US Territory) and maintains a Medicaid (full or partial) status.</li> </ul> <p>The Reset effective date is in the Daily Transaction Reply Report (DTRR) data record, field 18.</p> <p><b>Plan Action:</b> Update plan records accordingly.</p>  |
| 300                             | R    | NUNCMO Change<br>Rejected, Exceeds<br>Max Possible<br>Value | NM CHG<br>EXDS MAX | <p>A NUNCMO Record Update transaction (73) was rejected because the submitted incremental NUNCMO exceeds the maximum possible value. The original (existing) incremental NUNCMO associated with this effective date has been retained.</p> <p>Field 24 (Maximum Number of Uncovered Months) reports the maximum incremental NUNCMO value that could be associated with the enrollment effective date submitted.</p> <p>Field 40 (Cumulative Number of Uncovered Months) reports the total uncovered months as of the effective date.</p> <p>Field 45 (Submitted Number of Uncovered Months) reports the incremental NUNCMO value submitted by the Plan.</p> <p><b>Plan Action:</b> Review the incremental NUNCMO submitted, the maximum incremental NUNCMO calculated by the system, and/or the effective date submitted. If the NUNCMO and/or the effective date should be another value, review CMS enrollment guidance, and correct the NUNCMO value using a new NUNCMO Record Update (73) transaction.</p> |
| 306                             | R    | NUNCMO Change<br>Rejected, No Part<br>D Eligibility         | NUNCMO,<br>NO PTD  | <p>A NUNCMO Change transaction (Transaction Type 73) was rejected because beneficiary does not have Part D Eligibility as of the submitted effective date.</p> <p><b>Plan Action:</b> Verify the beneficiary identifying information and resubmit the transaction with updated information, if appropriate.</p>  |

| Premium Transaction Reply Codes |      |  |                  |  |
|---------------------------------|------|--|------------------|--|
| Code                            | Type | Title                                      | Short Definition | Definition   |
| 316                             | I    | Default Segment ID Assignment              | DEFAULT SEG ID   | <p>A default Segment ID is assigned because the beneficiary is Out-of-Area for the Contract/PBP. For enrollments with effective dates prior to 2014, the default Segment is the Segment with the lowest valid Segment ID for the Contract/PBP. For years 2014 and later, the default Segment is the Segment with the lowest premiums.</p> <p><b>Plan Action:</b> Verify the beneficiary’s address is correct. Submit a Residence Address Change if appropriate.</p>  |
| 317                             | I    | Segment ID Reassigned after Address Update | SEG ID REASSIGN  | <p>A Segment ID reassigns because updated address information is received. The updated address information either results from a Plan-submitted Residence Address Change (Transaction Type 76) or an SCC change notification.</p> <p>This TRC is returned when a Segment ID reassigns for one of the following reasons:</p> <ul style="list-style-type: none"> <li>• Updated address information is received. The updated address information is either a result of a Plan-submitted Residence Address Change (Transaction Type 76) or a State and County Code change notification.</li> <li>• An Enrollment Transaction (Transaction Type 61) or Segment ID Change (Transaction Type 77) is received for a segmented Plan where part of the enrollment has a terminated Segment ID. Examples include: <ul style="list-style-type: none"> <li>○ A retroactive enrollment that spans more than one year and the Segment ID is not valid for both years.</li> <li>○ An enrollment that is effective at the end of one year and the Segment ID is not valid for the upcoming year.</li> </ul> </li> <li>• An Enrollment Transaction (Transaction Type 61) is received with an invalid Segment ID.</li> </ul> <p>The effective date of the reassignment is reported in field 18.</p> <p><b>Plan Action:</b> Verify the Segment ID is correct. Submit a Residence Address Change or a Segment ID change if appropriate.</p> |
| 319                             | M    | RRB to SSA Beneficiary Jurisdiction Change | RRB - SSA Jur    | <p>A beneficiary undergoes a jurisdiction change from RRB to SSA. CMS attempts to establish premium withholding with SSA, which may take up to two months. If the transfer is successful, a TRC 185 is issued. If it is unsuccessful, TRCs 186 and 144 are issued. This action is not in response to a Plan-initiated transaction.</p> <p><b>Plan Action:</b> None required at this time.</p>  |

| Premium Transaction Reply Codes |      |  |                  |   |
|---------------------------------|------|--|------------------|---|
| Code                            | Type | Title                                      | Short Definition | Definition  |
| 320                             | M    | SSA to RRB Beneficiary Jurisdiction Change | SSA - RRB Jur    | <p>A beneficiary undergoes a jurisdiction change from SSA to RRB. CMS attempts to establish premium withholding with RRB, which may take up to two months. If the transfer is successful, a TRC 185 is issued. If it is unsuccessful, TRCs 186 and 144 are issued. This action is not in response to a Plan-initiated transaction.</p> <p><b>Plan Action:</b> None required at this time.</p>   |
| 341                             | I    | Maximum NUNCMO Calculation                 | MAX NUNCMO CALC  | <p>This TRC provides additional information about an accepted enrollment, disenrollment, enrollment cancellation, disenrollment cancellation, or NUNCMO record update transaction (Transaction Types 61, 51, 54, 73, 80, 81, 82) for which an acceptance was sent in a separate Transaction Reply.</p> <p>This reply informs the plan of the maximum incremental NUNCMO value that could be associated with the enrollment effective date.</p> <p>Field 24 (Maximum Number of Uncovered Months) reports the maximum incremental NUNCMO value as of the effective date.</p> <p>Field 40 (Cumulative Number of Uncovered Months) reports the total uncovered months as of the effective date.</p> <p>Field 45 (Existing or Submitted Number of Uncovered Months) reports the incremental NUNCMO value submitted on the transaction or the existing incremental NUNCMO.</p> <p><b>Note:</b> TRC 341 may be issued due to a change to a prior Plan's NUNCMO. In this case, field 45 will contain the existing incremental NUNCMO when issued to subsequent Plan(s).</p> <p><b>Plan Action:</b> Review the incremental NUNCMO and the maximum incremental NUNCMO calculated by the system. If the NUNCMO should be another value, review CMS enrollment guidance and correct the NUNCMO value using a new NUNCMO Record Update (73) transaction.</p> |

| Premium Transaction Reply Codes |      |   |                  |  |
|---------------------------------|------|---|------------------|--|
| Code                            | Type | Title                                     | Short Definition | Definition   |
| 371                             | I    | LEP Exceeds SSA Harm Limit                | LEP HARM         | <p>A NUNCMO Change transaction (Transaction Type 73) was processed for a period of SSA withholding. The sum of the current premium amount and additional retroactive LEP amounts to be collected exceeds the SSA Harm Limit of \$300.00 per month. The additional LEP amount for retroactive months will be directly collected from the beneficiary by the plan. The amount to be directly collected will be reported as a Harm Detail Record on the LEP Data File.</p> <p><b>Plan Action:</b> Update the Plan’s records accordingly and collect amounts reported as Harm Detail Records from the beneficiary. LEP amounts previously collected by the withholding agency will remain with CMS.</p>  |
| 372                             | I    | SSA Harm LEP Refund                       | HRM LEP RFND     | <p>There is a subsequent change to retroactive LEP, and the beneficiary is due a partial or full refund of the amount that was previously collected based on the TRC 371.</p> <p>Harm Detail Records on the LEP Data File will report the negative LEP amounts to be refunded to the beneficiary.</p> <p><b>Plan Action:</b> Update the Plan’s records accordingly and refund amounts reported as Harm Detail Records to the beneficiary.</p>  |
| 392                             | M    | PPO changed to Direct Bill; BIC of M or T | BIC M or T       | <p>CMS has set the Premium Payment Option specified on the transaction to “D – Direct Bill” because the beneficiary has a BIC of M or T and chose “SSA” as the withhold option. SSA cannot withhold premiums for these beneficiaries (there is no benefit check to withhold from).</p> <p>This TRC may be generated in response to an accepted:</p> <ul style="list-style-type: none"> <li>• Enrollment or PBP Change (Transaction Type 61) submitted with a PPO of ‘S’ (SSA Withholding)</li> <li>• Premium Payment Option Change (Transaction Type 75) submitted with a PPO of ‘S’ (SSA Withholding)</li> </ul> <p>The value in Daily Transaction Reply Report data record field 39 will contain the new PPO value. The effective date of the change is reported in field 18.</p> <p><b>Plan Action:</b> Update the Plan’s beneficiary records to reflect the direct bill payment method. Take the appropriate actions as per CMS enrollment guidance.</p> |



| Premium Transaction Reply Codes |      |   |                  |   |
|---------------------------------|------|---|------------------|---|
| Code                            | Type | Title                                   | Short Definition | Definition  |
| 393                             | M    | PPO changed to Direct Bill; Out of Area | Out of Area      | <p>CMS has set the Premium Payment Option specified on the transaction to “D – Direct Bill” because CMS has information that the beneficiary is no longer in the service area for a segmented plan and the Plan chose “SSA” as the withhold option. SSA cannot withhold premiums for these beneficiaries.</p> <p>This TRC may be generated in response to an accepted:</p> <ul style="list-style-type: none"> <li>• Enrollment or PBP Change (Transaction Type 61) submitted with a PPO of ‘S’ (SSA Withholding)</li> <li>• Premium Payment Option Change (Transaction Type 75) submitted with a PPO of ‘S’ (SSA Withholding)</li> </ul> <p>The value in Daily Transaction Reply Report data record field 39 will contain the new PPO value. The effective date of the change is reported in field 18.</p> <p><b>Plan Action:</b> Update the Plan’s beneficiary records to reflect the direct bill payment method. Take the appropriate actions as per CMS enrollment guidance.</p> |
| 706                             | A    | UI Enrollment Cancel Segment Correction | UI CNCL SEG COR  | <p>A CMS User updated the Segment on an existing enrollment. This generates two transaction replies, a Transaction Type 51 with TRC 706 and a Transaction Type 61 with TRC 707. This reply (Transaction Type 51) represents the cancellation of the enrollment in the original Segment. When an enrollment is cancelled it means that the enrollment never occurred. The effective (start) and disenrollment (end) dates of the enrollment being cancelled are found in DTRR fields 18 &amp; 24, respectively.</p> <p><b>Plan Action:</b> Remove the indicated enrollment in the original Segment from the Plan’s records. Look for the accompanying reply with TRC 707 to determine the replacement enrollment period. Take the appropriate actions as per CMS enrollment guidance.</p>  |

| Premium Transaction Reply Codes |      |                                  |                  |   |
|---------------------------------|------|----------------------------------|------------------|---|
| Code                            | Type | Title                            | Short Definition | Definition  |
| 707                             | A    | UI Enrollment Segment Correction | UI ENR SEG COR   | <p>A CMS User updated the Segment on an existing enrollment. This generates two transaction replies, a Transaction Type 51 with TRC 706 and a Transaction Type 61 with TRC 707. This reply (Transaction Type 61) represents the enrollment in the new Segment. The effective (start) and disenrollment (end) dates of the enrollment in this new Segment are found in DTRR fields 18 &amp; 24, respectively. This enrollment should replace the enrollment cancelled by the associated Transaction Type 51 transaction (TRC 706).</p> <p>The Part C Premium amount may have been populated automatically with the base Part C premium amount.</p> <p><b>Plan Action:</b> Update the Plan records to reflect the beneficiary's enrollment in the new Contract, PBP. Segment. Look for the accompanying reply with TRC 706 to ensure that the original Segment enrollment was cancelled. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance.</p> |

### 5.2.6 SSA and RRB Rejection Codes and Descriptions

The tables below contain the SSA and RRB Rejection Codes and Descriptions received from the withholding agency in [DTRR](#) Field 24 (ff) (*Withholding Agency Rejection Code*) of the TRC 186 record.

*Table 5-6: SSA Rejection Codes and Descriptions*

| SSA Rejection Codes and Descriptions                 |   |
|--|---|
| SSA Rejection Reason Code Populated on DTRR Field 24 | SSA Reason Code Description   |
| V001   | Premium Withhold Request Rejected because the beneficiary's Social Security Number on the CMS transaction does not match a Claimant's Own Social Security Number on the SSA Medicare Database                         |
| V002   | Premium Withhold Request Rejected because the HIC/RRB (SSN/BIC or RRB number) on the CMS transaction does not match the HIC/RRB on the SSA Medicare Database under the matching Claimant's Own Social Security Number |
| V003   | Premium Withhold Request Rejected because the Beneficiary's Date of Birth does not match SSA's Medicare Database.   |
| D0002  | Premium Withholding Request Rejected Due to Deferral  |
| E0002  | Premium Withholding Request Rejected - Reason Not Specifically Related to the CMS Enrollment Change   |
| I0002  | Premium Withholding Request Rejected Due to Insufficient Funds  |
| S0002  | Premium Withholding Request Rejected Due to Suspension of Benefits  |

| <b>SSA Rejection Codes and Descriptions</b>                 |   |
|---|---|
| <b>SSA Rejection Reason Code Populated on DTRR Field 24</b> | <b>SSA Reason Code Description</b>                                  |
| T0002   | Premium Withholding Request Rejected Due to Termination of Benefits |
| E0003   | Premium Withholding Request Rejected Due to Invalid Payment Status  |
| E0004   | Premium Withholding Request Rejected Due to Dual Entitlement        |
| E0005   | Premium Withholding Request Rejected - RRB Jurisdiction             |

*Table 5-7: RRB Rejection Codes and Descriptions*

| <b>RRB Rejection Codes and Descriptions</b>                 |  |
|---|--|
| <b>RRB Rejection Reason Code Populated on DTRR Field 24</b> | <b>RRB Reason Code Description</b>   |
| S100  | Withholding/Refund at RRB unable to occur because the beneficiary is in suspense                                     |
| T100  | Withholding/Refund at RRB unable to occur because the beneficiary's benefits are terminated                          |
| C100  | Withholding at RRB unable to occur because the beneficiary has changed jurisdiction to SSA                           |
| I100  | Withholding at RRB unable to occur because of insufficient funds   |
| D100  | Withholding/Refund at RRB unable to occur because beneficiary is deceased  |
| M100  | Withholding/Refund at RRB unable to occur because of a reject in the RRB Check Writing process                       |
| W100  | Withholding/Refund at RRB unable to occur because RRB systems are out of sync  |
| E999  | Withholding/Refund at RRB unable to occur because of an unforeseen error condition                                   |
| E300  | SSN and Date of Birth for RRB number on CMS Premium Request File do not match SSN and Date of Birth on RRB database. |
| E310  | HICN on CMS Premium Request File does not match a HICN on RRB database.  |

### 5.3 Retroactive LEP Increase and SSA Benefit Safety Net

When NUNCMO is increased retroactively, it results in a larger LEP amount and will be transmitted to the withholding agency if the beneficiary elected for premium withholding during that time period. If the LEP amounts to be collected for prior periods combined with the current month’s premium exceeds SSA’s current safety net limit, the following will happen:

- Identify beneficiaries exceeding the safety net limit due to a retroactive LEP increase and prevent transmission of increased LEP to SSA.
- If the beneficiary’s prospective monthly premium amount remains below \$300.00, the beneficiary’s PPO will remain set to SSA Withhold.
- If the beneficiary’s prospective premium is above \$300.00 the PPO will be changed to direct bill.
- The Plan bills the additional LEP amounts to be collected for prior periods and CMS deducts the LEP from the Plan payment. Plans can view the amounts on the LEP Data File, record type ‘HD’ (Harm Detail Record).

Table 5-8: Example Calculations for TRCs 371 and 372

| PROSPECTIVE PREMIUM STAYS <u>BELOW</u> SSA HARM LIMIT (TRC 371) |   |                                  |
|---|---|----------------------------------|
| #   | Condition   | Value                            |
| <b>Premium</b>  |   |                                  |
| a)  | Beneficiary’s PPO is currently set to SSA Withhold  | TRUE                             |
| b)  | Current monthly premium amount  | \$245.00                         |
|   | Current monthly LEP amount  | \$5.00                           |
|   | <b>Current monthly premium amount:</b>  | <b>\$250.00</b>                  |
| c)  | Increase of monthly LEP amount (per month)  | \$15.00                          |
|   | <b>New prospective premium amount total:</b>  | <b>\$265.00</b>                  |
| d)  | LEP increase is due for 10 retroactive months (\$15.00 * 10 months)   | <b>\$150.00</b>                  |
|   | <b>Total premium amount owed (for 1 month):</b>   | <b>\$415.00</b>                  |
|   | (New monthly premium amount + 10 mo. LEP increase due)  |                                  |
| <b>MARx Action</b>  |   |                                  |
| a)  | Beneficiary’s PPO <i>remains set to SSA Withhold</i>  | TRUE                             |
| b)  | DTRR will display TRC 371 (SSA LEP Exceeds Harm Limit)<br>LEP increase for 10 retroactive months is Direct Billed by Plan | TRUE                             |
|   | <b>Direct Billed by Plan:</b>   | <b>\$150.00</b>                  |
| c)  | New prospective monthly premium amount  | <b>Withheld by SSA: \$265.00</b> |
| d)  | Total premium amount owed (for 1 month)   | <b>\$415.00</b>                  |

| PROSPECTIVE PREMIUM <u>EXCEEDS</u> SSA HARM LIMIT (TRC 371) |  |       |
|---|--|-------|
| #   | Condition  | Value |
| <b>Premium</b>  |  |       |
| a)  | Beneficiary’s PPO is currently set to SSA Withhold | TRUE  |

| b)   | Current monthly premium amount  | \$245.00         |
|--|---|------------------|
|  | Current monthly LEP amount  | \$40.00          |
|  | <b>Current monthly premium amount:</b>  | <b>\$285.00</b>  |
| c)   | Increase of monthly LEP amount (per month)  | \$20.00          |
|  | <b>New prospective premium amount total:</b>  | <b>\$305.00</b>  |
| d)   | LEP increase is due for 10 retroactive months (\$20.00 * 10 months)   | <b>\$200.00</b>  |
|  | <b>Total premium amount owed (for 1 month):</b>   | <b>\$505.00</b>  |
|  | (New monthly premium amount + 10 mo. LEP increase due)  |                  |
| <b>MARx Action</b>   |   |                  |
| a)   | Beneficiary's PPO <i>will change to Direct Bill</i>   | TRUE             |
| b)   | DTRR will display TRC 371 (SSA LEP Exceeds Harm Limit)<br>LEP increase for 10 retroactive months is Direct Billed by Plan | TRUE             |
|  | <b>Direct Billed by Plan:</b>   | <b>\$200.00</b>  |
| c)   | DTRR will display TRC 144 (PPO Changed to Direct Bill)<br>New prospective premium amount                                  |                  |
|  | <b>Direct Billed by Plan:</b>   | <b>\$305.00</b>  |
| d)   | Total premium amount owed (for 1 month)   | <b>\$505.00</b>  |
| <b>PROSPECTIVE MONTHLY PREMIUM STAYS <u>BELOW</u> SSA HARM LIMIT (TRC 372)</b> |   |                  |
| #  | Condition   | Value            |
| <b>Premium</b>   |   |                  |
| a)   | Beneficiary's PPO is currently set to SSA Withhold  | TRUE             |
| b)   | Current monthly premium amount  | \$245.00         |
|  | Current monthly LEP amount  | \$5.00           |
|  | <b>Current monthly premium amount:</b>  | <b>\$250.00</b>  |
| c)   | Increase of monthly LEP amount (per month)  | \$15.00          |
|  | <b>New prospective monthly premium amount total:</b>  | <b>\$265.00</b>  |
| d)   | LEP increase is due for 10 retroactive months (\$15.00 * 10 months)   | <b>\$150.00</b>  |
|  | <b>Total premium amount owed (for 1 month):</b>   | <b>\$415.00</b>  |
|  | (New monthly premium amount + 10 mo. LEP increase due)  |                  |
| <b>MARx Action</b>   |   |                  |
| a)   | Beneficiary's PPO <i>remains set to SSA Withhold</i>  | TRUE             |
| b)   | DTRR will display TRC 371 (SSA LEP Exceeds Harm Limit)<br>LEP increase for 10 retroactive months is Direct Billed by Plan | TRUE             |
|  | <b>Direct Billed by Plan:</b>   | <b>\$150.00</b>  |
| c)   | New prospective monthly premium amount  |                  |
|  | <b>Withheld by SSA:</b>   | <b>\$265.00</b>  |
| d)   | Total premium amount owed (for 1 month)   | <b>\$415.00</b>  |
| <b>Subsequent Premium Conditions</b>   |   |                  |
| a)   | Beneficiary's PPO is currently set to SSA Withhold  | TRUE             |
| b)   | Current monthly premium amount  | \$245.00         |
|  | Current monthly LEP amount  | \$20.00          |
|  | <b>Current monthly premium amount :</b>   | <b>\$265.00</b>  |
| c)   | Decrease of monthly LEP amount (per month)  | <b>(\$15.00)</b> |
|  | <b>New prospective monthly premium amount total:</b>  | <b>\$250.00</b>  |

|  |                                     |
|--|-------------------------------------|
| d) LEP decrease should be refunded for 10 retroactive months (\$15.00 * 10 months)                                 | <b>(\$150.00)</b>                   |
| <b>MARx Action</b>   |                                     |
| a) Beneficiary's PPO <i>remains set to SSA Withhold</i>  | TRUE                                |
| b) DTRR will display TRC 372 (SSA Harm Limit Refund)<br>LEP decrease for 10 retroactive months is refunded by Plan | TRUE                                |
|  | <b>Refunded by Plan: (\$150.00)</b> |
| c) New monthly premium amount  | <b>Withheld by SSA: \$250.00</b>    |

## 5.4 Premium Data Files

The following Premium Reports are covered in this section:

- [Late Enrollment Penalty \(LEP\) Data File](#)
- [Monthly Premium Withholding Report \(MPWR\) Data File](#)
- [No Premium Due Data File](#)

### 5.4.1 Late Enrollment Penalty (LEP) Data File

The LEP report provides information on direct-billed Beneficiaries with late enrollment penalties. CMS retains the LEP obtained from these members electing premium withhold prior to passing these premiums to the Plans. CMS offsets the LEP for directly billed members from the Plans' monthly payments.

| System | Type      | Frequency | File Length | LEP Dataset Naming Convention   |
|--------|-----------|-----------|-------------|---|
| MARx   | Data File | Monthly   | 165         | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.LEPD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.LEPD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.LEPD.Dyymm01.Thhmsst</p> |

**Note:** The date in the file name defaults to "01" denoting the first day of the current payment month.

The file includes the following records:

- **LEP Header Record**
- **LEP Detail Record**
- **LEP Trailer Record**

#### Layout 5-5: LEP Header Record

| LEP Header Record |                                 |      |          |   |
|-------------------|---------------------------------|------|----------|---|
| Item              | Field                           | Size | Position | Description                                 |
| 1                 | Record Type                     | 3    | 1-3      | H = Header Record.                          |
| 2                 | Contract Number                 | 5    | 4-8      | Contract Number.                            |
| 3                 | Payment/Payment Adjustment Date | 8    | 9-16     | CCYMMDD                                     |
| 4                 | Data file Date                  | 8    | 17-24    | Date this data file was created.<br>CCYMMDD |
| 5                 | Filler                          | 141  | 25-165   | Spaces.                                     |

**Layout 5-6: LEP Detail Record**

| LEP Detail Record |   |      |          |  |
|-------------------|---|------|----------|--|
| Item              | Field   | Size | Position | Description  |
| 1                 | Record Type                                   | 3    | 1-3      | PD = Prospective Detail Record<br>“Prospective” means Premium Period equals Payment Month reflected in Header Record<br>AD = Adjustment Detail Record<br>“Adjustment” means all Premium Periods other than Prospective<br>HD = Harm Detail Record<br>“Harm” means the retroactive premium amount exceeds the allowed collection limitation established by the withholding agency but the beneficiary remains in withholding. |
| 2                 | Contract Number                               | 5    | 4-8      | Contract Number.   |
| 3                 | PBP Number                                    | 3    | 9-11     | PBP Number.  |
| 4                 | Plan Segment Number                           | 3    | 12-14    | Plan Segment Number.   |
| 5                 | Beneficiary ID                                | 12   | 15-26    | <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>  |
| 6                 | Surname                                       | 7    | 27-33    | Beneficiary’s last name.   |
| 7                 | First Initial                                 | 1    | 34       | First initial of the beneficiary’s first name  |
| 8                 | Sex   | 1    | 35       | M = Male.<br>F = Female.   |
| 9                 | DOB   | 8    | 36-43    | Beneficiary’s data of birth.<br>CCYYMMDD   |
| 10                | Filler  | 1    | 44       | Space.   |
| 11                | Premium/Adjustment/Harm Period Start Date     | 8    | 45-52    | PD: current processing start date.<br>AD: adjustment period start date.<br>HD: harm adjustment period start date.<br>CCYYMMDD  |
| 12                | Premium/Adjustment/Harm Period End Date       | 8    | 53-60    | PD: current processing end date.<br>AD: adjustment period end date.<br>HD: harm adjustment period end date.<br>CCYYMMDD  |
| 13                | Number of Months in Premium/Adjustment Period | 2    | 61-62    | Number of Months between the Premium/Adjustment Period Start and End Date.   |
| 14                | Number of Uncovered Months (NUNCMO)           | 3    | 63-65    | The number of months during which the beneficiary did not have creditable coverage.  |



| LEP Detail Record |                                      |      |          |   |
|-------------------|--------------------------------------|------|----------|---|
| Item              | Field                                | Size | Position | Description   |
| 15                | LEP Amount for Direct Billed Members | 8    | 66-73    | PD: Prospective LEP Amount owed by the Direct Bill Beneficiary for the premium period.<br>AD: Computed adjustment for each month in the (affected) payment period (if the payment was already made).<br>HD: Computed adjustment for each month in the (affected) payment period (if retroactive LEP amounts cause the premium to exceed the collection limitation established by the withholding agency).<br>Format: -9999.99<br><b>Note:</b> A refund will be reported as a negative amount. A charge will be reported as a positive amount. |
| 16                | Cleanup ID                           | 10   | 74-83    | If LEP adjustment is the result of a cleanup = XXXXXXXXXXXX.<br>All other records will = Spaces.  |
| 17                | Filler                               | 82   | 84-165   | Spaces.   |

**Layout 5-7: LEP Trailer Record**

| LEP Trailer Record |                  |      |          |  |
|--------------------|------------------|------|----------|--|
| Item               | Field            | Size | Position | Description  |
| 1                  | Record Type      | 3    | 1-3      | Trailer Record<br>PT1 = Prospective total for contract/PBP/segment.<br>AT1 = Adjustment total for contract/PBP/segment.<br>HT1 = Harm total for contract/PBP/segment.<br>CT1 = Total for contract/PBP/segment.<br>PT2 = Prospective total for contract/PBP.<br>AT2 = Adjustment total for contract/PBP.<br>HT2 = Harm total for contract/PBP.<br>CT2 = Total for contract/PBP.<br>PT3 = Prospective total for contract.<br>AT3 = Adjustment total for contract.<br>HT3 = Harm total for contract.<br>CT3 = Total for contract. |
| 2                  | Contract Number  | 5    | 4-8      | Contract Number.   |
| 3                  | PBP Number       | 3    | 9-11     | PBP Number.  |
| 4                  | Segment Number   | 3    | 12-14    | Segment Number.  |
| 5                  | Total LEP Amount | 14   | 15-28    | Total LEP Amount.<br>Format: -9999999999.99  |
| 6                  | Record Count     | 14   | 29-42    | Count of records on the data file for combination of contract/PBP/segments.  |
| 7                  | Filler           | 123  | 43-165   | Spaces.  |

**5.4.2 Monthly Premium Withholding Report (MPWR) Data File**

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

| System     | Type      | Frequency | File Length | MPWR Dataset Naming Conventions   |
|------------|-----------|-----------|-------------|---|
| PWS (MARx) | Data File | Monthly   | 165         | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.MPWRD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzzz.Rxxxxx.MPWRD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.MPWRD.Dyymm01.Thhmsst</p> |

**Note:** The date in the file name defaults to “01” denoting the first day of the CPM.

The file includes the following records:

- **MPWR Header Record**
- **MPWR Detail Record**
- **MPWR Trailer Record**

*Layout 5-8: MPWR Header Record*

| MPWR Header Record |                     |      |          |   |
|--------------------|---------------------|------|----------|---|
| Item               | Field               | Size | Position | Description                                       |
| 1                  | Record Type         | 2    | 1-2      | H = Header Record.                                |
| 2                  | MCO Contract Number | 5    | 3-7      | MCO Contract Number.                              |
| 3                  | Payment Date        | 8    | 8-15     | CCYYMMDD<br>First 6 digits contain payment month. |
| 4                  | Report Date         | 8    | 16-23    | CCYYMMDD<br>Date this report created.             |
| 5                  | Filler              | 142  | 24-165   | Spaces.   |

**Layout 5-9: MPWR Detail Record**

| MPWR Detail Record |  |      |          |  |
|--------------------|--|------|----------|--|
| Item               | Field                                      | Size | Position | Description  |
| 1                  | Record Type                                | 2    | 1-2      | D = Detail Record.   |
| 2                  | MCO Contract Number                        | 5    | 3-7      | MCO Contract Number.   |
| 3                  | Plan Benefit Package Id                    | 3    | 8-10     | Plan Benefit Package ID.   |
| 4                  | Plan Segment Id                            | 3    | 11-13    |  |
| 5                  | Beneficiary ID                             | 12   | 14-25    | <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> |
| 6                  | Surname                                    | 7    | 26-32    | First seven characters of beneficiary's last name.   |
| 7                  | First Initial                              | 1    | 33       | First character of beneficiary's first name.   |
| 8                  | Sex  | 1    | 34       | M = Male.<br>F = Female.   |
| 9                  | Date of Birth                              | 8    | 35-42    | CCYYMMDD   |
| 10                 | PPO  | 3    | 43-45    | PPO in effect for this Pay Month.<br>SSA = Withholding by SSA.<br>RRB = Withholding by RRB.  |
| 11                 | Filler                                     | 1    | 46       | Space.   |
| 12                 | Premium Period Start Date                  | 8    | 47-54    | Starting Date of Period Premium Payment Covers.<br>CCYYMMDD  |
| 13                 | Premium Period End Date                    | 8    | 55-62    | Ending Date of Period Premium Payment Covers.<br>CCYYMMDD  |
| 14                 | Number of Months in Premium Period         | 2    | 63-64    |  |
| 15                 | Part C Premiums Collected                  | 8    | 65-72    | Part C Premiums Collected for this Beneficiary, Plan, and premium period. A negative amount indicates a refund by withholding agency to Beneficiary of premiums paid in a prior premium period.  |
| 16                 | Part D Premiums Collected                  | 8    | 73-80    | Part D Premiums Collected (excluding LEP) for this Beneficiary, Plan, and premium period. A negative amount indicates a refund by withholding agency to Beneficiary of premiums paid in a prior premium period.  |
| 17                 | Part D Late Enrollment Penalties Collected | 8    | 81-88    | Part D Late Enrollment Penalties Collected for this Beneficiary, Plan, and premium period. A negative amount indicates a refund by withholding agency to Beneficiary of penalties paid in a prior premium period.  |
| 18                 | Cleanup ID                                 | 10   | 89-98    | If collected premium is the result of a cleanup = XXXXXXXXXXXX.<br>All other records will = Spaces.  |
| 19                 | Filler                                     | 67   | 99-165   | Spaces.  |

**Layout 5-10: MPWR Trailer Record**

| MPWR Trailer Record |                                 |      |          |   |
|---------------------|---------------------------------|------|----------|---|
| Item                | Field                           | Size | Position | Description   |
| 1                   | Record Type                     | 2    | 1-2      | T1 = Trailer Record, withheld totals at segment level.<br>T2 = Trailer Record, withheld totals at PBP level.<br>T3 = Trailer record, withheld totals at contract level. |
| 2                   | MCO Contract Number             | 5    | 3-7      | MCO contract number.  |
| 3                   | Plan Benefit Package (PBP) ID   | 3    | 8-10     | PBP ID, not populated on T3 records.  |
| 4                   | Plan Segment Id                 | 3    | 11-13    | Not populated on T2 or T3 records.  |
| 5                   | Total Part C Premiums Collected | 14   | 14-27    | Total withholding collections as specified by Trailer Record type, Field 1.   |
| 6                   | Total Part D Premiums Collected | 14   | 28-41    | Total withholding collections as specified by Trailer Record type, Field 1.   |
| 7                   | Total Part D LEPs Collected     | 14   | 42-55    | Total withholding collections as specified by Trailer Record type, Field 1.   |
| 8                   | Total Premiums Collected        | 14   | 56-69    | Total Premiums Collected =<br>+ Total Part C Premiums Collected<br>+ Total Part D Premiums Collected<br>+ Total Part D Penalties Collected.                             |
| 9                   | Filler                          | 96   | 70-165   | Spaces.   |

**5.4.3 No Premium Due Data File**

MA enrollees who elect optional supplemental benefits may also elect SSA premium withholding. In mid-November, MARx begins preparing the premium records for the next year. Since MARx cannot anticipate which optional premiums an enrollee may elect for next year, an enrollee only paying optional premiums may convert from “SSA Premium Withholding” status in one year to “No Premium Due” status for the next year.

Plans should use the No Premium Due Data File to identify enrollees in a “No Premium Due” status for the next year. Plans should review the report and submit both a Part C Premium Change (TC 78) to update the Part C premium amount, and a PPO Change (TC 75) to request SSA Withholding Status, for enrollees who are renewing both elections for the next year.

| System | Type      | Frequency | File Length | No Premium Due Dataset Naming Conventions  |
|--------|-----------|-----------|-------------|--|
| MARx   | Data File | Yearly    | 500         | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.SPCLPEX.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.SPCLPEX.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.SPCLPEX.Dyymmdd.Thhmsst</p> |

*Layout 5-11: No Premium Due Record*

| No Premium Due Record |                             |      |          |  |
|-----------------------|-----------------------------|------|----------|--|
| Item                  | Field                       | Size | Position | Description  |
| 1                     | Beneficiary ID              | 12   | 1-12     | <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> |
| 2                     | Surname                     | 12   | 13-24    | Beneficiary Surname.   |
| 3                     | First Name                  | 7    | 25-31    | Beneficiary Given Name.  |
| 4                     | Middle Initial              | 1    | 32       | Beneficiary Middle Initial.  |
| 5                     | Gender Code                 | 1    | 33       | Beneficiary Gender Identification Code<br>0 = Unknown.<br>1 = Male.<br>2 = Female.   |
| 6                     | Date of Birth               | 8    | 34-41    | CCYYMMDD   |
| 7                     | Filler                      | 1    | 42       | Space.   |
| 8                     | Contract Number             | 5    | 43-47    | Plan Contract Number.  |
| 9                     | State Code                  | 2    | 48-49    | Spaces.  |
| 10                    | County Code                 | 3    | 50-52    | Spaces.  |
| 11                    | Disability Indicator        | 1    | 53       | Space.   |
| 12                    | Hospice Indicator           | 1    | 54       | Space.   |
| 13                    | Institutional/NHC Indicator | 1    | 55       | Space.   |

| No Premium Due Record |  |      |          |   |
|-----------------------|--|------|----------|---|
| Item                  | Field  | Size | Position | Description   |
| 14                    | ESRD Indicator                                   | 1    | 56       | Space.  |
| 15                    | TRC  | 3    | 57-59    | TRC defaulted to 267.   |
| 16                    | Transaction Code                                 | 2    | 60-61    | TC Defaulted to 01 for special reports.   |
| 17                    | Entitlement Type Code                            | 1    | 62       | Space.  |
| 18                    | Effective Date                                   | 8    | 63-70    | CCYYMMDD<br>Example: 20180101 (set to first of January of the upcoming year).   |
| 19                    | WA Indicator                                     | 1    | 71       | Space.  |
| 20                    | PBP ID   | 3    | 72-74    | PBP number.   |
| 21                    | Filler   | 1    | 75       | Space.  |
| 22                    | Transaction Date                                 | 8    | 76-83    | CCYYMMDD<br>Set to the report generation date.  |
| 23                    | UI Initiated Change Flag                         | 1    | 84       | Space.  |
| 24                    | FILLER   | 12   | 85-96    | Spaces.   |
| 25                    | District Office Code                             | 3    | 97-99    | Spaces.   |
| 26                    | Previous Part D Contract/PBP for TrOOP Transfer. | 8    | 100-107  | Spaces.   |
| 27                    | End Date   | 8    | 108-115  | Spaces.   |
| 28                    | Source ID  | 5    | 116-120  | Spaces.   |
| 29                    | Prior PBP ID                                     | 3    | 121-123  | Spaces.   |
| 30                    | Application Date                                 | 8    | 124-131  | Spaces.   |
| 31                    | UI User Organization Designation                 | 2    | 132-133  | Spaces.   |
| 32                    | Out of Area Flag                                 | 1    | 134      | Space.  |
| 33                    | Segment Number                                   | 3    | 135-137  | Further definition of PBP by geographic boundaries; Default to '000' when blank.  |
| 34                    | Part C Beneficiary Premium                       | 8    | 138-145  | Part C Premium Amount: Since this report is only reporting on Beneficiaries that have No Premium Due, by definition, this amount is zero. |
| 35                    | Part D Beneficiary Premium                       | 8    | 146-153  | Part D Premium Amount: Since this report is only reporting on Beneficiaries that have No Premium Due, by definition, this amount is zero. |
| 36                    | Election Type                                    | 1    | 154      | Space.  |
| 37                    | Enrollment Source                                | 1    | 155      | Space.  |
| 38                    | Part D Opt-Out Flag                              | 1    | 156      | Space.  |
| 39                    | Premium Withhold Option/Parts C-D                | 1    | 157      | N = No premium applicable.  |
| 40                    | Number of Uncovered Months                       | 3    | 158-160  | Spaces.   |
| 41                    | Creditable Coverage Flag                         | 1    | 161      | Space.  |
| 42                    | Employer Subsidy Override Flag                   | 1    | 162      | Space.  |
| 43                    | Processing Timestamp                             | 15   | 163-177  | The report generation time.<br>Format: HH.MM.SS.SSSSSS  |
| 44                    | Filler   | 20   | 178-197  | Spaces.   |

| No Premium Due Record |  |      |          |             |
|-----------------------|--|------|----------|-------------|
| Item                  | Field                                    | Size | Position | Description |
| 45                    | Secondary Drug Insurance Flag            | 1    | 198      | Space.      |
| 46                    | Secondary Rx ID                          | 20   | 199-218  | Spaces.     |
| 47                    | Secondary Rx Group                       | 15   | 219-233  | Spaces.     |
| 48                    | EGHP                                     | 1    | 234      | Space.      |
| 49                    | Part D LIPS Level                        | 3    | 235-237  | Spaces.     |
| 50                    | Low-Income Co-Pay Category               | 1    | 238      | Space.      |
| 51                    | Low-Income Period Effective Date         | 8    | 239-246  | Spaces.     |
| 52                    | Part D LEP Amount                        | 8    | 247-254  | Spaces.     |
| 53                    | Part D LEP Waived Amount                 | 8    | 255-262  | Spaces.     |
| 54                    | Part D LEP Subsidy Amount                | 8    | 263-270  | Spaces.     |
| 55                    | Low-Income Part D Premium Subsidy Amount | 8    | 271- 278 | Spaces.     |
| 56                    | Part D Rx BIN                            | 6    | 279-284  | Spaces.     |
| 57                    | Part D Rx PCN                            | 10   | 285-294  | Spaces.     |
| 58                    | Part D Rx Group                          | 15   | 295-309  | Spaces.     |
| 59                    | Part D Rx ID                             | 20   | 310-329  | Spaces.     |
| 60                    | Secondary Rx BIN                         | 6    | 330-335  | Spaces.     |
| 61                    | Secondary Rx PCN                         | 10   | 336-345  | Spaces.     |
| 62                    | De Minimis Differential Amount           | 8    | 346-353  | Spaces.     |
| 63                    | MSP Status Flag                          | 1    | 354      | Space.      |
| 64                    | Low Income Period End Date               | 8    | 355-362  | Spaces.     |
| 65                    | LIS Source Code                          | 1    | 363      | Space.      |
| 66                    | Enrollee Type Flag, PBP Level            | 1    | 364      | Space.      |
| 67                    | Application Date Indicator               | 1    | 365      | Space.      |
| 68                    | Filler                                   | 135  | 366-500  | Spaces.     |

## 6 Payment

This section covers the following topics:

- [Arrange for Payments.](#)
- [Part C Payment Calculation.](#)
- [Part D Payment Calculation.](#)
- [Coverage Gap Discount Program Payments](#)
- [Reconciliation of Plan Data with CMS Data](#)
- [Payment Data Files.](#)

The capitation payments provided to Medicare Advantage (MA) and Medicare Advantage Prescription Drug (MAPD) sponsors are calculated and paid on a monthly basis. The estimated payments are based on system information at the time monthly payments are made. Part C payments are finalized annually with the final reconciliation of risk adjustment (RA) data. Part D payments are finalized annually with the final reconciliation of Prescription Drug Event (PDE) data.

At the end of each Current Processing Month (the Plan Data Due Date), MARx calculates the final beneficiary payments and adjustments, which ultimately result in payments to the Plans for the Current Payment Month (CPM). MARx then assembles the monthly CMS reports. CMS reports contain Plan Medicare membership and payment information as indicated in CMS systems for that CPM. Once the CPM advances to the next month, MARx is no longer processing transactions to include in the CPM payments and begins processing transactions reflected in the next CPM.

As changes to beneficiary or Plan data are received, adjustments are made to monthly payments. Changes will cause a recalculation of one or more payment components. The adjustments are processed retroactively to the change effective date and reported to the Plans on the monthly payment reports.

**Note:** Prior to January 1, 2015, policy dictated that the actual payment adjustments are generally limited to the three-year period preceding the CPM. Effective January 1, 2015, MARx will begin to retroactively calculate payment adjustments, both positive and negative, going back seven full payment years prior to the current payment year. This limitation is known as the Payment Adjustment Period (PAP).



## 6.1 Arrange for Payments

The Automated Plan Payment System (APPS) calculates the final monthly payment to the Plans, prepares the electronic transmittal, and sends to the U.S. Treasury for payment.

When the contract/Plan Benefit Package (PBP) is activated, the Plan must submit banking information and other identifying information to CMS using the **Payment Information Form**, on the following page.

CMS enters the data in APPS to identify the financial institution where the funds are deposited on the payment date. Additionally, CMS must have the Employee Identification Number/Tax Identification Number (EIN/TIN), and the associated name as registered with the IRS, for income reporting purposes to each Plan.

To ensure timely payments, Plans are required to submit the following to the attention of the Payment Administrator in DPO by e-mail to [DPO\\_Payment\\_Administrator@cms.hhs.gov](mailto:DPO_Payment_Administrator@cms.hhs.gov).

- Completed Payment Information Form.
- Copy of a voided check or a letter from their bank confirming the account information.
- Copy of their W-9 form.

It is the Plan's responsibility to provide CMS with updates to the banking information by submitting changes on a new Payment Information Form.

Figure 6-1: CMS Payment Information Form

|  |  |
|--|--|
| <b>CMS Payment Information Form<br/>ORGANIZATION INFORMATION</b>   |  |
| NAME OF ORGANIZATION: _____  |  |
| DBA, if any: _____   |  |
| ADDRESS:<br>CITY: _____ STATE: _____ ZIP CODE: _____   |  |
| CONTACT PERSON NAME: _____   |  |
| TELEPHONE NUMBER: _____  |  |
| CONTRACT NUMBERS: H _____; H _____; H _____; H _____<br>(If known)   |  |
| EIN/TIN NAME of business for tax purposes (as registered with the IRS: a W-9 may be required)<br>_____             |  |
| EMPLOYER/TAX IDENTIFICATION NUMBER (EIN or TIN): _____   |  |
| Mailing address for 1099 tax form:<br>STR1: _____<br>STR2: _____<br>CITY: _____<br>STATE: _____ ZIP: _____ - _____ |  |
| <b>FINANCIAL INSTITUTION</b>   |  |
| NAME OF BANK: _____  |  |
| ADDRESS: _____   |  |
| CITY: _____ STATE: _____ ZIP CODE: _____ - _____   |  |
| ACH/EFT COORDINATOR NAME: _____  |  |
| TELEPHONE NUMBER: _____  |  |
| NINE DIGIT ROUTING TRANSIT (ABA) NUMBER: _____   |  |
| DEPOSITOR ACCOUNT TITLE: _____   |  |
| DEPOSITOR ACCOUNT NUMBER: _____  |  |
| CIRCLE ACCOUNT TYPE: CHECKING SAVINGS (Please attach a copy of a voided check)                                     |  |
| SIGNATURE & TITLE OF ORGANIZATION'S AUTHORIZED REPRESENTATIVE:<br>_____<br>Signature Title DATE: _____             |  |
| _____<br>Print Name Phone Number   |  |

3/12/03

## 6.2 Part C Payment Calculation

This section provides an overview of Part C payment calculation. Part C payments are paid to a Plan in exchange for providing Medicare Part A and/or B coverage to Medicare beneficiaries enrolled in the Plan.

An overview of the methodologies that CMS employs to reimburse all types of Medicare Advantage (MA) Plans is available at the *Medicare Managed Care Manual (MMCM)*: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019326.html?DLPage=2&DLSort=0&DLSortDir=ascending>; then click on Chapter 8 in the Downloads section.

Before the payment process begins, the beneficiary submits the enrollment application to the Plan, and the Plan checks the eligibility of the beneficiary and transmits an enrollment transaction to CMS. If the enrollment transaction is accepted, CMS calculates the Part C payment. If CMS rejects the enrollment, the Plan is notified. If possible, the Plan must correct the rejected information and resubmit the transaction.

The calculation of Part C payments varies and is separately described in the following sections:

- [Beneficiaries electing Hospice Coverage.](#)
- [Beneficiaries with End Stage Renal Disease \(ESRD\).](#)
- [Aged or Disabled Beneficiaries enrolled in an MA Plan.](#)
- [Aged or Disabled Beneficiaries enrolled in a Program for All-Inclusive Care for the Elderly \(PACE\) Plan.](#)
- [When Medicare Secondary Payer \(MSP\) Status applies.](#)

The following table lists the fields in the Monthly Membership Detail Data File that are used to calculate Part C Payments.

**Note:** This section does not describe Part C payment for beneficiaries enrolled in Cost Plans, Healthcare Prepayment Plans (HCPP), Chronic Care Demonstrations, and Medical Savings Account (MSA) Plans.

**Table 6-1: Part C Payment Calculation Fields**

| Monthly Membership Detail Data File Fields used for Part C Payment Calculations |  |      |          |  |
|---|--|------|----------|--|
| Item  | Field                                    | Size | Position | Description  |
| 24  | Risk Adjustment Factor A                 | 7    | 72-78    | Part A Risk Adjustment Factor used for the Payment Calculation.  |
| 25  | Risk Adjustment Factor B                 | 7    | 79-85    | Part B Risk Factor used for the Payment Calculation.   |
| 33  | Monthly Payment/Adjustment Amount Rate A | 9    | 126-134  | Part A portion of the payment or adjustment dollars.<br>For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA |

| Monthly Membership Detail Data File Fields used for Part C Payment Calculations |   |      |          |   |
|---|---|------|----------|---|
| Item  | Field   | Size | Position | Description   |
| 34  | Monthly Payment/Adjustment Amount Rate B                | 9    | 135-143  | Part B portion of the payment or adjustment dollars.<br>For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA monthly deposit amount as a negative term. |
| 53  | Part C Basic Premium – Part A Amount                    | 8    | 199-206  | The premium amount for determining the MA payment attributable to Part A. It is subtracted from the MA plan payment for plans that bid above the benchmark.   |
| 54  | Part C Basic Premium – Part B Amount                    | 8    | 207-214  | The premium amount for determining the MA payment attributable to Part B. It is subtracted from the MA plan payment for plans that bid above the benchmark.   |
| 55  | Rebate for Part A Cost Sharing Reduction                | 8    | 215-222  | The amount of the rebate allocated to reducing the member’s Part A cost-sharing. This amount is added to the MA plan payment for plans that bid below the benchmark.  |
| 56  | Rebate for Part B Cost Sharing Reduction                | 8    | 223-230  | The amount of the rebate allocated to reducing the member’s Part B cost-sharing. This amount is added to the MA plan payment for plans that bid below the benchmark.  |
| 57  | Rebate for Other Part A Mandatory Supplemental Benefits | 8    | 231-238  | The amount of the rebate allocated to providing Part A supplemental benefits. This amount is added to the MA plan payment for plans that bid below the benchmark.   |
| 58  | Rebate for Other Part B Mandatory Supplemental Benefits | 8    | 239-246  | The amount of the rebate allocated to providing Part B supplemental benefits. This amount is added to the MA plan payment for plans that bid below the benchmark.   |
| 59  | Rebate for Part B Premium Reduction – Part A Amount     | 8    | 247-254  | The Part A amount of the rebate allocated to reducing the member’s Part B premium. This amount is retained by CMS for non ESRD members and it is subtracted from ESRD member’s payments.  |
| 60  | Rebate for Part B Premium Reduction – Part B Amount     | 8    | 255-262  | The Part B amount of the rebate allocated to reducing the member’s Part B premium. This amount is retained by CMS for non ESRD members and it is subtracted from ESRD member’s payments.  |
| 61  | 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.  |
| 62  | 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.  |
| 63  | Total Part A MA Payment                                 | 10   | 279–288  | The total Part A MA payment.  |
| 64  | Total Part B MA Payment                                 | 10   | 289–298  | The total Part B MA payment.  |
| 65  | Total MA Payment Amount                                 | 11   | 299-309  | The total MA A/B payment including MMA adjustments. This also includes the Rebate Amount for Part D Supplemental Benefits.  |

| Monthly Membership Detail Data File Fields used for Part C Payment Calculations |   |      |          |  |
|---|---|------|----------|--|
| Item  | Field   | Size | Position | Description  |
| 80  | Part C Frailty Score Factor                                     | 7    | 412-418  | Part C frailty score factor used in this payment or adjustment calculation.  |
| 81  | MSP Factor  | 7    | 419-425  | MSP secondary payer reduction factor used in this payment or adjustment calculation.   |
| 82  | MSP Reduction/Reduction Adjustment Amount – Part A              | 10   | 426-435  | Net MSP reduction or reduction adjustment dollar amount– Part A.   |
| 83  | MSP Reduction/Reduction Adjustment Amount – Part B              | 10   | 436-445  | Net MSP reduction or reduction adjustment dollar amount – Part B.  |
| 88  | Part A Risk Adjusted Monthly Rate Amount for Payment/Adjustment | 9    | 459-467  | The Part A Risk Adjusted amount used in the payment or adjustment calculation.<br>Payments = Rate amount in effect for payment period.<br>Adjustments = Rate amount in effect for adjustment period. |
| 89  | Part B Risk Adjusted Monthly Rate Amount for Payment/Adjustment | 9    | 468-476  | The Part B Risk Adjusted amount used in the payment or adjustment calculation.<br>Payments = Rate amount in effect for payment period.<br>Adjustments = Rate amount in effect for adjustment period. |

### 6.2.1 Hospice Payment Calculation

Traditional Medicare Fee-for-Service (FFS) provides Medicare Part A and B benefits for a beneficiary electing Hospice Coverage. If the beneficiary is already enrolled in an MA Plan at the time of election, the Part C payment to the MA Plan is only for extra benefits provided by the Plan that are not provided by FFS.

The Part C payment is equal to the MA rebate, excluding any MA rebates for Part B premium reduction and Part D basic premium reduction. Otherwise, it equals zero. See the table below for calculation details.

**Table 6-2: Hospice Payment Calculation**

| Part C Payment for Beneficiaries Electing Hospice Coverage |  |
|--|--|
| Total  | Calculation using these fields                                 |
| Total MA Payment Part A (#63) =                            | + MA Rebate Part A Cost Sharing Reduction (#55)                |
|  | + MA Rebate Part A Other Mandatory Supplemental Benefits (#57) |
|  | + MA Rebate Part A Part D Supplemental Benefits (#61).         |
| Total MA Payment Part B (#64) =                            | + MA Rebate Part B Cost Sharing Reduction (#56)                |
|  | + MA Rebate Part B Other Mandatory Supplemental Benefits (#58) |
|  | + MA Rebate Part B Part D Supplemental Benefits (#62).         |
| Total MA Payment (#65) =                                   | + Total MA Payment Part A (#63)                                |
|  | + Total MA Payment Part B (#64).                               |

### 6.2.2 ESRD Payment Calculation

Prospective payments are made based on the ESRD health status. The process of passing the information through the various databases may take as long as four months from the time the beneficiary is identified by the physician as having ESRD. Therefore, the Plan may not begin receiving the ESRD capitation rate of pay for the beneficiary for at least four months.

When the health status is included in the capitation/risk adjustment (RA) rate for the beneficiary already in Medicare, MARx automatically calculates retroactively to include the first month of ESRD health status within the PAP. However, if the beneficiary is entitled to Medicare as a result of ESRD, there is a three-month waiting period before Medicare entitlement begins.

The Renal Management Information System (REMIS) automatically adjusts for the three-month waiting period and updates the Enrollment Database (EDB) system and MARx, resulting in Plans receiving payment at the ESRD capitation/RA rate of pay. The health status is based on the first date of dialysis as indicated on the ESRD Medical Evidence Report Medicare Entitlement and/or Patient Registration, Form CMS-2728-U3. In addition, the physician's clearly legible signature and signature date are necessary before the ESRD facility can enter any information in the Standard Information Management System (SIMS).

The managed care staff at the Retro-Processing Contractor, the regional office, or central office cannot enter ESRD status changes and corrections into MARx. The managed care staff can synchronize MBD to the Enrollment Database if these systems' data do not match. This process may result in a change in the ESRD status and the associated positive or negative payment. The ESRD facilities enter the data from the CMS-2728-U3, which is transmitted to the CMS CROWN Web system through an automated process. The CMS-2728-U3 is the key source of documentation to ensure that a beneficiary is identified with ESRD health status indicator. The ESRD facility must complete the CMS-2728-U3 within 45-days of beginning a regular course of dialysis or receiving a kidney transplant, which was prescribed by a physician.

- The ESRD facility forwards a copy of the CMS 2728-U3 to its local SSA Field Office
- For individuals diagnosed with ESRD, the SSA determines eligibility for the Medicare ESRD entitlement based on CMS-2728-U3 under the ESRD provisions of the law.
- The ESRD facility inputs the information into the CMS CROWN Web data system.
- CMS updates the information in REMIS, the CMS central repository for beneficiaries with ESRD.
- Daily, REMIS updates the EDB with ESRD health status start and/or end dates for the Plan member. MARx is the source of information used in computing the monthly capitation rates that the Plan receives.

Plans may contact the appropriate Facility or Renal Network to verify specific discrepancy data by visiting: <https://www.medicare.gov/people-like-me/esrd/esrd.html> The ESRD facility will only supply the following information:

- The first date of dialysis or date of transplant.
- Date the beneficiary's CMS-2728-U3 was submitted to DMS by the ESRD facility.
- Current Renal Status.

**Note:** This information is not required for a retroactive adjustment.

Medicare Part A and B benefits for beneficiaries with ESRD are provided by their Plans. The applicable monthly payment rates are set by CMS and remain outside the bidding process. Beneficiaries in Dialysis or Transplant statuses are paid State rates. Beneficiaries in Functioning Graft Status receive payment using CMS benchmark county rates.

Beneficiaries with ESRD who are enrolled in an MA Plan where an MA Rebate for Part B Premium Reduction or MA Rebate for Part D Basic Premium Reduction is applicable receive these rebate benefits through their enrollment in the Plan, despite the fact that the Part C risk-adjusted payment is not based upon the Plan’s bid. The risk-adjusted portion of the Part C payment is therefore reduced by the MA Rebate premium reduction benefits to make room to provide the required rebate benefits. See table below for calculation details.

For beneficiaries with ESRD who are enrolled in a PACE Plan, the Part C Payment calculations are exactly the same as if enrolled in an MA Plan, except MA Rebates are not applicable.

**Table 6-3: ESRD Payment Calculation**

| <b>Part C Payment for Beneficiaries with ESRD</b> |  |
|---|--|
| <b>Total</b>                                      | <b>Calculation using these fields</b>                              |
| RA Payment Part A (#33)                           | Part A Monthly Payment Rate (#88)<br>* RA Factor A (#24).          |
| Total MA Payment Part A (#63) =                   | + RA Payment Part A (#33)  |
|   | - MA Rebate Part A for Part B Premium Reduction (#59)              |
|   | - MA Rebate Part D Basic Premium Reduction (Part A portion) (#71). |
| RA Payment Part B (#34) =                         | Part B Monthly Payment Rate (#89)<br>* RA Factor B (#25).          |
| Total MA Payment Part B (#64) =                   | + RA Payment Part B (#34)  |
|   | - MA Rebate Part B for Part B Premium Reduction (#60)              |
|   | - MA Rebate Part D Basic Premium Reduction (Part B portion) (#71). |
| Total MA Payment (#65) =                          | + Total MA Payment Part A (#63)                                    |
|   | + Total MA Payment Part B (#64).                                   |

**6.2.3 Aged or Disabled Payment Calculation**

Calculation of Part C Payments for Aged/Disabled Beneficiaries in an MA Plan depends upon the relationship of the Plan’s A/B Bid to the applicable CMS Benchmark. The following tables show the Part C Payment calculation when the Plan A/B bid equals, is less than, and is greater than the CMS Benchmark.

**Table 6-4: Part C Payment for Aged or Disabled enrolled in MA Plan: Plan A/B Bid Equal to CMS Benchmark**

| <b>Part C Payment for Aged or Disabled enrolled in MA Plan: Plan Bid Equal Benchmark</b> |   |
|--|---|
| <b>Total</b>   | <b>Calculation using these fields</b>                               |
| RA Payment Part A (#33)  | Part A Monthly Payment Rate (#88)<br>* RA Factor A (#24).           |
| Total MA Payment Part A (#63) =  | RA Payment Part A (#33)   |
| RA Payment Part B (#34) =  | Part B Monthly Payment Rate (#89)<br>* RA Factor B (#25).           |
| Total MA Payment Part B (#64) =  | RA Payment Part B (#34)   |
| Total MA Payment (#65) =   | + Total MA Payment Part A (#63)<br>+ Total MA Payment Part B (#64). |

**Table 6-5: Part C Payment for Aged or Disabled enrolled in MA Plan: Plan A/B Bid Less than CMS Benchmark**

| <b>Part C Payment for Aged or Disabled enrolled in MA Plan: Plan Bid Less than Benchmark</b> |  |
|--|--|
| <b>Total</b>   | <b>Calculation using these fields</b>  |
| RA Payment Part A (#33)  | Part A Monthly Payment Rate (#88)<br>* RA Factor A (#24).  |
| Total MA Payment Part A (#63) =  | + RA Payment Part A (#33)<br>+ MA Rebate Part A Cost Sharing Reduction (#55)<br>+ MA Rebate Part A Other Mandatory Supplemental Benefits (#57)<br>+ MA Rebate Part A Part D Supplemental Benefits (#61). |
| RA Payment Part B (#34) =  | Part B Monthly Payment Rate (#89)<br>* RA Factor B (#25).  |
| Total MA Payment Part B (#64) =  | + RA Payment Part B (#34)<br>+ MA Rebate Part B Cost Sharing Reduction (#56)<br>+ MA Rebate Part B Other Mandatory Supplemental Benefits (#58)<br>+ MA Rebate Part B Part D Supplemental Benefits (#62)  |
| Total MA Payment (#65) =   | + Total MA Payment Part A (#63)<br>+ Total MA Payment Part B (#64).  |



**Table 6-6: Part C Payment for Aged or Disabled enrolled in MA Plan: Plan A/B Bid Greater than CMS Benchmark**

| <b>Part C Payment for Aged or Disabled enrolled in MA Plan: Plan Bid Greater than Benchmark</b> |   |
|---|---|
| <b>Total</b>  | <b>Calculation using these fields</b>       |
| RA Payment Part A (#33)   | Part A Monthly Payment Rate (#88)           |
|   | * RA Factor A (#24).                        |
| Total MA Payment Part A (#63) =   | + RA Payment Part A (#33).                  |
|   | - Part C Basic Premium Amount Part A (#53). |
| RA Payment Part B (#34) =   | Part B Monthly Payment Rate (#89)           |
|   | * RA Factor B (#25).                        |
| Total MA Payment Part B (#64) =   | + RA Payment Part B (#34).                  |
|   | - Part C Basic Premium Amount Part B (#54). |
| Total MA Payment (#65) =  | + Total MA Payment Part A (#63)             |
|   | + Total MA Payment Part B (#64).            |

**6.2.4 PACE Plan Payment Calculation**

Part C Payment calculations for Aged/Disabled Beneficiaries in a PACE Plan are based upon monthly payment rates set by CMS which, like ESRD, remain outside the bidding process. MA Rebates and Part C Basic premiums are components of bid-based payments and do not apply.

Aged/Disabled Beneficiaries enrolled in a PACE Plan who reside in a community setting also receive a Frailty Factor Adjustment in addition to the normal Risk Adjustment. See the following table for calculation details.

**Table 6-7: Part C Payment for a PACE Plan**

| <b>Part C Payment for Aged or Disabled enrolled in PACE Plan</b> |   |
|--|---|
| <b>Total</b>   | <b>Calculation using these fields</b>               |
| RA Payment Part A (#33)  | Part A Monthly Payment Rate (#88)                   |
|  | * (RA Factor A (#24) + Part C Frailty Score (#80)). |
| Total MA Payment Part A (#63) =                                  | RA Payment Part A (#33).                            |
| RA Payment Part B (#34) =  | Part B Monthly Payment Rate (#89)                   |
|  | * (RA Factor B (#25) + Part C Frailty Score (#80)). |
| Total MA Payment Part B (#64) =                                  | RA Payment Part B (#34).                            |
| Total MA Payment (#65) =   | + Total MA Payment Part A (#63)                     |
|  | + Total MA Payment Part B (#64).                    |

**6.2.5 Medicare Secondary Payer (MSP) Payment Calculation**

Medicare is a secondary payer for Aged or Disabled beneficiaries with employer-provided health insurance, or for beneficiaries with ESRD, during the coordination of benefits period. When MSP Status applies, the risk-adjusted portion of the Part C Payment is reduced to account for the coverage that the employer provides for Working Aged or Working Disabled beneficiaries, or that the health Plan provides for beneficiaries with ESRD.

The MSP Reduction Amount is an additional Part C payment adjustment that is applied after all other calculations described in the previous sections are completed.

For Part C Payments involving an MA Rebate, the Rebate is ignored in computing the MSP Reduction Amounts. See the table below for calculation details.

**Table 6-8: Part C Payment when MSP Status Applies and involves an MA Rebate**

| Part C Payment when MSP Status Applies and involves an MA Rebate |   |
|--|---|
| Total  | Calculation using these fields  |
| MSP Reduction Amount Part A (#82) =                              | RA Payment Part A (#33)<br>* (1 - MSP Factor (#81)).                  |
| Total MA Payment Part A (#63) =                                  | Total MA Payment Part A (#63)<br>- MSP Reduction Amount Part A (#82). |
| MSP Reduction Amount Part B (#83) =                              | RA Payment Part B (#34)<br>* (1 - MSP Factor (#81)).                  |
| Total MA Payment Part B (#64) =                                  | Total MA Payment Part B (#64)<br>- MSP Reduction Amount Part B (#83). |
| Total MA Payment (#65) =   | + Total MA Payment Part A (#63)<br>+ Total MA Payment Part B (#64).   |

For Part C Payments involving a Part C Basic Premium, the Premium is subtracted from the RA Payment before computing the MSP Reduction Amounts. See the table below for calculation details.

**Table 6-9: Part C Payment when MSP Status Applies and involves Part C Basic Premium**

| Part C Payment when MSP Status Applies and involves Part C Basic Premium |  |
|--|--|
| Total  | Calculation using these fields   |
| MSP Reduction Amount Part A (#82) =                                      | RA Payment Part A (#33)<br>- Part C Basic Premium Amount Part A (#53)<br>* (1 - MSP Factor (#81)). |
| Total MA Payment Part A (#63) =  | MA Part A Payment/Adjustment (#33)<br>- MSP Reduction Amount Part A (#82).                         |
| MSP Reduction Amount Part B (#83) =                                      | RA Payment Part B (#34)<br>- Part C Basic Premium Amount Part B (#54)<br>* (1 - MSP Factor (#81)). |

| <b>Part C Payment when MSP Status Applies and involves Part C Basic Premium</b> |                                       |
|---|---------------------------------------|
| <b>Total</b>  | <b>Calculation using these fields</b> |
| Total MA Payment Part B (#64) =   | MA Part B Payment/Adjustment (#34)    |
|   | - MSP Reduction Amount Part B (#83).  |
| Total MA Payment (#65) =  | + Total MA Payment Part A (#63)       |
|   | + Total MA Payment Part B (#64).      |

## 6.3 Part D Payment Calculation

Plans receive Part D payments in exchange for providing Medicare Part D coverage to Medicare beneficiaries.

Before the payment process begins, the beneficiary submits the enrollment application, and the Plan checks the beneficiary’s eligibility and transmits an enrollment transaction to CMS. If the enrollment transaction is accepted, CMS finalizes the accepted enrollment and notifies the Plan, which then notifies the beneficiary. If CMS rejects the enrollment, the Plan is notified and must correct the rejection reason. With an accepted enrollment transaction, CMS calculates the Part D payment.

Several Part D Payment components are estimated amounts subject to a cost-based annual Part D payment reconciliation; these results are reflected on the Plan Payment Report (PPR), and not on the Monthly Membership Report (MMR). The estimated payments are:

- Part D Low-Income Cost-Sharing (LICS) Subsidy.
- Part D Reinsurance Subsidy.
- Part D Coverage Gap Discount Amount<sup>1</sup>

The following table lists the fields in the Monthly Membership Detail Data File that are used to calculate Part D Payments.

**Table 6-10: Part D Payment Calculation Fields**

| Monthly Membership Detail Data File Field Names for Part D Payment Calculations |   |      |          |                    |
|---|---|------|----------|--------------------|
| Item  | Field   | Size | Position | Description        |
| 35  | Part D Low-Income Premium Subsidy (LIPS) Amount | 8    | 144-151  | Format -9999.99    |
| 37  | Medication Therapy Management (MTM) Add-On      | 10   | 153-162  | Format -999999.99  |
| 66  | Part D RA Factor                                | 7    | 310-316  | Format NN.DDDD     |
| 71  | MA Rebate Part D Basic Premium Reduction        | 8    | 333-340  | Format -9999.99    |
| 72  | Part D Basic Premium Amount                     | 8    | 341-348  | Format -9999.99    |
| 73  | Part D Direct Subsidy Amount                    | 10   | 349-358  | Format -999999.99  |
| 74  | Part D Reinsurance Subsidy Amount               | 10   | 359-368  | Format -999999.99  |
| 75  | Part D LICS Subsidy                             | 10   | 369-378  | Format -999999.99  |
| 76  | Total Part D Payment                            | 11   | 379-389  | Format -9999999.99 |
| 78  | PACE Part D Premium Add-on                      | 10   | 392-401  | Format -999999.99  |
| 79  | PACE Part D Cost Sharing Add-on                 | 10   | 402-411  | Format -999999.99  |
| 85  | Part D Coverage Gap Discount Amount             | 8    | 448-455  | Format -9999.99    |
| 90  | Part D Monthly Payment Rate                     | 9    | 477-485  | Format -99999.99   |

<sup>1</sup> The Coverage Gap Discount is not a subsidy, but an advance to provide cash flow. Offsets against the Plan’s total payment are periodically taken when the discount payments are made by drug manufacturers, and again during the Annual Part D Reconciliation.

**6.3.1 Calculation of the Part D Direct Subsidy**

The Plan’s Part D bid is reported on the MMR and shown below as the Part D Monthly Payment Rate. The Part D Basic Premium Amount reported on the MMR, and included in the formula below, is not necessarily the same as the premium paid by the beneficiary but an amount specifically calculated for use in this payment formula. See the table below for calculation details.

**Note:** It is possible for the Part D Direct Subsidy calculation to result in a negative amount for an individual beneficiary.

*Table 6-11: Part D Direct Subsidy*

| Part D Direct Subsidy                |                                      |
|--------------------------------------|--------------------------------------|
| Total                                | Calculation using these fields       |
| Part D Direct Subsidy Amount (#73) = | (Part D Monthly Payment Rate (#90)   |
|                                      | * Part D RA Factor (#66))            |
|                                      | - Part D Basic Premium Amount (#72). |

**6.3.2 Calculation of the Total Part D Payment**

The Total Part D Payment (#76) for a beneficiary is the sum of the following amounts; no individual payment includes all components:

| Item | Field   |
|------|---|
| 35   | Part D Low-Income Premium Subsidy (LIPS) Amount |
| 37   | Medication Therapy Management (MTM) Add-On      |
| 71   | MA Rebate Part D Basic Premium Reduction        |
| 73   | Part D Direct Subsidy Amount                    |
| 74   | Part D Reinsurance Subsidy Amount               |
| 75   | Part D LICs Subsidy                             |
| 78   | PACE Part D Premium Add-on                      |
| 79   | PACE Part D Cost Sharing Add-on                 |
| 85   | Part D Coverage Gap Discount Amount             |
| 76   | Total Part D Payment                            |

---

## 6.4 Coverage Gap Discount Program

The Coverage Gap Discount Program (CGDP) provides manufacturer discounts to eligible Medicare beneficiaries receiving covered Part D drugs while in the coverage gap (i.e., the “donut hole”). Eligible Medicare beneficiaries in the program consist of non-low income subsidy eligible (non-LIS) beneficiaries who are not enrolled in an Employer Group Waiver Plan (EGWP) or a Program of the All Inclusive Care for the Elderly (PACE) organization. Part D sponsors must provide the discounts for applicable drugs in the coverage gap at point-of-sale (POS). CMS coordinates the collection of discount payments from manufacturers and payment to Part D sponsors that provided the discount.

### 6.4.1 Prospective Payments

CMS provides a monthly prospective CGDP payment that is calculated on the projection in each Part D Plan’s bid and their current enrollment. These prospective payments provide cash flow to Part D sponsors for advancing the gap discounts at the POS.

Prospective CGDP payments for a contract year begin with the January monthly payment for the contract year and end with the December monthly payment. Adjustments for a contract year continue until January 31 of the following year. For example, the first prospective payment for a benefit year is in the January monthly payment and the last payment containing adjustments is in the following January monthly payment. The prospective CGDP payment amounts will be found on the Monthly Membership Report (MMR).

### 6.4.2 Manufacturers Offset

On a quarterly basis, CMS will invoice manufacturers for discounts provided by Part D sponsors. Manufacturers will remit payments for invoiced amounts directly to Part D sponsors. The prospective payments made to Part D sponsors will be reduced by the discount amounts invoiced to manufacturers. These offsets will ensure that Part D sponsors do not receive duplicate payments for discounts made available to their enrollees.

On a quarterly basis following the invoicing cycle, CMS offsets monthly prospective CGDP payments for discount amounts invoiced to manufacturers. The offset amount will appear as a negative adjustment to the next monthly prospective payment processed through Automated Plan Payment System (APPS). When the APPS offset exceed the prospective CGDP payment for that month, CMS will apply the offset to the Part D sponsor’s total payment.

### **6.4.3 CGDP Reconciliation**

After the end of the contract year, CMS will conduct a cost-based reconciliation for the CGDP. Prospective payments are an estimate and Part D sponsors may experience actual CGDP costs greater than or less than the prospective payments. The actual manufacturer discount amounts will be determined based on the manufacturer discount amounts reported by Part D sponsors on the Prescription Drug Event (PDE) records. Active Plans during the reconciliation benefit year will receive a set of management reports from the Payment Reconciliation System (PRS) detailing the inputs and results of the CGDP reconciliation process for the contract year. Questions regarding Coverage Gap Discount Reconciliation should be directed to the Reconciliation Support Contractor at: [PartDPaymentSupport@acumenllc.com](mailto:PartDPaymentSupport@acumenllc.com).

## 6.5 Reconciliation of Plan Data with CMS Data

Plans are responsible for providing CMS with timely and accurate information regarding the beneficiaries' enrollment, disenrollments, special membership status, and State and County Code changes. CMS is responsible for providing Plans with timely and accurate reports to verify membership and payment information.

During their monthly reconciliation process, Plans should verify their membership and payment information. To ensure a complete and accurate reconciliation, Plans must understand and review all CMS-provided reports. This User Guide contains all provided reports, data files, and record layouts. It is required that all Plans are familiar with all of these reports and data files and their impact on the accuracy of beneficiaries' information.

CMS also provides reports to Plans for information verification. Some reports have very specialized data, with limited use in the overall reconciliation effort. Plans should use the Daily Transaction Reply Report (DTRR) to reconcile their beneficiary records with the Monthly Membership Report (MMR), which is beneficiary specific.

The Plan Payment Report (PPR) includes contract/PBP payment information and contract/PBP payment adjustment information. Therefore, when reconciling report data, Plans must compare the beneficiary level payment on the MMR with the contract level payment information on the PPR. Plans can refer to the Part C/D Reference Table & Section 6.2, Payment Calculations, for more information.

To complete the final month-end reconciliation, Plans should reconcile the DTRRs with the MMR, PPR, Monthly Premium Withholding Report (MPWR) Data File, and LIS and LEP Reports. Plans must submit certification of enrollment monthly, to attest to the completion of reconciliation of membership and payment reports. The certification due dates are listed on the HPMS website. Plans with specific reconciliation questions should contact the Division of Payment Operations (DPO) Central Office (CO) contact person.



## 6.6 Payment Data Files and Reports

CMS reports contain Plan Medicare membership and payment information as indicated in CMS systems for the Current Payment Month (CPM). In general, these data files allow Plans to compare Medicare membership and payment information with the Plan's internal records to assist Plans in identifying and correcting any discrepancies.

This section contains the following Payment Data Files and reports:

- [Monthly Membership Report \(MMR\)](#)
- [Monthly Membership Summary Data Report \(MMSR\)](#)
- [Monthly Membership Summary Data File \(MMSD\)](#)
- [Plan Payment Report \(PPR\)](#)
- [Interim Plan Payment Report \(IPPR\)](#)
- [Plan Payment Report/Interim Payment Data File \(IPPR\)](#)
- [820 Format Payment Advice Data File](#)
- [Failed Plan Payment Report \(FPRR\)](#)
- [MSA Deposit Recovery Data File](#)
- [Payment Records Report](#)

**6.6.1 Monthly Membership Report (MMR) Data File**

The Monthly Membership Detail data file (MMR) is the basic accounting file of beneficiary level payments and adjustments for Medicare Advantage and Part D organizations.

| System | Type      | Frequency | File Length | Monthly Membership Detail Report Dataset Naming Conventions  |
|--------|-----------|-----------|-------------|--|
| MARx   | Data File | Monthly   | 495         | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.MONMEMD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.MONMEMD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.MONMEMD.Dyymm01.Thhmsst</p> |

**Note:** The date in the file name defaults to “01” denoting the first day of the current payment month.

*Layout 6-1: Monthly Membership Detail Report*

| Monthly Membership Detail Report |                       |      |          |   |
|----------------------------------|-----------------------|------|----------|---|
| Item                             | Field                 | Size | 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                                | Gender Code           | 1    | 40       | Beneficiary’s Gender Code<br>M = Male<br>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<br>Y = Out of Plan-level service area<br>Space = Not out of area<br>Always Space on Adjustment rows  |

| Monthly Membership Detail Report |  |      |          |   |
|----------------------------------|--|------|----------|---|
| Item                             | Field  | Size | Position | Description   |
| 12                               | Part A Entitlement                               | 1    | 59       | Indicator that the beneficiary is entitled to Part A<br>Y = Entitled to Part A<br>Space = Not entitled to Part A  |
| 13                               | Part B Entitlement                               | 1    | 60       | Indicator that the beneficiary is entitled to Part B<br>Y = Entitled to Part B<br>Space = Not entitled to Part B  |
| 14                               | Hospice  | 1    | 61       | Indicator that the beneficiary is in Hospice status<br>Y = Hospice<br>Space = Not in Hospice status   |
| 15                               | ESRD   | 1    | 62       | Indicator that the beneficiary has ESRD<br>Y = ESRD<br>Space = Not ESRD   |
| 16                               | Aged/Disabled MSP                                | 1    | 63       | Indicator that Medicare is Secondary Payer<br>Y = aged/disabled factor applicable to beneficiary<br>N = aged/disabled factor not applicable to beneficiary  |
| 17                               | Filler   | 1    | 64       | Spaces  |
| 18                               | Filler   | 1    | 65       | Spaces  |
| 19                               | New Medicare Beneficiary<br>Medicaid Status Flag | 1    | 66       | Beneficiary Medicaid Status used for the month being paid or adjusted.<br><b>1. Calculated 2009 and later:</b> <ul style="list-style-type: none"> <li>• Prospective payments with effective date in 2008 or after: <ul style="list-style-type: none"> <li>• Y = Medicaid and a default risk factor was used</li> <li>• N = Not Medicaid and a default risk factor was used</li> <li>• Space = No default risk factor or beneficiary is Part D only</li> </ul> </li> <li>• Adjustments with effective date in 2007 or earlier: <ul style="list-style-type: none"> <li>• Y = Medicaid and adjustment was made to the demographic component of a blended payment</li> <li>• N = Not Medicaid and adjustment was made to the demographic component of a blended payment</li> <li>• Blank = Either the adjusted payment had no demographic component, or only the risk portion of a blended payment was adjusted</li> </ul> </li> </ul> <b>2. Calculated during 2008:</b> <ul style="list-style-type: none"> <li>• Y = Medicaid and a default risk factor was used</li> <li>• N = Not Medicaid and a default risk factor was used</li> <li>• Space = No default risk factor used or beneficiary is Part D only</li> </ul> <b>3. Calculated prior to calendar year 2008:</b> <ul style="list-style-type: none"> <li>• Y = Medicaid</li> <li>• Space = Not Medicaid</li> </ul> |
| 20                               | LTI Flag   | 1    | 67       | Indicator that beneficiary has Part C Long Term Institutional Status<br>Y = Part C Long Term Institutional<br>Space = Not LTI   |

| Monthly Membership Detail Report |  |      |          |  |
|----------------------------------|--|------|----------|--|
| Item                             | Field                                      | Size | Position | Description  |
| 21                               | Medicaid Indicator                         | 1    | 68       | Indicator that the Medicaid Add-on was used for this payment or adjustment<br>When all of the below conditions are met:<br><ul style="list-style-type: none"> <li>• A RAS-supplied factor is used in the payment, <b>and</b></li> <li>• The Part C Default Indicator in the Payment Profile is blank, <b>and</b></li> <li>• The Medicaid Switch present in the RAS-supplied data that corresponds to the risk factor used in payment is not blank</li> </ul> The value is Y = Medicaid Add-on (RAS beneficiaries).<br>Space = No Medicaid Add-on was used<br>This field will be spaces when a community factor is used.  |
| 22                               | Filler                                     | 2    | 69-70    | Spaces   |
| 23                               | Default Risk Factor Code                   | 1    | 71       | Indicator that a Default Risk Adjustment Factor (RAF) was used for calculating this payment or adjustment. 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.<br>1 = Default Enrollee- Aged/Disabled.<br>2 = Default Enrollee- ESRD dialysis.<br>3 = Default Enrollee- ESRD Kidney Transplant- Month 1.<br>4 = Default Enrollee- ESRD Kidney Transplant - Months 2-3.<br>5 = Default Enrollee- ESRD Post Graft - Months 4-9.<br>6 = Default Enrollee- ESRD Post Graft - 10+ Months.<br>7 = Default Enrollee Chronic Care SNP.<br>Space = The beneficiary is not a default enrollee. |
| 24                               | Risk Adjustment Factor A                   | 7    | 72-78    | Part A Risk Adjustment Factor used for the Payment Calculation (NN.DDDD)   |
| 25                               | Risk Adjustment Factor B                   | 7    | 79-85    | Part B Risk Factor used for the Payment Calculation (NN.DDDD)  |
| 26                               | Number of Payment/Adjustment Months Part A | 2    | 86-87    | Number of months included in this payment or adjustment for Part A   |
| 27                               | Number of Payment/Adjustment Months Part B | 2    | 88-89    | Number of months included in this payment or adjustment for Part B   |
| 28                               | Adjustment Reason Code                     | 2    | 90-91    | Code that indicates the reason for this adjustment<br>Always Spaces on Payments  |
| 29                               | Payment/Adjustment Start Date              | 8    | 92-99    | Earliest date covered by this payment or adjustment (YYYYMMDD)   |
| 30                               | Payment/Adjustment End Date                | 8    | 100-107  | Latest date covered by this payment or adjustment (YYYYMMDD)   |
| 31                               | Filler                                     | 9    | 108-116  | Spaces   |
| 32                               | Filler                                     | 9    | 117-125  | Spaces   |

| Monthly Membership Detail Report |  |      |          |   |
|----------------------------------|--|------|----------|---|
| Item                             | Field  | Size | Position | Description   |
| 33                               | Capitated Monthly Payment/Adjustment Amount Rate A | 9    | 126-134  | <p>Part A portion of the payment or adjustment dollars (-99999.99).</p> <p>For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA deposit amount as a negative term.</p> <p>For Hospice Beneficiaries enrolled in a V BID Hospice Demonstration Plan, the monthly payment amount is the per-member-per-month payment. The adjustment amount includes the per-member-per-month for each month.</p>                           |
| 34                               | Capitated Monthly Payment/Adjustment Amount Rate B | 9    | 135-143  | <p>Part B portion of the payment or adjustment dollars (-99999.99)</p> <p>For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA monthly deposit amount as a negative term.</p> <p>For Hospice Beneficiaries enrolled in a V BID Hospice Demonstration Plan, the monthly payment amount is the per-member-per-month payment. The adjustment amount includes the per-member-per-month for each month.</p>                    |
| 35                               | LIS Premium Subsidy                                | 8    | 144-151  | Low Income Premium Subsidy Amount for the beneficiary (-9999.99)  |
| 36                               | ESRD MSP Flag                                      | 1    | 152      | <p>Indicator that Medicare is a Secondary Payer due to ESRD.</p> <p><b>As of January 2011:</b><br/>                     T = MSP due to Transplant/Dialysis<br/>                     P = MSP due to Post Graft<br/>                     Space = ESRD MSP not applicable</p> <p><b>Prior to 2011:</b><br/>                     Y = ESRD MSP<br/>                     N = No ESRD MSP</p>  |
| 37                               | Medication Therapy Management (MTM) Add On         | 10   | 153-162  | The total Medication Therapy Management (MTM) Add-On for the beneficiary (999999.99)  |
| 38                               | Filler   | 8    | 163-170  | Spaces  |
| 39                               | Medicaid Full/Partial/Non-dual                     | 1    | 171      | <p>The Medicaid status that is in effect for the month used to determine the appropriate community risk score for a beneficiary.<br/>                     (Medicaid status = CPM-3)</p> <p>For all other risk scores, this field is informational.<br/>                     1 = Beneficiary is determined to be full or partial Medicaid (F or P)<br/>                     0 = Beneficiary is not Medicaid (N)<br/>                     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.<br/>                     BB = Beginning Age<br/>                     EE = Ending Age</p> <p><b>Note:</b> This field should be used for all payments after 2007 (and not Item #9).</p>  |

| Monthly Membership Detail Report |                                  |      |          |  |
|----------------------------------|----------------------------------|------|----------|--|
| Item                             | Field                            | Size | Position | Description  |
| 41                               | Filler                           | 7    | 176-182  | Spaces   |
| 42                               | Filler                           | 1    | 183      | Spaces   |
| 43                               | Filler                           | 1    | 184      | Spaces   |
| 44                               | Plan Benefit Package ID          | 3    | 185-187  | PBP Number   |
| 45                               | Filler                           | 1    | 188      | Spaces   |
| 46                               | Risk Adjustment Factor Type Code | 2    | 189-190  | <p>The type of Part C Risk Adjustment Factor used to calculate this payment or adjustment.</p> <p>C = Community (Adjustments before 2017; PACE only beginning 1/2017 and ending 12/2019)</p> <p>C1 = Community Post Graft 4-9 (ESRD)</p> <p>C2 = Community Post Graft 10+ (ESRD)</p> <p>CF = Community Full Dual</p> <p>CP = Community Partial Dual</p> <p>CN = Community Non-Dual</p> <p>D = Dialysis (ESRD)</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>I1 = Institutional Post Graft 4-9 (ESRD)</p> <p>I2 = Institutional Post Graft 10+ (ESRD)</p> <p>SE = New Enrollee Chronic Care SNP</p> <p>PA = PACE Dialysis Factor</p> <p>PB = PACE New Enrollee Dialysis Factor</p> <p>PC = PACE Community Post Graft 4-9</p> <p>PD = PACE Institutional Post Graft 4-9</p> <p>PE = PACE New Enrollee Post Graft 4-9</p> <p>PF = PACE Community Post Graft 10+</p> <p>PG = PACE Institutional Post Graft 10+</p> <p>PH = PACE New Enrollee Post Graft 10+</p> <p>PI = PACE Community Full Dual</p> <p>PJ = PACE Community Partial Dual</p> <p>PK = PACE Community Non-Dual</p> <p>PL = PACE Graft I</p> <p>PM = PACE Graft II</p> <p><b>Note:</b> The actual RAF values are in fields 24 – 25.</p> |
| 47                               | Frailty Indicator                | 1    | 191      | <p>Indicator that a Plan-level Frailty Factor was included in the calculation of the payment or adjustment</p> <p>Y = Frailty Factor Included</p> <p>N = No Frailty Factor</p>   |

| Monthly Membership Detail Report |   |      |          |  |
|----------------------------------|---|------|----------|--|
| Item                             | Field   | Size | Position | Description  |
| 48                               | Original Reason for Entitlement Code (OREC)             | 1    | 192      | The original reason that the beneficiary was entitled to Medicare<br>0 = Beneficiary insured due to age<br>1 = Beneficiary insured due to disability<br>2 = Beneficiary insured due to ESRD<br>3 = Beneficiary insured due to disability and current ESRD<br>9 = None of the above   |
| 49                               | Filler  | 1    | 193      | Spaces   |
| 50                               | Segment Number  | 3    | 194-196  | Segment number for the beneficiary enrollment.<br>000 = Plan with no segments.   |
| 51                               | Filler  | 1    | 197      | Spaces   |
| 52                               | EGHP Flag   | 1    | 198      | Indicator that the Plan is an Employer Group Health Plan<br>Y = Employer Group Health Plan<br>N = Not an Employer Group Health Plan  |
| 53                               | Part C Basic Premium – Part A Amount                    | 8    | 199-206  | The premium amount for determining the MA payment attributable to Part A. It is subtracted from the MA plan payment for plans that bid above the benchmark. (-9999.99)   |
| 54                               | Part C Basic Premium – Part B Amount                    | 8    | 207-214  | The premium amount for determining the MA payment attributable to Part B. It is subtracted from the MA plan payment for plans that bid above the benchmark. (-9999.99)   |
| 55                               | Rebate for Part A Cost Sharing Reduction                | 8    | 215-222  | The amount of the rebate allocated to reducing the beneficiary Part A cost-sharing. This amount is added to the MA plan payment for plans that bid below the benchmark. (-9999.99)   |
| 56                               | Rebate for Part B Cost Sharing Reduction                | 8    | 223-230  | The amount of the rebate allocated to reducing the beneficiary Part B cost-sharing. This amount is added to the MA plan payment for plans that bid below the benchmark. (-9999.99)   |
| 57                               | Rebate for Other Part A Mandatory Supplemental Benefits | 8    | 231-238  | The amount of the rebate allocated to providing Part A supplemental benefits. This amount is added to the MA plan payment for plans that bid below the benchmark. (-9999.99)   |
| 58                               | Rebate for Other Part B Mandatory Supplemental Benefits | 8    | 239-246  | The amount of the rebate allocated to providing Part B supplemental benefits. This amount is added to the MA plan payment for plans that bid below the benchmark. (-9999.99)   |
| 59                               | 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)<br>This amount is subtracted from payments for one of two reasons.<br>1. The beneficiary has ESRD status.<br>2. The beneficiary is enrolled in an Employer Group Plan and is neither Hospice nor ESRD. (Effective 01/01/2020) |

| Monthly Membership Detail Report |   |      |          |   |
|----------------------------------|---|------|----------|---|
| Item                             | Field   | Size | Position | Description   |
| 60                               | 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)<br>This amount is subtracted from payments for one of two reasons.<br>1. The beneficiary has ESRD status.<br>2. The beneficiary is enrolled in an Employer Group Plan and is neither Hospice nor ESRD. (Effective 01/01/2020)  |
| 61                               | 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)   |
| 62                               | 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)   |
| 63                               | Total Part A MA Payment                                 | 10   | 279–288  | The total Part A MA payment. (-999999.99)   |
| 64                               | Total Part B MA Payment                                 | 10   | 289–298  | The total Part B MA payment. (-999999.99)   |
| 65                               | Total MA Payment Amount                                 | 11   | 299-309  | The total MA A/B payment including MMA adjustments. This also includes the Rebate Amount for Part D Supplemental Benefits (-9999999.99)   |
| 66                               | Part D RA Factor  | 7    | 310-316  | Part D Risk Adjustment Factor used for the Payment Calculation (NN.DDDD)  |
| 67                               | 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.<br><b>For 2011 and later:</b><br>Y = beneficiary is Low Income<br>N = beneficiary is not Low Income<br><b>From 2006 through 2010:</b><br>1 = Beneficiary is in subset 1<br>2 = Beneficiary is in subset 2<br>Spaces = Not applicable |
| 68                               | 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)   |
| 69                               | Part D Long Term Institutional Indicator                | 1    | 325      | Indicator of beneficiary Long Term Institutional (LTI) status for the Part D payment or adjustment. Calculations for a Low Income beneficiary include a Part D LTI multiplier.<br>A = LTI (aged)<br>D = LTI (disabled)<br>Space = No LTI  |
| 70                               | Part D Long Term Institutional Multiplier               | 7    | 326-332  | Part D LTI multiplier used in the calculation of the payment or adjustment (NN.DDDD)  |
| 71                               | 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)   |
| 72                               | Part D Basic Premium Amount                             | 8    | 341-348  | Plan’s Part D premium amount. (-9999.99)  |
| 73                               | Part D Direct Subsidy Monthly Payment Amount            | 10   | 349-358  | Total Part D Direct subsidy payment for the beneficiary. For the LINET plan (X is first character of contract number) this is the total LINET Direct Subsidy for the beneficiary. (-999999.99)  |



| Monthly Membership Detail Report |  |      |          |   |
|----------------------------------|--|------|----------|---|
| Item                             | Field  | Size | Position | Description   |
| 74                               | Reinsurance Subsidy Amount                         | 10   | 359-368  | The amount of reinsurance subsidy included in the payment (-999999.99)  |
| 75                               | Low-Income Subsidy Cost-Sharing Amount             | 10   | 369-378  | The amount low-income subsidy cost-sharing amount included in the payment. (-999999.99)   |
| 76                               | Total Part D Payment                               | 11   | 379-389  | The total Part D payment for the beneficiary (-9999999.99)  |
| 77                               | Number of Payment/Adjustment Months Part D         | 2    | 390-391  | Number of months included in this payment or adjustment.  |
| 78                               | PACE Premium Add On                                | 10   | 392-401  | Total Part D Pace Premium Add-on amount (-999999.99)  |
| 79                               | PACE Cost Sharing Add-on                           | 10   | 402-411  | Total Part D Pace Cost Sharing Add-on amount (-999999.99)   |
| 80                               | Part C Frailty Score Factor                        | 7    | 412-418  | Part C frailty factor used in this payment or adjustment calculation.<br>NN.DDDD<br>Spaces = Not applicable<br>Used for PACE, and FIDE SNPs |
| 81                               | MSP Factor   | 7    | 419-425  | MSP secondary payer reduction factor used in this payment or adjustment calculation(NN.DDDD)<br>Spaces = Not applicable                     |
| 82                               | MSP Reduction/Reduction Adjustment Amount – Part A | 10   | 426-435  | Net MSP reduction amount– Part A.<br>SSSSSS9.99<br>Reported as a POSITIVE AMT, is actually a NEGATIVE AMT.                                  |
| 83                               | MSP Reduction/Reduction Adjustment Amount – Part B | 10   | 436-445  | Net MSP reduction amount – Part B.<br>SSSSSS9.99<br>Reported as a POSITIVE AMT, is actually a NEGATIVE AMT.                                 |

| Monthly Membership Detail Report |                                     |      |          |  |
|----------------------------------|-------------------------------------|------|----------|--|
| Item                             | Field                               | Size | Position | Description  |
| 84                               | 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 community risk score, if a community risk score is used or were to be used for payment for a NON-ESRD, Full-risk, beneficiary (Field 46 is CF, CP, CN, PI, PJ, or PK). Otherwise, the field is informational.</p> <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> |
| 85                               | Part D Coverage Gap Discount Amount | 8    | 448-455  | Amount of the Coverage Gap Discount Amount included in the payment (-9999.99)  |

| Monthly Membership Detail Report |   |      |          |   |
|----------------------------------|---|------|----------|---|
| Item                             | Field   | Size | Position | Description   |
| 86                               | Part D Risk Adjustment Factor Type                | 2    | 456-457  | <p>Beginning with January 2011 payments, the type of Part D Risk Adjustment Factor used to calculate this payment or adjustment.</p> <p>D1 = Community Non-Low Income Continuing Enrollee,<br/>                     D2 = Community Low Income Continuing Enrollee,<br/>                     D3 = Institutional Continuing Enrollee,<br/>                     D4 = New Enrollee Community Non-Low Income Non-ESRD,<br/>                     D5 = New Enrollee Community Non-Low Income ESRD,<br/>                     D6 = New Enrollee Community Low Income Non-ESRD,<br/>                     D7 = New Enrollee Community Low Income ESRD,<br/>                     D8 = New Enrollee Institutional Non-ESRD,<br/>                     D9 = New Enrollee Institutional ESRD,<br/>                     P1 = PACE New Enrollee Community Low Income Non-ESRD<br/>                     P2 = PACE New Enrollee Community Non- Low Income Non-ESRD<br/>                     P3 = PACE New Enrollee Institutional Non-ESRD<br/>                     P4 = PACE New Enrollee Institutional ESRD<br/>                     P5 = PACE New Enrollee Community Low Income ESRD<br/>                     P6 = PACE New Enrollee Community Non- Low Income ESRD<br/>                     P7 = PACE Community Non- Low Income CONTINUING Enrollee<br/>                     P8 = PACE Community Low Income Continuing Enrollee<br/>                     P9 = PACE Institutional Continuing Enrollee<br/>                     Spaces = Not applicable.<br/> <b>Note:</b> The value of the Part D RAF is found in field 67.</p> |
| 87                               | Default Part D Risk Adjustment Factor Code        | 1    | 458      | <p>Beginning with January 2011 payment, the code that further breaks down the Part D RAF type:</p> <p>1 = Not ESRD, Not Low Income, Not Originally Disabled<br/>                     2 = Not ESRD, Not Low Income, Originally Disabled<br/>                     3 = Not ESRD, Low Income, Not Originally Disabled<br/>                     4 = Not ESRD, Low Income, Originally Disabled<br/>                     5 = ESRD, Not Low Income, Not Originally Disabled<br/>                     6 = ESRD, Low Income, Not Originally Disabled<br/>                     7 = ESRD, Not Low Income, Originally Disabled<br/>                     8 = ESRD, Low Income, Originally Disabled<br/>                     Spaces = Not applicable</p>   |
| 88                               | Part A Monthly Rate Amount for Payment/Adjustment | 9    | 459-467  | <p>The Part A Risk Adjusted Rate amount used in the payment or adjustment calculation or the VBID Hospice monthly rate paid for the beneficiary.</p> <p>(-99999.99)</p> <p>Payments = Rate amount in effect for payment period<br/>                     Adjustments = Rate amount in effect for adjustment period i.e. the updated rate in effect for the adjustment period.</p>  |

| Monthly Membership Detail Report |  |      |          |  |
|----------------------------------|--|------|----------|--|
| Item                             | Field  | Size | Position | Description  |
| 89                               | Part B Monthly Rate Amount for Payment/Adjustment                | 9    | 468-476  | <p>The Part B Risk Adjusted Rate amount used in the payment or adjustment calculation or the VBID Hospice monthly rate paid for the beneficiary.<br/>(-99999.99)</p> <p>Payments = Rate amount in effect for payment period<br/>Adjustments = Rate amount in effect for adjustment period i.e. the updated rate in effect for the adjustment period.</p>   |
| 90                               | Part D Direct Subsidy Monthly Rate Amount for Payment/Adjustment | 9    | 477-485  | <p>Beginning August 2011, the Part D Direct Subsidy amount used in the payment or adjustment calculation (-99999.99)</p> <p>Payments = Rate amount in effect for payment period<br/>Adjustments = Rate amount in effect for adjustment period</p>  |
| 91                               | 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 uniquely identify the cleanup with which the record is associated. It is usually the Remedy 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> |

**6.6.2 MMR Adjustment Reason Codes (ARC)**

The table below lists the MMR Adjustment Reason Codes and descriptions that are used in the following files:

- Monthly Membership Detail Record, Field 28.
- Monthly Membership Summary Report Data File Record, Field 4.
- PPR/IPPR Capitated Payment – Current Activity Record, Field 4.

**Table 6-12: MMR Adjustment Reason Codes (ARC)**

| MMR Adjustment Reason Codes |  |
|-----------------------------|--|
| Code                        | Description  |
| 00                          | Prospective Payment Components                               |
| 01                          | Notification of Death of Beneficiary                         |
| 02                          | Retroactive Enrollment                                       |
| 03                          | Retroactive Disenrollment                                    |
| 04                          | Correction to Enrollment Date                                |
| 05                          | Correction to Disenrollment Date                             |
| 06                          | Correction to Part A Entitlement                             |
| 07                          | Retroactive Hospice Status                                   |
| 08                          | Retroactive ESRD Status                                      |
| 09                          | Retroactive Institutional Status                             |
| 10                          | Retroactive Medicaid Status                                  |
| 11                          | Retroactive Change to State County Code                      |
| 12                          | Date of Death Correction                                     |
| 13                          | Date of Birth Correction                                     |
| 14                          | Correction to Sex Code                                       |
| 15                          | Obsolete   |
| 16                          | Obsolete   |
| 17                          | For APPS use only  |
| 18                          | Part C Rate Change   |
| 19                          | Correction to Part B Entitlement                             |
| 20                          | Retroactive Working Aged Status                              |
| 21                          | Retroactive NHC Status                                       |
| 22                          | Disenrolled Due to Prior ESRD                                |
| 23                          | Demo Factor Adjustment                                       |
| 24                          | Obsolete   |
| 25                          | Part C Risk Adjustment Factor Change/Recon                   |
| 26                          | Mid-year Part C Risk Adjustment Factor Change                |
| 27                          | Retroactive Change to Congestive Heart Failure (CHF) Payment |
| 28                          | Retroactive Change to BIPA Part B Premium Reduction Amount   |
| 29                          | Retroactive Change to Hospice Rate                           |
| 30                          | Retroactive Change to Basic Part D Premium                   |
| 31                          | Retroactive Change to Part D Low Income Status               |

| <b>MMR Adjustment Reason Codes</b> |   |
|------------------------------------|---|
| <b>Code</b>                        | <b>Description</b>  |
| 32                                 | Retroactive Change to Estimated Cost-Sharing Amount                                   |
| 33                                 | Retroactive Change to Estimated Reinsurance Amount                                    |
| 34                                 | Retroactive Change Basic Part C Premium   |
| 35                                 | Retroactive Change to Rebate Amount   |
| 36                                 | Part D Rate Change  |
| 37                                 | Part D Risk Adjustment Factor Change  |
| 38                                 | Part C Segment ID Change  |
| 41                                 | Part D Risk Adjustment Factor Change (ongoing)  |
| 42                                 | Retroactive MSP Status  |
| 44                                 | Retroactive correction of previously failed Payment (affects Part C and D)            |
| 45                                 | Disenroll for Failure to Pay Part D IRMAA Premium – Reported for Pt C and Pt D        |
| 46                                 | Correction of Part D Eligibility – Reported for Pt D                                  |
| 50                                 | Payment adjustment due to Beneficiary Merge   |
| 60                                 | Part C Payment Adjustments created as a result of the RAS overpayment file processing |
| 61                                 | Part D Payment Adjustments created as a result of the RAS overpayment file processing |
| 65                                 | Confirmed Incarceration – Reported for Pt C and Pt D                                  |
| 66                                 | Not Lawfully Present  |
| 90                                 | System of Record History Alignment  |
| 94                                 | Special Payment Adjustment Due to Cleanup   |

**6.6.3 Monthly Membership Summary Report (MMSR)**

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

| System | Type      | Frequency | File Length | MMSR Dataset Naming Conventions  |
|--------|-----------|-----------|-------------|--|
| MARx   | Data File | Monthly   | 220         | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>                     P.Fxxxxx.MONMEMSD.Dyymm01.Thhmsst<br/>                     P.Rxxxxx.MONMEMSD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>                     zzzzzzz.Fxxxxx.MONMEMSD.Dyymm01.Thhmsst<br/>                     zzzzzzz.Rxxxxx.MONMEMSD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>                     [directory]Fxxxxx.MONMEMSD.Dyymm01.Thhmsst<br/>                     [directory]Rxxxxx.MONMEMSD.Dyymm01.Thhmsst</p> |

**Report 6-1: Monthly Membership Summary Report (MMSR)**

| MONTHLY MEMBERSHIP SUMMARY REPORT (PAGE 1 OF 2) |       |        |                |       |        |        |       |       |        |       |       |        |        |       |
|---|-------|--------|----------------|-------|--------|--------|-------|-------|--------|-------|-------|--------|--------|-------|
| PART A  |       |        | TOTAL          |       |        | PART B |       |       | TOTAL  |       |       | PART D |        |       |
| COUNTS  | TOTAL | MONEY  | COUNTS         | TOTAL | MONEY  | COUNTS | TOTAL | MONEY | COUNTS | TOTAL | MONEY | COUNTS | TOTAL  | MONEY |
| HOSPICE   | 0     | \$0.00 | HOSPICE        | 0     | \$0.00 |        |       |       |        |       |       |        |        |       |
| ESRD  | 0     | \$0.00 | ESRD           | 0     | \$0.00 |        |       |       |        |       |       |        |        |       |
| WA  | 0     | \$0.00 | WA             | 0     | \$0.00 |        |       |       |        |       |       |        |        |       |
| INST  | 0     | \$0.00 | INST           | 0     | \$0.00 |        |       |       |        |       |       |        |        |       |
| NHC   | 0     | \$0.00 | NHC            | 0     | \$0.00 |        |       |       |        |       |       |        |        |       |
| MCAID   | 0     | \$0.00 | MCAID          | 0     | \$0.00 |        |       |       |        |       |       |        |        |       |
| PART C PREMIUM                                  | 0     | \$0.00 | PART C PREMIUM | 0     | \$0.00 |        |       |       |        |       |       |        |        |       |
| A/B COST SHR                                    | 0     | \$0.00 | A/B COST SHR   | 0     | \$0.00 |        |       |       |        |       |       |        |        |       |
| A/B MAN SUP BN                                  | 0     | \$0.00 | A/B MAN SUP BN | 0     | \$0.00 |        |       |       |        |       |       |        |        |       |
| D BAS PRM REDU                                  | 0     | \$0.00 | D BAS PRM REDU | 0     | \$0.00 |        |       |       |        |       |       |        |        |       |
| D SUPP BENFITS                                  | 0     | \$0.00 | D SUPP BENFITS | 0     | \$0.00 |        |       |       |        |       |       |        |        |       |
| B BAS PRM REDU                                  | 0     | \$0.00 | B BAS PRM REDU | 0     | \$0.00 |        |       |       |        |       |       |        |        |       |
| A/D MSP REDU                                    | 0     | \$0.00 | A/D MSP REDU   | 0     | \$0.00 |        |       |       |        |       |       |        |        |       |
| ESRD MSP REDU                                   | 0     | \$0.00 | ESRD MSP REDU  | 0     | \$0.00 |        |       |       |        |       |       |        |        |       |
| MEMBERS   | 0     | \$0.00 | MEMBERS        | 0     | \$0.00 |        |       |       |        |       |       | 0      | \$0.00 |       |
| MONTHS  | 0     | \$0.00 | MONTHS         | 0     | \$0.00 |        |       |       |        |       |       | 0      | \$0.00 |       |
| AVERAGE   | 0     | \$0.00 | AVERAGE        | 0     | \$0.00 |        |       |       |        |       |       |        | \$0.00 |       |
| OUT OF AREA                                     | 0     | \$0.00 |                |       |        |        |       |       |        |       |       |        |        |       |
| B PRM REDU - A                                  |       | \$0.00 | B PRM REDU - A |       | \$0.00 |        |       |       |        |       |       |        |        |       |
| B PRM REDU - D                                  |       | \$0.00 | B PRM REDU - D |       | \$0.00 |        |       |       |        |       |       |        |        |       |

| MONTHLY MEMBERSHIP SUMMARY REPORT (PAGE 2 OF 2) |              |          |                  |                 |          |                  |            |                 |                  |            |            |                 |  |  |        |
|---|--------------|----------|------------------|-----------------|----------|------------------|------------|-----------------|------------------|------------|------------|-----------------|--|--|--------|
| ADJUSTMENT PAYMENTS                             |              |          | MONTHS           |                 |          | PART A           |            |                 | ADJUSTMENT       |            |            | TOTAL           |  |  |        |
| REA   | ADJUSTMENT   | NUMBER   | MONTHS           | MONTHS          | MONTHS   | PART A           | PART B     | AMOUNT          | PART D           | TOTAL      |            |                 |  |  |        |
| CODE  | DESCRIPTION  | OF ADJS  | A                | B               | D        |                  |            |                 |                  |            |            |                 |  |  |        |
| 01  | DEATH        | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 02  | RETRO ENROLL | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 03  | RETRO DIENR  | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 04  | CORR ENROLL  | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 05  | CORR DIENRO  | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 06  | CORR PARTA E | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 07  | HOSPICE      | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 08  | ESRD         | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 09  | INST         | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 10  | MCAID        | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 11  | RETRO SCC CH | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 12  | CORR DEATH   | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 13  | CORR BIRTH   | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 14  | CORR SEX     | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 18  | PTC RATE     | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 19  | CORR PARTB E | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 20  | WKAGE        | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 21  | NHC          | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 22  | DIENROLL PR  | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 23  | DEMO FACTOR  | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 25  | PTC RSK ADJF | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 26  | RISK ADJ FAC | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 27  | RETRO CHF    | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 29  | HOSPICE RATE | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 30  | RTRD PTD PM  | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 31  | RTRD PTD LIP | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 32  | RTRD CST SHR | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 33  | RTRD EST REI | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 34  | RTRD PTC PM  | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 35  | RTRD REBATE  | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 36  | PTD RATE CHG | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 37  | PTD RAF CHG  | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 38  | SEG ID CHG   | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 41  | PTD RAF ONGO | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 42  | RETRO MSP    | 1        | 12               | 12              | 0        | \$760.44         | \$728.40   | \$0.00          | \$0.00           | \$1,488.84 |            |                 |  |  |        |
| 43  | PLN SUB PREM | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 44  | PYMT CORR    | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 45  | FAIL IRMAA D | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 46  | CORR PARTD E | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 50  | XRF MRG      | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 60  | PTC OVRPYMT  | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 61  | PTD OVRPYMT  | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 65  | PRSN DIENRNL | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 66  | NTLWFL PRSNT | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 90  | HIST ALIGNMT | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| 94  | CLNUP ADJ    | 0        | 0                | 0               | 0        | \$0.00           | \$0.00     | \$0.00          | \$0.00           | \$0.00     |            |                 |  |  |        |
| TOTAL ADJUSTMENT                                |              |          |                  |                 |          |                  |            |                 |                  |            |            |                 |  |  |        |
| MONTHS A :                                      |              |          | 12               | PART A AMOUNT : |          |                  | \$760.44   | PART B AMOUNT : |                  |            | \$728.40   | PART D AMOUNT : |  |  | \$0.00 |
| MONTHS B :                                      |              |          | 12               | TOTAL AMOUNT :  |          |                  | \$1,488.84 |                 |                  |            |            |                 |  |  |        |
| MONTHS D :                                      |              |          | 0                |                 |          |                  |            |                 |                  |            |            |                 |  |  |        |
| NUMBER OF ADJUSTMENTS :                         |              |          | 1                |                 |          |                  |            |                 |                  |            |            |                 |  |  |        |
| TOTAL PYMT AMT A                                |              | \$760.44 | TOTAL PYMT AMT B |                 | \$728.40 | TOTAL PYMT AMT D |            | \$0.00          | SUM TOTAL AMOUNT |            | \$1,488.84 |                 |  |  |        |



**6.6.4 Monthly Membership Summary Report (MMSD) Data File**

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

**Note:** The date in the file name defaults to “01” denoting the first day of the current payment month.

**Layout 6-2: Monthly Membership Summary Report (MMSR) Data File Record**

| MMSR Data File Record |                                  |      |          |  |
|-----------------------|----------------------------------|------|----------|--|
| Item                  | Field                            | Size | Position | Description  |
| 1                     | MCO Contract Number              | 5    | 1-5      | MCO Contract Number.   |
| 2                     | Run Date of the File             | 8    | 6-13     | CCYYMMDD   |
| 3                     | Payment Date                     | 6    | 14-19    | CCYYMM   |
| 4                     | Adjustment Reason Code (ARC)     | 2    | 20-21    | This is populated with a valid ARC for adjustments. For prospective payment components, it is populated with 00. |
| 5                     | Record Description               | 10   | 22-31    | This field is populated with a short description of the type of data reported in the record.                     |
| 6                     | Payment Adjustment Count         | 7    | 32-38    | Beneficiary Count.   |
| 7                     | Month count                      | 7    | 39-45    | Payment Record: 1 for each member on the record.<br>Adjustment record: Spaces.                                   |
| 8                     | Part A Member count              | 7    | 46-52    | Payment Record: Beneficiary count for Part A.<br>Adjustment record: Spaces.                                      |
| 9                     | Part A Month count               | 7    | 53-59    | Payment Record: 1 for each member with Part A.<br>Adjustment record: The number of months adjusted for Part A.   |
| 10                    | Part B Member count              | 7    | 60-66    | Payment Record: Beneficiary count for Part B.<br>Adjustment record: Spaces.                                      |
| 11                    | Part B Month count               | 7    | 67-73    | Payment Record: 1 for each member with Part B.<br>Adjustment record: The number of months adjusted for Part B.   |
| 12                    | Part A Payment/Adjustment Amount | 15   | 74-88    | Part A Amount.   |
| 13                    | Part B Payment/Adjustment Amount | 15   | 89-103   | Part B Amount.   |
| 14                    | Total Amount                     | 15   | 104-118  | Total Payment/Adjustment Amount.   |
| 15                    | Part A Average                   | 9    | 119-127  | Average Part A Amount per Part A Member.   |
| 16                    | Part B Average                   | 9    | 128-136  | Average Part B Amount per Part B Member.   |
| 17                    | Payment/Adjustment Indicator     | 1    | 137-137  | P = Payment.<br>A = Adjustment.  |
| 18                    | PBP Number                       | 3    | 138-140  | Plan Benefit Package Number.<br>PBP = Contract Level summarization.  |
| 19                    | Segment Number                   | 3    | 141-143  | Segment Number.<br>000 = PBP Level summarization.<br>SEG = Contract Level summarization.                         |

| <b>MMSR Data File Record</b> |                            |             |                 |  |
|------------------------------|----------------------------|-------------|-----------------|--|
| <b>Item</b>                  | <b>Field</b>               | <b>Size</b> | <b>Position</b> | <b>Description</b>   |
| 20                           | Part D Member Count        | 7           | 144-150         | Payment Record: Beneficiary count for Part D.<br>Adjustment record: Spaces.                                    |
| 21                           | Part D Month Count         | 7           | 151-157         | Payment Record: 1 for each member with Part D.<br>Adjustment record: The number of months adjusted for Part D. |
| 22                           | Part D Amount              | 15          | 158-172         | Part D Amount.   |
| 23                           | Part D Average             | 9           | 173-181         | Average Part D Amount per Part D Member.   |
| 24                           | LIS Band 25% member count  | 7           | 182-188         | Count of Beneficiaries in the 25% LIS band.  |
| 25                           | LIS Band 50% member count  | 7           | 189-195         | Count of Beneficiaries in the 50% LIS band.  |
| 26                           | LIS Band 75% member count  | 7           | 196-202         | Count of Beneficiaries in the 75% LIS band.  |
| 27                           | LIS Band 100% member count | 7           | 203-209         | Count of Beneficiaries in the 100% LIS band.   |
| 28                           | Filler                     | 11          | 210-220         | Spaces.  |

**6.6.5 Plan Payment Report (PPR) – APPS Payment Letter**

Also known as the Automated Plan Payment System (APPS) Payment Letter, this report itemizes the final monthly payment to the Plan. This report is produced by APPS when final payments are calculated.

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

| System | Type      | Frequency | File Length | PPR/IPPR Dataset Naming Conventions  |
|--------|-----------|-----------|-------------|--|
| APPS   | Data File | As needed | 250         | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.PPRID.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzzz.Rxxxxx.PPRID.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory].Rxxxxx.PPRID.Dyymmdd.Thhmsst</p> |

**Report 6-2: Plan Payment Report (PPR)**

| CMS MONTHLY PLAN PAYMENT REPORT                           |                            |       |            |            |           |             | PAGE: 1/5 |
|---|----------------------------|-------|------------|------------|-----------|-------------|-----------|
| PLAN NUMBER : HXXXX                                       |                            |       |            |            |           |             |           |
| PLAN NAME : PLAN NAME                                     |                            |       |            |            |           |             |           |
| PAYMENT MONTH : 09/2017                                   |                            |       |            |            |           |             |           |
| RUN DATE : 08/23/2017                                     |                            |       |            |            |           |             |           |
| REPORT SECTION: CAPITATED PAYMENT - CURRENT ACTIVITY      |                            |       |            |            |           |             |           |
| TABLE NUMBER : 1  |                            |       |            |            |           |             |           |
| ARC   | PAYMENT TYPE               | COUNT | PART A     | PART B     | PART D    | NET PAYMENT |           |
|   | PROSPECTIVE PART A PAYMENT | 104   | 108,431.15 |            |           | 108,431.15  |           |
|   | PROSPECTIVE PART B PAYMENT | 102   |            | 128,011.33 |           | 128,011.33  |           |
|   | PROSPECTIVE PART D PAYMENT | 106   |            |            | 82,610.45 | 82,610.45   |           |
| (01)  | DEATH OF BENEFICIARY       | 1     | -1,101.62  | -1,301.55  | -895.28   | -3,298.45   |           |
| (02)  | RETROACTIVE ENROLLMENT     | 1     | 607.42     | 717.66     | 848.83    | 2,173.91    |           |
| (03)  | RETROACTIVE DISENROLLMENT  | 2     | -3,792.36  | -4,480.63  | -2,191.65 | -10,464.64  |           |
| (06)  | CORRECT PART A ENT         | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (07)  | RETRO HOSPICE STATUS       | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (08)  | RETRO ESRD STATUS          | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (09)  | RETRO INST STATUS          | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (10)  | RETRO MEDICAID STATUS      | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (11)  | RETRO STATE COUNTY CHANGE  | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (12)  | DATE OF DEATH CORRECTION   | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (13)  | DATE OF BIRTH CORRECTION   | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (14)  | SEX CODE CORRECTION        | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (18)  | PART C RATE CHANGE         | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (19)  | CORRECT PART B ENT         | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (20)  | RETRO WORKING AGED STATUS  | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (21)  | RETRO NHC STATUS           | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (22)  | DISENROLL FOR PRIOR ESRD   | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (23)  | DEMO FACTOR ADJUSTMENT     | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (25)  | RETRO RA RECON ANNUAL      | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (26)  | RETRO RA RECON MID-YEAR    | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (27)  | RETRO CHF                  | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (31)  | RETRO LIS STATUS           | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (36)  | PART D RATE CHANGE         | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (37)  | PART D RA RECON ANNUAL     | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (38)  | RETRO SEGMENT ID CHANGE    | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (41)  | PART D RA RECON MID-YEAR   | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (42)  | RETRO MSP FACTOR CHG       | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (44)  | RETRO CORRECT FAILD PAY    | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (45)  | DISENR FAIL PAY IRMAA PREM | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (46)  | RETRO CORRECT D ELIGIBILIT | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (50)  | BENE MERGE ADJUSTMNT       | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (60)  | PT. C RISK ADJUST OVERPAY  | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (61)  | PT. D RISK ADJUST OVERPAY  | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (65)  | CONFIRMED INCARCERATION    | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (66)  | NOT LAWFULLY PRESENT       | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| (94)  | PMT ADJ DUE TO CLEANUP     | 0     | 0.00       | 0.00       | 0.00      | 0.00        |           |
| TOTAL   |                            | 316   | 104,144.59 | 122,946.81 | 80,372.35 | 307,463.75  |           |
| ** THE TOTAL PART D INCLUDES COVERAGE GAP DISCOUNT OF:    |                            |       |            |            |           |             |           |
|   | PROSPECTIVE                | =     | 0.00       |            |           |             |           |
|   | ADJUSTMENT                 | =     | 0.00       |            |           |             |           |
|   | TOTAL                      | =     | 0.00       |            |           |             |           |
| *****   |                            |       |            |            |           |             |           |
| * CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING * |                            |       |            |            |           |             |           |
| *****   |                            |       |            |            |           |             |           |

**6.6.6 Interim Plan Payment Report (IPPR)**

Also known as the Interim Payment Letter, this report itemizes interim payments to the MCO. It is produced by APPS when interim payments are calculated. CMS computes interim payments on an as-needed basis. When this occurs, the interim payment letter is pushed to the involved Plan(s). The APPS IPPR is provided when a Plan is approved for an interim payment outside of the normal monthly process. The report contains the amount and reason for the interim payment to the Plan. Plans may request the IPPR via the MARx UI under the weekly report section of the menu.

**Report 6-3: Interim Plan Payment Report (IPPR)**

| CMS INTERIM PLAN PAYMENT REPORT                           |                            |       |        |        |        |             |      | PAGE: 1/5 |
|---|----------------------------|-------|--------|--------|--------|-------------|------|-----------|
| PLAN NUMBER : HXXXX                                       |                            |       |        |        |        |             |      |           |
| PLAN NAME : PLAN NAME                                     |                            |       |        |        |        |             |      |           |
| PAYMENT MONTH : 04/2016                                   |                            |       |        |        |        |             |      |           |
| RUN DATE : 04/27/2016                                     |                            |       |        |        |        |             |      |           |
| REPORT SECTION: CAPITATED PAYMENT - CURRENT ACTIVITY      |                            |       |        |        |        |             |      |           |
| TABLE NUMBER : 1  |                            |       |        |        |        |             |      |           |
| ARC   | PAYMENT TYPE               | COUNT | PART A | PART B | PART D | NET PAYMENT |      |           |
|   | PROSPECTIVE PART A PAYMENT | 0     | 0.00   |        |        |             | 0.00 |           |
|   | PROSPECTIVE PART B PAYMENT | 0     |        | 0.00   |        |             | 0.00 |           |
|   | PROSPECTIVE PART D PAYMENT | 0     |        |        | 0.00   |             | 0.00 |           |
| (01)  | DEATH OF BENEFICIARY       | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (02)  | RETROACTIVE ENROLLMENT     | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (03)  | RETROACTIVE DISENROLLMENT  | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (06)  | CORRECT PART A ENT         | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (07)  | RETRO HOSPICE STATUS       | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (08)  | RETRO ESRD STATUS          | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (09)  | RETRO INST STATUS          | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (10)  | RETRO MEDICAID STATUS      | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (11)  | RETRO STATE COUNTY CHANGE  | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (12)  | DATE OF DEATH CORRECTION   | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (13)  | DATE OF BIRTH CORRECTION   | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (14)  | SEX CODE CORRECTION        | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (18)  | PART C RATE CHANGE         | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (19)  | CORRECT PART B ENT         | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (20)  | RETRO WORKING AGED STATUS  | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (21)  | RETRO NHC STATUS           | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (22)  | DISENROLL FOR PRIOR ESRD   | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (23)  | DEMO FACTOR ADJUSTMENT     | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (25)  | RETRO RA RECON ANNUAL      | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (26)  | RETRO RA RECON MID-YEAR    | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (27)  | RETRO CHF                  | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (31)  | RETRO LIS STATUS           | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (36)  | PART D RATE CHANGE         | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (37)  | PART D RA RECON ANNUAL     | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (38)  | RETRO SEGMENT ID CHANGE    | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (41)  | PART D RA RECON MID-YEAR   | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (42)  | RETRO MSP FACTOR CHG       | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (44)  | RETRO CORRECT FAILD PAY    | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (45)  | DISENR FAIL PAY IRMAA PREM | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (46)  | RETRO CORRECT D ELIGIBILIT | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (50)  | BENE MERGE ADJUSTMNT       | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (60)  | PT. C RISK ADJUST OVERPAY  | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (61)  | PT. D RISK ADJUST OVERPAY  | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (65)  | CONFIRMED INCARCERATION    | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (66)  | NOT LAWFULLY PRESENT       | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| (94)  | PMT ADJ DUE TO CLEANUP     | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| TOTAL   |                            | 0     | 0.00   | 0.00   | 0.00   |             | 0.00 |           |
| ** THE TOTAL PART D INCLUDES COVERAGE GAP DISCOUNT OF:    |                            |       |        |        |        |             |      |           |
|   | PROSPECTIVE                | =     | 0.00   |        |        |             |      |           |
|   | ADJUSTMENT                 | =     | 0.00   |        |        |             |      |           |
|   | TOTAL                      | =     | 0.00   |        |        |             |      |           |
| *****   |                            |       |        |        |        |             |      |           |
| * CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING * |                            |       |        |        |        |             |      |           |
| *****   |                            |       |        |        |        |             |      |           |

### 6.6.7 **Plan Payment Report (PPR)/Interim Plan Payment Report (IPPR) Data File**

The PPR is also referred to as the Payment Letter, and displays the payment amount wired by the U.S. Treasury to the Plan's bank account each month, including the Part A/Part B and Part D payment amounts. The PPR contains the total number of members and the amount paid for those members for the upcoming month, prospectively. The report also shows Plan-level adjustments for that payment amount.

This report itemizes the final monthly payments to the Plans. Produced by APPS when final payment is calculated, CMS makes the PPR available to Plans as part of the month-end processing.

The PPR includes the following:

- Part D payments and adjustments.
- National Medicare Education Campaign (NMEC).
- Coordination of Benefits (COB) User Fees.
- Premium settlement information.

The IPPR is provided when a Plan is approved for an interim payment outside of the normal monthly process. The data file/report contains the amount and reason for the interim payment to the Plan.

The following records are included in this file:

- **PPR/IPPR Header Record.**
- **PPR/IPPR Capitated Payment – Current Activity Record.**
- **PPR/IPPR Premium Settlement Record.**
- **PPR/IPPR Fees Record.**
- **PPR/IPPR Special Adjustments Record.**
- **PPR/IPPR Previous Cycle Balance Summary Record.**
- **PPR/IPPR Payment Balance Carried Forward Record.**
- **PPR/IPPR Payment Summary Record.**

**Layout 6-3: PPR/IPPR Header Record**

| PPR/IPPR Header Record |                            |      |          |        |   |
|------------------------|----------------------------|------|----------|--------|---|
| Item                   | Field                      | Size | Position | Format | Definition  |
| 1                      | Contract Number            | 5    | 1-5      | CHAR   | Contract Number.                                    |
| 2                      | Record Identification Code | 1    | 6        | CHAR   | Record Type Identifier.<br>H = Header Record.       |
| 3                      | Contract Name              | 50   | 7-56     | CHAR   | Name of the Contract.                               |
| 4                      | Payment Cycle Date         | 6    | 57-62    | CHAR   | Identified the month and year of payment.<br>CCYYMM |
| 5                      | Run Date                   | 8    | 63-70    | CHAR   | Identifies the date file was created.<br>CCYYMMDD   |
| 6                      | Filler                     | 180  | 71-250   | CHAR   | Spaces.   |

**Layout 6-4: PPR/IPPR Capitated Payment – Current Activity Record**

| PPR/IPPR Capitated Payment – Current Activity Record |                              |      |           |        |  |
|--|------------------------------|------|-----------|--------|--|
| Item   | Field                        | Size | Position  | Format | Description  |
| 1  | Contract Number              | 5    | 1-5       | CHAR   | Contract Number.   |
| 2  | Record Identification Code   | 1    | 6         | CHAR   | Record Type Identifier.<br>C = Capitated Payment   |
| 3  | Table ID Number              | 1    | 7         | CHAR   | 1.   |
| 4  | Adjustment Reason Code       | 2    | 8-9       | CHAR   | Blank = for prospective pay.   |
| 5  | Part A Total Members         | 9    | 10-18     | NUM    | Number of beneficiaries for whom Part A payments is being made prospectively. For adjustment records this will hold the total number of transactions.<br>ZZZZZZZZ9 |
| 6  | Part B Total Members         | 9    | 19-27     | NUM    | Number of beneficiaries for whom Part B payments is being made prospectively. Spaces for adjustment records.<br>ZZZZZZZZ9  |
| 7  | Part D Total Members         | 9    | 28-36     | NUM    | Number of beneficiaries for whom Part D payments is being made prospectively. Spaces for Adjustment records.<br>ZZZZZZZZ9  |
| 8  | Part A Payment Amount        | 15   | 37-51     | NUM    | Total Part A Amount.<br>SSSSSSSSSS9.99   |
| 9  | Part B Payment Amount        | 15   | 52-66     | NUM    | Total Part B Amount.<br>SSSSSSSSSS9.99   |
| 10   | Part D Payment Amount        | 15   | 67-81     | NUM    | Total Part D Amount.<br>SSSSSSSSSS9.99   |
| 11   | Coverage Gap Discount Amount | 15   | 82 – 96   | NUM    | The Coverage Gap Discount Amount included in Part D Payment.<br>SSSSSSSSSS9.99   |
| 12   | Total Payment                | 15   | 97- 111   | NUM    | Total Payment.<br>SSSSSSSSSS9.99   |
| 13   | Filler                       | 139  | 112 – 250 | CHAR   | Spaces.  |

**Layout 6-5: PPR/IPPR Premium Settlement Record**

| PPR/IPPR Premium Settlement Record |                                   |      |          |        |   |
|------------------------------------|-----------------------------------|------|----------|--------|---|
| Item                               | Field                             | Size | Position | Format | Description   |
| 1                                  | Contract Number                   | 5    | 1 – 5    | CHAR   | Contract Number.                                    |
| 2                                  | Record Identification Code        | 1    | 6        | CHAR   | Record Type Identifier.<br>P = Premium Settlement.  |
| 3                                  | Table ID Number                   | 1    | 7        | CHAR   | 2   |
| 4                                  | Part C Premium Withholding Amount | 15   | 8 – 22   | NUM    | Total Part C Premium Amount.<br>SSSSSSSSSS9.99      |
| 5                                  | Part D Premium Withholding Amount | 15   | 23 – 37  | NUM    | Total Part D Premium Amount.<br>SSSSSSSSSS9.99      |
| 6                                  | Part D Low Income Premium Subsidy | 15   | 38 – 52  | NUM    | Total Low Income Premium Subsidy.<br>SSSSSSSSSS9.99 |
| 7                                  | Part D Late Enrollment Penalty    | 15   | 53 – 67  | NUM    | Total Late Enrollment Penalty.<br>SSSSSSSSSS9.99    |
| 8                                  | Total Premium Settlement Amount   | 15   | 68 – 82  | NUM    | Total Premium Settlement.<br>SSSSSSSSSS9.99         |
| 9                                  | Filler                            | 168  | 83 – 250 | CHAR   | Spaces.   |

**Layout 6-6: PPR/IPPR Fees Record**

| PPR/IPPR Fees Record |                            |      |           |        |   |
|----------------------|----------------------------|------|-----------|--------|---|
| Item                 | Field                      | Size | Position  | Format | Description   |
| 1                    | Contract Number            | 5    | 1 – 5     | CHAR   | Contract Number.  |
| 2                    | Record Identification Code | 1    | 6         | CHAR   | Record Type Identifier.<br>F = Fees.  |
| 3                    | Table ID Number            | 1    | 7         | CHAR   | 3.  |
| 4                    | NMEC Part A Subject to Fee | 15   | 8 – 22    | NUM    | Part A amount subject to National Medicare Educational Campaign fees.<br>ZZZZZZZZZZ9.99 |
| 5                    | NMEC Part A Rate           | 7    | 23 – 29   | NUM    | Rate used to calculate the fees for Part A.<br>0.99999                                  |
| 6                    | Part A Fee Amount          | 15   | 30 – 44   | NUM    | Fee Assessed for Part A.<br>SSSSSSSSSS9.99  |
| 7                    | NMEC Part B Subject to Fee | 15   | 45 – 59   | NUM    | Part B amount subject to National Medicare Educational Campaign fees.<br>ZZZZZZZZZZ9.99 |
| 8                    | NMEC Part B Rate           | 7    | 60 – 66   | NUM    | Rate used to calculate the fees for Part B.<br>0.99999                                  |
| 9                    | Part B Fee Amount          | 15   | 67 – 81   | NUM    | Fee Assessed for Part B.<br>SSSSSSSSSS9.99  |
| 10                   | NMEC Part D Subject to Fee | 15   | 82 – 96   | NUM    | Part D amount subject to National Medicare Educational Campaign fees.<br>ZZZZZZZZZZ9.99 |
| 11                   | NMEC Part D Rate           | 7    | 97 – 103  | NUM    | Rate used to calculate the fees for Part D.<br>0.99999                                  |
| 12                   | Part D Fee Amount          | 15   | 104 – 118 | NUM    | Fee Assessed for Part D.<br>SSSSSSSSSS9.99  |

| PPR/IPPR Fees Record |                                  |      |           |        |  |
|----------------------|----------------------------------|------|-----------|--------|--|
| Item                 | Field                            | Size | Position  | Format | Description  |
| 13                   | Total NMEC Fee Assessed          | 15   | 119 – 133 | NUM    | Total NMEC Fee Assessed for Part A, B and D.<br>SSSSSSSSSS9.99 |
| 14                   | Total Prospective Part D Members | 9    | 134 – 142 | NUM    | Total members for Part D.<br>ZZZZZZZZ9                         |
| 15                   | Rate for COB Fees                | 4    | 143 – 146 | NUM    | Rate used to calculate the COB fees.<br>0.99                   |
| 16                   | Amount of COB Fees               | 15   | 147 – 161 | NUM    | COB Fees<br>SSSSSSSSSS9.99                                     |
| 17                   | Total of Assessed Fees           | 15   | 162 – 176 | NUM    | Total of all Fees Assessments.<br>SSSSSSSSSS9.99               |
| 18                   | Filler                           | 74   | 177 – 250 | CHAR   | Spaces.  |

**Layout 6-7: PPR/IPPR Special Adjustments Record**

| PPR/IPPR Special Adjustments Record |                                   |      |           |        |   |
|-------------------------------------|-----------------------------------|------|-----------|--------|---|
| Item                                | Field                             | Size | Position  | Format | Description   |
| 1                                   | Contract Number                   | 5    | 1 – 5     | CHAR   | Contract Number.  |
| 2                                   | Record Identification Code        | 1    | 6         | CHAR   | Record Type Identifier.<br>S = Special Adjustments.   |
| 3                                   | Table ID Number                   | 1    | 7         | CHAR   | 4.  |
| 4                                   | Document ID                       | 8    | 8 – 15    | NUM    | The document ID for identifying the adjustment.   |
| 5                                   | Source                            | 5    | 16 – 20   | CHAR   | The CMS division responsible for initiating the adjustments.  |
| 6                                   | Description                       | 50   | 21 – 70   | CHAR   | The reason the adjustment was made.   |
| 7                                   | Adjustment Type                   | 3    | 71 – 73   | CHAR   | The payment component the adjustment is for.<br>CMP = Civil Monetary Penalty.<br>CST = Cost Plan Adjustment.<br>PRS = Annual Part D Reconciliation.<br>RSK = Risk Adjustment.<br>CGD = Coverage Gap Invoice.<br>OTH = Other – default non-specific group. |
| 8                                   | Adjustment to Part A              | 15   | 74 – 88   | NUM    | Adjustment amount for Part A.<br>SSSSSSSSSS9.99   |
| 9                                   | Adjustment to Part B              | 15   | 89 – 103  | NUM    | Adjustment amount for Part B.<br>SSSSSSSSSS9.99   |
| 10                                  | Adjustment to Part D              | 15   | 104 – 118 | NUM    | Adjustment amount for Part D.<br>SSSSSSSSSS9.99   |
| 11                                  | Premium C Withholding Part A      | 15   | 119 – 133 | NUM    | Adjustment amount for Premium Withholding Part A.<br>SSSSSSSSSS9.99   |
| 12                                  | Premium C Withholding Part B      | 15   | 134 – 148 | NUM    | Adjustment amount for Premium Withholding Part B.<br>SSSSSSSSSS9.99   |
| 13                                  | Premium D Withholding             | 15   | 149 – 163 | NUM    | Adjustment amount for Premium D Withholding.<br>SSSSSSSSSS9.99  |
| 14                                  | Part D Low Income Premium Subsidy | 15   | 164 – 178 | NUM    | Adjustment amount for Low Income Subsidy.<br>SSSSSSSSSS9.99   |
| 15                                  | Total Adjustment Amount           | 15   | 179 – 193 | NUM    | Total Adjustments.<br>SSSSSSSSSS9.99  |



| PPR/IPPR Special Adjustments Record |        |      |           |        |             |
|-------------------------------------|--------|------|-----------|--------|-------------|
| Item                                | Field  | Size | Position  | Format | Description |
| 16                                  | Filler | 57   | 194 – 250 | CHAR   | Spaces.     |

**Layout 6-8: PPR/IPPR Previous Cycle Balance Summary Record**

| PPR/IPPR Previous Cycle Balance Summary Record |   |      |           |        |  |
|--|---|------|-----------|--------|--|
| Item   | Field   | Size | Position  | Format | Description  |
| 1  | Contract Number                                     | 5    | 1 – 5     | CHAR   | Contract Number.   |
| 2  | Record Identification Code                          | 1    | 6         | CHAR   | Record Type Identifier.<br>L = Last Period Carry Over<br>Amounts carried over to this month from<br>previous months. |
| 3  | Table ID Number                                     | 1    | 7         | CHAR   | 5.   |
| 4  | Part A Carry Over Amount                            | 15   | 8 – 22    | NUM    | Part A Carry Over Amount - Previous Balance<br>Column.<br>SSSSSSSSSS9.99   |
| 5  | Part B Carry Over Amount                            | 15   | 23 – 37   | NUM    | Part B Carry Over Amount - Previous Balance<br>Column.<br>SSSSSSSSSS9.99   |
| 6  | Part D Carry Over Amount                            | 15   | 38 – 52   | NUM    | Part D Carry Over Amount - Previous Balance<br>Column.<br>SSSSSSSSSS9.99   |
| 7  | Part C Premium Withholding Carry Over Amount        | 15   | 53 – 67   | NUM    | Part C Premium Withholding Carry Over<br>Amount - Previous Balance Column.<br>SSSSSSSSSS9.99                         |
| 8  | Part D Premium Withholding Carry Over Amount        | 15   | 68 – 82   | NUM    | Part D Premium Withholding Carry Over<br>Amount - Previous Balance Column.<br>SSSSSSSSSS9.99                         |
| 9  | Part D Low Income Premium Subsidy Carry Over Amount | 15   | 83 – 97   | NUM    | Part D Low Income Premium Subsidy Carry<br>Over Amount - Previous Balance Column.<br>SSSSSSSSSS9.99                  |
| 10   | Part D Late Enrollment Penalty Carry Over Amount    | 15   | 98 – 112  | NUM    | Part D Late Enrollment Penalty Carry Over<br>Amount - Previous Balance Column.<br>SSSSSSSSSS9.99                     |
| 11   | Education User Fee Carry Over Amount                | 15   | 113 – 127 | NUM    | Education User Fee Carry Over Amount -<br>Previous Balance Column.<br>SSSSSSSSSS9.99                                 |
| 12   | Part D COB User Fee Carry Over Amount               | 15   | 128 – 142 | NUM    | Part D COB User Fee Carry Over Amount -<br>Previous Balance Column.<br>SSSSSSSSSS9.99                                |
| 13   | CMS Special Adjustments Carry Over Amount           | 15   | 143 – 157 | NUM    | CMS Special Adjustments Carry Over Amount -<br>Previous Balance Column.<br>SSSSSSSSSS9.99                            |
| 14   | Total Carry Over Amount                             | 15   | 158 – 172 | NUM    | Sum of amounts in Previous Balance Column.<br>SSSSSSSSSS9.99   |
| 15   | Filler  | 78   | 173 – 250 | CHAR   | Spaces.  |

**Layout 6-9: PPR/IPPR Payment Balance Carried Forward Record**

| PPR/IPPR Payment Balance Carried Forward Record |  |      |           |        |   |
|---|--|------|-----------|--------|---|
| Item  | Field  | Size | Position  | Format | Description   |
| 1   | Contract Number  | 5    | 1 – 5     | CHAR   | Contract Number.  |
| 2   | Record Identification Code                             | 1    | 6         | CHAR   | Record Type Identifier.<br>N = Balance Carried Forward to Next Cycle.<br>Amounts carried forward (and not paid) to next month from this month |
| 3   | Table ID Number  | 1    | 7         | CHAR   | 5.  |
| 4   | Part A Amount Carry Forward                            | 15   | 8 – 22    | NUM    | Part A Amount Carry Forward - Balance Forward Column.<br>SSSSSSSSSS9.99   |
| 5   | Part B Amount Carry Forward                            | 15   | 23 – 37   | NUM    | Part B Amount Carry Forward - Balance Forward Column.<br>SSSSSSSSSS9.99   |
| 6   | Part D Amount Carry Forward                            | 15   | 38 – 52   | NUM    | Part D Amount Carry Forward - Balance Forward Column.<br>SSSSSSSSSS9.99   |
| 7   | Part C Premium Withholding Amount Carry Forward        | 15   | 53 – 67   | NUM    | Part C Premium Withholding Amount Carry Forward - Balance Forward Column.<br>SSSSSSSSSS9.99   |
| 8   | Part D Premium Withholding Amount Carry Forward        | 15   | 68 – 82   | NUM    | Part D Premium Withholding Amount Carry Forward - Balance Forward Column.<br>SSSSSSSSSS9.99   |
| 9   | Part D Low Income Premium Subsidy Amount Carry Forward | 15   | 83 – 97   | NUM    | Part D Low Income Subsidy Amount Carry Forward - Balance Forward Column.<br>SSSSSSSSSS9.99  |
| 10  | Part D Late Enrollment Penalty Amount Carry Forward    | 15   | 98 – 112  | NUM    | Part D Late Enrollment Penalty Amount Carry Forward - Balance Forward Column.<br>SSSSSSSSSS9.99   |
| 11  | Education User Fee Amount Carry Forward                | 15   | 113 – 127 | NUM    | Education User Fee Amount Carry Forward - Balance Forward Column.<br>SSSSSSSSSS9.99   |
| 12  | Part D COB User Fee Amount Carry Forward               | 15   | 128 – 142 | NUM    | Part D COB User Fee Amount Carry Forward - Balance Forward Column.<br>SSSSSSSSSS9.99  |
| 13  | CMS Special Adjustments Amount Carry Forward           | 15   | 143 – 157 | NUM    | CMS Special Adjustments Amount Carry Forward - Balance Forward Column.<br>SSSSSSSSSS9.99  |
| 14  | Total Carry Forward Amount                             | 15   | 158 – 172 | NUM    | Sum of amounts in Balance Forward Column.<br>SSSSSSSSSS9.99   |
| 15  | Filler   | 78   | 173 – 250 | CHAR   | Spaces.   |

**Layout 6-10: PPR/IPPR Payment Summary Record**

| PPR/IPPR Payment Summary Record |  |      |           |        |   |
|---------------------------------|--|------|-----------|--------|---|
| Item                            | Field                                    | Size | Position  | Format | Description   |
| 1                               | Contract Number                          | 5    | 1 – 5     | CHAR   | Contract Number.  |
| 2                               | Record Identification Code               | 1    | 6         | CHAR   | Record Type Identifier.<br>A = Payment Summary<br>Amounts included in this month's payment from Tables 1 thru 4 plus Carry Over (from Previous Balance Column).               |
| 3                               | Table ID Number                          | 1    | 7         | CHAR   | 5.  |
| 4                               | Part A Amount                            | 15   | 8 – 22    | NUM    | Part A amount - Net Payment Column.<br>ZZZZZZZZZZ9.99   |
| 5                               | Part B Amount                            | 15   | 23 – 37   | NUM    | Part B amount - Net Payment Column.<br>ZZZZZZZZZZ9.99   |
| 6                               | Part D Amount                            | 15   | 38 – 52   | NUM    | Part D amount - Net Payment Column.<br>ZZZZZZZZZZ9.99   |
| 7                               | Part C Premium Withholding Amount        | 15   | 53 – 67   | NUM    | Part C Premium Withholding Amount - Net Payment Column.<br>ZZZZZZZZZZ9.99   |
| 8                               | Part D Premium Withholding Amount        | 15   | 68 – 82   | NUM    | Part D Premium Withholding Amount - Net Payment Column.<br>ZZZZZZZZZZ9.99   |
| 9                               | Part D Low Income Premium Subsidy Amount | 15   | 83 – 97   | NUM    | Part D Low Income Subsidy Amount - Net Payment Column.<br>ZZZZZZZZZZ9.99  |
| 10                              | Part D Late Enrollment Penalty Amount    | 15   | 98 – 112  | NUM    | Part D Late Enrollment Penalty Amount - Net Payment Column.<br>SSSSSSSSSS9.99   |
| 11                              | Education User Fee Amount                | 15   | 113 – 127 | NUM    | Education User Fee Amount - Net Payment Column.<br>SSSSSSSSSS9.99   |
| 12                              | Part D COB User Fee Amount               | 15   | 128 – 142 | NUM    | Part D COB User Fee Amount - Net Payment Column.<br>SSSSSSSSSS9.99  |
| 13                              | CMS Special Adjustments Amount           | 15   | 143 – 157 | NUM    | CMS Special Adjustments Amount - Net Payment Column.<br>SSSSSSSSSS9.99  |
| 14                              | Total Net Payment                        | 15   | 158 – 172 | NUM    | Sum of amounts in Net Payment Column. This is the Plan's Net Payment Amount for this month. If the amount is negative, the payment will be carried forward.<br>SSSSSSSSSS9.99 |
| 15                              | Filler                                   | 78   | 173 – 250 | CHAR   | Spaces.   |

**6.6.8 820 Format Payment Advice Data File**

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

The table below lists the order of the segments in the 820 Format Payment Advice.

*Table 6-13: Order of 820 Format Payment Advice Segments*

| Order of 820 Format Payment Advice Segments |              |  |
|---|--------------|--|
| Required Order                              | Segment Code | Description                                      |
| 1   | ST           | 820 Header                                       |
| 2   | BPR          | Financial Information                            |
| 3   | TRN          | Re-association Key                               |
| 4   | DTM          | Coverage Period                                  |
| 5   | N1           | Premium Receiver’s Name                          |
| 6   | N1           | Premium Payer’s Name                             |
| 7   | RMR          | Organization Summary Remittance Detail           |
| 8   | IT1          | Summary Line Item                                |
| 9   | SLN          | Member Count                                     |
| 10  | ADX          | Organization Summary Remittance Level Adjustment |
| 11  | SE           | 820 Trailer                                      |

The physical layout of a segment is:

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

Fields are mostly variable in length and do not contain leading/trailing spaces. If fields are empty, they are skipped by inserting contiguous data element separators (“\*”) unless they are at the end of the segment. Fields that are not selected are represented in the same way as fields that are selected, but as this particular iteration of the transaction set contain no data, they are skipped.

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

XXX\*field 1 content\*\*\*field 4 content~

**BALANCING REQUIREMENTS<sup>2</sup>**

Following are two balancing rules:

1. BPR02 = total of all RMR04

<sup>2</sup> See pp.16 in National EDI Transaction Set Implementation Guide for 820, ASCX12N, 820 (004010X061), dated May 2000

2. RMR04 = RMR05 + ADX01

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

On Cost/Health Care Prepayment Plan (HCPP) contracts, Plans should enter the actual dollars billed, rather than the “risk equivalent” dollar amounts, into RMR05.

| System | Type      | Frequency | Dataset Naming Conventions  |
|--------|-----------|-----------|---|
| APPS   | Data File | Monthly   | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.PLAN820D.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.PLAN820D.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.PLAN820D.Dyymm01.Thhmsst</p> |

**Note:** The date in the file name defaults to “01” denoting the first day of the CCM.

The following records are included in this file:

- **820 Header Record (segments 1-6 below)**
- **820 Detail Record (segments 7-10 below)**
- **820 Summary Record (segment 11 below)**

**Layout 6-11: 820 Header Record**

| 820 Header Record |   |              |                                   |      |      |   |
|-------------------|---|--------------|-----------------------------------|------|------|---|
| Item              | Segment   | Data Element | Description                       | Size | Type | Contents  |
| 1                 | 820 Header Segment ID                                     |              |                                   | 2    | AN   | ST  |
| 2                 |   | ST01         | Transaction Set ID Code           | 3/3  | ID   | 820   |
| 3                 |   | ST02         | Transaction Set Control Number    | 4/9  | AN   | Begin with 00001<br>Increment each Run.                             |
| 4                 | Beginning Segment For Payment Order/<br>Remittance Advice |              |                                   | 3    | AN   | BPR   |
| 5                 | BPR   | BPR01        | Transaction Handling Code         | 1/2  | ID   | I = Remittance<br>Information Only.                                 |
| 6                 | BPR   | BPR02        | Total Premium Payment Amount      | 1/18 | R    | Payment Letter – Net<br>Payment.<br>See discussion on<br>Balancing. |
| 7                 | BPR   | BPR03        | Credit/Debit Flag Code            | 1/1  | ID   | C = Credit.   |
| 8                 | BPR   | BPR04        | Payment Method Code               | 3/3  | ID   | BOP<br>Financial Institution<br>Option.                             |
| 9                 | BPR   | BPR16        | Check Issue or EFT Effective Date | 8/8  | DT   | Payment Letter – Payment<br>Date.<br>CCYYMMDD                       |
| 10                | Re-Association Key  |              |                                   | 3    | AN   | TRN   |

| 820 Header Record |                         |              |                                   |      |      |  |
|-------------------|-------------------------|--------------|-----------------------------------|------|------|--|
| Item              | Segment                 | Data Element | Description                       | Size | Type | Contents   |
| 11                | TRN                     | TRN01        | Trace Type Code                   | 1/2  | ID   | 3 = Financial Re-association Trace Number.                   |
| 12                | TRN                     | TRN02        | Check or EFT Trace Number         | 1/30 | AN   | USTREASURY   |
| 13                | Coverage Period         |              |                                   | 3    | AN   | DTM  |
| 14                | DTM                     | DTM01        | Date/Time Qualifier               | 3/3  | ID   | 582 (Report Period)  |
| 15                | DTM                     | DTM05        | Date/Time Period Format Qualifier | 2/3  | ID   | RD8 (Range of dates expressed in format CCYYMMDD – CCYYMMDD) |
| 16                | DTM                     | DTM06        | Date/Time Period                  | 1/35 | AN   | Range of Dates for Payment Month. See DTM05.                 |
| 17                | Premium Receiver's Name |              |                                   | 2    | AN   | N1   |
| 18                | 1000A                   | N101         | Entity Identifier Code            | 2/3  | ID   | PE = Payee.  |
| 19                | 1000A                   | N102         | Name                              | 1/60 | AN   | Contract Name.   |
| 20                | 1000A                   | N103         | Identification Code Qualifier     | 1/2  | ID   | EQ<br>Insurance Company Assigned ID Number.                  |
| 21                | 1000A                   | N104         | Identification Code               | 2/80 | AN   | Contract Number.   |
| 22                | Premium Payer's Name    |              |                                   | 2    | AN   | N1   |
| 23                | 1000B                   | N101         | Entity Identifier Code            | 2/3  | ID   | PR = Payer.  |
| 24                | 1000B                   | N102         | Name                              | 1/60 | AN   | CM   |
| 25                | 1000B                   | N103         | Identification Code Qualifier     | 1/2  | ID   | EQ<br>Insurance Company Assigned ID Number                   |
| 26                | 1000B                   | N104         | Identification Code               | 2/80 | AN   | CMS  |

**Layout 6-12: 820 Detail Record**

| 820 Detail Record |  |              |                                    |      |      |  |
|-------------------|--|--------------|------------------------------------|------|------|--|
| Item              | Segment                                | Data Element | Description                        | Size | Type | Contents   |
| 1                 | Organization Summary Remittance Detail |              |                                    | 3    | AN   | RMR  |
| 2                 | 2300A                                  | RMR01        | Reference Identification Qualifier | 2/3  | ID   | CT   |
| 3                 | 2300A                                  | RMR02        | Contract Number                    | 1/30 | AN   | Payment Letter – Contract Number.                                |
| 4                 | 2300A                                  | RMR04        | Detail Premium Payment Amount      | 1/18 | R    | Payment Letter – Net Payment. See discussion on Balancing.       |
| 5                 | 2300A                                  | RMR05        | Billed Premium Amount              | 1/18 | R    | Payment Letter – Capitated Payment. See discussion on Balancing. |
| 6                 | Summary Line Item                      |              |                                    | 3    | AN   | IT1  |

| 820 Detail Record |  |              |                                    |      |      |  |
|-------------------|--|--------------|------------------------------------|------|------|--|
| Item              | Segment  | Data Element | Description                        | Size | Type | Contents   |
| 7                 | 2310A  | IT101        | Line Item Control Number           | 1/20 | AN   | 1<br>Assigned for uniqueness.  |
| 8                 | Member Count                                     |              |                                    | 3    | AN   | SLN  |
| 9                 | 2315A  | SLN01        | Line Item Control Number           | 1/20 | AN   | 1<br>Assigned for uniqueness.  |
| 10                | 2315A  | SLN03        | Information Only Indicator         | 1/1  | ID   | O = Information only.  |
| 11                | 2315A  | SLN04        | Head Count                         | 1/15 | R    | Payment Letter – Total Members   |
| 12                | 2315A  | SLN05-1      | Unit or Basis for Measurement Code | 2/2  | ID   | IE - used to identify that the value of SLN04 represents the number of contract holders with individual coverage.            |
| 13                | Organization Summary Remittance Level Adjustment |              |                                    | 3    | AN   | ADX  |
| 14                | 2320A  | ADX01        | Adjustment Amount                  | 1/18 | R    | Payment Letter – Total Adjustments is the difference between Capitated Payment and Net Payment. See discussion on Balancing. |
| 15                | 2320A  | ADX02        | Adjustment Reason Code             | 2/2  | ID   | H1 - Information forthcoming – detailed information related to the adjustment is provided through a separate mechanism.      |

**Layout 6-13: 820 Trailer Record**

| 820 Trailer Record |             |              |                                |      |      |  |
|--------------------|-------------|--------------|--------------------------------|------|------|--|
| Item               | Segment     | Data Element | Description                    | Size | Type | Contents                                   |
| 1                  | 820 Trailer |              |                                | 3    | AN   | “SE”                                       |
| 2                  |             | SE01         | Number of Included Segments    | 1/10 | N0   | “11”                                       |
| 3                  |             | SE02         | Transaction Set Control Number | 4/9  | AN   | Use control number, same as in 820 Header. |

**6.6.9 Failed Payment Reply Report (FPRR) Data File**

Along with the other monthly payment reports, MARx generates the FPRR. If payment calculation for a beneficiary cannot complete, MARx identifies the beneficiary and time period for which the payment calculation is not performed.

| System | Type      | Frequency             | File Length | Failed Payment Reply Report Dataset Naming Conventions   |
|--------|-----------|-----------------------|-------------|--|
| MARx   | Data File | Monthly Payment Cycle | 500         | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.FPRRD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx FPRRD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.FPRRD.Dyymm01.Thhmsst</p> |

*Layout 6-14: Failed Payment Reply Report*

| Failed Payment Reply Report Record |                    |      |          |   |
|------------------------------------|--------------------|------|----------|---|
| Item                               | Field              | Size | Position | Description   |
| 1                                  | Beneficiary ID     | 12   | 1-12     | <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> |
| 2                                  | Surname            | 12   | 13-24    | Beneficiary's last name, included with PRC 264.   |
| 3                                  | First Name         | 7    | 25-31    | Beneficiary's given name, included with PRC 264.  |
| 4                                  | Middle Name        | 1    | 32       | First initial of beneficiary's middle name, included with PRC 264.  |
| 5                                  | Gender Code        | 1    | 33       | Beneficiary's gender identification code, included with PRC 264.<br>0 = Unknown.<br>1 = Male.<br>2 = Female.  |
| 6                                  | Date of Birth      | 8    | 34-41    | Beneficiary's birth date, included with PRC 264.<br>CCYYMMDD  |
| 7                                  | Filler             | 1    | 42       | Spaces.   |
| 8                                  | Contract Number    | 5    | 43-47    | Plan Contract Number, included with PRC 000 and PRC 264.  |
| 9                                  | State Code         | 2    | 48-49    | Beneficiary's residence SSA state code, included with PRC 264; otherwise, spaces if not available.  |
| 10                                 | County Code        | 3    | 50-52    | Beneficiary's residence SSA county code, included with PRC 264; otherwise, spaces if not available.   |
| 11                                 | Filler             | 4    | 53-56    | Spaces.   |
| 12                                 | Payment Reply Code | 3    | 57-59    | 000 = No missing payments.<br>264 = Payment not yet completed.<br>299 = Correction to previously failed payment.  |
| 13                                 | Filler             | 3    | 60-62    | Spaces.   |
| 14                                 | Effective Date     | 8    | 63-70    | Enrollment effective date, included with PRC 264.<br>CCYYMMDD   |



| Failed Payment Reply Report Record |                       |      |          |   |
|------------------------------------|-----------------------|------|----------|---|
| Item                               | Field                 | Size | Position | Description   |
| 15                                 | Filler                | 1    | 71       | Spaces.   |
| 16                                 | PBP ID                | 3    | 72-74    | PBP number, included with both PRC 000 and PRC 264.   |
| 17                                 | Filler                | 1    | 75       | Spaces.   |
| 18                                 | Transaction Date      | 8    | 76-83    | Report generation date, included with both PRC 000 and PRC 264.<br>CCYYMMDD   |
| 19                                 | Filler                | 1    | 84       | Spaces.   |
| 20                                 | Current Payment Month | 12   | 85- 96   | CPM, left justified with six spaces completing the field, and included with both PRC 000 and PRC 264, and PRC 299.<br>CCYYMM  |
| 21                                 | Filler                | 38   | 97-134   | Spaces.   |
| 22                                 | Segment Number        | 3    | 135-137  | Segment in PBP, included with PRC 264.  |
| 23                                 | Filler                | 25   | 138-162  | Spaces.   |
| 24                                 | Processing Timestamp  | 15   | 163-177  | Report generation time, included with both PRC 000 and PRC 264.<br>HH.MM.SS.SSSSS   |
| 25                                 | Filler                | 188  | 178-365  | Spaces.   |
| 26                                 | PRC Short Name        | 15   | 366-380  | PRC short name.<br>PRC 000 is NO REPORT.<br>PRC 264 is NO PAYMENT.<br>PRC 299 is RESTORED PYMT.<br>Text is left justified with following spaces completing the field. |
| 27                                 | Filler                | 120  | 381-500  | Spaces.   |

**Table 6-14: Payment Reply Codes – PRC**

| Payment Reply Codes – PRC |   |                  |  |
|---------------------------|---|------------------|--|
| Code-Type                 | Title                                   | Short Definition | Definition   |
| 000-I                     | No Data to Report                       | NO REPORT        | <p>This TRC can appear on both the DTRR and the Failed Payment Reply Report (FPRR) data files.</p> <p>On the DTRR it indicates that none of the following occurred during the reporting period for the given contract/PBP:</p> <ul style="list-style-type: none"> <li>• Beneficiary status change.</li> <li>• MARx UI activity.</li> <li>• CMS or Plan transaction processing.</li> </ul> <p>The reporting period is the span between the previous DTRR and the current DTRR.</p> <p>On the FPRR it indicates the presence of all prospective payments for the Plan (contract/PBP), none are missing.</p> <p><b>Plan Action:</b> None.</p> |
| 264-I                     | Payment Not Yet Completed               | NO PAYMENT       | <p>A transaction was accepted requiring a payment calculation. The calculation has not been completed.</p> <p><b>Plan Action:</b> None.</p>  |
| 299-I                     | Correction to Previously Failed Payment | RESTORED PYMT    | <p>A previously incomplete payment calculation is now completed.</p> <p><b>Plan Action:</b> None.</p>  |

**6.6.10 Medical Savings Account (MSA) Deposit-Recovery Data File**

The MSA Deposit-Recovery Data File includes MSA lump sum deposit and recovery amounts for the Current Payment Month (CPM) at the beneficiary level. The file is used by MSA participating Plans to reconcile and identify MSA deposit amounts.

| System | Type      | Frequency | File Length | MSA Deposit Recovery Dataset Naming Convention   |
|--------|-----------|-----------|-------------|--|
| MARx   | Data File | Monthly   | 165         | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>                     P.Fxxxxx.MSA.Dyymm01.Thhmsst<br/>                     P.Rxxxxx.MSA.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>                     zzzzzzz.Fxxxxx.MSA.Dyymm01.Thhmsst<br/>                     zzzzzzz.Rxxxxx.MSA.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>                     [directory]Fxxxxx.MSA.Dyymm01.Thhmsst<br/>                     [directory]Rxxxxx.MSA.Dyymm01.Thhmsst</p> |

**Note:** The date in the file name defaults to “01” denoting the first day of the current payment month.

There are three types of records contained in this file:

- **MSA Deposit Recovery Header Record:**
  - Record ID = HDR, provides Contract number and pertinent dates for the file.
- **MSA Deposit Recovery Detail Record:**
  - Record ID = DPT, provides beneficiary level information on the Lump-Sum Deposits.
  - Record ID = RCV, provides beneficiary level information on Lump-Sum Deposit amounts to be recovered from the Plan.
- **MSA Deposit Recovery Trailer Record:**
  - Record ID= TR1, provides a total of Deposit amounts at the Contract/Plan Benefit Package (PBP) level.
  - Record ID = TR2, provides a total of Deposit amounts at the contract level.

All detail records for a single PBP are grouped together. Each group is followed by a TR1 Trailer that provides totals for the PBP. A TR2 Trailer is the last record in the file. It provides the totals at the Contract level (i.e. all PBPs).

**Layout 6-15: MSA Deposit Recovery Header Record**

| MSA Deposit Recovery Header Record |                      |      |          |  |
|------------------------------------|----------------------|------|----------|--|
| Item                               | Field                | Size | Position | Description                                  |
| 1                                  | Record ID            | 3    | 1-3      | HDR = Header Record.                         |
| 2                                  | MCO Contract Number  | 5    | 4-8      | MCO Contract Number.                         |
| 3                                  | Run Date of the file | 8    | 9-16     | Date this data file was created.<br>CCYYMMDD |
| 4                                  | Payment Date         | 6    | 17-22    | CCYYMM                                       |
| 5                                  | Filler               | 143  | 23-165   | Spaces.                                      |

**Layout 6-16: MSA Deposit Recovery Detail Record**

| MSA Deposit Recovery Detail Record |                         |      |          |   |
|------------------------------------|-------------------------|------|----------|---|
| Item                               | Field                   | Size | Position | Description   |
| 1                                  | Record ID               | 3    | 1-3      | DPT = MSA Deposit Record.<br>RCV = MSA Recovery Record. |
| 2                                  | MCO Contract Number     | 5    | 4-8      | MCO Contract Number.                                    |
| 3                                  | Plan Benefit Package ID | 3    | 9-11     | Plan Benefit Package ID.                                |

| MSA Deposit Recovery Detail Record |  |      |          |  |
|------------------------------------|--|------|----------|--|
| Item                               | Field  | Size | Position | Description  |
| 4                                  | Beneficiary ID                                       | 12   | 12-23    | <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    | 24-30    | Surname.   |
| 6                                  | First Initial  | 1    | 31       | First Initial.   |
| 7                                  | Sex  | 1    | 32       | M = Male.<br>F = Female.   |
| 8                                  | Date of Birth  | 8    | 33-40    | CCYYMMDD   |
| 9                                  | Filler   | 1    | 41       | Space.   |
| 10                                 | Disenrollment Reason Code                            | 2    | 42-43    | Disenrollment Reason Code associated with the Recovery.<br>Spaces for a Deposit record.  |
| 11                                 | MSA Deposit or Recovery Start Date                   | 8    | 44-51    | Start Date for Deposit or Recovery entry.<br>CCYYMMDD  |
| 12                                 | MSA Deposit or Recovery End Date                     | 8    | 52-59    | End Date for Deposit or Recovery entry.<br>CCYYMMDD  |
| 13                                 | Number of Months in MSA Lump-sum Deposit or Recovery | 2    | 60-61    | Indicates Number of Months used to compute Lump-Sum or Recovery Payments.  |
| 14                                 | Part A Monthly Deposit Rate                          | 7    | 62-68    | The Medicare Part A dollar amount that is deposited monthly into the beneficiaries MSA Account.<br>9999.99   |
| 15                                 | Part B Monthly Deposit Rate                          | 7    | 69-75    | The Medicare Part B dollar amount that is deposited monthly into the beneficiaries MSA Account.<br>9999.99   |
| 16                                 | Lump-Sum MSA Deposit or Recovery Part A amount       | 9    | 76-84    | Part A Lump Sum Amount provided to Plan for beneficiary's MSA enrollment. For disenrollment, Part A Lump Sum amount to be recovered from Plan<br>-99999.99<br><b>Note:</b> A Recovery will be reported as a negative amount. A Deposit will be reported as a positive amount.  |
| 17                                 | Lump-Sum MSA Deposit or Recovery Part B amount       | 9    | 85-93    | Part B Lump Sum Amount provided to Plan for beneficiary's MSA enrollment. For disenrollment, Part A Lump Sum amount to be recovered from Plan.<br>-99999.99<br><b>Note:</b> A Recovery will be reported as a negative amount. A Deposit will be reported as a positive amount  |
| 18                                 | Filler   | 72   | 94-165   | Spaces.  |

**Layout 6-17: MSA Deposit Recovery Trailer Record**

| MSA Deposit Recovery Trailer Record |                              |      |          |  |
|-------------------------------------|------------------------------|------|----------|--|
| Item                                | Field                        | Size | Position | Description  |
| 1                                   | Record ID                    | 3    | 1-3      | Trailer Record.<br>TR1 – Trailer for Contract/PBP level.<br>TR2 – Trailer for Contract level.  |
| 2                                   | Contract Number              | 5    | 4-8      | Contract Number.   |
| 3                                   | PBP Number                   | 3    | 9-11     | PBP Number on TR1.<br>Space on TR2.  |
| 4                                   | Beneficiary Count            | 7    | 12-18    | TR1 - Distinct count of beneficiaries based on beneficiary IDs reported this month for the PBP.<br>TR2 – Sum of beneficiaries reported TR1 records.<br>9999999 |
| 5                                   | Detail Record Count          | 7    | 19-25    | Count of Deposit and Recovery records for the PBP (TR1) or all PBPs (TR2).<br>9999999  |
| 6                                   | PBP Count                    | 4    | 26-29    | Space on TR1.<br>Count of TR1 records for the contract.<br>9999  |
| 7                                   | Filler                       | 2    | 30-31    | Spaces.  |
| 8                                   | Part A Total Deposit Amount  | 13   | 32-44    | Total Part A Lump-Sum MSA Deposit amount.<br>9999999999.99   |
| 9                                   | Part B Total Deposit Amount  | 13   | 45-57    | Total Part B Lump-Sum MSA Deposit amount.<br>9999999999.99   |
| 10                                  | Part A Total Recovery Amount | 14   | 59-71    | Total Part A Lump-Sum MSA Recovery amount.<br>-9999999999.99   |
| 11                                  | Part B Total Recovery Amount | 14   | 72-85    | Total Part B Lump-Sum MSA Recovery amount.<br>-9999999999.99   |
| 12                                  | Total Amount                 | 15   | 86-100   | Sum of all amounts on record<br>-9999999999.99   |
| 13                                  | Filler                       | 69   | 101-165  | Spaces.  |

**6.6.11 Payment Records Report**

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

**Report 6-4: Payment Records Report**

| PART B CLAIMS RECORDS POSTED IN JUL 2017 |       |               |            |                       |           |                 |         |              |         |                |              |                            | PAGE 1 |
|--|-------|---------------|------------|-----------------------|-----------|-----------------|---------|--------------|---------|----------------|--------------|----------------------------|--------|
| BENE ID                                  | NAME  | EXPENSE FIRST | DATES LAST | ALLOWED TOTAL CHARGES | REIMB AMT | COINSURANCE AMT | DED APP | PHYS SUPP ID | PAY IND | CARRIER NUMBER | CARRIER PAID | INFORMATION CONTROL NUMBER |        |
| 123456789A                               | NAME  | 20160918      | 20160918   | 102.65                | 80.48     | 22.17           | .00     | HY068Z       | 1       | 09102          | 20170713     | 591017174021860            |        |
| 987654321A                               | NAMEA | 20170703      | 20170703   | 78.67-                | .00       | .00             | 78.67-  | H0000BDGPH   | 1       | 01212          | 20170710     | 333217187070480            |        |
| 987654321A                               | NAMEA | 20170705      | 20170705   | 180.96-               | 68.48-    | 8.15-           | 104.33- | H0000BFCZ5   | 1       | 01212          | 20170712     | 333217188084510            |        |
| 123456789D                               | NAMEC | 20170202      | 20170202   | 145.29                | 111.62    | 33.67           | .00     | H56410       | 1       | 01212          | 20170711     | 333217179001320            |        |
| 123456789D                               | NAMEC | 20170214      | 20170214   | 69.29                 | 53.23     | 16.06           | .00     | H56410       | 1       | 01212          | 20170710     | 333217179001340            |        |
| 123456789D                               | NAMEC | 20170302      | 20170302   | 69.29                 | 53.23     | 16.06           | .00     | H56410       | 1       | 01212          | 20170710     | 333217179001500            |        |
| 123456789D                               | NAMEC | 20170316      | 20170316   | 119.52                | 114.79    | 4.73            | .00     | H56410       | 1       | 01212          | 20170713     | 333217179001520            |        |
| 123456789D                               | NAMEC | 20170328      | 20170328   | 91.71                 | 70.46     | 21.25           | .00     | H56410       | 1       | 01212          | 20170710     | 333217179001530            |        |

## 7 Outbound Files and Miscellaneous

This section contains the following Outbound Files and Miscellaneous Information.

- [Part C Risk Adjustment Model Output Data File.](#)
- [Risk Adjustment System \(RAS\) Prescription Drug Hierarchical Condition Category \(RxHCC\) Model Output Data File.](#)
- [RAS RxHCC Model Output Report.](#)
- [Medicare Advantage Organization \(MAO\) 004 Report – Encounter Data Diagnosis Eligible for Risk Adjustment.](#)
- [Part B Claims Data File.](#)
- [Monthly Medicare Secondary Payer \(MSP\) Information File.](#)
- [Medicare Advantage Medicaid Status Data File.](#)
- [Long-Term Institutionalized \(LTI\) Resident Report File.](#)
- [HICN to Medicare Beneficiary Identifier \(MBI\) Crosswalk File.](#)
- [Other.](#)
- [All Transmission Overview.](#)



## 7.1 Part C Risk Adjustment Model Output Data File

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

| System     | Type      | Frequency | File Length | Part C Risk Adjustment Model Output Data File Dataset Naming Conventions  |
|------------|-----------|-----------|-------------|---|
| RAS (MARx) | Data File | Monthly   | 200         | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.Rxxxxx.HCCMODD.Dyymm01.Thhmsst<br><br><b>Connect:Direct (Mainframe):</b><br>zzzzzzzz.Rxxxxx.HCCMODD.Dyymm01.Thhmsst<br><br><b>Connect:Direct (Non-Mainframe):</b><br>[directory]Rxxxxx.HCCMODD.Dyymm01.Thhmsst |

**Note:** The date in the file name defaults to “01” denoting the first day of the current payment month.

The following records are included in this file:

- **Part C RA Model Output Header Record.**
- **Part C RA Model Output Detail Record Type B, E, and G (PY2012 through PY2021).**
- **Part C RA Model Output Detail Record Type C and F (PY2014 through PY2016).**
- **Part C RA Model Output Detail Record Type D (PY2017 through PY2021)**
- **Part C RA Model Output Detail Record Type I (PY2019).**
- **Part C RA Model Output Detail Record Type J (PY2020 through PY2021).**
- **Part C RA Model Output Detail Record Type K (PY2020 through PY2021).**
- **Part C RA Model Output Trailer Record.**

### Layout 7-1: Part C RA Model Output Header Record

| Part C RA Model Output Header Record |                        |      |          |        |   |
|--------------------------------------|------------------------|------|----------|--------|---|
| Item                                 | Field                  | Size | Position | Format | Description   |
| 1                                    | Record Type Code       | 1    | 1        | CHAR   | 1 = Header.   |
| 2                                    | Contract Number        | 5    | 2-6      | CHAR   | Unique identification for a Medicare Advantage Contract                                   |
| 3                                    | Run Date               | 8    | 7-14     | CHAR   | The run date when this file was created.<br>CCYYMMDD                                      |
| 4                                    | Payment Year and Month | 6    | 15-20    | CHAR   | This identifies the risk adjustment payment year and month for the model run.<br>CCYYMMDD |
| 5                                    | Filler                 | 180  | 21-200   | CHAR   | Spaces.   |

**Layout 7-2: Part C RA Model Output Detail Record Type B, E, and G (PY2012 – PY2021)**

Each Detail/Beneficiary Record contains information for an HCC beneficiary in a Medicare Advantage contract/plan, as of the last RAS model run for the current calendar/payment year. The beneficiary is reported on a detail record Type B, E & G dependent on the enrollment and ESRD status.

The Detail Record Type B, E & G is used to report on ESRD beneficiaries in 2021.

| Part C RA Model Output Detail Record Type B, E, and G (PY2012 – PY2021) |                                       |      |          |        |   |
|---|---------------------------------------|------|----------|--------|---|
| Item  | Field                                 | Size | Position | Format | Description   |
| 1   | Record Type Code                      | 1    | 1        | CHAR   | B = Details for V21 PTC MOR (PACE ESRD only) (RAPS, FFS, and Encounter data)<br>E = Details for V21 PTC MOR (ESRD) (RAPS and FFS)<br>G = Details for V21 PTC MOR (ESRD) (Encounter and FFS) |
| 2   | Medicare Beneficiary Identifier (MBI) | 11   | 2-12     | CHAR   | Medicare Beneficiary Identifier.  |
| 3   | Filler                                | 1    | 13       | CHAR   | Spaces.   |
| 4   | Beneficiary Last Name                 | 12   | 14-25    | CHAR   | First 12 characters of the Beneficiary's Last Name.   |
| 5   | Beneficiary First Name                | 7    | 26-32    | CHAR   | First 7 characters of the Beneficiary's First Name.   |
| 6   | Beneficiary Initial                   | 1    | 33       | CHAR   | Beneficiary Middle Initial.   |
| 7   | Date of Birth                         | 8    | 34-41    | CHAR   | The date of birth of the Medicare Beneficiary.<br>CCYYMMDD  |
| 8   | Sex                                   | 1    | 42       | CHAR   | Represents the sex of the Medicare Beneficiary.<br>0=Unknown.<br>1=Male.<br>2=Female.   |
| 9   | Filler                                | 9    | 43-51    | CHAR   | Spaces.   |
| 10  | RAS ESRD Indicator Switch             | 1    | 52       | CHAR   | The beneficiary's ESRD status as of the model run. Also indicates if the beneficiary was processed by the ESRD models in the model run.<br>Y = ESRD.<br>N = not ESRD.                       |
| 11  | Age Group Female0_34                  | 1    | 53       | CHAR   | The sex and age group for the beneficiary based on a given as of date: female between ages 0 and 34, inclusive.<br>1 = If applicable.<br>0 = Otherwise.                                     |
| 12  | Age Group Female35_44                 | 1    | 54       | CHAR   | The sex and age group for the beneficiary based on a given as of date: female between ages 35 and 44, inclusive.<br>1 = If applicable.<br>0 = Otherwise.                                    |

| Part C RA Model Output Detail Record Type B, E, and G (PY2012 – PY2021) |                       |      |          |        |   |
|---|-----------------------|------|----------|--------|---|
| Item  | Field                 | Size | Position | Format | Description   |
| 13  | Age Group Female45_54 | 1    | 55       | CHAR   | The sex and age group for the beneficiary based on a given as of date: female between ages 45 and 54, inclusive.<br>1 = If applicable.<br>0 = Otherwise.    |
| 14  | Age Group Female55_59 | 1    | 56       | CHAR   | The sex and age group for the beneficiary based on a given as of date: female between ages 55 and 59, inclusive.<br>1 = If applicable.<br>0 = Otherwise.    |
| 15  | Age Group Female60_64 | 1    | 57       | CHAR   | The sex and age group for the beneficiary based on a given as of date: female between ages 60 and 64, inclusive.<br>1 = If applicable.<br>0 = Otherwise.    |
| 16  | Age Group Female65_69 | 1    | 58       | CHAR   | The sex and age group for the beneficiary based on a given as of date: female between ages 65 and 69, inclusive.<br>1 = If applicable.<br>0 = Otherwise.    |
| 17  | Age Group Female70_74 | 1    | 59       | CHAR   | The sex and age group for the beneficiary based on a given as of date: female between ages 70 and 74, inclusive.<br>1 = If applicable.<br>0 = Otherwise.    |
| 18  | Age Group Female75_79 | 1    | 60       | CHAR   | The sex and age group for the beneficiary based on a given as of date: female between ages 75 and 79, inclusive.<br>1 = If applicable.<br>0 = Otherwise.    |
| 19  | Age Group Female80_84 | 1    | 61       | CHAR   | The sex and age group for the beneficiary based on a given as of date: female between ages of 80 and 84, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 20  | Age Group Female85_89 | 1    | 62       | CHAR   | The sex and age group for the beneficiary based on a given as of date: female between ages of 85 and 89, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 21  | Age Group Female90_94 | 1    | 63       | CHAR   | The sex and age group for the beneficiary based on a given as of date: female between ages of 90 and 94, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 22  | Age Group Female95_GT | 1    | 64       | CHAR   | The sex and age group for the beneficiary based on a given as of date: female, age 95 or greater.<br>1 = If applicable.<br>0 = Otherwise.                   |

| Part C RA Model Output Detail Record Type B, E, and G (PY2012 – PY2021) |                        |      |          |        |   |
|---|------------------------|------|----------|--------|---|
| Item  | Field                  | Size | Position | Format | Description   |
| 23  | Age Group<br>Male0_34  | 1    | 65       | CHAR   | The sex and age group for the beneficiary based on a given as of date: male between ages of 0 and 34, inclusive.<br>1 = If applicable.<br>0 = Otherwise.  |
| 24  | Age Group<br>Male35_44 | 1    | 66       | CHAR   | The sex and age group for the beneficiary based on a given as of date: male between ages of 35 and 44, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 25  | Age Group<br>Male45_54 | 1    | 67       | CHAR   | The sex and age group for the beneficiary based on a given as of date: male between ages of 45 and 54, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 26  | Age Group<br>Male55_59 | 1    | 68       | CHAR   | The sex and age group for the beneficiary based on a given as of date: male between ages of 55 and 59, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 27  | Age Group<br>Male60_64 | 1    | 69       | CHAR   | The sex and age group for the beneficiary based on a given as of date: male between ages of 60 and 64, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 28  | Age Group<br>Male65_69 | 1    | 70       | CHAR   | The sex and age group for the beneficiary based on a given as of date: male between ages of 65 and 69, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 29  | Age Group<br>Male70_74 | 1    | 71       | CHAR   | The sex and age group for the beneficiary based on a given as of date: male between ages of 70 and 74, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 30  | Age Group<br>Male75_79 | 1    | 72       | CHAR   | The sex and age group for the beneficiary based on a given as of date: male between ages of 75 and 79, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 31  | Age Group<br>Male80_84 | 1    | 73       | CHAR   | The sex and age group for the beneficiary based on a given as of date: male between ages of 80 and 84, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 32  | Age Group<br>Male85_89 | 1    | 74       | CHAR   | The sex and age group for the beneficiary based on a given as of date: male between ages of 85 and 89, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |

| Part C RA Model Output Detail Record Type B, E, and G (PY2012 – PY2021) |                            |      |          |        |   |
|---|----------------------------|------|----------|--------|---|
| Item  | Field                      | Size | Position | Format | Description   |
| 33  | Age Group Male90_94        | 1    | 75       | CHAR   | The sex and age group for the beneficiary based on a given as of date: male between ages of 90 and 94, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 34  | Age Group Male95_GT        | 1    | 76       | CHAR   | The sex and age group for the beneficiary based on a given as of date: male, age 95 or greater.<br>1 = If applicable.<br>0 = Otherwise.                   |
| 35  | Medicaid Female Disabled   | 1    | 77       | CHAR   | Beneficiary is a female disabled and also entitled to Medicaid.<br>1 = If applicable.<br>0 = Otherwise.   |
| 36  | Medicaid Female Aged       | 1    | 78       | CHAR   | Beneficiary is a female aged (> 64) and also entitled to Medicaid.<br>1 = If applicable.<br>0 = Otherwise.  |
| 37  | Medicaid Male Disabled     | 1    | 79       | CHAR   | Beneficiary is a male disabled and also entitled to Medicaid.<br>1 = If applicable.<br>0 = Otherwise.   |
| 38  | Medicaid Male Aged         | 1    | 80       | CHAR   | Beneficiary is a male aged (> 64) and also entitled to Medicaid.<br>1 = If applicable.<br>0 = Otherwise.  |
| 39  | Originally Disabled Female | 1    | 81       | CHAR   | Beneficiary is a female and original Medicare entitlement was due to disability.<br>1 = If applicable.<br>0 = Otherwise.                                  |
| 40  | Originally Disabled Male   | 1    | 82       | CHAR   | Beneficiary is a male and original Medicare entitlement was due to disability.<br>1 = If applicable.<br>0 = Otherwise.                                    |
| 41  | HCC001                     | 1    | 83       | CHAR   | HIV/AIDS.<br>1 = If applicable.<br>0 = Otherwise.   |
| 42  | HCC002                     | 1    | 84       | CHAR   | Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock.<br>1 = If applicable.<br>0 = Otherwise.  |
| 43  | HCC006                     | 1    | 85       | CHAR   | Opportunistic Infections.<br>1 = If applicable.<br>0 = Otherwise.   |
| 44  | HCC008                     | 1    | 86       | CHAR   | Metastatic Cancer and Acute Leukemia.<br>1 = If applicable.<br>0 = Otherwise.   |
| 45  | HCC009                     | 1    | 87       | CHAR   | Lung and Other Severe Cancers.<br>1 = If applicable.<br>0 = Otherwise.  |
| 46  | HCC010                     | 1    | 88       | CHAR   | Lymphoma and Other Cancers.<br>1 = If applicable.<br>0 = Otherwise.   |

| Part C RA Model Output Detail Record Type B, E, and G (PY2012 – PY2021) |        |      |          |        |  |
|---|--------|------|----------|--------|--|
| Item  | Field  | Size | Position | Format | Description  |
| 47  | HCC011 | 1    | 89       | CHAR   | Colorectal, Bladder, and Other Cancers.<br>1 = If applicable.<br>0 = Otherwise.                          |
| 48  | HCC012 | 1    | 90       | CHAR   | Breast, Prostate, and Other Cancers and Tumors.<br>1 = If applicable.<br>0 = Otherwise.                  |
| 49  | HCC017 | 1    | 91       | CHAR   | Diabetes with Acute Complications.<br>1 = If applicable.<br>0 = Otherwise.                               |
| 50  | HCC018 | 1    | 92       | CHAR   | Diabetes with Chronic Complications.<br>1 = If applicable.<br>0 = Otherwise.                             |
| 51  | HCC019 | 1    | 93       | CHAR   | Diabetes without Complication.<br>1 = If applicable.<br>0 = Otherwise.                                   |
| 52  | HCC021 | 1    | 94       | CHAR   | Protein-Calorie Malnutrition.<br>1 = If applicable.<br>0 = Otherwise.                                    |
| 53  | HCC022 | 1    | 95       | CHAR   | Morbid Obesity.<br>1 = If applicable.<br>0 = Otherwise.  |
| 54  | HCC023 | 1    | 96       | CHAR   | Other Significant Endocrine and Metabolic Disorders.<br>1 = If applicable.<br>0 = Otherwise.             |
| 55  | HCC027 | 1    | 97       | CHAR   | End-Stage Liver Disease.<br>1 = If applicable.<br>0 = Otherwise.   |
| 56  | HCC028 | 1    | 98       | CHAR   | Cirrhosis of Liver.<br>1 = If applicable.<br>0 = Otherwise.  |
| 57  | HCC029 | 1    | 99       | CHAR   | Chronic Hepatitis.<br>1 = If applicable.<br>0 = Otherwise.   |
| 58  | HCC033 | 1    | 100      | CHAR   | Intestinal Obstruction/Perforation.<br>1 = If applicable.<br>0 = Otherwise.                              |
| 59  | HCC034 | 1    | 101      | CHAR   | Chronic Pancreatitis.<br>1 = If applicable.<br>0 = Otherwise.  |
| 60  | HCC035 | 1    | 102      | CHAR   | Inflammatory Bowel Disease.<br>1 = If applicable.<br>0 = Otherwise.                                      |
| 61  | HCC039 | 1    | 103      | CHAR   | Bone/Joint/Muscle Infections/Necrosis.<br>1 = If applicable.<br>0 = Otherwise.                           |
| 62  | HCC040 | 1    | 104      | CHAR   | Rheumatoid Arthritis and Inflammatory Connective Tissue Disease.<br>1 = If applicable.<br>0 = Otherwise. |

| Part C RA Model Output Detail Record Type B, E, and G (PY2012 – PY2021) |        |      |          |        |  |
|---|--------|------|----------|--------|--|
| Item  | Field  | Size | Position | Format | Description  |
| 63  | HCC046 | 1    | 105      | CHAR   | Severe Hematological Disorders.<br>1 = If applicable.<br>0 = Otherwise.                                  |
| 64  | HCC047 | 1    | 106      | CHAR   | Disorders of Immunity.<br>1 = If applicable.<br>0 = Otherwise.   |
| 65  | HCC048 | 1    | 107      | CHAR   | Coagulation Defects and Other Specified Hematological Disorders.<br>1 = If applicable.<br>0 = Otherwise. |
| 66  | HCC051 | 1    | 108      | CHAR   | Dementia With Complications.<br>1 = If applicable.<br>0 = Otherwise.                                     |
| 67  | HCC052 | 1    | 109      | CHAR   | Dementia Without Complication.<br>1 = If applicable.<br>0 = Otherwise.                                   |
| 68  | HCC054 | 1    | 110      | CHAR   | Drug/Alcohol Psychosis.<br>1 = If applicable.<br>0 = Otherwise.  |
| 69  | HCC055 | 1    | 111      | CHAR   | Drug/Alcohol Dependence.<br>1 = If applicable.<br>0 = Otherwise.   |
| 70  | HCC057 | 1    | 112      | CHAR   | Schizophrenia.<br>1 = If applicable.<br>0 = Otherwise.   |
| 71  | HCC058 | 1    | 113      | CHAR   | Major Depressive, Bipolar, and Paranoid Disorders.<br>1 = If applicable.<br>0 = Otherwise.               |
| 72  | HCC070 | 1    | 114      | CHAR   | Quadriplegia.<br>1 = If applicable.<br>0 = Otherwise.  |
| 73  | HCC071 | 1    | 115      | CHAR   | Paraplegia.<br>1 = If applicable.<br>0 = Otherwise.  |
| 74  | HCC072 | 1    | 116      | CHAR   | Spinal Cord Disorders/Injuries.<br>1 = If applicable.<br>0 = Otherwise.                                  |
| 75  | HCC073 | 1    | 117      | CHAR   | Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease.<br>1 = If applicable.<br>0 = Otherwise.    |
| 76  | HCC074 | 1    | 118      | CHAR   | Cerebral Palsy.<br>1 = If applicable.<br>0 = Otherwise.  |
| 77  | HCC075 | 1    | 119      | CHAR   | Polyneuropathy.<br>1 = If applicable.<br>0 = Otherwise.  |
| 78  | HCC076 | 1    | 120      | CHAR   | Muscular Dystrophy.<br>1 = If applicable.<br>0 = Otherwise.  |

| Part C RA Model Output Detail Record Type B, E, and G (PY2012 – PY2021) |        |      |          |        |   |
|---|--------|------|----------|--------|---|
| Item  | Field  | Size | Position | Format | Description   |
| 79  | HCC077 | 1    | 121      | CHAR   | Multiple Sclerosis.<br>1 = If applicable.<br>0 = Otherwise.                                     |
| 80  | HCC078 | 1    | 122      | CHAR   | Parkinson's and Huntington's Diseases.<br>1 = If applicable.<br>0 = Otherwise.                  |
| 81  | HCC079 | 1    | 123      | CHAR   | Seizure Disorders and Convulsions.<br>1 = If applicable.<br>0 = Otherwise.                      |
| 82  | HCC080 | 1    | 124      | CHAR   | Coma, Brain Compression/Anoxic Damage.<br>1 = If applicable.<br>0 = Otherwise.                  |
| 83  | HCC082 | 1    | 125      | CHAR   | Respirator Dependence/Tracheostomy Status.<br>1 = If applicable.<br>0 = Otherwise.              |
| 84  | HCC083 | 1    | 126      | CHAR   | Respiratory Arrest.<br>1 = If applicable.<br>0 = Otherwise.                                     |
| 85  | HCC084 | 1    | 127      | CHAR   | Cardio-Respiratory Failure and Shock.<br>1 = If applicable.<br>0 = Otherwise.                   |
| 86  | HCC085 | 1    | 128      | CHAR   | Congestive Heart Failure.<br>1 = If applicable.<br>0 = Otherwise.                               |
| 87  | HCC086 | 1    | 129      | CHAR   | Acute Myocardial Infarction.<br>1 = If applicable.<br>0 = Otherwise.                            |
| 88  | HCC087 | 1    | 130      | CHAR   | Unstable Angina and Other Acute Ischemic Heart Disease.<br>1 = If applicable.<br>0 = Otherwise. |
| 89  | HCC088 | 1    | 131      | CHAR   | Angina Pectoris.<br>1 = If applicable.<br>0 = Otherwise.  |
| 90  | HCC096 | 1    | 132      | CHAR   | Specified Heart Arrhythmias.<br>1 = If applicable.<br>0 = Otherwise.                            |
| 91  | HCC099 | 1    | 133      | CHAR   | Cerebral Hemorrhage.<br>1 = If applicable.<br>0 = Otherwise.                                    |
| 92  | HCC100 | 1    | 134      | CHAR   | Ischemic or Unspecified Stroke.<br>1 = If applicable.<br>0 = Otherwise.                         |
| 93  | HCC103 | 1    | 135      | CHAR   | Hemiplegia/Hemiparesis.<br>1 = If applicable.<br>0 = Otherwise.                                 |
| 94  | HCC104 | 1    | 136      | CHAR   | Monoplegia, Other Paralytic Syndromes.<br>1 = If applicable.<br>0 = Otherwise.                  |



| Part C RA Model Output Detail Record Type B, E, and G (PY2012 – PY2021) |        |      |          |        |   |
|---|--------|------|----------|--------|---|
| Item  | Field  | Size | Position | Format | Description   |
| 95  | HCC106 | 1    | 137      | CHAR   | Atherosclerosis of the Extremities with Ulceration or Gangrene.<br>1 = If applicable.<br>0 = Otherwise. |
| 96  | HCC107 | 1    | 138      | CHAR   | Vascular Disease with Complications.<br>1 = If applicable.<br>0 = Otherwise.                            |
| 97  | HCC108 | 1    | 139      | CHAR   | Vascular Disease.<br>1 = If applicable.<br>0 = Otherwise.   |
| 98  | HCC110 | 1    | 140      | CHAR   | Cystic Fibrosis.<br>1 = If applicable.<br>0 = Otherwise.  |
| 99  | HCC111 | 1    | 141      | CHAR   | Chronic Obstructive Pulmonary Disease.<br>1 = If applicable.<br>0 = Otherwise.                          |
| 100   | HCC112 | 1    | 142      | CHAR   | Fibrosis of Lung and Other Chronic Lung Disorders.<br>1 = If applicable.<br>0 = Otherwise.              |
| 101   | HCC114 | 1    | 143      | CHAR   | Aspiration and Specified Bacterial Pneumonias.<br>1 = If applicable.<br>0 = Otherwise.                  |
| 102   | HCC115 | 1    | 144      | CHAR   | Pneumococcal Pneumonia, Empyema, Lung Abscess.<br>1 = If applicable.<br>0 = Otherwise.                  |
| 103   | HCC122 | 1    | 145      | CHAR   | Proliferative Diabetic Retinopathy and Vitreous Hemorrhage.<br>1 = If applicable.<br>0 = Otherwise.     |
| 104   | HCC124 | 1    | 146      | CHAR   | Exudative Macular Degeneration.<br>1 = If applicable.<br>0 = Otherwise.                                 |
| 105   | HCC134 | 1    | 147      | CHAR   | Dialysis Status.<br>1 = If applicable.<br>0 = Otherwise.  |
| 106   | HCC135 | 1    | 148      | CHAR   | Acute Renal Failure.<br>1 = If applicable.<br>0 = Otherwise.  |
| 107   | HCC136 | 1    | 149      | CHAR   | Chronic Kidney Disease, Stage 5.<br>1 = If applicable.<br>0 = Otherwise.                                |
| 108   | HCC137 | 1    | 150      | CHAR   | Chronic Kidney Disease, Severe (Stage 4).<br>1 = If applicable.<br>0 = Otherwise.                       |
| 109   | HCC138 | 1    | 151      | CHAR   | Chronic Kidney Disease, Moderate (Stage 3).<br>1 = If applicable.<br>0 = Otherwise.                     |

| Part C RA Model Output Detail Record Type B, E, and G (PY2012 – PY2021) |        |      |          |        |  |
|---|--------|------|----------|--------|--|
| Item  | Field  | Size | Position | Format | Description  |
| 110   | HCC139 | 1    | 152      | CHAR   | Chronic Kidney Disease, Mild or Unspecified (Stages 1-2 or Unspecified).<br>1 = If applicable.<br>0 = Otherwise. |
| 111   | HCC140 | 1    | 153      | CHAR   | Unspecified Renal Failure.<br>1 = If applicable.<br>0 = Otherwise.   |
| 112   | HCC141 | 1    | 154      | CHAR   | Nephritis.<br>1 = If applicable.<br>0 = Otherwise.   |
| 113   | HCC157 | 1    | 155      | CHAR   | Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone.<br>1 = If applicable.<br>0 = Otherwise. |
| 114   | HCC158 | 1    | 156      | CHAR   | Pressure Ulcer of Skin with Full Thickness Skin Loss.<br>1 = If applicable.<br>0 = Otherwise.                    |
| 115   | HCC159 | 1    | 157      | CHAR   | Pressure Ulcer of Skin with Partial Thickness Skin Loss.<br>1 = If applicable.<br>0 = Otherwise.                 |
| 116   | HCC160 | 1    | 158      | CHAR   | Pressure Pre-Ulcer Skin Changes or Unspecified Stage.<br>1 = If applicable.<br>0 = Otherwise.                    |
| 117   | HCC161 | 1    | 159      | CHAR   | Chronic Ulcer of Skin, Except Pressure.<br>1 = If applicable.<br>0 = Otherwise.                                  |
| 118   | HCC162 | 1    | 160      | CHAR   | Severe Skin Burn or Condition.<br>1 = If applicable.<br>0 = Otherwise.   |
| 119   | HCC166 | 1    | 161      | CHAR   | Severe Head Injury.<br>1 = If applicable.<br>0 = Otherwise.  |
| 120   | HCC167 | 1    | 162      | CHAR   | Major Head Injury.<br>1 = If applicable.<br>0 = Otherwise.   |
| 121   | HCC169 | 1    | 163      | CHAR   | Vertebral Fractures without Spinal Cord Injury.<br>1 = If applicable.<br>0 = Otherwise.                          |
| 122   | HCC170 | 1    | 164      | CHAR   | Hip Fracture/Dislocation.<br>1 = If applicable.<br>0 = Otherwise.  |
| 123   | HCC173 | 1    | 165      | CHAR   | Traumatic Amputations and Complications.<br>1 = If applicable.<br>0 = Otherwise.                                 |
| 124   | HCC176 | 1    | 166      | CHAR   | Complications of Specified Implanted Device or Graft.<br>1 = If applicable.<br>0 = Otherwise.                    |

| Part C RA Model Output Detail Record Type B, E, and G (PY2012 – PY2021) |                         |      |          |        |   |
|---|-------------------------|------|----------|--------|---|
| Item  | Field                   | Size | Position | Format | Description   |
| 125   | HCC186                  | 1    | 167      | CHAR   | Major Organ Transplant or Replacement Status.<br>1 = If applicable.<br>0 = Otherwise.   |
| 126   | HCC188                  | 1    | 168      | CHAR   | Artificial Openings for Feeding or Elimination.<br>1 = If applicable.<br>0 = Otherwise.   |
| 127   | HCC189                  | 1    | 169      | CHAR   | Amputation Status, Lower Limb/Amputation Complications.<br>1 = If applicable.<br>0 = Otherwise.                                     |
| 128   | Disabled Disease HCC006 | 1    | 170      | CHAR   | Disabled (Age<65) and CMS V21 HCC 006 Opportunistic Infections.<br>1 = If applicable.<br>0 = Otherwise.                             |
| 129   | Disabled Disease HCC034 | 1    | 171      | CHAR   | Disabled (Age<65) and CMS V21 HCC 034 Chronic Pancreatitis.<br>1 = If applicable.<br>0 = Otherwise.                                 |
| 130   | Disabled Disease HCC046 | 1    | 172      | CHAR   | Disabled (Age<65) and CMS V21 HCC 046 Severe Hematological Disorders.<br>1 = If applicable.<br>0 = Otherwise.                       |
| 131   | Disabled Disease HCC054 | 1    | 173      | CHAR   | Disabled (Age<65) and CMS V21 HCC 054 Drug/Alcohol Psychosis.<br>1 = If applicable.<br>0 = Otherwise.                               |
| 132   | Disabled Disease HCC055 | 1    | 174      | CHAR   | Disabled (Age<65) and CMS V21 HCC 055 Drug/Alcohol Dependence.<br>1 = If applicable.<br>0 = Otherwise.                              |
| 133   | Disabled Disease HCC110 | 1    | 175      | CHAR   | Disabled (Age<65) and CMS V21 HCC 110 Cystic Fibrosis.<br>1 = If applicable.<br>0 = Otherwise.                                      |
| 134   | Disabled Disease HCC176 | 1    | 176      | CHAR   | Disabled (Age<65) and CMS V21 HCC 176 Complications of Specified Implanted Device or Graft.<br>1 = If applicable.<br>0 = Otherwise. |
| 135   | CANCER_IMMUNE           | 1    | 177      | CHAR   | CANCER_IMMUNE.<br>1 = If applicable.<br>0 = Otherwise.  |
| 136   | CHF_COPD                | 1    | 178      | CHAR   | CHF_COPD.<br>1 = If applicable.<br>0 = Otherwise.   |
| 137   | CHF_RENAL               | 1    | 179      | CHAR   | CHF_RENAL.<br>1 = If applicable.<br>0 = Otherwise.  |
| 138   | COPD_CARD_RESP_FAIL     | 1    | 180      | CHAR   | COPD_CARD_RESP_FAIL.<br>1 = If applicable.<br>0 = Otherwise.  |

| Part C RA Model Output Detail Record Type B, E, and G (PY2012 – PY2021) |  |      |          |        |  |
|---|--|------|----------|--------|--|
| Item  | Field                                    | Size | Position | Format | Description  |
| 139   | DIABETES_<br>CHF                         | 1    | 181      | CHAR   | DIABETES_CHF.<br>1 = If applicable.<br>0 = Otherwise.  |
| 140   | SEPSIS_<br>CARD_RESP_<br>FAIL            | 1    | 182      | CHAR   | SEPSIS_CARD_RESP_FAIL.<br>1 = If applicable.<br>0 = Otherwise.   |
| 141   | Medicaid                                 | 1    | 183      | CHAR   | Beneficiary is entitled to Medicaid.<br>1 = If applicable.<br>0 = Otherwise.   |
| 142   | Originally Disabled                      | 1    | 184      | CHAR   | Beneficiary original Medicare entitlement was due to disability.<br>1 = If applicable.<br>0 = Otherwise.             |
| 143   | Disabled Disease<br>HCC039               | 1    | 185      | CHAR   | Disabled (Age<65) and CMS V21 HCC 039 Bone/Joint/Muscle Infections/Necrosis.<br>1 = If applicable.<br>0 = Otherwise. |
| 144   | Disabled Disease<br>HCC077               | 1    | 186      | CHAR   | Disabled (Age<65) and CMS V21 HCC 077 Multiple Sclerosis.<br>1 = If applicable.<br>0 = Otherwise.                    |
| 145   | Disabled Disease<br>HCC085               | 1    | 187      | CHAR   | Disabled (Age<65) and CMS V21 HCC 085 Congestive Heart Failure.<br>1 = If applicable.<br>0 = Otherwise.              |
| 146   | Disabled Disease<br>HCC161               | 1    | 188      | CHAR   | Disabled (Age<65) and CMS V21 HCC 161 Chronic Ulcer of Skin, Except Pressure<br>1 = If applicable.<br>0 = Otherwise. |
| 147   | ART_<br>OPENINGS_<br>PRESSURE_<br>ULCER  | 1    | 189      | CHAR   | ART_OPENINGS_PRESSURE_ULCER.<br>1 = If applicable.<br>0 = Otherwise.   |
| 148   | ASP_SPEC_<br>BACT_<br>PNEUM_<br>PRES_ULC | 1    | 190      | CHAR   | ASP_SPEC_BACT_PNEUM_PRES_ULC.<br>1 = If applicable.<br>0 = Otherwise.  |
| 149   | COPD_ASP_<br>SPEC_BACT_<br>PNEUM         | 1    | 191      | CHAR   | COPD_ASP_SPEC_BACT_PNEUM.<br>1 = If applicable.<br>0 = Otherwise.  |
| 150   | DISABLED_<br>PRESSURE_<br>ULCER          | 1    | 192      | CHAR   | DISABLED_PRESSURE_ULCER.<br>1 = If applicable.<br>0 = Otherwise.   |
| 151   | SCHIZO-<br>PHRENIA_<br>CHF               | 1    | 193      | CHAR   | SCHIZOPHRENIA_CHF.<br>1 = If applicable.<br>0 = Otherwise.   |
| 152   | SCHIZO-<br>PHRENIA_<br>COPD              | 1    | 194      | CHAR   | SCHIZOPHRENIA_COPD.<br>1 = If applicable.<br>0 = Otherwise.  |
| 153   | SCHIZO-<br>PHRENIA_<br>SEIZURES          | 1    | 195      | CHAR   | SCHIZOPHRENIA_SEIZURES.<br>1 = If applicable.<br>0 = Otherwise.  |

| Part C RA Model Output Detail Record Type B, E, and G (PY2012 – PY2021) |  |      |          |        |  |
|---|--|------|----------|--------|--|
| Item  | Field                                  | Size | Position | Format | Description  |
| 154   | SEPSIS_<br>ARTIF_<br>OPENINGS          | 1    | 196      | CHAR   | SEPSIS_ARTIF_OPENINGS.<br>1 = If applicable.<br>0 = Otherwise.     |
| 155   | SEPSIS_<br>ASP_SPEC_<br>BACT_<br>PNEUM | 1    | 197      | CHAR   | SEPSIS_ASP_SPEC_BACT_PNEUM<br>1 = If applicable.<br>0 = Otherwise. |
| 156   | SEPSIS_<br>PRESSURE_<br>ULCER          | 1    | 198      | CHAR   | SEPSIS_PRESSURE_ULCER.<br>1 = If applicable.<br>0 = Otherwise.     |
| 157   | Filler                                 | 2    | 199-200  | CHAR   | Spaces.  |

The total length of this record is 200 characters.

**Note:** Fields 143-156 are associated with the ESRD Institutional Score only.

**Layout 7-3: Part C RA Model Output Detail Record Type C and F (PY2014 – PY2016)**

| Part C RA Model Output Detail Record Type C and F (PY2014 – PY2016) |                                       |      |          |        |  |
|---|---------------------------------------|------|----------|--------|--|
| Item  | Field                                 | Size | Position | Format | Description  |
| 1   | Record Type Code                      | 1    | 1        | CHAR   | C = Details for V22 PTC MOR (RAPS and FFS) - non-PACE and non-ESRD<br>F = Details for V22 PTC MOR (Encounter Data and FFS) - non-PACE and non-ESRD       |
| 2   | Medicare Beneficiary Identifier (MBI) | 11   | 2-12     | CHAR   | Medicare Beneficiary Identifier.   |
| 3   | Filler                                | 1    | 13       | CHAR   | Spaces   |
| 4   | Beneficiary Last Name                 | 12   | 14-25    | CHAR   | First 12 characters of the beneficiary's last name.  |
| 5   | Beneficiary First Name                | 7    | 26-32    | CHAR   | First seven characters of the beneficiary's first name.  |
| 6   | Beneficiary Initial                   | 1    | 33       | CHAR   | Beneficiary middle initial.  |
| 7   | Date of Birth                         | 8    | 34-41    | CHAR   | The date of birth of the beneficiary.<br>CCYYMMDD  |
| 8   | Gender code                           | 1    | 42       | CHAR   | Represents the sex of the beneficiary.<br>0=unknown.<br>1=male.<br>2=female.   |
| 9   | Filler                                | 9    | 43-51    | CHAR   | Spaces.  |
| <b>Beneficiary Demographic Indicators:</b>                          |                                       |      |          |        |  |
| 10  | Age Group Female0_34                  | 1    | 52       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 0 and 34, inclusive.<br>1 = If applicable.<br>0 = otherwise.  |
| 11  | Age Group Female35_44                 | 1    | 53       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 35 and 44, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 12  | Age Group Female45_54                 | 1    | 54       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 45 and 54, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 13  | Age Group Female55_59                 | 1    | 55       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 55 and 59, inclusive.<br>1 = If applicable.<br>0 = otherwise. |

| Part C RA Model Output Detail Record Type C and F (PY2014 – PY2016) |                       |      |          |        |   |
|---|-----------------------|------|----------|--------|---|
| Item  | Field                 | Size | Position | Format | Description   |
| 14  | Age Group Female60_64 | 1    | 56       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 60 and 64, inclusive.<br>1 = If applicable.<br>0 = otherwise.    |
| 15  | Age Group Female65_69 | 1    | 57       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 65 and 69, inclusive.<br>1 = If applicable.<br>0 = otherwise.    |
| 16  | Age Group Female70_74 | 1    | 58       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 70 and 74, inclusive.<br>1 = If applicable.<br>0 = otherwise.    |
| 17  | Age Group Female75_79 | 1    | 59       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 75 and 79, inclusive.<br>1 = If applicable.<br>0 = otherwise.    |
| 18  | Age Group Female80_84 | 1    | 60       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 80 and 84, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 19  | Age Group Female85_89 | 1    | 61       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 85 and 89, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 20  | Age Group Female90_94 | 1    | 62       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 90 and 94, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 21  | Age Group Female95_GT | 1    | 63       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female, age 95 or greater.<br>1 = If applicable.<br>0 = otherwise.                   |
| 22  | Age Group Male0_34    | 1    | 64       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 0 and 34, inclusive.<br>1 = If applicable.<br>0 = otherwise.    |
| 23  | Age Group Male35_44   | 1    | 65       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 35 and 44, inclusive.<br>1 = If applicable.<br>0 = otherwise.   |

| Part C RA Model Output Detail Record Type C and F (PY2014 – PY2016) |                     |      |          |        |   |
|---|---------------------|------|----------|--------|---|
| Item  | Field               | Size | Position | Format | Description   |
| 24  | Age Group Male45_54 | 1    | 66       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 45 and 54, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 25  | Age Group Male55_59 | 1    | 67       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 55 and 59, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 26  | Age Group Male60_64 | 1    | 68       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 60 and 64, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 27  | Age Group Male65_69 | 1    | 69       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 65 and 69, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 28  | Age Group Male70_74 | 1    | 70       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 70 and 74, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 29  | Age Group Male75_79 | 1    | 71       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 and 79, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 30  | Age Group Male80_84 | 1    | 72       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 and 84, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 31  | Age Group Male85_89 | 1    | 73       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 and 89, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 32  | Age Group Male90_94 | 1    | 74       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 and 94, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 33  | Age Group Male95_GT | 1    | 75       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male, age 95 or greater.<br>1 = If applicable.<br>0 = otherwise.                   |



| Part C RA Model Output Detail Record Type C and F (PY2014 – PY2016) |                            |      |          |        |  |
|---|----------------------------|------|----------|--------|--|
| Item  | Field                      | Size | Position | Format | Description  |
| 34  | Medicaid Female Disabled   | 1    | 76       | CHAR   | Beneficiary is a female disabled and also entitled to Medicaid.<br>1 = If applicable.<br>0 = otherwise.                  |
| 35  | Medicaid Female Aged       | 1    | 77       | CHAR   | Beneficiary is a female aged (> 64) and also entitled to Medicaid.<br>1 = If applicable.<br>0 = otherwise.               |
| 36  | Medicaid Male Disabled     | 1    | 78       | CHAR   | Beneficiary is a male disabled and also entitled to Medicaid.<br>1 = If applicable.<br>0 = otherwise.                    |
| 37  | Medicaid Male Aged         | 1    | 79       | CHAR   | Beneficiary is a male aged (> 64) and also entitled to Medicaid.<br>1 = If applicable.<br>0 = otherwise.                 |
| 38  | Originally Disabled Female | 1    | 80       | CHAR   | Beneficiary is a female and original Medicare entitlement was due to disability.<br>1 = If applicable.<br>0 = otherwise. |
| 39  | Originally Disabled Male   | 1    | 81       | CHAR   | Beneficiary is a male and original Medicare entitlement was due to disability.<br>1 = If applicable.<br>0 = otherwise.   |
| <b>HCC Indicators:</b>  |                            |      |          |        |  |
| 40  | HCC001                     | 1    | 82       | CHAR   | HIV/AIDS.<br>1 = If applicable.<br>0 = otherwise.  |
| 41  | HCC002                     | 1    | 83       | CHAR   | Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock.<br>1 = If applicable.<br>0 = otherwise.               |
| 42  | HCC006                     | 1    | 84       | CHAR   | Opportunistic Infections.<br>1 = If applicable.<br>0 = otherwise.  |
| 43  | HCC008                     | 1    | 85       | CHAR   | Metastatic Cancer and Acute Leukemia.<br>1 = If applicable.<br>0 = otherwise.  |
| 44  | HCC009                     | 1    | 86       | CHAR   | Lung and Other Severe Cancers.<br>1 = If applicable.<br>0 = otherwise.   |
| 45  | HCC010                     | 1    | 87       | CHAR   | Lymphoma and Other Cancers.<br>1 = If applicable.<br>0 = otherwise.  |
| 46  | HCC011                     | 1    | 88       | CHAR   | Colorectal, Bladder, and Other Cancers.<br>1 = If applicable.<br>0 = otherwise.  |
| 47  | HCC012                     | 1    | 89       | CHAR   | Breast, Prostate, and Other Cancers and Tumors.<br>1 = If applicable.<br>0 = otherwise.                                  |

| Part C RA Model Output Detail Record Type C and F (PY2014 – PY2016) |        |      |          |        |  |
|---|--------|------|----------|--------|--|
| Item  | Field  | Size | Position | Format | Description  |
| 48  | HCC017 | 1    | 90       | CHAR   | Diabetes with Acute Complications.<br>1 = If applicable.<br>0 = otherwise.                               |
| 49  | HCC018 | 1    | 91       | CHAR   | Diabetes with Chronic Complications.<br>1 = If applicable.<br>0 = otherwise.                             |
| 50  | HCC019 | 1    | 92       | CHAR   | Diabetes without Complication.<br>1 = If applicable.<br>0 = otherwise.                                   |
| 51  | HCC021 | 1    | 93       | CHAR   | Protein-Calorie Malnutrition.<br>1 = If applicable.<br>0 = otherwise.                                    |
| 52  | HCC022 | 1    | 94       | CHAR   | Morbid Obesity.<br>1 = If applicable.<br>0 = otherwise.  |
| 53  | HCC023 | 1    | 95       | CHAR   | Other Significant Endocrine and Metabolic Disorders.<br>1 = If applicable.<br>0 = otherwise.             |
| 54  | HCC027 | 1    | 96       | CHAR   | End-Stage Liver Disease.<br>1 = If applicable.<br>0 = otherwise.   |
| 55  | HCC028 | 1    | 97       | CHAR   | Cirrhosis of Liver.<br>1 = If applicable.<br>0 = otherwise.  |
| 56  | HCC029 | 1    | 98       | CHAR   | Chronic Hepatitis.<br>1 = If applicable.<br>0 = otherwise.   |
| 57  | HCC033 | 1    | 99       | CHAR   | Intestinal Obstruction/Perforation.<br>1 = If applicable.<br>0 = otherwise.                              |
| 58  | HCC034 | 1    | 100      | CHAR   | Chronic Pancreatitis.<br>1 = If applicable.<br>0 = otherwise.  |
| 59  | HCC035 | 1    | 101      | CHAR   | Inflammatory Bowel Disease.<br>1 = If applicable.<br>0 = otherwise.                                      |
| 60  | HCC039 | 1    | 102      | CHAR   | Bone/Joint/Muscle Infections/Necrosis.<br>1 = If applicable.<br>0 = otherwise.                           |
| 61  | HCC040 | 1    | 103      | CHAR   | Rheumatoid Arthritis and Inflammatory Connective Tissue Disease.<br>1 = If applicable.<br>0 = otherwise. |
| 62  | HCC046 | 1    | 104      | CHAR   | Severe Hematological Disorders.<br>1 = If applicable.<br>0 = otherwise.                                  |
| 63  | HCC047 | 1    | 105      | CHAR   | Disorders of Immunity.<br>1 = If applicable.<br>0 = otherwise.   |

| Part C RA Model Output Detail Record Type C and F (PY2014 – PY2016) |        |      |          |        |  |
|---|--------|------|----------|--------|--|
| Item  | Field  | Size | Position | Format | Description  |
| 64  | HCC048 | 1    | 106      | CHAR   | Coagulation Defects and Other Specified Hematological Disorders.<br>1 = If applicable.<br>0 = otherwise.                                     |
| 65  | HCC054 | 1    | 107      | CHAR   | Drug/Alcohol Psychosis.<br>1 = If applicable.<br>0 = otherwise.  |
| 66  | HCC055 | 1    | 108      | CHAR   | Drug/Alcohol Dependence.<br>1 = If applicable.<br>0 = otherwise.   |
| 67  | HCC057 | 1    | 109      | CHAR   | Schizophrenia.<br>1 = If applicable.<br>0 = otherwise.   |
| 68  | HCC058 | 1    | 110      | CHAR   | Major Depressive, Bipolar, and Paranoid Disorders.<br>1 = If applicable.<br>0 = otherwise.   |
| 69  | HCC070 | 1    | 111      | CHAR   | Quadriplegia.<br>1 = If applicable.<br>0 = otherwise.  |
| 70  | HCC071 | 1    | 112      | CHAR   | Paraplegia.<br>1 = If applicable.<br>0 = otherwise.  |
| 71  | HCC072 | 1    | 113      | CHAR   | Spinal Cord Disorders/Injuries.<br>1 = If applicable.<br>0 = otherwise.  |
| 72  | HCC073 | 1    | 114      | CHAR   | Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease.<br>1 = If applicable.<br>0 = otherwise.  |
| 73  | HCC074 | 1    | 115      | CHAR   | Cerebral Palsy.<br>1 = If applicable.<br>0 = otherwise.  |
| 74  | HCC075 | 1    | 116      | CHAR   | Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy.<br>1 = If applicable.<br>0 = otherwise. |
| 75  | HCC076 | 1    | 117      | CHAR   | Muscular Dystrophy.<br>1 = If applicable.<br>0 = otherwise.  |
| 76  | HCC077 | 1    | 118      | CHAR   | Multiple Sclerosis.<br>1 = If applicable.<br>0 = otherwise.  |
| 77  | HCC078 | 1    | 119      | CHAR   | Parkinson's and Huntington's Diseases.<br>1 = If applicable.<br>0 = otherwise.   |
| 78  | HCC079 | 1    | 120      | CHAR   | Seizure Disorders and Convulsions.<br>1 = If applicable.<br>0 = otherwise.   |

| Part C RA Model Output Detail Record Type C and F (PY2014 – PY2016) |        |      |          |        |   |
|---|--------|------|----------|--------|---|
| Item  | Field  | Size | Position | Format | Description   |
| 79  | HCC080 | 1    | 121      | CHAR   | Coma, Brain Compression/Anoxic Damage.<br>1 = If applicable.<br>0 = otherwise.                          |
| 80  | HCC082 | 1    | 122      | CHAR   | Respirator Dependence/Tracheostomy Status.<br>1 = If applicable.<br>0 = otherwise.                      |
| 81  | HCC083 | 1    | 123      | CHAR   | Respiratory Arrest.<br>1 = If applicable.<br>0 = otherwise.   |
| 82  | HCC084 | 1    | 124      | CHAR   | Cardio-Respiratory Failure and Shock.<br>1 = If applicable.<br>0 = otherwise.                           |
| 83  | HCC085 | 1    | 125      | CHAR   | Congestive Heart Failure.<br>1 = If applicable.<br>0 = otherwise.                                       |
| 84  | HCC086 | 1    | 126      | CHAR   | Acute Myocardial Infarction.<br>1 = If applicable.<br>0 = otherwise.                                    |
| 85  | HCC087 | 1    | 127      | CHAR   | Unstable Angina and Other Acute Ischemic Heart Disease.<br>1 = If applicable.<br>0 = otherwise.         |
| 86  | HCC088 | 1    | 128      | CHAR   | Angina Pectoris,<br>1 = If applicable.<br>0 = otherwise.  |
| 87  | HCC096 | 1    | 129      | CHAR   | Specified Heart Arrhythmias.<br>1 = If applicable.<br>0 = otherwise.                                    |
| 88  | HCC099 | 1    | 130      | CHAR   | Cerebral Hemorrhage.<br>1 = If applicable.<br>0 = otherwise.  |
| 89  | HCC100 | 1    | 131      | CHAR   | Ischemic or Unspecified Stroke.<br>1 = If applicable.<br>0 = otherwise.                                 |
| 90  | HCC103 | 1    | 132      | CHAR   | Hemiplegia/Hemiparesis.<br>1 = If applicable.<br>0 = otherwise.   |
| 91  | HCC104 | 1    | 133      | CHAR   | Monoplegia, Other Paralytic Syndromes.<br>1 = If applicable.<br>0 = otherwise.                          |
| 92  | HCC106 | 1    | 134      | CHAR   | Atherosclerosis of the Extremities with Ulceration or Gangrene.<br>1 = If applicable.<br>0 = otherwise. |
| 93  | HCC107 | 1    | 135      | CHAR   | Vascular Disease with Complications.<br>1 = If applicable.<br>0 = otherwise.                            |
| 94  | HCC108 | 1    | 136      | CHAR   | Vascular Disease.<br>1 = If applicable.<br>0 = otherwise.   |

| Part C RA Model Output Detail Record Type C and F (PY2014 – PY2016) |        |      |          |        |  |
|---|--------|------|----------|--------|--|
| Item  | Field  | Size | Position | Format | Description  |
| 95  | HCC110 | 1    | 137      | CHAR   | Cystic Fibrosis.<br>1 = If applicable.<br>0 = otherwise.   |
| 96  | HCC111 | 1    | 138      | CHAR   | Chronic Obstructive Pulmonary Disease.<br>1 = If applicable.<br>0 = otherwise.                                   |
| 97  | HCC112 | 1    | 139      | CHAR   | Fibrosis of Lung and Other Chronic Lung Disorders.<br>1 = If applicable.<br>0 = otherwise.                       |
| 98  | HCC114 | 1    | 140      | CHAR   | Aspiration and Specified Bacterial Pneumonias.<br>1 = If applicable.<br>0 = otherwise.                           |
| 99  | HCC115 | 1    | 141      | CHAR   | Pneumococcal Pneumonia, Empyema, Lung Abscess.<br>1 = If applicable.<br>0 = otherwise.                           |
| 100   | HCC122 | 1    | 142      | CHAR   | Proliferative Diabetic Retinopathy and Vitreous Hemorrhage.<br>1 = If applicable.<br>0 = otherwise.              |
| 101   | HCC124 | 1    | 143      | CHAR   | Exudative Macular Degeneration.<br>1 = If applicable.<br>0 = otherwise.  |
| 102   | HCC134 | 1    | 144      | CHAR   | Dialysis Status.<br>1 = If applicable.<br>0 = otherwise.   |
| 103   | HCC135 | 1    | 145      | CHAR   | Acute Renal Failure.<br>1 = If applicable.<br>0 = otherwise.   |
| 104   | HCC136 | 1    | 146      | CHAR   | Chronic Kidney Disease, Stage 5.<br>1 = If applicable.<br>0 = otherwise.   |
| 105   | HCC137 | 1    | 147      | CHAR   | Chronic Kidney Disease, Severe, Stage 4.<br>1 = If applicable.<br>0 = otherwise.                                 |
| 106   | HCC157 | 1    | 148      | CHAR   | Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone.<br>1 = If applicable.<br>0 = otherwise. |
| 107   | HCC158 | 1    | 149      | CHAR   | Pressure Ulcer of Skin with Full Thickness Skin Loss.<br>1 = If applicable.<br>0 = otherwise.                    |
| 108   | HCC161 | 1    | 150      | CHAR   | Chronic Ulcer of Skin, Except Pressure.<br>1 = If applicable.<br>0 = otherwise.                                  |
| 109   | HCC162 | 1    | 151      | CHAR   | Severe Skin Burn or Condition.<br>1 = If applicable.<br>0 = otherwise.   |

| Part C RA Model Output Detail Record Type C and F (PY2014 – PY2016) |                         |      |          |        |   |
|---|-------------------------|------|----------|--------|---|
| Item  | Field                   | Size | Position | Format | Description   |
| 110   | HCC166                  | 1    | 152      | CHAR   | Severe Head Injury.<br>1 = If applicable.<br>0 = otherwise.   |
| 111   | HCC167                  | 1    | 153      | CHAR   | Major Head Injury.<br>1 = If applicable.<br>0 = otherwise.  |
| 112   | HCC169                  | 1    | 154      | CHAR   | Vertebral Fractures without Spinal Cord Injury.<br>1 = If applicable.<br>0 = otherwise.                           |
| 113   | HCC170                  | 1    | 155      | CHAR   | Hip Fracture/Dislocation.<br>1 = If applicable.<br>0 = otherwise.   |
| 114   | HCC173                  | 1    | 156      | CHAR   | Traumatic Amputations and Complications.<br>1 = If applicable.<br>0 = otherwise.                                  |
| 115   | HCC176                  | 1    | 157      | CHAR   | Complications of Specified Implanted Device or Graft.<br>1 = If applicable.<br>0 = otherwise.                     |
| 116   | HCC186                  | 1    | 158      | CHAR   | Major Organ Transplant or Replacement Status.<br>1 = If applicable.<br>0 = otherwise.                             |
| 117   | HCC188                  | 1    | 159      | CHAR   | Artificial Openings for Feeding or Elimination.<br>1 = If applicable.<br>0 = otherwise.                           |
| 118   | HCC189                  | 1    | 160      | CHAR   | Amputation Status, Lower Limb/Amputation Complications.<br>1 = If applicable.<br>0 = otherwise.                   |
| Disabled HCCs   |                         |      |          |        |   |
| 119   | Disabled Disease HCC006 | 1    | 161      | CHAR   | Disabled (Age<65) and CMS Ver 021 HCC 006 Opportunistic Infections.<br>1 = If applicable.<br>0 = otherwise.       |
| 120   | Disabled Disease HCC034 | 1    | 162      | CHAR   | Disabled (Age<65) and CMS Ver 021 HCC 034 Chronic Pancreatitis.<br>1 = If applicable.<br>0 = otherwise.           |
| 121   | Disabled Disease HCC046 | 1    | 163      | CHAR   | Disabled (Age<65) and CMS Ver 021 HCC 046 Severe Hematological Disorders.<br>1 = If applicable.<br>0 = otherwise. |

| Part C RA Model Output Detail Record Type C and F (PY2014 – PY2016) |                         |      |          |        |   |
|---|-------------------------|------|----------|--------|---|
| Item  | Field                   | Size | Position | Format | Description   |
| 122   | Disabled Disease HCC054 | 1    | 164      | CHAR   | Disabled (Age<65) and CMS Ver 021 HCC 054 Drug/Alcohol Psychosis.<br>1 = If applicable.<br>0 = otherwise.                               |
| 123   | Disabled Disease HCC055 | 1    | 165      | CHAR   | Disabled (Age<65) and CMS Ver 021 HCC 055 Drug/Alcohol Dependence.<br>1 = If applicable.<br>0 = otherwise.                              |
| 124   | Disabled Disease HCC110 | 1    | 166      | CHAR   | Disabled (Age<65) and CMS Ver 021 HCC 110 Cystic Fibrosis.<br>1 = If applicable.<br>0 = otherwise.                                      |
| 125   | Disabled Disease HCC176 | 1    | 167      | CHAR   | Disabled (Age<65) and CMS Ver 021 HCC 176 Complications of Specified Implanted Device or Graft.<br>1 = If applicable.<br>0 = otherwise. |
| <b>Disabled HCCs:</b>   |                         |      |          |        |   |
| 126   | CANCER_IMMUNE           | 1    | 168      | CHAR   | CANCER_IMMUNE.<br>1 = If applicable.<br>0 = otherwise.  |
| 127   | CHF_COPD                | 1    | 169      | CHAR   | CHF_COPD.<br>1 = If applicable.<br>0 = otherwise.   |
| 128   | CHF_RENAL               | 1    | 170      | CHAR   | CHF_RENAL.<br>1 = If applicable.<br>0 = otherwise.  |
| 129   | COPD_CARD_RESP_FAIL     | 1    | 171      | CHAR   | COPD_CARD_RESP_FAIL.<br>1 = If applicable.<br>0 = otherwise.  |
| 130   | DIABETES_CHF            | 1    | 172      | CHAR   | DIABETES_CHF.<br>1 = If applicable.<br>0 = otherwise.   |
| 131   | SEPSIS_CARD_RESP_FAIL   | 1    | 173      | CHAR   | SEPSIS_CARD_RESP_FAIL.<br>1 = If applicable.<br>0 = otherwise.  |
| <b>Additional Institutional Coefficients</b>                        |                         |      |          |        |   |
| 132   | Medicaid                | 1    | 174      | CHAR   | Beneficiary is entitled to Medicaid.<br>1 = If applicable.<br>0 = otherwise.  |
| 133   | Originally Disabled     | 1    | 175      | CHAR   | Beneficiary original Medicare entitlement was due to disability.<br>1 = If applicable.<br>0 = otherwise.                                |
| 134   | Disabled Disease HCC039 | 1    | 176      | CHAR   | Disabled (Age<65) and CMS Ver 021 HCC 039 Bone/Joint/Muscle Infections/Necrosis.<br>1 = If applicable.<br>0 = otherwise.                |

| Part C RA Model Output Detail Record Type C and F (PY2014 – PY2016) |                              |      |          |        |  |
|---|------------------------------|------|----------|--------|--|
| Item  | Field                        | Size | Position | Format | Description  |
| 135   | Disabled Disease HCC077      | 1    | 177      | CHAR   | Disabled (Age<65) and CMS Ver 021 HCC 077 Multiple Sclerosis.<br>1 = If applicable.<br>0 = otherwise.                  |
| 136   | Disabled Disease HCC085      | 1    | 178      | CHAR   | Disabled (Age<65) and CMS Ver 021 HCC 085 Congestive Heart Failure.<br>1 = If applicable.<br>0 = otherwise.            |
| 137   | Disabled Disease HCC161      | 1    | 179      | CHAR   | Disabled (Age<65) and CMS Ver 021 HCC 161 Chronic Ulcer of Skin, Except Pressure.<br>1 = If applicable. 0 = otherwise. |
| 138   | DISABLED_PRESSURE_ULCER      | 1    | 180      | CHAR   | DISABLED_PRESSURE_ULCER.<br>1 = If applicable.<br>0 = otherwise.   |
| 139   | ART_OPENINGS_PRESSURE_ULCER  | 1    | 181      | CHAR   | ART_OPENINGS_PRESSURE_ULCER.<br>1 = If applicable.   |
| 140   | ASP_SPEC_BACT_PNEUM_PRES_ULC | 1    | 182      | CHAR   | ASP_SPEC_BACT_PNEUM_PRES_ULC.<br>1 = If applicable.  |
| 141   | COPD_ASP_SPEC_BACT_PNEUM     | 1    | 183      | CHAR   | COPD_ASP_SPEC_BACT_PNEUM.<br>1 = If applicable.  |
| 142   | SCHIZO-PHRENIA_CHF           | 1    | 184      | CHAR   | SCHIZO-PHRENIA_CHF.<br>1 = If applicable.  |
| 143   | SCHIZO-PHRENIA_COPD          | 1    | 185      | CHAR   | SCHIZO-PHRENIA_COPD.<br>1 = If applicable.   |
| 144   | SCHIZO-PHRENIA_SEIZURES      | 1    | 186      | CHAR   | SCHIZO-PHRENIA_SEIZURES.<br>1 = If applicable.   |
| 145   | SEPSIS_ARTIF_OPENINGS        | 1    | 187      | CHAR   | SEPSIS_ARTIF_OPENINGS.<br>1 = If applicable.   |
| 146   | SEPSIS_ASP_SPEC_BACT_PNEUM   | 1    | 188      | CHAR   | SEPSIS_ASP_SPEC_BACT_PNEUM.<br>1 = If applicable.  |
| 147   | SEPSIS_PRESSURE_ULCER        | 1    | 189      | CHAR   | SEPSIS_PRESSURE_ULCER.<br>1 = If applicable.   |
| 148   | Filler                       | 11   | 190-200  | CHAR   | Spaces.  |



**Layout 7-4: Part C RA Model Output Detail Record Type D (PY2017 through PY2021)**

| Part C RA Model Output Detail Record Type D (PY2017 through PY2021) |                            |      |          |        |  |
|---|----------------------------|------|----------|--------|--|
| Item  | Field                      | Size | Position | Format | Description  |
| 1   | Record Type Code           | 1    | 1        | CHAR   | Set to "D"<br>D = Details for V22 PTC model MOR (RAPS and FFS) - non-PACE and non-ESRD   |
| 2   | Medicare Beneficiary (MBI) | 11   | 2-12     | CHAR   | Medicare Beneficiary Identifier.   |
| 3   | Filler                     | 1    | 13       | CHAR   | Spaces.  |
| 4   | Beneficiary Last Name      | 12   | 14-25    | CHAR   | First 12 characters of the beneficiary's last name.  |
| 5   | Beneficiary First Name     | 7    | 26-32    | CHAR   | First seven characters of the beneficiary's first name.  |
| 6   | Beneficiary Initial        | 1    | 33       | CHAR   | Beneficiary middle initial.  |
| 7   | Date of Birth              | 8    | 34-41    | CHAR   | The date of birth of the beneficiary.  |
| 8   | Sex                        | 1    | 42       | CHAR   | Represents the sex of the beneficiary.   |
| 9   | Filler                     | 9    | 43-51    | CHAR   | Spaces.  |
| <b>Beneficiary Demographic Indicators:</b>                          |                            |      |          |        |  |
| 10  | Age Group Female0_34       | 1    | 52       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 0 and 34, inclusive.<br>1 = If applicable.<br>0 = otherwise.  |
| 11  | Age Group Female35_44      | 1    | 53       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 35 and 44, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 12  | Age Group Female45_54      | 1    | 54       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 45 and 54, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 13  | Age Group Female55_59      | 1    | 55       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 55 and 59, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 14  | Age Group Female60_64      | 1    | 56       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 60 and 64, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 15  | Age Group Female65_69      | 1    | 57       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 65 and 69, inclusive.<br>1 = If applicable.<br>0 = otherwise. |

| Part C RA Model Output Detail Record Type D (PY2017 through PY2021) |                       |      |          |        |   |
|---|-----------------------|------|----------|--------|---|
| Item  | Field                 | Size | Position | Format | Description   |
| 16  | Age Group Female70_74 | 1    | 58       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 70 and 74, inclusive.<br>1 = If applicable.<br>0 = otherwise.    |
| 17  | Age Group Female75_79 | 1    | 59       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 75 and 79, inclusive.<br>1 = If applicable.<br>0 = otherwise.    |
| 18  | Age Group Female80_84 | 1    | 60       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 80 and 84, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 19  | Age Group Female85_89 | 1    | 61       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 85 and 89, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 20  | Age Group Female90_94 | 1    | 62       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 90 and 94, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 21  | Age Group Female95_GT | 1    | 63       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female, age 95 or greater.<br>1 = If applicable.<br>0 = otherwise.                   |
| 22  | Age Group Male0_34    | 1    | 64       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 0 and 34, inclusive.<br>1 = If applicable.<br>0 = otherwise.    |
| 23  | Age Group Male35_44   | 1    | 65       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 35 and 44, inclusive.<br>1 = If applicable.<br>0 = otherwise.   |
| 24  | Age Group Male45_54   | 1    | 66       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 45 and 54, inclusive.<br>1 = If applicable.<br>0 = otherwise.   |
| 25  | Age Group Male55_59   | 1    | 67       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 55 and 59, inclusive.<br>1 = If applicable.<br>0 = otherwise.   |

| Part C RA Model Output Detail Record Type D (PY2017 through PY2021) |                            |      |          |        |   |
|---|----------------------------|------|----------|--------|---|
| Item  | Field                      | Size | Position | Format | Description   |
| 26  | Age Group Male60_64        | 1    | 68       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 60 and 64, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 27  | Age Group Male65_69        | 1    | 69       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 65 and 69, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 28  | Age Group Male70_74        | 1    | 70       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 70 and 74, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 29  | Age Group Male75_79        | 1    | 71       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 and 79, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 30  | Age Group Male80_84        | 1    | 72       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 and 84, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 31  | Age Group Male85_89        | 1    | 73       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 and 89, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 32  | Age Group Male90_94        | 1    | 74       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 and 94, inclusive.<br>1 = If applicable.<br>0 = otherwise. |
| 33  | Age Group Male95_GT        | 1    | 75       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male, age 95 or greater.<br>1 = If applicable.<br>0 = otherwise.                   |
| 34  | Originally Disabled Female | 1    | 76       | CHAR   | Beneficiary is a female and original Medicare entitlement is due to disability.<br>1 = If applicable.<br>0 = otherwise.                                   |
| 35  | Originally Disabled Male   | 1    | 77       | CHAR   | Beneficiary is a male and original Medicare entitlement is due to disability.<br>1 = If applicable.<br>0 = otherwise.                                     |
| <b>HCC Indicators:</b>  |                            |      |          |        |   |
| 36  | HCC001                     | 1    | 78       | CHAR   | HIV/AIDS<br>1 = If applicable.<br>0 = otherwise.  |

| Part C RA Model Output Detail Record Type D (PY2017 through PY2021) |        |      |          |        |   |
|---|--------|------|----------|--------|---|
| Item  | Field  | Size | Position | Format | Description   |
| 37  | HCC002 | 1    | 79       | CHAR   | Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock<br>1 = If applicable.<br>0 = otherwise. |
| 38  | HCC006 | 1    | 80       | CHAR   | Opportunistic Infections<br>1 = If applicable.<br>0 = otherwise.  |
| 39  | HCC008 | 1    | 81       | CHAR   | Metastatic Cancer and Acute Leukemia<br>1 = If applicable.<br>0 = otherwise.                              |
| 40  | HCC009 | 1    | 82       | CHAR   | Lung and Other Severe Cancers<br>1 = If applicable.<br>0 = otherwise.                                     |
| 41  | HCC010 | 1    | 83       | CHAR   | Lymphoma and Other Cancers<br>1 = If applicable.<br>0 = otherwise.  |
| 42  | HCC011 | 1    | 84       | CHAR   | Colorectal, Bladder, and Other Cancers<br>1 = If applicable.<br>0 = otherwise.                            |
| 43  | HCC012 | 1    | 85       | CHAR   | Breast, Prostate, and Other Cancers and Tumors<br>1 = If applicable.<br>0 = otherwise.                    |
| 44  | HCC017 | 1    | 86       | CHAR   | Diabetes with Acute Complications<br>1 = If applicable.<br>0 = otherwise.                                 |
| 45  | HCC018 | 1    | 87       | CHAR   | Diabetes with Chronic Complications<br>1 = If applicable.<br>0 = otherwise.                               |
| 46  | HCC019 | 1    | 88       | CHAR   | Diabetes without Complication<br>1 = If applicable.<br>0 = otherwise.                                     |
| 47  | HCC021 | 1    | 89       | CHAR   | Protein-Calorie Malnutrition<br>1 = If applicable.<br>0 = otherwise.                                      |
| 48  | HCC022 | 1    | 90       | CHAR   | Morbid Obesity<br>1 = If applicable.<br>0 = otherwise.  |
| 49  | HCC023 | 1    | 91       | CHAR   | Other Significant Endocrine and Metabolic Disorders<br>1 = If applicable.<br>0 = otherwise.               |
| 50  | HCC027 | 1    | 92       | CHAR   | End-Stage Liver Disease<br>1 = If applicable.<br>0 = otherwise.   |
| 51  | HCC028 | 1    | 93       | CHAR   | Cirrhosis of Liver<br>1 = If applicable.<br>0 = otherwise.  |
| 52  | HCC029 | 1    | 94       | CHAR   | Chronic Hepatitis<br>1 = If applicable.<br>0 = otherwise.   |

| Part C RA Model Output Detail Record Type D (PY2017 through PY2021) |        |      |          |        |  |
|---|--------|------|----------|--------|--|
| Item  | Field  | Size | Position | Format | Description  |
| 53  | HCC033 | 1    | 95       | CHAR   | Intestinal Obstruction/Perforation<br>1 = If applicable.<br>0 = otherwise.                                 |
| 54  | HCC034 | 1    | 96       | CHAR   | Chronic Pancreatitis<br>1 = If applicable.<br>0 = otherwise.   |
| 55  | HCC035 | 1    | 97       | CHAR   | Inflammatory Bowel Disease<br>1 = If applicable.<br>0 = otherwise.   |
| 56  | HCC039 | 1    | 98       | CHAR   | Bone/Joint/Muscle Infections/Necrosis<br>1 = If applicable.<br>0 = otherwise.                              |
| 57  | HCC040 | 1    | 99       | CHAR   | Rheumatoid Arthritis and Inflammatory<br>Connective Tissue Disease<br>1 = If applicable.<br>0 = otherwise. |
| 58  | HCC046 | 1    | 100      | CHAR   | Severe Hematological Disorders<br>1 = If applicable.<br>0 = otherwise.                                     |
| 59  | HCC047 | 1    | 101      | CHAR   | Disorders of Immunity<br>1 = If applicable.<br>0 = otherwise.  |
| 60  | HCC048 | 1    | 102      | CHAR   | Coagulation Defects and Other Specified<br>Hematological Disorders<br>1 = If applicable.<br>0 = otherwise. |
| 61  | HCC054 | 1    | 103      | CHAR   | Drug/Alcohol Psychosis<br>1 = If applicable.<br>0 = otherwise.   |
| 62  | HCC055 | 1    | 104      | CHAR   | Drug/Alcohol Dependence<br>1 = If applicable.<br>0 = otherwise.  |
| 63  | HCC057 | 1    | 105      | CHAR   | Schizophrenia<br>1 = If applicable.<br>0 = otherwise.  |
| 64  | HCC058 | 1    | 106      | CHAR   | Major Depressive, Bipolar, and Paranoid<br>Disorders<br>1 = If applicable.<br>0 = otherwise.               |
| 65  | HCC070 | 1    | 107      | CHAR   | Quadriplegia<br>1 = If applicable.<br>0 = otherwise.   |
| 66  | HCC071 | 1    | 108      | CHAR   | Paraplegia<br>1 = If applicable.<br>0 = otherwise.   |
| 67  | HCC072 | 1    | 109      | CHAR   | Spinal Cord Disorders/Injuries<br>1 = If applicable.<br>0 = otherwise.                                     |
| 68  | HCC073 | 1    | 110      | CHAR   | Amyotrophic Lateral Sclerosis and Other<br>Motor Neuron Disease<br>1 = If applicable.<br>0 = otherwise.    |

| Part C RA Model Output Detail Record Type D (PY2017 through PY2021) |        |      |          |        |   |
|---|--------|------|----------|--------|---|
| Item  | Field  | Size | Position | Format | Description   |
| 69  | HCC074 | 1    | 111      | CHAR   | Cerebral Palsy<br>1 = If applicable.<br>0 = otherwise.  |
| 70  | HCC075 | 1    | 112      | CHAR   | Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy<br>1 = If applicable.<br>0 = otherwise. |
| 71  | HCC076 | 1    | 113      | CHAR   | Muscular Dystrophy<br>1 = If applicable.<br>0 = otherwise.  |
| 72  | HCC077 | 1    | 114      | CHAR   | Multiple Sclerosis<br>1 = If applicable.<br>0 = otherwise.  |
| 73  | HCC078 | 1    | 115      | CHAR   | Parkinson's and Huntington's Diseases<br>1 = If applicable.<br>0 = otherwise.   |
| 74  | HCC079 | 1    | 116      | CHAR   | Seizure Disorders and Convulsions<br>1 = If applicable.<br>0 = otherwise.   |
| 75  | HCC080 | 1    | 117      | CHAR   | Coma, Brain Compression/Anoxic Damage<br>1 = If applicable.<br>0 = otherwise.   |
| 76  | HCC082 | 1    | 118      | CHAR   | Respirator Dependence/Tracheostomy Status<br>1 = If applicable.<br>0 = otherwise.   |
| 77  | HCC083 | 1    | 119      | CHAR   | Respiratory Arrest<br>1 = If applicable.<br>0 = otherwise.  |
| 78  | HCC084 | 1    | 120      | CHAR   | Cardio-Respiratory Failure and Shock<br>1 = If applicable.<br>0 = otherwise.  |
| 79  | HCC085 | 1    | 121      | CHAR   | Congestive Heart Failure<br>1 = If applicable.<br>0 = otherwise.  |
| 80  | HCC086 | 1    | 122      | CHAR   | Acute Myocardial Infarction<br>1 = If applicable.<br>0 = otherwise.   |
| 81  | HCC087 | 1    | 123      | CHAR   | Unstable Angina and Other Acute Ischemic Heart Disease<br>1 = If applicable.<br>0 = otherwise.  |
| 82  | HCC088 | 1    | 124      | CHAR   | Angina Pectoris<br>1 = If applicable.<br>0 = otherwise.   |
| 83  | HCC096 | 1    | 125      | CHAR   | Specified Heart Arrhythmias<br>1 = If applicable.<br>0 = otherwise.   |
| 84  | HCC099 | 1    | 126      | CHAR   | Cerebral Hemorrhage<br>1 = If applicable.<br>0 = otherwise.   |

| Part C RA Model Output Detail Record Type D (PY2017 through PY2021) |        |      |          |        |   |
|---|--------|------|----------|--------|---|
| Item  | Field  | Size | Position | Format | Description   |
| 85  | HCC100 | 1    | 127      | CHAR   | Ischemic or Unspecified Stroke<br>1 = If applicable.<br>0 = otherwise.                                    |
| 86  | HCC103 | 1    | 128      | CHAR   | Hemiplegia/Hemiparesis<br>1 = If applicable.<br>0 = otherwise.  |
| 87  | HCC104 | 1    | 129      | CHAR   | Monoplegia, Other Paralytic Syndromes<br>1 = If applicable.<br>0 = otherwise.                             |
| 88  | HCC106 | 1    | 130      | CHAR   | Atherosclerosis of the Extremities with<br>Ulceration or Gangrene<br>1 = If applicable.<br>0 = otherwise. |
| 89  | HCC107 | 1    | 131      | CHAR   | Vascular Disease with Complications<br>1 = If applicable.<br>0 = otherwise.                               |
| 90  | HCC108 | 1    | 132      | CHAR   | Vascular Disease<br>1 = If applicable.<br>0 = otherwise.  |
| 91  | HCC110 | 1    | 133      | CHAR   | Cystic Fibrosis<br>1 = If applicable.<br>0 = otherwise.   |
| 92  | HCC111 | 1    | 134      | CHAR   | Chronic Obstructive Pulmonary Disease<br>1 = If applicable.<br>0 = otherwise.                             |
| 93  | HCC112 | 1    | 135      | CHAR   | Fibrosis of Lung and Other Chronic Lung<br>Disorders<br>1 = If applicable.<br>0 = otherwise.              |
| 94  | HCC114 | 1    | 136      | CHAR   | Aspiration and Specified Bacterial<br>Pneumonias<br>1 = If applicable.<br>0 = otherwise.                  |
| 95  | HCC115 | 1    | 137      | CHAR   | Pneumococcal Pneumonia, Empyema, Lung<br>Abscess<br>1 = If applicable.<br>0 = otherwise.                  |
| 96  | HCC122 | 1    | 138      | CHAR   | Proliferative Diabetic Retinopathy and<br>Vitreous Hemorrhage<br>1 = If applicable.<br>0 = otherwise.     |
| 97  | HCC124 | 1    | 139      | CHAR   | Exudative Macular Degeneration<br>1 = If applicable.<br>0 = otherwise.                                    |
| 98  | HCC134 | 1    | 140      | CHAR   | Dialysis Status<br>1 = If applicable.<br>0 = otherwise.   |
| 99  | HCC135 | 1    | 141      | CHAR   | Acute Renal Failure<br>1 = If applicable.<br>0 = otherwise.   |
| 100   | HCC136 | 1    | 142      | CHAR   | Chronic Kidney Disease, Stage 5<br>1 = If applicable.<br>0 = otherwise.                                   |

| Part C RA Model Output Detail Record Type D (PY2017 through PY2021) |        |      |          |        |   |
|---|--------|------|----------|--------|---|
| Item  | Field  | Size | Position | Format | Description   |
| 101   | HCC137 | 1    | 143      | CHAR   | Chronic Kidney Disease, Severe, Stage 4<br>1 = If applicable.<br>0 = otherwise.                                 |
| 102   | HCC157 | 1    | 144      | CHAR   | Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone<br>1 = If applicable.<br>0 = otherwise. |
| 103   | HCC158 | 1    | 145      | CHAR   | Pressure Ulcer of Skin with Full Thickness Skin Loss<br>1 = If applicable.<br>0 = otherwise.                    |
| 104   | HCC161 | 1    | 146      | CHAR   | Chronic Ulcer of Skin, Except Pressure<br>1 = If applicable.<br>0 = otherwise.                                  |
| 105   | HCC162 | 1    | 147      | CHAR   | Severe Skin Burn or Condition<br>1 = If applicable.<br>0 = otherwise.   |
| 106   | HCC166 | 1    | 148      | CHAR   | Severe Head Injury<br>1 = If applicable.<br>0 = otherwise.  |
| 107   | HCC167 | 1    | 149      | CHAR   | Major Head Injury<br>1 = If applicable.<br>0 = otherwise.   |
| 108   | HCC169 | 1    | 150      | CHAR   | Vertebral Fractures without Spinal Cord Injury<br>1 = If applicable.<br>0 = otherwise.                          |
| 109   | HCC170 | 1    | 151      | CHAR   | Hip Fracture/Dislocation<br>1 = If applicable.<br>0 = otherwise.  |
| 110   | HCC173 | 1    | 152      | CHAR   | Traumatic Amputations and Complications<br>1 = If applicable.<br>0 = otherwise.                                 |
| 111   | HCC176 | 1    | 153      | CHAR   | Complications of Specified Implanted Device or Graft<br>1 = If applicable.<br>0 = otherwise.                    |
| 112   | HCC186 | 1    | 154      | CHAR   | Major Organ Transplant or Replacement Status<br>1 = If applicable.<br>0 = otherwise.                            |
| 113   | HCC188 | 1    | 155      | CHAR   | Artificial Openings for Feeding or Elimination<br>1 = If applicable.<br>0 = otherwise.                          |
| 114   | HCC189 | 1    | 156      | CHAR   | Amputation Status, Lower Limb/Amputation Complications<br>1 = If applicable.<br>0 = otherwise.                  |
| <b>Disabled HCCs</b>  |        |      |          |        |   |



| <b>Part C RA Model Output Detail Record Type D (PY2017 through PY2021)</b> |   |             |                 |               |   |
|--|---|-------------|-----------------|---------------|---|
| <b>Item</b>  | <b>Field</b>                                      | <b>Size</b> | <b>Position</b> | <b>Format</b> | <b>Description</b>  |
| 115  | Disabled Disease HCC6                             | 1           | 157             | CHAR          | Disabled, Opportunistic Infections<br>1 = If applicable.<br>0 = otherwise.  |
| 116  | Filler  | 1           | 158             | CHAR          | Spaces  |
| 117  | Filler  | 1           | 159             | CHAR          | Spaces  |
| 118  | Filler  | 1           | 160             | CHAR          | Spaces  |
| <b>Disease Interactions</b>  |   |             |                 |               |   |
| 119  | Disease Interactions HCC47_gCancer                | 1           | 161             | CHAR          | Immune Disorders and Cancer Group<br>1 = If applicable.<br>0 = otherwise.   |
| 120  | Disease Interactions HCC85_gDiabetesMellit        | 1           | 162             | CHAR          | Congestive Heart Failure and Diabetes Group<br>1 = If applicable.<br>0 = otherwise.                                     |
| 121  | Disease Interactions HCC85_gCopdCF                | 1           | 163             | CHAR          | Congestive Heart Failure and Chronic Obstructive Pulmonary Disease Group<br>1 = If applicable.<br>0 = otherwise.        |
| 122  | Disease Interactions HCC85_gRenal                 | 1           | 164             | CHAR          | Congestive Heart Failure and Renal Group<br>1 = If applicable.<br>0 = otherwise.  |
| 123  | Disease Interactions HCC85_HCC96                  | 1           | 165             | CHAR          | Congestive Heart Failure*Specified Heart Arrhythmias<br>1 = If applicable.<br>0 = otherwise.                            |
| 124  | Disease Interactions gRespDepandArre_gCopdCF      | 1           | 166             | CHAR          | Cardiorespiratory Failure Group and Chronic Obstructive Pulmonary Disease Group<br>1 = If applicable.<br>0 = otherwise. |
| 125  | Disease Interactions gSubstanceAbuse_gPsychiatric | 1           | 167             | CHAR          | Substance Abuse Group and Psychiatric Group<br>1 = If applicable.<br>0 = otherwise.                                     |
| <b>Additional Institutional Coefficients</b>                               |   |             |                 |               |   |
| 126  | Medicaid  | 1           | 168             | CHAR          | Beneficiary is entitled to Medicaid<br>1 = If applicable.<br>0 = otherwise.   |
| 127  | Originally Disabled                               | 1           | 169             | CHAR          | Beneficiary original Medicare entitlement is due to disability  |
| <b>Disabled HCCs</b>   |   |             |                 |               |   |
| 128  | Disabled Disease DISABLED_HCC39                   | 1           | 170             | CHAR          | Disabled, Bone/Joint Muscle Infections/Necrosis<br>1 = If applicable.<br>0 = otherwise.                                 |
| 129  | Disabled Disease DISABLED_HCC77                   | 1           | 171             | CHAR          | Disabled, Multiple Sclerosis<br>1 = If applicable.<br>0 = otherwise.  |

| Part C RA Model Output Detail Record Type D (PY2017 through PY2021) |   |      |           |        |   |
|---|---|------|-----------|--------|---|
| Item  | Field   | Size | Position  | Format | Description   |
| 130   | Disabled Disease<br>DISABLED_HCC85                      | 1    | 172       | CHAR   | Disabled, Congestive Heart Failure<br>1 = If applicable.<br>0 = otherwise.  |
| 131   | Disabled Disease<br>HCC161                              | 1    | 173       | CHAR   | Disabled, Chronic Ulcer of the Skin, Except<br>Pressure Ulcer<br>1 = If applicable.<br>0 = otherwise.                                 |
| 132   | Disabled Disease -<br>DISABLED_PRESS<br>URE_ULCER       | 1    | 174       | CHAR   | Disabled and Pressure Ulcer<br>1 = If applicable.<br>0 = otherwise.   |
| Disease Interactions  |   |      |           |        |   |
| 134   | Disease Interactions<br>ART_OPENINGS_PR<br>ESSURE_ULCER | 1    | 175       | CHAR   | Artificial Openings for Feeding or<br>Eliminating and Pressure Ulcer<br>1 = If applicable.<br>0 = otherwise.                          |
| 134   | Disease Interactions<br>ASP_SPEC_BACT<br>PNEUM_PRES_ULC | 1    | 176       | CHAR   | Aspiration and Specified Bacterial<br>Pneumonias and Pressure Ulcer<br>1 = If applicable.<br>0 = otherwise.                           |
| 135   | Disease Interactions<br>gCpdCF_ASP_SPE<br>C_BACT_PNEUM  | 1    | 177       | CHAR   | Chronic Obstructive Pulmonary Disease<br>and Aspiration and Specified Bacterial<br>Pneumonias<br>1 = If applicable.<br>0 = otherwise. |
| 136   | Disease Interactions<br>SCHIZOPHRENIA_<br>CHF           | 1    | 178       | CHAR   | Schizophrenia and Congestive Heart Failure<br>1 = If applicable.<br>0 = otherwise.  |
| 137   | Disease Interactions<br>SCHIZOPHRENIA_g<br>CpdCF        | 1    | 179       | CHAR   | Schizophrenia and Chronic Obstructive<br>Pulmonary Disease<br>1 = If applicable.<br>0 = otherwise.                                    |
| 138   | Disease Interactions<br>SCHIZOPHRENIA_S<br>EIZURES      | 1    | 180       | CHAR   | Schizophrenia and Seizure Disorders and<br>Convulsions<br>1 = If applicable.<br>0 = otherwise.  |
| 139   | Disease Interactions<br>SEPSIS_ARTIF_OP<br>ENINGS       | 1    | 181       | CHAR   | Sepsis and Artificial Openings for Feeding<br>or Elimination<br>1 = If applicable.<br>0 = otherwise.                                  |
| 140   | Disease Interactions<br>SEPSIS_ASP_SPEC<br>BACT_PNEUM   | 1    | 182       | CHAR   | Sepsis and Aspiration and Specified<br>Bacterial Pneumonias<br>1 = If applicable.<br>0 = otherwise.                                   |
| 141   | Disease Interactions<br>SEPSIS_PRESSUR<br>E_ULCER       | 1    | 183       | CHAR   | Sepsis and Pressure Ulcers<br>1 = If applicable.<br>0 = otherwise.  |
| 142   | Filler  | 17   | 184 - 200 | CHAR   | Spaces  |

The total length of this record is 200 characters.

**NOTE:** Fields 128 -141 are associated with the V22 Continuing Enrollee Institutional Score only.

**Layout 7-5: Part C RA Model Output Detail Record Type I (PY2019)**

The Detail Record Type I is used to report V23 non-PACE, non-ESRD beneficiaries.

| Part C RA Model Output Detail Record Type I (PY2019) |                                       |      |                |              |   |
|--|---------------------------------------|------|----------------|--------------|---|
| Item   | Field                                 | Size | Start Position | End Position | Description   |
| 1  | Record Type Code                      | 001  | 001            | 001          | Alphanumeric<br>Set to "I" for Details for V23 PTC MOR - non-PACE and non-ESRD benes  |
| 2  | Medicare Beneficiary Identifier (MBI) | 011  | 002            | 012          | Alphanumeric<br>Medicare Beneficiary Identifier   |
| 3  | Filler                                | 001  | 013            | 013          | Spaces.   |
| 4  | Beneficiary Last Name                 | 012  | 014            | 025          | Alphanumeric<br>First 12 bytes of the Bene Last Name<br>Beneficiary Last Name   |
| 5  | Beneficiary First Name                | 007  | 026            | 032          | Alphanumeric<br>First 7 bytes of the bene First Name<br>Beneficiary First Name  |
| 6  | Beneficiary Initial                   | 001  | 033            | 033          | Alphanumeric<br>1-byte Initial<br>Beneficiary Initial   |
| 7  | Date of Birth                         | 008  | 034            | 041          | Alphanumeric<br>Formatted as yyymmdd<br>The date of birth of the Medicare Beneficiary   |
| 8  | Sex                                   | 001  | 042            | 042          | Alphanumeric<br>0=unknown, 1=male, 2=female<br>Represents the sex of the Medicare Beneficiary. Examples include Male and Female.  |
| 9  | Filler                                | 009  | 043            | 051          | Spaces.   |
| 10   | Age Group Female 0_34                 | 001  | 052            | 052          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Female between ages 0 and 34, inclusive.  |
| 11   | Age Group Female 35_44                | 001  | 053            | 053          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Female between ages 35 and 44, inclusive. |

| Part C RA Model Output Detail Record Type I (PY2019) |                           |      |                |              |  |
|--|---------------------------|------|----------------|--------------|--|
| Item   | Field                     | Size | Start Position | End Position | Description  |
| 12   | Age Group<br>Female 45_54 | 001  | 054            | 054          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Female between ages 45 and 54, inclusive.    |
| 13   | Age Group<br>Female 55_59 | 001  | 055            | 055          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Female between ages 55 and 59, inclusive.    |
| 14   | Age Group<br>Female 60_64 | 001  | 056            | 056          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Female between ages 60 and 64, inclusive.    |
| 15   | Age Group<br>Female 65_69 | 001  | 057            | 057          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Female between ages 65 and 69, inclusive.    |
| 16   | Age Group<br>Female 70_74 | 001  | 058            | 058          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Female between ages 70 and 74, inclusive.    |
| 17   | Age Group<br>Female 75_79 | 001  | 059            | 059          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Female between ages 75 and 79, inclusive.    |
| 18   | Age Group<br>Female 80_84 | 001  | 060            | 060          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Female between ages of 80 and 84, inclusive. |
| 19   | Age Group<br>Female 85_89 | 001  | 061            | 061          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Female between ages of 85 and 89, inclusive. |

| Part C RA Model Output Detail Record Type I (PY2019) |                        |      |                |              |  |
|--|------------------------|------|----------------|--------------|--|
| Item   | Field                  | Size | Start Position | End Position | Description  |
| 20   | Age Group Female 90_94 | 001  | 062            | 062          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Female between ages of 90 and 94, inclusive. |
| 21   | Age Group Female 95_GT | 001  | 063            | 063          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Female, age 95 or greater.                   |
| 22   | Age Group Male 0_34    | 001  | 064            | 064          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Male between ages of 0 and 34, inclusive.    |
| 23   | Age Group Male 35_44   | 001  | 065            | 065          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Male between ages of 35 and 44, inclusive.   |
| 24   | Age Group Male 45_54   | 001  | 066            | 066          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Male between ages of 45 and 54, inclusive.   |
| 25   | Age Group Male 55_59   | 001  | 067            | 067          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Male between ages of 55 and 59, inclusive.   |
| 26   | Age Group Male 60_64   | 001  | 068            | 068          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Male between ages of 60 and 64, inclusive.   |
| 27   | Age Group Male 65_69   | 001  | 069            | 069          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Male between ages of 65 and 69, inclusive.   |

| Part C RA Model Output Detail Record Type I (PY2019) |                            |      |                |              |  |
|--|----------------------------|------|----------------|--------------|--|
| Item   | Field                      | Size | Start Position | End Position | Description  |
| 28   | Age Group Male<br>70_74    | 001  | 070            | 070          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Male between ages of 70 and 74, inclusive. |
| 29   | Age Group Male<br>75_79    | 001  | 071            | 071          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 and 79, inclusive. |
| 30   | Age Group Male<br>80_84    | 001  | 072            | 072          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 and 84, inclusive. |
| 31   | Age Group Male<br>85_89    | 001  | 073            | 073          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 and 89, inclusive. |
| 32   | Age Group Male<br>90_94    | 001  | 074            | 074          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 and 94, inclusive. |
| 33   | Age Group Male<br>95_GT    | 001  | 075            | 075          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Male, age 95 or greater.                   |
| 34   | Originally Disabled Female | 001  | 076            | 076          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Beneficiary is a female and original Medicare entitlement is due to disability.                                   |
| 35   | Originally Disabled Male   | 001  | 077            | 077          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Beneficiary is a male and original Medicare entitlement is due to disability.                                     |

| Part C RA Model Output Detail Record Type I (PY2019) |                             |      |                |              |  |
|--|-----------------------------|------|----------------|--------------|--|
| Item   | Field                       | Size | Start Position | End Position | Description  |
| 36   | Disease Coefficients HCC001 | 001  | 078            | 078          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>HIV/AIDS  |
| 37   | Disease Coefficients HCC002 | 001  | 079            | 079          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock |
| 38   | Disease Coefficients HCC006 | 001  | 080            | 080          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Opportunistic Infections  |
| 39   | Disease Coefficients HCC008 | 001  | 081            | 081          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Metastatic Cancer and Acute Leukemia                              |
| 40   | Disease Coefficients HCC009 | 001  | 082            | 082          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Lung and Other Severe Cancers                                     |
| 41   | Disease Coefficients HCC010 | 001  | 083            | 083          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Lymphoma and Other Cancers  |
| 42   | Disease Coefficients HCC011 | 001  | 084            | 084          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Colorectal, Bladder, and Other Cancers                            |
| 43   | Disease Coefficients HCC012 | 001  | 085            | 085          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Breast, Prostate, and Other Cancers and Tumors                    |
| 44   | Disease Coefficients HCC017 | 001  | 086            | 086          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Diabetes with Acute Complications                                 |
| 45   | Disease Coefficients HCC018 | 001  | 087            | 087          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Diabetes with Chronic Complications                               |
| 46   | Disease Coefficients HCC019 | 001  | 088            | 088          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Diabetes without Complication                                     |

| Part C RA Model Output Detail Record Type I (PY2019) |                             |      |                |              |  |
|--|-----------------------------|------|----------------|--------------|--|
| Item   | Field                       | Size | Start Position | End Position | Description  |
| 47   | Disease Coefficients HCC021 | 001  | 089            | 089          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Protein-Calorie Malnutrition                                    |
| 48   | Disease Coefficients HCC022 | 001  | 090            | 090          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Morbid Obesity  |
| 49   | Disease Coefficients HCC023 | 001  | 091            | 091          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Other Significant Endocrine and Metabolic Disorders             |
| 50   | Disease Coefficients HCC027 | 001  | 092            | 092          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>End-Stage Liver Disease   |
| 51   | Disease Coefficients HCC028 | 001  | 093            | 093          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Cirrhosis of Liver  |
| 52   | Disease Coefficients HCC029 | 001  | 094            | 094          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Chronic Hepatitis   |
| 53   | Disease Coefficients HCC033 | 001  | 095            | 095          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Intestinal Obstruction/Perforation                              |
| 54   | Disease Coefficients HCC034 | 001  | 096            | 096          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Chronic Pancreatitis  |
| 55   | Disease Coefficients HCC035 | 001  | 097            | 097          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Inflammatory Bowel Disease                                      |
| 56   | Disease Coefficients HCC039 | 001  | 098            | 098          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Bone/Joint/Muscle Infections/Necrosis                           |
| 57   | Disease Coefficients HCC040 | 001  | 099            | 099          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Rheumatoid Arthritis and Inflammatory Connective Tissue Disease |



| Part C RA Model Output Detail Record Type I (PY2019) |                             |      |                |              |   |
|--|-----------------------------|------|----------------|--------------|---|
| Item   | Field                       | Size | Start Position | End Position | Description   |
| 58   | Disease Coefficients HCC046 | 001  | 100            | 100          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Severe Hematological Disorders   |
| 59   | Disease Coefficients HCC047 | 001  | 101            | 101          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Disorders of Immunity  |
| 60   | Disease Coefficients HCC048 | 001  | 102            | 102          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Coagulation Defects and Other Specified Hematological Disorders              |
| 61   | Disease Coefficients HCC054 | 001  | 103            | 103          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Substance Use with Psychotic Complications                                   |
| 62   | Disease Coefficients HCC055 | 001  | 104            | 104          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Substance Use Disorder, Moderate/Severe, or Substance Use with Complications |
| 63   | Disease Coefficients HCC056 | 001  | 105            | 105          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Substance Use Disorder, Mild, Except Alcohol and Cannabis                    |
| 64   | Disease Coefficients HCC057 | 001  | 106            | 106          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Schizophrenia  |
| 65   | Disease Coefficients HCC058 | 001  | 107            | 107          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Reactive and Unspecified Psychosis   |
| 66   | Disease Coefficients HCC059 | 001  | 108            | 108          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Major Depressive, Bipolar, and Paranoid Disorders                            |
| 67   | Disease Coefficients HCC060 | 001  | 109            | 109          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Personality Disorders  |

| Part C RA Model Output Detail Record Type I (PY2019) |                             |      |                |              |  |
|--|-----------------------------|------|----------------|--------------|--|
| Item   | Field                       | Size | Start Position | End Position | Description  |
| 68   | Disease Coefficients HCC070 | 001  | 110            | 110          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Quadriplegia  |
| 69   | Disease Coefficients HCC071 | 001  | 111            | 111          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Paraplegia  |
| 70   | Disease Coefficients HCC072 | 001  | 112            | 112          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Spinal Cord Disorders/Injuries  |
| 71   | Disease Coefficients HCC073 | 001  | 113            | 113          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease  |
| 72   | Disease Coefficients HCC074 | 001  | 114            | 114          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Cerebral Palsy  |
| 73   | Disease Coefficients HCC075 | 001  | 115            | 115          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy |
| 74   | Disease Coefficients HCC076 | 001  | 116            | 116          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Muscular Dystrophy  |
| 75   | Disease Coefficients HCC077 | 001  | 117            | 117          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Multiple Sclerosis  |
| 76   | Disease Coefficients HCC078 | 001  | 118            | 118          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Parkinson's and Huntington's Diseases   |
| 77   | Disease Coefficients HCC079 | 001  | 119            | 119          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Seizure Disorders and Convulsions   |

| Part C RA Model Output Detail Record Type I (PY2019) |                             |      |                |              |   |
|--|-----------------------------|------|----------------|--------------|---|
| Item   | Field                       | Size | Start Position | End Position | Description   |
| 78   | Disease Coefficients HCC080 | 001  | 120            | 120          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Coma, Brain Compression/Anoxic Damage                  |
| 79   | Disease Coefficients HCC082 | 001  | 121            | 121          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Respirator Dependence/Tracheostomy Status              |
| 80   | Disease Coefficients HCC083 | 001  | 122            | 122          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Respiratory Arrest                                     |
| 81   | Disease Coefficients HCC084 | 001  | 123            | 123          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Cardio-Respiratory Failure and Shock                   |
| 82   | Disease Coefficients HCC085 | 001  | 124            | 124          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Congestive Heart Failure                               |
| 83   | Disease Coefficients HCC086 | 001  | 125            | 125          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Acute Myocardial Infarction                            |
| 84   | Disease Coefficients HCC087 | 001  | 126            | 126          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Unstable Angina and Other Acute Ischemic Heart Disease |
| 85   | Disease Coefficients HCC088 | 001  | 127            | 127          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Angina Pectoris  |
| 86   | Disease Coefficients HCC096 | 001  | 128            | 128          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Specified Heart Arrhythmias                            |
| 87   | Disease Coefficients HCC099 | 001  | 129            | 129          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Intracranial Hemorrhage                                |
| 88   | Disease Coefficients HCC100 | 001  | 130            | 130          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Ischemic or Unspecified Stroke                         |

| Part C RA Model Output Detail Record Type I (PY2019) |                             |      |                |              |   |
|--|-----------------------------|------|----------------|--------------|---|
| Item   | Field                       | Size | Start Position | End Position | Description   |
| 89   | Disease Coefficients HCC103 | 001  | 131            | 131          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Hemiplegia/Hemiparesis   |
| 90   | Disease Coefficients HCC104 | 001  | 132            | 132          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Monoplegia, Other Paralytic Syndromes                          |
| 91   | Disease Coefficients HCC106 | 001  | 133            | 133          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Atherosclerosis of the Extremities with Ulceration or Gangrene |
| 92   | Disease Coefficients HCC107 | 001  | 134            | 134          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Vascular Disease with Complications                            |
| 93   | Disease Coefficients HCC108 | 001  | 135            | 135          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Vascular Disease   |
| 94   | Disease Coefficients HCC110 | 001  | 136            | 136          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Cystic Fibrosis  |
| 95   | Disease Coefficients HCC111 | 001  | 137            | 137          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Chronic Obstructive Pulmonary Disease                          |
| 96   | Disease Coefficients HCC112 | 001  | 138            | 138          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Fibrosis of Lung and Other Chronic Lung Disorders              |
| 97   | Disease Coefficients HCC114 | 001  | 139            | 139          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Aspiration and Specified Bacterial Pneumonias                  |
| 98   | Disease Coefficients HCC115 | 001  | 140            | 140          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Pneumococcal Pneumonia, Empyema, Lung Abscess                  |
| 99   | Disease Coefficients HCC122 | 001  | 141            | 141          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Proliferative Diabetic Retinopathy and Vitreous Hemorrhage     |

| Part C RA Model Output Detail Record Type I (PY2019) |                             |      |                |              |  |
|--|-----------------------------|------|----------------|--------------|--|
| Item   | Field                       | Size | Start Position | End Position | Description  |
| 100  | Disease Coefficients HCC124 | 001  | 142            | 142          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Exudative Macular Degeneration  |
| 101  | Disease Coefficients HCC134 | 001  | 143            | 143          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Dialysis Status   |
| 102  | Disease Coefficients HCC135 | 001  | 144            | 144          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Acute Renal Failure   |
| 103  | Disease Coefficients HCC136 | 001  | 145            | 145          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Chronic Kidney Disease, Stage 5   |
| 104  | Disease Coefficients HCC137 | 001  | 146            | 146          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Chronic Kidney Disease, Severe (Stage 4)                                |
| 105  | Disease Coefficients HCC138 | 001  | 147            | 147          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Chronic Kidney Disease, Moderate (Stage 3)                              |
| 106  | Disease Coefficients HCC157 | 001  | 148            | 148          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone |
| 107  | Disease Coefficients HCC158 | 001  | 149            | 149          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Pressure Ulcer of Skin with Full Thickness Skin Loss                    |
| 108  | Disease Coefficients HCC161 | 001  | 150            | 150          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Chronic Ulcer of Skin, Except Pressure                                  |
| 109  | Disease Coefficients HCC162 | 001  | 151            | 151          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Severe Skin Burn or Condition   |
| 110  | Disease Coefficients HCC166 | 001  | 152            | 152          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Severe Head Injury  |

| Part C RA Model Output Detail Record Type I (PY2019) |                                      |      |                |              |   |
|--|--------------------------------------|------|----------------|--------------|---|
| Item   | Field                                | Size | Start Position | End Position | Description   |
| 111  | Disease Coefficients HCC167          | 001  | 153            | 153          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Major Head Injury                                      |
| 112  | Disease Coefficients HCC169          | 001  | 154            | 154          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Vertebral Fractures without Spinal Cord Injury         |
| 113  | Disease Coefficients HCC170          | 001  | 155            | 155          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Hip Fracture/Dislocation                               |
| 114  | Disease Coefficients HCC173          | 001  | 156            | 156          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Traumatic Amputations and Complications                |
| 115  | Disease Coefficients HCC176          | 001  | 157            | 157          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Complications of Specified Implanted Device or Graft   |
| 116  | Disease Coefficients HCC186          | 001  | 158            | 158          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Major Organ Transplant or Replacement Status           |
| 117  | Disease Coefficients HCC188          | 001  | 159            | 159          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Artificial Openings for Feeding or Elimination         |
| 118  | Disease Coefficients HCC189          | 001  | 160            | 160          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Amputation Status, Lower Limb/Amputation Complications |
| 119  | Disabled Disease - DISABLED_HC C6    | 001  | 161            | 161          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Disabled, Opportunistic Infections                     |
| 120  | Filler                               | 001  | 162            | 162          | Spaces.   |
| 121  | Filler                               | 001  | 163            | 163          | Spaces.   |
| 122  | Filler                               | 001  | 164            | 164          | Spaces.   |
| 123  | Disease Interactions - HCC47_gCancer | 001  | 165            | 165          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Immune Disorders and Cancer Group                      |

| Part C RA Model Output Detail Record Type I (PY2019) |   |      |                |              |  |
|--|---|------|----------------|--------------|--|
| Item   | Field   | Size | Start Position | End Position | Description  |
| 124  | Disease Interactions - HCC85_gDiabetesMellit        | 001  | 166            | 166          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Congestive Heart Failure and Diabetes Group                                     |
| 125  | Disease Interactions - HCC85_gCOPdCF                | 001  | 167            | 167          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Congestive Heart Failure and Chronic Obstructive Pulmonary Disease Group        |
| 126  | Disease Interactions - HCC85_gRenal                 | 001  | 168            | 168          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Congestive Heart Failure and Renal Group  |
| 127  | Disease Interactions - HCC85_HCC96                  | 001  | 169            | 169          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Congestive Heart Failure*Specified Heart Arrhythmias                            |
| 128  | Disease Interactions - gRespDepandArr_e_gCOPdCF     | 001  | 170            | 170          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Cardiorespiratory Failure Group and Chronic Obstructive Pulmonary Disease Group |
| 129  | Disease Interactions - gSubstanceAbuse_gPsychiatric | 001  | 171            | 171          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Substance Use Disorder Group and Psychiatric Group                              |
| 130  | Medicaid  | 001  | 172            | 172          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Beneficiary is entitled to Medicaid   |
| 131  | Originally Disabled                                 | 001  | 173            | 173          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Beneficiary original Medicare entitlement is due to disability                  |
| 132  | Disabled Disease - DISABLED_HCC39                   | 001  | 174            | 174          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Disabled, Bone/Joint Muscle Infections/Necrosis                                 |
| 133  | Disabled Disease - DISABLED_HCC77                   | 001  | 175            | 175          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Disabled, Multiple Sclerosis  |

| Part C RA Model Output Detail Record Type I (PY2019) |  |      |                |              |  |
|--|--|------|----------------|--------------|--|
| Item   | Field  | Size | Start Position | End Position | Description  |
| 134  | Disabled Disease - DISABLED_HC C85                   | 001  | 176            | 176          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Disabled, Congestive Heart Failure  |
| 135  | Disabled Disease - DISABLED_HC C161                  | 001  | 177            | 177          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Disabled, Chronic Ulcer of the Skin, Except Pressure Ulcer                              |
| 136  | Disabled Disease- DISABLED_PRESSURE_ULCER            | 001  | 178            | 178          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Disabled and Pressure Ulcer   |
| 137  | Disease Interactions - ART_OPENING_S_PRESSURE_ULCER  | 001  | 179            | 179          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Artificial Openings for Feeding or Elimination and Pressure Ulcer                       |
| 138  | Disease Interactions - ASP_SPEC_BACT_PNEUM_PRESS_ULC | 001  | 180            | 180          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Aspiration and Specified Bacterial Pneumonias and Pressure Ulcer                        |
| 139  | Disease Interactions - gCpdCF_ASP_SPEC_BACT_PNEUM    | 001  | 181            | 181          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Chronic Obstructive Pulmonary Disease and Aspiration and Specified Bacterial Pneumonias |
| 140  | Disease Interactions - SCHIZOPHRENIA_CHF             | 001  | 182            | 182          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Schizophrenia and Congestive Heart Failure  |
| 141  | Disease Interactions - SCHIZOPHRENIA_gCpdCF          | 001  | 183            | 183          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Schizophrenia and Chronic Obstructive Pulmonary Disease                                 |
| 142  | Disease Interactions - SCHIZOPHRENIA_SEIZURES        | 001  | 184            | 184          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Schizophrenia and Seizure Disorders and Convulsions                                     |



| Part C RA Model Output Detail Record Type I (PY2019) |   |      |                |              |   |
|--|---|------|----------------|--------------|---|
| Item   | Field   | Size | Start Position | End Position | Description   |
| 143  | Disease Interactions - SEPSIS_ARTIF_OPENINGS      | 001  | 185            | 185          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Sepsis and Artificial Openings for Feeding or Elimination                              |
| 144  | Disease Interactions - SEPSIS_ASP_SPEC_BACT_PNEUM | 001  | 186            | 186          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Sepsis and Aspiration and Specified Bacterial Pneumonias                               |
| 145  | Disease Interactions - SEPSIS_PRESSURE_ULCER      | 001  | 187            | 187          | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>Sepsis and Pressure Ulcers<br>Associated with the CMS HCC V22 Institutional Score only |
| 146  | Filler  | 013  | 188            | 200          | Spaces.   |

The total length of this record is 200 characters.

**NOTE:** Fields 132 -145 are associated with the V23 HCC Continuing Enrollee Institutional Score only.

**Layout 7-6: Part C RA Model Output Detail Record Type J (PY2020 – PY2021)**

The Detail Record Type J is used to report V24 non-PACE, non-ESRD beneficiaries.

| Part C RA Model Output Detail Record Type J (PY2020 – PY2021) |                                      |      |          |        |  |
|---|--------------------------------------|------|----------|--------|--|
| Item  | Field                                | Size | Position | Format | Description  |
| 1   | Record Type Code                     | 1    | 1        | CHAR   | Set to "J" for Details for V24 PTC MOR - non-PACE and non-ESRD benes |
| 2   | Medicare Beneficiary Identifier(MBI) | 11   | 2-12     | CHAR   | Medicare Beneficiary Identifier.                                     |
| 3   | Beneficiary Last Name                | 12   | 13-24    | CHAR   | Beneficiary Last Name  |
| 4   | Beneficiary First Name               | 7    | 25-31    | CHAR   | Beneficiary First Name   |
| 5   | Beneficiary Initial                  | 1    | 32       | CHAR   | Beneficiary Initial  |
| 6   | Date of Birth                        | 8    | 33-40    | CHAR   | The date of birth of the Medicare Beneficiary                        |

| Part C RA Model Output Detail Record Type J (PY2020 – PY2021) |                        |      |          |        |   |
|---|------------------------|------|----------|--------|---|
| Item  | Field                  | Size | Position | Format | Description   |
| 7   | Sex                    | 1    | 41       | CHAR   | Represents the sex of the Medicare Beneficiary. Examples include Male and Female.<br>0=Unknown.<br>1=Male.<br>2=Female  |
| 8   | Age Group Female 0_34  | 1    | 42       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 0 and 34, inclusive.<br>1 = If applicable.<br>0 = Otherwise.   |
| 9   | Age Group Female 35_44 | 1    | 43       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 35 and 44, inclusive.<br>1 = If applicable.<br>0 = Otherwise.  |
| 10  | Age Group Female 45_54 | 1    | 44       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 45 and 54, inclusive.<br>1 = If applicable.<br>0 = Otherwise.  |
| 11  | Age Group Female 55_59 | 1    | 45       | CHAR   | Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Female between ages 55 and 59, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 12  | Age Group Female 60_64 | 1    | 46       | CHAR   | Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Female between ages 60 and 64, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 13  | Age Group Female 65_69 | 1    | 47       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 65 and 69, inclusive.<br>1 = If applicable.<br>0 = Otherwise.  |
| 14  | Age Group Female 70_74 | 1    | 48       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 70 and 74, inclusive.<br>1 = If applicable.<br>0 = Otherwise.  |
| 15  | Age Group Female 75_79 | 1    | 49       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 75 and 79, inclusive.<br>1 = If applicable.<br>0 = Otherwise.  |
| 16  | Age Group Female 80_84 | 1    | 50       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 80 and 84, inclusive.<br>1 = If applicable.<br>0 = Otherwise.   |

| Part C RA Model Output Detail Record Type J (PY2020 – PY2021) |                           |      |          |        |   |
|---|---------------------------|------|----------|--------|---|
| Item  | Field                     | Size | Position | Format | Description   |
| 17  | Age Group Female<br>85_89 | 1    | 51       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 85 and 89, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 18  | Age Group Female<br>90_94 | 1    | 52       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 90 and 94, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 19  | Age Group Female<br>95_GT | 1    | 53       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female, age 95 or greater.<br>1 = If applicable.<br>0 = Otherwise.                   |
| 20  | Age Group Male<br>0_34    | 1    | 54       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 0 and 34, inclusive.<br>1 = If applicable.<br>0 = Otherwise.    |
| 21  | Age Group Male<br>35_44   | 1    | 55       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 35 and 44, inclusive.<br>1 = If applicable.<br>0 = Otherwise.   |
| 22  | Age Group Male<br>45_54   | 1    | 56       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 45 and 54, inclusive.<br>1 = If applicable.<br>0 = Otherwise.   |
| 23  | Age Group Male<br>55_59   | 1    | 57       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 55 and 59, inclusive.<br>1 = If applicable.<br>0 = Otherwise.   |
| 24  | Age Group Male<br>60_64   | 1    | 58       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 60 and 64, inclusive.<br>1 = If applicable.<br>0 = Otherwise.   |
| 25  | Age Group Male<br>65_69   | 1    | 59       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 65 and 69, inclusive.<br>1 = If applicable.<br>0 = Otherwise.   |
| 26  | Age Group Male<br>70_74   | 1    | 60       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 70 and 74, inclusive.<br>1 = If applicable.<br>0 = Otherwise.   |

| Part C RA Model Output Detail Record Type J (PY2020 – PY2021) |                                   |      |          |        |  |
|---|-----------------------------------|------|----------|--------|--|
| Item  | Field                             | Size | Position | Format | Description  |
| 27  | Age Group Male<br>75_79           | 1    | 61       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 and 79, inclusive.<br>1 = If applicable.<br>0 = Otherwise.  |
| 28  | Age Group Male<br>80_84           | 1    | 62       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 and 84, inclusive.<br>1 = If applicable.<br>0 = Otherwise.  |
| 29  | Age Group Male<br>85_89           | 1    | 63       | CHAR   | Alphanumeric<br>Set to "1" if applicable, otherwise "0"<br>The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 and 89, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 30  | Age Group Male<br>90_94           | 1    | 64       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 and 94, inclusive.<br>1 = If applicable.<br>0 = Otherwise.  |
| 31  | Age Group Male<br>95_GT           | 1    | 65       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male, age 95 or greater.<br>1 = If applicable.<br>0 = Otherwise.  |
| 32  | Medicaid                          | 1    | 66       | CHAR   | Beneficiary is entitled to Medicaid Associated with Institutional Score only<br>1 = If applicable.<br>0 = Otherwise.   |
| 33  | Originally Disabled<br>Female     | 1    | 67       | CHAR   | Beneficiary is a female and original Medicare entitlement is due to disability.  |
| 34  | Originally Disabled<br>Male       | 1    | 68       | CHAR   | Beneficiary is a male and original Medicare entitlement is due to disability.<br>1 = If applicable.<br>0 = Otherwise.  |
| 35  | Disease<br>Coefficients<br>HCC001 | 1    | 69       | CHAR   | HIV/AIDS<br>1 = If applicable.<br>0 = Otherwise.   |
| 36  | Disease<br>Coefficients<br>HCC002 | 1    | 70       | CHAR   | Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock<br>1 = If applicable.<br>0 = Otherwise.  |
| 37  | Disease<br>Coefficients<br>HCC006 | 1    | 71       | CHAR   | Opportunistic Infections<br>1 = If applicable.<br>0 = Otherwise.   |
| 38  | Disease<br>Coefficients<br>HCC008 | 1    | 72       | CHAR   | Metastatic Cancer and Acute Leukemia<br>1 = If applicable.<br>0 = Otherwise.   |

| Part C RA Model Output Detail Record Type J (PY2020 – PY2021) |                             |      |          |        |   |
|---|-----------------------------|------|----------|--------|---|
| Item  | Field                       | Size | Position | Format | Description   |
| 39  | Disease Coefficients HCC009 | 1    | 73       | CHAR   | Lung and Other Severe Cancers<br>1 = If applicable.<br>0 = Otherwise.                       |
| 40  | Disease Coefficients HCC010 | 1    | 74       | CHAR   | Lymphoma and Other Cancers<br>1 = If applicable.<br>0 = Otherwise.                          |
| 41  | Disease Coefficients HCC011 | 1    | 75       | CHAR   | Colorectal, Bladder, and Other Cancers<br>1 = If applicable.<br>0 = Otherwise.              |
| 42  | Disease Coefficients HCC012 | 1    | 76       | CHAR   | Breast, Prostate, and Other Cancers and Tumors<br>1 = If applicable.<br>0 = Otherwise.      |
| 43  | Disease Coefficients HCC017 | 1    | 77       | CHAR   | Diabetes with Acute Complications<br>1 = If applicable.<br>0 = Otherwise.                   |
| 44  | Disease Coefficients HCC018 | 1    | 78       | CHAR   | Diabetes with Chronic Complications<br>1 = If applicable.<br>0 = Otherwise.                 |
| 45  | Disease Coefficients HCC019 | 1    | 79       | CHAR   | Diabetes without Complication<br>1 = If applicable.<br>0 = Otherwise.                       |
| 46  | Disease Coefficients HCC021 | 1    | 80       | CHAR   | Protein-Calorie Malnutrition<br>1 = If applicable.<br>0 = Otherwise.                        |
| 47  | Disease Coefficients HCC022 | 1    | 81       | CHAR   | Morbid Obesity<br>1 = If applicable.<br>0 = Otherwise.                                      |
| 48  | Disease Coefficients HCC023 | 1    | 82       | CHAR   | Other Significant Endocrine and Metabolic Disorders<br>1 = If applicable.<br>0 = Otherwise. |
| 49  | Disease Coefficients HCC027 | 1    | 83       | CHAR   | End-Stage Liver Disease<br>1 = If applicable.<br>0 = Otherwise.                             |
| 50  | Disease Coefficients HCC028 | 1    | 84       | CHAR   | Cirrhosis of Liver<br>1 = If applicable.<br>0 = Otherwise.                                  |
| 51  | Disease Coefficients HCC029 | 1    | 85       | CHAR   | Chronic Hepatitis<br>1 = If applicable.<br>0 = Otherwise.                                   |
| 52  | Disease Coefficients HCC033 | 1    | 86       | CHAR   | Intestinal Obstruction/Perforation<br>1 = If applicable.<br>0 = Otherwise.                  |

| Part C RA Model Output Detail Record Type J (PY2020 – PY2021) |                             |      |          |        |  |
|---|-----------------------------|------|----------|--------|--|
| Item  | Field                       | Size | Position | Format | Description  |
| 53  | Disease Coefficients HCC034 | 1    | 87       | CHAR   | Chronic Pancreatitis<br>1 = If applicable.<br>0 = Otherwise.   |
| 54  | Disease Coefficients HCC035 | 1    | 88       | CHAR   | Inflammatory Bowel Disease<br>1 = If applicable.<br>0 = Otherwise.   |
| 55  | Disease Coefficients HCC039 | 1    | 89       | CHAR   | Bone/Joint/Muscle Infections/Necrosis<br>1 = If applicable.<br>0 = Otherwise.  |
| 56  | Disease Coefficients HCC040 | 1    | 90       | CHAR   | Rheumatoid Arthritis and Inflammatory Connective Tissue Disease<br>1 = If applicable.<br>0 = Otherwise.              |
| 57  | Disease Coefficients HCC046 | 1    | 91       | CHAR   | Severe Hematological Disorders<br>1 = If applicable.<br>0 = Otherwise.   |
| 58  | Disease Coefficients HCC047 | 1    | 92       | CHAR   | Disorders of Immunity<br>1 = If applicable.<br>0 = Otherwise.  |
| 59  | Disease Coefficients HCC048 | 1    | 93       | CHAR   | Coagulation Defects and Other Specified Hematological Disorders<br>1 = If applicable.<br>0 = Otherwise.              |
| 60  | Disease Coefficients HCC051 | 1    | 94       | CHAR   | Dementia With Complications<br>1 = If applicable.<br>0 = Otherwise.  |
| 61  | Disease Coefficients HCC52  | 1    | 95       | CHAR   | Dementia Without Complication<br>1 = If applicable.<br>0 = Otherwise.  |
| 62  | Disease Coefficients HCC054 | 1    | 96       | CHAR   | Substance Use with Psychotic Complications<br>1 = If applicable.<br>0 = Otherwise.                                   |
| 63  | Disease Coefficients HCC055 | 1    | 97       | CHAR   | Substance Use Disorder, Moderate/Severe, or Substance Use with Complications<br>1 = If applicable.<br>0 = Otherwise. |
| 64  | Disease Coefficients HCC056 | 1    | 98       | CHAR   | Substance Use Disorder, Mild, Except Alcohol and Cannabis<br>1 = If applicable.<br>0 = Otherwise.                    |
| 65  | Disease Coefficients HCC057 | 1    | 99       | CHAR   | Schizophrenia<br>1 = If applicable.<br>0 = Otherwise.  |
| 66  | Disease Coefficients HCC058 | 1    | 100      | CHAR   | Reactive and Unspecified Psychosis<br>1 = If applicable.<br>0 = Otherwise.   |

| Part C RA Model Output Detail Record Type J (PY2020 – PY2021) |                             |      |          |        |   |
|---|-----------------------------|------|----------|--------|---|
| Item  | Field                       | Size | Position | Format | Description   |
| 67  | Disease Coefficients HCC059 | 1    | 101      | CHAR   | Major Depressive, Bipolar, and Paranoid Disorders<br>1 = If applicable.<br>0 = Otherwise.   |
| 68  | Disease Coefficients HCC060 | 1    | 102      | CHAR   | Personality Disorders<br>1 = If applicable.<br>0 = Otherwise.   |
| 69  | Disease Coefficients HCC070 | 1    | 103      | CHAR   | Quadriplegia<br>1 = If applicable.<br>0 = Otherwise.  |
| 70  | Disease Coefficients HCC071 | 1    | 104      | CHAR   | Paraplegia<br>1 = If applicable.<br>0 = Otherwise.  |
| 71  | Disease Coefficients HCC072 | 1    | 105      | CHAR   | Spinal Cord Disorders/Injuries<br>1 = If applicable.<br>0 = Otherwise.  |
| 72  | Disease Coefficients HCC073 | 1    | 106      | CHAR   | Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease<br>1 = If applicable.<br>0 = Otherwise.  |
| 73  | Disease Coefficients HCC074 | 1    | 107      | CHAR   | Cerebral Palsy<br>1 = If applicable.<br>0 = Otherwise.  |
| 74  | Disease Coefficients HCC075 | 1    | 108      | CHAR   | Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy<br>1 = If applicable.<br>0 = Otherwise. |
| 75  | Disease Coefficients HCC076 | 1    | 109      | CHAR   | Muscular Dystrophy<br>1 = If applicable.<br>0 = Otherwise.  |
| 76  | Disease Coefficients HCC077 | 1    | 110      | CHAR   | Multiple Sclerosis<br>1 = If applicable.<br>0 = Otherwise.  |
| 77  | Disease Coefficients HCC078 | 1    | 111      | CHAR   | Parkinson's and Huntington's Diseases<br>1 = If applicable.<br>0 = Otherwise.   |
| 78  | Disease Coefficients HCC079 | 1    | 112      | CHAR   | Seizure Disorders and Convulsions<br>1 = If applicable.<br>0 = Otherwise.   |
| 79  | Disease Coefficients HCC080 | 1    | 113      | CHAR   | Coma, Brain Compression/Anoxic Damage<br>1 = If applicable.<br>0 = Otherwise.   |
| 80  | Disease Coefficients HCC082 | 1    | 114      | CHAR   | Respirator Dependence/Tracheostomy Status<br>1 = If applicable.<br>0 = Otherwise.   |

| Part C RA Model Output Detail Record Type J (PY2020 – PY2021) |                             |      |          |        |  |
|---|-----------------------------|------|----------|--------|--|
| Item  | Field                       | Size | Position | Format | Description  |
| 81  | Disease Coefficients HCC083 | 1    | 115      | CHAR   | Respiratory Arrest<br>1 = If applicable.<br>0 = Otherwise.   |
| 82  | Disease Coefficients HCC084 | 1    | 116      | CHAR   | Cardio-Respiratory Failure and Shock<br>1 = If applicable.<br>0 = Otherwise.                           |
| 83  | Disease Coefficients HCC085 | 1    | 117      | CHAR   | Congestive Heart Failure<br>1 = If applicable.<br>0 = Otherwise.                                       |
| 84  | Disease Coefficients HCC086 | 1    | 118      | CHAR   | Acute Myocardial Infarction<br>1 = If applicable.<br>0 = Otherwise.                                    |
| 85  | Disease Coefficients HCC087 | 1    | 119      | CHAR   | Unstable Angina and Other Acute Ischemic Heart Disease<br>1 = If applicable.<br>0 = Otherwise.         |
| 86  | Disease Coefficients HCC088 | 1    | 120      | CHAR   | Angina Pectoris<br>1 = If applicable.<br>0 = Otherwise.  |
| 87  | Disease Coefficients HCC096 | 1    | 121      | CHAR   | Specified Heart Arrhythmias<br>1 = If applicable.<br>0 = Otherwise.                                    |
| 88  | Disease Coefficients HCC099 | 1    | 122      | CHAR   | Intracranial Hemorrhage<br>1 = If applicable.<br>0 = Otherwise.  |
| 89  | Disease Coefficients HCC100 | 1    | 123      | CHAR   | Ischemic or Unspecified Stroke<br>1 = If applicable.<br>0 = Otherwise.                                 |
| 90  | Disease Coefficients HCC103 | 1    | 124      | CHAR   | Hemiplegia/Hemiparesis<br>1 = If applicable.<br>0 = Otherwise.   |
| 91  | Disease Coefficients HCC104 | 1    | 125      | CHAR   | Monoplegia, Other Paralytic Syndromes<br>1 = If applicable.<br>0 = Otherwise.                          |
| 92  | Disease Coefficients HCC106 | 1    | 126      | CHAR   | Atherosclerosis of the Extremities with Ulceration or Gangrene<br>1 = If applicable.<br>0 = Otherwise. |
| 93  | Disease Coefficients HCC107 | 1    | 127      | CHAR   | Vascular Disease with Complications<br>1 = If applicable.<br>0 = Otherwise.                            |
| 94  | Disease Coefficients HCC108 | 1    | 128      | CHAR   | Vascular Disease<br>1 = If applicable.<br>0 = Otherwise.   |



| Part C RA Model Output Detail Record Type J (PY2020 – PY2021) |                             |      |          |        |   |
|---|-----------------------------|------|----------|--------|---|
| Item  | Field                       | Size | Position | Format | Description   |
| 95  | Disease Coefficients HCC110 | 1    | 129      | CHAR   | Cystic Fibrosis<br>1 = If applicable.<br>0 = Otherwise.   |
| 96  | Disease Coefficients HCC111 | 1    | 130      | CHAR   | Chronic Obstructive Pulmonary Disease<br>1 = If applicable.<br>0 = Otherwise.                                   |
| 97  | Disease Coefficients HCC112 | 1    | 131      | CHAR   | Fibrosis of Lung and Other Chronic Lung Disorders<br>1 = If applicable.<br>0 = Otherwise.                       |
| 98  | Disease Coefficients HCC114 | 1    | 132      | CHAR   | Aspiration and Specified Bacterial Pneumonias<br>1 = If applicable.<br>0 = Otherwise.                           |
| 99  | Disease Coefficients HCC115 | 1    | 133      | CHAR   | Pneumococcal Pneumonia, Empyema, Lung Abscess<br>1 = If applicable.<br>0 = Otherwise.                           |
| 100   | Disease Coefficients HCC122 | 1    | 134      | CHAR   | Proliferative Diabetic Retinopathy and Vitreous Hemorrhage<br>1 = If applicable.<br>0 = Otherwise.              |
| 101   | Disease Coefficients HCC124 | 1    | 135      | CHAR   | Exudative Macular Degeneration<br>1 = If applicable.<br>0 = Otherwise.  |
| 102   | Disease Coefficients HCC134 | 1    | 136      | CHAR   | Dialysis Status<br>1 = If applicable.<br>0 = Otherwise.   |
| 103   | Disease Coefficients HCC135 | 1    | 137      | CHAR   | Acute Renal Failure<br>1 = If applicable.<br>0 = Otherwise.   |
| 104   | Disease Coefficients HCC136 | 1    | 138      | CHAR   | Chronic Kidney Disease, Stage 5<br>1 = If applicable.<br>0 = Otherwise.   |
| 105   | Disease Coefficients HCC137 | 1    | 139      | CHAR   | Chronic Kidney Disease, Severe (Stage 4)<br>1 = If applicable.<br>0 = Otherwise.                                |
| 106   | Disease Coefficients HCC138 | 1    | 140      | CHAR   | Chronic Kidney Disease, Moderate (Stage 3)<br>1 = If applicable.<br>0 = Otherwise.                              |
| 107   | Disease Coefficients HCC157 | 1    | 141      | CHAR   | Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone<br>1 = If applicable.<br>0 = Otherwise. |
| 108   | Disease Coefficients HCC158 | 1    | 142      | CHAR   | Pressure Ulcer of Skin with Full Thickness Skin Loss<br>1 = If applicable.<br>0 = Otherwise.                    |

| Part C RA Model Output Detail Record Type J (PY2020 – PY2021) |   |      |          |        |   |
|---|---|------|----------|--------|---|
| Item  | Field                                   | Size | Position | Format | Description   |
| 109   | Disease Coefficients<br>HCC159          | 1    | 143      | CHAR   | Pressure Ulcer of Skin with Partial Thickness Skin Loss<br>1 = If applicable.<br>0 = Otherwise. |
| 110   | Disease Coefficients<br>HCC161          | 1    | 144      | CHAR   | Chronic Ulcer of Skin, Except Pressure<br>1 = If applicable.<br>0 = Otherwise.                  |
| 111   | Disease Coefficients<br>HCC162          | 1    | 145      | CHAR   | Severe Skin Burn or Condition<br>1 = If applicable.<br>0 = Otherwise.                           |
| 112   | Disease Coefficients<br>HCC166          | 1    | 146      | CHAR   | Severe Head Injury<br>1 = If applicable.<br>0 = Otherwise.                                      |
| 113   | Disease Coefficients<br>HCC167          | 1    | 147      | CHAR   | Major Head Injury<br>1 = If applicable.<br>0 = Otherwise.                                       |
| 114   | Disease Coefficients<br>HCC169          | 1    | 148      | CHAR   | Vertebral Fractures without Spinal Cord Injury<br>1 = If applicable.<br>0 = Otherwise.          |
| 115   | Disease Coefficients<br>HCC170          | 1    | 149      | CHAR   | Hip Fracture/Dislocation<br>1 = If applicable.<br>0 = Otherwise.                                |
| 116   | Disease Coefficients<br>HCC173          | 1    | 150      | CHAR   | Traumatic Amputations and Complications<br>1 = If applicable.<br>0 = Otherwise.                 |
| 117   | Disease Coefficients<br>HCC176          | 1    | 151      | CHAR   | Complications of Specified Implanted Device or Graft<br>1 = If applicable.<br>0 = Otherwise.    |
| 118   | Disease Coefficients<br>HCC186          | 1    | 152      | CHAR   | Major Organ Transplant or Replacement Status<br>1 = If applicable.<br>0 = Otherwise.            |
| 119   | Disease Coefficients<br>HCC188          | 1    | 153      | CHAR   | Artificial Openings for Feeding or Elimination<br>1 = If applicable.<br>0 = Otherwise.          |
| 120   | Disease Coefficients<br>HCC189          | 1    | 154      | CHAR   | Amputation Status, Lower Limb/Amputation Complications<br>1 = If applicable.<br>0 = Otherwise.  |
| 121   | Disease Interactions<br>- HCC47_gCancer | 1    | 155      | CHAR   | Immune Disorders and Cancer Group<br>1 = If applicable.<br>0 = Otherwise.                       |
| 122   | Disease Interactions<br>- Diabetes_CHF  | 1    | 156      | CHAR   | Congestive Heart Failure and Diabetes Group<br>1 = If applicable.<br>0 = Otherwise.             |

| Part C RA Model Output Detail Record Type J (PY2020 – PY2021) |   |      |          |        |   |
|---|---|------|----------|--------|---|
| Item  | Field   | Size | Position | Format | Description   |
| 123   | Disease Interactions<br>- CHF_gCpdCF                    | 1    | 157      | CHAR   | Congestive Heart Failure and Chronic Obstructive Pulmonary Disease Group<br>1 = If applicable.<br>0 = Otherwise.                |
| 124   | Disease Interactions<br>- HCC85_gRenal_v24              | 1    | 158      | CHAR   | Congestive Heart Failure and Renal Group<br>1 = If applicable.<br>0 = Otherwise.  |
| 125   | Disease Interactions<br>- gCpdCF_CARD_RESP_FAIL         | 1    | 159      | CHAR   | Cardiorespiratory Failure Group and Chronic Obstructive Pulmonary Disease Group<br>1 = If applicable.<br>0 = Otherwise.         |
| 126   | Disease Interactions<br>- HCC85_HCC96                   | 1    | 160      | CHAR   | Congestive Heart Failure*Specified Heart Arrhythmias<br>1 = If applicable.<br>0 = Otherwise.                                    |
| 127   | Disease Interactions<br>- gSubstanceUseDisorder_gPsych  | 1    | 161      | CHAR   | Substance Use Disorder and Psychiatric Group<br>1 = If applicable.<br>0 = Otherwise.  |
| 128   | Disease Interactions<br>- SEPSIS_PRESSURE_ULCER         | 1    | 162      | CHAR   | Sepsis and Pressure Ulcer<br>1 = If applicable.<br>0 = Otherwise.   |
| 129   | Disease Interactions<br>- SEPSIS_ARTIF_OPENINGS         | 1    | 163      | CHAR   | Sepsis and Artificial Openings for Feeding or Elimination<br>1 = If applicable.<br>0 = Otherwise.                               |
| 130   | Disease Interactions<br>- ART_OPENINGS_PRESSURE_ULCER   | 1    | 164      | CHAR   | Artificial Openings for Feeding or Elimination and Pressure Ulcer<br>1 = If applicable.<br>0 = Otherwise.                       |
| 131   | Disease Interactions<br>- gCpdCF_ASP_SPEC_BACT_PNEUM    | 1    | 165      | CHAR   | Chronic Obstructive Pulmonary Disease and Aspiration and Specified Bacterial Pneumonias<br>1 = If applicable.<br>0 = Otherwise. |
| 132   | Disease Interactions<br>- ASP_SPEC_BACT_PNEUM_PRESS_ULC | 1    | 166      | CHAR   | Aspiration and Specified Bacterial Pneumonias and Pressure Ulcer<br>1 = If applicable.<br>0 = Otherwise.                        |
| 133   | Disease Interactions<br>- SEPSIS_ASP_SPEC_BACT_PNEUM    | 1    | 167      | CHAR   | Sepsis and Aspiration and Specified Bacterial Pneumonias<br>1 = If applicable.<br>0 = Otherwise.                                |

| Part C RA Model Output Detail Record Type J (PY2020 – PY2021) |   |      |          |        |  |
|---|---|------|----------|--------|--|
| Item  | Field   | Size | Position | Format | Description  |
| 134   | Disease Interactions - SCHIZOPHRENIA_gCOPdCF  | 1    | 168      | CHAR   | Schizophrenia and Chronic Obstructive Pulmonary Disease<br>1 = If applicable.<br>0 = Otherwise.                                  |
| 135   | Disease Interactions - SCHIZOPHRENIA_CHF      | 1    | 169      | CHAR   | Schizophrenia and Congestive Heart Failure<br>1 = If applicable.<br>0 = Otherwise.   |
| 136   | Disease Interactions - SCHIZOPHRENIA_SEIZURES | 1    | 170      | CHAR   | Schizophrenia and Seizure Disorders and Convulsions<br>1 = If applicable.<br>0 = Otherwise.                                      |
| 137   | Disabled Disease - DISABLED_HCC85             | 1    | 171      | CHAR   | Disabled, Congestive Heart Failure<br>1 = If applicable.<br>0 = Otherwise.   |
| 138   | Disabled Disease e- DISABLED_PRES SURE_ULCER  | 1    | 172      | CHAR   | Disabled and Pressure Ulcer<br>1 = If applicable.<br>0 = Otherwise.  |
| 139   | Disabled Disease - DISABLED_HCC161            | 1    | 173      | CHAR   | Disabled, Chronic Ulcer of the Skin, Except Pressure Ulcer<br>1 = If applicable.<br>0 = Otherwise.                               |
| 140   | Disabled Disease - DISABLED_HCC39             | 1    | 174      | CHAR   | Disabled, Bone/Joint Muscle Infections/Necrosis<br>1 = If applicable.<br>0 = Otherwise.  |
| 141   | Disabled Disease - DISABLED_HCC77             | 1    | 175      | CHAR   | Disabled, Multiple Sclerosis<br>1 = If applicable.<br>0 = Otherwise.   |
| 142   | Disabled Disease - DISABLED_HCC6              | 1    | 176      | CHAR   | Disabled, Opportunistic Infections<br>1 = If applicable.<br>0 = Otherwise.   |
| 143   | Payment HCC Count                             | 2    | 177-178  | CHAR   | Set to values between '00' and '10' depending on the count of payment HCCs. '00' if no HCCs and '10' for 10 or more payment HCCs |
| 144   | Filler  | 22   | 179-200  | CHAR   | Spaces   |

The total length of this record is 200 characters.

**NOTE:** Fields 128-142 are associated with the V24 HCC Continuing Enrollee Institutional Score only.

**Layout 7-7: Part C RA Model Output Detail Record Type K (PY2020 – PY2021)**

The Detail Record Type K is used to report v22 PACE non-ESRD beneficiaries.

| Part C RA Model Output Detail Record Type K (PY2020 – PY2021) |                                       |      |          |        |  |
|---|---------------------------------------|------|----------|--------|--|
| Item  | Field                                 | Size | Position | Format | Description  |
| 1   | Record Type Code                      | 1    | 1        | CHAR   | Set to "K" for V22 PTC MOR – PACE non-ESRD beneficiaries   |
| 2   | Medicare Beneficiary Identifier (MBI) | 11   | 2-12     | CHAR   | Medicare Beneficiary Identifier.   |
| 3   | Beneficiary Last Name                 | 2    | 13-24    | CHAR   | Beneficiary Last Name  |
| 4   | Beneficiary First Name                | 7    | 25-31    | CHAR   | Beneficiary First Name   |
| 5   | Beneficiary Initial                   | 1    | 32       | CHAR   | Beneficiary Initial  |
| 6   | Date of Birth                         | 8    | 33-40    | CHAR   | The date of birth of the Medicare Beneficiary  |
| 7   | Sex                                   | 1    | 41       | CHAR   | Represents the sex of the Medicare Beneficiary.<br>0=Unknown.<br>1=Male.<br>2=Female   |
| 8   | Age Group Female0_34                  | 1    | 42       | CHAR   | The sex and age group for the beneficiary based on a given as of date: female between ages 0 and 34, inclusive.<br>1 = If applicable.<br>0 = Otherwise.  |
| 9   | Age Group Female35_44                 | 1    | 43       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 35 and 44, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 10  | Age Group Female45_54                 | 1    | 44       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 45 and 54, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 11  | Age Group Female55_59                 | 1    | 45       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 55 and 59, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 12  | Age Group Female60_64                 | 1    | 46       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 60 and 64, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 13  | Age Group Female65_69                 | 1    | 47       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 65 and 69, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |

| Part C RA Model Output Detail Record Type K (PY2020 – PY2021) |                       |      |          |        |   |
|---|-----------------------|------|----------|--------|---|
| Item  | Field                 | Size | Position | Format | Description   |
| 14  | Age Group Female70_74 | 1    | 48       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 70 and 74, inclusive.<br>1 = If applicable.<br>0 = Otherwise.    |
| 15  | Age Group Female75_79 | 1    | 49       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages 75 and 79, inclusive.<br>1 = If applicable.<br>0 = Otherwise.    |
| 16  | Age Group Female80_84 | 1    | 50       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 80 and 84, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 17  | Age Group Female85_89 | 1    | 51       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 85 and 89, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 18  | Age Group Female90_94 | 1    | 52       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 90 and 94, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 19  | Age Group Female95_GT | 1    | 53       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female, age 95 or greater<br>1 = If applicable.<br>0 = Otherwise.                    |
| 20  | Age Group Male0_34    | 1    | 54       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 0 and 34, inclusive.<br>1 = If applicable.<br>0 = Otherwise.    |
| 21  | Age Group Male35_44   | 1    | 55       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 35 and 44, inclusive.<br>1 = If applicable.<br>0 = Otherwise.   |
| 22  | Age Group Male45_54   | 1    | 56       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 45 and 54, inclusive<br>1 = If applicable.<br>0 = Otherwise.    |
| 23  | Age Group Male55_59   | 1    | 57       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 55 and 59, inclusive.<br>1 = If applicable.<br>0 = Otherwise.   |

| Part C RA Model Output Detail Record Type K (PY2020 – PY2021) |                            |      |          |        |   |
|---|----------------------------|------|----------|--------|---|
| Item  | Field                      | Size | Position | Format | Description   |
| 24  | Age Group Male60_64        | 1    | 58       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 60 and 64, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 25  | Age Group Male65_69        | 1    | 59       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 65 and 69, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 26  | Age Group Male70_74        | 1    | 60       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 70 and 74, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 27  | Age Group Male75_79        | 1    | 61       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 and 79, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 28  | Age Group Male80_84        | 1    | 62       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 and 84, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 29  | Age Group Male85_89        | 1    | 63       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 and 89, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 30  | Age Group Male90_94        | 1    | 64       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 and 94, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 31  | Age Group Male95_GT        | 1    | 65       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male, age 95 or greater.<br>1 = If applicable.<br>0 = Otherwise.                   |
| 32  | Medicaid                   | 1    | 66       | CHAR   | Beneficiary is entitled to Medicaid<br>1 = If applicable.<br>0 = Otherwise.   |
| 33  | Originally Disabled Female | 1    | 67       | CHAR   | Beneficiary is a female and original Medicare entitlement is due to disability.<br>1 = If applicable.<br>0 = Otherwise.                                   |
| 34  | Originally Disabled Male   | 1    | 68       | CHAR   | Beneficiary is a male and original Medicare entitlement is due to disability.<br>1 = If applicable.<br>0 = Otherwise.                                     |

| Part C RA Model Output Detail Record Type K (PY2020 – PY2021) |                                |      |          |        |   |
|---|--------------------------------|------|----------|--------|---|
| Item  | Field                          | Size | Position | Format | Description   |
| 35  | Disease Coefficients<br>HCC001 | 1    | 69       | CHAR   | HIV/AIDS<br>1 = If applicable.<br>0 = Otherwise.  |
| 36  | Disease Coefficients<br>HCC002 | 1    | 70       | CHAR   | Septicemia, Sepsis, Systemic Inflammatory<br>Response Syndrome/Shock.<br>1 = If applicable.<br>0 = Otherwise. |
| 37  | Disease Coefficients<br>HCC006 | 1    | 71       | CHAR   | Opportunistic Infections<br>1 = If applicable.<br>0 = Otherwise.  |
| 38  | Disease Coefficients<br>HCC008 | 1    | 72       | CHAR   | Metastatic Cancer and Acute Leukemia.<br>1 = If applicable.<br>0 = Otherwise.                                 |
| 39  | Disease Coefficients<br>HCC009 | 1    | 73       | CHAR   | Lung and Other Severe Cancers<br>1 = If applicable.<br>0 = Otherwise.   |
| 40  | Disease Coefficients<br>HCC010 | 1    | 74       | CHAR   | Lymphoma and Other Cancers.<br>1 = If applicable.<br>0 = Otherwise.   |
| 41  | Disease Coefficients<br>HCC011 | 1    | 75       | CHAR   | Colorectal, Bladder, and Other Cancers.<br>1 = If applicable.<br>0 = Otherwise.                               |
| 42  | Disease Coefficients<br>HCC012 | 1    | 76       | CHAR   | Breast, Prostate, and Other Cancers and<br>Tumors.<br>1 = If applicable.<br>0 = Otherwise.                    |
| 43  | Disease Coefficients<br>HCC017 | 1    | 77       | CHAR   | Diabetes with Acute Complications<br>1 = If applicable.<br>0 = Otherwise.                                     |
| 44  | Disease Coefficients<br>HCC018 | 1    | 78       | CHAR   | Diabetes with Chronic Complications.<br>1 = If applicable.<br>0 = Otherwise.                                  |
| 45  | Disease Coefficients<br>HCC019 | 1    | 79       | CHAR   | Diabetes without Complication.<br>1 = If applicable.<br>0 = Otherwise.  |
| 46  | Disease Coefficients<br>HCC021 | 1    | 80       | CHAR   | Protein-Calorie Malnutrition.<br>1 = If applicable.<br>0 = Otherwise.   |
| 47  | Disease Coefficients<br>HCC022 | 1    | 81       | CHAR   | Morbid Obesity.<br>1 = If applicable.<br>0 = Otherwise.   |
| 48  | Disease Coefficients<br>HCC023 | 1    | 82       | CHAR   | Other Significant Endocrine and Metabolic<br>Disorders.<br>1 = If applicable.<br>0 = Otherwise.               |
| 49  | Disease Coefficients<br>HCC027 | 1    | 83       | CHAR   | End-Stage Liver Disease.<br>1 = If applicable.<br>0 = Otherwise.  |
| 50  | Disease Coefficients<br>HCC028 | 1    | 84       | CHAR   | Cirrhosis of Liver.<br>1 = If applicable.<br>0 = Otherwise.   |



| Part C RA Model Output Detail Record Type K (PY2020 – PY2021) |                                |      |          |        |  |
|---|--------------------------------|------|----------|--------|--|
| Item  | Field                          | Size | Position | Format | Description  |
| 51  | Disease Coefficients<br>HCC029 | 1    | 85       | CHAR   | Chronic Hepatitis.<br>1 = If applicable.<br>0 = Otherwise.   |
| 52  | Disease Coefficients<br>HCC033 | 1    | 86       | CHAR   | Intestinal Obstruction/Perforation<br>1 = If applicable.<br>0 = Otherwise.                                 |
| 53  | Disease Coefficients<br>HCC034 | 1    | 87       | CHAR   | Chronic Pancreatitis<br>1 = If applicable.<br>0 = Otherwise.   |
| 54  | Disease Coefficients<br>HCC035 | 1    | 88       | CHAR   | Inflammatory Bowel Disease<br>1 = If applicable.<br>0 = Otherwise.   |
| 55  | Disease Coefficients<br>HCC039 | 1    | 89       | CHAR   | Bone/Joint/Muscle Infections/Necrosis<br>1 = If applicable.<br>0 = Otherwise.                              |
| 56  | Disease Coefficients<br>HCC040 | 1    | 90       | CHAR   | Rheumatoid Arthritis and Inflammatory<br>Connective Tissue Disease<br>1 = If applicable.<br>0 = Otherwise. |
| 57  | Disease Coefficients<br>HCC046 | 1    | 91       | CHAR   | Severe Hematological Disorders<br>1 = If applicable.<br>0 = Otherwise.                                     |
| 58  | Disease Coefficients<br>HCC047 | 1    | 92       | CHAR   | Disorders of Immunity<br>1 = If applicable.<br>0 = Otherwise.  |
| 59  | Disease Coefficients<br>HCC048 | 1    | 93       | CHAR   | Coagulation Defects and Other Specified<br>Hematological Disorders<br>1 = If applicable.<br>0 = Otherwise. |
| 60  | Disease Coefficients<br>HCC054 | 1    | 94       | CHAR   | Drug/Alcohol Psychosis<br>1 = If applicable.<br>0 = Otherwise.   |
| 61  | Disease Coefficients<br>HCC055 | 1    | 95       | CHAR   | Drug/Alcohol Dependence<br>1 = If applicable.<br>0 = Otherwise.  |
| 62  | Disease Coefficients<br>HCC057 | 1    | 96       | CHAR   | Schizophrenia<br>1 = If applicable.<br>0 = Otherwise.  |
| 63  | Disease Coefficients<br>HCC058 | 1    | 97       | CHAR   | Major Depressive, Bipolar, and Paranoid<br>Disorders<br>1 = If applicable.<br>0 = Otherwise.               |
| 64  | Disease Coefficients<br>HCC070 | 1    | 98       | CHAR   | Quadriplegia<br>1 = If applicable.<br>0 = Otherwise.   |
| 65  | Disease Coefficients<br>HCC071 | 1    | 99       | CHAR   | Paraplegia<br>1 = If applicable.<br>0 = Otherwise.   |
| 66  | Disease Coefficients<br>HCC072 | 1    | 100      | CHAR   | Spinal Cord Disorders/Injuries<br>1 = If applicable.<br>0 = Otherwise.                                     |

| Part C RA Model Output Detail Record Type K (PY2020 – PY2021) |                                |      |          |        |   |
|---|--------------------------------|------|----------|--------|---|
| Item  | Field                          | Size | Position | Format | Description   |
| 67  | Disease Coefficients<br>HCC073 | 1    | 101      | CHAR   | Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease<br>1 = If applicable.<br>0 = Otherwise.  |
| 68  | Disease Coefficients<br>HCC074 | 1    | 102      | CHAR   | Cerebral Palsy<br>1 = If applicable.<br>0 = Otherwise.  |
| 69  | Disease Coefficients<br>HCC075 | 1    | 103      | CHAR   | Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy<br>1 = If applicable.<br>0 = Otherwise. |
| 70  | Disease Coefficients<br>HCC076 | 1    | 104      | CHAR   | Muscular Dystrophy<br>1 = If applicable.<br>0 = Otherwise.  |
| 71  | Disease Coefficients<br>HCC077 | 1    | 105      | CHAR   | Multiple Sclerosis<br>1 = If applicable.<br>0 = Otherwise.  |
| 72  | Disease Coefficients<br>HCC078 | 1    | 106      | CHAR   | Parkinson's and Huntington's Diseases<br>1 = If applicable.<br>0 = Otherwise.   |
| 73  | Disease Coefficients<br>HCC079 | 1    | 107      | CHAR   | Seizure Disorders and Convulsions<br>1 = If applicable.<br>0 = Otherwise.   |
| 74  | Disease Coefficients<br>HCC080 | 1    | 108      | CHAR   | Coma, Brain Compression/Anoxic Damage<br>1 = If applicable.<br>0 = Otherwise.   |
| 75  | Disease Coefficients<br>HCC082 | 1    | 109      | CHAR   | Respirator Dependence/Tracheostomy Status<br>1 = If applicable.<br>0 = Otherwise.   |
| 76  | Disease Coefficients<br>HCC083 | 1    | 110      | CHAR   | Respiratory Arrest<br>1 = If applicable.<br>0 = Otherwise.  |
| 77  | Disease Coefficients<br>HCC084 | 1    | 111      | CHAR   | Cardio-Respiratory Failure and Shock.<br>1 = If applicable.<br>0 = Otherwise.   |
| 78  | Disease Coefficients<br>HCC085 | 1    | 112      | CHAR   | Congestive Heart Failure<br>1 = If applicable.<br>0 = Otherwise.  |
| 79  | Disease Coefficients<br>HCC086 | 1    | 113      | CHAR   | Acute Myocardial Infarction<br>1 = If applicable.<br>0 = Otherwise.   |
| 80  | Disease Coefficients<br>HCC087 | 1    | 114      | CHAR   | Unstable Angina and Other Acute Ischemic Heart Disease.<br>1 = If applicable.<br>0 = Otherwise.   |
| 81  | Disease Coefficients<br>HCC088 | 1    | 115      | CHAR   | Angina Pectoris.<br>1 = If applicable.<br>0 = Otherwise.  |

| Part C RA Model Output Detail Record Type K (PY2020 – PY2021) |                                |      |          |        |  |
|---|--------------------------------|------|----------|--------|--|
| Item  | Field                          | Size | Position | Format | Description  |
| 82  | Disease Coefficients<br>HCC096 | 1    | 116      | CHAR   | Specified Heart Arrhythmias.<br>1 = If applicable.<br>0 = Otherwise.                                       |
| 83  | Disease Coefficients<br>HCC099 | 1    | 117      | CHAR   | Cerebral Hemorrhage<br>1 = If applicable.<br>0 = Otherwise.  |
| 84  | Disease Coefficients<br>HCC100 | 1    | 118      | CHAR   | Ischemic or Unspecified Stroke.<br>1 = If applicable.<br>0 = Otherwise.                                    |
| 85  | Disease Coefficients<br>HCC103 | 1    | 119      | CHAR   | Hemiplegia/Hemiparesis.<br>1 = If applicable.<br>0 = Otherwise.  |
| 86  | Disease Coefficients<br>HCC104 | 1    | 120      | CHAR   | Monoplegia, Other Paralytic Syndromes.<br>1 = If applicable.<br>0 = Otherwise.                             |
| 87  | Disease Coefficients<br>HCC106 | 1    | 121      | CHAR   | Atherosclerosis of the Extremities with<br>Ulceration or Gangrene.<br>1 = If applicable.<br>0 = Otherwise. |
| 88  | Disease Coefficients<br>HCC107 | 1    | 122      | CHAR   | Vascular Disease with Complications.<br>1 = If applicable.<br>0 = Otherwise.                               |
| 89  | Disease Coefficients<br>HCC108 | 1    | 123      | CHAR   | Vascular Disease.<br>1 = If applicable.<br>0 = Otherwise.  |
| 90  | Disease Coefficients<br>HCC110 | 1    | 124      | CHAR   | Cystic Fibrosis.<br>1 = If applicable.<br>0 = Otherwise.   |
| 91  | Disease Coefficients<br>HCC111 | 1    | 125      | CHAR   | Chronic Obstructive Pulmonary Disease.<br>1 = If applicable.<br>0 = Otherwise.                             |
| 92  | Disease Coefficients<br>HCC112 | 1    | 126      | CHAR   | Fibrosis of Lung and Other Chronic Lung<br>Disorders.<br>1 = If applicable.<br>0 = Otherwise.              |
| 93  | Disease Coefficients<br>HCC114 | 1    | 127      | CHAR   | Aspiration and Specified Bacterial<br>Pneumonias.<br>1 = If applicable.<br>0 = Otherwise.                  |
| 94  | Disease Coefficients<br>HCC115 | 1    | 128      | CHAR   | Pneumococcal Pneumonia, Empyema,<br>Lung Abscess.<br>1 = If applicable.<br>0 = Otherwise.                  |
| 95  | Disease Coefficients<br>HCC122 | 1    | 129      | CHAR   | Proliferative Diabetic Retinopathy and<br>Vitreous Hemorrhage.<br>1 = If applicable.<br>0 = Otherwise.     |
| 96  | Disease Coefficients<br>HCC124 | 1    | 130      | CHAR   | Exudative Macular Degeneration.<br>1 = If applicable.<br>0 = Otherwise.                                    |
| 97  | Disease Coefficients<br>HCC134 | 1    | 131      | CHAR   | Dialysis Status.<br>1 = If applicable.<br>0 = Otherwise.   |

| Part C RA Model Output Detail Record Type K (PY2020 – PY2021) |                                |      |          |        |   |
|---|--------------------------------|------|----------|--------|---|
| Item  | Field                          | Size | Position | Format | Description   |
| 98  | Disease Coefficients<br>HCC135 | 1    | 132      | CHAR   | Acute Renal Failure.<br>1 = If applicable.<br>0 = Otherwise.  |
| 99  | Disease Coefficients<br>HCC136 | 1    | 133      | CHAR   | Chronic Kidney Disease, Stage 5.<br>1 = If applicable.<br>0 = Otherwise.  |
| 100   | Disease Coefficients<br>HCC137 | 1    | 134      | CHAR   | Chronic Kidney Disease, Severe (Stage 4).<br>1 = If applicable.<br>0 = Otherwise.                                   |
| 101   | Disease Coefficients<br>HCC157 | 1    | 135      | CHAR   | Pressure Ulcer of Skin with Necrosis<br>Through to Muscle, Tendon, or Bone.<br>1 = If applicable.<br>0 = Otherwise. |
| 102   | Disease Coefficients<br>HCC158 | 1    | 136      | CHAR   | Pressure Ulcer of Skin with Full Thickness<br>Skin Loss.<br>1 = If applicable.<br>0 = Otherwise.                    |
| 103   | Disease Coefficients<br>HCC161 | 1    | 137      | CHAR   | Chronic Ulcer of Skin, Except Pressure.<br>1 = If applicable.<br>0 = Otherwise.                                     |
| 104   | Disease Coefficients<br>HCC162 | 1    | 138      | CHAR   | Severe Skin Burn or Condition.<br>1 = If applicable.<br>0 = Otherwise.  |
| 105   | Disease Coefficients<br>HCC166 | 1    | 139      | CHAR   | Severe Head Injury.<br>1 = If applicable.<br>0 = Otherwise.   |
| 106   | Disease Coefficients<br>HCC167 | 1    | 140      | CHAR   | Major Head Injury.<br>1 = If applicable.<br>0 = Otherwise.  |
| 107   | Disease Coefficients<br>HCC169 | 1    | 141      | CHAR   | Vertebral Fractures without Spinal Cord<br>Injury.<br>1 = If applicable.<br>0 = Otherwise.                          |
| 108   | Disease Coefficients<br>HCC170 | 1    | 142      | CHAR   | Hip Fracture/Dislocation.<br>1 = If applicable.<br>0 = Otherwise.   |
| 109   | Disease Coefficients<br>HCC173 | 1    | 143      | CHAR   | Traumatic Amputations and<br>Complications.<br>1 = If applicable.<br>0 = Otherwise.                                 |
| 110   | Disease Coefficients<br>HCC176 | 1    | 144      | CHAR   | Complications of Specified Implanted<br>Device or Graft.<br>1 = If applicable.<br>0 = Otherwise.                    |
| 111   | Disease Coefficients<br>HCC186 | 1    | 145      | CHAR   | Major Organ Transplant or Replacement<br>Status.<br>1 = If applicable.<br>0 = Otherwise.                            |
| 112   | Disease Coefficients<br>HCC188 | 1    | 146      | CHAR   | Artificial Openings for Feeding or<br>Elimination.<br>1 = If applicable.<br>0 = Otherwise.                          |

| Part C RA Model Output Detail Record Type K (PY2020 – PY2021) |  |      |          |        |  |
|---|--|------|----------|--------|--|
| Item  | Field  | Size | Position | Format | Description  |
| 113   | Disease Coefficients<br>HCC189                         | 1    | 147      | CHAR   | Amputation Status, Lower Limb/Amputation Complications.<br>1 = If applicable.<br>0 = Otherwise.                                  |
| 114   | Disease Interactions -<br>HCC47_gCancer                | 1    | 148      | CHAR   | Immune Disorders and Cancer Group.<br>1 = If applicable.<br>0 = Otherwise.   |
| 115   | Disease Interactions -<br>HCC85_gDiabetesMellit        | 1    | 149      | CHAR   | Congestive Heart Failure and Diabetes Group.<br>1 = If applicable.<br>0 = Otherwise.   |
| 116   | Disease Interactions -<br>HCC85_gCOPdCF                | 1    | 150      | CHAR   | Congestive Heart Failure and Chronic Obstructive Pulmonary Disease Group.<br>1 = If applicable.<br>0 = Otherwise.                |
| 117   | Disease Interactions -<br>HCC85_gRenal                 | 1    | 151      | CHAR   | Congestive Heart Failure and Renal Group.<br>1 = If applicable.<br>0 = Otherwise.  |
| 118   | Disease Interactions -<br>gRespDepandArre_gCOPdCF      | 1    | 152      | CHAR   | Cardiorespiratory Failure Group and Chronic Obstructive Pulmonary Disease Group.<br>1 = If applicable.<br>0 = Otherwise.         |
| 119   | Disease Interactions -<br>HCC85_HCC96                  | 1    | 153      | CHAR   | Congestive Heart Failure*Specified Heart Arrhythmias.<br>1 = If applicable.<br>0 = Otherwise.                                    |
| 120   | Disease Interactions -<br>gSubstanceAbuse_gPsychiatric | 1    | 154      | CHAR   | Substance Abuse and Psychiatric Group.<br>1 = If applicable.<br>0 = Otherwise.   |
| 121   | Disease Interactions -<br>SEPSIS_PRESSURE_ULCER        | 1    | 155      | CHAR   | Sepsis and Pressure Ulcer.<br>1 = If applicable.<br>0 = Otherwise.   |
| 122   | Disease Interactions -<br>SEPSIS_ARTIF_OPENINGS        | 1    | 156      | CHAR   | Sepsis and Artificial Openings for Feeding or Elimination.<br>1 = If applicable.<br>0 = Otherwise.                               |
| 123   | Disease Interactions -<br>ART_OPENINGS_PRESSURE_ULCER  | 1    | 157      | CHAR   | Artificial Openings for Feeding or Elimination and Pressure Ulcer.<br>1 = If applicable.<br>0 = Otherwise.                       |
| 124   | Disease Interactions -<br>gCOPdCF_ASP_SPEC_BACT_PNEUM  | 1    | 158      | CHAR   | Chronic Obstructive Pulmonary Disease and Aspiration and Specified Bacterial Pneumonias.<br>1 = If applicable.<br>0 = Otherwise. |
| 125   | Disease Interactions -<br>ASP_SPEC_BACT_PNEUM_PRES_ULC | 1    | 159      | CHAR   | Aspiration and Specified Bacterial Pneumonias and Pressure Ulcer.<br>1 = If applicable.<br>0 = Otherwise.                        |

| Part C RA Model Output Detail Record Type K (PY2020 – PY2021) |   |      |          |        |   |
|---|---|------|----------|--------|---|
| Item  | Field   | Size | Position | Format | Description   |
| 126   | Disease Interactions - SEPSIS_ASP_SPEC_BACT_PNEUM | 1    | 160      | CHAR   | Sepsis and Aspiration and Specified Bacterial Pneumonias.<br>1 = If applicable.<br>0 = Otherwise.   |
| 127   | Disease Interactions - SCHIZOPHRENIA_gC opdCF     | 1    | 161      | CHAR   | Schizophrenia and Chronic Obstructive Pulmonary Disease.<br>1 = If applicable.<br>0 = Otherwise.    |
| 128   | Disease Interactions - SCHIZOPHRENIA_C HF         | 1    | 162      | CHAR   | Schizophrenia and Congestive Heart Failure.<br>1 = If applicable.<br>0 = Otherwise.                 |
| 129   | Disease Interactions - SCHIZOPHRENIA_SEIZURES     | 1    | 163      | CHAR   | Schizophrenia and Seizure Disorders and Convulsions.<br>1 = If applicable.<br>0 = Otherwise.        |
| 130   | Disabled Disease - DISABLED_HCC85                 | 1    | 164      | CHAR   | Disabled, Congestive Heart Failure.<br>1 = If applicable.<br>0 = Otherwise.                         |
| 131   | Disabled Disease e- DISABLED_PRESURE_ULCER        | 1    | 165      | CHAR   | Disabled and Pressure Ulcer.<br>1 = If applicable.<br>0 = Otherwise.                                |
| 132   | Disabled Disease - DISABLED_HCC161                | 1    | 166      | CHAR   | Disabled, Chronic Ulcer of the Skin, Except Pressure Ulcer.<br>1 = If applicable.<br>0 = Otherwise. |
| 133   | Disabled Disease - DISABLED_HCC39                 | 1    | 167      | CHAR   | Disabled, Bone/Joint Muscle Infections/Necrosis.<br>1 = If applicable.<br>0 = Otherwise.            |
| 134   | Disabled Disease - DISABLED_HCC77                 | 1    | 168      | CHAR   | Disabled, Multiple Sclerosis.<br>1 = If applicable.<br>0 = Otherwise.                               |
| 135   | Disabled Disease - DISABLED_HCC6                  | 1    | 169      | CHAR   | Disabled, Opportunistic Infections.<br>1 = If applicable.<br>0 = Otherwise.                         |
| 136   | Filler  | 31   | 170-200  | CHAR   | Spaces  |

The total length of this record is 200 characters.

**NOTE:** Fields 121-135 are associated with the PACE Non-ESRD Continuing Enrollee Institutional Score only.

**Layout 7-8: Part C RA Model Output Trailer Record (PY2020 – PY2021)**

| <b>Part C RA Model Output Trailer Record</b> |                    |             |                 |               |   |
|--|--------------------|-------------|-----------------|---------------|---|
| <b>Item</b>                                  | <b>Field</b>       | <b>Size</b> | <b>Position</b> | <b>Format</b> | <b>Description</b>  |
| 1  | Record Type Code   | 1           | 1               | CHAR          | 3 = Trailer.  |
| 2  | Contract Number    | 5           | 2-6             | CHAR          | Unique identification for a Plan to provide coverage to eligible beneficiaries. |
| 3  | Total Record Count | 9           | 7-15            | CHAR          | Record count in display format.   |
| 4  | Filler             | 185         | 16-200          | CHAR          | Spaces.   |

## 7.2 Risk Adjustment System (RAS) Prescription Drug Hierarchical Condition Category (RxHCC) Model Output Data File - PY2016

This file is also known as Part D RA Model Output Data File.

| System     | Type      | Frequency | File Length | Part D RA Model Output Dataset Naming Conventions  |
|------------|-----------|-----------|-------------|--|
| RAS (MARx) | Data File | Monthly   | 168         | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.Rxxxxx.PTDMODD.Dyymm01.Thhmsst<br><br><b>Connect:Direct (Mainframe):</b><br>zzzzzzz.Rxxxxx.PTDMODD.Dyymm01.Thhmsst<br><br><b>Connect:Direct (Non-Mainframe):</b><br>[directory]Rxxxxx.PTDMODD.Dyymm01.Thhmsst |

**Note:** The date in the file name defaults to “01” denoting the first day of the current payment month.

The following records are included in this file:

- **Part D RA Model Output Header Record – PY2016.**
- **Part D RA Model Output Detail/Beneficiary Record – PY2016.**
- **Part D RA Model Output Trailer Record – PY2016.**

### *Layout 7-9: Part D RA Model Output Header Record – PY2016*

The Contract Header Record signals the beginning of the Detail/Beneficiary records for a Medicare Advantage or stand-alone PDP contract.

| Part D RA Model Output Header Record – PY2016 |                        |      |          |        |   |
|---|------------------------|------|----------|--------|---|
| Item  | Field                  | Size | Position | Format | Description   |
| 1   | Record Type Code       | 1    | 1        | CHAR   | 1 = Header.   |
| 2   | Contract Number        | 5    | 2-6      | CHAR   | Unique identification for a Plan to provide coverage to eligible beneficiaries.         |
| 3   | Run Date               | 8    | 7-14     | CHAR   | The run date when this file was created.<br>CCYYMMDD                                    |
| 4   | Payment Year and Month | 6    | 15-20    | CHAR   | This identifies the risk adjustment payment year and month for the model run.<br>CCYYMM |
| 5   | Filler                 | 148  | 21-168   | CHAR   | Spaces.   |



**Layout 7-10: Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2016**

Each Detail/Beneficiary Record contains information for an HCC beneficiary in a Medicare Prescription Drug Contract/Plan, as of the last RAS model run for Payment Year 2016.

| Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2016 |                                       |      |          |        |   |
|---|---------------------------------------|------|----------|--------|---|
| Item  | Field                                 | Size | Position | Format | Description   |
| 1   | Record Type Code                      | 1    | 1        | CHAR   | 2 = V05 PTD MOR (RAPS and FFS)<br>4 = V05 PTD MOR (Encounter and FFS)<br>5 = V05 PTD MOR (PACE) (RAPS, FFS, and Encounter)                                  |
| 2   | Medicare Beneficiary Identifier (MBI) | 12   | 2-12     | CHAR   | Medicare Beneficiary Identifier.  |
| 3   | Filler                                | 1    | 13       | CHAR   | Spaces.   |
| 4   | Beneficiary Last Name                 | 12   | 14-25    | CHAR   | First 12 characters of the Beneficiary's Last Name.   |
| 5   | Beneficiary First Name                | 7    | 26-32    | CHAR   | First 7 characters of the Beneficiary's First Name.   |
| 6   | Beneficiary Initial                   | 1    | 33       | CHAR   | Beneficiary Middle Initial.   |
| 7   | Date of Birth                         | 8    | 34-41    | CHAR   | The date of birth of the Medicare Beneficiary.<br>CCYYMMDD  |
| 8   | Sex                                   | 1    | 42       | CHAR   | Represents the sex of the Medicare Beneficiary.<br>0=Unknown.<br>1=Male.<br>2=Female.   |
| 9   | Filler                                | 9    | 43-51    | CHAR   | Spaces.   |
| 10  | Age Group Female 0-34                 | 1    | 52       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 0 and 34.<br>1 = If applicable.<br>0 = Otherwise.             |
| 11  | Age Group Female35_44                 | 1    | 53       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 35 and 44, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 12  | Age Group Female45_54                 | 1    | 54       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 45 and 54, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 13  | Age Group Female55_59                 | 1    | 55       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 55 and 59, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |

| Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2016 |                       |      |          |        |   |
|---|-----------------------|------|----------|--------|---|
| Item  | Field                 | Size | Position | Format | Description   |
| 14  | Age Group Female60_64 | 1    | 56       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 60 and 64, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 15  | Age Group Female65_69 | 1    | 57       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 65 and 69, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 16  | Age Group Female70_74 | 1    | 58       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 70 and 74, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 17  | Age Group Female75_79 | 1    | 59       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 75 and 79, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 18  | Age Group Female80_84 | 1    | 60       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 80 and 84, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 19  | Age Group Female85_89 | 1    | 61       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 85 and 89, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 20  | Age Group Female90_94 | 1    | 62       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 90 and 94, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 21  | Age Group Female95_GT | 1    | 63       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female, age 95 and greater.<br>1 = If applicable.<br>0 = Otherwise.                  |
| 22  | Age Group Male0_34    | 1    | 64       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 0 and 34, inclusive.<br>1 = If applicable.<br>0 = Otherwise.    |
| 23  | Age Group Male35_44   | 1    | 65       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 35 and 44, inclusive.<br>1 = If applicable.<br>0 = Otherwise.   |

| Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2016 |                            |      |          |        |   |
|---|----------------------------|------|----------|--------|---|
| Item  | Field                      | Size | Position | Format | Description   |
| 24  | Age Group Male45_54        | 1    | 66       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 45 and 54, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 25  | Age Group Male55_59        | 1    | 67       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 55 and 59, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 26  | Age Group Male60_64        | 1    | 68       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 60 and 64, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 27  | Age Group Male65_69        | 1    | 69       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 65 and 69, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 28  | Age Group Male70_74        | 1    | 70       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 70 and 74, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 29  | Age Group Male75_79        | 1    | 71       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 and 79, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 30  | Age Group Male80_84        | 1    | 72       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 and 84, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 31  | Age Group Male85_89        | 1    | 73       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 and 89, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 32  | Age Group Male90_94        | 1    | 74       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 and 94, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 33  | Age Group Male95_GT        | 1    | 75       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male, age 95 and greater.<br>1 = If applicable.<br>0 = Otherwise.                  |
| 34  | Originally Disabled Female | 1    | 76       | CHAR   | Beneficiary is a female and original Medicare entitlement was due to disability.<br>1 = If applicable.<br>0 = Otherwise.                                  |

| Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2016 |                              |      |          |        |  |
|---|------------------------------|------|----------|--------|--|
| Item  | Field                        | Size | Position | Format | Description  |
| 35  | Originally Disabled Male     | 1    | 77       | CHAR   | Beneficiary is a male and original Medicare entitlement was due to disability.<br>1 = If applicable.<br>0 = Otherwise.   |
| 36  | Disease Coefficients RXHCC1  | 1    | 78       | CHAR   | HIV/AIDS.<br>1 = If applicable.<br>0 = Otherwise.  |
| 37  | Disease Coefficients RXHCC5  | 1    | 79       | CHAR   | Opportunistic Infections.<br>1 = If applicable.<br>0 = Otherwise.  |
| 38  | Disease Coefficients RXHCC15 | 1    | 80       | CHAR   | Chronic Myeloid Leukemia.<br>1 = If applicable.<br>0 = Otherwise.  |
| 39  | Disease Coefficients RXHCC16 | 1    | 81       | CHAR   | Multiple Myeloma and Other Neoplastic Disorders.<br>1 = If applicable.<br>0 = Otherwise.                                 |
| 40  | Disease Coefficients RXHCC17 | 1    | 82       | CHAR   | Secondary Cancers of Bone, Lung, Brain, and Other Specified Sites; Liver Cancer.<br>1 = If applicable.<br>0 = Otherwise. |
| 41  | Disease Coefficients RXHCC18 | 1    | 83       | CHAR   | Lung, Kidney, and Other Cancers.<br>1 = If applicable.<br>0 = Otherwise.   |
| 42  | Disease Coefficients RXHCC19 | 1    | 84       | CHAR   | Breast and Other Cancers and Tumors.<br>1 = If applicable.<br>0 = Otherwise.   |
| 43  | Disease Coefficients RXHCC30 | 1    | 85       | CHAR   | Diabetes with Complications.<br>1 = If applicable.<br>0 = Otherwise.   |
| 44  | Disease Coefficients RXHCC31 | 1    | 86       | CHAR   | Diabetes without Complication.<br>1 = If applicable.<br>0 = Otherwise.   |
| 45  | Disease Coefficients RXHCC40 | 1    | 87       | CHAR   | Specified Hereditary Metabolic/Immune Disorders.<br>1 = If applicable.<br>0 = Otherwise.                                 |
| 46  | Disease Coefficients RXHCC41 | 1    | 88       | CHAR   | Pituitary, Adrenal Gland, and Other Endocrine and Metabolic Disorders.<br>1 = If applicable.<br>0 = Otherwise.           |
| 47  | Disease Coefficients RXHCC42 | 1    | 89       | CHAR   | Thyroid Disorders.<br>1 = If applicable.<br>0 = Otherwise.   |
| 48  | Disease Coefficients RXHCC43 | 1    | 90       | CHAR   | Morbid Obesity.<br>1 = If applicable.<br>0 = Otherwise.  |
| 49  | Disease Coefficients RXHCC45 | 1    | 91       | CHAR   | Disorders of Lipoid Metabolism.<br>1 = If applicable.<br>0 = Otherwise.  |
| 50  | Disease Coefficients RXHCC54 | 1    | 92       | CHAR   | Chronic Viral Hepatitis C.<br>1 = If applicable.<br>0 = Otherwise.   |

| Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2016 |                                  |      |          |        |  |
|---|----------------------------------|------|----------|--------|--|
| Item  | Field                            | Size | Position | Format | Description  |
| 51  | Disease Coefficients<br>RXHCC55  | 1    | 93       | CHAR   | Chronic Viral Hepatitis, Except Hepatitis C.<br>1 = If applicable.<br>0 = Otherwise.   |
| 52  | Disease Coefficients<br>RXHCC65  | 1    | 94       | CHAR   | Chronic Pancreatitis.<br>1 = If applicable.<br>0 = Otherwise.  |
| 53  | Disease Coefficients<br>RXHCC66  | 1    | 95       | CHAR   | Pancreatic Disorders and Intestinal Malabsorption, Except Pancreatitis.<br>1 = If applicable.<br>0 = Otherwise.                            |
| 54  | Disease Coefficients<br>RXHCC67  | 1    | 96       | CHAR   | Inflammatory Bowel Disease.<br>1 = If applicable.<br>0 = Otherwise.  |
| 55  | Disease Coefficients<br>RXHCC68  | 1    | 97       | CHAR   | Esophageal Reflux and Other Disorders of Esophagus.<br>1 = If applicable.<br>0 = Otherwise.  |
| 56  | Disease Coefficients<br>RXHCC80  | 1    | 98       | CHAR   | Aseptic Necrosis of Bone.<br>1 = If applicable.<br>0 = Otherwise.  |
| 57  | Disease Coefficients<br>RXHCC82  | 1    | 99       | CHAR   | Psoriatic Arthropathy and Systemic Sclerosis.<br>1 = If applicable.<br>0 = Otherwise.  |
| 58  | Disease Coefficients<br>RXHCC83  | 1    | 100      | CHAR   | Rheumatoid Arthritis and Other Inflammatory Polyarthropathy.<br>1 = If applicable.<br>0 = Otherwise.                                       |
| 59  | Disease Coefficients<br>RXHCC84  | 1    | 101      | CHAR   | Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies.<br>1 = If applicable.<br>0 = Otherwise. |
| 60  | Disease Coefficients<br>RXHCC87  | 1    | 102      | CHAR   | Osteoporosis, Vertebral and Pathological Fractures.<br>1 = If applicable.<br>0 = Otherwise.  |
| 61  | Disease Coefficients<br>RXHCC95  | 1    | 103      | CHAR   | Sickle Cell Anemia.<br>1 = If applicable.<br>0 = Otherwise.  |
| 62  | Disease Coefficients<br>RXHCC96  | 1    | 104      | CHAR   | Myelodysplastic Syndromes and Myelofibrosis.<br>1 = If applicable.<br>0 = Otherwise.   |
| 63  | Disease Coefficients<br>RXHCC97  | 1    | 105      | CHAR   | Immune Disorders.<br>1 = If applicable.<br>0 = Otherwise.  |
| 64  | Disease Coefficients<br>RXHCC98  | 1    | 106      | CHAR   | Aplastic Anemia and Other Significant Blood Disorders.<br>1 = If applicable.<br>0 = Otherwise.   |
| 65  | Disease Coefficients<br>RXHCC111 | 1    | 107      | CHAR   | Alzheimer's Disease.<br>1 = If applicable.<br>0 = Otherwise.   |
| 66  | Disease Coefficients<br>RXHCC112 | 1    | 108      | CHAR   | Dementia, Except Alzheimer's Disease.<br>1 = If applicable.<br>0 = Otherwise.  |

| Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2016 |                                  |      |          |        |  |
|---|----------------------------------|------|----------|--------|--|
| Item  | Field                            | Size | Position | Format | Description  |
| 67  | Disease Coefficients<br>RXHCC130 | 1    | 109      | CHAR   | Schizophrenia.<br>1 = If applicable.<br>0 = Otherwise.   |
| 68  | Disease Coefficients<br>RXHCC131 | 1    | 110      | CHAR   | Bipolar Disorders.<br>1 = If applicable.<br>0 = Otherwise.   |
| 69  | Disease Coefficients<br>RXHCC132 | 1    | 111      | CHAR   | Major Depression.<br>1 = If applicable.<br>0 = Otherwise.  |
| 70  | Disease Coefficients<br>RXHCC133 | 1    | 112      | CHAR   | Specified Anxiety, Personality, and Behavior Disorders.<br>1 = If applicable.<br>0 = Otherwise.                          |
| 71  | Disease Coefficients<br>RXHCC134 | 1    | 113      | CHAR   | Depression.<br>1 = If applicable.<br>0 = Otherwise.  |
| 72  | Disease Coefficients<br>RXHCC135 | 1    | 114      | CHAR   | Anxiety Disorders.<br>1 = If applicable.<br>0 = Otherwise.   |
| 73  | Disease Coefficients<br>RXHCC145 | 1    | 115      | CHAR   | Autism.<br>1 = If applicable.<br>0 = Otherwise.  |
| 74  | Disease Coefficients<br>RXHCC146 | 1    | 116      | CHAR   | Profound or Severe Intellectual Disability/Developmental Disorder.<br>1 = If applicable.<br>0 = Otherwise.               |
| 75  | Disease Coefficients<br>RXHCC147 | 1    | 117      | CHAR   | Moderate Intellectual Disability/Developmental Disorder.<br>1 = If applicable.<br>0 = Otherwise.                         |
| 76  | Disease Coefficients<br>RXHCC148 | 1    | 118      | CHAR   | Mild or Unspecified Intellectual Disability/Developmental Disorder.<br>1 = If applicable.<br>0 = Otherwise.              |
| 77  | Disease Coefficients<br>RXHCC156 | 1    | 119      | CHAR   | Myasthenia Gravis, Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease.<br>1 = If applicable.<br>0 = Otherwise. |
| 78  | Disease Coefficients<br>RXHCC157 | 1    | 120      | CHAR   | Spinal Cord Disorders.<br>1 = If applicable.<br>0 = Otherwise.   |
| 79  | Disease Coefficients<br>RXHCC159 | 1    | 121      | CHAR   | Inflammatory and Toxic Neuropathy.<br>1 = If applicable.<br>0 = Otherwise.   |
| 80  | Disease Coefficients<br>RXHCC160 | 1    | 122      | CHAR   | Multiple Sclerosis.<br>1 = If applicable.<br>0 = Otherwise.  |
| 81  | Disease Coefficients<br>RXHCC161 | 1    | 123      | CHAR   | Parkinson's and Huntington's Diseases.<br>1 = If applicable.<br>0 = Otherwise.   |
| 82  | Disease Coefficients<br>RXHCC163 | 1    | 124      | CHAR   | Intractable Epilepsy.<br>1 = If applicable.<br>0 = Otherwise.  |

| Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2016 |                               |      |          |        |  |
|---|-------------------------------|------|----------|--------|--|
| Item  | Field                         | Size | Position | Format | Description  |
| 83  | Disease Coefficients RXHCC164 | 1    | 125      | CHAR   | Epilepsy and Other Seizure Disorders, Except Intractable Epilepsy.<br>1 = If applicable.<br>0 = Otherwise. |
| 84  | Disease Coefficients RXHCC165 | 1    | 126      | CHAR   | Convulsions.<br>1 = If applicable.<br>0 = Otherwise.   |
| 85  | Disease Coefficients RXHCC166 | 1    | 127      | CHAR   | Migraine Headaches.<br>1 = If applicable.<br>0 = Otherwise.  |
| 86  | Disease Coefficients RXHCC168 | 1    | 128      | CHAR   | Trigeminal and Postherpetic Neuralgia.<br>1 = If applicable.<br>0 = Otherwise.                             |
| 87  | Disease Coefficients RXHCC185 | 1    | 129      | CHAR   | Primary Pulmonary Hypertension.<br>1 = If applicable.<br>0 = Otherwise.                                    |
| 88  | Disease Coefficients RXHCC186 | 1    | 130      | CHAR   | Congestive Heart Failure.<br>1 = If applicable.<br>0 = Otherwise.  |
| 89  | Disease Coefficients RXHCC187 | 1    | 131      | CHAR   | Hypertension.<br>1 = If applicable.<br>0 = Otherwise.  |
| 90  | Disease Coefficients RXHCC188 | 1    | 132      | CHAR   | Coronary Artery Disease.<br>1 = If applicable.<br>0 = Otherwise.   |
| 91  | Disease Coefficients RXHCC193 | 1    | 133      | CHAR   | Atrial Arrhythmias.<br>1 = If applicable.<br>0 = Otherwise.  |
| 92  | Disease Coefficients RXHCC206 | 1    | 134      | CHAR   | Cerebrovascular Disease, Except Hemorrhage or Aneurysm.<br>1 = If applicable.<br>0 = Otherwise.            |
| 93  | Disease Coefficients RXHCC207 | 1    | 135      | CHAR   | Spastic Hemiplegia.<br>1 = If applicable.<br>0 = Otherwise.  |
| 94  | Disease Coefficients RXHCC215 | 1    | 136      | CHAR   | Venous Thromboembolism.<br>1 = If applicable.<br>0 = Otherwise.  |
| 95  | Disease Coefficients RXHCC216 | 1    | 137      | CHAR   | Peripheral Vascular Disease.<br>1 = If applicable.<br>0 = Otherwise.                                       |
| 96  | Disease Coefficients RXHCC225 | 1    | 138      | CHAR   | Cystic Fibrosis.<br>1 = If applicable.<br>0 = Otherwise.   |
| 97  | Disease Coefficients RXHCC226 | 1    | 139      | CHAR   | Chronic Obstructive Pulmonary Disease and Asthma.<br>1 = If applicable.<br>0 = Otherwise.                  |
| 98  | Disease Coefficients RXHCC227 | 1    | 140      | CHAR   | Pulmonary Fibrosis and Other Chronic Lung Disorders.<br>1 = If applicable.<br>0 = Otherwise.               |

| Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2016 |                                  |      |          |        |   |
|---|----------------------------------|------|----------|--------|---|
| Item  | Field                            | Size | Position | Format | Description   |
| 99  | Disease Coefficients<br>RXHCC241 | 1    | 141      | CHAR   | Diabetic Retinopathy.<br>1 = If applicable.<br>0 = Otherwise.   |
| 100   | Disease Coefficients<br>RXHCC243 | 1    | 142      | CHAR   | Open-Angle Glaucoma.<br>1 = If applicable.<br>0 = Otherwise.  |
| 101   | Disease Coefficients<br>RXHCC260 | 1    | 143      | CHAR   | Kidney Transplant Status.<br>1 = If applicable.<br>0 = Otherwise.   |
| 102   | Disease Coefficients<br>RXHCC261 | 1    | 144      | CHAR   | Dialysis Status.<br>1 = If applicable.<br>0 = Otherwise.  |
| 103   | Disease Coefficients<br>RXHCC262 | 1    | 145      | CHAR   | Chronic Kidney Disease Stage 5.<br>1 = If applicable.<br>0 = Otherwise.                                     |
| 104   | Disease Coefficients<br>RXHCC263 | 1    | 146      | CHAR   | Chronic Kidney Disease Stage 4.<br>1 = If applicable.<br>0 = Otherwise.                                     |
| 105   | Disease Coefficients<br>RXHCC311 | 1    | 147      | CHAR   | Chronic Ulcer of Skin, Except Pressure.<br>1 = If applicable.<br>0 = Otherwise.                             |
| 106   | Disease Coefficients<br>RXHCC314 | 1    | 148      | CHAR   | Pemphigus.<br>1 = If applicable.<br>0 = Otherwise.  |
| 107   | Disease Coefficients<br>RXHCC316 | 1    | 149      | CHAR   | Psoriasis, Except with Arthropathy.<br>1 = If applicable.<br>0 = Otherwise.                                 |
| 108   | Disease Coefficients<br>RXHCC355 | 1    | 150      | CHAR   | Narcolepsy and Cataplexy.<br>1 = If applicable.<br>0 = Otherwise.   |
| 109   | Disease Coefficients<br>RXHCC395 | 1    | 151      | CHAR   | Lung Transplant Status.<br>1 = If applicable.<br>0 = Otherwise.   |
| 110   | Disease Coefficients<br>RXHCC396 | 1    | 152      | CHAR   | Major Organ Transplant Status, Except Lung, Kidney, and Pancreas.<br>1 = If applicable.<br>0 = Otherwise.   |
| 111   | Disease Coefficients<br>RXHCC397 | 1    | 153      | CHAR   | Pancreas Transplant Status.<br>1 = If applicable.<br>0 = Otherwise.   |
| 112   | Originally Disabled              | 1    | 154      | CHAR   | The original reason for Medicare entitlement was due to disability.<br>1 = If applicable.<br>0 = Otherwise. |
| 113   | NONAGED<br>RXHCC1                | 1    | 155      | CHAR   | Non-Aged and HIV/AIDS.<br>1 = If applicable.<br>0 = Otherwise.  |
| 114   | NONAGED<br>RXHCC130              | 1    | 156      | CHAR   | Non-Aged and Schizophrenia.<br>1 = If applicable.<br>0 = Otherwise.   |
| 115   | NONAGED<br>RXHCC131              | 1    | 157      | CHAR   | Non-Aged and Bipolar Disorders.<br>1 = If applicable.<br>0 = Otherwise.                                     |



| Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2016 |                     |      |          |        |  |
|---|---------------------|------|----------|--------|--|
| Item  | Field               | Size | Position | Format | Description  |
| 116   | NONAGED<br>RXHCC132 | 1    | 158      | CHAR   | Non-Aged and Major Depression.<br>1 = If applicable.<br>0 = Otherwise.                                       |
| 117   | NONAGED<br>RXHCC133 | 1    | 159      | CHAR   | Non-Aged and Specified Anxiety, Personality, and Behavior Disorders.<br>1 = If applicable.<br>0 = Otherwise. |
| 118   | NONAGED<br>RXHCC134 | 1    | 160      | CHAR   | Non-Aged and Depression.<br>1 = If applicable.<br>0 = Otherwise.   |
| 119   | NONAGED<br>RXHCC135 | 1    | 161      | CHAR   | Non-Aged and Anxiety Disorders.<br>1 = If applicable.<br>0 = Otherwise.                                      |
| 120   | NONAGED<br>RXHCC160 | 1    | 162      | CHAR   | Non-Aged and Autism.<br>1 = If applicable.<br>0 = Otherwise.   |
| 121   | NONAGED<br>RXHCC163 | 1    | 163      | CHAR   | Non-Aged and Multiple Sclerosis.<br>1 = If applicable.<br>0 = Otherwise.                                     |
| 122   | Filler              | 5    | 164-168  | CHAR   | Spaces.  |

**Note:** Fields 111-120 are associated with the Rx HCC Continuing Enrollee Institutional Score only.

**Layout 7-11: Part D RA Model Output Trailer Record – PY2016**

The Contract Trailer Record signals the end of the Detail/Beneficiary records for a MA or stand-alone PDP contract.

| Part D RA Model Output Trailer Record – PY2016 |                    |      |          |        |   |
|--|--------------------|------|----------|--------|---|
| Item   | Field              | Size | Position | Format | Description   |
| 1  | Record Type Code   | 1    | 1        | CHAR   | 3 = Trailer.  |
| 2  | Contract Number    | 5    | 2-6      | CHAR   | Unique identification for a Plan to provide coverage to eligible beneficiaries. |
| 3  | Total Record Count | 9    | 7-15     | CHAR   | Record count, inclusive of all header and trailer records.                      |
| 4  | Filler             | 153  | 16-168   | CHAR   | Spaces.   |

### 7.3 Risk Adjustment System (RAS) Prescription Drug Hierarchical Condition Category (RxHCC) Model Output Data File – PY2017 through PY2021

This file is also known as Part D RA Model Output Data File.

| System     | Type      | Frequency | File Length | Part D RA Model Output Dataset Naming Conventions   |
|------------|-----------|-----------|-------------|---|
| RAS (MARx) | Data File | Monthly   | 180         | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.Rxxxxx.PTDMODD.Dyymm01.Thhmsst<br><br><b>Connect:Direct (Mainframe):</b><br>zzzzzzzz.Rxxxxx.PTDMODD.Dyymm01.Thhmsst<br><br><b>Connect:Direct (Non-Mainframe):</b><br>[directory]Rxxxxx.PTDMODD.Dyymm01.Thhmsst |

**Note:** The date in the file name defaults to “01” denoting the first day of the current payment month.

The following records are included in this file:

- **Part D RA Model Output Header Record – PY2017 through PY2021.**
- **Part D RA Model Output Detail/Beneficiary Record – PY2017 through PY2021.**
- **Part D RA Model Output Trailer Record – PY2017 through PY2021.**

The Contract Header Record signals the beginning of the Detail/Beneficiary records for a Medicare Advantage or stand-alone PDP contract.

#### *Layout 7-12: Part D RA Model Output Header Record – PY2017 through PY2021*

| Part D RA Model Output Header Record – PY2017 through PY2021 |                        |      |          |        |   |
|--|------------------------|------|----------|--------|---|
| Item   | Field                  | Size | Position | Format | Description   |
| 1  | Record Type Code       | 1    | 1        | CHAR   | 1 = Header  |
| 2  | Contract Number        | 5    | 2-6      | CHAR   | Unique identification for a Plan to provide coverage to eligible beneficiaries.         |
| 3  | Run Date               | 8    | 7-14     | CHAR   | The run date when this file was created.<br>CCYYMMDD                                    |
| 4  | Payment Year and Month | 6    | 15-20    | CHAR   | This identifies the risk adjustment payment year and month for the model run.<br>CCYYMM |
| 5  | Filler                 | 160  | 21-180   | CHAR   | Spaces.   |

The total length of this record is 180 characters.

**Layout 7-13: Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2017 through PY2021**

**Each Detail/Beneficiary Record contains information for an HCC beneficiary in a Medicare Prescription Drug Contract/Plan, as of the last RAS model run for Payment Year 2017 through 2021. The Detail Record Type 2, 4 & 5 is used to report an RxHHC beneficiary.**

| Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2017 through PY2021 |                                       |      |          |        |  |
|--|---------------------------------------|------|----------|--------|--|
| Item   | Field                                 | Size | Position | Format | Description  |
| 1  | Record Type Code                      | 1    | 1        | CHAR   | Set to “2,” “4,” or “5<br>“2” = V05 PTD MOR (RAPS and FFS)<br><br>“4” = V05 PTD MOR (Encounter and FFS)<br><br>“5” = V05 PTD MOR (PACE) (RAPS, FFS, and Encounter) |
| 2  | Medicare Beneficiary Identifier (MBI) | 11   | 2-12     | CHAR   | Medicare Beneficiary Identifier.   |
| 3  | Filler                                | 1    | 13       | CHAR   | Spaces.  |
| 4  | Beneficiary Last Name                 | 12   | 14-25    | CHAR   | First 12 characters of the Beneficiary’s Last Name.  |
| 5  | Beneficiary First Name                | 7    | 26-32    | CHAR   | First 7 characters of the Beneficiary’s First Name.  |
| 6  | Beneficiary Initial                   | 1    | 33       | CHAR   | Beneficiary Middle Initial.  |
| 7  | Date of Birth                         | 8    | 34-41    | CHAR   | The date of birth of the Medicare Beneficiary.<br>CCYYMMDD   |
| 8  | Sex                                   | 1    | 42       | CHAR   | Represents the sex of the Medicare Beneficiary.<br>0=Unknown.<br>1=Male.<br>2=Female.  |
| 9  | Social Security Number                | 9    | 43-51    | CHAR   | The beneficiary's current identification number that was assigned by the Social Security Administration.   |
| 10   | Age Group Female 0-34                 | 1    | 52       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 0 and 34.<br>1 = If applicable.<br>0 = Otherwise.                    |
| 11   | Age Group Female35_44                 | 1    | 53       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 35 and 44, inclusive.<br>1 = If applicable.<br>0 = Otherwise.        |
| 12   | Age Group Female45_54                 | 1    | 54       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 45 and 54, inclusive.<br>1 = If applicable.<br>0 = Otherwise.        |
| 13   | Age Group Female55_59                 | 1    | 55       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 55 and 59, inclusive.<br>1 = If applicable.<br>0 = Otherwise.        |

| Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2017 through PY2021 |                       |      |          |        |   |
|--|-----------------------|------|----------|--------|---|
| Item   | Field                 | Size | Position | Format | Description   |
| 14   | Age Group Female60_64 | 1    | 56       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 60 and 64, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 15   | Age Group Female65_69 | 1    | 57       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 65 and 69, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 16   | Age Group Female70_74 | 1    | 58       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 70 and 74, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 17   | Age Group Female75_79 | 1    | 59       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 75 and 79, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 18   | Age Group Female80_84 | 1    | 60       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 80 and 84, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 19   | Age Group Female85_89 | 1    | 61       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 85 and 89, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 20   | Age Group Female90_94 | 1    | 62       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female between ages of 90 and 94, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 21   | Age Group Female95_GT | 1    | 63       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Female, age 95 and greater.<br>1 = If applicable.<br>0 = Otherwise.                  |
| 22   | Age Group Male0_34    | 1    | 64       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 0 and 34, inclusive.<br>1 = If applicable.<br>0 = Otherwise.    |
| 23   | Age Group Male35_44   | 1    | 65       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 35 and 44, inclusive.<br>1 = If applicable.<br>0 = Otherwise.   |

| Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2017 through PY2021 |                            |      |          |        |   |
|--|----------------------------|------|----------|--------|---|
| Item   | Field                      | Size | Position | Format | Description   |
| 24   | Age Group Male45_54        | 1    | 66       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 45 and 54, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 25   | Age Group Male55_59        | 1    | 67       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 55 and 59, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 26   | Age Group Male60_64        | 1    | 68       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 60 and 64, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 27   | Age Group Male65_69        | 1    | 69       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 65 and 69, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 28   | Age Group Male70_74        | 1    | 70       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 70 and 74, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 29   | Age Group Male75_79        | 1    | 71       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 and 79, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 30   | Age Group Male80_84        | 1    | 72       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 and 84, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 31   | Age Group Male85_89        | 1    | 73       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 and 89, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 32   | Age Group Male90_94        | 1    | 74       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 and 94, inclusive.<br>1 = If applicable.<br>0 = Otherwise. |
| 33   | Age Group Male95_GT        | 1    | 75       | CHAR   | The sex and age group for the beneficiary based on a given as of date. Male, age 95 and greater.<br>1 = If applicable.<br>0 = Otherwise.                  |
| 34   | Originally Disabled Female | 1    | 76       | CHAR   | Beneficiary is a female and original Medicare entitlement was due to disability.<br>1 = If applicable.<br>0 = Otherwise.                                  |

| Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2017 through PY2021 |                              |      |          |        |  |
|--|------------------------------|------|----------|--------|--|
| Item   | Field                        | Size | Position | Format | Description  |
| 35   | Originally Disabled Male     | 1    | 77       | CHAR   | Beneficiary is a male and original Medicare entitlement was due to disability.<br>1 = If applicable.<br>0 = Otherwise.   |
| 36   | Disease Coefficients RXHCC1  | 1    | 78       | CHAR   | HIV/AIDS.<br>1 = If applicable.<br>0 = Otherwise.  |
| 37   | Disease Coefficients RXHCC5  | 1    | 79       | CHAR   | Opportunistic Infections.<br>1 = If applicable.<br>0 = Otherwise.  |
| 38   | Disease Coefficients RXHCC15 | 1    | 80       | CHAR   | Chronic Myeloid Leukemia.<br>1 = If applicable.<br>0 = Otherwise.  |
| 39   | Disease Coefficients RXHCC16 | 1    | 81       | CHAR   | Multiple Myeloma and Other Neoplastic Disorders.<br>1 = If applicable.<br>0 = Otherwise.                                 |
| 40   | Disease Coefficients RXHCC17 | 1    | 82       | CHAR   | Secondary Cancers of Bone, Lung, Brain, and Other Specified Sites; Liver Cancer.<br>1 = If applicable.<br>0 = Otherwise. |
| 41   | Disease Coefficients RXHCC18 | 1    | 83       | CHAR   | Lung, Kidney, and Other Cancers.<br>1 = If applicable.<br>0 = Otherwise.   |
| 42   | Disease Coefficients RXHCC19 | 1    | 84       | CHAR   | Breast and Other Cancers and Tumors.<br>1 = If applicable.<br>0 = Otherwise.   |
| 43   | Disease Coefficients RXHCC30 | 1    | 85       | CHAR   | Diabetes with Complications.<br>1 = If applicable.<br>0 = Otherwise.   |
| 44   | Disease Coefficients RXHCC31 | 1    | 86       | CHAR   | Diabetes without Complication.<br>1 = If applicable.<br>0 = Otherwise.   |
| 45   | Disease Coefficients RXHCC40 | 1    | 87       | CHAR   | Specified Hereditary Metabolic/Immune Disorders.<br>1 = If applicable.<br>0 = Otherwise.                                 |
| 46   | Disease Coefficients RXHCC41 | 1    | 88       | CHAR   | Pituitary, Adrenal Gland, and Other Endocrine and Metabolic Disorders.<br>1 = If applicable.<br>0 = Otherwise.           |
| 47   | Disease Coefficients RXHCC42 | 1    | 89       | CHAR   | Thyroid Disorders.<br>1 = If applicable.<br>0 = Otherwise.   |
| 48   | Disease Coefficients RXHCC43 | 1    | 90       | CHAR   | Morbid Obesity.<br>1 = If applicable.<br>0 = Otherwise.  |
| 49   | Disease Coefficients RXHCC45 | 1    | 91       | CHAR   | Disorders of Lipoid Metabolism.<br>1 = If applicable.<br>0 = Otherwise.  |
| 50   | Disease Coefficients RXHCC54 | 1    | 92       | CHAR   | Chronic Viral Hepatitis C.<br>1 = If applicable.<br>0 = Otherwise.   |

| Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2017 through PY2021 |                                  |      |          |        |  |
|--|----------------------------------|------|----------|--------|--|
| Item   | Field                            | Size | Position | Format | Description  |
| 51   | Disease Coefficients<br>RXHCC55  | 1    | 93       | CHAR   | Chronic Viral Hepatitis, Except Hepatitis C.<br>1 = If applicable.<br>0 = Otherwise.   |
| 52   | Disease Coefficients<br>RXHCC65  | 1    | 94       | CHAR   | Chronic Pancreatitis.<br>1 = If applicable.<br>0 = Otherwise.  |
| 53   | Disease Coefficients<br>RXHCC66  | 1    | 95       | CHAR   | Pancreatic Disorders and Intestinal Malabsorption, Except Pancreatitis.<br>1 = If applicable.<br>0 = Otherwise.                            |
| 54   | Disease Coefficients<br>RXHCC67  | 1    | 96       | CHAR   | Inflammatory Bowel Disease.<br>1 = If applicable.<br>0 = Otherwise.  |
| 55   | Disease Coefficients<br>RXHCC68  | 1    | 97       | CHAR   | Esophageal Reflux and Other Disorders of Esophagus.<br>1 = If applicable.<br>0 = Otherwise.  |
| 56   | Disease Coefficients<br>RXHCC80  | 1    | 98       | CHAR   | Aseptic Necrosis of Bone.<br>1 = If applicable.<br>0 = Otherwise.  |
| 57   | Disease Coefficients<br>RXHCC82  | 1    | 99       | CHAR   | Psoriatic Arthropathy and Systemic Sclerosis.<br>1 = If applicable.<br>0 = Otherwise.  |
| 58   | Disease Coefficients<br>RXHCC83  | 1    | 100      | CHAR   | Rheumatoid Arthritis and Other Inflammatory Polyarthropathy.<br>1 = If applicable.<br>0 = Otherwise.                                       |
| 59   | Disease Coefficients<br>RXHCC84  | 1    | 101      | CHAR   | Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies.<br>1 = If applicable.<br>0 = Otherwise. |
| 60   | Disease Coefficients<br>RXHCC87  | 1    | 102      | CHAR   | Osteoporosis, Vertebral and Pathological Fractures.<br>1 = If applicable.<br>0 = Otherwise.  |
| 61   | Disease Coefficients<br>RXHCC95  | 1    | 103      | CHAR   | Sickle Cell Anemia.<br>1 = If applicable.<br>0 = Otherwise.  |
| 62   | Disease Coefficients<br>RXHCC96  | 1    | 104      | CHAR   | Myelodysplastic Syndromes and Myelofibrosis.<br>1 = If applicable.<br>0 = Otherwise.   |
| 63   | Disease Coefficients<br>RXHCC97  | 1    | 105      | CHAR   | Immune Disorders.<br>1 = If applicable.<br>0 = Otherwise.  |
| 64   | Disease Coefficients<br>RXHCC98  | 1    | 106      | CHAR   | Aplastic Anemia and Other Significant Blood Disorders.<br>1 = If applicable.<br>0 = Otherwise.   |
| 65   | Disease Coefficients<br>RXHCC111 | 1    | 107      | CHAR   | Alzheimer's Disease.<br>1 = If applicable.<br>0 = Otherwise.   |
| 66   | Disease Coefficients<br>RXHCC112 | 1    | 108      | CHAR   | Dementia, Except Alzheimer's Disease.<br>1 = If applicable.<br>0 = Otherwise.  |

| Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2017 through PY2021 |                                  |      |          |        |  |
|--|----------------------------------|------|----------|--------|--|
| Item   | Field                            | Size | Position | Format | Description  |
| 67   | Disease Coefficients<br>RXHCC130 | 1    | 109      | CHAR   | Schizophrenia.<br>1 = If applicable.<br>0 = Otherwise.   |
| 68   | Disease Coefficients<br>RXHCC131 | 1    | 110      | CHAR   | Bipolar Disorders.<br>1 = If applicable.<br>0 = Otherwise.   |
| 69   | Disease Coefficients<br>RXHCC132 | 1    | 111      | CHAR   | Major Depression.<br>1 = If applicable.<br>0 = Otherwise.  |
| 70   | Disease Coefficients<br>RXHCC133 | 1    | 112      | CHAR   | Specified Anxiety, Personality, and Behavior Disorders.<br>1 = If applicable.<br>0 = Otherwise.                          |
| 71   | Disease Coefficients<br>RXHCC134 | 1    | 113      | CHAR   | Depression.<br>1 = If applicable.<br>0 = Otherwise.  |
| 72   | Disease Coefficients<br>RXHCC135 | 1    | 114      | CHAR   | Anxiety Disorders.<br>1 = If applicable.<br>0 = Otherwise.   |
| 73   | Disease Coefficients<br>RXHCC145 | 1    | 115      | CHAR   | Autism.<br>1 = If applicable.<br>0 = Otherwise.  |
| 74   | Disease Coefficients<br>RXHCC146 | 1    | 116      | CHAR   | Profound or Severe Intellectual Disability/Developmental Disorder.<br>1 = If applicable.<br>0 = Otherwise.               |
| 75   | Disease Coefficients<br>RXHCC147 | 1    | 117      | CHAR   | Moderate Intellectual Disability/Developmental Disorder.<br>1 = If applicable.<br>0 = Otherwise.                         |
| 76   | Disease Coefficients<br>RXHCC148 | 1    | 118      | CHAR   | Mild or Unspecified Intellectual Disability/Developmental Disorder.<br>1 = If applicable.<br>0 = Otherwise.              |
| 77   | Disease Coefficients<br>RXHCC156 | 1    | 119      | CHAR   | Myasthenia Gravis, Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease.<br>1 = If applicable.<br>0 = Otherwise. |
| 78   | Disease Coefficients<br>RXHCC157 | 1    | 120      | CHAR   | Spinal Cord Disorders.<br>1 = If applicable.<br>0 = Otherwise.   |
| 79   | Disease Coefficients<br>RXHCC159 | 1    | 121      | CHAR   | Inflammatory and Toxic Neuropathy.<br>1 = If applicable.<br>0 = Otherwise.   |
| 80   | Disease Coefficients<br>RXHCC160 | 1    | 122      | CHAR   | Multiple Sclerosis.<br>1 = If applicable.<br>0 = Otherwise.  |
| 81   | Disease Coefficients<br>RXHCC161 | 1    | 123      | CHAR   | Parkinson's and Huntington's Diseases.<br>1 = If applicable.<br>0 = Otherwise.   |
| 82   | Disease Coefficients<br>RXHCC163 | 1    | 124      | CHAR   | Intractable Epilepsy.<br>1 = If applicable.<br>0 = Otherwise.  |



| Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2017 through PY2021 |                               |      |          |        |  |
|--|-------------------------------|------|----------|--------|--|
| Item   | Field                         | Size | Position | Format | Description  |
| 83   | Disease Coefficients RXHCC164 | 1    | 125      | CHAR   | Epilepsy and Other Seizure Disorders, Except Intractable Epilepsy.<br>1 = If applicable.<br>0 = Otherwise. |
| 84   | Disease Coefficients RXHCC165 | 1    | 126      | CHAR   | Convulsions.<br>1 = If applicable.<br>0 = Otherwise.   |
| 85   | Disease Coefficients RXHCC166 | 1    | 127      | CHAR   | Migraine Headaches.<br>1 = If applicable.<br>0 = Otherwise.  |
| 86   | Disease Coefficients RXHCC168 | 1    | 128      | CHAR   | Trigeminal and Postherpetic Neuralgia.<br>1 = If applicable.<br>0 = Otherwise.                             |
| 87   | Disease Coefficients RXHCC185 | 1    | 129      | CHAR   | Primary Pulmonary Hypertension.<br>1 = If applicable.<br>0 = Otherwise.                                    |
| 88   | Disease Coefficients RXHCC186 | 1    | 130      | CHAR   | Congestive Heart Failure.<br>1 = If applicable.<br>0 = Otherwise.  |
| 89   | Disease Coefficients RXHCC187 | 1    | 131      | CHAR   | Hypertension.<br>1 = If applicable.<br>0 = Otherwise.  |
| 90   | Disease Coefficients RXHCC188 | 1    | 132      | CHAR   | Coronary Artery Disease.<br>1 = If applicable.<br>0 = Otherwise.   |
| 91   | Disease Coefficients RXHCC193 | 1    | 133      | CHAR   | Atrial Arrhythmias.<br>1 = If applicable.<br>0 = Otherwise.  |
| 92   | Disease Coefficients RXHCC206 | 1    | 134      | CHAR   | Cerebrovascular Disease, Except Hemorrhage or Aneurysm.<br>1 = If applicable.<br>0 = Otherwise.            |
| 93   | Disease Coefficients RXHCC207 | 1    | 135      | CHAR   | Spastic Hemiplegia.<br>1 = If applicable.<br>0 = Otherwise.  |
| 94   | Disease Coefficients RXHCC215 | 1    | 136      | CHAR   | Venous Thromboembolism.<br>1 = If applicable.<br>0 = Otherwise.  |
| 95   | Disease Coefficients RXHCC216 | 1    | 137      | CHAR   | Peripheral Vascular Disease.<br>1 = If applicable.<br>0 = Otherwise.                                       |
| 96   | Disease Coefficients RXHCC225 | 1    | 138      | CHAR   | Cystic Fibrosis.<br>1 = If applicable.<br>0 = Otherwise.   |
| 97   | Disease Coefficients RXHCC226 | 1    | 139      | CHAR   | Chronic Obstructive Pulmonary Disease and Asthma.<br>1 = If applicable.<br>0 = Otherwise.                  |
| 98   | Disease Coefficients RXHCC227 | 1    | 140      | CHAR   | Pulmonary Fibrosis and Other Chronic Lung Disorders.<br>1 = If applicable.<br>0 = Otherwise.               |

| Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2017 through PY2021 |                                  |      |          |        |   |
|--|----------------------------------|------|----------|--------|---|
| Item   | Field                            | Size | Position | Format | Description   |
| 99   | Disease Coefficients<br>RXHCC241 | 1    | 141      | CHAR   | Diabetic Retinopathy.<br>1 = If applicable.<br>0 = Otherwise.   |
| 100  | Disease Coefficients<br>RXHCC243 | 1    | 142      | CHAR   | Open-Angle Glaucoma.<br>1 = If applicable.<br>0 = Otherwise.  |
| 101  | Disease Coefficients<br>RXHCC260 | 1    | 143      | CHAR   | Kidney Transplant Status.<br>1 = If applicable.<br>0 = Otherwise.   |
| 102  | Disease Coefficients<br>RXHCC261 | 1    | 144      | CHAR   | Dialysis Status.<br>1 = If applicable.<br>0 = Otherwise.  |
| 103  | Disease Coefficients<br>RXHCC262 | 1    | 145      | CHAR   | Chronic Kidney Disease Stage 5.<br>1 = If applicable.<br>0 = Otherwise.                                     |
| 104  | Disease Coefficients<br>RXHCC263 | 1    | 146      | CHAR   | Chronic Kidney Disease Stage 4.<br>1 = If applicable.<br>0 = Otherwise.                                     |
| 105  | Disease Coefficients<br>RXHCC311 | 1    | 147      | CHAR   | Chronic Ulcer of Skin, Except Pressure.<br>1 = If applicable.<br>0 = Otherwise.                             |
| 106  | Disease Coefficients<br>RXHCC314 | 1    | 148      | CHAR   | Pemphigus.<br>1 = If applicable.<br>0 = Otherwise.  |
| 107  | Disease Coefficients<br>RXHCC316 | 1    | 149      | CHAR   | Psoriasis, Except with Arthropathy.<br>1 = If applicable.<br>0 = Otherwise.                                 |
| 108  | Disease Coefficients<br>RXHCC355 | 1    | 150      | CHAR   | Narcolepsy and Cataplexy.<br>1 = If applicable.<br>0 = Otherwise.   |
| 109  | Disease Coefficients<br>RXHCC395 | 1    | 151      | CHAR   | Lung Transplant Status.<br>1 = If applicable.<br>0 = Otherwise.   |
| 110  | Disease Coefficients<br>RXHCC396 | 1    | 152      | CHAR   | Major Organ Transplant Status, Except Lung, Kidney, and Pancreas.<br>1 = If applicable.<br>0 = Otherwise.   |
| 111  | Disease Coefficients<br>RXHCC397 | 1    | 153      | CHAR   | Pancreas Transplant Status.<br>1 = If applicable.<br>0 = Otherwise.   |
| 112  | Originally Disabled              | 1    | 154      | CHAR   | The original reason for Medicare entitlement was due to disability.<br>1 = If applicable.<br>0 = Otherwise. |
| 113  | NONAGED<br>RXHCC1                | 1    | 155      | CHAR   | Non-Aged and HIV/AIDS.<br>1 = If applicable.<br>0 = Otherwise.  |
| 114  | NONAGED<br>RXHCC130              | 1    | 156      | CHAR   | Non-Aged and Schizophrenia.<br>1 = If applicable.<br>0 = Otherwise.   |
| 115  | NONAGED<br>RXHCC131              | 1    | 157      | CHAR   | Non-Aged and Bipolar Disorders.<br>1 = If applicable.<br>0 = Otherwise.                                     |

| Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2017 through PY2021 |                     |      |          |        |   |
|--|---------------------|------|----------|--------|---|
| Item   | Field               | Size | Position | Format | Description   |
| 116  | NONAGED<br>RXHCC132 | 1    | 158      | CHAR   | Non-Aged and Major Depression.<br>1 = If applicable.<br>0 = Otherwise.  |
| 117  | NONAGED<br>RXHCC133 | 1    | 159      | CHAR   | Non-Aged and Specified Anxiety, Personality, and Behavior Disorders.<br>1 = If applicable.<br>0 = Otherwise.            |
| 118  | NONAGED<br>RXHCC134 | 1    | 160      | CHAR   | Non-Aged and Depression.<br>1 = If applicable.<br>0 = Otherwise.  |
| 119  | NONAGED<br>RXHCC135 | 1    | 161      | CHAR   | Non-Aged and Anxiety Disorders.<br>1 = If applicable.<br>0 = Otherwise.   |
| 120  | NONAGED<br>RXHCC160 | 1    | 162      | CHAR   | Non-Aged and Multiple Sclerosis.<br>1 = If applicable.<br>0 = Otherwise.  |
| 121  | NONAGED<br>RXHCC163 | 1    | 163      | CHAR   | Non-Aged and Intractable Epilepsy.<br>1 = If applicable.<br>0 = Otherwise.  |
| 122  | NONAGED<br>RXHCC145 | 1    | 164      | CHAR   | Non-Aged and Autism.<br>1 = If applicable.<br>0 = Otherwise.  |
| 123  | NONAGED<br>RXHCC164 | 1    | 165      | CHAR   | Non-Aged and Epilepsy and Other Seizure Disorders, Except Intractable Epilepsy.<br>1 = If applicable.<br>0 = Otherwise. |
| 124  | NONAGED<br>RXHCC165 | 1    | 166      | CHAR   | Non-Aged and Convulsions.<br>1 = If applicable.<br>0 = Otherwise.   |
| 125  | Filler              | 14   | 167-180  | CHAR   | Spaces.   |

The total length of this record is 180 characters.

**NOTE:** Fields 113-124 are associated with the Rx HCC Continuing Enrollee Institutional Score only.

**Layout 7-14: Part D RA Model Output Trailer Record – PY2017 through PY2021**

| Part D RA Model Output Trailer Record – PY2017 through PY2021 |                    |      |          |        |   |
|---|--------------------|------|----------|--------|---|
| Item  | Field              | Size | Position | Format | Description   |
| 1   | Record Type Code   | 1    | 1        | CHAR   | 3 = Trailer.  |
| 2   | Contract Number    | 5    | 2-6      | CHAR   | Unique identification for a Plan to provide coverage to eligible beneficiaries. |
| 3   | Total Record Count | 9    | 7-15     | CHAR   | Record count, inclusive of all header and trailer records.                      |
| 4   | Filler             | 165  | 16-180   | CHAR   | Spaces.   |

The total length of this record is 180 characters.

## 7.4 Medicare Advantage Organization (MAO) 004 Report – Encounter Data Diagnosis Eligible for Risk Adjustment – Phase IV, Version 0 (Phase 4.0)

Beginning with Payment Year (PY) 2015, diagnoses from Encounter Data Records (EDRs) and Chart Review Records (CRRs) with 2014 dates of service that are eligible for risk adjustment were added as another source of data when calculating risk scores, in addition to diagnoses from the Risk Adjustment Processing System (RAPS) and from fee-for-service (FFS) claims. In December 2015, CMS created the MAO-004 report, a 500-byte flat file, to inform Medicare Advantage Organizations (MAOs) of the risk adjustment eligibility of diagnosis data submitted on accepted EDRs and CRRs. The MAO-004 reports are produced on a monthly basis from data submitted by contracts to CMS in the immediately preceding month. For example, the MAO-004 reports sent to MAOs in August 2017 were based on EDRs submitted to and accepted by the CMS’ Encounter Data Processing System (EDPS) in July 2017.

This report is distributed to MAOs by Contract Identification Number on a monthly basis via MARx and Plans’ EFT mailboxes.

If you have any questions about the report, please email [RiskAdjustmentOperations@cms.hhs.gov](mailto:RiskAdjustmentOperations@cms.hhs.gov) with the subject line of “MAO-004 report, Contract XXXX”.

### Accessing the Phase 4.0 Reports

CMS will distribute the Phase 4.0 MAO-004 reports with the file naming convention as follows:

| System      | Type      | Frequency | File Length | MAO-004 Report Dataset Naming Conventions  |
|-------------|-----------|-----------|-------------|--|
| EFT Mailbox | Data File | Monthly   | 500         | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.MAO004PV.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzzz.Rxxxxx.MAO004PV.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.MAO004PV.Dyymmdd.Thhmsst</p> |
| MARx UI     | Data File | Monthly   | 500         | P#MMA.@BDG5050.PLNxxxxx.Ryyyymm.Ddd.MAO004PV   |

Where:

- zzzzzzzz is the Plan sponsor-provided high level qualifier.
- xxxxxx is the contract number, representing the contract that the MAO-004 report is for.
- P = Phase: The Phase can be 1 to 9 or A to Z (‘4’ for this Phase).
- V= Version: The version can be 1 to 9 or A to Z (‘0’ for this Version).
- yy is the two digit year when the file was sent (four digit year for the MARx UI).
- mm is the two digit month when the file was sent (the last day of the month the file corresponds to for the MARx UI).
- dd is the two digit day when the file was sent.
- thhmsst is the timestamp, representing the time the file was sent.

**Active contracts** may also access and download archived MAO-004 Reports through MARx UI:

1. Go to the “Reports” menu
2. Select “monthly” frequency
3. Select “Start Month/Year”
4. Select “End Month/Year”
5. On the “Report/Data File” dropdown select “Risk Adjustment Eligible Diagnosis Report”
6. Add your “Contract ID”
7. Press “Find.” The archived reports will populate and become available for download after 10-15 minutes after the user has logged out and has logged back into the UI.

The file includes the following records:

- **MAO-004 Header Record**
- **MAO-004 Detail Record**
- **MAO-004 Trailer Record**

**Layout 7-15: MAO-004 Header Record – Phase IV, Version 0**

| MAO-004 Header Record – Phase IV, Version 0 |                                |      |          |   |
|---|--------------------------------|------|----------|---|
| Item  | Field                          | Size | Position | Description   |
| 1   | Record Type                    | 1    | 1        | Numeric, no commas and/or decimals<br>0=Header.   |
| 2   | Delimiter                      | 1    | 2        | Alphanumeric<br>Uses the * character.   |
| 3   | Report ID                      | 7    | 3-9      | Alphanumeric<br>Value is MAO-004.   |
| 4   | Delimiter                      | 1    | 10       | Alphanumeric<br>Uses the * character.   |
| 5   | Medicare Advantage Contract ID | 5    | 11-15    | Alphanumeric<br>Medicare Contract ID assigned to the submitting contract.                                   |
| 6   | Delimiter                      | 1    | 16       | Alphanumeric<br>Uses the * character.   |
| 7   | Report Date                    | 8    | 17-24    | Numeric<br>CCYYMMDD<br>The last date of the submission month.   |
| 8   | Delimiter                      | 1    | 25       | Alphanumeric<br>Uses the * character.   |
| 9   | Report Description             | 53   | 26-78    | Alphanumeric, Left justify, blank fill<br>Value is “Encounter Data Diagnosis Eligible for Risk Adjustment.” |
| 10  | Delimiter                      | 1    | 79       | Alphanumeric<br>Uses the * character.   |
| 11  | Filler                         | 30   | 80-109   | Spaces.   |
| 12  | Delimiter                      | 1    | 110      | Alphanumeric<br>Uses the * character  |
| 13  | Submission File Type           | 4    | 111-114  | Alphanumeric<br>Value of 'PROD,' for production and 'TEST' for test files                                   |
| 14  | Delimiter                      | 1    | 115      | Alphanumeric<br>Uses the * character.   |

| MAO-004 Header Record – Phase IV, Version 0 |           |      |          |  |
|---|-----------|------|----------|--|
| Item  | Field     | Size | Position | Description  |
| 15  | Phase     | 1    | 116      | Alphanumeric<br>This field designates the Phase layout of the MAO-004 report (In this case “4”)                  |
| 16  | Delimiter | 1    | 117      | Alphanumeric<br>Uses the * character.  |
| 17  | Version   | 1    | 118      | Alphanumeric<br>This field will designate the Version within the phase of the MAO-004 report (In this case “0”). |
| 18  | Delimiter | 1    | 119      | Alphanumeric<br>Uses the * character.  |
| 19  | Filler    | 381  | 120-500  | Spaces/  |

**Layout 7-16: MAO-004 Detail Record – Phase IV, Version 0**

| MAO-004 Detail Record – Phase IV, Version 0 |                                |      |          |   |
|---|--------------------------------|------|----------|---|
| Item  | Field                          | Size | Position | Format and Comments   |
| 1   | Record Type                    | 1    | 1        | Numeric<br>1=Detail.  |
| 2   | Delimiter                      | 1    | 2        | Alphanumeric<br>Uses the * character.   |
| 3   | Report ID                      | 7    | 3-9      | Alphanumeric<br>Value is MAO-004.   |
| 4   | Delimiter                      | 1    | 10       | Alphanumeric<br>Uses the * character.   |
| 5   | Medicare Advantage Contract ID | 5    | 11-15    | Alphanumeric<br>Medicare Contract ID assigned to the submitting contract.   |
| 6   | Delimiter                      | 1    | 16       | Alphanumeric<br>Uses the * character.   |
| 7   | Beneficiary Identifier         | 12   | 17-28    | Alphanumeric<br>Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI).  |
| 8   | Delimiter                      | 1    | 29       | Alphanumeric<br>Uses the * character.   |
| 9   | Encounter ICN                  | 20   | 30-49    | Numeric<br>Encounter Data System (EDS) Internal Control Number. In encounter data, only 13 spaces represent the ICN; however, there are 20 spaces on the records to allow enhancement of the ICN. |
| 10  | Delimiter                      | 1    | 50       | Alphanumeric<br>Uses the * character.   |

| MAO-004 Detail Record – Phase IV, Version 0 |   |      |          |   |
|---|---|------|----------|---|
| Item  | Field   | Size | Position | Format and Comments   |
| 11  | Encounter Type Switch                             | 1    | 51       | Alpha Numeric<br>This field can take on 9 different values:<br>1 = Encounter.<br>2 = Void to an Encounter.<br>3= Replacement to an Encounter.<br>4 = Chart Review Add.<br>5 = Void to a Chart Review.<br>6 = Replacement to a Chart Review.<br>7 = Chart Review Delete.<br>8 = Void to a chart review Delete.<br>9 = Replacement to a chart review Delete.  |
| 12  | Delimiter   | 1    | 52       | Alphanumeric<br>Uses the * character.   |
| 13  | ICN of Encounter Linked To                        | 20   | 53-72    | Alphanumeric<br>EDS ICN. This field reports the ICN submitted and referenced on replacement, void, and linked CRRs. It will be blank for original encounters data records and unlinked CRRs.  |
| 14  | Delimiter   | 1    | 73       | Alphanumeric<br>Uses the * character.   |
| 15  | Allowed/ Disallowed Status of Encounter Linked To | 1    | 74       | Alphanumeric<br>This field indicates if the diagnoses on the encounter data record or chart review record that is referenced in Field 13 were allowed or disallowed for risk adjustment.<br>A = Diagnoses on previous record were allowed.<br>D = Diagnoses on previous record were disallowed.<br>Space = (1) If the current record is an original encounter data record.<br>(2) If the current record is an unlinked chart review record and no record is referenced in Field 13.<br>(3) If the record is a linked chart review with an invalid ICN in Field 13.<br>(4) If the diagnoses on the record whose ICN is in Field 13 did not pass the filtering logic and were not previously reported on a MAO-004 report.<br>(5) if the record points to another record which the allowed/disallowed was not set and reported before |
| 16  | Delimiter   | 1    | 75       | Alphanumeric<br>Uses the * character.   |
| 17  | Encounter Submission Date                         | 8    | 76-83    | Numeric<br>Identifies the date the MAO submitted the encounter.<br>CCYYMMDD   |



| MAO-004 Detail Record – Phase IV, Version 0 |                           |      |          |   |
|---|---------------------------|------|----------|---|
| Item  | Field                     | Size | Position | Format and Comments   |
| 18  | Delimiter                 | 1    | 84       | Alphanumeric<br>Uses the * character.   |
| 19  | "From" Date of Service    | 8    | 85-92    | Numeric<br>The start date for a provided service.<br>CCYYMMDD   |
| 20  | Delimiter                 | 1    | 93       | Alphanumeric<br>Uses the * character.   |
| 21  | "Through" Date of Service | 8    | 94-101   | Numeric<br>The end date for a provided service.<br>CCYYMMDD   |
| 22  | Delimiter                 | 1    | 102      | Alphanumeric<br>Uses the * character.   |
| 23  | Service Type              | 1    | 103      | Alphanumeric<br>Type of Claim:<br>P = Professional.<br>I = Inpatient.<br>O = Outpatient.<br>D = DME.<br>N = (All Others) Not Applicable.  |
| 24  | Delimiter                 | 1    | 104      | Alphanumeric<br>Uses the * character.   |
| 25  | Allowed/ Disallowed flag  | 1    | 105      | Alphanumeric<br>This field indicates if diagnoses on the current encounter data record (Field 9) are allowed or disallowed for risk adjustment.<br>A = Diagnoses are allowed for risk adjustment.<br>D = Diagnoses are disallowed for risk adjustment.<br><br>Blank: Voids and Chart Review Deletes that have an EDS submission dates prior to the risk adjustment deadline.<br><br>N = Diagnoses are not applicable for risk adjustment. |
| 26  | Delimiter                 | 1    | 106      | Alphanumeric<br>Uses the * character.   |

| MAO-004 Detail Record – Phase IV, Version 0 |                                 |      |          |  |
|---|---------------------------------|------|----------|--|
| Item  | Field                           | Size | Position | Format and Comments  |
| 27  | Allowed/ Disallowed Reason Code | 1    | 107      | <p>Alphanumeric</p> <p>If applicable, this field will indicate why the current record and its associated diagnoses are Disallowed for risk adjustment; or will indicate that diagnoses which were previously disallowed for risk adjustment are now allowed for risk adjustment based on an updated quarterly CPT/HCPCS list.</p> <p>“H”: The current record and its associated diagnoses are Disallowed for risk adjustment due to CPT/HCPCS. This value is applicable to only Service Types “O”, “P” and “D”.</p> <p>“T”: The current record and its associated diagnoses are Disallowed for risk adjustment due to Type of Bill. This value is applicable to only Service Types “O”.</p> <p>“D”: The current record and its associated diagnoses are Disallowed due to the final year-specific risk-adjustment payment deadline</p> <p>If the current record and its associated diagnoses are Disallowed for both Type of Bill and CPT/HCPCS code, reason code “T” will be reported. This is only applicable to Service Types “O”.</p> <p>“Q”: The current record and its associated diagnoses are now Allowed due to CPT/HCPCS quarterly update. This value is only applicable to reprocessed Service Types “O”, “P” and “D”.</p> <p>Blank: The current record and its associated diagnoses are Allowed for risk adjustment.</p> <p>“N”: The current record and its associated diagnoses are not applicable for risk adjustment. This is applicable records with Service Types “N”.</p> <p>Order of hierarchy:<br/>N&gt; D&gt;T&gt;H</p> |
| 28  | Delimiter                       | 1    | 108      | <p>Alphanumeric</p> <p>Uses the * character.</p>   |

| MAO-004 Detail Record – Phase IV, Version 0 |  |      |          |   |
|---|--|------|----------|---|
| Item  | Field  | Size | Position | Format and Comments   |
| 29  | Diagnoses ICD  | 1    | 109      | Alphanumeric<br>ICD code for all the diagnoses.<br>9 = ICD-9.<br>0=ICD-10.  |
| 30  | Delimiter  | 1    | 110      | Alphanumeric<br>Uses the * character.   |
| 31  | Diagnosis Codes  | 7    | 111-117  | Alphanumeric<br>ICD-9 codes will be accepted prior to the ICD-10 implementation date. Only ICD-10 codes will be accepted starting with ICD-10 implementation date.  |
| 32  | Delimiter  | 1    | 118      | Alphanumeric<br>Uses the * character.   |
| 33  | Add or Delete flag   | 1    | 119      | Alphanumeric<br><br>Alpha Numeric<br>This will flag a diagnosis code as:<br><br>A = Add.<br>D = Delete.<br>Space = diagnosis has been reported before in the encounter family.<br>N = Diagnoses that are not applicable for adding and/or deleting.     |
| 34  | Delimiter  | 1    | 120      | Alphanumeric<br>Uses the * character.   |
| 35  | Diagnosis Codes & Delimiters & Add/Delete flags for 37 diagnoses | 370  | 121-490  | Alphanumeric<br>This field represents up to 37 subsequent diagnoses, for a total of 38 diagnoses and add/delete flags per ICN. Any diagnoses beyond 38 will wrap around in the next line of the report with repeated detail lines except the diagnoses. |
| 36  | Filler   | 10   | 491-500  | Spaces.   |

**Layout 7-17: MAO-004 Trailer Record – Phase IV, Version 0**

| MAO-004 Trailer Record – Phase IV, Version 0 |                                |      |          |   |
|--|--------------------------------|------|----------|---|
| Item   | Field                          | Size | Position | Format and Comments   |
| 1  | Record Type                    | 1    | 1        | Numeric<br>9=Trailer.   |
| 2  | Delimiter                      | 1    | 2        | Alphanumeric<br>Uses the * character.                                     |
| 3  | Report ID                      | 7    | 3-9      | Alphanumeric<br>Value is MAO-004  |
| 4  | Delimiter                      | 1    | 10       | Alphanumeric<br>Uses the * character.                                     |
| 5  | Medicare Advantage Contract ID | 5    | 11-15    | Alphanumeric<br>Medicare Contract ID assigned to the submitting contract. |
| 6  | Delimiter                      | 1    | 16       | Alphanumeric<br>Uses the * character.                                     |
| 7  | Total Number of Records        | 18   | 17-34    | Numeric<br>Count of detail records on this report.                        |
| 8  | Delimiter                      | 1    | 35       | Alphanumeric<br>Uses the * character.                                     |
| 9  | Filler                         | 465  | 36-500   | Alphanumeric<br>Spaces.   |

## 7.5 Part B Claims Data File

The Part B Claims Data File lists the Part B physician and supplier claims, and Part B home health claims that were processed under Medicare fee-for-service for beneficiaries enrolled in the contract.

| System | Type      | Frequency | File Length | Part B Claims Data File Dataset Naming Conventions   |
|--------|-----------|-----------|-------------|--|
| MARx   | Data File | Monthly   | 187         | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.CLAIMDAT.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzzz.Rxxxxx.CLAIMDAT.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.CLAIMDAT.Dyymm01.Thhmsst</p> |

**Note:** The date in the file name defaults to “01” denoting the first day of the current payment month.

The file includes the following records:

- **Part B Claims Record Type 1**
- **Part B Claims Record Type 2**

### *Layout 7-18: Part B Claims Record Type 1*

| Part B Claims Data File Record Type 1 |                 |      |          |  |
|---------------------------------------|-----------------|------|----------|--|
| Item                                  | Field           | Size | Position | Description  |
| 1                                     | Contract Number | 5    | 1-5      | Plan contract number   |
| 2                                     | Record Type     | 1    | 6        | 6 = Physician/Supplier.<br>7 = Durable Medical Equipment.  |
| 3                                     | Beneficiary ID  | 12   | 7-18     | <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> |
| 4                                     | Period From     | 8    | 19-26    | Start Date.<br>CCYYMMDD  |
| 5                                     | Period To       | 8    | 27-34    | End Date.<br>CCYYMMDD  |
| 6                                     | Date of Birth   | 8    | 35-42    | Beneficiary's Date of Birth.<br>CCYYMMDD   |
| 7                                     | Surname         | 6    | 43-48    | First six positions of Beneficiary's surname.  |
| 8                                     | First Name      | 1    | 49       | First letter of Beneficiary's first name.  |
| 9                                     | Middle Initial  | 1    | 50       | First letter of Beneficiary's middle name.   |

| Part B Claims Data File Record Type 1 |                                  |      |          |  |
|---------------------------------------|----------------------------------|------|----------|--|
| Item                                  | Field                            | Size | Position | Description  |
| 10                                    | Reimbursement Amount             | 11   | 51-61    | Reimbursement amount for claim.  |
| 11                                    | Total Allowed Charges            | 11   | 62-72    | Total allowed charges for claim.   |
| 12                                    | Report Date                      | 6    | 73-78    | Claims processed through date. CCYYMM. Assigned by the system as it produces this file. This is the cut-off date for including a claim in this file. |
| 13                                    | Contractor identification number | 5    | 79-83    | Identification number of the contractor that processed claim.  |
| 14                                    | Provider identification number   | 10   | 84-93    | Provider's identification number.  |
| 15                                    | Internal Control Number          | 15   | 94-108   | Internal control number assigned by the Medicare contractor to claim.  |
| 16                                    | Provider Payment Amount          | 11   | 109-119  | Total amount paid to provider for this claim.  |
| 17                                    | Beneficiary Payment Amount       | 11   | 120-130  | Total amount paid to Beneficiary for this claim.   |
| 18                                    | Filler                           | 57   | 131-187  | Spaces.  |

*Layout 7-19: Part B Claims Record Type 2*

| Part B Claims Data File Record Type 2 |                      |      |          |  |
|---------------------------------------|----------------------|------|----------|--|
| Item                                  | Field                | Size | Position | Description  |
| 1                                     | Contract Number      | 5    | 1-5      | Plan contract number.  |
| 2                                     | Record Type          | 1    | 6        | 5 = Home Health Agency.  |
| 3                                     | Beneficiary ID       | 12   | 7-18     | <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> |
| 4                                     | Period From          | 8    | 19-26    | Start Date. CCYYMMDD   |
| 5                                     | Period To            | 8    | 27-34    | End Date. CCYYMMDD   |
| 6                                     | Date of Birth        | 8    | 35-42    | Beneficiary's Date of Birth. CCYYMMDD  |
| 7                                     | Surname              | 6    | 43-48    | First six positions of Beneficiary's surname.  |
| 8                                     | First Name           | 1    | 49       | First letter of Beneficiary's first name.  |
| 9                                     | Middle Name          | 1    | 50       | First letter of Beneficiary's middle name.   |
| 10                                    | Reimbursement Amount | 11   | 51-61    | Reimbursement amount for claim.  |
| 11                                    | Total Charges        | 11   | 62-72    | Total charges on the claim.  |

| <b>Part B Claims Data File Record Type 2</b> |                                  |             |                 |  |
|--|----------------------------------|-------------|-----------------|--|
| <b>Item</b>                                  | <b>Field</b>                     | <b>Size</b> | <b>Position</b> | <b>Description</b>   |
| 12   | Report Date                      | 6           | 73-78           | Claims processed through date. CCYYMM<br>Assigned by the system when processing claims. This is the cut-off date for including a claim in this file. |
| 13   | Contractor identification number | 5           | 79-83           | Identification number of the contractor that processed the claim.  |
| 14   | Provider identification number   | 6           | 84-89           | Provider's identification number.  |
| 15   | Filler                           | 98          | 90-187          | Spaces.  |

## 7.6 Monthly Medicare Secondary Payer (MSP) Information Data File (Part C Only)

A Medicare Secondary Payment (MSP) file is sent each month to the Plans. The data on this file reflects beneficiaries that have Medicare as their secondary payer sometime during their Medicare enrollment periods in Part A/B. It contains demographic information on the beneficiary as well as information on their primary insurance.

The file has four record types:

- **MSP Header Record**
- **MSP Primary Record**
- **MSP Detail Record.**
- **MSP Trailer Record**

The Primary (PRM) record identifies and provides information about the beneficiary. The PRM record has a Detail Count field that identifies how many detail records will follow the primary record. Each Detail (DET##) record contains the details on a specific MSP period for the beneficiary identified in the PRM record.

The Trailer Record contains a total count of Primary records and a total count of combined Primary and Detail records.

| System | Type      | Frequency | File Length | MSP File Record Naming Conventions  |
|--------|-----------|-----------|-------------|---|
| MARx   | Data File | Monthly   | 700         | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.Rxxxxx.MSPCOBMA.Dyymmdd.Thhmsst<br><br><b>Connect:Direct (Mainframe):</b><br>zzzzzzzz.Rxxxxx.MSPCOBMA.Dyymmdd.Thhmsst<br><br><b>Connect:Direct (Non-Mainframe):</b><br>[directory].Rxxxxx.MSPCOBMA.Dyymmdd.Thhmsst |

### Layout 7-20: MSP Header Record

| MSP Header Record |                    |      |          |                   |
|-------------------|--------------------|------|----------|-------------------|
| Item              | Field              | Size | Position | Description       |
| 1                 | Header Code        | 8    | 1-8      | Value = CMSMSPDH. |
| 2                 | Sending Entity     | 4    | 9-12     | Value = MARX.     |
| 3                 | File Creation Date | 8    | 13-20    | CCYYMMDD          |
| 4                 | Filler             | 680  | 21-700   | Spaces.           |



**Layout 7-21: MSP Primary Record**

| <b>MSP Primary Record</b>   |                                    |             |                 |  |
|---|------------------------------------|-------------|-----------------|--|
| <b>Item</b>   | <b>Field</b>                       | <b>Size</b> | <b>Position</b> | <b>Description</b>   |
| 1   | Record Type                        | 3           | 1-3             | Value = PRM.   |
| 2   | Beneficiary ID                     | 12          | 4-15            | <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> |
| 3   | Detail Count                       | 2           | 16-17           | This is the count of MSP DET records for each beneficiary.   |
| 4   | Date of Birth                      | 8           | 18-25           | CCYYMMDD   |
| 5   | Gender Code                        | 1           | 26              | 0 = Unknown<br>1 = Male<br>2 = Female  |
| 6   | Contract                           | 5           | 27-31           | Contract Number.   |
| 7   | PBP                                | 3           | 32-34           | Plan Benefit Package.  |
| <b>This begins the MSP Factor fields for the Prospective Payment.</b> |                                    |             |                 |  |
| 8   | MSP Factor                         | 7           | 35-41           | Layout (00.0000)   |
| 9   | Part A RD Amount Sign              | 1           | 42              | “-” = Negative.<br>Space = Positive.   |
| 10  | Part A RD Amount                   | 9           | 43-51           | Layout (999999.99)   |
| 11  | Part B RD Amount Sign              | 1           | 52              | “-” = Negative.<br>Space = Positive.   |
| 12  | Part B RD Amount                   | 9           | 53-61           | Layout (999999.99)   |
| 13  | Paid Flag                          | 1           | 62              | Y = Yes, it was paid.<br>N = No, it was not paid.  |
| <b>This ends the MSP Factor fields for the Prospective Payment.</b>   |                                    |             |                 |  |
| 14  | MSP Factor Adjustment 1            | 7           | 63-69           | Layout (00.0000)   |
| 15  | Part A RD Amount Sign Adjustment 1 | 1           | 70              | “-” = Negative.<br>Space = Positive.   |
| 16  | Part A RD Amount Adjustment 1      | 9           | 71-79           | Layout (999999.99)   |
| 17  | Part B RD Amount Sign Adjustment 1 | 1           | 80              | “-” = Negative.<br>Space = Positive.   |
| 18  | Part B RD Amount Adjustment 1      | 9           | 81-89           | Layout (999999.99)   |
| 19  | Paid Flag Adjustment 1             | 1           | 90              | Y = Yes, it was paid.<br>N = No, it was not paid.  |
| 20  | MSP Factor Adjustment 2            | 7           | 91-97           | Layout (00.0000)   |
| 21  | Part A RD Amount Sign Adjustment 2 | 1           | 98              | “-” = Negative.<br>Space = Positive.   |

| MSP Primary Record |  |      |          |   |
|--------------------|--|------|----------|---|
| Item               | Field                                    | Size | Position | Description                                       |
| 22                 | Part A RD<br>Amount<br>Adjustment 2      | 9    | 99-107   | Layout (999999.99)                                |
| 23                 | Part B RD<br>Amount Sign<br>Adjustment 2 | 1    | 108      | “-” = Negative.<br>Space = Positive.              |
| 24                 | Part B RD<br>Amount<br>Adjustment 2      | 9    | 109-117  | Layout (999999.99)                                |
| 25                 | Paid Flag<br>Adjustment 2                | 1    | 118      | Y = Yes, it was paid.<br>N = No, it was not paid. |
| 26                 | MSP Factor<br>Adjustment 3               | 7    | 119-125  | Layout (00.0000)                                  |
| 27                 | Part A RD<br>Amount Sign<br>Adjustment 3 | 1    | 126      | “-” = Negative.<br>Space = Positive.              |
| 28                 | Part A RD<br>Amount<br>Adjustment 3      | 9    | 127-135  | Layout (999999.99)                                |
| 29                 | Part B RD<br>Amount Sign<br>Adjustment 3 | 1    | 136      | “-” = Negative.<br>Space = Positive.              |
| 30                 | Part B RD<br>Amount<br>Adjustment 3      | 9    | 137-145  | Layout (999999.99)                                |
| 31                 | Paid Flag<br>Adjustment 3                | 1    | 146      | Y = Yes, it was paid.<br>N = No, it was not paid  |
| 32                 | MSP Factor<br>Adjustment 4               | 7    | 147-153  | Layout (00.0000)                                  |
| 33                 | Part A RD<br>Amount Sign<br>Adjustment 4 | 1    | 154      | “-” = Negative.<br>Space = Positive.              |
| 34                 | Part A RD<br>Amount<br>Adjustment 4      | 9    | 155-163  | Layout (999999.99)                                |
| 35                 | Part B RD<br>Amount Sign<br>Adjustment 4 | 1    | 164      | “-” = Negative<br>Space = Positive                |
| 36                 | Part B RD<br>Amount<br>Adjustment 4      | 9    | 165-173  | Layout (999999.99)                                |
| 37                 | Paid Flag<br>Adjustment 4                | 1    | 174      | Y = Yes, it was paid.<br>N = No, it was not paid  |
| 38                 | Filler                                   | 526  | 175-700  | Spaces  |

**Layout 7-22: MSP Detail Record**

| MSP Detail Record |                          |      |          |  |
|-------------------|--------------------------|------|----------|--|
| Item              | Field                    | Size | Position | Description  |
| 1                 | Record Type              | 5    | 1-5      | Value = DET##<br>Where ## = number of the MSP occurrence; 01 through 17.   |
| 2                 | Beneficiary ID           | 12   | 6-17     | <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> |
| 3                 | Delete Indicator         | 1    | 18       | D = occurrence to be deleted or audited.   |
| 4                 | Validity Indicator       | 1    | 19       | I = FI/Carrier added occurrence.<br>N = Beneficiary does not have MSP coverage.<br>Y = BCRC added.   |
| 5                 | MSP Code                 | 1    | 20       | The field value is cross-walked.<br>All values:<br>12 = Working Aged (A).<br>13 = ESRD (B).<br>14 = No Fault (D).<br>15 = Worker Comp (E).<br>16 = Federal (Public Health) (F).<br>41 = Black Lung (H).<br>42 = Veterans (I).<br>43 = Disabled (G).<br>47 = Liability (L).   |
| 6                 | COB Contractor Number    | 5    | 21-25    | N/A  |
| 7                 | Date Entry Added         | 8    | 26-33    | CCYYMMDD   |
| 8                 | Update Contractor Number | 5    | 34-38    | N/A  |
| 9                 | Maintenance Date         | 8    | 39-46    | CCYYMMDD<br>Date the data was updated by MSP updating contractor.  |
| 10                | CWF Occurrence           | 2    | 47-48    | 2 digit numeric value.<br>Spaces if no value present on table.   |
| 11                | Filler                   | 4    | 49-52    | Spaces.  |

| MSP Detail Record |                      |      |          |   |
|-------------------|----------------------|------|----------|---|
| Item              | Field                | Size | Position | Description   |
| 12                | Insurer Type         | 1    | 53       | A = Insurance or indemnity.<br>B = HMP.<br>C = Preferred provider organization.<br>D = Third party administrator arrangement under an administrative service only contract without stop loss from any entity.<br>E = Third party administrator arrangement with stop loss insurance issued from any entity.<br>F = Self-insured/self-administered.<br>G = Collectively-bargained health and welfare.<br>H = Multiple employer health plan with at least one employer who has more than 100 full and/or part-time employees.<br>J = Hospitalization only plan which covers only Inpatient services.<br>K = Medicare services only plan which covers only non-inpatient services.<br>M = Medicare supplemental plan: Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan.<br>Spaces = unknown. |
| 13                | Insurer Name         | 32   | 54-85    | The name of the group coverage plan in which the beneficiary is enrolled.   |
| 14                | Insurer Address 1    | 32   | 86-117   | Insurer's street address line 1.  |
| 15                | Insurer Address 2    | 32   | 118-149  | Insurer's street address line 2.  |
| 16                | Insurer City         | 15   | 150-164  | The name of Insurer's city.   |
| 17                | Insurer State Code   | 2    | 165-166  | Insurer's state code.   |
| 18                | Insurer Zip Code     | 9    | 167-175  | Insurer's zip code.   |
| 19                | Policy Number        | 17   | 176-192  | The identifier for the group coverage plan in which the beneficiary is enrolled.  |
| 20                | MSP Effective Date   | 8    | 193-200  | CCYYMMDD  |
| 21                | MSP Termination Date | 8    | 201-208  | CCYYMMDD  |

| MSP Detail Record |                           |      |          |  |
|-------------------|---------------------------|------|----------|--|
| Item              | Field                     | Size | Position | Description  |
| 22                | Patient Relationship Code | 2    | 209-210  | 01 = Patient is Insured.<br>02 = Spouse.<br>03 = Natural Child, Insured has Financial Responsibility.<br>04 = Natural Child, Insured does not have Financial Responsibility.<br>05 = Step Child.<br>06 = Foster Child.<br>07 = Ward of the Court.<br>08 = Employee.<br>09 = Unknown.<br>10 = Handicapped Dependent.<br>11 = Organ Donor.<br>12 = Cadaver Donor.<br>13 = Grandchild.<br>14 = Niece/Nephew.<br>15 = Injured Plaintiff.<br>16 = Sponsored Dependent.<br>17 = Minor Dependent of a Minor Dependent.<br>18 = Parent.<br>19 = Grandparent dependent.<br>20 = Life Partner. |
| 23                | Subscriber First Name     | 9    | 211-219  | First name of policyholder.  |
| 24                | Subscriber Last Name      | 16   | 220-235  | Last name of policyholder.   |
| 25                | Employee ID Number        | 12   | 236-247  | Employee ID number assigned by employer.   |

| MSP Detail Record |                    |      |          |  |
|-------------------|--------------------|------|----------|--|
| Item              | Field              | Size | Position | Description  |
| 26                | Source Code        | 2    | 248-249  | A = Claim Processing.<br>B = IRS/SSA/CMS Data Match.<br>C = First Claim Development.<br>D = IRS/SSA/CMS Data Match II.<br>E = Black Lung (DOL).<br>F = Veterans (VA).<br>G = Other Data Matches.<br>H = Worker's Compensation.<br>I = Notified by Beneficiary.<br>J = Notified by Provider.<br>K = Notified by Insurer.<br>L = Notified by Employer.<br>M = Notified by Attorney.<br>N = Notified by Group Health Plan/Primary Payer.<br>O = Initial Enrollment Questionnaire.<br>P = HMP Rate Cell Adjustment.<br>Q = Voluntary Insurer Reporting.<br>S = Miscellaneous Reporting.<br>T = IRS/SSA/CMS Data Match III.<br>U = IRS/SSA/CMS Data Match IV.<br>V = IRS/SSA/CMS Data Match V.<br>W = IRS/SSA/CMS Data Match VI.<br>X = Self reports.<br>Y = 411.25.<br>Spaces = Unknown.<br>0 = COB Contractor.<br>1 = Initial Enrollment questionnaire.<br>2 = IRS/SSA/CMS/data match.<br>3 = HMP Rate cell.<br>4 = Litigation Settlement.<br>5 = Employer Voluntary Reporting.<br>6 = Insurer Voluntary Reporting.<br>7 = First Claim Development.<br>8 = Trauma Code Development.<br>9 = Secondary Claims Investigation.<br>10 = Self Reports.<br>11 = 411.25.<br>12 = BC/BS Voluntary Agreements.<br>13 = Office of Personnel Management (OPM).<br>14 = Workmen's Compensation (WC) Data match.<br>25 = Recovery Audit Contractor (California).<br>26 = Recovery Audit Contractor (Florida). |
| 27                | Employee INFO Data | 1    | 250      | P = Patient.<br>S = Spouse.<br>M = Mother.<br>F = Father.  |
| 28                | Employer Name      | 32   | 251-282  | The name of the employer providing coverage.   |
| 29                | Employer Address 1 | 32   | 283-314  | Employer's street address line 1.  |
| 30                | Employer Address 2 | 32   | 315-346  | Employer's street address line 2.  |
| 31                | Employer City      | 15   | 347-361  | The name of employer's city.   |
| 32                | Employer State     | 2    | 362-363  | Employer's state code.   |

| MSP Detail Record |                          |      |          |   |
|-------------------|--------------------------|------|----------|---|
| Item              | Field                    | Size | Position | Description   |
| 33                | Employer Zip Cd          | 9    | 364-372  | Employer's zip code.  |
| 34                | Insurer Group Number     | 20   | 373-392  | Group number assigned by primary payer.   |
| 35                | Insurer Group Name       | 17   | 393-409  | The name of the insurance group.  |
| 36                | Prepaid Health Plan Date | 8    | 410-417  | CCYYMMDD;<br>Date beneficiary was notified that the Medicare is secondary payer for services performed outside the prepaid Health Plan when they could have been performed by a prepaid Health Plan provider. |
| 37                | Remarks Code 1           | 2    | 418-419  | Remarks Code 1.   |
| 38                | Remarks Code 2           | 2    | 420-421  | Remarks Code 2.   |
| 39                | Remarks Code 3           | 2    | 422-423  | Remarks Code 3.   |
| 40                | Payer ID                 | 10   | 424-433  | The identifier of the primary payer.  |
| 41                | Diagnosis Code Ind 1     | 1    | 434      | 0 = ICD 10.<br>9 = ICD 9.   |
| 42                | Diagnosis Code 1         | 7    | 435-441  | Diagnosis Code 1.   |
| 43                | Diagnosis Code Ind 2     | 1    | 442      | 0 = ICD 10.<br>9 = ICD 9.   |
| 44                | Diagnosis Code 2         | 7    | 443-449  | Diagnosis Code 2.   |
| 45                | Diagnosis Code Ind 3     | 1    | 450      | 0 = ICD 10.<br>9 = ICD 9.   |
| 46                | Diagnosis Code 3         | 7    | 451-457  | Diagnosis Code 3.   |
| 47                | Diagnosis Code Ind 4     | 1    | 458      | 0 = ICD 10.<br>9 = ICD 9.   |
| 48                | Diagnosis Code 4         | 7    | 459-465  | Diagnosis Code 4.   |
| 49                | Diagnosis Code Ind 5     | 1    | 466      | 0 = ICD 10.<br>9 = ICD 9.   |
| 50.               | Diagnosis Code 5         | 7    | 467-473  | Diagnosis Code 5.   |
| 51                | Diagnosis Code Ind 6     | 1    | 474      | 0 = ICD 10.<br>9 = ICD 9.   |
| 52                | Diagnosis Code 6         | 7    | 475-481  | Diagnosis Code 6.   |
| 53                | Diagnosis Code Ind 7     | 1    | 482      | 0 = ICD 10.<br>9 = ICD 9.   |
| 54                | Diagnosis Code 7         | 7    | 483-489  | Diagnosis Code 7.   |
| 55                | Diagnosis Code Ind 8     | 1    | 490      | 0 = ICD 10.<br>9 = ICD 9.   |
| 56                | Diagnosis Code 8         | 7    | 491-497  | Diagnosis Code 8.   |
| 57                | Diagnosis Code Ind 9     | 1    | 498      | 0 = ICD 10.<br>9 = ICD 9.   |
| 58                | Diagnosis Code 9         | 7    | 499-505  | Diagnosis Code 9.   |
| 59                | Diagnosis Code Ind 10    | 1    | 506      | 0 = ICD 10.<br>9 = ICD 9.   |
| 60                | Diagnosis Code 10        | 7    | 507-513  | Diagnosis Code 10.  |
| 61                | Diagnosis Code Ind 11    | 1    | 514      | 0 = ICD 10.<br>9 = ICD 9.   |
| 62                | Diagnosis Code 11        | 7    | 515-521  | Diagnosis Code 11.  |
| 63                | Diagnosis Code Ind 12    | 1    | 522      | 0 = ICD 10.<br>9 = ICD 9.   |

| MSP Detail Record |                       |      |          |                           |
|-------------------|-----------------------|------|----------|---------------------------|
| Item              | Field                 | Size | Position | Description               |
| 64                | Diagnosis Code 12     | 7    | 523-529  | Diagnosis Code 12.        |
| 65                | Diagnosis Code Ind 13 | 1    | 530      | 0 = ICD 10.<br>9 = ICD 9. |
| 66                | Diagnosis Code 13     | 7    | 531-537  | Diagnosis Code 13.        |
| 67                | Diagnosis Code Ind 14 | 1    | 538      | 0 = ICD 10.<br>9 = ICD 9. |
| 68                | Diagnosis Code 14     | 7    | 539-545  | Diagnosis Code 14.        |
| 69                | Diagnosis Code Ind 15 | 1    | 546      | 0 = ICD 10.<br>9 = ICD 9. |
| 70                | Diagnosis Code 15     | 7    | 547-553  | Diagnosis Code 15.        |
| 71                | Diagnosis Code Ind 16 | 1    | 554      | 0 = ICD 10.<br>9 = ICD 9. |
| 72                | Diagnosis Code 16     | 7    | 555-561  | Diagnosis Code 16.        |
| 73                | Diagnosis Code Ind 17 | 1    | 562      | 0 = ICD 10.<br>9 = ICD 9. |
| 74                | Diagnosis Code 17     | 7    | 563-569  | Diagnosis Code 17.        |
| 75                | Diagnosis Code Ind 18 | 1    | 570      | 0 = ICD 10.<br>9 = ICD 9. |
| 76                | Diagnosis Code 18     | 7    | 571-577  | Diagnosis Code 18.        |
| 77                | Diagnosis Code Ind 19 | 1    | 578      | 0 = ICD 10.<br>9 = ICD 9. |
| 78                | Diagnosis Code 19     | 7    | 579-585  | Diagnosis Code 19.        |
| 79                | Diagnosis Code Ind 20 | 1    | 586      | 0 = ICD 10.<br>9 = ICD 9. |
| 80                | Diagnosis Code 20     | 7    | 587-593  | Diagnosis Code 20.        |
| 81                | Diagnosis Code Ind 21 | 1    | 594      | 0 = ICD 10.<br>9 = ICD 9. |
| 82                | Diagnosis Code 21     | 7    | 595-601  | Diagnosis Code 21.        |
| 83                | Diagnosis Code Ind 22 | 1    | 602      | 0 = ICD 10.<br>9 = ICD 9. |
| 84                | Diagnosis Code 22     | 7    | 603-609  | Diagnosis Code 22.        |
| 85                | Diagnosis Code Ind 23 | 1    | 610      | 0 = ICD 10.<br>9 = ICD 9. |
| 86                | Diagnosis Code 23     | 7    | 611-617  | Diagnosis Code 23.        |
| 87                | Diagnosis Code Ind 24 | 1    | 618      | 0 = ICD 10.<br>9 = ICD 9. |
| 88                | Diagnosis Code 24     | 7    | 619-625  | Diagnosis Code 24.        |
| 89                | Diagnosis Code Ind 25 | 1    | 626      | 0 = ICD 10.<br>9 = ICD 9. |
| 90                | Diagnosis Code 25     | 7    | 627-633  | Diagnosis Code 25.        |
| 91                | Filler                | 67   | 634-700  | Spaces                    |



**Layout 7-23: MSP Trailer Record**

| MSP Trailer Record |                     |      |          |  |
|--------------------|---------------------|------|----------|--|
| Item               | Field               | Size | Position | Description  |
| 1                  | Trailer Code        | 8    | 1-8      | Value = CMSMSPDT.  |
| 2                  | Sending Entity      | 4    | 9-12     | Value = MARX.  |
| 3                  | File Creation Date  | 8    | 13-20    | CCYYMMDD   |
| 4                  | Total PRM Count     | 8    | 21-28    | Total count of primary beneficiary records.                |
| 5                  | Total Records Count | 8    | 29-36    | Total count of all records (minus the Header and Trailer). |
| 6                  | Filler              | 664  | 37-700   | Spaces.  |

## 7.7 Medicare Advantage Medicaid Status Data File

CMS will send a monthly report to Plans that provides the monthly dual statuses and corresponding dual status codes for their beneficiaries who are full or partial duals. Plans will receive a Medicare Advantage Medicaid Status data file to assist in predicting future revenue impacts under the CMS-HCC risk adjustment model, and to assist in benefit coordination. Each report will provide the most recent Medicaid information on plan enrollees, back to the beginning of the payment.

| System | Type      | Frequency | File Length | Medicare Advantage Medicaid Status Data File Dataset Naming Conventions  |
|--------|-----------|-----------|-------------|--|
| MARx   | Data File | Monthly   | 75          | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.MCMD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzzz.Rxxxxx.MCMD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.MCMD.Dyymm01.Thhmsst</p> |

The file includes the following records:

- **Medicare Advantage Medicaid Status Header Record.**
- **Medicare Advantage Medicaid Status Beneficiary Identification Record.**
- **Medicare Advantage Medicaid Status Beneficiary Detail Record.**
- **Medicare Advantage Medicaid Status Trailer Record.**

### *Layout 7-24: Medicare Advantage Medicaid Status Header Record*

| Medicare Advantage Medicaid Status Header Record |                      |      |          |  |
|--|----------------------|------|----------|--|
| Item   | Field                | Size | 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.<br>CCYYMMDD |
| 6  | Filler               | 53   | 23-75    | Spaces.                                  |

**Layout 7-25: Medicare Advantage Medicaid Status Beneficiary Identification Record**

| Medicare Advantage Medicaid Status Beneficiary Identification Record |                 |      |          |   |
|--|-----------------|------|----------|---|
| Item   | Field           | Size | 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.<br>CCYYMMDD   |
| 8  | Gender          | 1    | 47       | Beneficiary Gender Identification Code<br>0 = Unknown<br>1 = Male<br>2 = Female |
| 9  | Filler          | 28   | 48-75    | Spaces.   |

**Layout 7-26: Medicare Advantage Medicaid Status Beneficiary Detail Record**

| Medicare Advantage Medicaid Status Beneficiary Detail Record |                                |      |          |  |
|--|--------------------------------|------|----------|--|
| Item   | Field                          | Size | Position | Description  |
| 1  | Record Type                    | 1    | 1        | 3 = Beneficiary Detail Record(s).                  |
| 2  | Contract Number                | 5    | 2-6      | Contract Identification.                           |
| 3  | Medicaid Start Date            | 8    | 7-14     | YYYYMMDD Format.                                   |
| 4  | Medicaid End Date              | 8    | 15-22    | YYYYMMDD Format<br>Spaces if there is no end date. |
| 5  | Medicaid Full/Partial/Non-dual | 1    | 23       | F = Full<br>P = Partial                            |

| Medicare Advantage Medicaid Status Beneficiary Detail Record |                         |      |          |   |
|--|-------------------------|------|----------|---|
| Item   | Field                   | Size | Position | Description   |
| 6  | Dual Status Code        | 2    | 24-25    | Dual Status Code Start Date.<br>01 = Eligible - entitled to Medicare- QMB only (Partial Dual)<br>02 = Eligible - entitled to Medicare- QMB AND Medicaid coverage (Full Dual)<br>03 = Eligible - entitled to Medicare- SLMB only (Partial Dual)<br>04 = Eligible - entitled to Medicare- SLMB AND Medicaid coverage (Full Dual)<br>05 = Eligible - entitled to Medicare- QDWI (Partial Dual)<br>06 = Eligible - entitled to Medicare- Qualifying individuals (Partial Dual)<br>08 = Eligible - entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB, QDWI or QI) with Medicaid coverage (Full Dual)<br>09 = Eligible - entitled to Medicare – Other Dual Eligibles but without Medicaid coverage (Non-Dual)<br>10 = Other Full Dual |
| 7  | Record Add Timestamp    | 12   | 26-37    | Record Add Timestamp for Dual Status Code YYYYMMDDHHMM format.  |
| 8  | Record Update Timestamp | 12   | 38-49    | Record Update Timestamp for Dual Status Code YYYYMMDDHHMM Format.   |
| 9  | Medicaid Record Type    | 1    | 50       | Medicaid Record Type:<br>V = Valid<br>A = Audited   |
| 10   | Filler                  | 25   | 51-75    | Spaces.   |

**Layout 7-27: Medicare Advantage Medicaid Status Trailer Record**

| Medicare Advantage Medicaid Status Trailer Record |                          |      |          |   |
|---|--------------------------|------|----------|---|
| Item  | Field                    | Size | 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).<br>Left padded with zeroes. |
| 4   | Beneficiary Record Count | 7    | 14-20    | Number of beneficiary records (Type 2) on the data file.<br>Left padded with zeroes.                                  |
| 5   | Filler                   | 55   | 21-75    | Spaces.   |

## 7.8 Long-Term Institutionalized (LTI) Resident Report File

The LTI Resident Report provides Part D sponsors with a list of their enrolled beneficiaries who are LTI residents for longer than 90 days.

CMS releases the LTI report quarterly each year. This report provides information to Part D Sponsors on institutionalized enrollees, as well as the names and addresses of the particular long-term care (LTC) facilities in which those beneficiaries reside. This information is obtained by linking Medicare enrollment information with data from the Minimum Data Set (MDS) of nursing home assessments.

| System | Type      | Frequency | File Length | LTI Resident Report File Dataset Naming Conventions  |
|--------|-----------|-----------|-------------|--|
| MDS    | Data File | Quarterly | 299         | Gentran Mailbox/TIBCO MFT Internet Server:<br>P.Rxxxxx.LTCRPT.Dyymmdd.Thhmsst<br><br>Connect:Direct (Mainframe):<br>zzzzzzz.Rxxxxx.LTCRPT.Dyymmdd.Thhmsst<br><br>Connect:Direct (Non-Mainframe):<br>[directory]Rxxxxx.LTCRPT.Dyymmdd.Thhmsst |

**Layout 7-28: LTI Resident Report File Record**

| LTI Resident Report File Record |                             |      |          |        |  |
|---------------------------------|-----------------------------|------|----------|--------|--|
| Item                            | Field                       | Size | Position | Format | Description  |
| 1                               | Part D Contract Number      | 5    | 1-5      | CHAR   | Part D Contract Number associated with the resident during the month of the last nursing home assessment date. |
| 2                               | Part D Plan Number          | 3    | 6-8      | CHAR   | Part D Plan Number associated with the resident during the month of the last nursing home assessment date.     |
| 3                               | Part D Plan Name            | 50   | 9-58     | CHAR   | Part D Plan Name associated with the resident during the month of the last nursing home assessment date.       |
| 4                               | Last Name                   | 24   | 59-82    | CHAR   | Beneficiary Last Name.   |
| 5                               | First Name                  | 15   | 83-97    | CHAR   | Beneficiary First Name.  |
| 6                               | Beneficiary ID              | 12   | 98-109   | CHAR   | Beneficiary Identifier associated with the resident.   |
| 7                               | Date of Birth               | 8    | 110-117  | DATE   | Beneficiary's Date of Birth.<br>CCYYMMDD   |
| 8                               | Gender Code                 | 1    | 118      | CHAR   | Beneficiary Gender Code.<br>1 = Male.<br>2 = Female.<br>0 = Unknown.   |
| 9                               | Nursing Home Length of Stay | 6    | 119-124  | CHAR   | Nursing Home Length of Stay in days (0 – 999999) at the time of the last Nursing Home assessment.              |
| 10                              | Nursing Home Admission Date | 8    | 125-132  | DATE   | Admission date associated with the last assessment for the resident.<br>CCYYMMDD                               |

| LTI Resident Report File Record |  |      |          |        |  |
|---------------------------------|--|------|----------|--------|--|
| Item                            | Field                                      | Size | Position | Format | Description  |
| 11                              | Last Nursing Home Assessment Date          | 8    | 133-140  | DATE   | Target date of the last assessment for the resident.<br>CCYYMMDD   |
| 12                              | Prospective Payment System (PPS) Indicator | 1    | 141      | CHAR   | Identifies those long-term nursing home residents whose last reported resident assessment was a Medicare-PPS type assessment. (Data source: Minimum Data Set (MDS) system, Field A0310B). This field was formerly known as the Part A Indicator. |
| 13                              | Nursing Home Name                          | 50   | 142-191  | CHAR   | Name of Nursing Home associated with the last assessment for the resident.   |
| 14                              | Medicare Provider ID                       | 12   | 192-203  | CHAR   | Medicare Provider ID of Nursing Home associated with the last assessment for the resident.   |
| 15                              | Provider Telephone Number                  | 13   | 204-216  | CHAR   | Telephone Number of Nursing Home associated with the last assessment for the resident.   |
| 16                              | Provider Address                           | 50   | 217-266  | CHAR   | Address of Nursing Home associated with the last assessment for the resident.  |
| 17                              | Provider City                              | 20   | 267-286  | CHAR   | City of Nursing Home associated with the last assessment for the resident.   |
| 18                              | Provider State Code                        | 2    | 287-288  | CHAR   | State Code of Nursing Home associated with the last assessment for the resident.   |
| 19                              | Provider Zip Code                          | 11   | 289-299  | CHAR   | Zip Code of Nursing Home associated with the last assessment for the resident.   |

## 7.9 HICN to Medicare Beneficiary Identifier (MBI) Crosswalk File

To assist MAOs and Part D sponsors with the ability to determine or match their beneficiary population between HICN and MBI, MARx will generate and distribute a monthly crosswalk data file. Each crosswalk data file will be created at the MAO/PDP Contract level. The crosswalk files will be sent monthly during the transition period.

- In March 2018, Plans will receive an “initial” (one-time only) HICN to MBI Crosswalk File. The initial file will include all beneficiaries who have had valid enrollments in the Contract at any point from 2006 to present.
- After the initial Crosswalk file, a monthly file will be sent to Plans to include any new enrollment changes.

| System | Type      | Frequency | File Length | HICN to MBI Crosswalk File Dataset Naming Conventions  |
|--------|-----------|-----------|-------------|--|
| MARx   | Data File | Monthly   | 106         | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.CROSSWLK.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzzz.Rxxxxx.CROSSWLK.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.CROSSWLK.Dyymm01.Thhmsst</p> |

Layout 7-29: HICN to MBI Crosswalk File

| HICN to MBI Crosswalk File |                           |      |          |   |
|----------------------------|---------------------------|------|----------|---|
| Item                       | Field                     | Size | Position | Description   |
| 1                          | Contract                  | 5    | 1 – 5    | Plan Contract Number.   |
| 2                          | PBP                       | 3    | 6 – 8    | Plan Benefit Package ID.  |
| 3                          | HICN                      | 12   | 9 – 20   | Health Insurance Claim Number.  |
| 4                          | MBI                       | 11   | 21 – 31  | Medicare Beneficiary Identifier.  |
| 5                          | Surname                   | 30   | 32 – 61  | Beneficiary’s last name.  |
| 6                          | First Name                | 12   | 62 – 73  | Beneficiary’s first name.   |
| 7                          | Date of Birth             | 8    | 74 – 81  | CCYYMMDD  |
| 8                          | Date of Death             | 8    | 82 – 89  | CCYYMMDD  |
| 9                          | Gender                    | 1    | 90       | Beneficiary Gender Identification Code.<br>0 = Unknown.<br>1 = Male.<br>2 = Female.                           |
| 10                         | Recent Enrollment Date    | 8    | 91 – 98  | CCYYMMDD<br>The effective date of the beneficiary’s most recent enrollment in the contract.                   |
| 11                         | Recent Disenrollment Date | 8    | 99 – 106 | CCYYMMDD<br>The disenrollment date (if present) for the beneficiary’s most recent enrollment in the contract. |

## 7.10 Other

This section provides a description and sample snapshot of other reports sent to Plans. Note that the examples provided for the reports do not identify any person living or dead; all Beneficiary, contract, and user information is fictional.

The [All Transmission Overview](#) lists the naming conventions for all reports. A user will need the dataset name to request a report through the MAPD Help Desk.

The following reports are included in this section:

- [HMO Bill Itemization Report](#)
- [Part C Risk Adjustment Model Output Report](#)
- [RAS RxHCC Model Output Report](#)



**7.10.1 HMO Bill Itemization Report**

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

**Report 7-1: HMO Bill Itemization Report**

| PART A BILLS POSTED IN JUL 2017 |       |        |       |        |              |                 |                  |                 |               |              |                  |              |               |              | PAGE 1    |          |          |       |    |
|---------------------------------|-------|--------|-------|--------|--------------|-----------------|------------------|-----------------|---------------|--------------|------------------|--------------|---------------|--------------|-----------|----------|----------|-------|----|
| ***** HMO HXXXX *****           |       |        |       |        |              |                 |                  |                 |               |              |                  |              |               |              |           |          |          |       |    |
| BILL TYPE: INPATIENT            |       |        |       |        |              |                 |                  |                 |               |              |                  |              |               |              |           |          |          |       |    |
| BENE ID                         | NAME  | PROV   | INTER | HMO PD | ADM DATE     | TOTAL CHARGES   | NON-COV CHARGES  | INP DED         | NC BLD DEDUCT | DAYS         | COINSURANCE CHGS | AMOUNT       | TOTAL DEDUCT  | FROM DATE    | THRU DATE | COV DAYS | REIM AMT | NP CD | CR |
| A123456789                      | DOE   | 280040 | 05901 |        | 20170614     | 20810           | 0                | 0               | 0             | 0            | 0                | 0            | 0             | 20170612     | 20170619  | 5        | 101      |       |    |
| 123456789A                      | NAME  | 120014 | 01211 | 1      | 20170226     | 21036           | 0                | 0               | 0             | 0            | 0                | 0            | 0             | 20170225     | 20170228  | 2        | 0        |       |    |
| 123456789B                      | NAMEA | 120004 | 01211 |        | 20170704     | 32624           | 0                | 0               | 0             | 0            | 0                | 0            | 0             | 20170704     | 20170707  | 3        | 878      |       |    |
| 123456789C                      | NAMEB | 160079 | 05101 |        | 20170515     | 162354          | 0                | 0               | 0             | 0            | 0                | 0            | 0             | 20170515     | 20170608  | 24       | 282      |       |    |
| 123456789C                      | NAMEB | 160079 | 05101 |        | 20170614     | 99918           | 0                | 0               | 0             | 0            | 0                | 0            | 0             | 20170614     | 20170619  | 5        | 244      |       |    |
| PART A BILLS POSTED IN JUL 2017 |       |        |       |        |              |                 |                  |                 |               |              |                  |              |               |              | PAGE 2    |          |          |       |    |
| ***** HMO HXXXX *****           |       |        |       |        |              |                 |                  |                 |               |              |                  |              |               |              |           |          |          |       |    |
| BILL TYPE: SKILLED NURSING      |       |        |       |        |              |                 |                  |                 |               |              |                  |              |               |              |           |          |          |       |    |
| BENE ID                         | NAME  | PROV   | INTER | HMO PD | ADM DATE     | TOTAL CHARGES   | NON-COV CHARGES  | INP DED         | NC BLD DEDUCT | DAYS         | COINSURANCE CHGS | AMOUNT       | TOTAL DEDUCT  | FROM DATE    | THRU DATE | COV DAYS | REIM AMT | NP CD | CR |
| 123456789D                      | NAMEC | 125042 | 01211 | 1      | 20170203     | 20458           | 0                | 0               | 0             | 31           | 0                | 0            | 0             | 20170301     | 20170331  | 31       | 0        |       |    |
| 123456789D                      | NAMEC | 125042 | 01211 | 1      | 20170203     | 4033            | 0                | 0               | 0             | 8            | 0                | 0            | 0             | 20170401     | 20170409  | 8        | 0        |       |    |
| 987654321A                      | NAMED | 165601 | 12301 | 1      | 20170310     | 23126           | 0                | 0               | 0             | 2            | 0                | 0            | 0             | 20170310     | 20170331  | 22       | 0        |       |    |
| 987654321B                      | NAMEE | 165575 | 12301 | 1      | 20170613     | 6848            | 0                | 0               | 0             | 0            | 0                | 0            | 0             | 20170613     | 20170623  | 10       | 0        |       |    |
| 987654321C                      | NAMEF | 285127 | 05901 | 1      | 20170427     | 3786            | 0                | 0               | 0             | 0            | 0                | 0            | 0             | 20170501     | 20170505  | 4        | 0        |       |    |
| PART A BILLS POSTED IN JUL 2017 |       |        |       |        |              |                 |                  |                 |               |              |                  |              |               |              | PAGE 3    |          |          |       |    |
| ***** HMO HXXXX *****           |       |        |       |        |              |                 |                  |                 |               |              |                  |              |               |              |           |          |          |       |    |
| BILL TYPE: HOSPICE              |       |        |       |        |              |                 |                  |                 |               |              |                  |              |               |              |           |          |          |       |    |
| BENE ID                         | NAME  | PROV   | INTER | HMO PD | ADM DATE     | TOTAL CHARGES   | NON-COV CHARGES  | INP DED         | NC BLD DEDUCT | DAYS         | COINSURANCE CHGS | AMOUNT       | TOTAL DEDUCT  | FROM DATE    | THRU DATE | COV DAYS | REIM AMT | NP CD | CR |
| 987654321D                      | NAMEG | 121504 | 06014 |        | 20170403     | 5614            | 0                | 0               | 0             | 0            | 0                | 0            | 0             | 20170601     | 20170630  | 0        | 4611     |       |    |
| 987654321E                      | NAMEH | 121509 | 06014 |        | 20170331     | 5944            | 0                | 0               | 0             | 0            | 0                | 0            | 0             | 20170601     | 20170630  | 0        | 5083     |       |    |
| 123456789F                      | NAMEI | 121501 | 06014 |        | 20170419     | 6124            | 0                | 0               | 0             | 0            | 0                | 0            | 0             | 20170601     | 20170613  | 0        | 2307     |       |    |
| 123456789H                      | NAMEJ | 121509 | 06014 |        | 20170328     | 5967            | 0                | 0               | 0             | 0            | 0                | 0            | 0             | 20170601     | 20170630  | 0        | 5083     |       |    |
| 987654321G                      | NAMEK | 281502 | 15004 |        | 20170620     | 3359            | 0                | 0               | 0             | 0            | 0                | 0            | 0             | 20170620     | 20170630  | 0        | 1993     |       |    |
| PART A BILLS POSTED IN JUL 2017 |       |        |       |        |              |                 |                  |                 |               |              |                  |              |               |              | PAGE 4    |          |          |       |    |
| ***** HMO HXXXX *****           |       |        |       |        |              |                 |                  |                 |               |              |                  |              |               |              |           |          |          |       |    |
| BILL TYPE: OUTPATIENT           |       |        |       |        |              |                 |                  |                 |               |              |                  |              |               |              |           |          |          |       |    |
| BENE ID                         | NAME  | PROV   | INTER | HMO PD | TYP SER      | DATE OF 1ST SER | DATE OF LAST SER | BLOOD DEDUCT    | CASH DEDUCT   | COIN AMT     | TOTAL CHARGES    | PMT PROVIDER | DIST PATIENT  | DIST PATIENT |           |          |          |       |    |
| 987654321A1                     | NAMEL | 160110 | 05101 |        | 0            | 20170619        | 20170619         | .00             | .00           | 246.68       | 8041.00          | 966.91       | .00           | .00          |           |          |          |       |    |
| 987654321A1                     | NAMEL | 160110 | 05101 |        | 0            | 20170508        | 20170508         | .00             | .00           | 81.58        | 2449.09          | 319.73       | .00           | .00          |           |          |          |       |    |
| 123456789E                      | NAMEM | 160058 | 05101 |        | 0            | 20170307        | 20170307         | .00             | .00           | 1326.28      | 24588.60         | 8142.14      | .00           | .00          |           |          |          |       |    |
| 123456789E                      | NAMEM | 160058 | 05101 |        | 0            | 20170530        | 20170530         | .00             | .00           | 1336.60      | 25983.08         | 8330.76      | .00           | .00          |           |          |          |       |    |
| 123456789E                      | NAMEM | 160058 | 05101 |        | 0            | 20170307        | 20170307         | .00             | .00           | 1326.28      | 25218.60         | 8142.14      | .00           | .00          |           |          |          |       |    |
| 123456789E                      | NAMEM | 160058 | 05101 |        | 0            | 20170307        | 20170307         | .00             | .00           | .00          | 630.00           | .00          | .00           | .00          |           |          |          |       |    |
| 123456789F                      | NAMEN | 160083 | 05101 |        | 0            | 20170307        | 20170307         | .00             | .00           | 53.90        | 1111.25          | 211.29       | .00           | .00          |           |          |          |       |    |
| PART A BILLS POSTED IN JUL 2017 |       |        |       |        |              |                 |                  |                 |               |              |                  |              |               |              | PAGE 5    |          |          |       |    |
| ***** HMO HXXXX *****           |       |        |       |        |              |                 |                  |                 |               |              |                  |              |               |              |           |          |          |       |    |
| BILL TYPE: HOME HEALTH          |       |        |       |        |              |                 |                  |                 |               |              |                  |              |               |              |           |          |          |       |    |
| BENE ID                         | NAME  | PROV   | INTER | HMO PD | DATE STARTED | CARE OF SERV    | BEG DTE OF SERV  | END DTE OF SERV | BILL TYPE     | TOTAL VISITS | TOTAL CHARGES    | REIMB AMOUNT | VERIFY DEDUCT |              |           |          |          |       |    |
| 111111111A                      | NAMEQ | 167403 | 15004 |        | 20160321     | 20170714        | 20170714         |                 | B             |              | .00              | .00          | .00           |              |           |          |          |       |    |
| 22222222A                       | NAMER | 677922 | 11004 |        | 20170624     | 20170624        | 20170624         |                 | B             |              | .00              | .00          | .00           |              |           |          |          |       |    |
| 33333333A                       | NAMES | 167295 | 15004 |        | 20160307     | 20160307        | 20160307         |                 | B             |              | .00              | .00          | .00           |              |           |          |          |       |    |
| 123456789G                      | NAMEP | 167012 | 15004 |        | 20110101     | 20170404        | 20170428         |                 | B             | 1            | 536.01           | .00          | .00           |              |           |          |          |       |    |
| 123456789G                      | NAMEP | 167012 | 15004 |        | 20110101     | 20170602        | 20170630         |                 | B             | 1            | 783.01           | .00          | .00           |              |           |          |          |       |    |
| 123456789G                      | NAMEP | 167012 | 15004 |        | 20110101     | 20170502        | 20170530         |                 | B             | 1            | 783.01           | .00          | .00           |              |           |          |          |       |    |

**7.10.2 Part C Risk Adjustment Model Output Report**

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

**Report 7-2: Part C Risk Adjustment Model Output Report**

| RUN DATE: 20170813    |   | RISK ADJUSTMENT MODEL OUTPUT REPORT                           |   |               | PAGE: 1         |      |
|-----------------------|---|---|---|---------------|-----------------|------|
| PAYMENT MONTH: 201709 |   | PLAN: HXXXX PLAN NAME   |   |               | RAPMOSEA        |      |
| HIC                   | LAST NAME                                 | FIRST NAME  | I | DATE OF BIRTH | SEX & AGE GROUP | ESRD |
| 123456789A            | DOE                                       | JANE  |   | 19200627      | Female95-GT     | N    |
| V22                   | HCC DISEASE GROUPS:                       | HCC018 Diabetes with Chronic Complications                    |   |               |                 |      |
|                       |   | HCC021 Protein-Calorie Malnutrition                           |   |               |                 |      |
|                       |   | HCC058 Major Depressive, Bipolar, and Paranoid Disorders      |   |               |                 |      |
|                       |   | HCC108 Vascular Disease                                       |   |               |                 |      |
| 987654321A            | DOE                                       | JOHN  | E | 19390917      | Male75-79       | N    |
| V22                   | HCC DISEASE GROUPS:                       | HCC021 Protein-Calorie Malnutrition                           |   |               |                 |      |
|                       |   | HCC022 Morbid Obesity   |   |               |                 |      |
|                       |   | HCC058 Major Depressive, Bipolar, and Paranoid Disorders      |   |               |                 |      |
|                       |   | HCC084 Cardio-Respiratory Failure and Shock                   |   |               |                 |      |
|                       |   | HCC085 Congestive Heart Failure                               |   |               |                 |      |
|                       |   | HCC108 Vascular Disease                                       |   |               |                 |      |
|                       |   | HCC161 Chronic Ulcer of Skin, Except Pressure                 |   |               |                 |      |
|                       |   | HCC169 Vertebral Fractures without Spinal Cord Injury         |   |               |                 |      |
| 111111111A            | DOEA                                      | JOHN  | M | 19350422      | Male80-84       | N    |
| V22                   | HCC DISEASE GROUPS:                       | HCC018 Diabetes with Chronic Complications                    |   |               |                 |      |
|                       |   | HCC033 Intestinal Obstruction/Perforation                     |   |               |                 |      |
|                       |   | HCC084 Cardio-Respiratory Failure and Shock                   |   |               |                 |      |
|                       |   | HCC085 Congestive Heart Failure                               |   |               |                 |      |
|                       |   | HCC108 Vascular Disease                                       |   |               |                 |      |
|                       |   | HCC137 Chronic Kidney Disease, Severe (Stage 4)               |   |               |                 |      |
|                       |   | HCC189 Amputation Status, Lower Limb/Amputation Complications |   |               |                 |      |
| V22                   | INTERACTIONS:                             | INTI26 HCC85 and Diabetes Mellitus                            |   |               |                 |      |
|                       |   | INTI28 HCC85 and Renal  |   |               |                 |      |
| 222222222A            | DOEB                                      | JON   | L | 19270923      | Male85-89       | N    |
| V22                   | HCC DISEASE GROUPS:                       | HCC010 Lymphoma and Other Cancers                             |   |               |                 |      |
|                       |   | HCC019 Diabetes without Complication                          |   |               |                 |      |
|                       |   | HCC085 Congestive Heart Failure                               |   |               |                 |      |
|                       |   | HCC108 Vascular Disease                                       |   |               |                 |      |
|                       |   | HCC111 Chronic Obstructive Pulmonary Disease                  |   |               |                 |      |
| V22                   | INTERACTIONS:                             | INTI26 HCC85 and Diabetes Mellitus                            |   |               |                 |      |
|                       |   | INTI27 HCC85 and Chronic Obstructive Pulmonary Disease        |   |               |                 |      |
| 333333333A            | DOEC                                      | JANEA   | L | 19390921      | Female75-79     | N    |
|                       | Originally Disabled Female Aged (Age>=65) |   |   |               |                 |      |
|                       | Originally Disabled Aged (Age>=65)        |   |   |               |                 |      |
| V22                   | HCC DISEASE GROUPS:                       | HCC058 Major Depressive, Bipolar, and Paranoid Disorders      |   |               |                 |      |
|                       |   | HCC077 Multiple sclerosis                                     |   |               |                 |      |
|                       |   | HCC108 Vascular Disease                                       |   |               |                 |      |
| 444444444A            | DOED                                      | JANEB   | M | 19351126      | Female80-84     | N    |
|                       | Originally Disabled Female Aged (Age>=65) |   |   |               |                 |      |
|                       | Originally Disabled Aged (Age>=65)        |   |   |               |                 |      |
| V22                   | HCC DISEASE GROUPS:                       | HCC018 Diabetes with Chronic Complications                    |   |               |                 |      |
|                       |   | HCC079 Seizure Disorders and Convulsions                      |   |               |                 |      |

**7.10.3 RAS RxHCC Model Output Report**

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

**Report 7-3: RAS RxHCC Model Output Report**

| RUN DATE: 20170813   |           | RISK ADJUSTMENT MODEL OUTPUT REPORT |               |                 | PAGE: 1  |  |
|--|-----------|-------------------------------------|---------------|-----------------|----------|--|
| PAYMENT MONTH: 201709  |           | PLAN: HXXXX PLAN NAME               |               |                 | RAPMODEA |  |
| HIC  | LAST NAME | FIRST NAME                          | DATE OF BIRTH | SEX & AGE GROUP |          |  |
| 123456789A   | DOE       | JANE                                | J 19300920    | Female85-89     |          |  |
| RXHCC DISEASE GROUPS: RXHCC216 Peripheral Vascular Disease   |           |                                     |               |                 |          |  |
| 123456789B   | DOE       | JANEA                               | 19380227      | Female75-79     |          |  |
| RXHCC DISEASE GROUPS: RXHCC042 Thyroid Disorders<br>RXHCC045 Disorders of Lipoid Metabolism<br>RXHCC087 Osteoporosis, Vertebral and Pathological Fractures   |           |                                     |               |                 |          |  |
| 987654321A   | DOE       | JANEB                               | E 19421014    | Female70-74     |          |  |
| Originally Disabled Female Aged (Age>=65)<br>Originally Disabled Aged (Age>=65)<br>RXHCC DISEASE GROUPS: RXHCC068 Esophageal Reflux and other Disorders of Esophagus<br>RXHCC132 Major Depression<br>RXHCC187 Hypertension   |           |                                     |               |                 |          |  |
| 987654321C   | DOE       | JOHN                                | 19440925      | Male70-74       |          |  |
| Originally Disabled Male Aged (Age>=65)<br>Originally Disabled Aged (Age>=65)<br>RXHCC DISEASE GROUPS: RXHCC042 Thyroid Disorders<br>RXHCC045 Disorders of Lipoid Metabolism<br>RXHCC068 Esophageal Reflux and other Disorders of Esophagus<br>RXHCC186 Congestive Heart Failure<br>RXHCC188 Coronary Artery Disease<br>RXHCC216 Peripheral Vascular Disease |           |                                     |               |                 |          |  |
| 123456789C   | DOE       | JON                                 | E 19410429    | Male75-79       |          |  |
| RXHCC DISEASE GROUPS: RXHCC042 Thyroid Disorders<br>RXHCC045 Disorders of Lipoid Metabolism<br>RXHCC068 Esophageal Reflux and other Disorders of Esophagus<br>RXHCC187 Hypertension  |           |                                     |               |                 |          |  |

## 7.11 All Transmission Overview

Provided in this section is a comprehensive list of file and report information exchanged between CMS and the Plans. Provided in the following tables is a list with the Dataset Naming Convention Key, and a list of the Transmission information for all reports and files, some of which are not explicitly covered in this User Guide.

**Table 7-1: Dataset Naming Convention Key**

| Dataset Naming Convention Key |  |
|-------------------------------|--|
| Code                          | Definition   |
| [GUID]                        | IDM User ID.   |
| P                             | Production Data.   |
| [.ZIP]                        | Appended if the file is compressed.  |
| [directory]                   | Optional directory specification from non-mainframe C:D clients (if present, may consist of up to 60 characters).<br>If none exists, directory defaults to the constant <b>EFTO</b> for Production files and <b>EFTT</b> for Test files. |
| PN                            | Processing number of varying length assigned to the file by Gentran.   |
| CCCCC or XXXXX                | Contract number.   |
| PCCCCC                        | Plan Contract Number for C:D.  |
| CCYYMMDD                      | Year, month, and day.  |
| YYMMDD                        | Two digit year, month, and day.  |
| ZZZZZZZZ                      | Plan-provided high level qualifier.  |
| EEEE                          | Year for which final yearly RAS file was produced.   |
| VVVVV                         | Sequence counter for final yearly RAS files.   |
| ANNNNN & BNNNNN               | MARx batch transaction ID.   |
| NNNNNNNNNN                    | Split into two nodes, A and B, with leading zeroes as necessary to complete ten-character batch ID.  |
| HHMM                          | Hour and minute.   |
| SSSSS                         | Sequentially assigned number.  |
| MMCCYY                        | Month and year.  |
| HLQ                           | High Level Qualifier or Directory per VSAM File.   |
| FREQ                          | Frequency code of file.  |

Table 7-2: File Transmission Details

| File Transmission Details     |   |  |        |           |   |   |
|-------------------------------|---|--|--------|-----------|---|---|
| Item                          | Transmittal   | Description  | System | Type      | Freq.   | Dataset Naming Conventions  |
| <b>Plan Submittals to CMS</b> |   |  |        |           |   |   |
| 1                             | <p><b>MARx Batch Input Transaction Data File</b></p> <p>Header Record<br/>Correction (01)<br/>Disenrollment (51/54)<br/>Enrollment (61)<br/>4Rx Data Change (72)<br/>NUNCMO (73)<br/>EGHP (74)<br/>PPO (75)<br/>Residence Address (76)<br/>Segment ID (77)<br/>Part C Premium (78)<br/>Part D Opt-Out (79)<br/>Cancellation of Enrollment (80)<br/>Cancellation of Disenrollment (81)<br/>MMP Enrollment Cancellation (82)<br/>MMP Opt-Out (83)<br/>CARA Status Record (90)<br/>IC Model Participation (91)</p> | Plan Transaction file to CMS MARx system requesting new enrollment, disenrollment, changes, etc.                                       | MARx   | Data File | Daily PRN                                       | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>[GUID].CMS.MARX.D.RX<br/>XXXX.PLANTRAN.[P/T][.ZIP]</p> <p><b>Note:</b> XXXXX is the user's plan contract mailbox.</p> <p><b>Connect:Direct (Mainframe):</b><br/>P#EFT.ON.MARXTR.RXX<br/>XXX.DYYMMDD.THHM<br/>MSST</p> <p><b>Notes:</b> XXXXX is the user's plan contract mailbox.<br/>DYYMMDD.THHMSST must be coded as shown, as it is a literal</p> |
| 2                             | <p><b>Batch Eligibility Query (BEQ) Request File</b></p> <p>Header Record<br/>Detail Record<br/>Trailer Record</p>  | File of transactions submitted by Plans to request eligibility information for prospective Plan enrollees.                             | MBD    | Data File | PRN<br>(Plans can send multiple files in a day) | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>[GUID].[RACFID].MBD.D<br/>.xxxxx.BEQ.[P/T][.ZIP]</p> <p><b>Connect:Direct (Mainframe):</b><br/>P#EFT.IN.PLxxxxx.BEQ4<br/>RX.DYYMMDD.THHM<br/>SST</p> <p><b>Note:</b><br/>DYYMMDD.THHMSST must be coded as shown, as it is a literal</p>  |
| 3                             | <p><b>Electronic Correspondence Referral System (ECRS) Batch Submittal File</b></p>   | File used by Plans to submit other healthcare information (OHI) to CMS ( <i>rather than submittal through the ECRS online system</i> ) | ECRS   | Data File | Daily   | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>[GUID].[RACFID].ECRS.<br/>D.ccccc.FUTURE.[P/T]<br/>[.ZIP]</p> <p><b>Connect:Direct:</b><br/>TRANSMITTED TO GHI</p>   |

| File Transmission Details |   |   |        |           |              |   |
|---------------------------|---|---|--------|-----------|--------------|---|
| Item                      | Transmittal   | Description   | System | Type      | Freq.        | Dataset Naming Conventions  |
| 4                         | <b>Prescription Drug Event (PDE) Submittal File</b> | File of transactions submitted by the Plans with Prescription Drug Events.        | PDE    | Data File | Can be Daily | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>[GUID].[RACFID].PDE.D.cccccc.FUTURE.[P/T] [.ZIP]<br><br><b>Connect:Direct:</b><br>TRANSMITTED TO PALMETTO  |
| 5                         | <b>RAPS Submittal File</b>                          | File of transactions submitted by the Plans with diagnoses for FFS Beneficiaries. | RAPS   | Data File | Daily        | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>[GUID].[RACFID].RAPS.D.cccccc.FUTURE.[P/T] [.ZIP]<br><br><b>Connect:Direct:</b><br>TRANSMITTED TO PALMETTO |
| 6                         | <b>Encounter Data Services (EDS) Submittal File</b> | File of transactions submitted by the Plans with EDS.                             | EDS    | Data File | Daily        | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>[GUID].[RACF].EDS.D.xx xxx.FUTURE.[P/T][.ZIP]<br><br><b>Connect:Direct:</b><br>TRANSMITTED TO PALMETTO     |

| File Transmission Details            |  |   |            |           |                          |  |
|--------------------------------------|--|---|------------|-----------|--------------------------|--|
| Item                                 | Transmittal  | Description   | System     | Type      | Freq.                    | Dataset Naming Conventions   |
| <b>CMS Transmittals to the Plans</b> |  |   |            |           |                          |  |
| 7                                    | <p><b>Batch Completion Status Summary (BCSS) Data File</b></p> <p>Summary Record<br/>Failed Records</p>  | <p>Data file sent to the submitter once a batch of submitted transactions has been processed. Provides a count of all transactions within the batch and details the number of rejected and accepted transactions. It provides an image of the rejected and accepted transactions.</p>   | MARx       | Data File | Once batch is processed  | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.RXXXXXX.BCSS.Annnnn.Bnnnnn.Thhmmss</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.RXXXXXX.BCSS.Annnnn.Bnnnnn.Thhmmss</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]RXXXXXX.BCSS.Annnnn.Bnnnnn.Thhmmss</p> |
| 8                                    | <p><b>Coordination of Benefits (COB) – Validated Other Insurer Information (OHI) Data File</b></p> <p>Detail Record<br/>Primary Record<br/>Supplemental Record</p> | <p>File containing members' primary and secondary drug coverage that has been validated through COB processing. MARx forwards this report whenever a Plan's enrollees are affected. It may be as often as daily. The enrollees included on the report are those newly enrolled who have known OHI for drugs and those Plan enrollees with changes to their OHI.</p> | MBD (MARx) | Data File | As Needed (can be daily) | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.MARXCOB.Dyymdd.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.MARXCOB.Dyymdd.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.MARXCOB.Dyymdd.Thhmsst</p>                |

| File Transmission Details |  |  |        |           |         |   |
|---------------------------|--|--|--------|-----------|---------|---|
| Item                      | Transmittal  | Description  | System | Type      | Freq.   | Dataset Naming Conventions  |
| 9                         | <p><b>MA Full Dual Auto Assignment Notification File</b></p> <p>Header Record<br/>Detail Record<br/>Trailer Record</p> | <p>Monthly file of Full Dual Beneficiaries in an existing Plan.</p>  | MBD    | Data File | Monthly | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.#ADUA4.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.#ADUA4.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.#ADUA4.Dyymmdd.Thhmsst</p> |
| 10                        | <p><b>Auto Assignment Address Notification File</b></p> <p>Header Record<br/>Detail Record(s)<br/>Trailer Record</p>   | <p>Monthly file of addresses of Beneficiaries who have been either Auto Assigned or Facilitated Assigned to PDPs.</p>      | MBD    | Data File | Daily   | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.#APDP4.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.#APDP4.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.#APDP4.Dyymmdd.Thhmsst</p> |
| 11                        | <p><b>NoRx File</b></p> <p>Header Record<br/>Detail Record<br/>Trailer Record</p>                                      | <p>File containing records identifying those enrollees that do not currently have 4Rx information stored in CMS files.</p> | MBD    | Data File | Monthly | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.#NORX.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.#NORX.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.#NORX.Dyymmdd.Thhmsst</p>    |



| File Transmission Details |  |  |        |           |                 |  |
|---------------------------|--|--|--------|-----------|-----------------|--|
| Item                      | Transmittal  | Description  | System | Type      | Freq.           | Dataset Naming Conventions   |
| 12                        | <b>Batch Eligibility Query (BEQ) Request File Pass and Fail Acknowledgment</b>                                       | MBD will determine if a BEQ Request File is Accepted or Rejected. MBD will issue an e-mail acknowledgment of receipt and status to the Sending Entity. | MBD    | E-mail    | Response to BEQ | Email to submitter.  |
| 13                        | <b>Batch Eligibility Query (BEQ) Response File</b><br>Header Record<br>Detail Record (Transaction)<br>Trailer Record | File containing records produced as a result of processing the transactions of accepted BEQ Request files.   | MBD    | Data File | Response to BEQ | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.Rxxxxx.#BQN4.Dyymmdd.Thhmsst<br><br><b>Connect:Direct (Mainframe):</b><br>zzzzzzz.Rxxxxx.#BQN4.Dyymmdd.Thhmsst<br><br><b>Connect:Direct (Non-Mainframe):</b><br>[directory]Rxxxxx.#BQN4.Dyymmdd.Thhmsst |
| 14                        | <b>ECRS Data File</b>  | File containing errors and statuses of ECRS submissions.   | ECRS   | Data File | Daily           | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>PCOB.BA.ECRS.ccccc.RESPONSE.ssssss<br><br><b>Connect:Direct:</b><br>TRANSMITTED FROM GHI  |
| 15                        | <b>Prescription Drug Event (PDE) PDFS Response Data File</b>   | File containing responses if files are accepted or rejected.   | PDE    | Data File | Daily           | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>RSP.PDFS_RESP_ssssss<br><br><b>Connect:Direct:</b><br>TRANSMITTED FROM PALMETTO   |

| File Transmission Details |   |   |        |           |       |  |
|---------------------------|---|---|--------|-----------|-------|--|
| Item                      | Transmittal   | Description   | System | Type      | Freq. | Dataset Naming Conventions   |
| 16                        | <b>Prescription Drug Event (PDE) Drug Data Processing System (DDPS) Return Data File</b>  | File provides feedback on every record processed in a batch. Up to 10 specific errors are reported for each PDE in the file.  | PDE    | Data File | Daily | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>RPT.DDPS_TRANS_VALIDATION_\$\$\$\$\$\$<br><br><b>Connect:Direct:</b><br>TRANSMITTED FROM PALMETTO |
| 17                        | <b>Prescription Drug Event (PDE) DDPS Transaction Error Summary Data File</b>             | File provides frequency of occurrence for each error code encountered during the processing of a PDE file. The percentage to the total errors is also computed and displayed for each error code. | PDE    | Data File | Daily | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>RPT.DDPS_ERROR_SUMMARY_\$\$\$\$\$\$<br><br><b>Connect:Direct:</b><br>TRANSMITTED FROM PALMETTO    |
| 18                        | <b>Front-End Risk Adjustment System (FERAS) Response Reports</b>                          | Report indicates that the file was accepted or rejected by the Front-End Risk Adjustment System.  | FERAS  | Report    | Daily | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>RSP.FERAS_RESP_\$\$\$\$\$\$<br><br><b>Connect:Direct:</b><br>TRANSMITTED FROM PALMETTO            |
| 19                        | <b>Front-End Risk Adjustment System (FERAS) Response Data Files</b>                       | File contains all of the submitted transactions whether or not the file contains errors.  | FERAS  | Data File | Daily | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>RPT.RAPS_RETURN_FLAT_\$\$\$\$\$\$<br><br><b>Connect:Direct:</b><br>TRANSMITTED FROM PALMETTO      |
| 20                        | <b>Front-End Risk Adjustment System (FERAS) Response Reports Transaction Error Report</b> | Report lists the transactions that contained errors and identifies the errors found.  | FERAS  | Report    | Daily | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>RPT.RAPS_ERRORRPT_\$\$\$\$\$\$<br><br><b>Connect:Direct:</b><br>TRANSMITTED FROM PALMETTO         |

| File Transmission Details |   |  |        |           |       |  |
|---------------------------|---|--|--------|-----------|-------|--|
| Item                      | Transmittal   | Description  | System | Type      | Freq. | Dataset Naming Conventions   |
| 21                        | <b>Front-End Risk Adjustment System (FERAS) Response Reports Transaction Summary Report</b>                 | Report contains all of the transactions submitted, whether accepted or rejected.   | FERAS  | Report    | Daily | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>RPT.RAPS_SUMMARY_\$\$\$<br>\$\$\$<br><b>Connect:Direct:</b><br>TRANSMITTED FROM PALMETTO  |
| 22                        | <b>Front-End Risk Adjustment System (FERAS) Response Reports Duplicate Diagnosis Cluster Report</b>         | Report identifies diagnosis clusters with 502 error message, clusters accepted, but not stored.  | FERAS  | Report    | Daily | Gentran Mailbox/TIBCO MFT Internet Server:<br>RPT.RAPS_DUPDX_RPT_\$\$\$\$\$<br><b>Connect:Direct:</b><br>TRANSMITTED FROM PALMETTO   |
| 23                        | <b>Daily Transaction Reply Report (DTRR)</b><br><br>Detail Record<br>Verbatim Plan Submitted<br>Transaction | Report identifies whether a beneficiary submission was accepted or rejected and provides additional information about Plan membership. | MARx   | Data File | Daily | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.Rxxxxx.DTRRD.Dyymmdd.Thhmsst<br><br><b>Connect:Direct (Mainframe):</b><br>zzzzzzz.Rxxxxx.DTRRD.Dyymmdd.Thhmsst<br><br><b>Connect:Direct (Non-Mainframe):</b><br>[directory]Rxxxxx.DTRRD.Dyymmdd.Thhmsst |
| 24                        | <b>Encounter Data Services (EDS) Response Data File</b>   | File containing responses if files are accepted or rejected.   | EDS    | Data File | Daily | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.xxxxx.EDS_RESPONSE<br><br><b>Connect:Direct:</b><br>TRANSMITTED FROM PALMETTO   |
| 25                        | <b>Encounter Data Services (EDS) Reject IC ISAIEA Data File</b>   | File containing responses if files are accepted or rejected.   | EDS    | Data File | Daily | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.xxxxx.EDS_REJT_IC_ISAIEA.pn<br><br><b>Connect:Direct:</b><br>TRANSMITTED FROM PALMETTO  |

| File Transmission Details |  |   |        |           |          |  |
|---------------------------|--|---|--------|-----------|----------|--|
| Item                      | Transmittal  | Description   | System | Type      | Freq.    | Dataset Naming Conventions   |
| 26                        | <b>Encounter Data Services (EDS) Reject Function Transaction Data File</b> | File containing responses if files are accepted or rejected.  | EDS    | Data File | Daily    | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.xxxxx.EDS_REJT_FUNC<br>T_TRANS<br><br><b>Connect:Direct:</b><br>TRANSMITTED FROM<br>PALMETTO  |
| 27                        | <b>Encounter Data Services (EDS) Accept Function Transaction Data File</b> | File containing responses if files are accepted or rejected.  | EDS    | Data File | Daily    | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.xxxxx.EDS_ACCPT_FUN<br>CT_TRANS<br><br><b>Connect:Direct:</b><br>TRANSMITTED FROM<br>PALMETTO   |
| 28                        | <b>Encounter Data Services (EDS) Response Claim Number Data File</b>       | File containing responses if files are accepted or rejected.  | EDS    | Data File | Daily    | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.xxxxx.EDS_RESP_CLAI<br>M_NUM<br><br><b>Connect:Direct:</b><br>TRANSMITTED FROM<br>PALMETTO  |
| Weekly Transmittals       |  |   |        |           |          |  |
| 29                        | <b>LIS/Part D Premium Data File</b>  | The data in the report reflects LIS info, premium subsidy levels, Low-income co-pay levels, etc. for all beneficiaries who have a low-income designation enrolled in a Plan. It is not automatically transmitted to the Plans. Through the MARx UI Plans can request or reorder this data file. | MARx   | Data File | Biweekly | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.Rxxxxx.LISPRMD.Dyym<br>mdd.Thhmsst<br><br><b>Connect:Direct (Mainframe):</b><br>zzzzzzz.Rxxxxx.LISPRMD.<br>Dyymmdd.Thhmsst<br><br><b>Connect:Direct (Non-Mainframe):</b><br>[directory]Rxxxxx.LISPRM<br>D.Dyymmdd.Thhmsst |

| File Transmission Details   |  |  |        |           |         |  |
|-----------------------------|--|--|--------|-----------|---------|--|
| Item                        | Transmittal                                      | Description  | System | Type      | Freq.   | Dataset Naming Conventions   |
| <b>Monthly Transmittals</b> |  |  |        |           |         |  |
| 30                          | <b>Monthly Membership Report (MMR) Data File</b> | Data file version of the Monthly Membership Detail Reports. This file contains the data for both Part C and Part D members.  | MARx   | Data File | Monthly | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Fxxxxx.MONMEMD.Dyymm01.Thhmsst<br/>P.Rxxxxx.MONMEMD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Fxxxxx.MONMEMD.Dyymm01.Thhmsst<br/>zzzzzzz.Rxxxxx.MONMEMD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Fxxxxx.MONMEMD.Dyymm01.Thhmsst<br/>[directory]Rxxxxx.MONMEMD.Dyymm01.Thhmsst</p>       |
| 31                          | <b>Monthly Membership Summary Report (MMSR)</b>  | Report summarizing payments to a Plan for the month, in several categories, and adjustments, by all adjustment categories. This report contains data for both Part C and Part D members. | MARx   | Report    | Monthly | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Fxxxxx.MONMEMSR.Dyymm01.Thhmsst<br/>P.Rxxxxx.MONMEMSR.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Fxxxxx.MONMEMSR.Dyymm01.Thhmsst<br/>zzzzzzz.Rxxxxx.MONMEMSR.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Fxxxxx.MONMEMSR.Dyymm01.Thhmsst<br/>[directory]Rxxxxx.MONMEMSR.Dyymm01.Thhmsst</p> |

| File Transmission Details |  |   |            |           |         |   |
|---------------------------|--|---|------------|-----------|---------|---|
| Item                      | Transmittal  | Description   | System     | Type      | Freq.   | Dataset Naming Conventions  |
| 32                        | <b>Monthly Membership Summary Report (MMSR) Data File</b>  | Data file version of the Monthly Membership Summary Report for both Part C and Part D members.  | MARx       | Data File | Monthly | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.Fxxxxx.MONMEMSD.Dyymm01.Thhmsst<br>P.Rxxxxx.MONMEMSD.Dyymm01.Thhmsst<br><br><b>Connect:Direct (Mainframe):</b><br>zzzzzzz.Fxxxxx.MONMEMSD.Dyymm01.Thhmsst<br>zzzzzzz.Rxxxxx.MONMEMSD.Dyymm01.Thhmsst<br><br><b>Connect:Direct (Non-Mainframe):</b><br>[directory]Fxxxxx.MONMEMSD.Dyymm01.Thhmsst<br>[directory]Rxxxxx.MONMEMSD.Dyymm01.Thhmsst |
| 33                        | <b>RAS RxHCC Model Output Report</b><br><br>AKA: Part D Risk Adjustment Model Output Report  | Report showing the Part D risk adjustment factors for each beneficiary. MARx forwards this report that is produced by RAS to Plans as part of the month-end processing. | RAS (MARx) | Report    | Monthly | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.Rxxxxx.PTDMODR.Dyymm01.Thhmsst<br><br><b>Connect:Direct (Mainframe):</b><br>zzzzzzz.Rxxxxx.PTDMODR.Dyymm01.Thhmsst<br><br><b>Connect:Direct (Non-Mainframe):</b><br>[directory]Rxxxxx.PTDMODR.Dyymm01.Thhmsst  |
| 34                        | <b>RAS RxHCC Model Output Data File – PY2016</b><br><br>AKA: Part D Risk Adjustment Model Output Data File<br><br>Header Record<br>Detail / Beneficiary Record<br>Trailer Record | Data file version of the RAS RxHCC Model Output Report. MARx forwards this report that is produced by RAS to Plans as part of the month-end processing.                 | RAS (MARx) | Data File | Monthly | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.Rxxxxx.PTDMODD.Dyymm01.Thhmsst<br><br><b>Connect:Direct (Mainframe):</b><br>zzzzzzz.Rxxxxx.PTDMODD.Dyymm01.Thhmsst<br><br><b>Connect:Direct (Non-Mainframe):</b><br>[directory]Rxxxxx.PTDMODD.Dyymm01.Thhmsst  |

| File Transmission Details |   |   |            |           |         |  |
|---------------------------|---|---|------------|-----------|---------|--|
| Item                      | Transmittal   | Description   | System     | Type      | Freq.   | Dataset Naming Conventions   |
| 35                        | <p><b>RAS RxHCC Model Output Data File – PY2017 and PY2018</b></p> <p>AKA: Part D Risk Adjustment Model Output Data File</p> <p>Header Record<br/>Detail / Beneficiary Record<br/>Trailer Record</p>  | Data file version of the RAS RxHCC Model Output Report. MARx forwards this report that is produced by RAS to Plans as part of the month-end processing.   | RAS (MARx) | Data File | Monthly | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.PTDMODD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.PTDMODD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.PTDMODD.Dyymm01.Thhmsst</p> |
| 36                        | <p><b>Part C Risk Adjustment Model Output Report</b></p>  | Report showing the Hierarchical Condition Codes (HCCs) used by the Risk Adjustment System (RAS) to calculate Part C risk adjustment factors for each beneficiary. MARx forwards this report that is produced by RAS to Plans as part of the month-end processing. | RAS (MARx) | Report    | Monthly | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.HCCMODR.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.HCCMODR.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.HCCMODR.Dyymm01.Thhmsst</p> |
| 37                        | <p><b>Part C Risk Adjustment Model Output Data File</b></p> <p>Header Record.<br/>Detail Record Type B, E, and G (PY2012 through PY2018).<br/>Detail Record Type C and F (PY2014 through PY2016).<br/>Detail Record Type D (PY2017 through PY2018).<br/>Trailer Record.</p> | Data file version of the Risk Adjustment Model Output Report.   | RAS (MARx) | Data File | Monthly | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.HCCMODD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.HCCMODD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.HCCMODD.Dyymm01.Thhmsst</p> |

| File Transmission Details |  |   |        |           |         |   |
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| Item                      | Transmittal  | Description   | System | Type      | Freq.   | Dataset Naming Conventions  |
| 38                        | <b>Monthly Summary of Bills Report</b>                           | Report summarizing all Medicare fee-for-service activity, both Part A and Part B, for Beneficiaries enrolled in the contract.   | MARx   | Report    | Monthly | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.SUMBILLS.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.SUMBILLS.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.SUMBILLS.Dyymm01.Thhmsst</p> |
| 39                        | <b>HMO Bill Itemization Report</b>                               | Report listing the Part A bills that were processed under Medicare fee-for-service for Beneficiaries enrolled in the contract.  | MARx   | Report    | Monthly | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.BILLITEM.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.BILLITEM.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.BILLITEM.Dyymm01.Thhmsst</p> |
| 40                        | <b>Part B Claims Data File</b><br>Record Type 1<br>Record Type 2 | Data file listing the Part B physician and supplier claims and Part B home health claims that were processed under Medicare fee-for-service for Beneficiaries enrolled in the contract. | MARx   | Data File | Monthly | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.CLAIMDAT.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.CLAIMDAT.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.CLAIMDAT.Dyymm01.Thhmsst</p> |



| File Transmission Details |   |   |            |           |                       |  |
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| Item                      | Transmittal   | Description   | System     | Type      | Freq.                 | Dataset Naming Conventions   |
| 41                        | <b>Payment Record Report</b>  | Report listing the Part B physician and supplier claims that were processed under Medicare fee-for-service for Beneficiaries enrolled in the contract.  | MARx       | Report    | Monthly               | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.PAYRECD S.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.PAYRECD S.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.PAYRECD S.Dyymm01.Thhmsst</p> |
| 42                        | <p><b>Monthly Premium Withholding Report (MPWR) Data File</b></p> <p>Header Record<br/>Detail Record<br/>Trailer - T1 - Total at segment level<br/>Trailer - T2 - Total at PBP level<br/>Trailer - T3 - Total at contract level</p> | Monthly reconciliation file of premiums withheld from SSA or RRB checks. Includes Part C and Part D premiums and any Part D Late Enrollment Penalties. This file is produced by the Premium Withhold System (PWS). MARx makes this report available to Plans as part of the month-end processing. | PWS (MARx) | Data File | Monthly               | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.MPWRD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.MPWRD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.MPWRD.Dyymm01.Thhmsst</p>             |
| 43                        | <p><b>Failed Payment Reply Report (FPRR) Data File</b></p> <p>Detail Record</p>   | Data file reporting payment actions which failed to complete.   | MARx       | Data File | Monthly Payment Cycle | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.FPRRD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.FPRRD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.FPRRD.Dyymm01.Thhmsst</p>             |

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| Item                      | Transmittal  | Description   | System | Type      | Freq.   | Dataset Naming Conventions   |
| 44                        | <b>Plan Payment Report (PPR) – APPS Payment Letter</b>   | Report itemizing the final monthly payment to the Plan. This report is produced by the APPS when final payments are calculated. CMS makes this report available to Plans as part of the month-end processing.                             | APPS   | Report    | Monthly | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Fxxxxx.PLANPAY.Dyymm01.Thhmsst<br/>P.Rxxxxx.PLANPAY.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Fxxxxx.PLANPAY.Dyymm01.Thhmsst<br/>zzzzzzz.Rxxxxx.PLANPAY.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Fxxxxx.PLANPAY.Dyymm01.Thhmsst<br/>[directory]Rxxxxx.PLANPAY.Dyymm01.Thhmsst</p> |
| 45                        | <p><b>Plan Payment Report (PPR)/Interim Plan Payment Report (IPPR) Data File</b></p> <p>Header Record<br/>Capitated Payment – Current Activity Record<br/>Premium Settlement Record<br/>Fees Record<br/>Special Adjustments Record<br/>Previous Cycle Balance Summary Record<br/>Payment Balance Carried Forward Record<br/>Payment Summary Record</p> | This data file itemizes the final monthly payment to the MCO. This data file and subsequent report are produced by the APPS when final payments are calculated. CMS makes this report available to MCO’s as part of month-end processing. | APPS   | Data File | Monthly | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.PPRD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.PPRD.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory].Rxxxxx.PPRD.Dyymm01.Thhmsst</p>   |

| File Transmission Details |  |  |        |           |           |   |
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| Item                      | Transmittal  | Description  | System | Type      | Freq.     | Dataset Naming Conventions  |
| 46                        | <b>Interim Plan Payment Report (IPPR)</b>  | When a Plan is approved for an interim payment outside of the normal monthly process, an interim Plan Payment Report is distributed to that Plan. The report contains the amount and reason for the interim payment. Plans can also request these reports via the MARx user interface under the weekly report section of the menu. | APPS   | Report    | As needed | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.PLNPAYI.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.PLNPAYI.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.PLNPAYI.Dyymm01.Thhmsst</p>    |
| 47                        | <b>Interim Plan Payment Report (IPPR) Data File</b>  | The Interim APPS Plan Payment Data File and Report is provided when a Plan is approved for an interim payment outside of the normal monthly process. The data file / report contains the amount and reason for the interim payment to the Plan.  | APPS   | Data File | As needed | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.PPRID.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.PPRID.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory].Rxxxxx.PPRID.Dyymmdd.Thhmsst</p>         |
| 48                        | <b>820 Format Payment Advice Data File</b><br><br>Header Record<br>Detail Record<br>Trailer Record | HIPAA-Compliant version of the Plan Payment Report. This data file itemizes the final monthly payment to the Plan. This data file is not available through MARx.   | APPS   | Data File | Monthly   | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.PLAN820D.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.PLAN820D.Dyymm01.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.PLAN820D.Dyymm01.Thhmsst</p> |

| File Transmission Details |   |   |        |           |         |  |
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| Item                      | Transmittal   | Description   | System | Type      | Freq.   | Dataset Naming Conventions   |
| 49                        | <b>Full Enrollment Data File</b>  | File includes all active Plan membership on the date the file is run. This file is considered a definitive statement of current Plan enrollment. The file is distributed <u>on or about</u> the first of the month. | MARx   | Data File | Monthly | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.Rxxxxx.FEFD.Dyymm01.Thhmsst<br><br><b>Connect:Direct (Mainframe):</b><br>zzzzzzzz.Rxxxxx.FEFD.Dyymm01.Thhmsst<br><br><b>Connect:Direct (Non-Mainframe):</b><br>[directory]Rxxxxx.FEFD.Dyymm01.Thhmsst |
| 50                        | <b>Prescription Drug Event (PDE) DBC Cumulative Beneficiary Summary Report</b>                | File includes summary for the beneficiary of accumulated overall totals in PDE amount fields with accumulated totals for covered drugs.   | PDE    | Data File | Monthly | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>RPT.DDPS.CUM_BENE_ACT_COV_ssssss<br><br><b>Connect:Direct:</b><br>TRANSMITTED FROM PALMETTO   |
| 51                        | <b>Prescription Drug Event (PDE) DBC Cumulative Beneficiary Summary Report</b>                | File includes summary for the beneficiary of accumulated overall totals in PDE amount fields with accumulated totals for enhanced drugs.  | PDE    | Data File | Monthly | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>RPT.DDPS_CUM_BENE_ACT_ENH_ssssss<br><br><b>Connect:Direct:</b><br>TRANSMITTED FROM PALMETTO   |
| 52                        | <b>Prescription Drug Event (PDE) DBC Cumulative Beneficiary Summary Report</b>                | File includes summary for the beneficiary of accumulated overall totals in PDE amount fields with accumulated totals for over-the-counter drugs.  | PDE    | Data File | Monthly | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>RPT.DDPS_CUM_BENE_ACT_OTC_ssssss<br><br><b>Connect:Direct:</b><br>TRANSMITTED FROM PALMETTO   |
| 53                        | <b>Front-End Risk Adjustment System (FERAS) Response Reports Monthly Plan Activity Report</b> | Report provides monthly summary of the status of submissions by submitter and Plan number.  | FERAS  | Report    | Monthly | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>RPT.RAPS_MONTHLY_ssssss<br><br><b>Connect:Direct:</b><br>TRANSMITTED FROM PALMETTO  |

| File Transmission Details |  |  |        |           |         |   |
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| Item                      | Transmittal  | Description  | System | Type      | Freq.   | Dataset Naming Conventions  |
| 54                        | <b>Front-End Risk Adjustment System (FERAS) Response Reports Cumulative Plan Activity Report</b>       | Report provides cumulative summary of the status of submissions by Submitter ID and Plan number.   | FERAS  | Report    | Monthly | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>RPT.RAPS_CUMULATIVE_SSSSSS<br><br><b>Connect:Direct:</b><br>TRANSMITTED FROM PALMETTO  |
| 55                        | <b>Front-End Risk Adjustment System (FERAS) Response Reports Frequency Report Monthly Report</b>       | Report provides monthly summary of all errors on all file submissions within the month.  | FERAS  | Report    | Monthly | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>RAPS_ERRORFREQ_MNTH_SSSSSS<br><br><b>Connect:Direct:</b><br>TRANSMITTED FROM PALMETTO  |
| 56                        | <b>Late Enrollment Penalty (LEP) Data File</b><br><br>Header Record<br>Detail Record<br>Trailer Record | This data file provides information on low-income subsidized Beneficiaries and on direct-billed Beneficiaries with late enrollment penalties.  | MARx   | Data File | Monthly | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.Fxxxxx.LEPD.Dyymm01.Thhmsst<br>P.Rxxxxx.LEPD.Dyymm01.Thhmsst<br><br><b>Connect:Direct (Mainframe):</b><br>zzzzzzz.Fxxxxx.LEPD.Dyymm01.Thhmsst<br>zzzzzzz.Rxxxxx.LEPD.Dyymm01.Thhmsst<br><br><b>Connect:Direct (Non-Mainframe):</b><br>[directory]Fxxxxx.LEPD.Dyymm01.Thhmsst<br>[directory]Rxxxxx.LEPD.Dyymm01.Thhmsst |
| 57                        | <b>LIS History Data File (LISHIST)</b><br><br>Header Record<br>Detail Record<br>Trailer Record         | This data file supplements existing files that provide LIS notifications. It provides a complete picture of a beneficiary's LIS eligibility over a period of time not to exceed 36 months. | MARx   | Data File | Monthly | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.Rxxxxx.LISHIST.Dyymmdd.Thhmsst<br><br><b>Connect:Direct (Mainframe):</b><br>zzzzzzz.Rxxxxx.LISHIST.Dyymmdd.Thhmsst<br><br><b>Connect:Direct (Non-Mainframe):</b><br>[directory]Rxxxxx.LISHIST.Dyymmdd.Thhmsst  |

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| Item                      | Transmittal   | Description   | System     | Type      | Freq.   | Dataset Naming Conventions   |
| 58                        | <p><b>Agent Broker Compensation Data File</b></p> <p>Detail Record<br/>Trailer Record</p>   | <p>This data file provides the broker compensation cycle-year counts. Data is sent to Plans 1) when a beneficiary enrolls, 2) each January when the cycle-year count increments and 3) as necessary when retroactive change affects the compensation cycle.</p> <p>Plans may re-order the Broker Compensation Report Data File via the MARx UI.</p> | MARx       | Data File | Monthly | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rnnnnn.COMPRPT.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rnnnnn.COMPRPT.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rnnnnn.COMPRPT.Dyymmdd.Thhmsst</p>     |
| 59                        | <p><b>Monthly Medicare Secondary Payer (MSP) Information Data File</b></p> <p>Header Record<br/>Primary Record<br/>Detail Record<br/>Trailer Record</p> | <p>This data file is sent directly to Part C Plans on the first Monday after the MARx month-end processing completes. This file contains MSP details for all Part beneficiaries in the Part C Plan. It covers MSP periods for the previous 48 months.</p>   | MARx       | Data File | Monthly | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.MSPCOBMA.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.MSPCOBMA.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory].Rxxxxx.MSPCOBMA.Dyymmdd.Thhmsst</p> |
| 60                        | <p><b>Medicare Advantage Organization (MAO) 004 Report</b></p> <p>Header Record<br/>Detail Record<br/>Trailer Record</p>                                | <p>This report contains the diagnoses that meet the risk adjustment rules and are, therefore, eligible for risk adjustment.</p>   | RAS (MARx) | Data File | Monthly | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.MAO004PV.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.MAO004PV.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.MAO004PV.Dyymmdd.Thhmsst</p>  |

| File Transmission Details |  |  |        |           |         |   |
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| Item                      | Transmittal  | Description  | System | Type      | Freq.   | Dataset Naming Conventions  |
| 61                        | <b>Medicare Advantage Medicaid Status Data File</b><br>Header Record.<br>Beneficiary Identification Record.<br>Beneficiary Detail Record.<br>Trailer Record. | This data file provides the monthly dual statuses and corresponding dual status codes for their beneficiaries who are full or partial duals.   | MARx   | Data File | Monthly | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.Rxxxxx.MCMD.Dyymm01.Thhmsst<br><br><b>Connect:Direct (Mainframe):</b><br>zzzzzzzz.Rxxxxx.MCMD.Dyymm01.Thhmsst<br><br><b>Connect:Direct (Non-Mainframe):</b><br>[directory]Rxxxxx.MCMD.Dyymm01.Thhmsst  |
| 62                        | <b>MSA Deposit-Recovery Data File</b><br>Header Record<br>Detail Record<br>Trailer Record  | The data file includes MSA lump sum deposit and recovery amounts for the CPM at the beneficiary level. The file is used by MSA participating Plans to reconcile and identify MSA deposit amounts.  | MARx   | Data File | Monthly | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.Fxxxxx.MSA.Dyymm01.Thhmsst<br>P.Rxxxxx.MSA.Dyymm01.Thhmsst<br><br><b>Connect:Direct (Mainframe):</b><br>zzzzzzzz.Fxxxxx.MSA.Dyymm01.Thhmsst<br>zzzzzzzz.Rxxxxx.MSA.Dyymm01.Thhmsst<br><br><b>Connect:Direct (Non-Mainframe):</b><br>[directory]Fxxxxx.MSA.Dyymm01.Thhmsst<br>[directory]Rxxxxx.MSA.Dyymm01.Thhmsst                               |
| 63                        | <b>HICN to MBI Crosswalk File</b>  | To assist MAOs and Part D sponsors with the ability to determine or match their beneficiary population between HICN and MBI, MARx will generate and distribute a monthly crosswalk data file. Each crosswalk data file will be created at the MAO/PDP Contract level. The crosswalk files will be sent monthly during the transition period. | MARx   | Data File | Monthly | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.Fxxxxx.CROSSWLK.Dyymm01.Thhmsst<br>P.Rxxxxx.CROSSWLK.Dyymm01.Thhmsst<br><br><b>Connect:Direct (Mainframe):</b><br>zzzzzzzz.Fxxxxx.CROSSWLK.Dyymm01.Thhmsst<br>zzzzzzzz.Rxxxxx.CROSSWLK.Dyymm01.Thhmsst<br><br><b>Connect:Direct (Non-Mainframe):</b><br>[directory]Fxxxxx.CROSSWLK.Dyymm01.Thhmsst<br>[directory]Rxxxxx.CROSSWLK.Dyymm01.Thhmsst |

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| Item                      | Transmittal  | Description  | System     | Type          | Freq.     | Dataset Naming Conventions   |
| <b>Quarterly Report</b>   |  |  |            |               |           |  |
| 64                        | <b>Front-End Risk Adjustment System (FERAS) Response Reports<br/>Frequency Report Quarterly Report</b> | Report provides quarterly summary of all errors on all file submissions within the three-month quarter.  | FERAS      | Report        | Quarterly | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>RAPS_ERRORFREQ_QTR_ SSSSSS<br><br><b>Connect:Direct:</b><br>TRANSMITTED FROM PALMETTO   |
| <b>Yearly Reports</b>     |  |  |            |               |           |  |
| 65                        | <b>RAS Final Yearly Model Output Report, Part D</b>  | Report indicates the year-end Part D risk adjustment factors for each beneficiary. MARx forwards this report, produced by RAS, to Plans as part of the month-end processing. | RAS (MARx) | Report (.pdf) | Yearly    | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.Rxxxxx.PTDMOFR.Yeeee.Cvvvvv.Thhmmss<br><br><b>Connect:Direct (Mainframe):</b><br>zzzzzzzz.Rxxxxx.PTDMOFR.Yeeee.Cvvvvv.Thhmmss<br><br><b>Connect:Direct (Non-Mainframe):</b><br>[directory]Rxxxxx.PTDMOFR.Yeeee.Cvvvvv.Thhmmss |
| 66                        | <b>RAS Final Yearly Model Output Data File, Part D</b>   | Data file version of the year end Part D RAS Model Output Report. MARx forwards this report, produced by RAS, to Plans as part of the month-end processing.                  | RAS (MARx) | Data File     | Yearly    | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.Rxxxxx.PTDMOFD.Yeeee.Cvvvvv.Thhmmss<br><br><b>Connect:Direct (Mainframe):</b><br>zzzzzzzz.Rxxxxx.PTDMOFD.Yeeee.Cvvvvv.Thhmmss<br><br><b>Connect:Direct (Non-Mainframe):</b><br>[directory]Rxxxxx.PTDMOFD.Yeeee.Cvvvvv.Thhmmss |



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| Item                      | Transmittal  | Description  | System     | Type          | Freq.  | Dataset Naming Conventions   |
| 67                        | <b>RAS Final Yearly Model Output Report, Part C</b>    | Report indicates the year end Part C risk adjustment factors for each beneficiary. MARx forwards this report, produced by RAS, to Plans as part of the month-end processing. | RAS (MARx) | Report (.pdf) | Yearly | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.Rxxxxx.HCCMOFR.Yeeee.Cvvvvv.Thhmmss<br><br><b>Connect:Direct (Mainframe):</b><br>zzzzzzzz.Rxxxxx.HCCMOFR.Yeeee.Cvvvvv.Thhmmss<br><br><b>Connect:Direct (Non-Mainframe):</b><br>[directory]Rxxxxx.HCCMOFR.Yeeee.Cvvvvv.Thhmmss |
| 68                        | <b>RAS Final Yearly Model Output Data File, Part C</b> | Data file version of the year end Part C RAS Model Output Report. MARx forwards this report, produced by RAS, to Plans as part of the month-end processing.                  | RAS (MARx) | Data File     | Yearly | <b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br>P.Rxxxxx.HCCMOFD.Yeeee.Cvvvvv.Thhmmss<br><br><b>Connect:Direct (Mainframe):</b><br>zzzzzzzz.Rxxxxx.HCCMOFD.Yeeee.Cvvvvv.Thhmmss<br><br><b>Connect:Direct (Non-Mainframe):</b><br>[directory]Rxxxxx.HCCMOFD.Yeeee.Cvvvvv.Thhmmss |

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|---------------------------|----------------------------------|---|--------|-----------|--------------|---|
| Item                      | Transmittal                      | Description   | System | Type      | Freq.        | Dataset Naming Conventions  |
| 69                        | <b>Loss of Subsidy Data File</b> | <p>The first file is sent in September and identifies members receiving a joint CMS and SSA letter informing them they will not have Deemed status for the following year. The second file is sent in December and is an updated version of the September file, indicating those Beneficiaries who still do not have Deemed status for the following year.</p> <p>TRC 996 indicates the loss of Deeming which means the Beneficiary will not be redeemed for the upcoming period.</p> | MARx   | Data File | Twice Yearly | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.EOYLOSD.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.EOYLOSD.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.EOYLOSD.Dyymmdd.Thhmsst</p>          |
| 70                        | <b>PDP Loss Data File</b>        | <p>This file provides a preliminary listing of LIS-eligible beneficiaries whom CMS reassigns to a new PDP or to a new PBP within the same Plan sponsor effective January 1, 2008.</p> <p>The Loss file notifies PDPs of the members they will lose as a result of reassignment to other Plans. These members are classified as losing members.</p>  | MBD    | Data File | Yearly       | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.APDP5.LOSS.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.APDP5.LOSS.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.APDP5.LOSS.Dyymmdd.Thhmsst</p> |

| File Transmission Details |   |   |        |           |           |   |
|---------------------------|---|---|--------|-----------|-----------|---|
| Item                      | Transmittal   | Description   | System | Type      | Freq.     | Dataset Naming Conventions  |
| 71                        | <b>PDP Gain Data File</b>                               | <p>This file provides a preliminary listing of LIS-eligible beneficiaries whom CMS reassigns to a new PDP or to a new PBP within the same Plan sponsor effective January 1, 2008.</p> <p>The Gain file notifies PDPs of members they will gain as a result of the yearly reassignment. These members are classified as gaining members.</p> | MBD    | Data File | Yearly    | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.APDP5.GAIN.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.APDP5.GAIN.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.APDP5.GAIN.Dyymmdd.Thhmsst</p> |
| 72                        | <b>Long-Term Institutionalized Resident Report File</b> | <p>This file provides Part D sponsors a list of their Beneficiaries who are LTI residents during July and January of each year.</p>   | MDS    | Report    | Quarterly | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.LTCRPT.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.LTCRPT.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.LTCRPT.Dyymmdd.Thhmsst</p>             |
| 73                        | <b>No Premium Due Data File</b>                         | <p>This data file reports members that had a Part C premium, but will no longer have the Part C premium in the upcoming year. This data file is produced during MARx end of year processing.</p>  | MARx   | Data File | Yearly    | <p><b>Gentran Mailbox/TIBCO MFT Internet Server:</b><br/>P.Rxxxxx.SPCLPEX.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Mainframe):</b><br/>zzzzzzz.Rxxxxx.SPCLPEX.Dyymmdd.Thhmsst</p> <p><b>Connect:Direct (Non-Mainframe):</b><br/>[directory]Rxxxxx.SPCLPEX.Dyymmdd.Thhmsst</p>          |

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## 8 Medicare Advantage Prescription Drug User Interface – MARx UI

The Medicare Advantage Prescription Drug (MARx) System User Interface (UI) enables access to enrollment, eligibility, payment, premium withhold, and 4Rx information for beneficiaries.

The MARx UI accommodates online and batch processing. Online capabilities enable viewing of beneficiary or contract information. Batch capabilities allow submission of data, such as enrollment and disenrollment transactions.

This section covers the following topics:

- [Getting Started.](#)
- [Navigating and Using the System.](#)
- [MCO Representative Role.](#)
- [MCO Representative with Update Role.](#)
- [MCO Submitter Role.](#)
- [Request Reports.](#)
- [Reporting Beneficiaries Identified within a Drug Management Program.](#)

Information is available for enrollments from the start of the program.

All of the beneficiary, contract, and user information in the screen snapshots in this document are fictional. The names and beneficiary IDs do not identify any person living or dead.

On certain screens, if no end date displays for the subsidy period, this does not mean the beneficiary's status terminated; rather a blank Subsidy End date means that the status rolled over to the current year.

## 8.1 Getting Started

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

- [Workstation Requirements.](#)
- [Logging into the MARx UI.](#)
- [Viewing the MARx Operational Calendar.](#)
- [Logging out of the MARx UI.](#)

### 8.1.1 Workstation Requirements

MARx UI users must have the following software installed on their workstation:

- Windows XP or higher.
- Microsoft Internet Explorer with Web browser, Version 5.5 or higher.
- Adobe Acrobat Reader, Version 4 or higher, for report viewing and display of online help. If the user does not have Adobe Acrobat Reader Version 4 or higher, the user can download a free version at ([www.adobe.com](http://www.adobe.com)).

Also, the user must:

- Enable JavaScript in the browser.
- Allow pop-ups from the UI site.
- Disable script debugging in the Internet Explorer's Internet Options under the Advanced tab.

### 8.1.2 Logging into the MARx UI

The MARx UI is accessed via the CMS Enterprise Portal URL: <https://portal.cms.gov>. The user is presented with the Enterprise Portal login page where they will enter their User ID, Password, click the *Agree to our Terms and Conditions* option, and click the *Login* button. Next, the user will see the **My Portal** screen. Select the **MARx UI** tile and then select the **MARx UI Application** link.

The *User Security Role Selection (M002)* screen displays the role(s) available to the user. Typically, a user has only one role available. If the user has more than one role available, the user may change from the default to another role. The selected role shows on the title line of subsequent screens. Once a role is selected, the user clicks on the [Logon with Selected Role] button.

Figure 8-1: Security Role Selection (M002) Screen

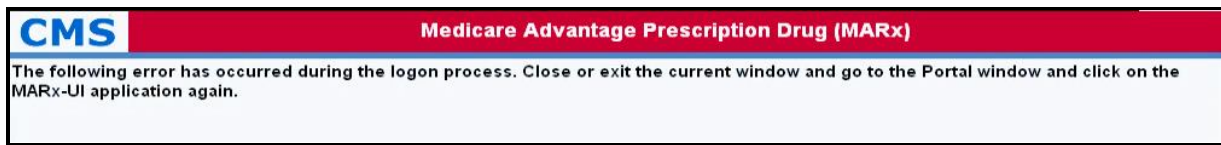


Table 8-1: User Security Role Selection (M002) Screen Field Descriptions

| User Security Role Section (M002) Screen Field Descriptions |                       |  |
|---|-----------------------|--|
| Item  | Input/Output          | Description  |
| Role selection  | Required radio button | Click on one of the buttons to indicate under which role the user will log on. |
| [Log on with Selected Role]                                 | Button                | Click on this button to complete the logon with the selected role.             |

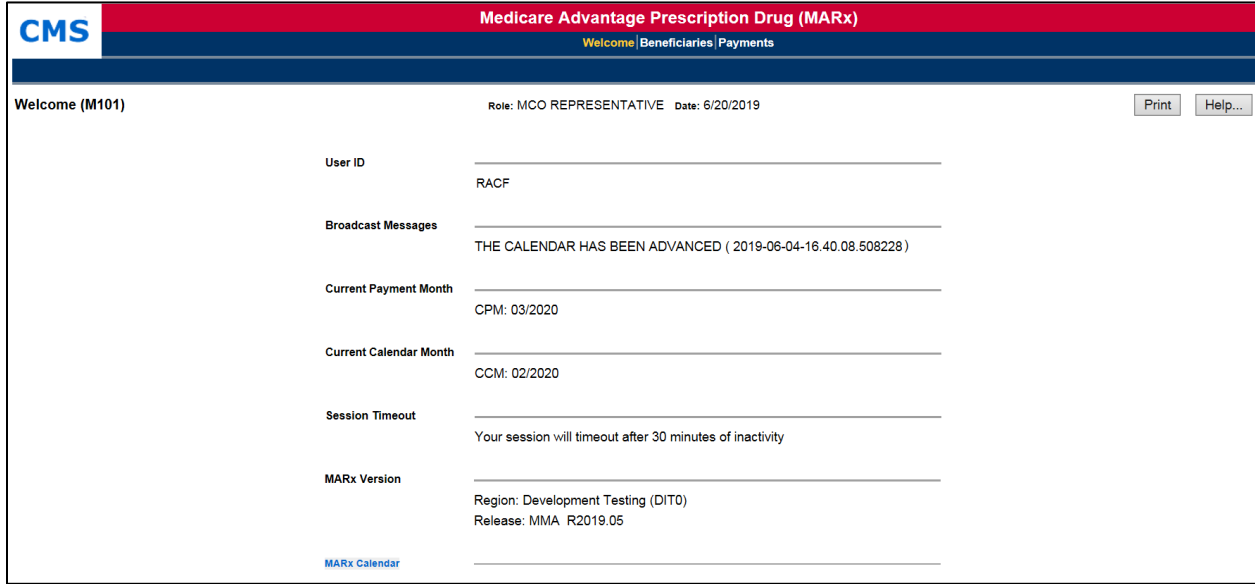
MARx UI only allows a one active session. If a user attempts to login with a 2<sup>nd</sup> session, the first session will be automatically terminated and the new session will be the only active session. If the system is up and logon is unsuccessful, the *Logon Error (M009)* screen displays an error message describing why logon failed.

Figure 8-2: Logon Error (M009) Screen



After a role is selected, the *Welcome (M101)* screen appears. Broadcast messages display for all users and provide information about system-wide events, such as the start or completion of month-end processing. These messages expire without any user action.

Figure 8-3: Welcome (M101) Screen



Special note: Users with MCO Representative w/ Update role will also see “User Messages” below the Broadcast Messages section, with a number indicating the number of unread messages. This number is a selectable hyperlink and will open the User Messages (M102) screen.

Table 8-2: Welcome (M101) Screen Field Descriptions

| Welcome (M101) Field Descriptions |              |  |
|-----------------------------------|--------------|--|
| Item                              | Input/Output | Description  |
| Broadcast Messages                | Output       | Provides general information about the system’s actions, e.g. month-end processing started. The list of messages refreshes every time the user returns to the screen.            |
| Current Payment Month (CPM)       | Output       | The month/year currently in process by the system.   |
| MARx Version                      | Output       | The region and release information of the MARx UI display.   |
| MARx Calendar                     | Link         | Provides general information about what is happening in the system, e.g. month-end processing started. The list of messages refreshes every time the user returns to the screen. |

### 8.1.3 Viewing the MARx Operational Calendar

The user may click on the MARx Calendar link to display the *Calendar (M105)* screen.

The top part of the screen shows a pictorial calendar for one month. When the screen first displays, the current month shows with the current day highlighted in blue. The bottom part of the screen, i.e., the operational calendar, shows the calendar events scheduled for that month, with the date and description of each event.



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.

Figure 8-4: MARx Calendar (M105) Screen

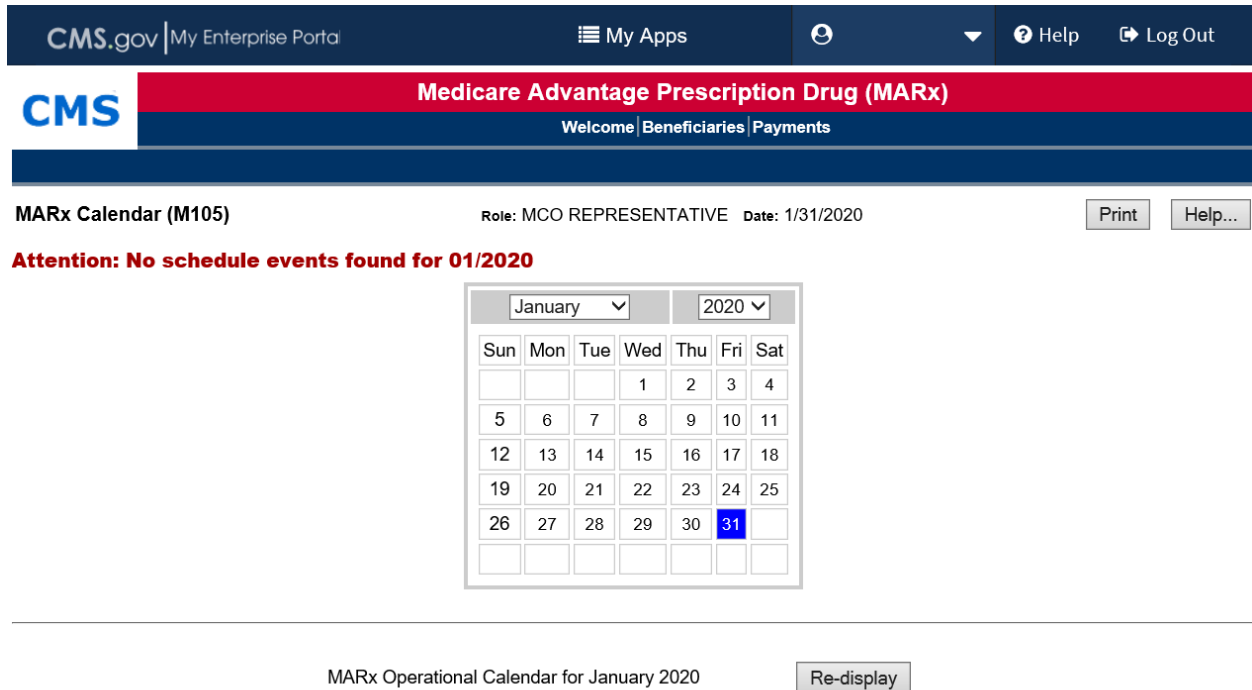


Table 8-3: MARx Calendar (M105) Field Descriptions

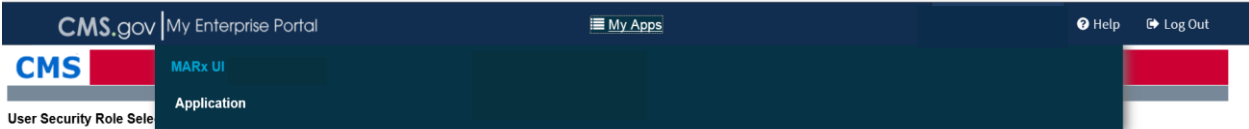
| MARx Calendar (M105) Field Descriptions |                        |   |
|---|------------------------|---|
| Item                                    | Input/Output           | Description   |
| <b>Above Line</b>                       |                        |   |
| Month                                   | Required dropdown list | Defaults to current calendar month. When this changes, the pictorial calendar automatically updates to the selected month and year. |
| Year                                    | Required dropdown list | Defaults to current calendar year. When this changes, the pictorial calendar automatically updates to the selected month and year.  |
| Calendar                                | Output                 | Pictorial calendar for selected month and year. When in the current month, the current day is highlighted in blue.                  |
| <b>Below Line</b>                       |                        |   |
| MARx Operational Calendar               | Output                 | List of events scheduled for the selected month and year.   |
| [Re-display]                            | Button                 | After changing the month or year, the user clicks on this button to display the operational calendar for the newly selected month.  |

### 8.1.4 Logging out of the MARx UI

When the user is finished with all activities, the user should log out. If the user does not log completely out, the session eventually times out; however, logging out as soon as the user is finished with the system is a more secure process to follow and is therefore recommended.

To log out, the user will select the **Log Out** option in the top right corner of the Enterprise Portal banner.

*Figure 8-5: Logging out of the MARx UI*



## 8.2 Navigating and Using the System

### 8.2.1 How Do I Find Specific Information?

The MARx UI uses the drill-down system. This means that the user starts at a very high level, and drills down to more specific detailed information. The menus and submenus all work in the same way, as follows: the first screen of the MARx UI main menu appears with the |Welcome| menu item highlighted on the screen.

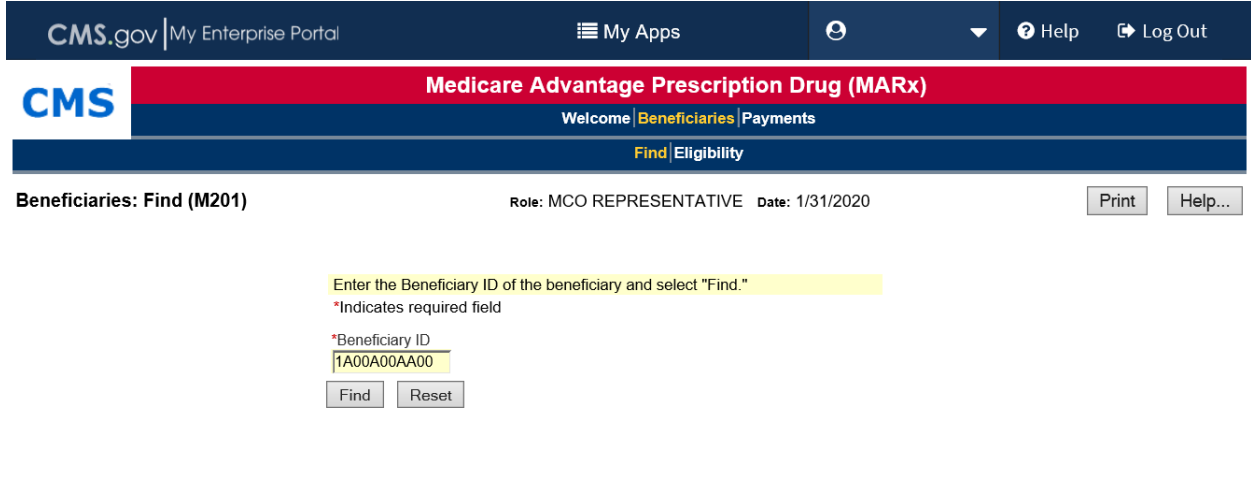
Figure 8-6: Main Menu with Welcome Selected



When the user selects an item from the MARx UI main menu by clicking on the general area, e.g., the |Beneficiaries| menu item, the screen changes.

- The selected menu item is highlighted in yellow on the screen.
- The associated submenu is displayed just below the main menu; the first item in the submenu is selected and highlighted in yellow.
- To view any of the other selections, click the menu or submenu item, e.g. the |Payment| menu item, to see the associated screen.

Figure 8-7: Example of Main Menu Selection



The first level screen names are comprised of the names of the Menu: Submenu selection. This assists with navigating to a particular screen.

After accessing a screen, the user may conduct a search to find information about a particular beneficiary or month. After narrowing the search to this more specific level, the user may find even more detail by clicking on links and/or buttons that lead to additional screens.

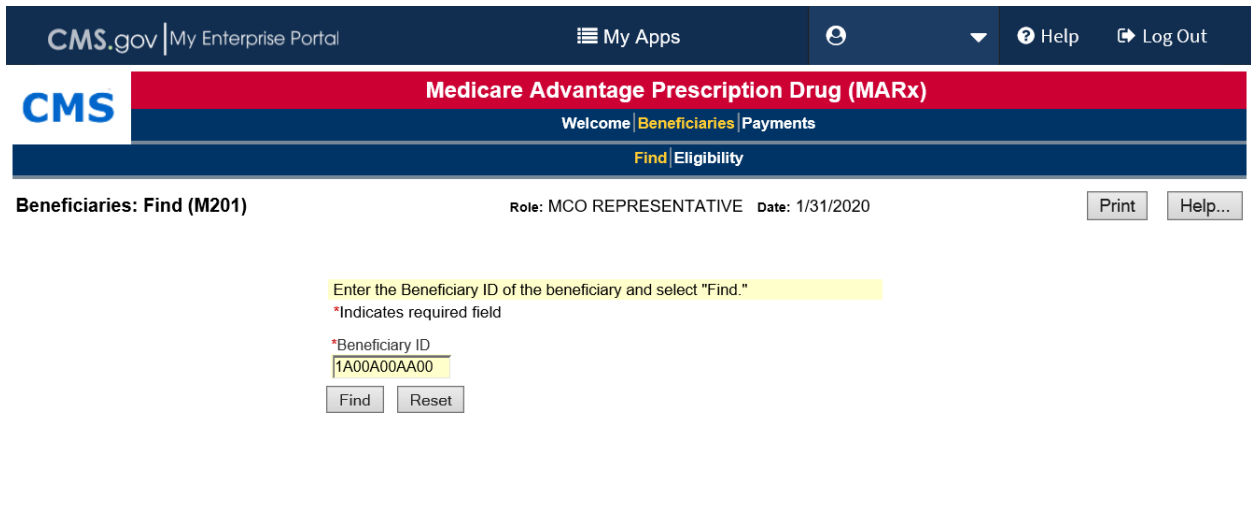
**Access Beneficiaries: Find (M201) Screen**

Consider a scenario where the user wants to determine the reason a specific beneficiary has a particular adjustment. Starting at the top level on the MARx main menu, the user selects their general area of interest, in this case, the [Beneficiaries] menu item. *The Beneficiaries: Find (M201)* screen is displayed. The Beneficiaries: Find (M201) screen also will allow a user to find information about a beneficiary who is enrolled in a contract; either currently, in the past, or in the future.

**Use the Beneficiaries: Find (M201) Screen**

To find a specific beneficiary, the user will enter the Medicare Beneficiary ID (MBI) and click on the [Find] button.

*Figure 8-8: Beneficiaries: Find (M201) Screen*



*Table 8-4: Beneficiaries: Find (M201) Field Descriptions*

| Beneficiaries: Find (M201) Field Descriptions |                           |   |
|---|---------------------------|---|
| Item  | Input/Output              | Description   |
| Beneficiary ID                                | Required data entry field | The user finds beneficiaries with the beneficiary ID.   |
| [Find]  | Button                    | After entering a beneficiary ID, the user clicks on this button to initiate the search for beneficiaries. |

## 8.2.2 View Beneficiary Summary Information

Beneficiaries meeting search criteria display on the *Beneficiaries: Search Results (M202)* screen.

### Use the Beneficiaries: Search Results (M202) Screen

If the search is successful, the *Beneficiaries: Search Results (M202)* screen is displayed. Any error associated with the search would display on the *Beneficiaries: Find (M201)* screen. If a user enters an inactive Beneficiary ID for the beneficiary, a message displays to that effect.

•

Figure 8-9: Beneficiaries: Search Results (M202) Screen

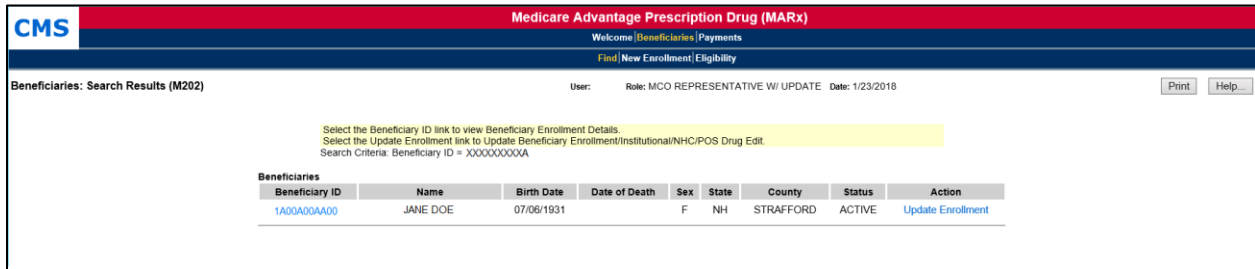


Table 8-5: Beneficiaries: Search Results (M202) Field Descriptions

| Beneficiaries: Search Results (M202) Field Descriptions |              |   |
|---|--------------|---|
| Item  | Input/Output | Description   |
| Beneficiary ID column heading                           | Sorter       | Sorts the results by claim numbers.   |
| Beneficiary ID in the Beneficiary ID column             | Link         | The user clicks on a <u>Beneficiary ID</u> 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, if 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.  |
| Status column   | Output       | Status of the searched beneficiary.   |
| Action column   | Link         | Action that can be taken for the searched beneficiary.  |

**Tip:** Returning to the previous screen to add other selection criteria may narrow search results.

From this screen, the user sees summary information about each beneficiary that meets the search criteria. The user can sort the list by beneficiary ID or by name by clicking on the column heading. To see more details about any particular beneficiary in this list, the user clicks on a beneficiary ID link in the *Beneficiary ID* column. This displays the *Beneficiary Detail: Snapshot (M203)* screen in a pop-up window with a menu to get to various screens. Each screen provides specific details about the beneficiary’s enrollment or payment history. These screens are described in more detail later in this section.

### 8.2.3 View Beneficiary Detailed Information

The user finds the beneficiary on the *Beneficiaries: Search Results (M202)* screen and drills down for more information.

#### View Detailed Information for a Beneficiary

To see detailed information about any of the beneficiaries listed in the *Beneficiaries: Search Results (M202)* screen, the user clicks on the associated beneficiary ID.

**Note:** Instead of seeing a screen in the same area as previously displayed, a new window with a new screen and new header appears. This is a pop-up window, with its own header information specific to the selected beneficiary. The beneficiary’s latest mailing address is displayed, along with the current State and County Code (SCC). The header, by itself, is shown below.

*Figure 8-10: Sample Header for the Beneficiary Detail Screens*



To improve system performance, CMS began archiving inactive beneficiaries as of February 2013. By reducing the volume of data in the operational databases, the overall performance of the systems is enhanced.

Beneficiaries that meet both of the following criteria are selected for archiving:

- Are deceased for at least 15 years or, are at least 120 years old with a BIC of M or T.
- Have had no activity for at least two years.

However, the business owners may decide to exclude moving a population of beneficiaries to the archived database.

All beneficiaries, whether in the active or the archived database, are available for view.

To identify whether a beneficiary is archived, the MARx UI displays either an “Active” or “Archived” status on the Banner appearing at the top of the screen. Update capability is only available for beneficiary records in the active database.

Archiving of data for the selected beneficiaries crosses all MAPD systems. CMS has the capability to recall beneficiaries from the archived database into the active database. If a Plan wishes to recall an archived beneficiary, the Plan should discuss it with CMS.

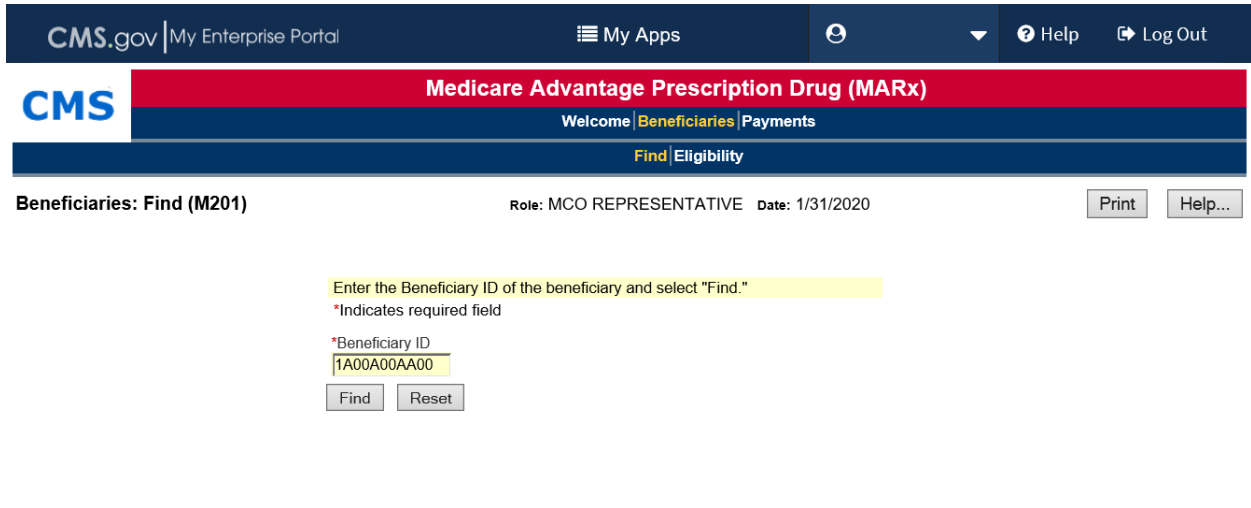
In addition, just below the header is a set of menu items, described in the table below. The user can switch back and forth among the different screens by clicking the menu items. Each screen pertains to the beneficiary selected from the *Beneficiaries: Search Results (M202)* screen.

**Table 8-6: Menu Items for Viewing Beneficiary Detail Information**

| 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 specified. If the beneficiary is not currently enrolled, the summary of last available payments and adjustments information displays. When the screen first displays, 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 the user has 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 the user has access.   |
| 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 Part A, Part B, and Part 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 Part A, Part B, and Part 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.  |
| Premium Withhold                                      | <i>Beneficiary Detail: Premium Withhold Transactions (M237)</i> | Displays a list of premium withhold transaction information for the beneficiary. The initial display defaults to the information for Current Processing Month   |
| Factors   | <i>Beneficiary Detail: Factors (M220)</i>                       | Displays the factors, beneficiary-specific or default, used in payment calculation.   |
| Utilization   | <i>Beneficiary Detail: Utilization (M233)</i>                   | Displays information on the beneficiary's use of Medicare services.   |
| MSA   | <i>Beneficiary Detail: MSA Lump Sum (M235)</i>                  | Displays Medical Savings Account Lump Sum information for a beneficiary for which the user has access.  |

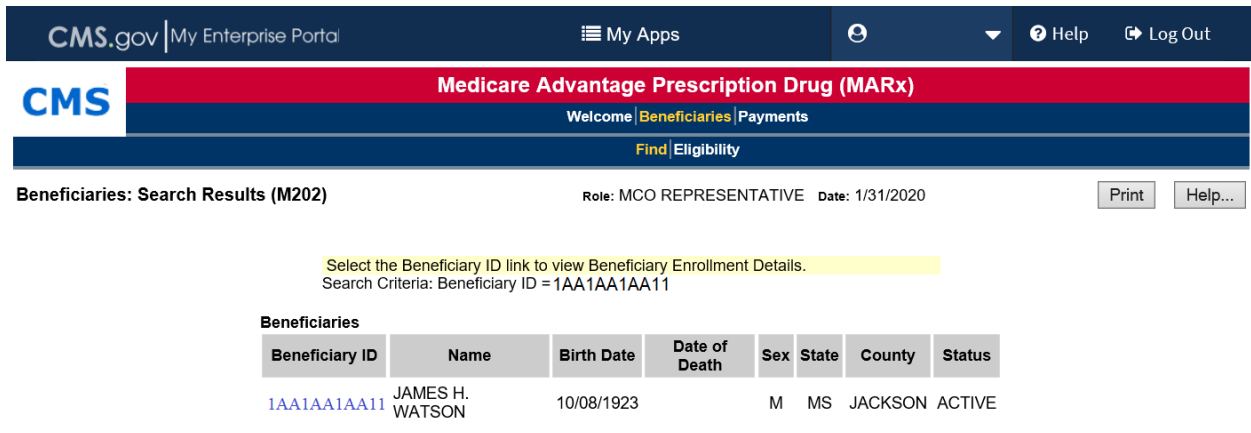
To view information for other beneficiaries, the user can either select another beneficiary from the *Beneficiaries: Search Results (M202)* screen or perform a new search on the *Beneficiaries: Find (M201)* screen.

Figure 8-11: Example of a Find Screen



The *Beneficiaries: Search Results (M202)* screen is displayed. In this example, there is only one beneficiary who meets the selection criteria; however, it is possible to have more than one beneficiary who meets the selection criteria.

Figure 8-12: Example of Search Results Screen



From here, the user can view beneficiary summary information or drill down to find more detailed information about the selected beneficiary. To view adjustment information, click on the linked Beneficiary ID associated with the beneficiary, **1AA1AA1AA11**. The *Beneficiary Detail: Snapshot (M203)* screen is displayed. This is a secondary screen which has a different header with the Beneficiary’s name, MBI, DOB, street address, age, sex, state, and county. Because this is a pop-up window, there is a [Close] button in the upper right-hand corner of the body of the window.



Figure 8-13: Example of Drill Down from Search Results

**MBI #: 1AA1AA1AA11**      **JOHN DOE**      **DOB: 10/08/1923**  
**BENEFICIARY ADDRESS**      **ACTIVE**      **Age: 96 Sex: MALE**  
**OCEAN SPRINGS, MS 39564-8690**      **State: MS (25) County: JACKSON (290)**

[Snapshot](#) | [Enrollment](#) | [Payments](#) | [Adjustments](#) | [Premiums](#) | [LEP](#) | [SSA - RRB](#) | [Utilization](#) | [MSA](#) | [Residence Address](#) | [Rx Insurance](#) | [Status Activity](#)

**Beneficiary Snapshot (M203)**      Role: MCO REPRESENTATIVE      Date: 1/31/2020      [Close](#)      [Print](#)      [Help...](#)

To re-display Beneficiary details, change date and select "find"  
 \*Details As Of: 01/31/2020 [Find](#)

**Plan Information: Contract H1234 - MEDICARE PLAN**

|  |   |
|--|---|
| PBP Number: 010<br>Segment Number: 000<br>Demonstration Type/Description:<br>Enrollment Source Code/Description: A - AUTO-ENROLLED<br>Special Needs Type:<br>Bonus Payment Portion Percent: 0%<br>Demographic Blend Portion Percent: 0%<br>Residency Status: In Area<br>Part B Premium Reduction Benefit: \$0.00 | Residence for Payments: State: MS (25) County: JACKSON (290)<br>Status Flags:<br>Payment Flags:<br>Low Income Subsidy: Subsidy Start: 01/01/2020 Subsidy End: 12/31/2020<br>LI Premium Subsidy Level: 100%<br>LI Co-payment Level: 3<br>IC Model: Model Type Indicator:<br>Benefit Status Code:<br>Original Reason for Entitlement: 0<br>Age/Disabled/MSP Factor: 0.00<br>ESRD MSP Factor: 0.00 |
|--|---|

| Entitlement |            |          |        | Eligibility |            |          | Enrollment |            |            |
|-------------|------------|----------|--------|-------------|------------|----------|------------|------------|------------|
| Part        | Start Date | End Date | Option | Part        | Start Date | End Date | Contract   | Start Date | End Date   |
| Part A:     | 03/01/1989 |          | E      | Part D:     | 01/01/2006 |          | H1234      | 11/01/2019 | 02/29/2020 |
| Part B:     | 07/01/1990 |          | Y      |             |            |          |            |            |            |

**Premiums**

|   |               |
|---|---------------|
| Premium Payment Option:                         | NO PREMIUM    |
| Part C/D Premium Status:                        |               |
| Part C Premium (from enrollment):               | \$0.00        |
| Part D Premium (from HPMS):                     | \$0.00        |
| De minimis:                                     | \$0.00        |
| Part D Net of De minimis:                       | \$0.00        |
| Low Income Subsidy:                             | \$0.00        |
| Late Enrollment Penalty:                        | \$0.00        |
| Late Enrollment Penalty Waived Amount:          | \$0.00        |
| Late Enrollment Penalty Subsidy:                | \$0.00        |
| Beneficiary's Total Part D Premium:             | \$0.00        |
| <b>Total C+D Premium (paid by beneficiary):</b> | <b>\$0.00</b> |

Payments for Payment Date 01/01/2020

No results found for payment date

To view adjustment information, the user selects the |Adjustments| menu item, located just below the header.

Figure 8-14: Example of using Secondary Screen Menu

**MBI #: 1AA1AA1AA11**      **JOHN DOE**      **DOB: 10/08/1923**  
**BENEFICIARY ADDRESS**      **ACTIVE**      **Age: 96 Sex: MALE**  
**OCEAN SPRINGS, MS 39564-8690**      **State: MS (25) County: JACKSON (290)**

[Snapshot](#) | [Enrollment](#) | [Payments](#) | [Adjustments](#) | [Premiums](#) | [LEP](#) | [SSA - RRB](#) | [Utilization](#) | [MSA](#) | [Residence Address](#) | [Rx Insurance](#) | [Status Activity](#)

**Payments View (M206)**      Role: MCO REPRESENTATIVE      Date: 1/31/2020      [Close](#)      [Print](#)      [Help...](#)

Showing 1 to 11 of 11 entries      [Previous](#)      1      [Next](#)

Payments (Select a payment date to view details)

| Payment Date | Contract | PBP# | Seg# | Payments |        |          |           | Adjustments |        |            |            | Total      | Part B Premium Reduction | Regional MA BSF |  |
|--------------|----------|------|------|----------|--------|----------|-----------|-------------|--------|------------|------------|------------|--------------------------|-----------------|--|
|              |          |      |      | Part A   | Part B | Part D   | Total Pay | Part A      | Part B | Part D     | Total Adj  |            |                          |                 |  |
|              | Contract |      |      |          |        |          |           |             |        |            |            |            |                          |                 |  |
| 12/2020      | H1234    | 020  | 000  | \$0.00   | \$0.00 | \$284.27 | \$284.27  | \$0.00      | \$0.00 | \$0.00     | \$0.00     | \$284.27   | -                        | \$0.00          |  |
| 11/2020      | H1234    | 020  | 000  | \$0.00   | \$0.00 | \$284.27 | \$284.27  | \$0.00      | \$0.00 | \$0.00     | \$0.00     | \$284.27   | -                        | \$0.00          |  |
| 10/2020      | H1234    | 020  | 000  | \$0.00   | \$0.00 | \$284.27 | \$284.27  | \$0.00      | \$0.00 | \$0.00     | \$0.00     | \$284.27   | -                        | \$0.00          |  |
| 09/2020      | H1234    | 020  | 000  | \$0.00   | \$0.00 | \$284.27 | \$284.27  | \$0.00      | \$0.00 | \$0.00     | \$0.00     | \$284.27   | -                        | \$0.00          |  |
| 08/2020      | H1234    | 020  | 000  | \$0.00   | \$0.00 | \$284.27 | \$284.27  | \$0.00      | \$0.00 | \$0.00     | \$0.00     | \$284.27   | -                        | \$0.00          |  |
| 07/2020      | H1234    | 020  | 000  | \$0.00   | \$0.00 | \$284.27 | \$284.27  | \$0.00      | \$0.00 | \$0.00     | \$0.00     | \$284.27   | -                        | \$0.00          |  |
| 06/2020      | H1234    | 020  | 000  | \$0.00   | \$0.00 | \$284.27 | \$284.27  | \$0.00      | \$0.00 | \$0.00     | \$0.00     | \$284.27   | -                        | \$0.00          |  |
| 05/2020      | H1234    | 020  | 000  | \$0.00   | \$0.00 | \$284.27 | \$284.27  | \$0.00      | \$0.00 | \$0.00     | \$0.00     | \$284.27   | -                        | \$0.00          |  |
| 04/2020      | H1234    | 020  | 000  | \$0.00   | \$0.00 | \$284.27 | \$284.27  | \$0.00      | \$0.00 | \$0.00     | \$0.00     | \$284.27   | -                        | \$0.00          |  |
| 03/2020      | H1234    | 010  | 000  | \$0.00   | \$0.00 | \$0.00   | \$0.00    | \$0.00      | \$0.00 | \$1,087.20 | \$1,087.20 | \$1,087.20 | -                        | \$0.00          |  |
| 03/2020      | H1234    | 020  | 000  | \$0.00   | \$0.00 | \$284.27 | \$284.27  | \$0.00      | \$0.00 | \$0.00     | \$0.00     | \$284.27   | -                        | \$0.00          |  |

Showing 1 to 11 of 11 entries      [Previous](#)      1      [Next](#)

To view details of an Adjustment Date, the user selects a particular adjustment by clicking on the month/year link in the Adjustment Date column, in this case, 04/2011.

At this point, a display-only screen appears.

Again, the drill-down method enables the user to navigate from very general information to very specific information just by following a path of menu and submenu items, links, and searches.

**Figure 8-15: Example of Drilling into a list of items**

| MBI#: 1AA1AA1AA11                                   |             | JOHN DOE     |  | DOB: 10/08/1923   |                     |            |            |                |           |            |
|---|-------------|--------------|--|---|---------------------|------------|------------|----------------|-----------|------------|
| BENEFICIARY ADDRESS<br>OCEAN SPRINGS, MS 39564-8690 |             | ACTIVE       |  | Age: 96 Sex: MALE<br>State: MS (25) County: JACKSON (290) |                     |            |            |                |           |            |
| Payment/Adjustment Detail (M215)                    |             |              | Role: MCO REPRESENTATIVE Date: 1/31/2020 |   | Close Print Help... |            |            |                |           |            |
| Export to Excel                                     |             |              |  |   |                     |            |            |                |           |            |
| Payments/Adjustment Table - Contract# H1234         |             |              |  |   |                     |            |            |                |           |            |
| Payment Date  | Description | Type         | Adjustment Code                          | Payment/Adjustments                                       |                     |            |            | Paid for Month | Paid Flag | Cleanup ID |
|   |             |              |  | Part A  | Part B              | Part D     | Total      |                |           |            |
| 03/01/2020  | TOTAL       | ADJUSTMENT - |  | \$0.00  | \$0.00              | \$1,087.20 | \$1,087.20 |                |           |            |
| 03/01/2020  | TOTAL       | ADJUSTMENT   | 02-RETROACTIVE ENROLLMENT                | \$0.00  | \$0.00              | \$1,087.20 | \$1,087.20 |                |           |            |

### 8.2.4 Validation Messages

The table below lists validation messages that appear directly on the screen during data entry/processing in the status line just below the title line, as shown below.

**Figure 8-16: Validation Message Placement on Screen**

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

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

**Table 8-7: Validation Messages**

| Validation Messages   |  |
|---|--|
| Error Messages  | Suggested Action   |
| User must enter <kind of date>  | Enter the field specified by the message.                          |
| A contract number must start with an 'E', 'H', 'R', 'S', 'X,' or '9', followed by four characters | Re-enter the field and follow the format indicated in the message. |
| Invalid Contract/PBP combination  | Check the combination and re-enter.                                |
| Invalid Contract/PBP/segment combination  | Check the combination and re-enter.                                |
| <kind-of-date> is invalid. Must have format (M)M/(D)D/CCYY  | Re-enter the field and follow the format indicated in the message. |

| <b>Validation Messages</b>  |  |
|---|--|
| <b>Error Messages</b>   | <b>Suggested Action</b>  |
| PBP number must have three alphanumeric characters                          | Re-enter the field and follow the format indicated in the message.   |
| Please enter at least one of the required fields                            | Make sure to enter all the required fields.  |
| Segment number must have three digits                                       | Re-enter the field and follow the format indicated in the message.   |
| The beneficiary ID is not a valid SSA or RRB number, or CMS Internal number | Re-enter the field in SSA, RRB, or CMS Internal format.  |
| The last name contains invalid characters                                   | Re-enter the field using only letters, apostrophes, hyphens, or blanks.  |
| You do not have access rights to this contract                              | First, make sure that the Contract # is entered correctly. If not, re-enter it. If the user did, he/she should have rights to this contract; see the MARx System Administrator who can update the user profile for these rights. |

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## 8.3 MCO Representative Role

### 8.3.1 View Beneficiary Snapshot Information

A snapshot shows a summary of membership, health status, and payment/adjustment information for the beneficiary as of a specified month. If payments are unavailable for the specified month, the last available payments and adjustments information is shown.

#### *View the Beneficiary Detail: Snapshot (M203) Screen*

The *Beneficiary Detail: Snapshot (M203)* screen provides payment, health status, adjustment, entitlement, eligibility, enrollment, and premium information for the beneficiary as of the date the user specifies. When the beneficiary enrolls in two contracts, one for Part A and/or Part B and the other for Part D, information is displayed on both the contracts. On the initial display, the current date is used. To view the details as of a different date, the user updates the date in the *As Of* data entry area and clicks on the [Find] button. If the beneficiary is enrolled with an effective date in the future, no status information is available. The user changes the *As Of* date to the future date to view the snapshot information. If the beneficiary is not currently enrolled, a status message states that “*the latest available snapshot information is for a payment month in the past and last available payments and adjustments are displayed.*”

**Special note:** Users with update capabilities will also see an “Update” button available on the M203 screen. Users without update capabilities will not see this button when viewing the screen.

Post MBI transition, only the MBI will be displayed in the Banner for all Beneficiary screens.

Figure 8-17: Beneficiary Detail: Snapshot (M203) Screen

**MBI #:** 1AA1A11AA11

**BENEFICIARY ADDRESS**  
CITY, STATE 03053-2961

**JOHN DOE**  
ACTIVE

**DOB:** 12/29/1938 **DOD:** 10/29/2015

**Age:** 76 **Sex:** MALE

**\*State:** PA (39) **County:** BUCKS (140)

[Snapshot](#) | [Enrollment](#) | [Payments](#) | [Adjustments](#) | [Premiums](#) | [LEP](#) | [SSA - RRB](#) | [Utilization](#) | [MSA](#) | [Residence Address](#) | [Rx Insurance](#) | [Status Activity](#)

**Beneficiary Snapshot (M203)** Role: MCO REPRESENTATIVE Date: 2/21/2020

To re-display Beneficiary details, change date and select "find"

\*Details As Of:

**Plan Information: Contract SXXXX - MEDICARE PLAN**

|   |   |
|---|---|
| <p>PBP Number: 215<br/>Segment Number: 000<br/>Demonstration Type/Description:<br/>Enrollment Source Code/Description: D - ANNUAL ROLLOVER<br/>Special Needs Type:<br/>Bonus Payment Portion Percent: 0%<br/>Demographic Blend Portion Percent: 0%<br/>Residency Status: In Area<br/>Part B Premium Reduction Benefit: \$0.00</p> | <p>Residence for Payments: State: PA (39) County: BUCKS (140)<br/>Status Flags:<br/>Payment Flags:<br/>Low Income Subsidy: Subsidy Start: Subsidy End:<br/>LI Premium Subsidy Level:<br/>LI Co-payment Level:<br/>IC Model: Model Type Indicator:<br/>Benefit Status Code:<br/>Original Reason for Entitlement: 0<br/>Age/Disabled/MSP Factor: 0.00<br/>ESRD MSP Factor: 0.00</p> |
|---|---|

| Entitlement   | Eligibility | Enrollment |          |        |         |            |  |   |         |            |  |   |   |      |            |          |         |            |            |   |          |            |          |       |            |            |
|---|-------------|------------|----------|--------|---------|------------|--|---|---------|------------|--|---|---|------|------------|----------|---------|------------|------------|---|----------|------------|----------|-------|------------|------------|
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Part</th> <th>Start Date</th> <th>End Date</th> <th>Option</th> </tr> </thead> <tbody> <tr> <td>Part A:</td> <td>04/01/2010</td> <td></td> <td>E</td> </tr> <tr> <td>Part B:</td> <td>07/01/2011</td> <td></td> <td>Y</td> </tr> </tbody> </table> | Part        | Start Date | End Date | Option | Part A: | 04/01/2010 |  | E | Part B: | 07/01/2011 |  | Y | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Part</th> <th>Start Date</th> <th>End Date</th> </tr> </thead> <tbody> <tr> <td>Part D:</td> <td>10/01/2010</td> <td>10/31/2015</td> </tr> </tbody> </table> | Part | Start Date | End Date | Part D: | 10/01/2010 | 10/31/2015 | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Contract</th> <th>Start Date</th> <th>End Date</th> </tr> </thead> <tbody> <tr> <td>SXXXX</td> <td>01/01/2015</td> <td>10/31/2015</td> </tr> </tbody> </table> | Contract | Start Date | End Date | SXXXX | 01/01/2015 | 10/31/2015 |
| Part  | Start Date  | End Date   | Option   |        |         |            |  |   |         |            |  |   |   |      |            |          |         |            |            |   |          |            |          |       |            |            |
| Part A:   | 04/01/2010  |            | E        |        |         |            |  |   |         |            |  |   |   |      |            |          |         |            |            |   |          |            |          |       |            |            |
| Part B:   | 07/01/2011  |            | Y        |        |         |            |  |   |         |            |  |   |   |      |            |          |         |            |            |   |          |            |          |       |            |            |
| Part  | Start Date  | End Date   |          |        |         |            |  |   |         |            |  |   |   |      |            |          |         |            |            |   |          |            |          |       |            |            |
| Part D:   | 10/01/2010  | 10/31/2015 |          |        |         |            |  |   |         |            |  |   |   |      |            |          |         |            |            |   |          |            |          |       |            |            |
| Contract  | Start Date  | End Date   |          |        |         |            |  |   |         |            |  |   |   |      |            |          |         |            |            |   |          |            |          |       |            |            |
| SXXXX   | 01/01/2015  | 10/31/2015 |          |        |         |            |  |   |         |            |  |   |   |      |            |          |         |            |            |   |          |            |          |       |            |            |

**Premiums**

|   |                 |
|---|-----------------|
| Premium Payment Option:                         | DIRECT SELF-PAY |
| Part C/D Premium Status:                        |                 |
| Part C Premium (from enrollment):               | \$0.00          |
| Part D Premium (from HPMS):                     | \$32.90         |
| De minimis:                                     | \$0.00          |
| Part D Net of De minimis:                       | \$32.90         |
| Low Income Subsidy:                             | \$0.00          |
| Late Enrollment Penalty:                        | \$0.00          |
| Late Enrollment Penalty Waived Amount:          | \$0.00          |
| Late Enrollment Penalty Subsidy:                | \$0.00          |
| <b>Beneficiary's Total Part D Premium:</b>      | <b>\$32.90</b>  |
| <hr/>   |                 |
| <b>Total C+D Premium (paid by beneficiary):</b> | <b>\$32.90</b>  |

**Payments for Payment Date 10/01/2015**

| Contract | Description | Type    | Part A | Part B | Part D   | Total    |
|----------|-------------|---------|--------|--------|----------|----------|
| SXXXX    | TOTAL       | PAYMENT | \$0.00 | \$0.00 | \$163.33 | \$163.33 |

February 22, 2021 (Revised: March 30, 2021)

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MARx UI

Figure 8-18: Beneficiary Detail: Snapshot (M203) Screen with Payments and Adjustments for Past Payment Month

MBI #: 1AA1A11AA11
DOB: 12/29/1938 DOD: 10/29/2015

BENEFICIARY ADDRESS  
CITY, STATE 03053-2961
JOHN DOE  
ACTIVE
Age: 76 Sex: MALE  
\*State: PA (39) County: BUCKS (140)

Snapshot | Enrollment | Payments | Adjustments | Premiums | LEP | SSA - RRB | Utilization | MSA | Residence Address | Rx Insurance | Status Activity

Beneficiary Snapshot (M203) Role: MCO REPRESENTATIVE Date: 2/21/2020 Close Print Help...

To re-display Beneficiary details, change date and select "find"  
\*Details As Of:  Find

**Plan Information: Contract SXXXX - MEDICARE PLAN**

|  |  |
|--|--|
| PBP Number: 215<br>Segment Number: 000<br>Demonstration Type/Description:<br>Enrollment Source Code/Description: D - ANNUAL ROLLOVER<br>Special Needs Type:<br>Bonus Payment Portion Percent: 0%<br>Demographic Blend Portion Percent: 0%<br>Residency Status: In Area<br>Part B Premium Reduction Benefit: \$0.00 | Residence for Payments: State: PA (39) County: BUCKS (140)<br>Status Flags:<br>Payment Flags:<br>Low Income Subsidy: Subsidy Start: Subsidy End:<br>LI Premium Subsidy Level:<br>LI Co-payment Level:<br>IC Model: Model Type Indicator:<br>Benefit Status Code:<br>Original Reason for Entitlement: 0<br>Age/Disabled/MSP Factor: 0.00<br>ESRD MSP Factor: 0.00 |
|--|--|

**Entitlement**

| Part    | Start Date | End Date | Option |
|---------|------------|----------|--------|
| Part A: | 04/01/2010 |          | E      |
| Part B: | 07/01/2011 |          | Y      |

**Eligibility**

| Part    | Start Date | End Date   |
|---------|------------|------------|
| Part D: | 10/01/2010 | 10/31/2015 |

**Enrollment**

| Contract | Start Date | End Date   |
|----------|------------|------------|
| SXXXX    | 01/01/2015 | 10/31/2015 |

**Premiums**

|   |                 |
|---|-----------------|
| Premium Payment Option:                         | DIRECT SELF-PAY |
| Part C/D Premium Status:                        |                 |
| Part C Premium (from enrollment):               | \$0.00          |
| Part D Premium (from HPMS):                     | \$32.90         |
| De minimis:                                     | \$0.00          |
| Part D Net of De minimis:                       | \$32.90         |
| Low Income Subsidy:                             | \$0.00          |
| Late Enrollment Penalty:                        | \$0.00          |
| Late Enrollment Penalty Waived Amount:          | \$0.00          |
| Late Enrollment Penalty Subsidy:                | \$0.00          |
| Beneficiary's Total Part D Premium:             | \$32.90         |
| <b>Total C+D Premium (paid by beneficiary):</b> | <b>\$32.90</b>  |

**Payments for Payment Date 10/01/2015**

| Contract | Description | Type    | Part A | Part B | Part D   | Total    |
|----------|-------------|---------|--------|--------|----------|----------|
| SXXXX    | TOTAL       | PAYMENT | \$0.00 | \$0.00 | \$163.33 | \$163.33 |

**Table 8-8: Beneficiary Detail: Snapshot (M203) Field Descriptions**

| <b>Beneficiary Detail: Snapshot (M203) Field Descriptions</b>  |                           |   |
|--|---------------------------|---|
| <b>Item</b>  | <b>Input/Output</b>       | <b>Description</b>  |
| As Of  | Optional data entry field | Enter a valid date in the form (M)M/(D)D/CCYY. The user may change the As Of date. After changing the date, the user clicks on the [Find] button to bring up the information for that date.                               |
| [Find]   | Button                    | Displays the information for the specified As Of date.  |
| <b>The following fields are repeated for each contract, up to two, in which the beneficiary is enrolled</b>  |                           |   |
| Contract   | Output                    | Contract number for this beneficiary on the As Of date.   |
| MCO Name   | Output                    | Contract name for this beneficiary on the As Of date.   |
| PBP Number   | Output                    | PBP number on the contract for this beneficiary on the As Of date.  |
| Segment Number   | Output                    | 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 pay the MCO. This is not applicable to a PDP.  |
| Residency Status   | Output                    | The residency status for this beneficiary on the As Of date.  |
| Part B Premium Reduction Benefit   | Output                    | The Part B Premium Reduction Benefit amount is shown only for a non-drug contractor. For the Pre-2006 Part B Premium Reduction Benefit, multiply the Benefits Improvement & Protection Act of 2000 (BIPA) amount by 0.80. |
| Residence for Payments: State  | Output                    | State used for payment calculation, which may differ from the state in the mailing address in the screen header.  |
| Residence for Payments: County   | Output                    | County used for payment calculation, which may differ from the county in the mailing address in the screen header.  |
| 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.  |
| Low-Income Subsidy   | Output                    | Date range; subsidy start date and end date, co-payment level, and amount of the LIS on the As Of date.   |
| IC Model   | Output                    | Innovation Center (IC) Model Type Indicator and Benefit Status Code   |
| Original Reason for Entitlement  | Output                    | The reason for the beneficiary's original entitlement to Medicare; disabled or aged.  |
| Aged/Disabled Medicare Secondary Payer (MSP) Factor  | Output                    | Beneficiary's aged/disabled reduction factor.   |
| End State Renal Disease (ESRD) MSP Factor  | Output                    | Beneficiary's ESRD Medicare Secondary Payer reduction factor.   |
| <p>The lines in the Payments section define each component used in the calculation of the Plan's payment for this beneficiary for the payment month associated with the As Of date. These may include Demographic, Risk Adjustment, Blended, ESRD, Part D Basic Premium, Part D Direct Subsidy, Part D Reinsurance, etc. Each line is broken into the columns below.</p> <p><b><i>When there are no payments to display, "No Payments for MM/DD/CCYY for CONTRACT/PBP/SEG" displays.</i></b></p> |                           |   |
| Rate Used  | Output                    | Payments have asterisks, but components used in the payment calculation do not have an asterisk.  |
| Part A   | Output                    | The amount of the payment line that is categorized as Medicare Part A.  |
| Part B   | Output                    | The amount of the payment line that is categorized as Medicare Part B.  |

| Beneficiary Detail: Snapshot (M203) Field Descriptions  |                      |   |
|---|----------------------|---|
| Item  | Input/Output         | Description   |
| Part D  | Output               | The amount of the payment line that is categorized as Medicare Part D.  |
| Total   | Output               | The Net Payments amount includes additions and subtractions based on rebates, subsidies, and bonuses. Payments are made in the As Of month.   |
| <b><i>Paid Flag</i></b>   | <b><i>Output</i></b> | <b><i>The Paid Flag indicates whether the Plan received this payment or adjustment. Following PAP, some payments or adjustments are calculated but not included in an actual payment.</i></b>       |
| <p>The lines in the Adjustments section define each component used in the calculation of any Plan payment adjustments for this beneficiary for the payment month associated with the As Of date. These may include Demographic, Risk Adjustment, Blended, ESRD, Part D Basic Premium, Part D Direct Subsidy, Part D Reinsurance, etc. Each line is broken into the columns below.</p> <p><b><i>When there are no adjustments to display, "No Adjustments for MM/DD/CCYY for CONTRACT/PBP/SEG" displays.</i></b></p> |                      |   |
| Rate Used   | Output               | Adjustments have asterisks, but components used in the adjustment calculation do not, have an asterisk, but the demographic and risk-adjusted components used in the blend do not have an asterisk. |
| Part A  | Output               | The amount of the adjustment line that is categorized as Medicare Part A.   |
| Part B  | Output               | The amount of the adjustment line that is categorized as Medicare Part B.   |
| Part D  | Output               | The amount of the adjustment line that is categorized as Medicare Part D.   |
| Total   | Output               | The Net Adjustment amount includes additions and subtractions based on rebates, subsidies, and bonuses. Adjustments are made in the As Of month.  |
| <b><i>Paid Flag</i></b>   | <b><i>Output</i></b> | <b><i>The Paid Flag indicates whether the Plan received this payment or adjustment. Following the PAP, some payments or adjustments are calculated but not included in an actual payment.</i></b>   |
| Entitlement, Eligibility, and Enrollment Information  |                      |   |
| Entitlement Information   | Output               | Entitlement Start Date and End Date, as well as Option for Part A and Part B for this beneficiary on the As Of date.  |
| Eligibility Information   | Output               | Eligibility Start Date and End Date for Part D for this beneficiary on the As Of date.  |
| Enrollment Information  | Output               | Provides the Start Date and the End Date for this beneficiary's enrollment under the user's contract on the As Of date.   |
| <p><b>Premium Information</b> – This section provides information on the beneficiary's premiums on the As Of date.</p> <p><b><i>When there are no premiums to display, "No Premiums found for MM/DD/CCYY for CONTRACT/PBP" displays.</i></b></p>  |                      |   |
| Premium Withholding Option  | Output               | The Premium Withholding Option on the As Of date.   |
| Premium Withholding Option Pending  | Output               | When a withholding request is submitted but not yet accepted by the withholding agency, the request is "Pending". This indicates whether this withholding request is "Pending".                     |
| Part C Premium (from enrollment)  | Output               | The amount of the beneficiary's premium that represents their Part C premium. This is provided by the Plan on the enrollment transaction.   |
| Part D Premium from the Health Plan Management System (HPMS)  | Output               | The amount of the beneficiary's premium that represents their Part D premium. This amount is contracted with the Plan and maintained by HPMS.   |



| Beneficiary Detail: Snapshot (M203) Field Descriptions |              |  |
|--|--------------|--|
| Item   | Input/Output | Description  |
| De Minimis   | Output       | The De Minimis adjustment included in the beneficiary's premium.   |
| Part D Net of De Minimis                               | Output       | The Part D premium with any De Minimis adjustment.   |
| LIS  | Output       | The amount of the beneficiary's premium that is subsidized due to low-income status.   |
| Late Enrollment Penalty (LEP)                          | Output       | The penalty amount that is added to the beneficiary's premium due to uncovered months.   |
| LEP Waived Amount                                      | Output       | The amount of the LEP that is waived for the beneficiary.  |
| LEP Subsidy  | Output       | The amount of the LEP that is subsidized.  |
| Beneficiary's Total Part D Premium                     | Output       | The total Part D premium for the month associated with the As Of date. This incorporates all of the Part D components that are detailed in this section. |
| Total C+D Premium (paid by beneficiary)                | Output       | The total premium paid by the beneficiary for Part C and Part D coverage.  |

### 8.3.2 View Beneficiary Eligibility

Beneficiary eligibility provides information regarding a beneficiary's entitlement for Part A, Part B, and eligibility for Part D, as applicable and relevant to the Plan. If the beneficiary is eligible for the Part D LIS, then the number of uncovered months is indicated, as are then the details of that subsidy. Periods when a beneficiary is covered in a Plan that qualifies for the Retiree Drug Subsidy (RDS) are shown. Periods when a beneficiary was covered in a Part D Plan are also shown. Display of all beneficiary enrollments are shown in the Enrollment Information section of the screen with the most recent enrollment as the top row. Plans may also submit a batch Beneficiary Eligibility Query (BEQ) Request File as described in Section 3.

Drug Plan information is shown as a column in the Enrollment Information section. Please note that multiple lines do not necessarily mean there were multiple periods of enrollment. The lines denote the timeframes during which the contract provided drug coverage.

#### View the Beneficiary Eligibility (M232) Screen

From the main menu, the user clicks on the |Beneficiaries| menu item, and then clicks on the |Eligibility| submenu item to view the *Beneficiary: Eligibility (M232)* screen.

The next step is to identify the beneficiary by either the Beneficiary ID or the First Name, Last Name, Suffix, Date of Birth, SSN/HICN or Partial MBI fields on the *Beneficiary: Eligibility (M232)* screen.

Figure 8-19: Beneficiary: Eligibility (M232) Screen (Initial)

The screenshot shows the 'Beneficiary: Eligibility (M232)' screen. At the top, there is a red header with 'CMS' and 'Medicare Advantage Prescription Drug (MARx)'. Below this is a navigation bar with links: 'Welcome', 'Beneficiaries', 'Transactions', 'Payments', 'Rates', 'Reports', 'Maintenance', 'System', and 'Toolset'. The current page is 'Eligibility', and other options are 'Find', 'New Enrollment', and 'Opt-Out'. The user's role is 'MCO REPRESENTATIVE' and the date is '2/6/2020'. There are 'Print' and 'Help...' buttons in the top right.

A yellow highlighted instruction reads: 'Either a Beneficiary ID OR a combination of First Name, Last Name, Date of Birth, and a SSN/HICN or partial MBI is required.' Below this, a red asterisk indicates that at least one of these fields is required.

The form contains the following fields:

- Beneficiary ID (empty)
- First Name (empty)
- Last Name (empty) and Suffix (empty)
- Date of Birth (MM/DD/YYYY) (empty)
- SSN or HICN (empty)
- Or
- Partial MBI (3 characters minimum) (empty)

At the bottom of the form are 'Find' and 'Reset' buttons.

Enter either the Beneficiary ID or the combination of the First Name, Last Name, Suffix, Date of Birth and either the SSN or HICN or Partial MBI. The user clicks the [Find] button to show the beneficiary’s identity to verify that the correct beneficiary was entered, followed by the beneficiary’s entitlement and eligibility information past periods of RDS and/or Part D enrollment, and low-income status.

Figure 8-20: Beneficiary: Eligibility (M232) Screen (SSN or HICN data entry)

This screenshot shows the same 'Beneficiary: Eligibility (M232)' screen as Figure 8-19, but with data entered into the form. The 'Date of Birth' field is now '11/28/1945' and the 'SSN or HICN' field is '111111111A'. The 'Partial MBI' field remains empty.

The form fields are:

- Beneficiary ID (empty)
- First Name (empty)
- Last Name (Jane) and Suffix (empty)
- Date of Birth (11/28/1945)
- SSN or HICN (111111111A)
- Or
- Partial MBI (3 characters minimum) (empty)

The 'Find' and 'Reset' buttons are still present at the bottom.

Figure 8-21: Beneficiary: Eligibility (M232) Screen (Partial MBI data entry)

**CMS Medicare Advantage Prescription Drug (MARx)**

Welcome | **Beneficiaries** | Transactions | Payments | Rates | Reports | Maintenance | System | Toolset

Find | New Enrollment | **Eligibility** | Opt-Out

Beneficiary: Eligibility (M232) Role: MCO REPRESENTATIVE Date: 2/6/2020 [Print] [Help...]

Either a Beneficiary ID OR a combination of First Name, Last Name, Date of Birth, and a SSN/HICN or partial MBI is required.

+Indicates at least one of these is required

+Beneficiary ID

+

First Name  
Jane

Last Name Suffix  
Doe

Date of Birth  
11/28/1945

SSN or HICN

Or

Partial MBI (3 characters minimum)  
1 1 A x

[Find] [Reset]

Figure 8-22: Beneficiary: Eligibility (M232) Screen (with Eligibility Information)

CMS
Medicare Advantage Prescription Drug (MARx)

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

Find Eligibility

**Beneficiary: Eligibility (M232)** Role: MCO REPRESENTATIVE Date: 2/6/2020 Print Help...

Either a Beneficiary ID OR a combination of First Name, Last Name, Date of Birth, and a SSN/HICN or partial MBI is required.  
\*Indicates at least one of these is required

**Beneficiary ID**

**First Name**

**Last Name**  **Suffix**

**Date of Birth**

---

**SSN or HICN**

Or

**Partial MBI (3 characters minimum)**

---

**Claim Number:**  
**MBI Number:** 1AA1AA1AA11  
**Name:** JANE DOE  
**Birth Date:** 11/28/1945  
**Date of Death:**  
**Sex:** F  
**Address:** BENEFICIARY ADDRESS  
 WOOSTER, OH 44691-9660  
**Most recent State:** OH (36)  
**Most recent County:** WAYNE (860)

| Enrollment Information for 02/06/2020 |     |                              |            |     |           |
|---------------------------------------|-----|------------------------------|------------|-----|-----------|
| Contract                              | PBP | Plan Type Code & Description | Start      | End | Drug Plan |
| H1234                                 | 029 | 00 - PLAN TYPE               | 11/01/2010 |     | Y         |

Entitlement Information

| Part | Start      | End | Option |
|------|------------|-----|--------|
| A    | 11/01/2010 |     | E      |
| B    | 11/01/2010 |     | Y      |

Eligibility Information

| Part | Start      | End |
|------|------------|-----|
| D    | 11/01/2010 |     |

Medicare Plan Enrollment Ineligibility Periods Due to Incarceration

| Start   | End |
|---|-----|
| There is no Incarceration information for the beneficiary |     |

Medicare Plan Enrollment Ineligibility Periods Due to Not Lawfully Present

| Start  | End |
|--|-----|
| There is no not lawfully present information for the beneficiary |     |

Number of Uncovered Months [View Audit](#)

| Start Date | Reset Indicator | Incremental Number of Uncovered Months | Cumulative Number of Uncovered Months | Record Add Time Stamp | Record Type |
|------------|-----------------|--|---------------------------------------|-----------------------|-------------|
| 05/01/2006 |                 | 0                                      | 0                                     | 05/20/2006 19:18:12   | V           |

Employer Subsidy

There are no employer subsidies for the beneficiary

CARA Status

There is no CARA Status information for the beneficiary

Election Type Code Usage

There is no MA-OEP and QTR LIS SEP information for the beneficiary

Low Income Status

There are no low income subsidies for the beneficiary

**Entitlement, Eligibility, Employer Subsidy, and Low Income Status display as follows:**

- If a date is entered, then only the information for that date is shown.
- If a date is not entered and the beneficiary is enrolled in one of the user’s Plans, then current, historical, and future information is shown.

- If the beneficiary is not enrolled in one of the user’s Plans, then only the current information is shown.
- When the beneficiary was not covered by a Plan that received the RDS, a message is displayed in the Employer Subsidy section.
- When the beneficiary does not receive a Part D LIS, message displays in the LIS section.

**Number of Uncovered Months section displays as follows:**

Part D enrollments display as follows:

- The 10 most recent periods of Part D enrollment are shown, including Plans with employer subsidies.
- If there are several Part D enrollments back to back, the screen displays the start date of the first enrollment and the end date of the last enrollment.
- When the beneficiary does not have Part D Enrollment information, a message displays in the Part D Enrollment section.

**Enrollment Information displays as follows:**

- The Contract number, start and end date, and Drug Plan indicator of the beneficiary’s current enrollment in the PBP is displayed.
- If the beneficiary is dual enrolled, the system displays the drug and non-drug Contract information for both of the beneficiary’s current enrollments in PBPs.
- If the beneficiary is enrolled in a Plan that does not have PBPs, the Contract, Drug Plan indicator and the start and end date of the beneficiary’s current enrollment is displayed.
- If the user enters a date in the “Date” field, the system considers the entered date as the current date when displaying the beneficiary’s current enrollment information.

*Table 8-9: Beneficiary: Eligibility (M232) Field Descriptions*

| Beneficiary: Eligibility (M232) Field Descriptions |                           |   |
|--|---------------------------|---|
| Item   | Inputs/Outputs            | Description   |
| <b>Search Criteria</b>                             |                           |   |
| Beneficiary ID                                     | Required data entry field | Identifies the beneficiary whose eligibility information displays. Field must be completed if searching by beneficiary identification number. |
| First Name   | Required data entry field | The first name, or initial of the beneficiary. Field must be completed if searching by SSN, HICN, or partial MBI.                             |
| Last Name  | Required data entry field | The last name of the beneficiary. Field must be completed if searching by SSN, HICN, or partial MBI.  |
| Suffix   | Required data entry field | The last name suffix of the beneficiary, if it exists.  |
| Date of Birth                                      | Required data entry field | The birth date of the beneficiary (MM/DD/YYYY). Field must be completed if searching by SSN, HICN, or partial MBI.                            |

| <b>Beneficiary: Eligibility (M232) Field Descriptions</b>                         |                           |  |
|---|---------------------------|--|
| <b>Item</b>   | <b>Inputs/Outputs</b>     | <b>Description</b>   |
| SSN or HICN   | Required data entry field | The social security number (SSN) or the health insurance claim number (HICN) of the beneficiary. Field must be completed if searching by SSN or HICN.                  |
| Partial MBI   | Required data entry field | The partial Medicare beneficiary identifier (MBI) of the beneficiary. Field must contain at least 3 characters if searching by partial MBI.                            |
| Find  | Button                    | The user clicks this button after entering the search data for the beneficiary. If the beneficiary is found, eligibility information for the beneficiary is displayed. |
| Reset   | Button                    | The user clicks this button to clear the form to start a new search.   |
| <b>Beneficiary Identification</b>   |                           |  |
| Claim Number  | Output                    | Claim number of beneficiary.   |
| MBI Number  | Output                    | Medicare Beneficiary ID of beneficiary.  |
| Name  | Output                    | Name of beneficiary.   |
| Birth Date  | Output                    | Date of birth of beneficiary.  |
| Date of Death   | Output                    | Date of death of beneficiary.  |
| Sex   | Output                    | Sex of beneficiary.  |
| Address   | Output                    | Street address, city, state, and zip code of beneficiary.  |
| Most recent State   | Output                    | The most recent state on record for the beneficiary.   |
| Most recent County  | Output                    | The most recent county on record for the beneficiary.  |
| <b>Enrollment Information</b>   |                           |  |
| Contract  | Output                    | Contract number for the beneficiary's enrollment(s).   |
| PBP   | Output                    | PBP number for the beneficiary's enrollment(s).  |
| Plan Type Code & Description  | Output                    | Plan Type code and the description for the beneficiary's enrollment(s).  |
| Start   | Output                    | Start date of the beneficiary's enrollment(s).   |
| End   | Output                    | End date of the beneficiary's enrollment(s).   |
| Drug Plan   | Output                    | Drug Plan indicator for the beneficiary's enrollment(s).   |
| <b>Entitlement Information</b>  |                           |  |
| Part column   | Output                    | Entitlement information that applies to the Part A and Part B of Medicare.   |
| Start column  | Output                    | When the entitlement period began.   |
| End column  | Output                    | When the entitlement period ended, as applicable.  |
| Option column   | Output                    | Option selected for this part.   |
| <b>Eligibility Information</b>  |                           |  |
| Part column   | Output                    | Eligibility information that applies to this Part D of Medicare.   |
| Start column  | Output                    | When the eligibility period began.   |
| End column  | Output                    | When the eligibility period ended, as applicable.  |
| <b>Medicare Plan Enrollment Ineligibility Periods Due to Incarceration</b>        |                           |  |
| Start column  | Output                    | When the incarceration period began.   |
| End column  | Output                    | When the incarceration period ended, as applicable.  |
| <b>Medicare Plan Enrollment Ineligibility Periods Due to Not Lawfully Present</b> |                           |  |

| Beneficiary: Eligibility (M232) Field Descriptions |                |  |
|--|----------------|--|
| Item   | Inputs/Outputs | Description  |
| Start column                                       | Output         | When the not lawfully present period began.                |
| End column   | Output         | When the not lawfully present period ended, as applicable. |
| <b>NUNCMO</b>                                      |                |  |
| Start Date   | Output         | Start Date for uncovered month's period.                   |
| Indicator  | Output         | Indicator showing record type.                             |
| NUNCMO   | Output         | NUNCMO.  |
| Total NUNCMO                                       | Output         | Total NUNCMO based on the Indicator.                       |
| Record Add-Timestamp                               | Output         | Timestamp for when the record was added.                   |
| Record Type  | Output         | Indicator showing a valid or audit record                  |
| <b>Employer Subsidy</b>                            |                |  |
| Start Date column                                  | Output         | When a Retiree Drub Subsidy coverage period began.         |
| End Date column                                    | Output         | When an RDS coverage period ended.                         |
| <b>Part D Enrollment</b>                           |                |  |
| Start Date column                                  | Output         | When a Part D enrollment began for the beneficiary.        |
| End Date column                                    | Output         | When a Part D enrollment ended for the beneficiary.        |
| <b>Low-Income Status</b>                           |                |  |
| Subsidy Start Date column                          | Output         | When the subsidy of Part D premiums began.                 |
| Subsidy End Date column                            | Output         | When the subsidy of Part D premiums ended, as applicable.  |
| Premium Subsidy Level column                       | Output         | Level at which the premiums are subsidized.                |
| Co-Payment Level column                            | Output         | Level of co-payment that the beneficiary must pay.         |
| Subsidy Source Column                              | Output         | The source of LIS subsidy.                                 |

### 8.3.3 View Enrollment Information

An enrollment history displays all of the times that the beneficiary is, was, or will have enrollment in any of the Plan's contracts.

#### **View the Beneficiary Detail: Enrollment (M204) Screen**

To access the *Beneficiary Detail: Enrollment (M204)* screen, the user clicks on the |Enrollment| menu item. This displays a summary list of enrollment information by contract, and PBP and segment numbers, as applicable. When the beneficiary enrolls in Part A and/or Part B and the other for Part D, two rows covering the same time period display.

**Note:** The user can only see contracts to which the user has access. Therefore, gaps may exist in the user's list where the user cannot see the enrollment information. Additionally, users with update capabilities will also see an "Update" button available on the M204 screen. Users without update capabilities will not see this button when viewing the screen.

Figure 8-23: Beneficiary Detail: Enrollment (M204) Screen (Initial Display)

| MBI #: 1AA1A11AA11  |                       | JANE DOE |  | DOB: 01/16/1930 DOD: 10/01/2012         |           |                            |            |        |                                    |  |  |                        |                      |
|---|-----------------------|----------|--|---|-----------|----------------------------|------------|--------|------------------------------------|--|--|------------------------|----------------------|
| BENEFICIARY ADDRESS   |                       | ACTIVE   |  | Age: 82 Sex: FEMALE                     |           |                            |            |        |                                    |  |  |                        |                      |
| CITY, STATE 03053-2961  |                       |          |  | State: NH (30) County: ROCKINGHAM (070) |           |                            |            |        |                                    |  |  |                        |                      |
| Snapshot <b>Enrollment</b>   Payments   Adjustments   Premiums   LEP   SSA - RRB   Utilization   MSA   Residence Address   Rx Insurance   Status Activity |                       |          |  |   |           |                            |            |        |                                    |  |  |                        |                      |
| Enrollment View (M204)  |                       |          | Role: MCO REPRESENTATIVE Date: 2/20/2020 |   |           | Close   Print   Help...    |            |        |                                    |  |  |                        |                      |
| Showing 1 to 4 of 4 entries (filtered from 7 total entries)   |                       |          |  |   |           | <a href="#">View Audit</a> |            |        |                                    |  |  |                        |                      |
| Row Number  | Contract              | PBP #    | Segment #                                | Drug Plan                               | Plan Type | Start                      | End        | Source | Demonstration Type and Description | Enrollment Source Code and Description | Disenrollment Reason Code and Description                | Primary Drug Insurance | Payment              |
| 1   | <a href="#">HXXXX</a> | 001      | 001                                      | Y                                       | MAPD      | 01/01/2008                 | 10/31/2012 | RACF   |                                    | B - BENE ELECTION                      | 08 - REPORT OF DEATH                                     | <a href="#">View</a>   | <a href="#">View</a> |
| 2   | <a href="#">HXXXX</a> | 001      | 001                                      | Y                                       | MAPD      | 12/01/2007                 | 12/31/2007 | RACF   |                                    | B - BENE ELECTION                      | 08 - REPORT OF DEATH                                     | <a href="#">View</a>   | <a href="#">View</a> |
| 4   | <a href="#">HXXXX</a> | 001      | 005                                      | Y                                       | MAPD      | 04/01/2006                 | 11/30/2007 | RACF   |                                    | B - BENE ELECTION                      | 13 - DISENROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN | <a href="#">View</a>   | <a href="#">View</a> |
| 7   | <a href="#">HXXXX</a> | 012      | 000                                      | N                                       | MA        | 12/01/2004                 | 10/31/2005 | HXXXX  |                                    | B - BENE ELECTION                      | 99 - OTHER (NOT SUPPLIED BY BENE)                        | <a href="#">View</a>   | <a href="#">View</a> |
| Showing 1 to 4 of 4 entries (filtered from 7 total entries)   |                       |          |  |   |           |                            |            |        |                                    |  |  |                        |                      |

To view details of the beneficiary enrollment transaction in a contract, the user clicks on a [Contract](#) link, which displays the *Enrollment Detail (M222)* screen for that contract and the beneficiary. To view a summary of payment and adjustment information for a particular contract, the user clicks on the view [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, and is described in the following table.



**Table 8-10: Beneficiary Detail: Enrollment (M204) Field Descriptions**

| Beneficiary Detail: Enrollment (M204) Field Descriptions |              |   |
|--|--------------|---|
| Item   | Input/Output | Description   |
| Contract   | Output       | Contract in which the beneficiary is enrolled. The values displayed in this column link to display the <i>Enrollment Details (M222)</i> screen for the enrollment on this line.   |
| PBP #  | Output       | PBP number for the enrollment on this line.   |
| Segment #  | Output       | Segment number for the enrollment on this line.   |
| Drug Plan  | Output       | Indicates whether the contract/PBP on this line provides drug insurance coverage. (Y or N).   |
| Start  | Output       | Start date for the beneficiary’s enrollment in this Contract/PBP/Segment.   |
| End  | Output       | End date for the beneficiary’s enrollment in this Contract/PBP/Segment.   |
| Source   | Output       | The person or system that submitted the enrollment; contract number when entered by an MCO; user ID when entered at CMS, SSA, or Medicare Customer Service Center (MCSC).   |
| Disenrollment Reason                                     | Output       | If the enrollment on this line includes an end date, this is the reason for the beneficiary’s disenrollment.  |
| <u>Primary Drug Insurance</u>                            | Link         | Click the <u>View</u> link in the Primary Insurance Information column to display all occurrences of primary insurance information associated with the beneficiary’s enrollment. This information displays in the bottom portion of the screen. |
| <u>Payment</u>   | Link         | Select the <u>View</u> link in the Payment column to display all payment information associated with the enrollment for the contract/PBP/segment.   |
| <u>View Audit</u>  | Link         | Displays both valid and audited record information  |

**View the Beneficiary Detail: Enrollment (M204) Screen Primary Drug Insurance**

To view the Primary Drug Insurance information in the bottom portion of the screen, the user clicks the View link that is in the Primary Drug Insurance column. This displays an additional section on the screen, showing the beneficiary’s primary 4Rx values. The information is listed by start and end date.

**Special note:** Users with update capabilities will also see an “Update” button available on the M204 Primary Drug Insurance and the M204 Payment screens. Users without update capabilities will not see this button when viewing these screens.

Figure 8-24: Beneficiary Detail: Enrollment (M204) Screen Primary Drug Insurance

**MBI #:** 1AA1A11AA11  
**BENEFICIARY ADDRESS**  
 CITY, STATE 03053-2961

**JANE DOE**  
**ACTIVE**

**DOB:** 11/28/1945  
**Age:** 74 **Sex:** FEMALE  
**\*State:** OH (36) **County:** WAYNE (860)

Snapshot | **Enrollment** | Payments | Adjustments | Premiums | LEP | SSA - RRB | Utilization | MSA | Residence Address | Rx Insurance | Status Activity

**Enrollment View (M204)**

Role: MCO REPRESENTATIVE Date: 2/21/2020

Close Print Help...

Showing 1 to 1 of 1 entries  
 Enrollments (Select Contract# to view details) View Audit

| Row Number | Contract | PBP # | Segment # | Drug Plan | Plan Type | Start      | End | Source | Demonstration Type and Description | Enrollment Source Code and Description | Disenrollment Reason Code and Description | Primary Drug Insurance | Payment |
|------------|----------|-------|-----------|-----------|-----------|------------|-----|--------|------------------------------------|--|---|------------------------|---------|
| 1          | HXXXX    | 029   | 000       | Y         | MAPD      | 11/01/2010 |     | HXXXX  |                                    | B - BENELECTION                        |   | View                   | View    |

Showing 1 to 1 of 1 entries

| Start Date | End Date   | Primary BIN | Primary PCN | Primary GRP | Primary RxID | Source | Record Update TimeStamp |
|------------|------------|-------------|-------------|-------------|--------------|--------|-------------------------|
| 01/01/2012 |            | 015574      | ASPROD1     | SUM03       | A0044082400  |        | 2011-12-19-11.14.05     |
| 11/01/2010 | 12/31/2011 | 005947      | CLAIMCR     | SUMAMED     | A0044082400  |        | 2011-12-19-11.14.05     |

Table 8-11: Beneficiary Detail: Enrollment (M204) Drug Insurance Field Descriptions

| Beneficiary Detail: Enrollment (M204) Field Descriptions   |              |  |
|--|--------------|--|
| Item   | Input/Output | Description  |
| <b>Primary Drug Insurance Information</b>  |              |  |
| This section contains one line per period during which the beneficiary has a unique combination of Contract, PBP, and Primary 4Rx information. |              |  |
| Start Date   | Output       | Start date per period when the beneficiary has a unique combination of Primary Drug Insurance information (4Rx).                               |
| End Date   | Output       | End date per period when the beneficiary has a unique combination of Primary Drug Insurance information. This is blank for open-ended periods. |
| Primary Benefit Identification Number (BIN)  | Output       | Primary BIN for the Primary Drug Insurance period on this line.  |
| Primary Processor Control Number (PCN)   | Output       | Primary PCN for the Primary Drug Insurance period on this line.  |
| Primary Group Number (GRP)   | Output       | Primary GRP for the Primary Drug Insurance period on this line.  |
| Primary Rx Identification Number (ID)  | Output       | Primary RxID for the Primary Drug Insurance period on this line.   |
| Source   | Output       | The source of the Primary Insurance information.   |
| Record Update Timestamp  | Output       | The date and time the Primary Insurance information is received.   |

**View the Beneficiary Detail: Enrollment (M204) Screen Payment**

**Figure 8-25: Beneficiary Detail: Enrollment (M204) Screen Payment**

|   |                 |   |
|---|-----------------|---|
| <b>MBI #:</b> 1AA1A11AA11   | <b>JANE DOE</b> | <b>DOB:</b> 11/28/1945                            |
| <b>BENEFICIARY ADDRESS</b>  | <b>ACTIVE</b>   | <b>Age:</b> 74 <b>Sex:</b> FEMALE                 |
| <b>CITY, STATE</b> 03053-2961   |                 | <b>*State:</b> OH (36) <b>County:</b> WAYNE (860) |
| Snapshot   <b>Enrollment</b>   Payments   Adjustments   Premiums   LEP   SSA - RRB   Utilization   MSA   Residence Address   Rx Insurance   Status Activity |                 |   |

Enrollment View (M204) Role: MCO REPRESENTATIVE Date: 2/21/2020 Close Print Help...

Showing 1 to 1 of 1 entries

Enrollments (Select Contract# to view details)

[View Audit](#)

| Row Number | Contract | PBP # | Segment # | Drug Plan | Plan Type | Start      | End | Source | Demonstration Type and Description | Enrollment Source Code and Description | Disenrollment Reason Code and Description | Primary Drug Insurance | Payment |
|------------|----------|-------|-----------|-----------|-----------|------------|-----|--------|------------------------------------|--|---|------------------------|---------|
| 1          | HXXXX    | 029   | 000       | Y         | MAPD      | 11/01/2010 |     | HXXXX  |                                    | B - BENE ELECTION                      |   | View                   | View    |

Showing 1 to 1 of 1 entries

Showing 1 to 20 of 114 entries

Previous 1 2 3 4 5 6 Next

Payments for Contract# HXXXX

(Select Payment date for details)

| Payment Date | Contract# | Payments | Adjustments | Hospice | ESRD | Aged/Disabled MSP | Inst | NHC | Medicaid | Disability | CHF | Part B Premium Reduction |
|--------------|-----------|----------|-------------|---------|------|-------------------|------|-----|----------|------------|-----|--------------------------|
| 04/2020      | HXXXX     | \$666.08 | \$0.00      | -       | -    | -                 | -    | -   | -        | -          | -   | -                        |
| 03/2020      | HXXXX     | \$666.08 | \$0.00      | -       | -    | -                 | -    | -   | -        | -          | -   | -                        |
| 02/2020      | HXXXX     | \$666.08 | \$0.00      | -       | -    | -                 | -    | -   | -        | -          | -   | -                        |
| 01/2020      | HXXXX     | \$666.08 | \$0.00      | -       | -    | -                 | -    | -   | -        | -          | -   | -                        |
| 12/2019      | HXXXX     | \$658.07 | \$0.00      | -       | -    | -                 | -    | -   | -        | -          | -   | -                        |
| 11/2019      | HXXXX     | \$658.07 | \$0.00      | -       | -    | -                 | -    | -   | -        | -          | -   | -                        |
| 10/2019      | HXXXX     | \$658.07 | \$0.00      | -       | -    | -                 | -    | -   | -        | -          | -   | -                        |
| 09/2019      | HXXXX     | \$658.07 | \$0.00      | -       | -    | -                 | -    | -   | -        | -          | -   | -                        |
| 08/2019      | HXXXX     | \$658.07 | \$0.00      | -       | -    | -                 | -    | -   | -        | -          | -   | -                        |
| 07/2019      | HXXXX     | \$658.07 | \$0.00      | -       | -    | -                 | -    | -   | -        | -          | -   | -                        |
| 06/2019      | HXXXX     | \$658.07 | \$0.00      | -       | -    | -                 | -    | -   | -        | -          | -   | -                        |
| 05/2019      | HXXXX     | \$658.07 | \$0.00      | -       | -    | -                 | -    | -   | -        | -          | -   | -                        |
| 04/2019      | HXXXX     | \$658.07 | \$0.00      | -       | -    | -                 | -    | -   | -        | -          | -   | -                        |
| 03/2019      | HXXXX     | \$658.07 | \$0.00      | -       | -    | -                 | -    | -   | -        | -          | -   | -                        |
| 02/2019      | HXXXX     | \$658.07 | \$0.00      | -       | -    | -                 | -    | -   | -        | -          | -   | -                        |
| 01/2019      | HXXXX     | \$658.07 | \$0.00      | -       | -    | -                 | -    | -   | -        | -          | -   | -                        |
| 12/2018      | HXXXX     | \$638.01 | \$0.00      | -       | -    | -                 | -    | -   | -        | -          | -   | -                        |
| 11/2018      | HXXXX     | \$638.01 | \$0.00      | -       | -    | -                 | -    | -   | -        | -          | -   | -                        |
| 10/2018      | HXXXX     | \$638.01 | \$0.00      | -       | -    | -                 | -    | -   | -        | -          | -   | -                        |
| 09/2018      | H3660     | \$638.01 | \$0.00      | -       | -    | -                 | -    | -   | -        | -          | -   | -                        |

Showing 1 to 20 of 114 entries

Previous 1 2 3 4 5 6 Next

**Table 8-12: Beneficiary Detail: Enrollment (M204) Payment Field Descriptions**

| Beneficiary Detail: Enrollment (M204) Field Descriptions  |              |  |
|---|--------------|--|
| Item  | Input/Output | Description  |
| <b>Payments</b>   |              |  |
| This section shows payment information for the selected enrollment line. One line displays for each month that the Plan received a payment. |              |  |
| Payment Date  | Output/Link  | Month/year payments/adjustments made. User selects month/year on pop-up screen, which shows payment and adjustment details on payment row. |
| Contract #  | Output       | Contract associated with payment selected.   |
| Payments  | Output       | Payment amounts, broken down by month, for the selected enrollment in the contract, PBP, and segment, as applicable.                       |
| Adjustments   | Output       | Adjustments by month for selected enrollment in contract, PBP, and segment, as applicable.   |
| Hospice   | Output       | Check if beneficiary has Hospice status for month on payment row.  |
| End Stage Renal Disease (ESRD)  | Output       | Check if beneficiary has ESRD status for month on payment row.   |
| Aged/Disabled MSP   | Output       | Check if beneficiary has Working Aged or Disabled status for month on payment row.   |
| Institutional (Inst)  | Output       | Check if beneficiary has Institutional status for month on payment row.  |
| Nursing Home Certifiable (NHC)  | Output       | Check if beneficiary has NHC status for month on payment row.  |
| Medicaid  | Output       | Checked if beneficiary has Medicaid status for month on payment row.   |
| Disability  | Output       | Checked if beneficiary has Disability status for month on payment row.   |
| Congestive Heart Failure (CHF)  | Output       | Check if beneficiary has CHF status for month on payment row.  |
| Part B Premium Reduction  | Output       | Check if Part B premium reduction is applied to payment and/or adjustments for beneficiary for month on payment row.                       |

Note: To view the payment and adjustment information in further detail, the user clicks on one of the month/year links in the Payment Date column to display the *Payment/Adjustment Detail (M215)* screen.

### 8.3.4 View Beneficiary Enrollment Detail

#### View the Enrollment Detail (M222) Screen

The enrollment details show the information on the enrollment, disenrollment (as applicable), and Part D insurance information for a beneficiary in a Plan.

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

Figure 8-26: Enrollment Detail (M222) Screen

|   |                    |   |
|---|--------------------|---|
| MBI #: 1AA1A11AA11<br>BENEFICIARY ADDRESS<br>CITY, STATE 03053-2961   | JANE DOE<br>ACTIVE | DOB: 11/28/1945<br>Age: 74 Sex: FEMALE<br>*State: OH (36) County: WAYNE (860) |
| Enrollment Detail (M222)  |                    | Role: MCO REPRESENTATIVE Date: 2/21/2020                                      |
| <input type="button" value="Close"/> <input type="button" value="Print"/> <input type="button" value="Help..."/>  |                    |   |
| Contract: HXXXX<br>MCO Name: MEDICARE PLAN<br>PBP Number: 029<br>Segment Number: 000<br>Drug Plan: Y<br>Effective Start Date: 11/01/2010<br>Effective End Date:<br>EGHP:<br>Enrollment Forced Code:<br>Disenrollment Reason Code and Description:<br>Application Date: 10/18/2010<br>Default App. Date:<br>Enrollment Election Type: E - INITIAL ELECTION PERIOD (IEP)<br>Disenrollment Election Type:<br>Special Needs Type:<br>Enrollment Source: B - BENEFICIARY ELECTION<br>Part D Auto-Enrollment Opt-Out:<br>Part D Rx Bin: 015574<br>Part D Rx PCN: ASPROD1<br>Part D Rx Group: SUM03<br>Part D Rx ID: A0044082400 |                    |   |

Table 8-13: Enrollment Detail (M222) Field Descriptions

| Enrollment Detail (M222) Field Descriptions |              |   |
|---|--------------|---|
| Item  | Input/Output | 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. The user sets to Y or N.   |
| Effective Start Date                        | Output       | Start of enrollment.  |
| Effective End Date                          | Output       | End of enrollment, when applicable.   |
| EGHP  | Output       | Indicates whether the enrollment is an EGHP. The user sets 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       | The date the Plan received the beneficiary's completed enrollment application.  |
| 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, e.g., Institutional, Dual Eligible, or Chronic or Disabling Condition. |

| Enrollment Detail (M222) Field Descriptions |              |  |
|---|--------------|--|
| Item  | Input/Output | Description  |
| Enrollment Source                           | Output       | The action that 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.     |
| Part D Rx Bin                               | Output       | Card issuer identifier or a bank identifying number used for network routing.  |
| Part D Rx PCN                               | Output       | Identifier assigned by the processor.  |
| Part D Rx Group                             | Output       | Identifying number assigned to the cardholder group or employer group.   |
| Part D Rx ID                                | Output       | Member ID assigned to the beneficiary.   |

### 8.3.5 View Beneficiary Payment Information

Payment history shows the payments made for beneficiary enrolled in a particular contract.

#### View the Beneficiary Detail: Payments View (M206) Screen

To access the *Beneficiary Detail: Payments View (M206)* screen, the user clicks on the [Payments] menu item. This displays a screen that provides a field for entering a payment month and year. When the beneficiary enrolls in two contracts; one for Part A and/or Part B and the other for Part D, two rows for the same month display. In initial display, the current month appears in that field.

The *Beneficiary Detail: Payments View (M206)* screen display a list of payments, ordered by payment month, of payment and adjustment information. The information displays by Part A, Part B, and Part D for months up through the payment date.

Note: To see the payment and adjustment information in more detail, the user clicks on one of the month/year links in the Payment Date column to display the *Payment/Adjustment Detail (M215)* screen.

Figure 8-27: Payments View (M206) Screen

| MBI #: 1AA1A11AA11                               |          |      |      | JANE DOE   |          |         |           | DOB: 11/28/1945                     |        |        |           |             |                          |                 |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
|--|----------|------|------|------------|----------|---------|-----------|-------------------------------------|--------|--------|-----------|-------------|--------------------------|-----------------|--|--|--|--|--|-------------|--|--|--|-----------|--|--------------------------|--|-----------------|--|--|--|-------|--|-------|--|-------------------|--|---|--|--------------|--|---|--|-----------------|--|------|--|
| BENEFICIARY ADDRESS                              |          |      |      | ACTIVE     |          |         |           | Age: 74 Sex: FEMALE                 |        |        |           |             |                          |                 |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| CITY, STATE 03053-2961                           |          |      |      |            |          |         |           | *State: OH (36) County: WAYNE (860) |        |        |           |             |                          |                 |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| Snapshot   |          |      |      | Enrollment |          |         |           | Payments                            |        |        |           | Adjustments |                          |                 |  | Premiums                                 |  |  |  | LEP         |  |  |  | SSA - RRB |  |                          |  | Utilization     |  |  |  | MSA   |  |       |  | Residence Address |  |   |  | Rx Insurance |  |   |  | Status Activity |  |      |  |
| Payments View (M206)                             |          |      |      |            |          |         |           |                                     |        |        |           |             |                          |                 |  | Role: MCO REPRESENTATIVE Date: 2/21/2020 |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  | Close |  | Print |  | Help...           |  |   |  |              |  |   |  |                 |  |      |  |
| Showing 1 to 20 of 121 entries                   |          |      |      |            |          |         |           |                                     |        |        |           |             |                          |                 |  | Previous                                 |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  | 1     |  | 2     |  | 3                 |  | 4 |  | 5            |  | 6 |  | 7               |  | Next |  |
| Payments (Select a payment date to view details) |          |      |      |            |          |         |           |                                     |        |        |           |             |                          |                 |  | Payments                                 |  |  |  | Adjustments |  |  |  | Total     |  | Part B Premium Reduction |  | Regional MA BSF |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| Payment Date                                     | Contract | PBP# | Seg# | Part A     | Part B   | Part D  | Total Pay | Part A                              | Part B | Part D | Total Adj | Total       | Part B Premium Reduction | Regional MA BSF |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| Contract   |          |      |      |            |          |         |           |                                     |        |        |           |             |                          |                 |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| 12/2020  | HXXXX    | 029  | 000  | \$265.57   | \$347.60 | \$52.91 | \$666.08  | \$0.00                              | \$0.00 | \$0.00 | \$0.00    | \$666.08    | -                        | \$0.00          |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| 11/2020  | HXXXX    | 029  | 000  | \$265.57   | \$347.60 | \$52.91 | \$666.08  | \$0.00                              | \$0.00 | \$0.00 | \$0.00    | \$666.08    | -                        | \$0.00          |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| 10/2020  | HXXXX    | 029  | 000  | \$265.57   | \$347.60 | \$52.91 | \$666.08  | \$0.00                              | \$0.00 | \$0.00 | \$0.00    | \$666.08    | -                        | \$0.00          |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| 09/2020  | HXXXX    | 029  | 000  | \$265.57   | \$347.60 | \$52.91 | \$666.08  | \$0.00                              | \$0.00 | \$0.00 | \$0.00    | \$666.08    | -                        | \$0.00          |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| 08/2020  | HXXXX    | 029  | 000  | \$265.57   | \$347.60 | \$52.91 | \$666.08  | \$0.00                              | \$0.00 | \$0.00 | \$0.00    | \$666.08    | -                        | \$0.00          |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| 07/2020  | HXXXX    | 029  | 000  | \$265.57   | \$347.60 | \$52.91 | \$666.08  | \$0.00                              | \$0.00 | \$0.00 | \$0.00    | \$666.08    | -                        | \$0.00          |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| 06/2020  | HXXXX    | 029  | 000  | \$265.57   | \$347.60 | \$52.91 | \$666.08  | \$0.00                              | \$0.00 | \$0.00 | \$0.00    | \$666.08    | -                        | \$0.00          |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| 05/2020  | HXXXX    | 029  | 000  | \$265.57   | \$347.60 | \$52.91 | \$666.08  | \$0.00                              | \$0.00 | \$0.00 | \$0.00    | \$666.08    | -                        | \$0.00          |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| 04/2020  | HXXXX    | 029  | 000  | \$265.57   | \$347.60 | \$52.91 | \$666.08  | \$0.00                              | \$0.00 | \$0.00 | \$0.00    | \$666.08    | -                        | \$0.00          |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| 03/2020  | HXXXX    | 029  | 000  | \$265.57   | \$347.60 | \$52.91 | \$666.08  | \$0.00                              | \$0.00 | \$0.00 | \$0.00    | \$666.08    | -                        | \$0.00          |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| 02/2020  | HXXXX    | 029  | 000  | \$265.57   | \$347.60 | \$52.91 | \$666.08  | \$0.00                              | \$0.00 | \$0.00 | \$0.00    | \$666.08    | -                        | \$0.00          |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| 01/2020  | HXXXX    | 029  | 000  | \$265.57   | \$347.60 | \$52.91 | \$666.08  | \$0.00                              | \$0.00 | \$0.00 | \$0.00    | \$666.08    | -                        | \$0.00          |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| 12/2019  | HXXXX    | 029  | 000  | \$265.11   | \$340.32 | \$52.64 | \$658.07  | \$0.00                              | \$0.00 | \$0.00 | \$0.00    | \$658.07    | -                        | \$0.00          |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| 11/2019  | HXXXX    | 029  | 000  | \$265.11   | \$340.32 | \$52.64 | \$658.07  | \$0.00                              | \$0.00 | \$0.00 | \$0.00    | \$658.07    | -                        | \$0.00          |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| 10/2019  | HXXXX    | 029  | 000  | \$265.11   | \$340.32 | \$52.64 | \$658.07  | \$0.00                              | \$0.00 | \$0.00 | \$0.00    | \$658.07    | -                        | \$0.00          |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| 09/2019  | HXXXX    | 029  | 000  | \$265.11   | \$340.32 | \$52.64 | \$658.07  | \$0.00                              | \$0.00 | \$0.00 | \$0.00    | \$658.07    | -                        | \$0.00          |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| 08/2019  | HXXXX    | 029  | 000  | \$265.11   | \$340.32 | \$52.64 | \$658.07  | \$0.00                              | \$0.00 | \$0.00 | \$0.00    | \$658.07    | -                        | \$0.00          |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| 07/2019  | HXXXX    | 029  | 000  | \$265.11   | \$340.32 | \$52.64 | \$658.07  | \$0.00                              | \$0.00 | \$0.00 | \$0.00    | \$658.07    | -                        | \$0.00          |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| 06/2019  | HXXXX    | 029  | 000  | \$265.11   | \$340.32 | \$52.64 | \$658.07  | \$0.00                              | \$0.00 | \$0.00 | \$0.00    | \$658.07    | -                        | \$0.00          |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| 05/2019  | HXXXX    | 029  | 000  | \$265.11   | \$340.32 | \$52.64 | \$658.07  | \$0.00                              | \$0.00 | \$0.00 | \$0.00    | \$658.07    | -                        | \$0.00          |  |  |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  |       |  |       |  |                   |  |   |  |              |  |   |  |                 |  |      |  |
| Showing 1 to 20 of 121 entries                   |          |      |      |            |          |         |           |                                     |        |        |           |             |                          |                 |  | Previous                                 |  |  |  |             |  |  |  |           |  |                          |  |                 |  |  |  | 1     |  | 2     |  | 3                 |  | 4 |  | 5            |  | 6 |  | 7               |  | Next |  |

Table 8-14: Payments View (M206) Field Descriptions

| Payments View (M206) Field Descriptions      |                           |  |
|--|---------------------------|--|
| Item   | Input/Output              | Description  |
| <b>Search Criteria</b>                       |                           |  |
| Payment Date                                 | Required data entry field | The user enters a month and year in the form (M)M/CCYY.  |
| [Find]                                       | Button                    | The user clicks on this button to display payment information in the lower portion of the screen.                        |
| <b>Payments</b>                              |                           |  |
| Payment Date column                          | Output                    | When payment/adjustments were paid.  |
| <u>Month/Year</u> in the Payment Date column | Link                      | The user clicks on a <u>month/year</u> link to display the pop-up screen <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                    | Part A, Part B, and Part D total monthly payments for beneficiary.   |
| 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.   |

| Payments View (M206) Field Descriptions                                |              |  |
|--|--------------|--|
| Item   | Input/Output | Description  |
| Part D Adjustments column  | Output       | Part D adjustments for the beneficiary by month.   |
| Total Adj column   | Output       | Totals of Part A, Part B, and Part 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 Medicare Advantage Benefit Stabilization Fund (MA BSF) column | Output       | Lists the bonus paid from the regional MA BSF.   |

### 8.3.6 View Beneficiary Adjustment Information

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

#### View the Beneficiary Detail: Adjustments (M207) Screen

To access the *Beneficiary Detail: Adjustments View (M207)* screen, the user clicks on the |Adjustments| menu item. When the beneficiary enrolls in two contracts, one for Part A and/or Part B and the other for Part D, two rows for the same month are displayed.

The Adjustments View (M207) screen displays a list, ordered by adjustment month, of adjustment information that occurred up through the current payment month. The Part A, Part B, and Part D adjustments are listed in adjustment.

To view the payment and adjustment information in more detail, the user clicks on one of the month/year links in the Adjustment Date column to display the *Payment/Adjustment Detail (M215)* screen.



Figure 8-28: Beneficiary Detail: Adjustments (M207) Screen

| Adjustment Date | Paid for Month | Contract | PBP | Segment | Description                                     | Adjustment Code | Adjustments |           |          |           | Paid Flag |
|-----------------|----------------|----------|-----|---------|---|-----------------|-------------|-----------|----------|-----------|-----------|
|                 |                |          |     |         |   |                 | Part A      | Part B    | Part D   | Total     |           |
| 05/2018         | 04/2018        | H3660    | 029 | 000     | RETROACTIVE SCC CHANGE                          | 11              | (\$22.20)   | (\$27.86) | \$0.00   | (\$50.06) | Y         |
| 08/2016         | 07/2016        | H3660    | 029 | 000     | PART D RISK ADJUSTER FACTOR CHANGE / ONGOING    | 41              | \$0.00      | \$0.00    | (\$4.31) | (\$4.31)  | Y         |
| 08/2016         | 07/2016        | H3660    | 029 | 000     | PART C RISK ADJUSTMENT FACTOR CHANGE (MID-YEAR) | 26              | \$103.60    | \$121.99  | \$0.00   | \$225.59  | Y         |
| 08/2016         | 06/2016        | H3660    | 029 | 000     | PART C RISK ADJUSTMENT FACTOR CHANGE (MID-YEAR) | 26              | \$103.60    | \$121.99  | \$0.00   | \$225.59  | Y         |
| 08/2016         | 06/2016        | H3660    | 029 | 000     | PART D RISK ADJUSTER FACTOR CHANGE / ONGOING    | 41              | \$0.00      | \$0.00    | (\$4.31) | (\$4.31)  | Y         |

Table 8-15: Beneficiary Detail: Adjustments (M207) Field Descriptions

| Beneficiary Detail: Adjustments (M207) Field Descriptions |              |  |
|---|--------------|--|
| Item  | Input/Output | Description  |
| <b>Adjustments</b>  |              |  |
| Adjustment Date column                                    | Output       | Indicates when adjustments were paid.  |
| Month/Year in the Adjustment Date column                  | Link         | User clicks on <u>month/year</u> link to display pop-up screen <i>Payment/Adjustment Detail (M215)</i> . |
| 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.   |

### 8.3.7 View Payment and Adjustment Details

The *Payment/Adjustment Detail (M215)* screen shows the components that comprise the payments, adjustments, premiums, rebates, subsidies, and bonuses that apply to a beneficiary in a month.

**View the Payment/Adjustment for a Beneficiary**

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: Payments (M206).*
- *Beneficiary Detail: Adjustments (M207).*
- *Beneficiary Payment History (M406).*

The following screens provide payment and adjustment details for the selected month and contract. Adjustments are listed by adjustment reason code and are shown for the month in which they are paid, not the month to which they apply. When a blended rate displays, the demographic and risk-adjusted components used in the blending calculation also displays. Any additions and subtractions for bonuses, rebates, and/or subsidies are on separate lines.

**View the Payment/Adjustment Detail (M215) Screen**

If a beneficiary has payment/adjustment data available in MARx, the end user may click on the chevron (>>) to the left of the Payment or Adjustment line and a drop-down box displays the components that make up the payment/adjustment line.

**Figure 8-29: Payment/Adjustment Detail (M215) Screen – Monthly Payment and Adjustment Totals**

The screenshot shows the 'Payment/Adjustment Detail (M215)' screen for beneficiary JANE DOE. The header includes MBI #: 1AA1A11AA11, BENEFICIARY ADDRESS, CITY, STATE 03053-2961, JANE DOE ACTIVE, and DOB: 11/28/1945. It also shows Age: 74, Sex: FEMALE, \*State: OH (36), and County: WAYNE (860). The screen title is 'Payment/Adjustment Detail (M215)' with Role: MCO REPRESENTATIVE and Date: 2/21/2020. There are buttons for Close, Print, and Help... and a link to Export to Excel.

**Payments/Adjustment Table - Contract# HXXXX**

| Payment Date | Description | Type       | Adjustment Code | Payment/Adjustments |           |         |           | Paid for Month | Paid Flag | Cleanup ID |
|--------------|-------------|------------|-----------------|---------------------|-----------|---------|-----------|----------------|-----------|------------|
|              |             |            |                 | Part A              | Part B    | Part D  | Total     |                |           |            |
| » 05/01/2018 | TOTAL       | PAYMENT    |                 | \$259.24            | \$325.42  | \$53.35 | \$638.01  |                |           |            |
| » 05/01/2018 | TOTAL       | ADJUSTMENT | -               | (\$22.20)           | (\$27.86) | \$0.00  | (\$50.06) |                |           |            |

Adjustments will be totaled by adjustment reason code. To view all the payment adjustments associated with one of the adjustment reason codes, the user may click on the adjustment reason code and a drop-down box will display all the adjustments for that adjustment reason code.

Figure 8-30: Payment/Adjustment Detail (M215) Screen – Use Drop-Down Function

| MBI #:1AA1A11AA11<br>BENEFICIARY ADDRESS<br>CITY, STATE 03053-2961             |                   | JANE DOE<br>ACTIVE |                 | DOB: 11/28/1945<br>Age: 74 Sex: FEMALE<br>*State: OH (36) County: WAYNE (860) |                 |                   |           |                |           |            |
|--|-------------------|--------------------|-----------------|---|-----------------|-------------------|-----------|----------------|-----------|------------|
| Payment/Adjustment Detail (M215)   |                   |                    |                 | Role: MCO REPRESENTATIVE Date: 2/21/2020                                      |                 | Close             | Print     | Help...        |           |            |
| <a href="#">Export to Excel</a><br>Payments/Adjustment Table - Contract# HXXXX |                   |                    |                 |   |                 |                   |           |                |           |            |
| Payment Date   | Description       | Type               | Adjustment Code | Payment/Adjustments   |                 |                   |           | Paid for Month | Paid Flag | Cleanup ID |
|  |                   |                    |                 | Part A  | Part B          | Part D            | Total     |                |           |            |
| * 05/01/2018   | TOTAL             | PAYMENT            |                 | \$259.24  | \$325.42        | \$53.35           | \$638.01  |                |           |            |
| <b>Part C Payments</b>   |                   |                    |                 |   |                 |                   |           |                |           |            |
| Description  | Type              | Adjustment Code    | Part A          | Part B  | Total           | Paid for Month    | Paid Flag | Cleanup ID     |           |            |
| COST PMPM RATE   | PAYMENT           | -                  | \$0.00          | \$0.00  | \$0.00          | 05/01/2018        | -         |                |           |            |
| PART C RISK ADJUSTED RATE (CALC CD 3)  | PAYMENT COMPONENT | -                  | \$296.01        | \$371.59  | \$667.60        | 05/01/2018        | -         |                |           |            |
| * RISK ADJUSTED PAYMENT AMOUNT   | PAYMENT COMPONENT | -                  | \$210.46        | \$264.20  | \$474.66        | 05/01/2018        | Y         |                |           |            |
| PART C PREMIUM   | PAYMENT           | -                  | \$0.00          | \$0.00  | \$0.00          | 05/01/2018        | Y         |                |           |            |
| PART A/B COST SHARING REDUCTION  | PAYMENT           | -                  | \$27.37         | \$34.35   | \$61.72         | 05/01/2018        | Y         |                |           |            |
| PART A/B MANDATORY SUPP BENEFITS   | PAYMENT           | -                  | \$9.17          | \$11.51   | \$20.68         | 05/01/2018        | Y         |                |           |            |
| PART D SUPP BENEFITS   | PAYMENT           | -                  | \$12.24         | \$15.36   | \$27.60         | 05/01/2018        | Y         |                |           |            |
| PART B PREMIUM REDUCTION   | PAYMENT           | -                  | \$0.00          | \$0.00  | \$0.00          | 05/01/2018        | -         |                |           |            |
| PART D BASIC PREMIUM REDUCTION   | PAYMENT           | -                  | \$0.00          | \$0.00  | \$0.00          | 05/01/2018        | -         |                |           |            |
| MSA MONTHLY DEPOSIT  | PAYMENT COMPONENT | -                  | \$0.00          | \$0.00  | \$0.00          | 05/01/2018        | -         |                |           |            |
| AGED/DISABLED MSP REDUCTION  | PAYMENT           | -                  | \$0.00          | \$0.00  | \$0.00          | 05/01/2018        | -         |                |           |            |
| ESRD MSP REDUCTION   | PAYMENT           | -                  | \$0.00          | \$0.00  | \$0.00          | 05/01/2018        | -         |                |           |            |
| <b>TOTAL PT C PAYMENT</b>  | <b>PAYMENT</b>    | <b>-</b>           | <b>\$259.24</b> | <b>\$325.42</b>   | <b>\$684.66</b> | <b>05/01/2018</b> | <b>Y</b>  |                |           |            |
| <b>Part D Payments</b>   |                   |                    |                 |   |                 |                   |           |                |           |            |
| Description  | Type              | Adjustment Code    | Part D Total    | Paid for Month  | Paid Flag       | Cleanup ID        |           |                |           |            |
| POS DIRECT SUBSIDY (LINET PMPM RATE)   | PAYMENT           | -                  | \$0.00          | 05/01/2018  | -               |                   |           |                |           |            |
| PART D RISK ADJUSTED RATE (DIRECT SUBSIDY)                                     | PAYMENT COMPONENT | -                  | \$90.44         | 05/01/2018  | -               |                   |           |                |           |            |
| PART D BASIC PREMIUM   | PAYMENT COMPONENT | -                  | (\$67.53)       | 05/01/2018  | -               |                   |           |                |           |            |
| * PART D DIRECT SUBSIDY  | PAYMENT           | -                  | (\$23.49)       | 05/01/2018  | Y               |                   |           |                |           |            |
| PART D LIP   | PAYMENT           | -                  | \$0.00          | 05/01/2018  | -               |                   |           |                |           |            |
| PART D COST SHARING  | PAYMENT           | -                  | \$0.00          | 05/01/2018  | -               |                   |           |                |           |            |
| PART D BASIC PREMIUM REDUCTION REBATE  | PAYMENT           | -                  | \$7.90          | 05/01/2018  | Y               |                   |           |                |           |            |
| PART D REINSURANCE   | PAYMENT           | -                  | \$58.06         | 05/01/2018  | Y               |                   |           |                |           |            |
| PART D COVERAGE GAP DISCOUNT   | PAYMENT           | -                  | \$10.88         | 05/01/2018  | Y               |                   |           |                |           |            |
| PACE PREMIUM ADD-ON  | PAYMENT           | -                  | \$0.00          | 05/01/2018  | -               |                   |           |                |           |            |
| PACE COST SHARING ADD-ON   | PAYMENT           | -                  | \$0.00          | 05/01/2018  | -               |                   |           |                |           |            |
| PTD MTM PMPM ADD-ON  | PAYMENT           | -                  | \$0.00          | 05/01/2018  | -               |                   |           |                |           |            |
| <b>TOTAL PT D PAYMENT</b>  | <b>PAYMENT</b>    | <b>-</b>           | <b>\$53.35</b>  | <b>05/01/2018</b>   | <b>Y</b>        |                   |           |                |           |            |
| * 05/01/2018   | TOTAL             | ADJUSTMENT         | -               | (\$22.20)   | (\$27.86)       | \$0.00            | (\$50.06) |                |           |            |

Figure 8-31: Payment/Adjustment Detail (M215) Screen – Use Drop-Down Function from the Adjustment Reason Code Detail Line

MBI #: 1AA1A11AA11  
BENEFICIARY ADDRESS  
CITY, STATE 03053-2961

**JANE DOE**  
ACTIVE

DOB: 11/28/1945  
Age: 74 Sex: FEMALE  
\*State: OH (36) County: WAYNE (860)

Payment/Adjustment Detail (M215) Role: MCO REPRESENTATIVE Date: 2/21/2020

Close Print Help...

[Export to Excel](#)

Payments/Adjustment Table - Contract# HXXXX

| Payment Date | Description | Type       | Adjustment Code | Payment/Adjustments |           |         |           | Paid for Month | Paid Flag | Cleanup ID |
|--------------|-------------|------------|-----------------|---------------------|-----------|---------|-----------|----------------|-----------|------------|
|              |             |            |                 | Part A              | Part B    | Part D  | Total     |                |           |            |
| 05/01/2018   | TOTAL       | PAYMENT    |                 | \$259.24            | \$325.42  | \$53.35 | \$638.01  |                |           |            |
| 05/01/2018   | TOTAL       | ADJUSTMENT | -               | (\$22.20)           | (\$27.86) | \$0.00  | (\$50.06) |                |           |            |

| Payment Date | Description | Type       | Adjustment Code           | Part A    | Part B    | Part D | Total     | Paid for Month | Paid Flag | Cleanup ID |
|--------------|-------------|------------|---------------------------|-----------|-----------|--------|-----------|----------------|-----------|------------|
| 05/01/2018   | TOTAL       | ADJUSTMENT | 11-RETROACTIVE SCC CHANGE | (\$22.20) | (\$27.86) | \$0.00 | (\$50.06) |                |           |            |

Adjustments - 11-RETROACTIVE SCC CHANGE

| Payment Date | Type                 | Description                           | Adjustment Code           | Part A    | Part B    | Part D | Total     | Paid for Month | Paid Flag | Cleanup ID |
|--------------|----------------------|---------------------------------------|---------------------------|-----------|-----------|--------|-----------|----------------|-----------|------------|
| 05/01/2018   | ADJUSTMENT COMPONENT | PART C RISK ADJUSTED RATE (CALC CD 3) | 11-RETROACTIVE SCC CHANGE | \$296.01  | \$371.59  | \$0.00 | \$667.60  |                |           | -          |
| 05/01/2018   | ADJUSTMENT COMPONENT | RISK ADJUSTED PAYMENT AMOUNT          | 11-RETROACTIVE SCC CHANGE | (\$22.20) | (\$27.86) | \$0.00 | (\$50.06) |                |           | Y          |
| 05/01/2018   | ADJUSTMENT           | TOTAL PT C PAYMENT                    | 11-RETROACTIVE SCC CHANGE | (\$22.20) | (\$27.86) | \$0.00 | (\$50.06) | 04/01/2018     |           | Y          |

**Payment/Adjustment Detail (M215) Screen Excel Export Function**

MARx allows users to export payment/adjustment data from the *Payment/Adjustment Detail (M215)* screen in the form of a Microsoft Excel spreadsheet. The export functionality incorporates beneficiary information including Personally Identifiable Information (PII)/Protected Health Information (PHI).

When the user clicks the Export to Excel link on the *Payment/Adjustment Detail (M215)* screen, a pop-up warning message will be displayed. This pop-up message will inform the end user that PII/PHI is about to be downloaded. The pop-up message will give the authorized user the option to continue downloading the data or cancel downloading the data altogether.

Figure 8-32: Payment/Adjustment Detail (M215) Screen Pop-up Message

MBI #: 1AA1A11AA11  
BENEFICIARY ADDRESS  
CITY, STATE 03053-2961

portal.cms.gov says  
WARNING: PHI/PII is about to be downloaded. Do you want to proceed?

OK Cancel

DOB: 11/28/1945  
Age: 74 Sex: FEMALE  
\*State: OH (36) County: WAYNE (860)

Payment/Adjustment Detail (M215) Close Print Help...

[Export to Excel](#)

Payments/Adjustment Table - Contract# HXXXX

| Payment Date | Description | Type       | Adjustment Code | Payment/Adjustments |           |         |           | Paid for Month | Paid Flag | Cleanup ID |
|--------------|-------------|------------|-----------------|---------------------|-----------|---------|-----------|----------------|-----------|------------|
|              |             |            |                 | Part A              | Part B    | Part D  | Total     |                |           |            |
| 05/01/2018   | TOTAL       | PAYMENT    |                 | \$259.24            | \$325.42  | \$53.35 | \$638.01  |                |           |            |
| 05/01/2018   | TOTAL       | ADJUSTMENT | -               | (\$22.20)           | (\$27.86) | \$0.00  | (\$50.06) |                |           |            |

| Payment Date | Description | Type       | Adjustment Code           | Part A    | Part B    | Part D | Total     | Paid for Month | Paid Flag | Cleanup ID |
|--------------|-------------|------------|---------------------------|-----------|-----------|--------|-----------|----------------|-----------|------------|
| 05/01/2018   | TOTAL       | ADJUSTMENT | 11-RETROACTIVE SCC CHANGE | (\$22.20) | (\$27.86) | \$0.00 | (\$50.06) |                |           |            |

Adjustments - 11-RETROACTIVE SCC CHANGE

| Payment Date | Type                 | Description                           | Adjustment Code           | Part A    | Part B    | Part D | Total     | Paid for Month | Paid Flag | Cleanup ID |
|--------------|----------------------|---------------------------------------|---------------------------|-----------|-----------|--------|-----------|----------------|-----------|------------|
| 05/01/2018   | ADJUSTMENT COMPONENT | PART C RISK ADJUSTED RATE (CALC CD 3) | 11-RETROACTIVE SCC CHANGE | \$296.01  | \$371.59  | \$0.00 | \$667.60  |                |           | -          |
| 05/01/2018   | ADJUSTMENT COMPONENT | RISK ADJUSTED PAYMENT AMOUNT          | 11-RETROACTIVE SCC CHANGE | (\$22.20) | (\$27.86) | \$0.00 | (\$50.06) |                |           | Y          |
| 05/01/2018   | ADJUSTMENT           | TOTAL PT C PAYMENT                    | 11-RETROACTIVE SCC CHANGE | (\$22.20) | (\$27.86) | \$0.00 | (\$50.06) | 04/01/2018     |           | Y          |

If the user clicks 'OK' to proceed, the file will be downloaded and the beneficiary identification will be added to the existing Excel export.

Figure 8-33: Example Excel Export from Payment/Adjustment Detail (M215)

| Payment Date | Type              | Description                                | Adjustment Code | Part A   | Part B   | Part D    | Total     | Paid for Month | Paid Flag | Cleanup Id | RAF Factor Type                 |
|--------------|-------------------|--|-----------------|----------|----------|-----------|-----------|----------------|-----------|------------|---------------------------------|
| 5/1/2018     | PAYMENT           | TOTAL                                      |                 | \$259.24 | \$325.42 | \$53.35   | \$638.01  |                |           |            |                                 |
| 5/1/2018     | PAYMENT           | COST PMPM RATE                             | -               | \$0.00   | \$0.00   | \$0.00    | \$0.00    | 5/1/2018       | -         |            |                                 |
| 5/1/2018     | PAYMENT COMPONENT | PART C RISK ADJUSTED RATE (CALC CD 3)      | -               | \$296.01 | \$371.59 | \$0.00    | \$667.60  | 5/1/2018       | -         |            |                                 |
| 5/1/2018     | PAYMENT COMPONENT | RISK ADJUSTED PAYMENT AMOUNT               | -               | \$210.46 | \$264.20 | \$0.00    | \$474.66  | 5/1/2018       | Y         |            | NONPACE COMMUNITY NON DUAL AGED |
| 5/1/2018     | PAYMENT           | PART C PREMIUM                             | -               | \$0.00   | \$0.00   | \$0.00    | \$0.00    | 5/1/2018       | Y         |            | RAF                             |
| 5/1/2018     | PAYMENT           | PART A/B COST SHARING REDUCTION            | -               | \$27.37  | \$34.35  | \$0.00    | \$61.72   | 5/1/2018       | Y         |            | BENEI                           |
| 5/1/2018     | PAYMENT           | PART A/B MANDATORY SUPP BENEFITS           | -               | \$9.17   | \$11.51  | \$0.00    | \$20.68   | 5/1/2018       | Y         |            |                                 |
| 5/1/2018     | PAYMENT           | PART D SUPP BENEFITS                       | -               | \$12.24  | \$15.36  | \$0.00    | \$27.60   | 5/1/2018       | Y         |            |                                 |
| 5/1/2018     | PAYMENT           | PART B PREMIUM REDUCTION                   | -               | \$0.00   | \$0.00   | \$0.00    | \$0.00    | 5/1/2018       | -         |            |                                 |
| 5/1/2018     | PAYMENT           | PART D BASIC PREMIUM REDUCTION             | -               | \$0.00   | \$0.00   | \$0.00    | \$0.00    | 5/1/2018       | -         |            |                                 |
| 5/1/2018     | PAYMENT COMPONENT | MSA MONTHLY DEPOSIT                        | -               | \$0.00   | \$0.00   | \$0.00    | \$0.00    | 5/1/2018       | -         |            |                                 |
| 5/1/2018     | PAYMENT           | AGED/DISABLED MSP REDUCTION                | -               | \$0.00   | \$0.00   | \$0.00    | \$0.00    | 5/1/2018       | -         |            |                                 |
| 5/1/2018     | PAYMENT           | ESRD MSP REDUCTION                         | -               | \$0.00   | \$0.00   | \$0.00    | \$0.00    | 5/1/2018       | -         |            |                                 |
| 5/1/2018     | PAYMENT           | TOTAL PT C PAYMENT                         | -               | \$259.24 | \$325.42 | \$0.00    | \$584.66  | 5/1/2018       | Y         |            | 132 -                           |
| 5/1/2018     | PAYMENT           | POS DIRECT SUBSIDY (LINET PMPM RATE)       | -               | \$0.00   | \$0.00   | \$0.00    | \$0.00    | 5/1/2018       | -         |            |                                 |
| 5/1/2018     | PAYMENT COMPONENT | PART D RISK ADJUSTED RATE (DIRECT SUBSIDY) | -               | \$0.00   | \$0.00   | \$90.44   | \$90.44   | 5/1/2018       | -         |            |                                 |
| 5/1/2018     | PAYMENT COMPONENT | PART D BASIC PREMIUM                       | -               | \$0.00   | \$0.00   | (\$67.53) | (\$67.53) | 5/1/2018       | -         |            |                                 |

**Table 8-16: Payment/Adjustment Detail (M215) Field Descriptions**

| Payment/Adjustment Detail (M215) Field Descriptions |              |  |
|---|--------------|--|
| Item  | Input/Output | 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 premium 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.   |

**8.3.8 View the Payment/Adjustment for Displaying Risk Adjustment Factors (RAFs) for a Beneficiary**

The Payment/Adjustment Detail (M215) screen displays the risk adjustment factor used in determining the beneficiary’s payment. This information is displayed and hidden at the user’s discretion. CMS added the RAF and RAF types to existing payment history lines on the MARx Payment/Adjustment Detail (M215) screen.

**Navigate to the RAF**

A chevron (>>) will appear next to each row of data on the *Payment/Adjustment Detail (M215)* screen where a risk adjustment factor is used to calculate a payment or an adjustment amount. When a user clicks the chevron (>>), a drop down display of the risk adjustment factor appears. The RAF data values on the *Payment/Adjustment Detail (M215)* screen are:

- RAF Type.
- RAF Class.
- RAF used for Part A payment calculation.
- RAF used for Part B payment calculation.
- RAF used for Part D payment calculation.
- Part C Frailty Factor used in the payment calculation.
- RAF Start and End date.

View the Payment/Adjustment for Displaying RAFs for a Beneficiary

Figure 8-34: Payment/Adjustment Detail (M215) Screen

**MBI #:1AA1A11AA11** **JANE DOE** **DOB: 01/16/1930 DOD: 10/01/2012**  
**BENEFICIARY ADDRESS** **ACTIVE** **Age: 82 Sex: FEMALE**  
**CITY, STATE 03053-2961** **State: NH (30) County: ROCKINGHAM (070)**

**Payment/Adjustment Detail (M215)** **Role: MCO REPRESENTATIVE** **Date: 2/21/2020** Close Print Help...

[Export to Excel](#)

**Payments/Adjustment Table - Contract# HXXXX**

| Payment Date | Description | Type         | Adjustment Code                                    | Payment/Adjustments |              |          |              | Paid for Month | Paid Flag | Cleanup ID |
|--------------|-------------|--------------|--|---------------------|--------------|----------|--------------|----------------|-----------|------------|
|              |             |              |  | Part A              | Part B       | Part D   | Total        |                |           |            |
| * 07/01/2010 | TOTAL       | PAYMENT      |  | \$214.06            | \$189.30     | \$339.29 | \$742.65     |                |           |            |
| † 07/01/2010 | TOTAL       | ADJUSTMENT - |  | (\$3,760.38)        | (\$3,325.38) | \$47.76  | (\$7,038.00) |                |           |            |
| Payment Date | Description | Type         | Adjustment Code                                    | Part A              | Part B       | Part D   | Total        | Paid for Month | Paid Flag | Cleanup ID |
| 07/01/2010   | TOTAL       | ADJUSTMENT   | 26-PART C RISK ADJUSTMENT FACTOR CHANGE (MID-YEAR) | \$253.02            | \$223.74     | \$0.00   | \$476.76     |                |           |            |
| 07/01/2010   | TOTAL       | ADJUSTMENT   | 41-PART D RISK ADJUSTMENT FACTOR CHANGE / ONGOING  | \$0.00              | \$0.00       | \$47.76  | \$47.76      |                |           |            |
| 07/01/2010   | TOTAL       | ADJUSTMENT   | 42-RETROACTIVE MSP STATUS                          | (\$4,013.40)        | (\$3,549.12) | \$0.00   | (\$7,562.52) |                |           |            |

View the Payment/Adjustment Detail Screen with Display of RAF

Figure 8-35: Payment/Adjustment Detail (M215) Screen Display of RAF

**MBI #:1AA1A11AA11** **JANE DOE** **DOB: 01/16/1930 DOD: 10/01/2012**  
**BENEFICIARY ADDRESS** **ACTIVE** **Age: 82 Sex: FEMALE**  
**CITY, STATE 03053-2961** **State: NH (30) County: ROCKINGHAM (070)**

**Payment/Adjustment Detail (M215)** **Role: MCO REPRESENTATIVE** **Date: 2/21/2020** Close Print Help...

[Export to Excel](#)

**Payments/Adjustment Table - Contract# HXXXX**

| Payment Date | Description | Type         | Adjustment Code                                    | Payment/Adjustments |              |          |              | Paid for Month | Paid Flag | Cleanup ID |
|--------------|-------------|--------------|--|---------------------|--------------|----------|--------------|----------------|-----------|------------|
|              |             |              |  | Part A              | Part B       | Part D   | Total        |                |           |            |
| * 07/01/2010 | TOTAL       | PAYMENT      |  | \$214.06            | \$189.30     | \$339.29 | \$742.65     |                |           |            |
| † 07/01/2010 | TOTAL       | ADJUSTMENT - |  | (\$3,760.38)        | (\$3,325.38) | \$47.76  | (\$7,038.00) |                |           |            |
| Payment Date | Description | Type         | Adjustment Code                                    | Part A              | Part B       | Part D   | Total        | Paid for Month | Paid Flag | Cleanup ID |
| 07/01/2010   | TOTAL       | ADJUSTMENT   | 26-PART C RISK ADJUSTMENT FACTOR CHANGE (MID-YEAR) | \$253.02            | \$223.74     | \$0.00   | \$476.76     |                |           |            |
| 07/01/2010   | TOTAL       | ADJUSTMENT   | 41-PART D RISK ADJUSTMENT FACTOR CHANGE / ONGOING  | \$0.00              | \$0.00       | \$47.76  | \$47.76      |                |           |            |
| 07/01/2010   | TOTAL       | ADJUSTMENT   | 42-RETROACTIVE MSP STATUS                          | (\$4,013.40)        | (\$3,549.12) | \$0.00   | (\$7,562.52) |                |           |            |

**Adjustments - 26-PART C RISK ADJUSTMENT FACTOR CHANGE (MID-YEAR)**

| Payment Date | Type                 | Description                  | Adjustment Code                                    | Part A     | Part B     | Part D | Total      | Paid for Month | Paid Flag | Cleanup ID |
|--------------|----------------------|------------------------------|--|------------|------------|--------|------------|----------------|-----------|------------|
| 07/01/2010   | ADJUSTMENT COMPONENT | RISK ADJUSTED PAYMENT AMOUNT | 26-PART C RISK ADJUSTMENT FACTOR CHANGE (MID-YEAR) | \$242.39   | \$214.34   | \$0.00 | \$456.73   |                |           | Y          |
| 07/01/2010   | ADJUSTMENT           | AGED/DISABLED MSP REDUCTION  | 26-PART C RISK ADJUSTMENT FACTOR CHANGE (MID-YEAR) | (\$200.22) | (\$177.05) | \$0.00 | (\$377.27) |                |           | Y          |
| * 07/01/2010 | ADJUSTMENT           | TOTAL PT C PAYMENT           | 26-PART C RISK ADJUSTMENT FACTOR CHANGE (MID-YEAR) | \$42.17    | \$37.29    | \$0.00 | \$79.46    | 06/01/2010     |           | Y          |

**Risk Adjustment Factor**

| Factor Type            | Factor Class                           | Part A | Part B | Part C Frailty Switch | Start Date | End Date   |
|------------------------|--|--------|--------|-----------------------|------------|------------|
| 16 - INSTITUTIONAL RAF | 3 - BENEFICIARY RISK ADJUSTMENT FACTOR | 2.4700 | 2.4700 | N                     | 01/01/2010 | 06/30/2010 |

### 8.3.9 View Beneficiary Premium Information

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.

#### View the Beneficiary Detail: Premiums View (M231) Screen

To access the *Beneficiary Detail: Premiums View (M231)* screen, the user clicks on the |Premiums| menu item. When the beneficiary enrolls in two contracts; one for Part A and/or Part B and the other for Part D, two rows for the same month are displayed.

The *Beneficiary Detail: Premiums View (M231)* screen displays a list of premium information. Information for the contracts in which the beneficiary was enrolled that month is displayed. The Late Enrollment Penalty (LEP) is displayed on the screen in three (3) columns:

- Direct Bill LEP Amount – The monthly LEP amount that the Plan is required to collect directly from the beneficiary.
- PW LEP Amount – The monthly LEP amount that SSA or RRB withholds from the beneficiary’s benefit.
- Total LEP Amount – The Direct Bill LEP Amount plus PW LEP Amount.

**Special note:** Users with update capabilities will also see an “Update” button available on the M231 screen. Users without update capabilities will not see this button when viewing the screen.

Figure 8-36: Beneficiary Detail: Premiums View (M231) Screen

| Start Date   | End Date   | Contract | PBP | Seg | Premium Payment Option | Part C/D Premium Status | Part C | Part D  | LIS    | LIS % | NUN CMO | Direct Bill LEP Amount | PW LEP Amount | Total LEP Amount | Total Premium | Part B Premium Reduction | SSA Accepted Month (C/D) | SSA Accepted Month (B) |
|--------------|------------|----------|-----|-----|------------------------|-------------------------|--------|---------|--------|-------|---------|------------------------|---------------|------------------|---------------|--------------------------|--------------------------|------------------------|
| * 01/01/2018 | 12/31/2018 | HXXXX    | 807 | 000 | DIRECT SELF-PAY        |                         | \$0.00 | \$35.00 | \$0.00 | 0.00% | 0       | \$0.00                 | \$0.00        | \$0.00           | \$35.00       | \$0.00                   |                          |                        |
| * 08/01/2017 | 12/31/2017 | HXXXX    | 807 | 000 | DIRECT SELF-PAY        |                         | \$0.00 | \$35.60 | \$0.00 | 0.00% | 0       | \$0.00                 | \$0.00        | \$0.00           | \$35.60       | \$0.00                   |                          |                        |

Table 8-17: Beneficiary Detail: Premiums View (M231) Field Descriptions

| Beneficiary Detail: Premiums View (M231) Field Descriptions |                  |  |
|---|------------------|--|
| Item  | Input/Output     | Description  |
| <b>Search Criteria</b>                                      |                  |  |
| Payment Month   | Input (Required) | Enter a month and year in the format (M)M/CCYY. This date defaults to the CPM when the screen is initially opened. |
| Find  | Button           | Displays premium information associated with the Payment Month entered.  |
| Reset   | Button           | Resets the entered date to the CPM.  |



| Beneficiary Detail: Premiums View (M231) Field Descriptions |              |   |
|---|--------------|---|
| Item  | Input/Output | Description   |
| <b>Premiums</b>   |              |   |
| [>>]  | Button       | Displays additional details about the premium in a dropdown below the premium line.   |
| [▼]<br>[▼]  | Button       | Selecting this closes the already opened dropdown premium detail information view.  |
| Start Date  | Output       | When the period for this row's premium began.   |
| End Date  | Output       | When the period for this row's premium ended.   |
| Contract  | Output       | Contract for which premiums were charged.   |
| PBP   | Output       | PBP for which premiums were charged.  |
| Seg   | Output       | Segment for which premiums were charged.  |
| Premium Payment Option (PPO)                                | Output       | The PPO that the beneficiary chose for paying the premiums; Direct Self Pay or Withholding from one of the withholding agencies (SSA or RRB).   |
| Part C/D Premium Status                                     | Output       | 'Accepted' – the withhold agency has accepted the PPO for the premium period<br>'Pending' – the withhold agency has not accepted the current PPO for the premium period and there was a previously accepted PPO for the premium period<br>'Confirmed' – the PPO matches the SSA BRI data<br>Blank – Any premium period that cannot be identified as Accepted, Pending or Confirmed.             |
| Part C  | Output       | Part C premium for the beneficiary for this period.   |
| Part D  | Output       | Part D premium for the beneficiary for this period.   |
| LIS   | Output       | Low-Income Subsidy - Amount of Part D premiums that were subsidized due to the beneficiary's low-income status.   |
| LIS %   | Output       | Percentage level for the Part D premium subsidy due to the beneficiary's low-income status.   |
| NUNCMO  | Output       | Number of months during which the beneficiary did not have creditable drug insurance coverage associated with this premium period.  |
| Direct Bill LEP Amount                                      | Output       | Direct Bill LEP Amount - The monthly LEP amount that the Plan is required to collect directly from the beneficiary.   |
| PW LEP Amount   | Output       | PW LEP Amount – The monthly LEP amount that SSA or RRB withholds from the beneficiary's benefit   |
| Total LEP Amount  | Output       | The Direct Bill LEP amount plus the PW LEP Amount   |
| Total Premium   | Output       | Total premium charged for Parts C and/or D, as applicable, taking into account subsidies and penalties.   |
| Part B Premium Reduction                                    | Output       | Total Part B premium reduction, as applicable.  |
| SSA Accepted Month (C/D)                                    | Link         | Date Parts C and/or D premium withholding request accepted by SSA. If the beneficiary did not request withholding from SSA or if the request was rejected, field is blank. Selecting this link displays the <i>Beneficiary Detail: Premium Withhold Transactions (M237)</i> screen, which shows the Parts C and/or D Premium Withhold Transactions accepted by SSA for specific premium period. |
| SSA Accepted Month (B)                                      | Link         | Date Part B premium reduction transaction accepted by SSA. If Part B premium reduction does not apply to beneficiary or if transaction rejected by SSA, field is blank. Selecting this link displays the <i>Beneficiary Detail: Premium Withhold Transactions (M237)</i> screen, which shows the Part B Reduction Premium Withhold Transactions accepted by SSA for specific premium period.    |

| <b>Beneficiary Detail: Premiums View (M231) Field Descriptions</b>  |                     |   |
|---|---------------------|---|
| <b>Item</b>   | <b>Input/Output</b> | <b>Description</b>                                  |
| <b>Premium Details</b>  |                     |   |
| This section displays when the premium line dropdown arrow is selected. It shows additional details for the line. |                     |   |
| Creation Date   | Output              | Date on which the transaction is sent to SSA.       |
| De Minimis  | Output              | De Minimis amount that was applied to this premium. |
| Part D Net of De Minimis  | Output              | The Part D premium amount adjusted for De Minimis.  |
| LEP Subsidy   | Output              | Amount of the LEP that was subsidized.              |

### 8.3.10 View Late Enrollment Penalty (LEP) Information

#### View the LEP (M258) Screen

The *LEP View (M258)* screen displays information for direct bill and Social Security Administration (SSA)/Railroad Retirement Board (RRB) withholding status, including all LEP details related to premium periods and the beneficiary’s entire LEP history.

**Note:** If more than 1,000 LEP records exist for a beneficiary, only the latest 1,000 records will be displayed on the *LEP View (M258)* screen.

The LEP records are sorted by:

- Contract number.
- PBP number.
- Segment number.
- HICN.
- Premium/Adjustment Period Start – End Date.
- Prospective record.
- Adjustment record.
- Harm detail record.

Figure 8-37: LEP View (M258) Screen

| Contract | PBP | Record Type | Paid Month | Premium Coverage Start Month | Premium Coverage End Month | PPO         | NUNCMO | Monthly LEP Amount | Refund/Charge | LEP Adjustment/Payment Amount | Cleanup ID |
|----------|-----|-------------|------------|------------------------------|----------------------------|-------------|--------|--------------------|---------------|-------------------------------|------------|
| HXXXX    | 038 | AD          | 12/01/2017 | 10/01/2017                   | 11/30/2017                 | DIRECT BILL |        |                    | REFUND        | (\$7.80)                      |            |
| HXXXX    | 038 | PD          | 11/01/2017 | 11/01/2017                   | 11/30/2017                 | DIRECT BILL | 11     | \$3.90             | CHARGE        | \$3.90                        |            |
| HXXXX    | 038 | PD          | 10/01/2017 | 10/01/2017                   | 10/31/2017                 | DIRECT BILL | 11     | \$3.90             | CHARGE        | \$3.90                        |            |
| HXXXX    | 038 | PD          | 09/01/2017 | 09/01/2017                   | 09/30/2017                 | DIRECT BILL | 11     | \$3.90             | CHARGE        | \$3.90                        |            |
| HXXXX    | 038 | PD          | 08/01/2017 | 08/01/2017                   | 08/31/2017                 | DIRECT BILL | 11     | \$3.90             | CHARGE        | \$3.90                        |            |
| HXXXX    | 038 | PD          | 07/01/2017 | 07/01/2017                   | 07/31/2017                 | DIRECT BILL | 11     | \$3.90             | CHARGE        | \$3.90                        |            |
| HXXXX    | 038 | PD          | 06/01/2017 | 06/01/2017                   | 06/30/2017                 | DIRECT BILL | 11     | \$3.90             | CHARGE        | \$3.90                        |            |
| HXXXX    | 038 | PD          | 05/01/2017 | 05/01/2017                   | 05/31/2017                 | DIRECT BILL | 11     | \$3.90             | CHARGE        | \$3.90                        |            |
| HXXXX    | 038 | PD          | 04/01/2017 | 04/01/2017                   | 04/30/2017                 | DIRECT BILL | 11     | \$3.90             | CHARGE        | \$3.90                        |            |
| HXXXX    | 038 | PD          | 03/01/2017 | 03/01/2017                   | 03/31/2017                 | DIRECT BILL | 11     | \$3.90             | CHARGE        | \$3.90                        |            |
| HXXXX    | 038 | AD          | 03/01/2017 | 01/01/2017                   | 02/28/2017                 | DIRECT BILL | 11     | \$3.90             | CHARGE        | \$7.80                        |            |

This screen data cannot be modified or updated, therefore only one screen message is generated when no data is found for the specified beneficiary.

**Table 8-18: LEP View (M258) Field Descriptions**

| LEP View (M258) Field Descriptions |        |   |
|------------------------------------|--------|---|
| Item                               | Type   | Description   |
| [Update]                           | Button | Displays the <i>Update Enrollment (M212)</i> screen, which also provides access to the following screens:<br><i>Update Institutional/NHC (M213)</i> .<br><i>Update Medicaid (M214)</i> .<br><i>Update Premiums (M226)</i> .<br><i>Update Rx Insurance (M228)</i> .<br>The [Update] button does not show for the MCO Representative. |
| [Change User View]                 | Button | Displays the <i>User Security Role Selection (M002)</i> screen where users can mirror the view of another role. The [Change User View] button does not show for the MCO user.   |
| Contract                           | Output | The Plan contract number under which the beneficiary was insured when the LEP transaction occurred.   |
| PBP                                | Output | The Plan contract PBP number under which the beneficiary was insured when the LEP transaction occurred.   |
| Record Type                        | Output | A 2-character code to describe the type of LEP record:<br>PD (Prospective Detail Record)<br>AD (Adjustment Detail Record)<br>HD (Harm Detail Record)  |
| Paid Month                         | Output | The LEP paid month and year in this format: MM/CCYY.  |
| Premium Coverage Start Month       | Output | The month and year premium coverage started in this format: MM/CCYY.  |
| Premium Coverage End Month         | Output | The month and year premium coverage ended in this format: MM/CCYY.  |
| PPO                                | Output | This field designates the premium payment option as either:<br>Direct Bill<br>Withhold  |
| NUNCMO                             | Output | Number of months during which the beneficiary is not covered by drug insurance.   |
| Monthly LEP Amount                 | Output | This field displays the LEP amount monthly charged for the beneficiary.   |
| Refund/Charge                      | Output | This field designates either the charge incurred for paid records or a refund when overpaid:<br>CHARGE for positive amounts<br>REFUND for negative amounts  |
| LEP Adjustment/Payment Amount      | Output | This field displays the LEP adjustment or payment amount.   |
| Cleanup ID                         | Output | This field displays the cleanup ID.   |

### 8.3.11 View Beneficiary Premium Withhold Transactions

*SSA/RRB Transaction Status (M237)* screen displays the SSA/RRB processing status for the Part C/Part D premium withhold and Part B Premium Reduction transactions sent by CMS to SSA and RRB for a specific beneficiary with premium year range. Four separate views display SSA and RRB transactions:

- SSA Part C/Part D Premium Withhold.
- RRB Part C/Part D Premium Withhold.
- SSA/RRB Part B Premium Reduction.
- All SSA-RRB.

These views display whether or not SSA or RRB accepts or rejects the transaction.

#### **View the Beneficiary Detail: SSA/RRB Transaction Status (M237) Screen**

To access the *SSA/RRB Transaction Status (M237)* screen, click on the |SSA - RRB| menu item. This displays ‘All SSA-RRB’ view, which provides the following Request File Type of premium withhold transactions:

- SSA Part C/Part D.
- RRB Part C/Part D.
- Historical SSA C/D/B.

By clicking the chevron (>>) to the left of the Status column, more detail transactions display, as described in the next table.

Figure 8-38: SSA/RRB Transaction Status (M237) Screen

MBI #: 1AA1A11AA11      JANE DOE      DOB: 01/16/1930    DOD: 10/01/2012  
 BENEFICIARY ADDRESS      ACTIVE      Age: 82    Sex: FEMALE  
 CITY, STATE 03053-2961      State: NH (30)    County: ROCKINGHAM (070)

Snapshot | Enrollment | Payments | Adjustments | Premiums | LEP: SSA - RRB | Utilization | MSA | Residence Address | Rx Insurance | Status Activity

SSA/RRB Transaction Status (M237)      Role: MCO REPRESENTATIVE    Date: 2/11/2020      Close    Print    Help...

Enter the search criteria select "Find."  
 Contract     Find

All SSA - RRB     SSA Part C/D Premium Withhold     SSA/RRB Part B Premium Reduction     RRB Part C/D Premium Withhold

Showing 1 to 20 of 23 entries      Previous    1    2    Next

**SSA Part C/D Premium Withhold, Part B Premium Reduction and RRB Transaction Results**

| Status     | Contract | PBP | Seg | Drug Plan | Type    | Closed | Request File Type | Request File Creation Date | Response File Date | Premium Start Date | Premium End Date | Premium Payment Option       | Sent HICN  | Process ID |
|------------|----------|-----|-----|-----------|---------|--------|-------------------|----------------------------|--------------------|--------------------|------------------|------------------------------|------------|------------|
| * ACCEPTED | H1234    | 001 | 002 | Y         | Initial | N      | SSA Part C/D      | 11/23/2009                 | 11/30/2009         | 01/01/2010         |                  | D - DIRECT SELF-PAY          | XXXXXXXXXX | SBSP091123 |
| * ACCEPTED | H1234    | 001 | 005 | Y         | Initial | N      | SSA Part C/D/B    | 04/05/2009                 | 04/09/2009         | 06/01/2007         | 12/31/2007       | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA090405 |
| * ACCEPTED | H1234    | 001 | 005 | Y         | Initial | N      | SSA Part C/D/B    | 04/05/2009                 | 04/09/2009         | 01/01/2007         | 05/31/2007       | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA090405 |
| * REJECTED | H1234    | 001 | 002 | Y         | Initial | N      | SSA Part C/D/B    | 11/22/2008                 | 12/02/2008         | 01/01/2009         |                  | D - DIRECT SELF-PAY          | XXXXXXXXXX | DLTA081122 |
| * ACCEPTED | H1234    | 001 | 002 | Y         | Initial | N      | SSA Part C/D/B    | 06/29/2008                 | 07/03/2008         | 01/01/2008         |                  | D - DIRECT SELF-PAY          | XXXXXXXXXX | DLTA080629 |
| * ACCEPTED | H1234    | 001 | 005 | Y         | Initial | N      | SSA Part C/D/B    | 06/29/2008                 | 07/07/2008         | 06/01/2007         | 12/31/2007       | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA080629 |
| * ACCEPTED | H1234    | 001 | 005 | Y         | Initial | N      | SSA Part C/D/B    | 06/29/2008                 | 07/07/2008         | 01/01/2007         | 05/31/2007       | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA080629 |
| * ACCEPTED | H1234    | 001 | 002 | Y         | Initial | N      | SSA Part C/D/B    | 05/28/2008                 | 06/02/2008         | 01/01/2008         |                  | D - DIRECT SELF-PAY          | XXXXXXXXXX | DLTA080528 |
| * ACCEPTED | H1234    | 001 | 002 | Y         | Initial | N      | SSA Part C/D/B    | 01/31/2008                 | 02/07/2008         | 01/01/2008         |                  | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA080129 |
| * ACCEPTED | H1234    | 001 | 005 | Y         | Initial | N      | SSA Part C/D/B    | 01/31/2008                 | 02/07/2008         | 09/01/2007         | 12/31/2007       | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA080129 |
| * ACCEPTED | H1234    | 001 | 005 | Y         | Initial | N      | SSA Part C/D/B    | 01/31/2008                 | 02/07/2008         | 01/01/2007         | 08/31/2007       | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA080129 |
| * PENDING  | H1234    | 001 | 005 | Y         | Initial | Y      | SSA Part C/D/B    | 01/26/2008                 |                    | 01/01/2008         | 12/31/2007       | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA080126 |
| * PENDING  | H1234    | 001 | 005 | Y         | Initial | Y      | SSA Part C/D/B    | 01/26/2008                 |                    | 09/01/2007         | 12/31/2007       | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA080126 |
| * PENDING  | H1234    | 001 | 005 | Y         | Initial | Y      | SSA Part C/D/B    | 01/26/2008                 |                    | 01/01/2007         | 08/31/2007       | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA080126 |
| * ACCEPTED | H1234    | 001 | 002 | Y         | Initial | N      | SSA Part C/D/B    | 12/24/2007                 | 01/03/2008         | 01/01/2008         |                  | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA071224 |
| * PENDING  | H1234    | 001 | 002 | Y         | Initial | Y      | SSA Part C/D/B    | 12/23/2007                 |                    | 01/01/2008         |                  | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA071216 |
| * ACCEPTED | H1234    | 001 | 005 | Y         | Initial | N      | SSA Part C/D/B    | 11/14/2007                 | 11/26/2007         | 10/01/2007         |                  | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA071114 |
| * ACCEPTED | H1234    | 001 | 005 | Y         | Initial | N      | SSA Part C/D/B    | 11/14/2007                 | 11/26/2007         | 01/01/2007         | 09/30/2007       | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA071114 |
| * PENDING  | H1234    | 001 | 005 | Y         | Initial | Y      | SSA Part C/D/B    | 11/10/2007                 |                    | 10/01/2007         |                  | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA071110 |
| * PENDING  | H1234    | 001 | 005 | Y         | Initial | Y      | SSA Part C/D/B    | 11/10/2007                 |                    | 01/01/2007         | 09/30/2007       | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA071110 |

Showing 1 to 20 of 23 entries      Previous    1    2    Next

**Note:** For Facilitated Direct Bill (FDB) transactions only SSA Status, Transaction Type, SSA Sent date, SSA Response File Date, and Premium Withhold Option are displayed.

Table 8-19: SSA/RRB Transaction Status (M237) Screen Transaction Details Dropdown Inputs, Outputs, and Actions

| SSA/RRB Transaction Status (M237) Screen Transaction Details Dropdown Inputs, Outputs, and Actions |        |   |
|--|--------|---|
| Item   | Type   | Description   |
| [>>]   | Button | The user clicks on this button on a particular transaction status row to display dropdown premium detail transaction information view.                  |
| [^]<br>[^]   | Button | The user clicks on this button on a particular transaction status row to close the already opened dropdown premium detail transaction information view. |
| Reason For Reject column   | Output | Reason for SSA or RRB reject of the transaction. Shown only for rejected transaction.   |

| <b>SSA/RRB Transaction Status (M237) Screen Transaction Details Dropdown Inputs, Outputs, and Actions</b> |             |   |
|---|-------------|---|
| <b>Item</b>   | <b>Type</b> | <b>Description</b>  |
| Part C Premium column   | Output      | This displays for SSA/RRB Part C/ Part D Premium Withhold; cost charged by Plan to beneficiary for Part C coverage.                                 |
| Part D Premium column   | Output      | This displays for SSA/RRB Part C/ Part D Premium Withhold; cost to beneficiary for Basic Part D coverage.   |
| Part D Enhanced Premium column  | Output      | This displays for SSA/RRB Part C and Part D Premium Withhold Cost to beneficiary for additional Part D coverage not included in the Basic coverage. |
| LEP column  | Output      | This displays for SSA/RRB Part C/ Part D Premium Withhold – Penalty charged to beneficiary for late enrollment in Part D coverage.                  |
| LEP Subsidy column  | Output      | This displays for SSA/RRB Part C/ Part D Premium Withhold; amount of the LEP that was subsidized.   |
| LIS Column  | Output      | This displays for SSA/RRB Part C, Part D Premium Withhold; amount of Part D premiums that were subsidized by the government LIS.                    |

*Table 8-20: SSA/RRB Transaction Status (M237) Field Descriptions*

| <b>SSA/RRB Transaction Status (M237) Field Descriptions</b> |                           |   |
|---|---------------------------|---|
| <b>Item</b>   | <b>Input/Output</b>       | <b>Description</b>  |
| Contract  | Optional data entry field | The user enters a valid contract number   |
| [Find]  | Button                    | The user clicks on this button to display premium transaction information for the search criteria.                                    |
| Premium Start Year  | Optional data entry field | The user enters year in the form CCYY.  |
| Premium End Year  | Optional data entry field | The user enters year in the form CCYY.  |
| Status column   | Output                    | SSA/RRB Transaction Status is shown as Accepted for an accepted transaction and Rejected for a rejected transaction.                  |
| Contract column   | Output                    | Contract for which premiums were charged.   |
| PBP column  | Output                    | PBP for which premiums were charged.  |
| Segment Column  | Output                    | Segment for which premiums were charged.  |
| Drug Plan   | Output                    | Only SSA or RRB Part C, Part D Premium Withhold. Indicates whether each contract/PBP provides drug insurance coverage. Set to Y or N. |

| SSA/RRB Transaction Status (M237) Field Descriptions |              |  |
|--|--------------|--|
| Item   | Input/Output | Description  |
| Type column  | Output       | Transaction Type (Initial, Retry or FDB):<br><b>Initial</b> – (for both SSA and RRB) – indicates a first submission of a Premium Withhold transaction from CMS to SSA or RRB. The transaction is accepted or rejected. The rejection is because of a mismatch in demographic information between CMS and SSA or because of a new enrollment for which SSA does not yet have information.<br><b>Retry</b> – (for SSA only) – Indicates a transaction transmitted to SSA after the first submission was rejected by SSA. The transaction is accepted or rejected by SSA. Transactions that are rejected by SSA in ‘retry’ are resubmitted to SSA as a Facilitated Direct Bill (FDB) transaction. Prior Year Transaction rejects are not submitted for FDB.<br><b>FDB</b> – (for SSA only) – indicates a transaction was transmitted to SSA after the second attempt was rejected by SSA. The FDB transaction is accepted or rejected by SSA. |
| Closed   | Output       | Transaction Closed indicator. Shown as ‘Y’ for closed transactions.  |
| Request File Creation Date column                    | Output       | Date transaction is sent to SSA or RRB.  |
| Request File Creation Date column heading            | Sorter       | For SSA: sorts the results by SSA sent date.<br>For RRB: sorts the results in order by Response File Creation Date, Response File Date, and Premium Start Date.<br>Rows are sorted in ascending order by default and the order is switched between ascending and descending by clicking on column heading.   |
| Response File Date column                            | Output       | Date on which response is received from SSA or RRB Header date on SSA Response File, date that RRB Reply File is processed.  |
| Premium Start Date column                            | Output       | When the premium charge began.   |
| Premium Start Date column heading                    | Sorter       | Sorts the results by Premium Start Date<br>Rows are sorted in ascending order by default and the order is switched between ascending and descending by clicking on column heading.   |
| Premium End Date column                              | Output       | When the premium charge ended.   |
| Premium Withholding Option column                    | Output       | Option that the beneficiary chose for paying the premiums.   |
| Sent HICN  | Output       | This displays the associated HICN sent on the transaction  |
| Process ID   | Output       | This displays the associated ID sent on the transaction  |

Additional filter options are available when you want to only display one contract at a time.



Figure 8-39: SSA/RRB Transaction Status (M237) Screen for All RRB Transaction Options

MBI #: 1AA1A11AA11  
BENEFICIARY ADDRESS  
CITY, STATE 03053-2961
JANE DOE  
ACTIVE  
DOB: 01/16/1930 DOD: 10/01/2012  
Age: 82 Sex: FEMALE  
State: NH (30) County: ROCKINGHAM (070)

Snapshot | Enrollment | Payments | Adjustments | Premiums | LEP: **SSA - RRB** | Utilization | MSA | Residence Address | Rx Insurance | Status Activity

**SSA/RRB Transaction Status (M237)** Role: MCO REPRESENTATIVE Date: 2/11/2020 Close Print Help...

Enter the search criteria select "Find."

Contract

All SSA - RRB    
  SSA Part C/D Premium Withhold    
  SSA/RRB Part B Premium Reduction    
  RRB Part C/D Premium Withhold

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**SSA Part C/D Premium Withhold, Part B Premium Reduction and RRB Transaction Results**

| Status  | Contract       | PBP            | Seg                     | Drug Plan | Type        | Closed  | Request File Type | Request File Creation Date | Response File Date | Premium Start Date | Premium End Date | Premium Payment Option       | Sent HICN  | Process ID |                     |  |  |  |  |  |  |                          |                |                |                         |     |             |     |        |         |         |         |        |        |         |
|---|----------------|----------------|-------------------------|-----------|-------------|---------|-------------------|----------------------------|--------------------|--------------------|------------------|------------------------------|------------|------------|---------------------|--|--|--|--|--|--|--------------------------|----------------|----------------|-------------------------|-----|-------------|-----|--------|---------|---------|---------|--------|--------|---------|
| * ACCEPTED  | H1234          | 001            | 002                     | Y         | Initial     | N       | SSA Part C/D      | 11/23/2009                 | 11/30/2009         | 01/01/2010         |                  | D - DIRECT SELF-PAY          | XXXXXXXXXX | SBSP091123 |                     |  |  |  |  |  |  |                          |                |                |                         |     |             |     |        |         |         |         |        |        |         |
| <div style="border: 1px solid #0056b3; padding: 2px;"> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr style="background-color: #f2f2f2;"> <th colspan="7">Transaction Details</th> </tr> <tr style="background-color: #f2f2f2;"> <th>Part B Premium Reduction</th> <th>Part C Premium</th> <th>Part D Premium</th> <th>Part D Enhanced Premium</th> <th>LEP</th> <th>LEP Subsidy</th> <th>LIS</th> </tr> </thead> <tbody> <tr> <td>\$0.00</td> <td>\$92.00</td> <td>\$35.70</td> <td>\$17.10</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$34.60</td> </tr> </tbody> </table> </div> |                |                |                         |           |             |         |                   |                            |                    |                    |                  |                              |            |            | Transaction Details |  |  |  |  |  |  | Part B Premium Reduction | Part C Premium | Part D Premium | Part D Enhanced Premium | LEP | LEP Subsidy | LIS | \$0.00 | \$92.00 | \$35.70 | \$17.10 | \$0.00 | \$0.00 | \$34.60 |
| Transaction Details   |                |                |                         |           |             |         |                   |                            |                    |                    |                  |                              |            |            |                     |  |  |  |  |  |  |                          |                |                |                         |     |             |     |        |         |         |         |        |        |         |
| Part B Premium Reduction  | Part C Premium | Part D Premium | Part D Enhanced Premium | LEP       | LEP Subsidy | LIS     |                   |                            |                    |                    |                  |                              |            |            |                     |  |  |  |  |  |  |                          |                |                |                         |     |             |     |        |         |         |         |        |        |         |
| \$0.00  | \$92.00        | \$35.70        | \$17.10                 | \$0.00    | \$0.00      | \$34.60 |                   |                            |                    |                    |                  |                              |            |            |                     |  |  |  |  |  |  |                          |                |                |                         |     |             |     |        |         |         |         |        |        |         |
| * ACCEPTED  | H1234          | 001            | 005                     | Y         | Initial     | N       | SSA Part C/D/B    | 04/05/2009                 | 04/09/2009         | 06/01/2007         | 12/31/2007       | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA090405 |                     |  |  |  |  |  |  |                          |                |                |                         |     |             |     |        |         |         |         |        |        |         |
| * ACCEPTED  | H1234          | 001            | 005                     | Y         | Initial     | N       | SSA Part C/D/B    | 04/05/2009                 | 04/09/2009         | 01/01/2007         | 05/31/2007       | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA090405 |                     |  |  |  |  |  |  |                          |                |                |                         |     |             |     |        |         |         |         |        |        |         |
| * REJECTED  | H1234          | 001            | 002                     | Y         | Initial     | N       | SSA Part C/D/B    | 11/22/2008                 | 12/02/2008         | 01/01/2009         |                  | D - DIRECT SELF-PAY          | XXXXXXXXXX | DLTA081122 |                     |  |  |  |  |  |  |                          |                |                |                         |     |             |     |        |         |         |         |        |        |         |
| * ACCEPTED  | H1234          | 001            | 002                     | Y         | Initial     | N       | SSA Part C/D/B    | 06/29/2008                 | 07/03/2008         | 01/01/2008         |                  | D - DIRECT SELF-PAY          | XXXXXXXXXX | DLTA080629 |                     |  |  |  |  |  |  |                          |                |                |                         |     |             |     |        |         |         |         |        |        |         |
| * ACCEPTED  | H1234          | 001            | 005                     | Y         | Initial     | N       | SSA Part C/D/B    | 06/29/2008                 | 07/07/2008         | 06/01/2007         | 12/31/2007       | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA080629 |                     |  |  |  |  |  |  |                          |                |                |                         |     |             |     |        |         |         |         |        |        |         |
| * ACCEPTED  | H1234          | 001            | 005                     | Y         | Initial     | N       | SSA Part C/D/B    | 06/29/2008                 | 07/07/2008         | 01/01/2007         | 05/31/2007       | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA080629 |                     |  |  |  |  |  |  |                          |                |                |                         |     |             |     |        |         |         |         |        |        |         |
| * ACCEPTED  | H1234          | 001            | 002                     | Y         | Initial     | N       | SSA Part C/D/B    | 05/28/2008                 | 06/02/2008         | 01/01/2008         |                  | D - DIRECT SELF-PAY          | XXXXXXXXXX | DLTA080528 |                     |  |  |  |  |  |  |                          |                |                |                         |     |             |     |        |         |         |         |        |        |         |
| * ACCEPTED  | H1234          | 001            | 002                     | Y         | Initial     | N       | SSA Part C/D/B    | 01/31/2008                 | 02/07/2008         | 01/01/2008         |                  | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA080129 |                     |  |  |  |  |  |  |                          |                |                |                         |     |             |     |        |         |         |         |        |        |         |
| * ACCEPTED  | H1234          | 001            | 005                     | Y         | Initial     | N       | SSA Part C/D/B    | 01/31/2008                 | 02/07/2008         | 09/01/2007         | 12/31/2007       | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA080129 |                     |  |  |  |  |  |  |                          |                |                |                         |     |             |     |        |         |         |         |        |        |         |
| * ACCEPTED  | H1234          | 001            | 005                     | Y         | Initial     | N       | SSA Part C/D/B    | 01/31/2008                 | 02/07/2008         | 01/01/2007         | 08/31/2007       | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA080129 |                     |  |  |  |  |  |  |                          |                |                |                         |     |             |     |        |         |         |         |        |        |         |
| * PENDING   | H1234          | 001            | 005                     | Y         | Initial     | Y       | SSA Part C/D/B    | 01/26/2008                 |                    | 01/01/2008         | 12/31/2007       | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA080126 |                     |  |  |  |  |  |  |                          |                |                |                         |     |             |     |        |         |         |         |        |        |         |
| * PENDING   | H1234          | 001            | 005                     | Y         | Initial     | Y       | SSA Part C/D/B    | 01/26/2008                 |                    | 09/01/2007         | 12/31/2007       | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA080126 |                     |  |  |  |  |  |  |                          |                |                |                         |     |             |     |        |         |         |         |        |        |         |
| * PENDING   | H1234          | 001            | 005                     | Y         | Initial     | Y       | SSA Part C/D/B    | 01/26/2008                 |                    | 01/01/2007         | 08/31/2007       | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA080126 |                     |  |  |  |  |  |  |                          |                |                |                         |     |             |     |        |         |         |         |        |        |         |
| * ACCEPTED  | H1234          | 001            | 002                     | Y         | Initial     | N       | SSA Part C/D/B    | 12/24/2007                 | 01/03/2008         | 01/01/2008         |                  | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA071224 |                     |  |  |  |  |  |  |                          |                |                |                         |     |             |     |        |         |         |         |        |        |         |
| * PENDING   | H1234          | 001            | 002                     | Y         | Initial     | Y       | SSA Part C/D/B    | 12/23/2007                 |                    | 01/01/2008         |                  | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA071216 |                     |  |  |  |  |  |  |                          |                |                |                         |     |             |     |        |         |         |         |        |        |         |
| * ACCEPTED  | H1234          | 001            | 005                     | Y         | Initial     | N       | SSA Part C/D/B    | 11/14/2007                 | 11/26/2007         | 10/01/2007         |                  | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA071114 |                     |  |  |  |  |  |  |                          |                |                |                         |     |             |     |        |         |         |         |        |        |         |
| * PENDING   | H1234          | 001            | 005                     | Y         | Initial     | Y       | SSA Part C/D/B    | 11/10/2007                 |                    | 01/01/2007         | 09/30/2007       | S - DEDUCT FROM SSA BENEFITS | XXXXXXXXXX | DLTA071110 |                     |  |  |  |  |  |  |                          |                |                |                         |     |             |     |        |         |         |         |        |        |         |

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### 8.3.12 View Beneficiary Utilization

The beneficiary’s utilization information indicates the beneficiary’s use of Medicare, including home health care, billings, deductibles, remaining days of coverage, and additional coverage by Medicaid. When a beneficiary’s Medicare coverage is under different claim numbers, these numbers are listed.

#### View the Beneficiary Detail: Utilization (M233) Screen

To access the *Beneficiary Detail: Utilization (M233)* screen, the user clicks on the |Utilization| menu item.

Figure 8-40: Beneficiary Detail: Utilization (M233) Screen

Claim #: XXXXXXXXXA  
 MBI #: 1A9BA00A00  
 1 SINCLAIR DR APT 206  
 PITTSFORD, NY 14534-1737

JANE DOE  
 ACTIVE

DOB: 06/17/1927 DOD: 12/03/2016  
 Age: 89 Sex: FEMALE  
 State: NY (33) County: MONROE (370)

Snapshot | Enrollment | Payments | Adjustments | Premiums | LEP | SSA - RRB | Factors | **Utilization** | MSA | Residence Address | Rx Insurance | Status Activity

Utilization (M233) User: Role: MCO REPRESENTATIVE Date: 2/21/2018 [Close] [Print] [Help...]

Representative Payee Name:

Beneficiary ID Cross References (XREF)

| Beneficiary ID |
|----------------|
| XXXXXXXXXB     |
| XXXXXXXXXA     |

Home Health Detail Information

| Start Date                            | End Date | Earliest Billing Date | Latest Billing Date | Contractor Number | Patient Status Code | Provider Number |
|---------------------------------------|----------|-----------------------|---------------------|-------------------|---------------------|-----------------|
| There are no home health care periods |          |                       |                     |                   |                     |                 |

Benefit Period/Deductible Information

Lifetime Reserve Days Remaining: 60      Lifetime Psychiatric Days Remaining: 190

| Earliest Billing Date | Latest Billing Date | Inpatient Deductible Remaining | Part A Spell        |                            |                    |                           |
|-----------------------|---------------------|--------------------------------|---------------------|----------------------------|--------------------|---------------------------|
|                       |                     |                                | Full Days Remaining | Coinsurance Days Remaining | SNF Days Remaining | SNF Coinsurance Remaining |
| 01/19/2016            | 01/31/2016          | \$1288.00                      | 60                  | 30                         | 7                  | 80                        |
| 02/06/2014            | 02/18/2014          | \$1216.00                      | 48                  | 30                         | 20                 | 80                        |
| 07/16/2012            | 07/19/2012          | \$1156.00                      | 57                  | 30                         | 20                 | 80                        |

Table 8-21: Beneficiary Detail: Utilization (M233) Field Descriptions

| Beneficiary Detail: Utilization (M233) Field Descriptions |              |   |
|---|--------------|---|
| Item  | Input/Output | Description   |
| Representative Payee Name                                 | Output       | Name of most recent representative for payment.           |
| <b>History of Beneficiary ID Cross References (XREF)</b>  |              |   |
| Beneficiary ID column                                     | Output       | Beneficiary ID previously used by the beneficiary.        |
| <b>History of Home Health Care Information</b>            |              |   |
| Start Date column   | Output       | Start of home health care period.                         |
| End Date column   | Output       | End of home health care period.                           |
| Earliest Billing Date column                              | Output       | When billing began for this home health care period.      |
| Latest Billing Date column                                | Output       | When last bill was sent for this home health care period. |

| <b>Beneficiary Detail: Utilization (M233) Field Descriptions</b> |                     |  |
|--|---------------------|--|
| <b>Item</b>  | <b>Input/Output</b> | <b>Description</b>   |
| Contractor Number column   | Output              | Identifier of contractor for this home health care period.                                     |
| Patient Status Code column                                       | Output              | Status of home health care for this home health care period.                                   |
| Provider Number column   | Output              | Identifier of home health care provider for this home health care period.                      |
| <b>History of Benefit Period/Deductible Information</b>          |                     |  |
| Lifetime Reserve Days Remaining                                  | Output              | Remaining reserve days left which Medicare will pay over beneficiary's lifetime.               |
| Lifetime Psychiatric Days Remaining                              | Output              | Remaining days of psychiatric care coverage.   |
| Earliest Billing Date column                                     | Output              | When billing began for this benefit period.  |
| Latest Billing Date column                                       | Output              | When last bill was sent for this benefit period.   |
| Patient Deductible Remaining column                              | Output              | Deductible balance for inpatient, e.g., hospital care that is remaining in the benefit period. |
| Full Days Remaining column                                       | Output              | Number of full days of inpatient care that are remaining in the benefit period.                |
| Coinsurance Days Remaining column                                | Output              | Number of coinsurance covered days of inpatient that are remaining in the benefit period.      |
| Skilled Nursing Facilities (SNF) Days Remaining                  | Output              | Number of days of SNF remaining in the benefit period.   |
| SNF Coinsurance Remaining  | Output              | Number of coinsurance covered days of SNF remaining in the benefit period.                     |

**8.3.13 View Beneficiary Medical Savings Account (MSA) Lump Sum**

The beneficiary’s MSA Lump Sum screen indicates the MSA enrollment and payment information effective January 1, 2008.

**View the Beneficiary Detail: MSA Lump Sum View (M235) Screen**

To access the *Beneficiary Detail: MSA Lump Sum View (M235)* screen, the user clicks on the [MSA] menu item.

*Figure 8-41: Beneficiary Detail: MSA Lump Sum View (M235) Screen*

| MSA Lump Sum Deposit/Recovery |       |       | Enrollment                           |            | Lump Sum   |            |            | CPM        |
|-------------------------------|-------|-------|--------------------------------------|------------|------------|------------|------------|------------|
| Contract                      | PBP # | Seg # | Disenroll Reason                     | Start Date | End Date   | Deposit    | Recovery   |            |
| H1234                         | 001   | 000   | OTHER (NOT SUPPLIED BY BENE)         | 02/01/2015 | 12/31/2015 |            | \$1,870.00 | 12/01/2015 |
| H1234                         | 001   | 000   | VOLUNTARY DISENROLLMENT THROUGH PLAN | 02/01/2015 | 12/31/2015 |            | \$935.00   | 04/01/2015 |
| H1234                         | 001   | 000   |                                      | 02/01/2015 | 12/31/2015 | \$2,805.00 |            | 03/01/2019 |
| H1234                         | 001   | 000   | OTHER (NOT SUPPLIED BY BENE)         | 01/01/2015 | 12/31/2015 |            | \$1,020.00 | 03/01/2019 |
| H1234                         | 001   | 000   |                                      | 01/01/2015 | 12/31/2015 | \$1,020.00 |            | 02/01/2015 |
| H1234                         | 001   | 000   |                                      | 01/01/2015 | 01/31/2015 | \$85.00    |            | 03/01/2019 |

*Table 8-22: Beneficiary Detail: MSA Lump Sum View (M235) Field Descriptions*

| Beneficiary Detail: MSA Lump Sum View (M235) Field Descriptions |                           |  |
|---|---------------------------|--|
| Item  | Input/Output              | Description  |
| <b>Search Criteria</b>  |                           |  |
| Year  | Required data entry field | The user enters a year in the form CCYY.   |
| [Find]  | Button                    | The user clicks on this button to display MSA Lump Sum information in the lower portion of the screen. |
| <b>MSA Lump Sum Deposit/Recovery</b>                            |                           |  |
| Contract column   | Output                    | Contracts for MSA Lump Sum record  |
| PBP column  | Output                    | PBPs for MSA Lump Sum record   |
| Segment column  | Output                    | Segments for MSA Lump Sum record   |
| Disenroll Reason  | Output                    | Description of the disenroll reason for MSA  |
| Current Processing Month (CPM)                                  | Output                    | Current Processing Month for MSA Lump Sum record   |
| Start Date  | Output                    | Start date for Lump Sum  |
| End Date  | Output                    | End date for Lump Sum  |
| Deposit   | Output                    | Lump Sum deposit dollar amount   |
| Recovery  | Output                    | Lump Sum recovery dollar amount  |

### 8.3.14 View Beneficiary Rx Insurance

#### View the Rx Insurance for a Beneficiary (M244) Screen

A Plan can use the *Rx Insurance View (M244)* screen to view the Rx insurance history, both primary and secondary, for beneficiaries enrolled in their Plans. The screen displays the beneficiary’s 4Rx information as it has changed over time. The Plan only sees 4Rx information for periods during which the beneficiary is enrolled in any of their Part D Plans.

**Special note:** Users with update capabilities will also see an “Update” button available on the M244 screen. Users without update capabilities will not see this button when viewing the screen.

To access the *Rx Insurance View (M244)* screen, select the |Rx Insurance| tab.

Figure 8-42: Rx Insurance View (M244) Screen

The screenshot displays the 'Rx Insurance View (M244)' screen for a beneficiary named JANE DOE. The screen shows a navigation menu at the top with options like 'Snapshot', 'Enrollment', 'Payments', etc., and the 'Rx Insurance' tab is selected. Below the menu, there are buttons for 'Close', 'Print', and 'Help...'. The main content area is divided into two sections: 'Primary Drug Insurance Information' and 'Secondary Drug Insurance Information'. Each section contains a table with columns for Contract, PBP, Start Date, End Date, BIN, PCN, GRP, RxID, Source, and Record Update TimeStamp.

| Primary Drug Insurance Information |          |     |                                   |                                 |             |             |             |              |        |                         |
|------------------------------------|----------|-----|-----------------------------------|---------------------------------|-------------|-------------|-------------|--------------|--------|-------------------------|
|                                    | Contract | PBP | Primary Drug Insurance Start Date | Primary Drug Insurance End Date | Primary BIN | Primary PCN | Primary GRP | Primary RxID | Source | Record Update TimeStamp |
| 1                                  | H000X    | 015 | 01/01/2012                        |                                 | 004336      | MEDDADV     | RX6657      | S00824708    |        | 2011-11-05-11 19.54     |
| 2                                  | H000X    | 015 | 01/01/2011                        | 12/31/2011                      | 610415      | PCS         | MD130201    | S00824708    |        | 2011-11-05-11 19.54     |
| 3                                  | H000X    | 002 | 04/01/2010                        | 12/31/2010                      | 003585      | 35000       | 35000       | 872287822    |        | 2010-12-11-12 09.13     |
| 4                                  | H000X    | 001 | 03/01/2009                        | 03/31/2010                      | 003585      | 35000       | 35000       | 872287822    | H000X  | 2010-04-11-04 53.35     |

| Secondary Drug Insurance Information |                         |               |               |               |                |                         |
|--------------------------------------|-------------------------|---------------|---------------|---------------|----------------|-------------------------|
|                                      | Insurance Creation Date | Secondary BIN | Secondary PCN | Secondary GRP | Secondary RXID | Record Update TimeStamp |
| 1                                    | 03/23/2009              |               |               |               |                | 2009-03-23-08 28.23     |

Table 8-23: Rx Insurance View (M244) Field Descriptions

| Rx Insurance View (M244) Field Descriptions  |              |  |
|--|--------------|--|
| Item   | Input/Output | Description  |
| <b>Primary Drug Insurance Information</b>  |              |  |
| This section contains one line for each period during which the beneficiary had a unique combination of Contract, PBP and Primary 4Rx information. |              |  |
| Contract   | Output       | The contract for the applicable period.  |
| PBP #  | Output       | The PBP for the applicable period.   |
| Primary Drug Insurance Start Date  | Output       | Start date for Primary 4Rx information on this line.   |
| Primary Drug Insurance End Date  | Output       | End date for the Primary 4Rx information on this line.   |
| Primary BIN  | Output       | Part D insurance Plan’s BIN for the primary contract, PBP, and period specified.               |
| Primary PCN  | Output       | Part D insurance Plan’s PCN for the primary contract, PBP, and period specified.               |
| Primary GRP  | Output       | Part D insurance Plan’s group number for the primary contract, PBP, and period specified.      |
| Primary RxID   | Output       | Identifier assigned to the beneficiary by the primary Part D insurance Plan for drug coverage. |

| <b>Rx Insurance View (M244) Field Descriptions</b>   |                     |   |
|--|---------------------|---|
| <b>Item</b>  | <b>Input/Output</b> | <b>Description</b>  |
| Source   | Output              | Source of the enrollment into the contract and PBP for the period specified.  |
| Record Update Timestamp  | Output              | Date that this Rx insurance information was added or updated.                 |
| <b>Secondary Drug Insurance Information</b>  |                     |   |
| This section contains one line for each period during which the beneficiary had a unique combination of Contract, PBP and Secondary 4Rx information. |                     |   |
| Insurance Creation Date  | Output              | Date that was reported for the initiation of this secondary insurance period. |
| Secondary BIN  | Output              | Secondary drug insurance Plan's BIN number.                                   |
| Secondary PCN  | Output              | Secondary drug insurance Plan's PCN number.                                   |
| Secondary GRP  | Output              | Identifier for the group providing secondary drug insurance coverage.         |
| Secondary RxID   | Output              | Identifier assigned to the beneficiary by the secondary drug insurance.       |
| Record Update Timestamp  | Output              | Date this row was added or updated.   |

### 8.3.15 Status Activity (M256)

The *Status Activity (M256)* screen displays a beneficiary’s current health status information, as well as current values for eligibility, uncovered months, low income subsidy, not lawfully present status, and state and county codes.

The following special status categories display on the screen:

- SSA State and County Codes.
- Low Income Subsidy.
- Number of Uncovered Months.
- Health Status Flags (ESRD, MSP, Home Community Based Services (HCBS), Medicaid, etc.).
- Eligibility Status Flags (Part A, Part B, and Part D).
- Incarceration.
- Not Lawfully Present.
- Employer Subsidy.
- Innovation Center (IC) Model Status.
- Opt-Out Part D.
- Opt-Out MMP.

#### View the Status Activity Screen (M256)

Figure 8-43: Status Activity (M256) Screen

View hyperlink is only displayed when more information is available.  
Information on the screen represents the beneficiary's status as of today's date.

| SSA State and County Codes |                  |                      |  |
|----------------------------|------------------|----------------------|--|
| State                      | County           | History              |  |
| NH (30)                    | ROCKINGHAM (070) | <a href="#">View</a> |  |

| Low Income Subsidy |                |                          |                     |                      |
|--------------------|----------------|--------------------------|---------------------|----------------------|
| LI Subsidy Start   | LI Subsidy End | LI Premium Subsidy Level | LI Co-payment Level | History              |
|                    |                |                          |                     | <a href="#">View</a> |

| Uncovered Months |                      |
|------------------|----------------------|
| Months           | History              |
| 0                | <a href="#">View</a> |

| Health Status Flags |                         |                      |
|---------------------|-------------------------|----------------------|
| Active              | Type                    | History              |
| N                   | ESRD                    |                      |
| N                   | Other Insurance         | <a href="#">View</a> |
| N                   | NHC                     |                      |
| N                   | HHC                     |                      |
| N                   | Medicaid                | <a href="#">View</a> |
| N                   | Hospice                 |                      |
| N                   | HCBS                    |                      |
| N                   | XREF                    |                      |
| N                   | Institutional           |                      |
| N                   | Long Term Institutional | <a href="#">View</a> |
| N                   | Disabled                |                      |

| Eligibility Status Flags |                      |                      |
|--------------------------|----------------------|----------------------|
| Active                   | Type                 | History              |
| Y                        | Part A               | <a href="#">View</a> |
| Y                        | Part B               | <a href="#">View</a> |
| N                        | Part D               | <a href="#">View</a> |
| N                        | Incarceration        |                      |
| N                        | Not Lawfully Present |                      |
| N                        | Employer Subsidy     |                      |
| N                        | IC Model Status      |                      |
| N                        | Opt-Out Part D       |                      |
| N                        | Opt-Out MMP          |                      |

**Table 8-24: Status Activity (M256) Field Descriptions**

| Status Activity (M256) Field Descriptions |        |  |
|---|--------|--|
| Item                                      | Type   | Description  |
| [Close]                                   | Button | Click this button to exit the active window.   |
| [Update]                                  | Button | <p>Displays the <i>Update Enrollment (M212)</i> screen, which also provides access to the following screens:</p> <ul style="list-style-type: none"> <li>Update Institutional/NHC (M213) screen</li> <li>Update Medicaid (M214) screen</li> <li>Update Premiums (M226) screen</li> <li>Update Rx Insurance (M228) screen</li> <li>Update Beneficiary Enrollment Information</li> <li>Updating Institutional/NHC Information for a Beneficiary</li> <li>Updating Medicaid Information for a Beneficiary</li> <li>Updating Premium Information for a Beneficiary</li> <li>Updating Rx Insurance Information for a Beneficiary</li> <li>Updating the Premium Withhold Collection Detail Records for a Beneficiary</li> </ul> |
| [Change User View]                        | Button | Displays the <i>Change User View (M002)</i> screen where users can mirror the view of another role.  |
| SSA State and County Codes-State          | Output | Current state of residence abbreviation and number as provided by SSA.   |
| SSA State and County Codes-County         | Output | Current county of residence abbreviation and number as provided by SSA.  |
| SSA State and County Codes-History        | Link   | <u>View</u> link appears for user to access the <i>Status Detail: [status category] (M257)</i> screen, when detailed information exists for a specific beneficiary’s status. Otherwise, this field is blank.   |
| Health Status Flags-Active                | Output | <p>A yes or no indicator to show that the status is either active or audit information for the beneficiary as of today.</p> <p>Y = status active.</p> <p>N = status is not active.</p>   |
| Health Status Flags-Type                  | Output | <p>Current health status information for these special status subcategories:</p> <ul style="list-style-type: none"> <li>• ESRD (End Stage Renal Disease)</li> <li>• MSP (Medicare Secondary Payer)</li> <li>• NHC (Nursing Home Certifiable)</li> <li>• HHC (Home Health Care)</li> <li>• Medicaid</li> <li>• Hospice</li> <li>• HCBS (Home and Community Based Services)</li> <li>• XREF (Cross Reference)</li> <li>• Institutional</li> <li>• Long Term Institutional</li> <li>• Disabled</li> </ul>   |

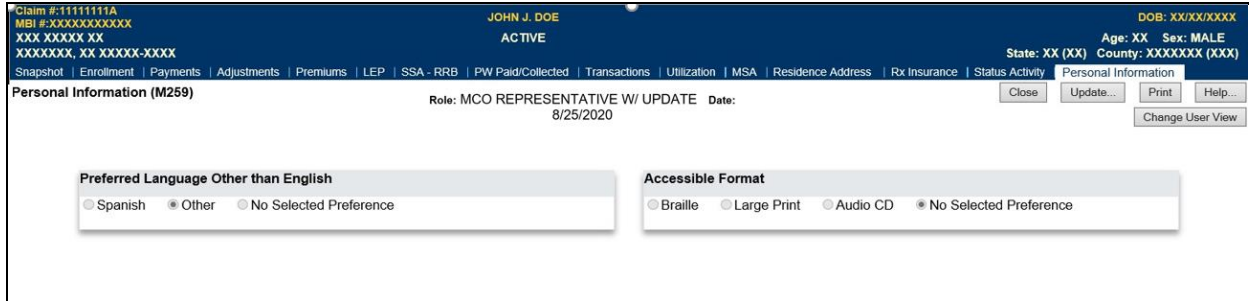


| Status Activity (M256) Field Descriptions   |        |   |
|---|--------|---|
| Item  | Type   | Description   |
| Health Status Flags-History                 | Output | <u>View</u> link appears for user to access the <i>Status Detail: [status category] (M257)</i> screen, when detailed information exists for a specific beneficiary's status. Otherwise, this field is blank.  |
| Eligibility Status Flags-Active             | Output | A yes or no indicator to show that the status is either active or audit information for the beneficiary as of today.<br>Y = status active.<br>N = status is not active.   |
| Eligibility Status Flags-Type               | Output | Current active or audit eligibility status listed for each of these eligibility subcategories: <ul style="list-style-type: none"> <li>• Part A</li> <li>• Part B</li> <li>• Part D</li> <li>• Incarceration</li> <li>• Employer Subsidy</li> <li>• Opt-Out Part D</li> <li>• Opt-Out MMP</li> <li>• Not Lawfully Present</li> <li>• Employer Subsidy</li> <li>• IC Model Status</li> <li>• Opt-Out Part D</li> <li>• Opt-Out MMP</li> </ul> |
| Eligibility Status Flags-History            | Output | <u>View</u> link appears for user to access the <i>Status Detail: [status category] (M257)</i> screen, when detailed information exists for an eligibility type. Otherwise, this field is blank.  |
| Low Income Subsidy-LI Subsidy Start         | Output | The effective date (MM/DD/CCYY) when this LIS event began.  |
| Low Income Subsidy-LI Subsidy End           | Output | The effective date (MM/DD/CCYY) when this LIS event stopped.  |
| Low Income Subsidy-LI Premium Subsidy Level | Output | Percentage of LI subsidy for this LIS event, expressed as ###%.   |
| Low Income Subsidy-Co-payment Level         | Output | The number to indicate the co-payment level assigned to the beneficiary.  |
| Low Income Subsidy-History                  | Link   | <u>View</u> link appears for user to access the <i>Status Detail: [status category] (M257)</i> screen, when detailed information exists for an eligibility type. Otherwise, this field is blank.  |
| Uncovered Months-Months                     | Output | The current and cumulative total number of months that a beneficiary was without creditable coverage.   |
| Uncovered Months-History                    | Link   | <u>View</u> link appears for user to access the <i>Status Detail: [status category] (M257)</i> screen, when detailed information exists for an eligibility type. Otherwise, this field is blank.  |

### 8.3.16 View Personal Information

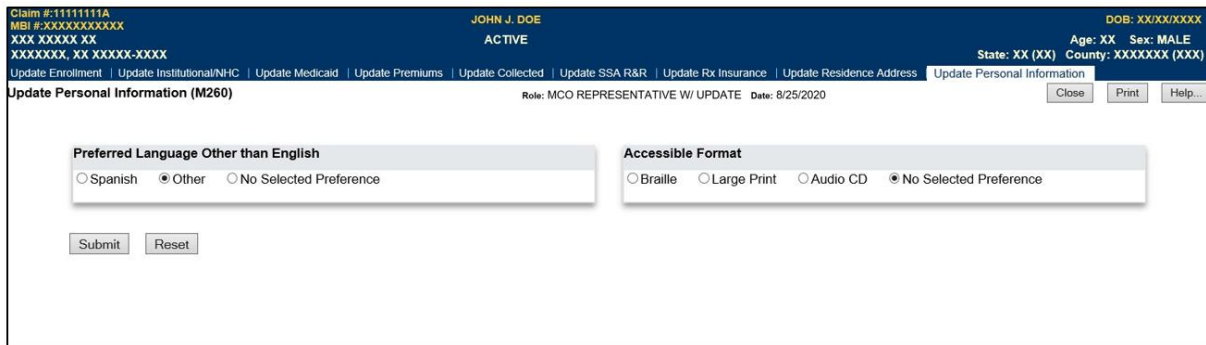
Several Plan User roles can navigate to the M259 screen to view the beneficiary’s personal information.

Figure 8-44: View Personal Information (M259) Screen



A Plan user role with update capability (i.e. MCO REPRESENTATIVE W/ UPDATE) can navigate to the M260 screen to update the beneficiary’s Personal Information

Figure 8-45: Update Personal Information



### 8.3.17 View 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 Payment Month, the payments reflect the transactions processed to date.

#### Access the Payments: MCO (M401) Screen

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

#### View payment summary information by MCO

The *Payments: MCO (401)* screen is used for entering selection criteria.

The user enters the month and year for the payments along with the contract number that the user wishes to view. Another option is for the user to break down the payments by PBP. If that option is not selected, the payments for a contract are summarized at the contract level. If breakdown by PBP is selected, contracts without PBPs are 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 are 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 are included but summarized at the PBP level. The user clicks on the [Find] button to access the *Payments: MCO Payments (M402)* screen showing all of the contracts that meet the criteria.

Figure 8-46: *Payments: MCO (M401) Screen*

The screenshot displays the 'Payments: MCO (M401)' screen within the CMS Medicare Advantage Prescription Drug (MARx) system. The header includes the CMS logo and navigation links for 'Welcome | Beneficiaries | Payments'. The breadcrumb trail shows 'MCO | Beneficiary | Premiums/Rebates'. The user's role is identified as 'MCO REPRESENTATIVE' and the date is '2/27/2018'. A warning message states: '\*\*\*Payment data does not reflect final payment amounts\*\*\*'. Below this, a search prompt reads 'Enter search criteria and select "Find."'. The form contains three input fields: 'Contract #', 'PBP #', and 'Segment #'. Each field has a corresponding checkbox: 'Breakdown By PBP' for the Contract # field and 'Breakdown By Segment' for the PBP # field. A 'For Month/Year' field is located below the Segment # field. At the bottom of the form are 'Find' and 'Reset' buttons.

**Table 8-25: Payments: MCO (M401) Field Descriptions**

| Payments: MCO (M401) Field Descriptions |                           |  |
|---|---------------------------|--|
| Item                                    | Input/Output              | Description  |
| Contract #                              | Required data entry field | Request is for contract. The user enters the contract number.  |
| Breakdown By PBP                        | Checkbox                  | If checked, the payment information is listed by PBP within each contract. Otherwise, the payment information is summarized at the contract level.<br><b>Note:</b> When Breakdown By Segment is checked, payments are shown by PBP, whether or not this option is checked.   |
| PBP #                                   | Data entry field          | The user may specify a PBP 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, is displayed, either at the contract or PBP level, depending on whether Breakdown By PBP is checked. The user must specify a contract number when a PBP number is specified.   |
| Breakdown By Segment                    | Checkbox                  | If checked, the payment information is listed by segment within the PBP. If not checked, the payment information is summarized at the PBP level when Breakdown by PBP is checked and summarized at the contract level otherwise.   |
| Segment #                               | Data entry field          | The user may specify a segment 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, are displayed, at the contract, PBP, or segment level, depending on whether Breakdown By PBP and Breakdown by Segment is checked. The user must specify a contract number when a PBP number is specified. |
| For Month/Year                          | Required data entry field | Request is for payments made in this month. The user enters the date in the form (M)M/CCYY.  |
| [Find]                                  | Button                    | After the search criteria are entered, the user clicks on this button to display the list of reports.  |

**Example 1: Multiple contracts and no PBP breakdown**

Below is an example of the *Payments: MCO Payments (M402)* screen, which results when only a month/year and contract number are entered on the *Payments: MCO (M401)* screen, PBP is not entered, and Breakdown by PBP is not specified. Note that only the Contracts section is displayed on the screen; the Current Payments and Adjustment Payments sections are displayed in STEP 3. There are no error messages for the initial display of the screen, as any messages are displayed on *Payments: MCO (M401)* screen.

**Note:** To avoid possible internal server or database manager errors that can result when large Plans submit a query request that takes too long to execute or runs out of resources, it is recommended that users input information in the Contract #, PBP # and the Month/Year fields on the *Payments: MCO (M401)* screen. Once this information is submitted, the *Payments: MCO Payments (M402)* displays and the user can then click on the Contract # to display the details.

Figure 8-47: Payments: MCO Payments (M402) Screen for Single Contract and No PBP or Segment Breakdown (Initial Display, Example 1)

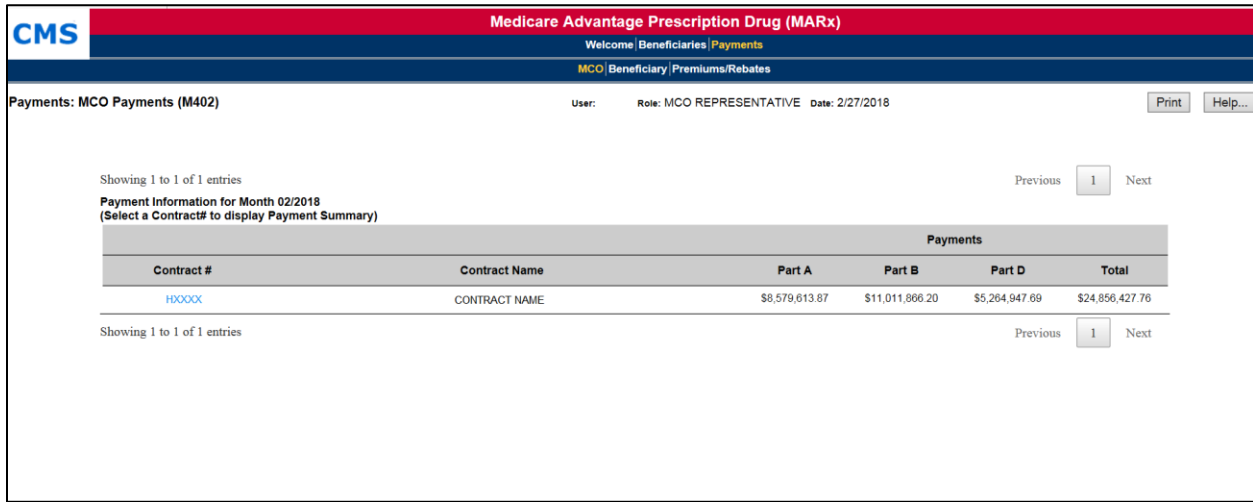


Table 8-26: Payments: MCO Payments (M402) Field Descriptions

| Payments: MCO Payments (M402) Field Descriptions                    |              |   |
|---|--------------|---|
| Item  | Input/Output | Description   |
| <b>Contracts</b>  |              |   |
| <u>Contract #</u> in the Contract # column                          | Link         | Expands this screen to show the breakdown for the selected contract.  |
| <u>PBP #</u> column   | Output       | When selected, information displays for this PBP in the contract.   |
| <u>Segment #</u> column   | Output       | When selected, information displays 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.   |
| Payments Part D column  | Output       | Part D payments for the contract.   |
| Payments Total column   | Output       | Part A, Part B, and Part D payment totals for the contract.   |
| <b>Current Payments</b>   |              |   |
| 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; provides total plus breakdown by status. |

| Payments: MCO Payments (M402) Field Descriptions                         |              |   |
|--|--------------|---|
| Item   | Input/Output | Description   |
| Payments Part A Total Amount column                                      | Output       | Payments and adjustments, for all beneficiaries, in the contract for Part A this month; provides total plus breakdown by status.          |
| Payments Part B Members column   | Output       | Number of members in the contract with Part B payments this month; provides 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; provides total plus breakdown by status.          |
| Payments Part D Members column   | Output       | Number of members in the contract with Part D payments this month; provides 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; provides total plus breakdown by status.          |
| Total Out of Area  | Output       | Number of beneficiaries living out of the service area for the contract this month.   |
| <b>Adjustment Payments (only displayed if there are any adjustments)</b> |              |   |
| Code column  | Output       | Adjustment reason code.   |
| <u>Code</u> 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.   |
| 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 Part A, Part B, and Part D adjustments by adjustment reason.  |

**Example 2: Single Contract with Segment Breakdown**

Below is 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 displays and the payments are shown at the Segment level. Only the Contracts section displays on the screen. The inputs, outputs, and actions are described previously in the table above.

**Figure 8-48: Payments: MCO Payments (M402) Screen for Single Contract and Segment Breakdown (Initial Display, Example 2)**

| Contract #            | PBP # | Segment # | Contract Name       | Payments       |                |             |                |
|-----------------------|-------|-----------|---------------------|----------------|----------------|-------------|----------------|
|                       |       |           |                     | Part A         | Part B         | Part D      | Total          |
| <a href="#">Hxxxx</a> | 014   | 001       | Insurance Option I  | \$2,074,176.56 | \$1,842,953.74 | \$0.00      | \$3,917,130.30 |
| <a href="#">Hxxxx</a> | 014   | 002       | Insurance Option I  | \$331,413.76   | \$293,073.02   | \$0.00      | \$624,486.78   |
| <a href="#">Hxxxx</a> | 014   | 003       | Insurance Option I  | \$229,471.49   | \$203,448.26   | \$0.00      | \$432,919.75   |
| <a href="#">Hxxxx</a> | 014   | 004       | Insurance Option I  | \$304,992.00   | \$271,352.84   | \$0.00      | \$576,344.84   |
| <a href="#">Hxxxx</a> | 017   | 007       | Insurance Option II | \$38,137.69    | \$33,724.18    | \$10,803.07 | \$82,664.94    |
| <a href="#">Hxxxx</a> | 017   | 008       | Insurance Option II | \$112,592.71   | \$99,932.66    | \$31,947.19 | \$244,472.56   |

**View detailed payment information for a selected MCO**

From the *Payments: MCO Payments (M402)* screen, the user finds the contract or contract/PBP that they 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. The user selects the contract/PBP by clicking on the Contract # link. The following information displays for the selected contract and, when applicable, PBP. The information is shown below the contract summary information:

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

Figure 8-49: Payments: MCO Payments (M402) Screen with Details for MCO

CMS
Medicare Advantage Prescription Drug (MARx)

Welcome | Beneficiaries | Payments

MCO | Beneficiary | Premiums/Rebates

Payments: MCO Payments (M402) User: Role: MCO REPRESENTATIVE Date: 2/27/2018 Print Help...

Showing 1 to 1 of 1 entries Previous 1 Next

**Payment Information for Month 02/2018**  
(Select a Contract# to display Payment Summary)

| Payments   |               |                 |                 |                |                 |
|------------|---------------|-----------------|-----------------|----------------|-----------------|
| Contract # | Contract Name | Part A          | Part B          | Part D         | Total           |
| HXXXX      | CONTRACT NAME | \$18,997,725.26 | \$23,961,394.51 | \$7,631,181.05 | \$50,590,300.82 |

Showing 1 to 1 of 1 entries Previous 1 Next

**Payments to plan HXXXX - CONTRACT NAME for 02/2018**

|          |                 |
|----------|-----------------|
| Part A : | \$18,997,725.26 |
| Part B : | \$23,961,394.51 |
| Part D : | \$7,631,181.05  |
| Total :  | \$50,590,300.82 |

**Current Payments for 02/2018**

| Part A                    | Members | Total Amount    | Part B                    | Members | Total Amount    | Part D                    | Members | Total Amount   |
|---------------------------|---------|-----------------|---------------------------|---------|-----------------|---------------------------|---------|----------------|
| Total Payments (\$339.89) | 55893   | \$18,997,725.26 | Total Payments (\$428.70) | 55893   | \$23,961,394.51 | Total Payments (\$136.53) | 55893   | \$7,631,181.05 |
| Total Hospice             | 146     | \$6,187.44      | Total Hospice             | 146     | \$7,769.32      | Total Hospice             | 146     | \$26,252.88    |
| Total ESRD                | 260     | \$650,498.25    | Total ESRD                | 260     | \$929,727.77    | Total ESRD                | 260     | \$66,400.03    |
| 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            | 4725    | \$1,978,883.64  | Total Medicaid            | 4725    | \$2,484,114.30  | Total Medicaid            | 4725    | \$1,337,242.75 |
| Total Out of Area         | 1159    |                 |                           |         |                 |                           |         |                |

**Adjustment Payments for 02/2018**

| Code | Adjustment Reason                              | #    | Months A | Months B | Months D | Part A         | Part B         | Part D         | Total Amount     |
|------|--|------|----------|----------|----------|----------------|----------------|----------------|------------------|
| 01   | NOTIFICATION OF DEATH                          | 201  | 208      | 208      | 208      | (\$83,956.27)  | (\$105,663.20) | (\$37,763.30)  | (\$227,382.77)   |
| 02   | RETROACTIVE ENROLLMENT                         | 522  | 526      | 526      | 526      | \$169,111.91   | \$211,964.11   | \$80,834.79    | \$461,910.81     |
| 03   | RETROACTIVE DISENROLLMENT                      | 1240 | 1243     | 1243     | 1243     | (\$420,045.62) | (\$527,315.62) | (\$190,871.61) | (\$1,138,232.88) |
| 07   | RETROACTIVE HOSPICE STATUS                     | 277  | 286      | 286      | 0        | (\$151,186.16) | (\$187,165.33) | \$0.00         | (\$338,351.50)   |
| 08   | RETROACTIVE ESRD STATUS                        | 12   | 23       | 23       | 0        | \$25,726.64    | \$44,060.85    | \$0.00         | \$69,787.49      |
| 10   | RETROACTIVE MEDICAID STATUS                    | 3    | 3        | 3        | 0        | (\$102.37)     | (\$135.56)     | \$0.00         | (\$237.93)       |
| 11   | RETROACTIVE SCC CHANGE                         | 79   | 83       | 83       | 0        | \$8.56         | \$10.04        | \$0.00         | \$18.60          |
| 19   | CORRECTION OF PARTB ENTITLEMENT                | 14   | 7        | 7        | 14       | (\$861.84)     | (\$1,077.26)   | (\$655.87)     | (\$2,594.97)     |
| 31   | RETROACTIVE PART D LOW-INCOME PREMIUM SUB CHNG | 145  | 0        | 0        | 239      | \$0.00         | \$0.00         | \$23,567.77    | \$23,567.77      |
| 42   | RETROACTIVE MSP STATUS                         | 191  | 559      | 559      | 0        | \$7,453.96     | \$9,152.22     | \$0.00         | \$16,606.18      |
|      | Total Adjustments                              | 2684 | 2938     | 2938     | 2230     | (\$453,851.21) | (\$556,169.76) | (\$124,888.22) | (\$1,134,909.19) |

**View adjustment information for a selected MCO**

To see further details about adjustments, the user clicks on an adjustment reason Code link at the bottom of the *Payments: MCO Payments (M402)* screen. The *Adjustment Detail (M408)* screen is displayed, listing all adjustments by beneficiary to show how the adjustment amount was calculated.



Figure 8-50: Adjustment Detail (M408) Screen

| CMS Medicare Advantage Prescription Drug (MARx)                                   |          |             |                |         |             |          |          |           |  |
|---|----------|-------------|----------------|---------|-------------|----------|----------|-----------|--|
| Adjustment Detail (M408) User: Role: MCO REPRESENTATIVE Date: 2/27/2018           |          |             |                |         |             |          |          |           |  |
| Contract Number: HXXXX<br>Payment Date: 02/2018<br>For: 02 RETROACTIVE ENROLLMENT |          |             |                |         |             |          |          |           |  |
| Adjustment Details of Beneficiaries   |          |             |                |         |             |          |          |           |  |
| Beneficiary ID  | Name     | Create Date | Payment Period |         | Adjustments |          |          | Paid Flag |  |
|   |          |             | Start          | End     | Part A      | Part B   | Part D   |           |  |
| 1A00A00AA00   | JOHN DOE | 02/01/2018  | 01/2018        | 01/2018 | \$70.04     | \$87.93  | \$111.02 | Y         |  |
| 3A00A00AA00   | JOHN ROE | 02/01/2018  | 12/2017        | 12/2017 | \$187.40    | \$221.38 | \$91.23  | Y         |  |
| 2A00A00AA00   | JANE DOE | 02/01/2018  | 01/2018        | 01/2018 | \$118.81    | \$149.16 | \$72.91  | Y         |  |
| 4A00A00AA00   | JANE ROE | 02/01/2018  | 01/2018        | 01/2018 | \$725.62    | \$910.86 | \$371.48 | Y         |  |

Table 8-27: Adjustment Detail (M408) Field Descriptions

| Adjustment Detail (M408) Field Descriptions |              |   |
|---|--------------|---|
| Item  | Input/Output | Description   |
| <u>Beneficiary ID</u> column heading        | Sorter       | Sorts adjustment information by beneficiary ID.               |
| <u>Name</u> column heading                  | Sorter       | Sorts adjustment information by beneficiary name.             |
| Create Date column                          | Output       | Date 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.                     |

### 8.3.18 View 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. Adjustments are made to previously made payments that require changes.

The steps below show how to find these payments and adjustments for a particular beneficiary. After the user finds that information, they can view the complete history of payments and adjustments.

#### Access the Payments: Beneficiary (M403) screen

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

#### Get a List of Beneficiaries

The user accesses the *Payments: Beneficiary (M403)* screen for entering search criteria.

Figure 8-51: Payments: Beneficiary (M403) Screen

The screenshot shows the 'Payments: Beneficiary (M403)' screen. At the top, there is a CMS logo and the title 'Medicare Advantage Prescription Drug (MARx)'. Below the title, there is a navigation bar with 'Welcome | Beneficiaries | Payments' and 'MCO | Beneficiary | Premiums/Rebates'. The main content area has a header 'Payments: Beneficiary (M403)' and a user information section: 'User: Role: MCO REPRESENTATIVE Date: 2/27/2018'. There are 'Print' and 'Help...' buttons. The search form includes the following fields and instructions:

- Enter search criteria and select "Find."
- \*Indicates required field
- +Indicates at least one of these is required
- \*For Month/Year: [Text Input]
- +Beneficiary ID (B/C is Optional): [Text Input]
- Contract #: [Text Input]
- PBP #: [Text Input]
- Last Name: [Text Input]
- First Name: [Text Input]

At the bottom of the form are 'Find' and 'Reset' buttons.

Table 8-28: Payments: Beneficiary (M403) Field Descriptions

| Payments: Beneficiary (M403) Field Descriptions |                           |  |
|---|---------------------------|--|
| Item  | Input/Output              | Description  |
| For Month/Year                                  | Required data entry field | The user finds beneficiaries with payments/adjustments in this month. The user enters the date in the form (M)M/CCYY.  |
| Beneficiary ID                                  | Required data entry field | If entered, the user finds Beneficiary ID.<br><b>Note:</b> At least one of these is required: Beneficiary ID <i>or</i> combination of Contract #, Last Name, and First Name.   |
| Contract #(s)                                   | Required data entry field | If entered, the user finds beneficiaries enrolled in this contract in a past, current, or future enrollment.<br><b>Note:</b> At least one of these is required: Beneficiary ID <i>or</i> combination of Contract #, Last Name, and First Name. |
| PBP #   | Data entry field          | If entered, the user finds beneficiaries currently enrolled in this PBP. The PBP is applicable only when a contract number is entered.   |

| Payments: Beneficiary (M403) Field Descriptions |                           |  |
|---|---------------------------|--|
| Item  | Input/Output              | Description  |
| Last Name                                       | Required data entry field | If entered, the user finds beneficiaries who currently have this last name.<br><b>Note:</b> At least one of these is required: Beneficiary ID <i>or</i> combination of Contract #, Last Name, and First Name.  |
| First Name                                      | Required data entry field | If entered, the user finds beneficiaries who currently have this first name.<br><b>Note:</b> At least one of these is required: Beneficiary ID <i>or</i> combination of Contract #, Last Name, and First Name. |
| [Find]  | Button                    | The user clicks 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.  |

The user enters the search criteria to find the beneficiary or beneficiaries and the payment month/year in which the user is interested, and then clicks on the [Find] button. The beneficiaries that meet the search criteria and have payments and/or adjustments calculated for that month then display on the *Payments: Beneficiary Search Results (M404)* screen. When the beneficiary is enrolled in two contracts; one for Part A and/or Part B and the other for Part D, two rows for the same month are displayed.

Figure 8-52: Payments: Beneficiary Search Results (M404) Screen

The screenshot displays the 'Payments: Beneficiary Search Results (M404)' screen. At the top, there is a CMS logo and a navigation bar with 'Welcome | Beneficiaries | Payments' and 'MCO | Beneficiary | Premiums/Rebates'. The user's role is 'MCO REPRESENTATIVE' and the date is '2/28/2018'. A yellow highlight contains the instruction: 'Select the History link to view Beneficiary payment history.' Below this, the search criteria are shown as 'Claim # = XXXXXXXXXXXX For Month/Year = 01/2018'. The results show 'Showing 1 to 1 of 1 entries' with a table of one beneficiary. The table has columns for Beneficiary ID, Name, Birth Date, Sex, State, County, Contract #, PBP#, Segment#, and Payment. The beneficiary listed is JANE DOE with ID 1A00A00AA00. There are 'Previous' and 'Next' buttons with a '1' in a box between them. A 'History' link is present at the end of the row.

| Beneficiary ID | Name     | Birth Date | Sex | State | County | Contract # | PBP# | Segment# | Payment                 |
|----------------|----------|------------|-----|-------|--------|------------|------|----------|-------------------------|
| 1A00A00AA00    | JANE DOE | 10/24/1972 | F   | KY    | HARDIN | SXXXX      | 030  |          | <a href="#">History</a> |

**Table 8-29: Payments: Beneficiary Search Results (M404) Field Descriptions**

| Payments: Beneficiary Search Results (M404) Field Descriptions |              |   |
|--|--------------|---|
| Item   | Input/Output | Description   |
| <u>Claim #</u> column heading                                  | Sorter       | Sorts beneficiaries by their beneficiary IDs.   |
| <u>Name</u> column heading                                     | Sorter       | Sorts beneficiaries by their names.   |
| Birth Date column  | Output       | Date 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.   |
| <u>History</u> in the Payment column                           | Link         | The user clicks on a <u>History</u> link to open the <i>Beneficiary Payment History (M406)</i> screen and views payments for the beneficiary up through the month/year indicated in the For Month/Year field. |

From this list of beneficiaries, the user 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.

### 8.3.19 View Beneficiary Payment History

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

#### Access the Beneficiary Payment History (M406) screen

From the *Payments: Beneficiary Search Results (M404)* screen the user clicks on the beneficiary's History link to open the *Beneficiary Payment History (M406)* screen. When the beneficiary is enrolled in two contracts; one for Part A and/or Part B and the other for Part D, two rows for the same month are displayed.

Figure 8-53: Beneficiary Payment History (M406) Screen

The screenshot shows the 'Beneficiary Payment History (M406)' screen for JANE DOE. The header includes claim and MBI numbers, address (273 S WILSON RD HOUSE NO 2, RADCLIFF, KY 40160-2686), name (JANE DOE), status (ACTIVE), and date of birth (10/24/1972). It also shows age (45), sex (FEMALE), state (KY), and county (HARDIN). The screen title is 'Beneficiary Payment History (M406)' and the user role is 'MCO REPRESENTATIVE'. The date is 2/28/2018. There are 'Close', 'Print', and 'Help...' buttons. Below the header, it says 'Showing 1 to 20 of 47 entries' and 'Payments'. The main table has columns for 'Payment Date', 'Contract', 'PBP#', 'Seg#', 'Part A', 'Part B', 'Part D', 'Total Pay', 'Part A', 'Part B', 'Part D', 'Total Adj', 'Total', and 'Regional MA BSF'. The table lists 20 rows of payment and adjustment data. At the bottom, it says 'Showing 1 to 20 of 47 entries' and has 'Previous', '1', '2', '3', and 'Next' navigation buttons.

| Payment Date | Contract | PBP# | Seg# | Part A   | Part B   | Part D   | Total Pay  | Part A | Part B | Part D     | Total Adj  | Total      | Regional MA BSF |
|--------------|----------|------|------|----------|----------|----------|------------|--------|--------|------------|------------|------------|-----------------|
| 12/2018      | HXXXX    | 001  | 000  | \$536.84 | \$673.90 | \$464.94 | \$1,675.68 | \$0.00 | \$0.00 | \$0.00     | \$0.00     | \$1,675.68 | \$0.00          |
| 11/2018      | HXXXX    | 001  | 000  | \$536.84 | \$673.90 | \$464.94 | \$1,675.68 | \$0.00 | \$0.00 | \$0.00     | \$0.00     | \$1,675.68 | \$0.00          |
| 10/2018      | HXXXX    | 001  | 000  | \$536.84 | \$673.90 | \$464.94 | \$1,675.68 | \$0.00 | \$0.00 | \$0.00     | \$0.00     | \$1,675.68 | \$0.00          |
| 09/2018      | HXXXX    | 001  | 000  | \$536.84 | \$673.90 | \$464.94 | \$1,675.68 | \$0.00 | \$0.00 | \$0.00     | \$0.00     | \$1,675.68 | \$0.00          |
| 08/2018      | HXXXX    | 001  | 000  | \$536.84 | \$673.90 | \$464.94 | \$1,675.68 | \$0.00 | \$0.00 | \$0.00     | \$0.00     | \$1,675.68 | \$0.00          |
| 07/2018      | HXXXX    | 001  | 000  | \$536.84 | \$673.90 | \$464.94 | \$1,675.68 | \$0.00 | \$0.00 | \$0.00     | \$0.00     | \$1,675.68 | \$0.00          |
| 06/2018      | HXXXX    | 001  | 000  | \$536.84 | \$673.90 | \$464.94 | \$1,675.68 | \$0.00 | \$0.00 | \$0.00     | \$0.00     | \$1,675.68 | \$0.00          |
| 05/2018      | HXXXX    | 001  | 000  | \$536.84 | \$673.90 | \$464.94 | \$1,675.68 | \$0.00 | \$0.00 | \$0.00     | \$0.00     | \$1,675.68 | \$0.00          |
| 04/2018      | HXXXX    | 001  | 000  | \$536.84 | \$673.90 | \$464.94 | \$1,675.68 | \$0.00 | \$0.00 | \$0.00     | \$0.00     | \$1,675.68 | \$0.00          |
| 03/2018      | HXXXX    | 001  | 000  | \$536.84 | \$673.90 | \$464.94 | \$1,675.68 | \$0.00 | \$0.00 | \$0.00     | \$0.00     | \$1,675.68 | \$0.00          |
| 02/2018      | HXXXX    | 001  | 000  | \$536.84 | \$673.90 | \$464.94 | \$1,675.68 | \$0.00 | \$0.00 | \$0.00     | \$0.00     | \$1,675.68 | \$0.00          |
| 01/2018      | SXXXX    | 030  | 000  | \$0.00   | \$0.00   | \$396.25 | \$396.25   | \$0.00 | \$0.00 | \$0.00     | \$0.00     | \$396.25   | \$0.00          |
| 12/2017      | SXXXX    | 030  | 000  | \$0.00   | \$0.00   | \$362.35 | \$362.35   | \$0.00 | \$0.00 | \$0.00     | \$0.00     | \$362.35   | \$0.00          |
| 11/2017      | SXXXX    | 030  | 000  | \$0.00   | \$0.00   | \$362.35 | \$362.35   | \$0.00 | \$0.00 | \$0.00     | \$0.00     | \$362.35   | \$0.00          |
| 10/2017      | SXXXX    | 030  | 000  | \$0.00   | \$0.00   | \$362.35 | \$362.35   | \$0.00 | \$0.00 | \$0.00     | \$0.00     | \$362.35   | \$0.00          |
| 09/2017      | SXXXX    | 030  | 000  | \$0.00   | \$0.00   | \$362.35 | \$362.35   | \$0.00 | \$0.00 | \$0.00     | \$0.00     | \$362.35   | \$0.00          |
| 08/2017      | SXXXX    | 030  | 000  | \$0.00   | \$0.00   | \$362.35 | \$362.35   | \$0.00 | \$0.00 | (\$104.79) | (\$104.79) | \$257.56   | \$0.00          |
| 07/2017      | SXXXX    | 030  | 000  | \$0.00   | \$0.00   | \$377.32 | \$377.32   | \$0.00 | \$0.00 | \$0.00     | \$0.00     | \$377.32   | \$0.00          |
| 06/2017      | SXXXX    | 030  | 000  | \$0.00   | \$0.00   | \$377.32 | \$377.32   | \$0.00 | \$0.00 | \$0.00     | \$0.00     | \$377.32   | \$0.00          |
| 05/2017      | SXXXX    | 030  | 000  | \$0.00   | \$0.00   | \$377.32 | \$377.32   | \$0.00 | \$0.00 | \$0.00     | \$0.00     | \$377.32   | \$0.00          |

Table 8-30: Beneficiary Payment History (M406) Field Descriptions

| Beneficiary Payment History (M406) Field Descriptions |              |   |
|---|--------------|---|
| Item  | Input/Output | Description   |
| Payment Date column                                   | Output       | Indicates when payment/adjustments were paid.   |
| <u>Month/Year</u> in Payment Date column              | Link         | The user clicks on a <u>month/year</u> 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.   |

| Beneficiary Payment History (M406) Field Descriptions |              |   |
|---|--------------|---|
| Item  | Input/Output | 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 Part A, Part B, and Part 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 Part A, Part B, and Part 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 MA BSF.  |

### Understand 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 MA BSF.

To view a further breakdown of the payments and adjustments, the user clicks on the month/year link, which opens the *Payment/Adjustment Detail (M215)* screen.

### 8.3.20 View Basic MCO 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 negotiated with an MCO, not the premiums and rebates calculated for a beneficiary.

From the main menu, the user clicks on the |Payments| menu item. If not already selected, the user clicks on the |Premiums/Rebates| submenu item to view the *Basic Premiums and Rebates (M409)* screen.

Figure 8-54: Basic Premiums and Rebates (M409) Screen, Before Search Criteria Entered

The screenshot shows the CMS Medicare Advantage Prescription Drug (MARx) interface. The page title is "Basic Premiums and Rebates (M409)". The user is identified as "MCO REPRESENTATIVE" and the date is "2/28/2018". A yellow instruction box says "Enter search criteria and click 'Display.'" Below this, a note states "\*Indicates required field". The search criteria fields are: \*Date (02/28/2018), \*Contract (x), PBP, and Segment. A "Display" button is visible to the right of the Segment field.

After entering the criteria, the user clicks on the [Display] button to show the premiums and rebates, which display on the same screen, below the criteria. To view different premiums and rebates, the user changes the search criteria and clicks on the [Display] button.

Figure 8-55: Basic Premiums and Rebates (M409) Screen, After Search Criteria Entered

The screenshot shows the same CMS Medicare Advantage Prescription Drug (MARx) interface. The page title is "Basic Premiums and Rebates (M409)". The user is identified as "MCO REPRESENTATIVE" and the date is "8/23/2011". The search criteria fields are: \*Date (07/01/2011), \*Contract (Hxxxx), PBP (001), and Segment. A "Display" button is visible to the right of the Segment field. Below the search criteria, the following information is displayed:

- Contract: Hxxxx
- PBP: 001
- Segment:
- Basic Part C Premium: \$0.00
- Basic Part D Premium: (\$2.07)
- Rebate for Part B Premium Reduction: \$0.00
- Rebate for A/B Cost Sharing: \$10.26
- Rebate for A/B Mandatory Supplemental Benefits: \$0.00
- Rebate for Basic Part D Premium Reduction: \$0.00
- Rebate for Part D Supplemental Benefits: \$9.50

**Table 8-31: Basic Premiums and Rebates (M409) Field Descriptions**

| <b>Basic Premiums and Rebates (M409) Field Descriptions</b> |                           |  |
|---|---------------------------|--|
| <b>Item</b>   | <b>Input/Output</b>       | <b>Description</b>   |
| Date  | Required data entry field | Premiums and rebates are effective during this month; enter the date in the form (M)M/CCYY.  |
| Contract  | Required data entry field | Displays premiums and rebates that apply to this contract.   |
| PBP   | Data entry field          | If entered, displays premiums and rebates that apply to this contract and PBP. Otherwise, displays the premiums and rebates at the contract level.                           |
| Segment   | Data entry field          | If entered, displays premiums and rebates that apply to this contract, PBP, and segment. Otherwise, displays the premiums and rebates at the contract or contract/PBP level. |
| [Display]   | Button                    | The user clicks 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 contract.  |
| Basic Part D Premium  | Output                    | Part D premium in MCO contract.  |
| 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 Part A/Plan B cost sharing.   |
| Rebate for A/B Mandatory Supplemental Benefits              | Output                    | Rebate paid to MCO for providing Part A/Part 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.   |



## 8.4 MCO Representative with Update Role

### 8.4.1 Update the Beneficiaries: Update Enrollment (M212) Screen

The following screen is accessible only by users with update authorization. The *Update Enrollment (M212)* screen allows the user to add an end date to an existing enrollment or change the end date to an earlier date. This screen also cancels enrollments or disenrollments. To update enrollment information, such as the EGHP Flag, select the [More] button, which takes the user to the *Additional Update Enrollment Information (M230)* screen. To navigate to the *Update Enrollment (M212)* screen, select the [Update] button from the *Enrollment (M204)* screen or select the [Update Enrollment] button from the *Search Results (M202)* screen after finding a beneficiary.

Figure 8-56: Update Enrollment (M212) Screen

Claim #: XXXXXXXXXX  
 MBI #: 1A00A00A00  
 702 TRI CITY RD  
 SOMERSWORTH, NH 03878-1336

JANE DOE  
 ACTIVE

DOB: 07/06/1931  
 Age: 86 Sex: FEMALE  
 State: NH (30) County: STRAFFORD (080)

Update Enrollment | Update Premiums | Update Rx Insurance | Update Residence Address

Update Enrollment (M212) User: Role: MCO REPRESENTATIVE W/ UPDATE Date: 1/23/2018

Select "More" to view or update additional information for each enrollment.  
 Select "Submit" to validate and submit updates for both the M212 as well as the M230 screens.  
 Add, update, or delete one row, then select the "Submit" button.

| Select                   | Contract | PBP# | Seg# | Start Date | End Date   | Application Date | Default App. Date        | More Info | Disenroll Reason   |
|--------------------------|----------|------|------|------------|------------|------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | H00X     | 014  | 000  | 01/01/2011 | 02/28/2011 | 12/30/2010       | <input type="checkbox"/> | More      | 11 - VOLUNTARY DISENROLLMENT THROUGH PLAN                |
| <input type="checkbox"/> | S00X     | 001  | 000  | 02/01/2006 | 12/31/2010 | 01/09/2006       | <input type="checkbox"/> | More      | 13 - DISENROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN |
| <input type="checkbox"/> | H00X     |      | 000  | 07/01/1996 | 07/31/1996 |                  | <input type="checkbox"/> | More      | 11 - VOLUNTARY DISENROLLMENT THROUGH PLAN                |

Submit | Cancel Enroll | Cancel Disenroll | Remove Follower | New Enrollment | Reset

Table 8-32: Update Enrollment (M212) Field Descriptions

| Update Enrollment (M212) Field Descriptions  |                  |   |
|--|------------------|---|
| Item   | Input/Output     | Description   |
| <b>Updating Enrollment Information</b>   |                  |   |
| This section contains one line for each period during which the beneficiary was enrolled in the contracts to which the user has access. The user can work with each line to update the enrollment end date, to cancel an enrollment, or to cancel a disenrollment. |                  |   |
| Select   | Input (checkbox) | Check this box to select a row to either cancel an existing enrollment or to cancel an existing disenrollment.                  |
| Contract   | Output           | The contract for the applicable period. <i>The user cannot update this field.</i>   |
| PBP#   | Output           | The PBP for the applicable period. <i>The user cannot update this field.</i>  |
| Seg#   | Output           | The segment for the applicable period. <i>The user cannot update this field.</i>  |
| Start Date   | Output           | Start date for the enrollment on this line. <i>The user cannot update this field.</i>   |
| End Date   | Update           | User can add or update an earlier date for the enrollment on this line.   |
| Application Date   | Output           | Application date for the enrollment period on this line. <i>The user cannot update this field.</i>                              |
| More Info  | Button           | This takes the user to the M230 screen, where they may view or update additional information about the enrollment on this line. |

| Update Enrollment (M212) Field Descriptions  |                  |   |
|--|------------------|---|
| Item   | Input/Output     | Description   |
| Disenroll Reason   | Input (dropdown) | The user must select a disenrollment reason code from the drop down box when entering or updating a disenrollment date.   |
| <b>Action Buttons</b><br>These buttons operate on any lines that are selected by checking the Select checkbox. |                  |   |
| Submit   | Button           | Any enrollment changes are submitted for processing. After processing, the new enrollment information is displayed for the beneficiary.   |
| Cancel Enroll  | Button           | Selecting Cancel Enroll cancels a selected enrollment. Users must cancel enroll within the timeframe defined by CMS policy and follow normal Enrollment Cancellation rules.             |
| Cancel Disenroll   | Button           | Selecting Cancel Disenroll cancels a selected disenrollment. Users must cancel disenroll within the timeframe defined by CMS policy and follow normal Disenrollment Cancellation rules. |
| Reset  | Button           | Selecting the reset button resets any entered values that were not submitted to their original values.  |

### 8.4.2 Update the Beneficiaries: New Enrollment (M221) Screen

The *New Enrollment (M221)* screen is accessible only by users with update authorization. A beneficiary may enroll only into one of the contracts to which the user has access. Once an enrollment is submitted by selecting the [Enter] button, it is processed by MARx and the Plan sees the resultant Transaction Reply Codes (TRCs) on the Plan’s Daily Transaction Reply Report (DTRR).

To navigate to the *New Enrollment (M221)* screen from the main menu, the user selects the |Beneficiaries| tab to display the three tabs Find, New Enrollment, and Eligibility. Selecting the |New Enrollment| tab displays the *Beneficiary: New Enrollment (M221)* screen. This screen allows the user to enter all values needed to enroll the beneficiary in a Plan. Required fields are marked with a red asterisk. Selecting the [New Enrollment] button from the *Update Enrollment (M212)* screen also takes the user to the *New Enrollment (M221)* screen.

Figure 8-57: Beneficiaries: New Enrollment (M221) Screen

Table 8-33: Beneficiaries: New Enrollment (M221) Field Descriptions

| Beneficiaries: New Enrollment (M221) Field Descriptions |                                |  |
|---|--------------------------------|--|
| Item  | Input/Output                   | Description  |
| <b>Beneficiary identification fields</b>                |                                |  |
| Beneficiary ID  | Required input                 | Beneficiary ID associated with the enrolled beneficiary. This input field accepts an RRB number, which then converts to a corresponding Beneficiary ID.  |
| Tracking ID   | Input                          | The Tracking ID is an optional unique identifier provided by the Plan for its use in transaction tracking. This tracking ID is stored in the MARx system, associated with the transaction submitted, and returned to the Plan with the TRCs. Data format is alpha-numeric with a maximum of 15 characters. |
| Last Name   | Required input                 | Last name of enrolled beneficiary.   |
| First Name  | Required input                 | First name of enrolled beneficiary.  |
| M.I.  | Input                          | Middle initial of enrolled beneficiary enrolled.   |
| Birth Date  | Required input                 | The date of birth of the enrolled beneficiary. Required format is (M)M/(D)D/YYYY.  |
| Sex   | Required input (dropdown list) | The gender of the enrolled beneficiary. The input value is selected from a dropdown list, which is accessed by selecting the arrow at the right end of the field.  |
| <b>Enrollment fields</b>                                |                                |  |
| Contract #  | Required input                 | Contract number associated with the Plan into which the beneficiary is enrolled.   |
| PBP   | Input                          | PBP number for this enrollment. It is required for MA contracts and applies to some non-MA contracts.  |
| Segment   | Input                          | Segment number for this enrollment. This is applicable only when a contract number and PBP number are entered. It applies to MA and MAPD contracts.  |

| Beneficiaries: New Enrollment (M221) Field Descriptions |                                |  |
|---|--------------------------------|--|
| Item  | Input/Output                   | Description  |
| Effective Date  | Required input                 | Date that coverage in this Plan begins. Required format is (M)M/(D)D/YYYY.   |
| Application Date  | Input                          | Application Date associated with this enrollment. This is the date when the beneficiary signed the enrollment request (if available) or the date when the enrollment request was received by the Plan. Required format is (M)M/(D)D/YYYY.  |
| Creditable Coverage                                     | Required input (dropdown list) | Indicator of whether the beneficiary had creditable coverage between the end of their previous enrollment and the beginning of this enrollment. The input value is selected from a dropdown list, which is accessed by selecting the arrow at the right end of the field. All values except “No” render the Number of Uncovered months to zero and disable that field.                                       |
| NUNCMO  | Input                          | Number of months between the end of their previous enrollment and the beginning of this enrollment when the beneficiary did not have Creditable Coverage as defined by CMS policy. This field is available for entry only if the Creditable Coverage field is set to No, indicating that they did not have Creditable Coverage prior to this enrollment.   |
| Election Type   | Input (dropdown list)          | Type of election period used for this enrollment. The input value is selected from a dropdown list, which is accessed by selecting the arrow at the right end of the field.  |
| ESRD Override   | Input (dropdown list)          | This field is only used when a beneficiary with ESRD status meets any of the exception criteria for enrollment into an MA or 1876 Cost based Plan as defined in the CMS Enrollment Guidance applicable to the Plan type. The input value is selected from a dropdown list, which is accessed by selecting the arrow at the right end of the field. Valid values are 1-9 or A through F; select any value.    |
| Request Type  | Input (dropdown list)          | The type of request for this enrollment. The input value is selected from a dropdown list, which is accessed by selecting the arrow at the right end of the field. Select one of the types of enrollment from the list: <ul style="list-style-type: none"> <li>• Enrollment (EMPLOYER GROUP)</li> <li>• Enrollment</li> <li>• Enrollment (2 MTHS RETRO)</li> <li>• Enrollment (WITH GAP END DATE)</li> </ul> |
| EGHP  | Input (Checkbox)               | Indicates whether the enrollment is an EGHP. Automatically checked when Request Type is Enrollment (EGHP).   |
| Enrollment Premium Part C                               | Input                          | The amount of the beneficiary’s premium for Part C coverage that is part of this enrollment.   |
| Employer Subsidy Enrollment Override                    | Input (Checkbox)               | Indicates whether the beneficiary chose to enroll in a Part D Plan despite having employer coverage. Only if a user receives a TRC 127 can they select this override feature.  |
| Enrollment Source                                       | Input (dropdown list)          | The initiating event that triggered this enrollment. The input value is selected from a dropdown list, which is accessed by selecting the arrow at the right end of the field. <ul style="list-style-type: none"> <li>• Automatically enrolled by CMS</li> <li>• Beneficiary election</li> <li>• Facilitated enrollment by CMS</li> </ul>  |

| <b>Beneficiaries: New Enrollment (M221) Field Descriptions</b> |                       |  |
|--|-----------------------|--|
| <b>Item</b>  | <b>Input/Output</b>   | <b>Description</b>   |
| Primary BIN  | Input                 | The BIN number for the Part D insurance Plan associated with this enrollment.  |
| Primary PCN  | Input                 | The PCN number for the Part D insurance Plan associated with this enrollment.  |
| Primary Group  | Input                 | Group ID for the Part D insurance Plan associated with this enrollment.  |
| Primary RxID   | Input                 | Identifier assigned to the beneficiary by the Part D insurance Plan for drug coverage.   |
| Secondary Drug Insurance                                       | Input (dropdown list) | Indicates whether the beneficiary has drug insurance coverage other than through Part D. The input value is selected from a dropdown list, which is accessed by selecting the arrow at the right end of the field. |
| Secondary Rx Group   | Input                 | Identifier for the group providing secondary drug insurance coverage. Not applicable unless the Secondary Drug Insurance indicator is Yes.   |
| Secondary RxID   | Input                 | Identifier assigned to beneficiary by the secondary insurance company for drug coverage. Not applicable unless the Secondary Drug Insurance indicator is Yes.  |
| <b>Buttons</b>   |                       |  |
| [Enroll]   | Button                | Submits the request to enroll the beneficiary.   |
| [Reset]  | Button                | Resets all screen fields to original values prior to data entry.   |

**8.4.3 Update Premiums for the Number of Uncovered Months (NUNCMO)**

The Plan user who has MCO Representative with Update role can change the beneficiary’s incremental uncovered months from the *Update Premiums (M226)* screen. Plan users cannot update the Part C premium amount(s) and the premium payment options via the MARx UI.

**Update the Beneficiary Detail: Update Premiums (M226) Screen NUNCMO**

To navigate to the *Update Premiums (M226)* screen, select the [Update] button from the *Premiums View (M231)* screen and then select the |Update Premiums| tab.

*Figure 8-58: Update Premiums (M226) Screen*

The screenshot shows the 'Update Premiums (M226)' screen. At the top, there are navigation tabs: 'Update Enrollment', 'Update Premiums' (selected), 'Update Rx Insurance', and 'Update Residence Address'. Below the tabs, the screen title is 'Update Premiums (M226)' with a role of 'MCO REPRESENTATIVE W/ UPDATE' and a date of '8/7/2019'. There are buttons for 'Close', 'Print', and 'Help'.

| Contract | PBP   | Segment | Premium Start Date | Premium End Date | Premium Payment Option | Part C/D Premium Status | Part C Premium | Part D Premium | Late Enrollment Penalty |
|----------|-------|---------|--------------------|------------------|------------------------|-------------------------|----------------|----------------|-------------------------|
| 1        | S5660 | 117 000 | 02/01/2020         | 12/31/2020       | DIRECT SELF-PAY        |                         | \$0.00         | \$32.20        | \$0.00                  |
| 2        | S5660 | 117 000 | 01/01/2020         | 01/31/2020       | DIRECT SELF-PAY        |                         | \$0.00         | \$32.20        | \$3.30                  |

**Number of Uncovered Months (Current Total NUNCMO : 0)**

| Contract | PBP   | Start Date     | Incremental Number of Uncovered Months | Cumulative Number of Uncovered Months | Indicator              |
|----------|-------|----------------|--|---------------------------------------|------------------------|
| 1        | ***** | *** 02/01/2020 | <input type="text" value="0"/>         | 0                                     | L - Auto reset (LIS) ▾ |
| 2        | S5660 | 117 01/01/2020 | <input type="text" value="10"/>        | 10                                    | I - Incremental ▾      |

At the bottom of the screen, there are 'Submit' and 'Reset' buttons.

**Table 8-34: Update Premiums (M226) Field Descriptions**

| Update Premiums (M226) Field Descriptions  |              |  |
|--|--------------|--|
| Item   | Input/Output | Description  |
| <b>Part C/D Premium Information</b>  |              |  |
| This section contains one line for each premium period during which the beneficiary was enrolled in the contracts to which the user has access. <i>The user cannot update this information.</i>  |              |  |
| Contract   | Output       | Contract number of the enrollment for the premium period.  |
| PBP  | Output       | PBP number associated with this enrollment.  |
| Segment  | Output       | Segment number associated with this enrollment.  |
| Premium Start Date   | Output       | The effective date for the Part C and/or D premiums on this line.  |
| Premium End Date   | Output       | The last effective date for Part C and/or D premiums on this line. If no value is displayed, the premium period is open-ended.   |
| PPO  | Output       | PPO for this beneficiary for this premium period.  |
| PPO Pending  | Output       | A value of ‘Y’ means that a request for withholding was transmitted to the withholding agency but the agency has not yet returned an approval. Otherwise, this field is blank.   |
| Part C Premium   | Output       | The cost charged by the Plan to the beneficiary for Part C coverage.   |
| Part D Premium   | Output       | The cost charged by the Plan to the beneficiary for Part D coverage.   |
| Late Enrollment Penalty  | Output       | The penalty amount that is added to the premium when the beneficiary has an uncovered period without creditable coverage. This amount is calculated based on the uncovered months.                                       |
| <b>Updating NUNCMO Information</b>   |              |  |
| Uncovered months are associated with the first day of each enrollment. This section contains one line for each of the beneficiary’s enrollment periods along with the associated NUNCMO. It also displays any NUNCMO resets that may have occurred. NUNCMO values for all enrollment are shown but the associated contract number is displayed only for contracts to which the user has access. The user can update the NUNCMO associated with any contract to which they have access. A user with access to the contract in which the beneficiary is currently enrolled can update that NUNCMO value or the value for any preceding enrollment. |              |  |
| Current Cumulative NUNCMO  | Output       | The total NUNCMO used when calculating the LEP for a current enrollment period. This total includes uncovered months associated with all previous enrollments as well as any NUNCMO Resets.                              |
| Contract   | Output       | Contract number of the enrollment associated with this uncovered month period.   |
| PBP #  | Output       | PBP number of the enrollment associated with this uncovered month period.  |
| Start Date   | Output       | The start date of the enrollment associated with this uncovered month value or the date of the reset.  |
| Incremental Uncovered Months   | Update       | Number of months that the beneficiary did not have creditable coverage in the period immediately prior to the enrollment on this line. The field is either left blank or set to zero when there are no uncovered months. |
| Cumulative Uncovered Months  | Output       | The running total of uncovered months. Uncovered months accumulate over time unless a NUNCMO reset is in place. Accumulation begins again at zero after a NUNCMO reset.  |

| Update Premiums (M226) Field Descriptions |              |  |
|---|--------------|--|
| Item                                      | Input/Output | Description  |
| Indicator                                 | Output       | <p>This indicates the type of uncovered months –</p> <ul style="list-style-type: none"> <li>Reset (R) – This line represents a NUNCMO reset. It is a point in time where the accumulation of uncovered months is set back to zero.</li> <li>L- LIS Reset: This beneficiary's NUNCMO were reset because of an LIS status as of the effective date shown on the table.</li> <li>A- IEP Reset: This beneficiary's NUNCMO were reset because their 2nd Initial Enrollment Period (IEP) for Part D started as of the effective date shown on the table</li> </ul> |

### 8.4.4 Update the Rx Insurance View (M228) Screen

The following screen is accessible only by users with update authorization.

Plans can use the *Update Rx Insurance (M228)* screen to view, update, and add new Rx insurance information, both primary and secondary, for beneficiaries enrolled in its Plan. The screen displays the beneficiary’s 4Rx history. The Plan only views 4Rx information for periods during which the beneficiary is enrolled in any of its Part D Plans.

To access the *Update Rx Insurance (M228)* screen, select the [Update] button from the *Rx Insurance View (M244)* screen.

Figure 8-59: Update Rx Insurance (M228) Screen

The screenshot displays the 'Update Rx Insurance (M228)' screen for a beneficiary named JANE DOE. The header includes personal information: Claim #, MBI #, address (702 TRI CITY RD, SOMERSWORTH, NH 03078-1336), Date of Birth (03/04/1944), Age (73), Sex (FEMALE), State (MA (22)), and County (BRISTOL (029)). Navigation links for 'Update Enrollment', 'Update Premiums', 'Update Rx Insurance', and 'Update Residence Address' are present. The user is identified as 'MCO REPRESENTATIVE W/ UPDATE' with a date of 2/21/2018. The screen is divided into two main sections: 'Primary Drug Insurance Information' and 'Secondary Drug Insurance Information'. The primary section contains a table with columns for Action, Contract, PBP, Start Date, End Date, Primary BIN, Primary PCN, Primary GRP, Primary RxID, Source, and Record Update TimeStamp. It lists four existing insurance records. The secondary section contains a table with columns for Insurance Creation Date, Secondary BIN, Secondary PCN, Secondary GRP, Secondary RxID, and Record Update TimeStamp, showing one record. At the bottom, there are 'Submit' and 'Reset' buttons.

| Action | Contract                 | PBP   | Primary Drug Insurance Start Date | Primary Drug Insurance End Date | Primary BIN | Primary PCN | Primary GRP | Primary RxID | Source | Record Update TimeStamp |
|--------|--------------------------|-------|-----------------------------------|---------------------------------|-------------|-------------|-------------|--------------|--------|-------------------------|
| New    |                          |       |                                   |                                 |             |             |             |              |        |                         |
| 1      | <input type="checkbox"/> | HXXXX | 015                               | 01/01/2012                      | 004336      | MEDDADV     | RX8657      | S00824708    | HXXXX  | 2011-11-05-11.19.54     |
| 2      | <input type="checkbox"/> | HXXXX | 015                               | 01/01/2011                      | 610415      | PCS         | MD130201    | S00824708    | HXXXX  | 2011-11-05-11.19.54     |
| 3      | <input type="checkbox"/> | HXXXX | 002                               | 04/01/2010                      | 003585      | 35000       | 35000       | 872287822    | HXXXX  | 2010-12-11-12.09.13     |
| 4      | <input type="checkbox"/> | HXXXX | 001                               | 03/01/2009                      | 003585      | 35000       | 35000       | 872287822    | L15G   | 2010-04-11-04.53.35     |

| Insurance Creation Date | Secondary BIN | Secondary PCN | Secondary GRP | Secondary RxID | Record Update TimeStamp |
|-------------------------|---------------|---------------|---------------|----------------|-------------------------|
| New                     |               |               |               |                |                         |
| 1                       |               |               |               |                | 2009-03-23-08.28.23     |



**Table 8-35: Update Rx Insurance (M228) Field Descriptions**

| Update Rx Insurance (M228) Field Descriptions  |                  |   |
|--|------------------|---|
| Item   | Input/Output     | Description   |
| <b>The New Line for Primary Rx Insurance</b>   |                  |   |
| This line is used to enter new Primary Rx Insurance information, along with the effective time period, and the contract and PBP that the beneficiary is enrolled in during the applicable time period. The user may only add Primary Rx Insurance for periods during which the beneficiary’s enrollment is in a contract to which the user has access. |                  |   |
| Contract   | Input            | Contract in which the beneficiary was enrolled during the period on this line.  |
| PBP  | Input            | The PBP in which the beneficiary was enrolled during the period on this line.   |
| Primary Rx Insurance Start Date  | Input            | Start date for the Primary Rx Insurance listed on this line. This date must fall during an enrollment that the user can view on the Enrollment (M203) screen. |
| Primary Rx Insurance End Date  | Input            | End date for the Primary Rx Insurance listed on this line.  |
| Primary BIN  | Input            | BIN for the Primary Rx Insurance period on this line.   |
| Primary PCN  | Input            | PCN for the Primary Rx Insurance period on this line.   |
| Primary GRP  | Input            | GRP for the Primary Rx Insurance period on this line.   |
| Primary RxID   | Input            | RxID for the Primary Rx Insurance period on this line.  |
| <b>The New Line for Secondary Rx Insurance</b>   |                  |   |
| This line is used to enter new Secondary Rx Insurance information.   |                  |   |
| Secondary Rx Insurance   | Input (dropdown) | Select “Yes” from the dropdown list to indicate that this is a Secondary Rx Insurance entry.  |
| Secondary BIN  | Input            | BIN for the Secondary Rx Insurance period on this line.   |
| Secondary PCN  | Input            | PCN for the Secondary Rx Insurance period on this line.   |
| Secondary GRP  | Input            | GRP for the Secondary Rx Insurance period on this line.   |
| Secondary RxID   | Input            | RxID for the Secondary Rx Insurance period on this line.  |
| <b>Update or Delete Primary Rx Insurance Information</b>   |                  |   |
| This section contains one line for each period that the beneficiary had a unique Primary Rx Insurance period. The user can mark each line to delete or to update the available fields.   |                  |   |
| Action   | Input (Checkbox) | Check this box, and then use the buttons at the bottom of the screen to select the desired action (i.e. Submit, Delete, or Reset) for this line.              |
| Contract   | Output           | Contract in which the beneficiary was enrolled during the period on this line. <i>The user cannot update this field.</i>                                      |
| PBP  | Output           | The PBP in which the beneficiary was enrolled during the period on this line. <i>The user cannot update this field.</i>                                       |
| Primary Rx Insurance Start Date  | Output           | Start date for the Primary Rx Insurance listed on this line. <i>The user cannot update this field.</i>  |
| Primary Rx Insurance End Date  | Update           | The user can add or update an end date for the Primary Rx Insurance on this line.   |
| Primary BIN  | Update           | The user can update the BIN for the Primary Rx Insurance on this line.  |
| Primary PCN  | Update           | The user can update the PCN for the Primary Rx Insurance on this line.  |
| Primary GRP  | Update           | The user can update the GRP for the Primary Rx Insurance on this line.  |
| Primary RxID   | Update           | The user can update the RxID for the Primary Rx Insurance on this line.   |

| Update Rx Insurance (M228) Field Descriptions  |                  |  |
|--|------------------|--|
| Item   | Input/Output     | Description  |
| Source   | Output           | Source of the Rx insurance information for the period specified. The Rx Information is submitted on an enrollment transaction code (TC 61), a Plan change transaction (TC 72), or through a UI update. If the update is completed through the UI, the source is the user's ID. <i>The user cannot update this field as it will automatically update when the Primary Rx Change is processed.</i> |
| Record Update Timestamp  | Output           | Date that this Rx insurance information was added or updated. <i>The user cannot update this field as it will automatically update when the Primary Rx Change is processed.</i>  |
| <b>Update or Delete Secondary Rx Insurance Information</b>   |                  |  |
| This section contains one line for each period that the beneficiary had a unique Secondary Rx Insurance period. The user can mark each line to delete or to update the available fields. |                  |  |
| Action   | Input (Checkbox) | Check this box, then select the <i>delete</i> button to delete this line of existing Secondary Insurance information.  |
| Secondary Rx Insurance   | Output           | Yes indicates that the line represents Secondary Insurance Information.  |
| Insurance Creation Date  | Output           | Date that was reported for the initiation of this secondary insurance period. <i>The user cannot update this field.</i>  |
| Secondary BIN  | Update           | The user can update the BIN for the Secondary Rx Insurance period on this line.  |
| Secondary PCN  | Update           | The user can update the PCN for the Secondary Rx Insurance period on this line.  |
| Secondary GRP  | Update           | The user can update the GRP for the Secondary Rx Insurance period on this line.  |
| Secondary RxID   | Update           | The user can update the RxID for the Secondary Rx Insurance period on this line.   |
| Source   | Output           | Source of the Rx insurance information for the period specified. The Rx Information is submitted on an enrollment transaction (TC 61), a Plan change transaction (TC 72), or through a UI update. If the update is conducted through the UI, the source is the user's ID. <i>The user cannot update this field as it will automatically update when the Primary Rx Change is processed.</i>      |
| Record Update Timestamp  | Output           | Date that this Rx insurance information was added or updated.  |
| <b>Action Buttons</b>  |                  |  |
| These buttons operate on any lines that are selected by checking the Action checkbox.  |                  |  |
| Submit   | Button           | Any Rx Insurance Information entered on the New line or Rx Information changes in a selected line are submitted for processing. After processing, a new line of Rx Insurance Information is displayed for the beneficiary.   |
| Reset  | Button           | Any updated, or changed, values that are not submitted are reset to their original values.   |
| Delete   | Button           | The Rx Insurance Information on the selected line is deleted from the beneficiary's record.  |

### 8.4.5 View/Update Beneficiary Residence Address

SSA provides CMS with a beneficiary address. This is not always the address through which the Plan interfaces with the beneficiary. A Plan user with update authority may enter an address. These addresses are associated with the period of time during which each is effective. The *Residence Address View (M243)* screen gives the Plan user an historical view of a beneficiary’s residence addresses during the time they were enrolled in one of the Plans to which the user has access. The screen displays the beneficiary’s historical residence address information, with the most recent address periods shown first. The Plan will only see residence address information for periods during which the beneficiary is enrolled in any of their Plans.

Users with the MCO Representative with Update role may select the [Update] button to update this beneficiary’s enrollment information.

#### View/Update the Residence Address View (M243) Screen

Figure 8-60: Residence Address View (M243) Screen

Table 8-36: Residence Address View (M243) Field Descriptions

| Residence Address View (M243) Update Screen Field Descriptions   |              |  |
|--|--------------|--|
| Item   | Input/Output | Description  |
| <b>Beneficiary’s Residence Address Information</b>   |              |  |
| This section contains one line for each period during which the beneficiary had a unique residence address, i.e., address where the beneficiary resides. |              |  |
| [Update]   | Button       | This button takes the user to the Update Residence Address screen.                                     |
| Contract   | Output       | The contract for the applicable period.  |
| Address Start Date   | Output       | Start date for the residence address listed on this line.  |
| Address End Date   | Output       | End date for the residence address listed on this line.  |
| Address 1  | Output       | Residence Street Address (Line 1) for the period on this line.   |
| Address 2  | Output       | Residence Street Address (Line 2) for the period on this line.   |
| City   | Output       | Residence City for the period on this line.  |
| State  | Output       | Residence State for the period on this line.   |
| Zip  | Output       | Residence Zip for the period on this line.   |
| SSA State Code   | Output       | The State Code assigned by SSA for the state on this line.   |
| SSA County Code  | Output       | The county where this residence is located, along with the County Code assigned by SSA for the county. |

## Update the Update Residence Address (M242) Screen

The following screen is accessible only by users with update authorization.

The *Update Residence Address (M242)* screen allows the user to change or delete any address that is in the current list of residence address information and for periods where the user has access to those Plans. The screen also includes a blank line, labeled *New*, which allows the user to enter a new address for the beneficiary.

To open the *Update Residence Address (M242)* screen, click the [Update] button from the *Residence Address (M243)* screen.

Figure 8-61: Update Residence Address (M242) Screen

Table 8-37: Update Residence Address (M242) Field Descriptions

| Update Residence Address (M242) Field Descriptions  |              |  |
|---|--------------|--|
| Item  | Input/Output | Description  |
| <b>The New Line</b>   |              |  |
| This line is used to enter a new residence address, along with the effective time period. Users can only add addresses for periods during the beneficiary’s enrollment in a contract to which the user has access.            |              |  |
| Contract  | Input        | The contract for the applicable period.  |
| Address Start Date  | Input        | Start date for the residence address listed on this line. This date must occur during an enrollment that the user can view on the Enrollment (M203) screen.                |
| Address End Date  | Input        | End date for the residence address listed on this line.  |
| Address 1   | Input        | Residence Street Address (Line 1) for the period on this line.   |
| Address 2   | Input        | Residence Street Address (Line 2, if applicable) for the period on this line.  |
| City  | Input        | Residence City for the period on this line   |
| State   | Input        | Residence State for the period on this line  |
| Zip   | Input        | Residence Zip for the period on this line  |
| <b>Updating or Deleting Residence Address Information</b>   |              |  |
| This section contains one line for each period that the beneficiary has a unique residence address (address where the beneficiary resides). The user can edit each line to mark it for delete or update the available fields. |              |  |
| Action  | Input        | Check this box, then select the desired action (i.e. Submit, Delete, or Reset) when updating, deleting, or resetting information for an existing residence address period. |
| Contract  | Output       | The contract for the applicable period. <i>The user cannot update this field.</i>  |
| Address Start Date  | Output       | Start date for the residence address listed on this line. <i>The user cannot update this field.</i>  |

| Update Residence Address (M242) Field Descriptions                           |              |   |
|--|--------------|---|
| Item   | Input/Output | Description   |
| Address End Date   | Update       | The user can add or update an End date for the residence address on this line.  |
| Address 1  | Update       | Residence Street Address (Line 1) for the period on this line.  |
| Address 2  | Update       | The user can add or update the Residence Street Address (Line 2) for the period on this line.   |
| City   | Update       | Residence City for the address on this line.  |
| State  | Update       | Residence State for the address on this line.   |
| Zip  | Update       | Residence Zip for the address on this line.   |
| SSA State Code   | Output       | The State Code assigned by SSA for the state on this line. The user cannot update this field as it automatically updates when the address is processed.   |
| SSA County Code  | Output       | The county where this residence is located, along with the County Code assigned by SSA for the county. The user cannot update this field as it automatically updates when the address is processed.   |
| <b>Action Buttons</b>  |              |   |
| These buttons operate on any selected lines by checking the Action checkbox. |              |   |
| Submit   | Button       | Any address entered on the New line or address changes in a selected line is submitted for processing. After processing, the new addresses are viewable in the list of addresses for the beneficiary. |
| Reset  | Button       | On a selected line, any non-submitted values are reset to their original values.  |
| Delete   | Button       | The address on the selected line is deleted from the beneficiary's addresses.   |

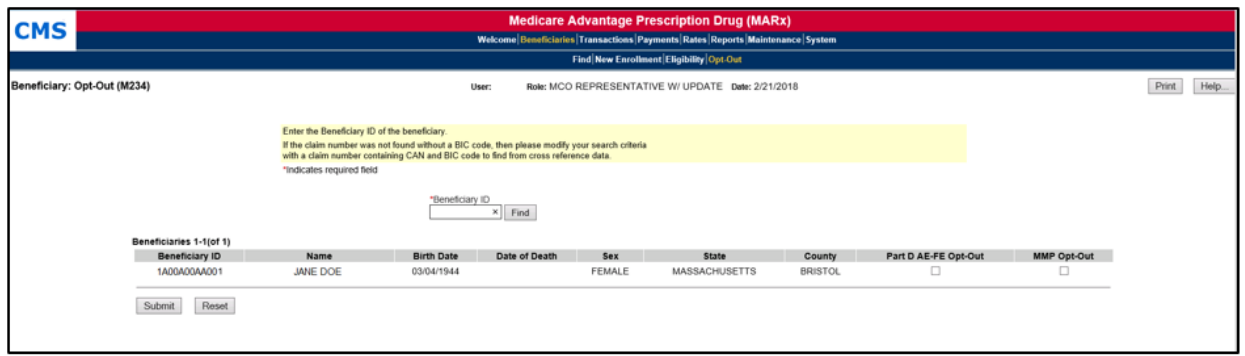
**8.4.6 Beneficiary Opt Out Screen (M234)**

**Update the Beneficiary Opt-Out (M234) Screen**

The following screen is accessible only by users with update authorization.

The *Beneficiary: Opt-Out (M234)* screen displays beneficiary’s Part D AE-FE Opt-Out or MMP Opt-Out information. The Plan uses this screen to view, verify, and update beneficiary’s Part D AE-FE/MMP Opt-Out election. To navigate to the Part D Opt-Out (M234) screen, select the Opt-Out tab.

*Figure 8-62: Beneficiary: Opt-Out (M234) Screen*



*Table 8-38: Beneficiary: Opt-Out (M234) Field Descriptions*

| Beneficiary: Opt-Out (M234) Field Descriptions |                |  |
|--|----------------|--|
| Item   | Input/Output   | Description  |
| Beneficiary ID                                 | Required Input | Identifies the beneficiary whose eligibility information displays.   |
| [Find]   | Button         | Select after entering the beneficiary claim number. If beneficiary is found, Part D AE-FE Opt-Out displays and user may update it. |
| Beneficiary ID                                 | Output         | Beneficiary ID of beneficiary.   |
| Name   | Output         | Name of beneficiary.   |
| Birth Date                                     | Output         | Date of birth of beneficiary.  |
| Date of Death                                  | Output         | Date of death of beneficiary.  |
| Sex  | Output         | Sex of beneficiary.  |
| State  | Output         | State of beneficiary’s address.  |
| County   | Output         | County of beneficiary’s address.   |
| Part D AE-FE Opt-Out                           | Input          | Indicates if beneficiary opted-out of AE-FE.   |
| MMP Opt-Out                                    | Input          | Indicates if beneficiary opted-out of MMP.   |
| Action Buttons                                 |                |  |
| Submit   | Button         | Changes to Part D AE-FE/MMP Opt-Out indicator submitted for processing.  |
| Reset  | Button         | Updated (or changed) values not submitted are reset to original values.  |

## 8.5 MCO Submitter Role

When a transactions batch file is submitted, the user may track its progress through the enrollment processing. This progress information includes:

- Dates and times when the file was received, when the file was processed, and when the Batch Completion Status Summary (BCSS) Report was generated for the file.
- Counts of transactions by status.
- Counts of transactions by transaction type.

There are three possible batch transaction statuses:

- **Successful:** Transaction was processed with no errors.
- **Rejected:** An error occurred when the transaction was processed. The rejected transactions are also saved in the Rejected Transactions File.
- **Failed:** A failed transaction is one that has an error that is so severe the transaction is not saved.

The *Transactions: Batch Status (M307)* screen displays the status of transaction batch files that were submitted by the user. Additional information about a selected batch is shown in the *Batch File Details (M314)* screen.

### 8.5.1 Access the Transactions: Batch Status (M307) Screen

From the main menu, the user clicks on the [Transactions] menu item to view the *Transactions: Batch Status (M307)* screen.

#### View the Transactions Batch Status (M307) Screen

The *Transactions: Batch Status (M307)* screen is used for entering the selection criterion.

*Figure 8-63: Batch Status (M307) Screen, Before Search Criteria Entered*

The screenshot shows the CMS Medicare Advantage Prescription Drug (MARx) interface. At the top, there is a navigation bar with 'Welcome | Beneficiaries | Transactions | Payments | Reports'. Below this, the current screen is 'Batch Status | File Submission Request'. The main content area displays 'Transactions: Batch Status (M307)' and user information: 'User: MCO REPRESENTATIVE TRANSMITTER Date: 2/23/2018'. There are 'Print' and 'Help...' buttons. A search prompt 'Enter search criteria and select "Find":' is highlighted in yellow. Below it, a note states '\*Indicates required field'. Two date fields are present: '\*From Date' with the value '02/23/2018' and '\*To Date' with the value '02/23/2018'. A 'Find' button is located below these fields.

After the search criteria are entered, the user clicks on the [Find] button to display the transaction batch files. If there are no batches that satisfy the search criteria, the *Transactions: Batch Status (M307)* screen is re-displayed with the search criteria and a message indicating that no batches were found. The batches that meet the selection criteria are displayed on the same screen below

the selection criteria. To view different transaction batches, the user changes the search criteria and clicks on the [Find] button.

Figure 8-64: Batch Status (M307) Screen, After Search Criteria Entered

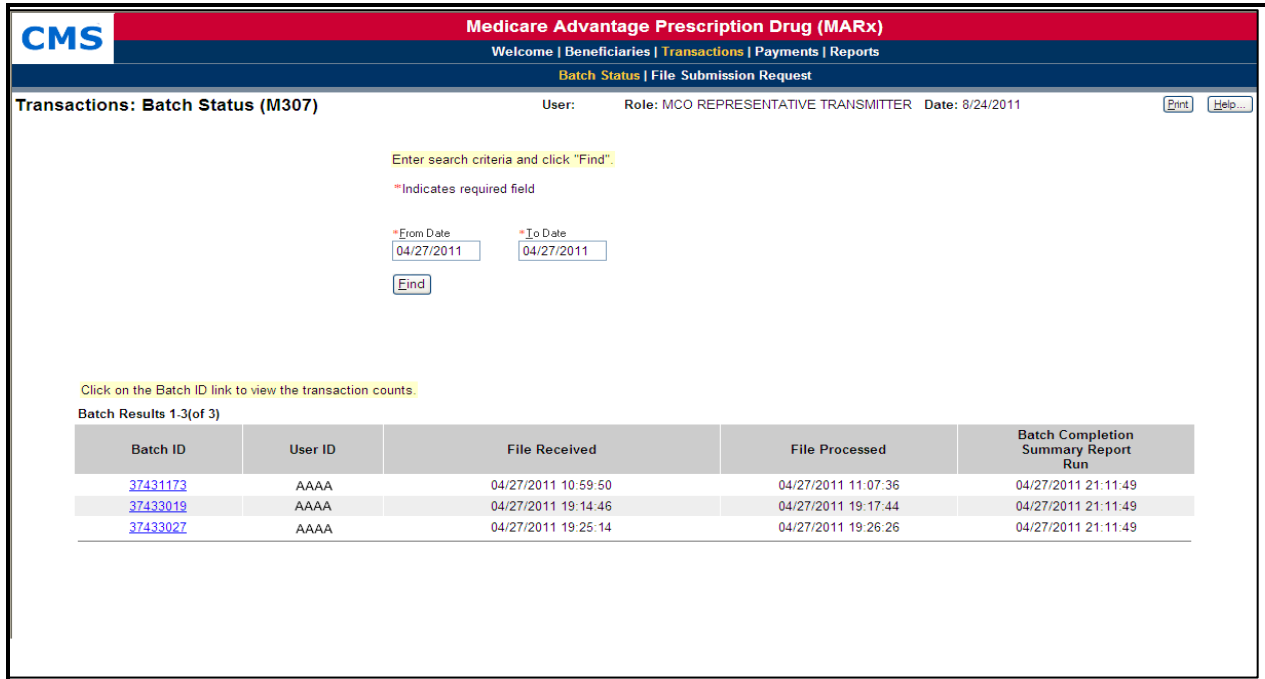


Table 8-39: Batch Status (M307) Field Descriptions

| Batch Status (M307) Field Descriptions |                           |   |
|--|---------------------------|---|
| Item                                   | Input/Output              | Description   |
| From Date                              | Required data entry field | Searches for batches that were entered on or after this date. Enter as (M)M/(D)D/CCYY. Defaults to current date.      |
| To Date                                | Required data entry field | Searches for batches that were entered before or after this date. Enter as (M)M/(D)D/CCYY. Defaults to current date.  |
| [Find]                                 | Button                    | After the search criteria have been entered, the user clicks on this button to display the list of batch files.       |
| <u>Batch ID</u> in the Batch ID column | Link                      | The user clicks on a <u>Batch ID</u> link to display the <i>Batch File Details (M314)</i> screen for that batch file. |
| User ID                                | Output                    | Identifier of user who submitted the batch file.  |
| File Received                          | Output                    | Date and time when batch file was received.   |
| File Processed                         | Output                    | Date and time when batch file was processed.  |
| Batch Completion Summary Run           | Output                    | Date and time a BCSS report was run for the batch file.   |



## 8.5.2 View the Batch File Details

The user clicks on a Batch ID link on the *Transactions: Batch Status (M307)* screen to bring up the *Batch File Details (M314)* screen.

Figure 8-65: Batch File Details (M314) Screen

| Transactions Received |               |          |             |           |          |                        |                     |                     |                     |                        |                           |                            |                  |                 |                    |                             |         |   |
|-----------------------|---------------|----------|-------------|-----------|----------|------------------------|---------------------|---------------------|---------------------|------------------------|---------------------------|----------------------------|------------------|-----------------|--------------------|-----------------------------|---------|---|
| Record Update         |               |          |             |           |          |                        |                     |                     |                     |                        |                           |                            |                  |                 |                    |                             |         |   |
| Enrollment            | Disenrollment | 4RX (72) | NUNCMO (73) | EGHP (74) | PPO (75) | Residence Address (76) | Segment Change (77) | Part C Premium (78) | Part D Opt Out (79) | Cancel Enrollment (80) | Cancel Disenrollment (81) | Cancel MMP Enrollment (82) | MMP Opt Out (83) | Correction (01) | POS Drug Edit (90) | IC Model Participation (91) | Unknown |   |
| 9                     | 0             | 0        | 0           | 0         | 0        | 0                      | 0                   | 0                   | 0                   | 0                      | 0                         | 0                          | 0                | 0               | 0                  | 0                           | 0       | 0 |

| Batch Completion Summary |          |         |        |
|--------------------------|----------|---------|--------|
| Accepted                 | Rejected | Pending | Failed |
| 9                        | 0        | 0       | 0      |

Table 8-40: Batch File Details (M314) Field Descriptions

| Batch File Details (M314) Field Descriptions |              |  |
|--|--------------|--|
| Item   | Input/Output | Description  |
| Batch File Status Message                    | Output       | Describes the status of file processing.                                     |
| Enrollment                                   | Output       | Count of enrollment transactions in the batch file.                          |
| Disenrollment                                | Output       | Count of disenrollment transactions in the batch file.                       |
| PBP Change                                   | Output       | Count of PBP change (TC 71) transactions in the batch file.                  |
| 4Rx  | Output       | Count of 4Rx data update (TC 72) transactions in batch file.                 |
| NUNCMO                                       | Output       | Count of NUNCMO data update (TC 73) transactions in batch file.              |
| Premium Withhold                             | Output       | Count of Premium Payment data update (TC 75) transactions in the batch file. |
| EGHP   | Output       | Count of EGHP data update (TC 74) transactions in the batch file.            |
| Correction                                   | Output       | Count of correction (TC 01) transactions in the batch file.                  |
| Unknown                                      | Output       | Count of transactions of unknown type in the batch file.                     |
| Accepted                                     | Output       | Count of accepted transactions in the batch file.                            |
| Rejected                                     | Output       | Count of rejected transactions in the batch file.                            |
| Pending                                      | Output       | Count of transactions in the batch file with incomplete processing.          |
| Failed                                       | Output       | Count of transactions in the batch file that failed.                         |

**8.5.3 View Special Batch File Requests (M317) Screen**

A Plan user with the MCO Representative Transmitter role may submit Special Batch Files for CMS to review and approve through the MARx UI. The MCO Representative Transmitter submits the Special Batch File by navigating to the Special Batch Approval Request (M316) screen. To do this the user clicks on the [Transactions] tab from the Welcome screen (M101), and follows one of the following:

- Select the [Transactions] tab followed by the [File Submission Status] tab which will open the View Special Batch File Request (M317) screen; then click on the “New Request” button, OR
- Select the [Transactions] tab followed by the [Create Special File Request] tab, thus bypassing the File Submission Status tab.

On the View Special Batch File Request (M317) screen, the user may search for previously submitted requests.

*Figure 8-66: View Special Batch File Request (M317) Screen*

Transaction: View Special Batch File Request (M317)      Role: MCO REPRESENTATIVE TRANSMITTER      Date: 8/7/2019      [Print]      [Help...]

Header Date:       Request Date:       Request Type:

Request ID:       Request Status:       File Status:

[Find]

Showing 1 to 1 of 1 entries      Previous      1      Next

| Row | Select                   | Request Date | Request ID | Batch File Type         | Header Date | Requester ID | Request Status | File Status  | Date Processed | Total Count | Approver |
|-----|--------------------------|--------------|------------|-------------------------|-------------|--------------|----------------|--------------|----------------|-------------|----------|
| 1   | <input type="checkbox"/> | 07/31/2019   | 2065       | PLAN SUBMITTED ROLLOVER | 08/01/2019  | RACF         | HOLD           | NOT RECEIVED |                | 3           |          |

Showing 1 to 1 of 1 entries      Previous      1      Next

When the MCO Representative Transmitter user selects the New Request button or the File Submission Request tab, the Special Batch Approval Request (M316) screen opens. Here the user can enter details for batch files that require special approval. These special batch files include Plan Submitted Rollover files, Retroactive files, and Organization Special Review.

Figure 8-67: Special Batch Approval Request (M316) Screen

CMS
Medicare Advantage Prescription Drug (MARx)

Welcome | Beneficiaries | Transactions | Payments | Reports
Batch Status | File Submission Status | Create Special File Request

Transactions: Special Batch Approval Request (M316) Role: MCO REPRESENTATIVE TRANSMITTER Date: 8/7/2019 Print Help...

\*Indicates required field

\*Batch File Type

RETROACTIVE  
ORGANIZATION SPECIAL REVIEW  
PLAN SUBMITTED ROLLOVER

\*Header Date

**Request information**

| Transaction Type | Contract             | PBP                  | Coverage Flag        | Election Type        | Effective Date       | Count                | Clear                    |
|------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------------|
| 1                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 2                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 3                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 4                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 5                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 6                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 7                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 8                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 9                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 10               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |

When selecting a **Plan Submitted Rollover (POVER)** for the Batch File Type, the header date field will be non-editable. It will be ‘grayed out’ as soon as the Plan Submitted Rollover option is selected. The Transaction Type and the Election Type fields will be filled in automatically as well, when the Plan Submitted Rollover option is selected. Transaction Type will be set to “61 - ENROLLMENT” and Election Type will be set to “C – SEP FOR PLAN-SUBMITTED ROLLOVER.” These fields are not editable when the Plan Submitted Rollover batch file type is selected.

Once the request is created through the UI, a user with the MCO Representative Transmitter role can submit a special batch file using the Request ID provided on the POVER request. The Plan can submit a POVER special batch file without waiting for CMS to approve the request. CMS will be notified by email that a special batch file has passed all validation edits and is ready for approval. A user with the MCO Representative Transmitter role can then review the status of the special batch file request through the Special Batch File Request (M317) screen.

If the MARx system rejects a POVER file, the Batch Completion Status Summary (BCSS) will inform the file submitter that the same request ID can be used to resubmit the file once all the reasons for rejection are resolved. The corrected file can use the request ID of the original request. There is no need to request another request ID. Additionally, file submitters will be able to view system generated user messages on the Welcome (M101) screen and User Messages (M102) screen.

**Figure 8-68: Special Batch Approval Request (M316) Screen (Plan Submitted Rollover version)**

Transactions: Special Batch Approval Request (M316) Role: MCO REPRESENTATIVE TRANSMITTER Date: 6/20/2019

\*Indicates required field

\*Batch File Type  \*Header Date

|    | Transaction Type | Contract             | PBP                  | Creditable Coverage Flag | Election Type                       | Effective Date       | Count                | Clear                    |
|----|------------------|----------------------|----------------------|--------------------------|-------------------------------------|----------------------|----------------------|--------------------------|
| 1  | 61 - ENROLLMENT  | <input type="text"/> | <input type="text"/> | <input type="text"/>     | C - SEP FOR PLAN-SUBMITTED ROLLOVER | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 2  | 61 - ENROLLMENT  | <input type="text"/> | <input type="text"/> | <input type="text"/>     | C - SEP FOR PLAN-SUBMITTED ROLLOVER | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 3  | 61 - ENROLLMENT  | <input type="text"/> | <input type="text"/> | <input type="text"/>     | C - SEP FOR PLAN-SUBMITTED ROLLOVER | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 4  | 61 - ENROLLMENT  | <input type="text"/> | <input type="text"/> | <input type="text"/>     | C - SEP FOR PLAN-SUBMITTED ROLLOVER | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 5  | 61 - ENROLLMENT  | <input type="text"/> | <input type="text"/> | <input type="text"/>     | C - SEP FOR PLAN-SUBMITTED ROLLOVER | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 6  | 61 - ENROLLMENT  | <input type="text"/> | <input type="text"/> | <input type="text"/>     | C - SEP FOR PLAN-SUBMITTED ROLLOVER | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 7  | 61 - ENROLLMENT  | <input type="text"/> | <input type="text"/> | <input type="text"/>     | C - SEP FOR PLAN-SUBMITTED ROLLOVER | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 8  | 61 - ENROLLMENT  | <input type="text"/> | <input type="text"/> | <input type="text"/>     | C - SEP FOR PLAN-SUBMITTED ROLLOVER | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 9  | 61 - ENROLLMENT  | <input type="text"/> | <input type="text"/> | <input type="text"/>     | C - SEP FOR PLAN-SUBMITTED ROLLOVER | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 10 | 61 - ENROLLMENT  | <input type="text"/> | <input type="text"/> | <input type="text"/>     | C - SEP FOR PLAN-SUBMITTED ROLLOVER | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |

Submit Clear Line Return

**Table 8-41: Special Batch Approval Request (M316) Field Descriptions**

| Special Batch Approval Request (M316) Field Descriptions   |   |   |
|--|---|---|
| Item   | Input/Output                                      | Description   |
| Batch File Type  | Required Input                                    | Indicate the type of special file: <ul style="list-style-type: none"> <li>• Retroactive.</li> <li>• Plan Submitted Rollover.</li> <li>• Organization Special Review.</li> </ul>                           |
| Header Date  | Required Input                                    | Enter the header date for retroactive special files only.   |
| <p><b>Content Description:</b><br/>                     Transactions in the file are grouped by Transaction Type, Contract, PBP, Creditable Coverage Flag, Election Type, and Effective Date. Each line represents one unique combination of these. Additional lines are populated until all transactions are submitted in the special file described. The user must populate at least one line.</p> |   |   |
| Transaction Type   | Input (Dropdown)                                  | The type of transactions on this line for retroactive and organization special review files.<br>The transaction type for Plan submitted rollovers is automatically populated with enrollment transactions |
| Contract   | Input (Dropdown)                                  | The contract number for transactions on this line.  |
| PBP  | Input (Dropdown)                                  | The PBP number for the transactions on this line.   |
| Creditable Coverage Flag   | Input (Dropdown)                                  | The Creditable Coverage Flag (Y or N) for the transactions on this line.  |
| Election Type  | Input (Dropdown)                                  | The election type for retroactive and organization special review files.<br>The election type for Plan submitted rollovers is automatically populated with C – SEP for Plan submitted rollovers           |
| Effective Date   | Input (For Plan Submitted Rollover requests only) | The Effective Date for transactions on this line.   |
| Count  | Input   | The number of transactions with the unique combination represented on the line.   |
| Clear  | Input   | Selects lines to clear with the Clear Line button.  |
| <b>Buttons</b>   |   |   |
| Clear Line   | Button  | When selected, clears input from selected lines   |
| Submit   | Button  | Submits the request for approval for the special file described in the Content Description lines.   |
| Return   | Button  | Returns the user to the View Special Batch File Request (M317) screen.  |

The MCO Representative Transmitter user can then review the status of the special batch file request through the *Special Batch File Request (M317)* screen. Once the request is submitted an automated email is sent to CMS to review and approve.

Figure 8-69: View Special Batch File Request (M317) Screen

The screenshot shows the 'View Special Batch File Request (M317)' screen in the CMS Medicare Advantage Prescription Drug (MARx) system. The user is logged in as 'MCO REPRESENTATIVE TRANSMITTER' on '8/7/2019'. The interface includes search filters for Header Date, Request Date, Request ID, Request Status, Request Type, and File Status. A table displays one entry with details like Request Date (07/31/2019), Request ID (2065), Batch File Type (PLAN SUBMITTED ROLLOVER), Header Date (08/01/2019), Requester ID (RACF), Request Status (HOLD), File Status (NOT RECEIVED), and Total Count (3).

Table 8-42: View Special Batch File Request (M317) Field Descriptions

| View Special Batch File Request (M317) Field Descriptions  |                              |  |
|--|------------------------------|--|
| Item   | Input/Output                 | Description  |
| <b>Find Criteria</b> – These fields are used to find previously submitted Special Batch File Requests        |                              |  |
| Header Date  | Input (optional)             | Header date in a file.   |
| Request Date   | Input (optional)             | Date a request was submitted.  |
| Request Type   | Input (optional)             | Type of special file for the request: <ul style="list-style-type: none"> <li>• ALL</li> <li>• RETROACTIVE</li> <li>• PLAN SUBMITTED ROLLOVER</li> <li>• ORGANIZATION SPECIAL REVIEW</li> </ul>   |
| Request Status   | Input (optional – drop down) | Status of the requests to find: <ul style="list-style-type: none"> <li>• ALL</li> <li>• APPROVED</li> <li>• DISAPPROVED</li> <li>• HOLD</li> <li>• CANCELLED</li> </ul>  |
| Request ID   | Input (optional)             | ID of a request.   |
| File Status  | Input (optional)             | Status of file processing to use in the search. <ul style="list-style-type: none"> <li>• ALL</li> <li>• NOT RECEIVED</li> <li>• RECEIVED/PENDING REVIEW</li> <li>• RECEIVED/APPROVED</li> <li>• RECEIVED/DISAPPROVED</li> <li>• FAILED</li> <li>• PROCESSED</li> </ul> |
| Find   | Button                       | Finds all requests that meet the above search criteria.  |
| <b>Content Description:</b> The following fields are repeated for each request that meets the Find criteria. |                              |  |
| Select   | Input                        | Check box to select a line. This is usually used in coordination with the <i>Cancel Request</i> button.  |
| Request Date   | Output                       | Date the request was submitted.  |

| View Special Batch File Request (M317) Field Descriptions |               |  |
|---|---------------|--|
| Item  | Input/Output  | Description  |
| Request ID  | Output (Link) | Unique Request ID<br>Clicking on a Request ID takes the user to the <i>Special Batch Approval Request (M316)</i> screen, which displays the details of the selected request.   |
| Batch File Type   | Output        | Type of special file for the request: <ul style="list-style-type: none"> <li>• RETROACTIVE</li> <li>• PLAN SUBMITTED ROLLOVER</li> <li>• ORANGIZATION SPECIAL REVIEW</li> </ul>  |
| Requester ID  | Output        | Individual's ID requesting the special file review   |
| Header Date   | Output        | Header date for the special file.  |
| Request Status  | Output        | Status of the request: <ul style="list-style-type: none"> <li>• APPROVED</li> <li>• DISAPPROVED</li> <li>• HOLD</li> <li>• NEW REQUEST</li> </ul>  |
| File Status   | Output        | Processing status of the special file associated with this request: <ul style="list-style-type: none"> <li>• ALL</li> <li>• NOT RECEIVED</li> <li>• RECEIVED</li> <li>• RECEIVED/PENDING REVIEW</li> <li>• RECEIVED/APPROVED</li> <li>• RECEIVED/DISAPPROVED</li> <li>• FAILED</li> <li>• PROCESSED</li> </ul> |
| Date Processed  | Output        | For processed special files, date of processing.   |
| Total Count   | Output        | Total count of transactions in the special file.   |
| Approver  | Output        | For an approved request, the ID and name of the person who approved the request.   |
| <b>Selection Buttons</b>                                  |               |  |
| New Request   | Button        | This button navigates to the <i>Special Batch Approval Request (M316)</i> screen where the user may enter a special request.   |
| Cancel Request  | Button        | This button cancels the request on the line indicated by a selected checkbox.  |

## 8.6 Request Reports

This section describes how to order copies of reports and data files generated for previous months. The ordered reports deliver via Connect:Direct NDM; Sterling Electronic Mailbox, Gentran; or TIBCO MFT Internet Server. There are various types of reports in MARx:

- Daily or randomly occurring reports and data files generate each day for events that occurred that day, including batch transaction file processing or report receipt.
- Weekly reports and data files are scheduled and automatically generate to reflect transactions processed that week for a contract.
- Month-end reports and data files are scheduled and automatically generate as part of monthly payment processing.
- Year-end reports and data files are scheduled and automatically generate as part of monthly payment processing.

**Note:** Only MCO Representative Transmitters may order reports.

### 8.6.1 Request Reports and Data Files

From the main menu, the user clicks on the |Reports| menu item.

From the *Reports: Find (M601)* screen, the user chooses the report frequency; monthly, weekly, daily or yearly. The selection criteria displayed is affected by the frequency chosen. The user enters the selection criteria that characterize the reports requested. The user clicks on the [Find] button to bring up the *Reports: Search Results (M602)* screen showing all of the reports that meet the criteria.

**Figure 8-70: Reports: Find (M601) Screen**

The screenshot shows the 'Reports: Find (M601)' screen in the MARx system. The header includes the CMS logo and navigation links: 'Welcome | Beneficiaries | Transactions | Payments | Reports'. The user is logged in as 'MCO REPRESENTATIVE TRANSMITTER' on '2/28/2018'. The form contains the following elements:

- Pick frequency:** A yellow highlighted instruction box says 'Pick frequency. Once a frequency is selected, enter criteria and select "Find."'. Below it, a note states '\*Indicates required field'.
- \*Frequency:** A group box containing four radio buttons:  MONTHLY,  WEEKLY,  DAILY, and  YEARLY.
- \*Start Month:** A text input field containing '12/2017'.
- \*End Month:** A text input field containing '12/2017'.
- File Type:** A dropdown menu.
- Report/Data File:** A dropdown menu.
- Contract #:** A text input field.
- Buttons:** 'Find' and 'Reset' buttons at the bottom of the form.



**Table 8-43: Reports: Find (M601) Field Descriptions for Monthly and Weekly Reports**

| Reports: Find (M601) Field Descriptions for Monthly and Weekly Reports |                           |   |
|--|---------------------------|---|
| Item   | Input/Output              | Description   |
| Frequency  | Required radio button     | Select MONTHLY, WEEKLY, DAILY, or YEARLY.   |
| Start Payment Month  | Required data entry field | Search for reports for this payment Start month through End Payment Month. Enter as (M)M/CCYY. For monthly reports, defaults to the previous processing month. For daily and weekly reports, defaults to Current Processing Month.  |
| End Payment Month  | Required data entry field | Searches for reports for the Start Payment Month through this Payment End month. Enter as (M)M/CCYY. For monthly reports, defaults to the previous processing month. For daily and weekly reports, defaults to Current Processing Month.                                      |
| File Type  | Dropdown list             | The user clicks on arrow and selects value to narrow search to report or data file.<br><b>Note:</b> When the File Type is selected, the user does not select the Report/Data File. If both are selected, an error message is displayed and the Find does not proceed.         |
| Report/Data File   | Dropdown list             | The user clicks on arrow and selects value to narrow search to type of report or data file.<br><b>Note:</b> When the File Type is selected, the user does not select the Report/Data File. If both are selected, an error message is displayed and the Find does not proceed. |
| Contract #   | Data entry field          | The user enters to narrow search to a particular contract   |
| [Find]   | Button                    | After entering the search criteria, the user clicks on this button to display the list of reports.  |

From this list, the user can select a report or data file and click the [Order] button. The user receives a message that the order was submitted.

## 8.6.2 Daily Reports

The *Reports: Find (601)* screen with selection criteria for daily reports is shown below.

**Figure 8-71: Find (M601) Screen for Daily Reports**

**Table 8-44: Reports: Find (M601) Field Descriptions for Daily Reports**

| Reports: Find (M601) Field Descriptions for Daily Reports |                           |   |
|---|---------------------------|---|
| Item  | Input/Output              | Description   |
| Frequency   | Required radio button     | The user selects DAILY.   |
| Start Request Date  | Required data entry field | Search for reports generated on or after this date. The user enters as (M)M/(D)D/CCYY. Defaults to current date.  |
| End Request Date  | Required data entry field | Search for reports generated on or before this date. The user enters as (M)M/(D)D/CCYY. Defaults to current date. |
| Report/Data File  | Required dropdown list    | The user clicks on arrow and selects value to narrow search to type of report or data file.                       |
| Contract #  | Data entry field          | The user enters to narrow search to a particular contract.  |
| [Find]  | Button                    | After entering the search criteria, the user clicks on this button to display the list of reports.                |

### 8.6.3 Yearly Reports

The *Reports: Find (M601)* screen with selection criteria for yearly reports is shown below.

**Figure 8-72: Reports: Find (M601) Screen for Yearly Reports**

**Table 8-45: Reports: Find (M601) Field Descriptions for Yearly Reports**

| Reports: Find (M601) Field Descriptions for Yearly Reports |                           |   |
|--|---------------------------|---|
| Item   | Input/Output              | Description   |
| Frequency  | Required radio button     | The user selects YEARLY   |
| Start Year   | Required data entry field | Searches for report for this year to End year. Enter as (CCYY). For yearly reports, defaults to the previous processing year.   |
| End Year   | Required data entry field | Searches for Start Year to this Year report. Enter as (CCYY). For yearly reports, defaults to previous processing year.   |
| File Type  | Dropdown list             | The user clicks on arrow and selects value to narrow search to report, data file, or combined.<br><b>Note:</b> When the File Type is selected, do not select the Report/Data File. If both are selected, an error message is displayed and the Find does not proceed.         |
| Report/Data File   | Dropdown list             | The user clicks on arrow and selects value to narrow search to type of report or data file.<br><b>Note:</b> When the File Type is selected, the user does not select the Report/Data File. If both are selected, an error message is displayed and the Find does not proceed. |
| Contract #   | Data entry field          | The user enters to narrow search to a particular contract.  |
| [Find]   | Button                    | After the search criteria are entered, the user clicks on this button to display the list of reports.   |

If a report was not accessed for several years, the user must first retrieve it before accessing it. The screen is divided into two sections: reports immediately available and reports that need retrieval. If no files meet the criteria for a section, that section is not displayed.

Figure 8-73: Reports: Search Results (M602) Screen for Yearly Reports

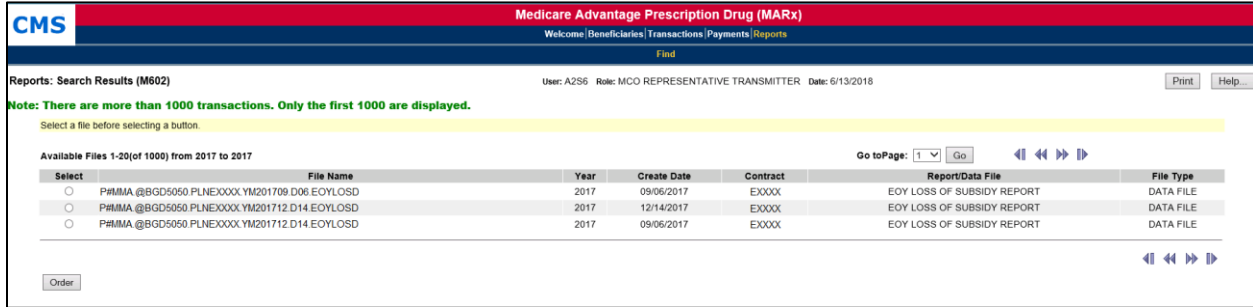


Table 8-46: Reports: Search Results (M602) Field Descriptions for Yearly Reports

| Reports: Search Results (M602) Field Descriptions for Yearly Reports |              |  |
|--|--------------|--|
| Item   | Input/Output | Description  |
| Select column  | Radio button | The user clicks on one of the buttons to indicate which file to order.   |
| <u>File Name</u> column heading                                      | Sorter       | Sorts all files by file name.  |
| <u>Year</u> column heading   | Sorter       | Sorts all files by year.   |
| <u>Create Date</u> column heading                                    | Sorter       | Sorts all files by create date.  |
| <u>Contract</u> column heading                                       | Sorter       | Sorts all files by contract number.  |
| <u>Report/Data File</u> column heading                               | Sorter       | Sorts all files by type of report or data file.  |
| <u>File Type</u> column heading                                      | Sorter       | Sorts all files by file type, either report or data.   |
| [Order]  | Button       | After selecting a file, the user clicks on this button to request placement of the file in the mailbox.  |
| <a href="http://www.Adobe.com">www.Adobe.com</a>                     | Link         | A Web link to the Adobe website, where the user can download a free copy of the Adobe Acrobat Reader, required for viewing or local printing.<br><b>Note:</b> The user must connect to the Internet to download Acrobat. |

## 8.7 Reporting Beneficiaries Identified within a Drug Management Program

Section 704 of the Comprehensive Addiction and Recovery Act (CARA) of 2016 included provisions permitting Part D sponsors to establish drug management programs (DMPs) for beneficiaries at-risk for misuse or abuse of frequently abused drugs (FADs). CMS published a final rule (CMS-4182-F) on April 16, 2018 (“final rule”) that established the framework under which Part D plan sponsors may establish a DMP. This rule codified many aspects of the retrospective Part D Opioid Drug Utilization Review (DUR) Policy and Overutilization Monitoring System (OMS) with adjustments as needed to comply with CARA, by integrating the them into the DMP provisions at 42 CFR § 423.153(f). The POS Edit records (i.e., legacy) submitted to CMS through MARx under the DUR policy prior to 2019 will be converted to the new record format.

The goal of all DMPs must be to address overutilization of FADs while maintaining access to such drugs as medically necessary. Under DMPs, Part D sponsors will engage in case management of potential at-risk beneficiaries (PARBs), identified through the OMS or by the sponsor’s application of the minimum or supplemental OMS criteria, through clinical contact with their prescribers. After notification to the beneficiaries, sponsors may then limit at-risk beneficiaries’ (ARBs’) access to coverage of FADs to a selected network prescriber(s) (when applicable) and/or network pharmacy(ies) or through a beneficiary-specific point-of-sale (POS) claim edit for the safety of the ARB. The final rule and additional CMS guidance is available here: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxUtilization.html>

Under DMPs, the use of the special enrollment period (SEP) for dually- or other low income subsidy (LIS)-eligible beneficiaries (election type code ‘L’) is limited for those LIS-eligible beneficiaries who are identified as PARBs or ARBs. Further information on the SEP limitation can be found in the enrollment guidance posted at the links below:

Medicare Managed Care Manual - <http://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicareMangCareEligEnrol/index.html> and Medicare Prescription Drug Benefit Manual - <https://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicarePresDrugEligEnrol/index.html>

This chapter provides instructions for sponsors to submit DMP information into MARx which will automate the process of providing this information to CMS, data-sharing between Part D sponsors, and suspending the SEP for dually- or other low income subsidy (LIS)-eligible beneficiaries.

### 8.7.1 Sponsor Submission to CMS of Beneficiary-Level CARA Status Records

Sponsors will submit DMP beneficiary-level information on FAD coverage limitations to CMS using the MARx UI or the existing batch process. MARx will store this information as CARA Status records, which will be available to sponsors via the MARx UI.

**MARx Batch:** If the batch process is used, information is submitted in the same way enrollment transactions are submitted to MARx using the MARx Batch Input Transaction Data File (i.e.

CARA Status transaction (TC 90)). CARA Status transactions or records can be incorporated into batches of enrollment transactions or submitted as a separate batch file. Transaction Reply Codes (TRCs) are returned in the Daily Transaction Reply Report (DTRR) data file to relay the results of the transaction processing. For an overview of transaction processing, see **Section 3**.

**MARx UI:** *The Update CARA Status (M254)* screen is used to submit CARA Status information using the MARx UI. TRCs are returned in the Daily Transaction Reply Report (DTRR) data file to relay the results of the information processing. For further information on using the *Update CARA Status (M254)* screen, see **Section 8.7.11**.

Sponsors should submit DMP information to MARx when any of the following occurs:

1. The sponsor sends the Initial Notice of intent to limit the beneficiary's access to FADs through a coverage limitation (i.e., beneficiary-specific POS Edit, Prescriber Limitation, or Pharmacy Limitation). (Add with Notification Start-date).
2. The sponsor sends the Second Notice that the beneficiary's access to certain FADs is limited. (Update with Implementation Start-date).
3. The sponsor sends the Alternate Second Notice notifying the beneficiary that his/her access to certain FADs is NOT limited. (Update with Notification End-date).
4. The sponsor modifies the beneficiary-specific POS Edit (i.e., code) after submission of the Notification or Implementation Start-date.
5. Sponsor terminates or ends an implemented coverage limitation early.
6. Sponsor determines a new coverage limitation is necessary (see Bullets 1 and 2).
7. The Implementation End-date is extended past 1 year (up to 2 years).
8. A correction to an existing record is necessary.

**Section 3** provides the [CARA Status \(TC 90\) Detailed Record Layout](#).

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### ***Contract Access and Beneficiary Enrollment***

CARA Status records are at the contract level (not contract-plan benefit package (PBP) level). Users are only allowed to access or modify CARA Status record information during periods of the beneficiary's enrollment within that contract and its Part D plan(s). If a beneficiary changes from a PBP with a drug plan to a PBP without a drug plan and the contract remains the same, the user will not be able to submit CARA Status records during the enrollment. The user can submit a TC 90 transaction or make modifications through the MARx UI after the beneficiary disenrolls, as long as the Notification and Implementation Start-dates and End-dates occur during the beneficiary's enrollment within the contract's Part D PBP(s).

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### ***Contract Notification of Beneficiary with an Active CARA Status***

MARx associates an active CARA Status with a beneficiary-contract enrollment if the latest coverage limitation for at least one FAD has an open Notification or Implementation period. When a beneficiary enrolls in a new contract, the new contract ("gaining contract") is notified if a newly enrolled beneficiary has an active CARA Status while enrolled in the immediately preceding Part D contract ("losing contract"). This notification is provided to the new contract via the DTRR with TRC 376, New Enrollee CARA Status Notification. The reply with TRC 376 accompanies the TRCs associated with the enrollment acceptance and has an Enrollment (TC

61). MARx will not report an active CARA Status to the gaining contract if the coverage limitation was terminated before the beneficiary disenrolled.

Once the New CARA Status Notification (TRC 376) is provided to the new contract, an active CARA Status is no longer associated with the beneficiary. Since the reply does not include the FAD or specific coverage limitation information, identification of the prior contract is provided in the DTRR to facilitate communication between the contracts. The new contract is advised to contact the previous contract's Medicare Part D overutilization contact for more information about the beneficiary's coverage limitation(s) and their case management. The gaining contract can use this information to determine if a coverage limitation(s) is appropriate and in compliance with the requirements in 42 CFR § 423.153(f). In some cases, the Notification dates and Implementation Start-date may be the same date, and as early as the first day of enrollment in the new contract. The user should submit the information through MARx per the instructions in this chapter.

LiNET or retrospective short-enrollments are not considered a losing contract or new enrollment for purposes of the New Enrollee CARA Status Notification, and are therefore excluded, i.e., they will not receive TRC 376.

**Section 3** provides the [DTRR layout](#) and lists the current TRCs.

### **8.7.2 General Rules for Batch and MARx UI CARA Status Records**

MARx will capture CARA Status records submitted by Part D contracts, where the start and end-dates are within the beneficiary's enrollment in that Part D contract. If a CARA Status Notification or Implementation period is open when enrollment in a Part D contract ends, the active CARA Status will end as well. The active CARA Status will not end if the beneficiary moves between Part D PBPs within the same contract.

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#### **Coverage Limitation Records**

Each CARA Status record consists of the following elements (Codes):

- Contract ID
- Beneficiary ID (HICN or MBI)
- Date of Birth
- Notification Start-date
- Notification End-date
- Implementation Start-date
- Implementation End-date
- POS Edit Code (Blank/PS1/PS2)
- POS Edit Status (Blank/Y/N) batch only
- Prescriber Limitation (Blank/Y/N)
- Pharmacy Limitation (Blank/Y/N)
- Drug Class Code (BNZ = Benzodiazepine or OPI = Opioids)

### **Submitting Notification records:**

- Each record is unique to the Contract, Beneficiary, Notification Start-date and Drug Class Code.
- The Notification Start-date is the date on the Initial Notice sent to the beneficiary.
- Submit the coverage limitation(s) included in the Initial Notice by submitting ‘Y’ or selecting ‘Yes’ and the POS Edit Code if a beneficiary-level POS edit is applicable. PS1 means no FADs within the class are covered and PS2 means limited FADs within the drug class are covered.
- If the sponsor does not enter a Notification End-date, MARx will automatically set the Notification End-date to the 60 day maximum. The Notification Start-date is counted as day 1. If the Notification Start-date is February 15, 2019, the Notification End-date is set to April 15, 2019.

### **Submitting Implementation records:**

- The Implementation record must match an existing record for the Contract, Beneficiary ID, Notification Start-date and Drug Class Code.
- It is anticipated that the sponsor will submit a CARA Status record as actions are taken (e.g., beneficiary notification, implementation or termination), however, MARx will accept an initial record with Notification Start-date and End-date, and Implementation Start-date and End-date as long as the Start-dates are no later than the end of the month that follows the current calendar month (CCM), else the record will reject with TRC 388 (Future CARA Status Start-date Exceeds CCM Plus One). Both the Notification and Implementation End-dates are optional.
- The Implementation Start-date is the effective date of the coverage limitation(s) or the date of the Second Notice). The Implementation Start-date must be within 60 days after the Notification Start-date and not later than one day after a Notification End-date. In certain cases where the beneficiary is associated with a TRC 376, New Enrollee CARA Status Notification (see Contract Notification of Active CARA Status), the Notification dates and Implementation Start-date can be the same date.
- Submit the implemented coverage limitation(s) included in the Second Notice. In some cases, the implemented coverage limitation(s) may be a subset of the coverage limitation(s) submitted on the CARA Status Notification record. The implemented coverage limitation(s) will supersede the Notification record coverage limitation(s). See section “CARA Status Implementation Start-date with Limitations that have Changed.”
- Include the Implementation End-date if less than the 12 month maximum. If no Implementation End-date is entered, MARx will automatically set the maximum end-date to one year later minus one day. For example, if the Implementation Start-date is 5/19/2019, the Implementation End-date will be 5/18/2020.

### **Submitting One or Multiple Limitation Records:**

- If there are multiple coverage limitations with the same Notification Start-date, the sponsor can choose to submit one record or multiple records (e.g., one for each coverage



limitation) by batch or UI. The M254 screen will display each CARA Status record as submitted.

- MARx will not allow overlapping Notification and/or Implementation periods for the same beneficiary, Drug Class Code or coverage limitation. The user will receive an error (TRC 381, CARA Limitation Overlap) and must modify the start and end-dates.
- If a sponsor submits multiple Add CARA Status records with the same Notification Start-date and Drug Class Code but different coverage limitations, a subsequent update ('U') transaction will update any records that have a 'Y' or 'N' in the coverage limitation status field while blank fields remain unchanged.

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### ***Beneficiary Disenrollment and Re-enrollment Rules:***

- If a beneficiary with an active CARA Status disenrolls from the contract, the losing contract should not submit an end-date due to the disenrollment. If an end-date is submitted, the gaining contract will not receive the active CARA Status TRC. In addition, it is not necessary for the losing contract to submit beneficiary death dates. MARx will automatically replace the end-date with the disenrollment date.
- If there is an enrollment gap or contract change within the same sponsor between notification and implementation or after implementation, the user must submit a new Notification Start-date record to MARx after the new contract re-notifies the beneficiary. The user must also submit the new Notification End-date, Implementation Start-date, and an Implementation End-date up to the 12 month maximum, if applicable.
  - If a beneficiary changes from a PBP that offers drug coverage to a PBP that does not within the same contract, the disenrollment date will be used for the applicable end-date. If the beneficiary subsequently changes back to a PBP that offers drug coverage, the above steps must be followed to submit new CARA Status records.

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### ***Limitation Notification Start-Date Record Deletion***

A Notification Start-date record should not be deleted from MARx, unless the Notification Start-date record was submitted for the wrong beneficiary. If the sponsor decides not to implement the coverage limitation, the record should be updated with the new Notification End-date, i.e., Alternative Second Notice date if before the current Notification End-date. Otherwise, no update is necessary

#### **8.7.3 *Batch Submission of CARA Status Records***

The first time a CARA Status record is submitted to MARx for a beneficiary and drug class, the add/update/delete flag should be set as 'A'. Any subsequent updates to the same record must be made with an update flag ('U'). There are three coverage limitation status fields (POS Edit, Pharmacy Limitation, and Prescriber Limitation) for each record. The allowable values for these fields are:

- Y = Yes, this coverage limitation will be or is in place.
- N = No, this coverage limitation is not applicable or in place.
- Space or blank = No updates for this coverage limitation.

If a CARA Status record must be corrected, an update record is used to correct any field except the Drug Class and the Notification Start-date. If either of these fields are incorrect they must be corrected using the UI or the incorrect record must be deleted via batch. After the erroneous record is deleted the new/corrected status record should be submitted with the add/update/delete flag set as 'A'.

#### **8.7.4 CARA Status Notification Start-date**

The required CARA Status Notification Start-date record is submitted to MARx using a CARA Status record or transaction (TC 90). In addition to beneficiary and contract information, the following details are required when initially submitting a Notification record:

- Drug Class = Three letter drug class abbreviation i.e., OPI or BNZ.
- Notification Start-date = The date on the Initial Notice to the beneficiary.
- POS Edit Status, Pharmacy Limitation Status, and/or Prescriber Limitation Status:
  - At least one status is 'Y'.
  - If 'Y' is not provided the value will default to 'N'.
  - If the POS Edit Status is 'Y' then the POS Edit Code field must be populated:
    - PS1 = No FADs within the class are covered.
    - PS2 = Limited FADs within the class are covered.
- Add/Update/Delete Flag = 'A'.

The following fields are optional when initially submitting a Notification CARA Status record:

- Notification End-date: Any date within 60 days of the Notification Start-date or if blank, MARx will automatically set to the 60 day maximum.
- Implementation Start-date: Blank or no later than 60 days after Notification Start-date and no later than one day after the Notification End-date.
- Implementation End-date: Blank if the Implementation Start-date is blank. If the Implementation Start-date is provided, the end-date can't be any later than 12 months minus 1 day after the Implementation Start-date or if blank, MARx will populate.
- Add/Update/Delete Flag = 'A'.

#### **8.7.5 CARA Status Notification End-date**

A user must submit a CARA Status record with the Notification End-date if a decision is made not to implement any notification coverage limitation(s). In addition to beneficiary and contract information, the below details are required:

- Drug Class, as previously submitted = Three letter drug class abbreviation i.e., OPI or BNZ.
- Notification Start-date, as previously submitted.
- Notification End-date:

- Date on the Alternative Second Notice.
- The submitted Notification End-date must be on or after the Notification Start-date and must be within 60 days of the Notification Start-date.
- If the Notification End-date is the same as the MARx assigned Notification End-date and there are no other updates to the record, it is not necessary to submit a Notification End-date. The transaction 90 will be rejected as a duplicate with TRC 380 (CARA Status Duplicate Transaction).
- POS Edit Status, Pharmacy Limitation Status, and/or Prescriber Limitation Status, as previously submitted:
  - The same status fields have a 'Y' as the Notification record.
  - If the POS Edit Status is 'Y' then the POS Edit Code field must be populated:
    - PS1 = No FADs within the class are covered.
    - PS2 = Limited FADs within the class are covered.
  - All 'Y' populated status fields will have the Notification End-date applied to the record.
  - If a status field was previously populated with a 'Y' and spaces/blank are submitted on the update record, the coverage limitation end-date will NOT be updated and remain the same date as entered by the sponsor or MARx with the Notification Start-date Add record submission.
- Add/Update/Delete Flag = 'U'.

### **8.7.6 CARA Status Implementation Start-date with Coverage Limitation(s) that Have NOT Changed**

A user must submit an update CARA Status record with an Implementation Start-date if the coverage limitation(s) in the Initial Notice is implemented and the Second Notice is sent to the beneficiary. In addition to beneficiary and contract information, the following details are required:

- Drug Class, as previously submitted = Three letter drug class abbreviation i.e., OPI or BNZ.
- Notification Start-date, as previously submitted.
- Implementation Start-date:
  - Actual date the sponsor implemented the coverage limitation(s) i.e. the date of the Second Notice.
  - The Implementation Start-date must be one day after the Notification End-date except when the Implementation and Notification Start-date are the same but no later than 60 days after the Notification Start-date.
- POS Edit Status, Pharmacy Limitation Status, and/or Prescriber Limitation Status as previous submitted:
  - The same status fields have a ‘Y’ as the notification record.
  - If the POS Edit Status is ‘Y’ then the POS Edit Code field must be populated:
    - PS1 = No FADs within the class are covered.
    - PS2 = Limited FADs within the class are covered.
  - All status fields with a ‘Y’ populated on the record will have the Implementation Start-date applied. If a status field on the Notification record was previously populated with a ‘Y’ and blanks are submitted the implementation date will NOT be applied to the coverage limitation.
- Add/Update/Delete Flag = ‘U’.

The following fields are optional:

- Notification End-date, the day prior to the Implementation Start-date or if blank MARx will update to the day prior to the Implementation Start-date.
- Implementation End-date, if blank, MARx will populate with the 12 month maximum date.

### **8.7.7 CARA Status Implementation Start-date with Coverage Limitations that Have Changed**

A sponsor may determine that only a subset of the coverage limitations that were in the Initial Notice to the beneficiary will be implemented.

The sponsor must submit a CARA Status record that includes the previously submitted Notification Start-date and Drug Class, the Implementation Start-date and the coverage limitations to be implemented. In addition to beneficiary and contract information, the following details are required:

- Drug Class, as previously submitted = Three letter drug class abbreviation i.e., OPI or BNZ.
- Notification Start-date, as previously submitted.
- Implementation Start-date:
  - Actual date the sponsor implemented the coverage limitation(s) i.e. the date of the Second Notice.
  - The Implementation Start-date must be one day after the Notification End-date except when the Implementation and Notification Start-date are the same but not later than 60 days after the Notification Start-date.
- POS Edit Status, Pharmacy Limitation Status, and/or Prescriber Limitation Status (at least one 'Y'):
  - If the POS Edit Status is 'Y' then the POS Edit Code field must be populated:
    - PS1 = No FADs within the class are covered.
    - PS2 = Limited FADs within the class are covered.
  - All status fields populated with a 'Y' will have the Implementation Start-date applied to the coverage limitation:
    - If a status field was previously populated with a 'Y' and blanks are submitted the Implementation Start-date will NOT be applied.
    - If a status field was previously populated with a 'Y' and the sponsor is not implementing the coverage limitation populate the field with an 'N'.
- Add/Update/Delete Flag = 'U'.

The following fields are optional:

- Notification End-date:
  - If submitted, it must be one day before the Implementation Start-date unless the Notification Start-date and Implementation Start-date are the same. If the Notification Start-date and Implementation Start-date are the same then the Notification End-date is also same date.
  - If blank, MARx will populate with the date one day prior to the Implementation Start-date.

### **8.7.8 Notification of CARA Status POS Edit Code Change during Active POS Edit Status Implementation for the Same FAD**

A sponsor may need to change the CARA Status POS Edit Code after active implementation of a POS Edit Limitation for the same FAD without submitting an Implementation End-date. For instance, the sponsor wants the current POS Edit Code to remain active while the beneficiary receives both the Initial and Second Notice for the new POS Edit Code.

Other limitations may be added (e.g., Pharmacy and/or Prescriber Limitation) to the new record as long as no active CARA Status Prescriber/Pharmacy Limitation for the same FAD exists. If the limitations overlap the user will receive an error (TRC 381, CARA Limitation Overlap).

Use the same processes described in Sections 8.7.5-6, 8.7.10 to update the record. When the New POS Edit Code Implementation Start-date is submitted, MARx will automatically add the Implementation End-date to the active implemented CARA Status POS Edit Code record. The Implementation End-date will be one day prior to the new Implementation Start-date.

The sponsor must submit a CARA Status record that includes the new Notification Start-Date and the new POS Edit Code that differs from the MARx active implemented POS Edit Code. In addition to beneficiary and contract information, the following details are required:

- Drug Class, as previously submitted = Three letter drug class abbreviation i.e., OPI or BNZ.
- Notification Start-date = The date on the new Initial Notice to the beneficiary.
- POS Edit Status, Pharmacy Limitation Status, and/or Prescriber Limitation Status:
  - POS Edit Status is ‘Y’ and the POS Edit Code field must be populated with a different code than the currently active code:
    - PS1 = No FADs within the class are covered.
    - PS2 = Limited FADs within the class are covered.
  - If applicable, the New Pharmacy and/or Prescriber Limitation Status is ‘Y’, else the fields should be blank or ‘N’.
- Add/Update/Delete Flag = ‘A’.

The following fields are optional when initially submitting a Notification CARA Status record:

- Notification End-date: Any date within 60 days of the Notification Start-date or if blank, MARx will automatically set to the 60 day maximum.
- Implementation Start-date: Blank or no later than 60 days after Notification Start-date and no later than one day after the Notification End-date.
- Implementation End-date: Blank if the Implementation Start-date is blank. If the Implementation Start-date is provided, the end-date can’t be any later than 12 months minus 1 day after the Implementation Start-date or if blank, MARx will populate.
- Add/Update/Delete Flag = ‘A’.

**8.7.9 Submitting and Updating Multiple Coverage Limitations with the Same Notification Start-date**

A sponsor can add multiple coverage limitation(s) each on a separate record or on the same record. When a beneficiary has multiple coverage limitations with the same Notification Start-date and Drug Class, multiple records can be updated with one update record. Submitting Notification and Implementation End-dates are optional for each scenario and option below. If blank, MARx will auto-populate the dates. For illustration, the tables below include a subset of the actual record fields.

**Scenario Part 1:** The sponsor notifies the beneficiary that it intends to implement three coverage limitations. The beneficiary receives the Initial Notice dated 3/31/2019.

**Option 1.** The sponsor submits one CARA Status record for each different coverage limitation. Three rows will be displayed on the Update CARA Status (M254) screen. For Add records ‘blanks’ and ‘N’ are interchangeable. Submitting the Notification End-date is option, if blank MARx will update as previously stated.

| A/U/D | Notification Start Date | Notification End Date | POS Edit Code | Pharmacy Limitation | Prescriber Limitation | Implementation Start Date | Implementation End Date |
|-------|-------------------------|-----------------------|---------------|---------------------|-----------------------|---------------------------|-------------------------|
| A     | 3/31/2019               | 5/29/2019             | PS1           | Blank               | Blank                 | Blank                     | Blank                   |
| A     | 3/31/2019               | 5/29/2019             | Blank         | Y                   | Blank                 | Blank                     | Blank                   |
| A     | 3/31/2019               | 5/29/2019             | N             | N                   | Y                     | Blank                     | Blank                   |

**Option 2.** Sponsor submits one CARA Status record with all three coverage limitations selected.

| A/U/D | Notification Start Date | Notification End Date | POS Edit Code | Pharmacy Limitation | Prescriber Limitation | Implementation Start Date | Implementation End Date |
|-------|-------------------------|-----------------------|---------------|---------------------|-----------------------|---------------------------|-------------------------|
| A     | 3/31/2019               | 5/29/2019             | PS1           | Y                   | Y                     | Blank                     | Blank                   |

**Scenario Part 2:** The sponsor decides not to implement the Prescriber Limitation and implements only the POS Edit and Pharmacy Limitation. The beneficiary receives the Second Notice dated 5/15/2019.

**Option 1A.** Sponsor submits three update records below. The first two records update the Implementation Start-date for the POS Edit and the Pharmacy Limitation record. MARx will update the blank Notification End-dates. For delete and update records, ‘blank’ and ‘N’ values are not interchangeable. It is important that ‘blanks’ are entered for the coverage limitation(s) that are not changed by the update. The final record updates the Notification End-date for the Prescriber Limitation and must be submitted by the sponsor.

| A/U/D | Notification Start-Date | Notification End-Date | POS Edit Code | Pharmacy Limitation | Prescriber Limitation | Implementation Start-Date | Implementation End-Date |
|-------|-------------------------|-----------------------|---------------|---------------------|-----------------------|---------------------------|-------------------------|
| U     | 3/31/2019               | Blank                 | PS1           | Blank               | Blank                 | 5/15/2019                 | Blank                   |
| U     | 3/31/2019               | Blank                 | Blank         | Y                   | Blank                 | 5/15/2019                 | Blank                   |
| U     | 3/31/2019               | 5/15/2019             | Blank         | Blank               | Y                     | Blank                     | Blank                   |

**Option 2A.** The sponsor submits two update records. The first record adds Implementation Start-date to the POS Edit and the Pharmacy Limitation record. The other record changes the Notification End-date to 5/15/2019. MARx only updates an existing Notification End-date when the Implementation Start-Date is submitted.

| A/U/D | Notification Start-Date | Notification End-Date | POS Edit Code | Pharmacy Limitation | Prescriber Limitation | Implementation Start-Date | Implementation End-Date |
|-------|-------------------------|-----------------------|---------------|---------------------|-----------------------|---------------------------|-------------------------|
| U     | 3/31/2019               | Blank                 | PS1           | Y                   | Blank                 | 5/15/2019                 | Blank                   |
| U     | 3/31/2019               | 5/15/2019             | Blank         | Blank               | Y                     | Blank                     | Blank                   |

**Final CARA Status Summary records** (as viewed in the UI). Both options result in the POS Edit and Pharmacy Limitation being implemented and the Prescriber Limitation being end-dated and not implemented.

**Option 1 and 1A**

| Notification Start-date | Notification End-date | POS Edit Code | Pharmacy Limitation | Prescriber Limitation | Implementation Start-date | Implementation End-date |
|-------------------------|-----------------------|---------------|---------------------|-----------------------|---------------------------|-------------------------|
| 3/31/2019               | 5/14/2019             | PS1           | N                   | N                     | 5/15/2019                 | 5/14/2020               |
| 3/31/2019               | 5/14/2019             | N             | Y                   | N                     | 5/15/2019                 | 5/14/2020               |
| 3/31/2019               | 5/15/2019             | N             | N                   | Y                     | Blank                     | Blank                   |

**Option 2 and 2A**

| Notification Start-date | Notification End-date | POS Edit Code | Pharmacy Limitation | Prescriber Limitation | Implementation Start-date | Implementation End-date |
|-------------------------|-----------------------|---------------|---------------------|-----------------------|---------------------------|-------------------------|
| 3/31/2019               | 5/14/2019             | PS1           | Y                   | N                     | 5/15/2019                 | 5/14/2020               |
| 3/31/2019               | 5/15/2019             | N             | N                   | Y                     | Blank                     | Blank                   |



### 8.7.10 CARA Status Implementation End-date

A user must submit an Implementation End-date ('U') record if a decision is made that the coverage limitation(s) will be terminated earlier than originally submitted or be extended up to one additional year. Since LIS beneficiaries with an active CARA Status cannot change plans using the 'L' election type code, it is imperative that the sponsor update the record in MARx in a timely manner. If the coverage limitation is extended, the extension update record must be submitted within one month after the original one-year Implementation End-date.

If the sponsor decides to terminate an implemented coverage limitation and add a new, different coverage limitation, the user must end-date the prior Implementation record and submit the new Notification and Implementation records associated with the new Initial and Second Notice to the beneficiary.

In addition to beneficiary and contract information, the following details are required when submitting a CARA Status Implementation End-date for an existing CARA Status:

- Drug Class as previously submitted = Three letter drug class abbreviation i.e., OPI or BNZ.
- Notification Start-date as previously submitted.
- Implementation Start-date as previously submitted.
- Implementation End-date:
  - New date.
  - If the Implementation End-date is the same as the MARx assigned Implementation End-date and there are no other updates to the record, it is not necessary to submit an Implementation End-date. The transaction 90 will reject as a duplicate.
- POS Edit Status, Pharmacy Limitation Status, and/or Prescriber Limitation Status (at least one 'Y') that will have the end-date applied:
  - If the POS Edit Status is 'Y' then the POS Edit Code field must be populated:
    - PS1 = No FADs within the class are covered.
    - PS2 = Limited FADs within the class are covered.
  - All status fields populated with a 'Y' will have the Implementation End-date applied to the coverage limitation. Any status fields that are populated with a blank will not be updated and the Implementation End-date is not applied to the coverage limitation(s).
- Add/Update/Delete Flag = 'U'

### 8.7.11 Batch Deletion of CARA Status Records

There are instances when an existing CARA Status record must be removed from the MARx system. A deletion record can be submitted via batch or UI.

Examples of scenarios when the deletion of a CARA Status record is appropriate:

- Notification Date or Drug Class corrections due to a data-entry error.
  - The user must then submit the correct record AFTER deleting the incorrect record.
  - Alternatively, the UI can be used to delete the record.
- “Future-dated” records that are determined to be incorrect.
- A record is erroneously submitted.

The deletion of a CARA Status record is not appropriate after notification or implementation. A record should not be deleted if a coverage limitation decision was made by the sponsor, and the beneficiary was notified.

For example, if a beneficiary is notified of a potential coverage limitation and the sponsor subsequently decides not to implement the coverage limitation, then the Notification Start-date record should NOT be deleted. The user should end the CARA Status by submitting a Notification End-date. However, if the Notification Start-date record is erroneous, such as a Notification Start-date record for the wrong beneficiary was submitted, then that CARA Status record should be deleted.

The system will automatically perform deletes for CARA Status Notification and Implementation records as detailed below; all information should be exactly the same as was previously submitted. In addition to beneficiary and contract information, the following details are required when deleting an existing CARA Status:

- Drug Class = Three letter drug class abbreviation i.e., OPI or BNZ.
- Notification Start-date as previously submitted.
- Implementation Start-date as previously submitted.
- POS Edit Status, Pharmacy Limitation Status, and/or Prescriber Limitation Status, the same status fields have a ‘Y’.
- Add/Update/Delete Flag = ‘D’.

The following fields are optional when submitting a CARA Status delete record:

- Notification End-date can be blank or the previously submitted date.
- Implementation End-date can be blank or the previously submitted date.

**Important Note.** If the sponsor previously submitted two or three CARA Status records, each with the same Notification Start-date but with different coverage limitations and the delete record contains a ‘Y’ for any of the statuses, those statuses will be deleted regardless if there are 1, 2, or 3 existing records with the same Notification Start-date and/or Implementation Start-date. If the sponsor previously submitted one record with all three coverage limitations, the delete record must have a ‘Y’ for each of the statuses to be deleted and blanks for the coverage limitations not to be deleted.

**Scenario 1:** The sponsor erroneously submits ‘Y’ for the Prescriber Limitation and needs to delete.

**Option 1.** If the sponsor submitted an Add record for each of the three CARA Statuses, three rows will display on the Update CARA Status (M254) screen.

Sponsor submits multiple Add CARA Status records:

| A/U/D | Notification Start-date | Notification End-date | POS Edit Code | Pharmacy Limitation | Prescriber Limitation | Implementation Start-date | Implementation End-date |
|-------|-------------------------|-----------------------|---------------|---------------------|-----------------------|---------------------------|-------------------------|
| A     | 2/2/2019                | 4/2/2019              | PS1           | N                   | N                     | Blank                     | Blank                   |
| A     | 2/2/2019                | 4/2/2019              | N             | Y                   | N                     | Blank                     | Blank                   |
| A     | 2/2/2019                | 4/2/2019              | N             | N                   | Y                     | Blank                     | Blank                   |

**Option 2.** The sponsor submits a single Add record.

| A/U/D | Notification Start-date | Notification End-date | POS Edit Code | Pharmacy Limitation | Prescriber Limitation | Implementation Start-date | Implementation End-date |
|-------|-------------------------|-----------------------|---------------|---------------------|-----------------------|---------------------------|-------------------------|
| A     | 2/2/2019                | 4/2/2019              | PS1           | Y                   | Y                     | Blank                     | Blank                   |

To delete only the Prescriber Limitation, the sponsor should submit a delete record with the Prescriber Limitation marked as ‘Y’. The Pharmacy Limitation and POS Edit Code status fields must be populated with blanks. If the POS Edit Code and/or Pharmacy Limitation status fields are populated with a ‘Y’, then those statuses will also be deleted. The following delete record will remove only the Prescriber Limitation:

| A/U/D | Notification Start-date | Notification End-date | POS Edit Code | Pharmacy Limitation | Prescriber Limitation | Implementation Start-date | Implementation End-date |
|-------|-------------------------|-----------------------|---------------|---------------------|-----------------------|---------------------------|-------------------------|
| D     | 2/2/2019                | 4/2/2019              | Blank         | Blank               | Y                     | Blank                     | Blank                   |

The final CARA Status summary record:

**Option 1:**

| Notification Start-date | Notification End-date | POS Edit Code | Pharmacy Limitation | Prescriber Limitation | Implementation Start-date | Implementation End-date |
|-------------------------|-----------------------|---------------|---------------------|-----------------------|---------------------------|-------------------------|
| 2/2/2019                | 4/2/2019              | PS1           | N                   | N                     | Blank                     | Blank                   |
| 2/2/2019                | 4/2/2019              | N             | Y                   | N                     | Blank                     | Blank                   |

**Option 2:**

| Notification Start-date | Notification End-date | POS Edit Code | Pharmacy Limitation | Prescriber Limitation | Implementation Start-date | Implementation End-date |
|-------------------------|-----------------------|---------------|---------------------|-----------------------|---------------------------|-------------------------|
| 2/2/2019                | 4/2/2019              | PS1           | Y                   | N                     | Blank                     | Blank                   |

**Scenario 2:** The sponsor submits an Implementation CARA Status record for the wrong beneficiary.

The sponsor submitted one CARA Status record with a POS Edit Code and one or both other coverage limitations. One row will be displayed on the Update CARA Status (M254) screen.

| A/U/D | Notification Start-date | Notification End-date | POS Edit Code | Pharmacy Limitation | Prescriber Limitation | Implementation Start-date | Implementation End-date |
|-------|-------------------------|-----------------------|---------------|---------------------|-----------------------|---------------------------|-------------------------|
| A     | 3/2/2019                | 4/30/2019             | PS1           | Y                   | Y                     | 5/1/2019                  | 4/3/2020                |

The sponsor should submit a delete record with the POS Edit, Pharmacy Limitation and Prescriber Limitation Status fields populated with a ‘Y’. If any of the status fields are left blank or ‘N’ the coverage limitation will not be deleted. If the beneficiary has LIS status, the CARA Status record will prevent this beneficiary from using the LIS SEP.

Delete CARA Status record:

| A/U/D | Notification Start-date | Notification End-date | POS Edit Code | Pharmacy Limitation | Prescriber Limitation | Implementation Start-date | Implementation End-date |
|-------|-------------------------|-----------------------|---------------|---------------------|-----------------------|---------------------------|-------------------------|
| D     | 3/2/2019                | 4/30/2019             | PS1           | Y                   | Y                     | 5/1/2019                  | 4/3/2020                |

**8.7.12 Update Legacy POS Edit Records**

Only active Legacy records can be updated. Active Legacy records have an Implementation Start Date and an Implementation End Date that is either blank or future dated.

In addition to beneficiary and contract information, the following details are required:

- Drug Class = OPI
- Notification Start-date, as previously submitted.
- Implementation Start-date:
  - Actual date the sponsor implemented a change in the POS Edit coverage limitation.
  - The Implementation Start-date can be later than 60 days after the Notification Start-date.
- Implementation End-date:

- The Implementation End-date can be blank. If present, the Implementation End-date can be greater than 12 months after the Implementation Start-date.
- POS Edit Status = 'Y' and the POS Edit Code field must be populated:
  - PS1 = No FADs within the class are covered.
  - PS2 = Limited FADs within the class are covered.
- Pharmacy Limitation Status and Prescriber Limitation Status must be blank.
- Add/Update/Delete Flag = 'U'.

Only the following fields can be updated:

- Notification End Date
- POS Edit Code
- Implementation Start Date
- Implementation End Date

### 8.7.13 Update CARA Status (M254) Screen

Part D contracts and CMS users can enter and update beneficiary CARA Status information through the MARx UI. The *Update CARA Status (M254)* screen as shown below, allows users with the MDBG and MCO Authorized user roles to change or delete any CARA Status information that was submitted to CMS through MARx.

Contracts will only see CARA Status information for periods during which the beneficiary is enrolled in any of their Part D contracts. The screen includes a blank line, labelled *New*, which allows the user to enter a new CARA Status record for the beneficiary.

To navigate to the *Update CARA Status (M254)* screen select the Update Enrollment link from the *Beneficiaries: Search Results (M202)* screen.

If a user selects the 'Submit' button when any of the following conditions exist, an error message(s) will be displayed on the Update CARA Status (M254) screen, no data will be saved, and the user will remain on the screen:

- Any field contains an invalid format
- A duplicate record is entered. The submitted record has the same:
  - Notification Start and End-dates
  - Implementation Start and End-dates
  - POS Edit Code (Blank/No/PS1/PS2)
  - Prescriber Limitation (Blank/Yes/No)
  - Pharmacy Limitation (Blank/Yes/No)
  - Drug Class Code
- Notification or Implementation dates are not within the valid CARA Status period of the Drug Class or the POS Edit Code
- Notification Start-date is before 1/1/2019
- Notification End-date is prior to Notification Start-date
- Implementation End-date is prior to Implementation Start-date
- Notification End-date is more than 60 days from the Notification Start-date. (For example, if the Notification Start-date is August 1<sup>st</sup> the latest Notification End-date is September 29<sup>th</sup>)

- Implementation Start-date is later than one day after the Notification End-date
- Notification or Implementation Start-date is later than the end of the month that follows the current calendar month
- An “overlapping” coverage limitation record is entered

Figure 8-74: Update CARA Status (M254) Screen

Claim #:11111111A  
MBI #:XXXXXXXXXXXX  
XXX XXXX XX  
XXXXXXXX, XX XXXXX-XXXX
JOHN J. DOE  
ACTIVE
DOB: XX/XX/XXXX  
Age: XX Sex: MALE  
State: XX (XX) County: XXXXXXX (XXX)

Update CARA Status
User: XXXX Role: MDBG CARA STATUS USER Date: 6/1/2019
Close Print Help...

Check the Update checkbox and select "Delete Row" to remove a CARA Status record

If the notification and implementation start dates are not equal, the notification end date must be one day before the implementation start date

If the notification and implementation start dates are equal, the notification end date must be the same as the notification start date

When adding a new row:

To indicate there is no value, select "Blank" from the POS Edit or Limitation drop down box

When updating an existing record:

To indicate there should be NO update for this POS Edit or Limitation, select "Blank" from the drop down box

To indicate that the POS Edit or Limitation should be removed, select "NO" from the drop down box

When "NO" is displayed for a CARA status, it means the POS Edit or Limitation does not apply

Select "Submit" to validate and submit updates

CARA Status Indicator: Active

|     | Update                   | Record Type | Contract | Drug Class     | Notification Start Date | Notification End Date | POS Edit Code | Pharmacy Limitation | Prescriber Limitation | Implementation Start Date | Implementation End Date | Disenrollment Date | Last Update    |
|-----|--------------------------|-------------|----------|----------------|-------------------------|-----------------------|---------------|---------------------|-----------------------|---------------------------|-------------------------|--------------------|----------------|
| New |                          |             |          |                |                         |                       |               |                     |                       |                           |                         |                    |                |
| 1   | <input type="checkbox"/> | V           | XXXXX    | OPIOIDS        | 4/19/2019               | 5/26/2019             | PS2           | NO                  | NO                    | 5/27/2019                 | 5/26/2020               |                    | 6/1/2019 17:15 |
| 2   | <input type="checkbox"/> | V           | XXXXX    | OPIOIDS        | 4/19/2019               | 5/1/2019              |               | YES                 | NO                    | 5/2/2019                  | 5/1/2020                |                    |                |
| 3   | <input type="checkbox"/> | V           | XXXXX    | OPIOIDS        | 4/19/2019               | 6/18/2019             |               | NO                  | YES                   |                           |                         |                    |                |
| 4   | <input type="checkbox"/> | V           | XXXXX    | BENZODIAZEPINE | 4/15/2019               | 6/1/2019              |               | YES                 | YES                   | 6/2/2019                  | 6/1/2020                |                    |                |
| 5   | <input type="checkbox"/> | V           | XXXXX    | BENZODIAZEPINE | 4/30/2019               | 6/24/2019             | PS1           | NO                  | NO                    | 6/25/2019                 | 6/24/2020               |                    |                |

Submit Delete Row
View Audit

Figure 8-75: Updated CARA Status (M254) Screen – Legacy Record Example

Claim #:11111111A MBI #:XXXXXXXXXX JOHN J. DOE DOB: XX/XX/XXXX  
 XXX XXXX XX ACTIVE Age: XX Sex: MALE  
 XXXXXX, XX XXXXX-XXXX State: XX (XX) County: XXXXXXX (XXX)

Update CARA Status User: XXXX Role: MDBG CARA STATUS USER Date: 6/1/2019 [Close] [Print] [Help...]

Update CARA Status (M254)

Check the Update checkbox and select "Delete Row" to remove a CARA Status record  
 If the notification and implementation start dates are not equal, the notification end date must be one day before the implementation start date  
 If the notification and implementation start dates are equal, the notification end date must be the same as the notification start date  
 When adding a new row:  
 To indicate there is no value, select "Blank" from the POS Edit or Limitation drop down box  
 When updating an existing record:  
 To indicate there should be NO update for this POS Edit or Limitation, select "Blank" from the drop down box  
 To indicate that the POS Edit or Limitation should be removed, select "NO" from the drop down box  
 When "NO" is displayed for a CARA status, it means the POS Edit or Limitation does not apply  
 Select "Submit" to validate and submit updates

CARA Status Indicator: Active

| Update                   | Record Type | Contract | Drug Class | Notification Start Date | Notification End Date | POS Edit Code | Pharmacy Limitation | Prescriber Limitation | Implementation Start Date | Implementation End Date | Disenrollment Date | Last Update    |
|--------------------------|-------------|----------|------------|-------------------------|-----------------------|---------------|---------------------|-----------------------|---------------------------|-------------------------|--------------------|----------------|
| New                      |             |          |            |                         |                       |               |                     |                       |                           |                         |                    |                |
| <input type="checkbox"/> | V           | XXXXX    | OPIOIDS    | 4/19/2019               | 5/26/2019             | PS2           |                     |                       | 5/27/2019                 | 5/26/2020               |                    | 6/1/2019 17:15 |
| <input type="checkbox"/> | V           | XXXXX    | OPIOIDS    | 4/19/2019               | 5/1/2019              |               | YES                 | NO                    | 5/2/2019                  | 5/1/2020                |                    |                |
| <input type="checkbox"/> | V           | XXXXX    | OPIOIDS    | 4/19/2019               | 6/18/2019             |               | NO                  | YES                   |                           |                         |                    |                |
| <input type="checkbox"/> | L           | XXXXX    | OPIOIDS    | 07/11/2018              | 09/08/2018            | PS1           | NO                  | NO                    | 09/09/2018                |                         |                    |                |
| <input type="checkbox"/> | L           | XXXXX    | OPIOIDS    | 01/20/2018              | 03/05/2018            | PS2           | NO                  | NO                    | 03/06/2018                | 06/30/2018              |                    |                |

[Submit] [Delete Row] [View Audit]

Table 8-47: Update CARA Status (M254) Screen Field Descriptions

| Update CARA Status Screen (M254) Field Descriptions  |                       |  |
|--|-----------------------|--|
| Item   | Input/Output          | Description  |
| <b>The New Line</b>  |                       |  |
| This line is used to enter new CARA Status information. Users can only add CARA Status information for periods during the beneficiary’s enrollment in a contract to which the user has access. |                       |  |
| Contract   | Input                 | Contract in which the beneficiary was enrolled during the period on this line. |
| Drug Class   | Input (Dropdown list) | Drug Class Code for the CARA Status on this line.                              |
| Notification Start Date  | Input                 | Notification Start-date for the CARA Status on this line.                      |
| Notification End Date  | Input                 | Notification End-date for the CARA Status this line.                           |
| POS Edit Code  | Input                 | POS Edit Code for the CARA Status on this line.                                |
| Pharmacy Limitation  | Input (Dropdown list) | Yes or No for if the beneficiary has a Pharmacy Limitation                     |
| Prescriber Limitation  | Input (Dropdown list) | Yes or No for if the beneficiary has a Prescriber Limitation                   |
| Implementation Start Date  | Input                 | Implementation Start-date for the CARA Status on this line.                    |
| Implementation End Date  | Input                 | Implementation End-Date for the CARA Status on this line.                      |

| Update CARA Status Screen (M254) Field Descriptions  |                       |   |
|--|-----------------------|---|
| Item   | Input/Output          | Description   |
| Disenrollment Date   | Input                 | Date the beneficiary was disenrolled from the contract.(MARx automatically updates when applicable)   |
| <p><b>Updating or Deleting CARA Status Information</b><br/>                     The Update section contains one row for each CARA Status record. The user can edit each row or mark it for delete or update the available fields.</p> <p>For active Legacy POS Drug records, only the following fields can be edited: Notification End Date, POS Edit Code, Implementation Start Date and Implementation End Date.</p> |                       |   |
| Update   | Input                 | Check this box, then select the desired action (i.e., Submit, , Delete Row) when updating or deleting information for a CARA Status   |
| Record Type  | Output                | The record types are: <ul style="list-style-type: none"> <li>• A – Audit</li> <li>• L – Legacy</li> <li>• V – Valid</li> </ul> <i>The user cannot modify this field.</i>  |
| Contract   | Output                | Contract for CARA Status on this line.  |
| Drug Class   | Output                | Drug Class Code for CARA Status on this line.   |
| Notification Start Date  | Output                | Notification Start-date for the CARA Status on this line.   |
| Notification End Date  | Output                | Notification End-date for the CARA Status on this line.   |
| POS Edit Code  | Input (Dropdown list) | The user can update the POS Edit Code:<br>PS1, PS2, Blank (no update), N (remove previously submitted POS Edit Code)  |
| Pharmacy Limitation  | Input (Dropdown list) | Yes – Pharmacy Limitation applies<br>No – Pharmacy Limitation does not apply<br>Blank – no update   |
| Prescriber Limitation  | Input (Dropdown list) | Yes – Prescriber Limitation applies<br>No – Prescriber Limitation does not apply<br>Blank – no update   |
| Implementation Start Date  | Output, Input         | The user can enter or correct an Implementation Start-Date.   |
| Implementation End Date  | Output, Input         | The user can enter, correct or update an Implementation End-Date.   |
| Disenrollment Date   | Output                | The Disenrollment Date for the Contract enrollment period of the Contract that submitted the CARA Status information. <i>The user cannot modify this field</i>  |
| Last Update  | Output                | The time and date of the latest update for this row. <i>The user cannot modify this field.</i>  |
| <p><b>Action Buttons</b><br/>                     These buttons operate on any selected lines by checking the Update Event checkbox.</p>   |                       |   |
| Submit   | Button                | Any CARA Status information entered on the New line or CARA Status changes in a selected line is submitted for processing. After processing, the updated information is viewable in the CARA Status records list for the beneficiary. |
| Delete Row   | Button                | The CARA Status record will be deleted.   |
| <b>Audit Button</b>  |                       |   |



| Update CARA Status Screen (M254) Field Descriptions |              |  |
|---|--------------|--|
| Item  | Input/Output | Description  |
| View Audit  | Button       | Displays both valid and audited record information in the following order: <ul style="list-style-type: none"> <li>• Notification Date in descending order</li> <li>• Record type in descending order (V-valid before A-Audited)</li> <li>• Received date and time in descending order</li> </ul> |
| Hide Audit  | Button       | Only displayed when viewing audit records.   |

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### **MARx UI – New Record**

To submit a CARA Status record on the *Update CARA Status (M254)* screen:

- Enter the information on the “New Row”
  - Contract
  - Drug Class
  - Notification Start-date:
    - Notification End-date is optional UNLESS the Implementation Start-date is provided.
    - If no Notification End-date is entered, Marx will automatically place a Notification End-date that is day 60 after the CARA Status Notification Start-date.
      - For example, if the Notification Start-date is August 1st the Notification End-date will be September 29<sup>th</sup>.
  - Implementation Start-date (optional)
    - If an Implementation Start-date is provided, enter the appropriate Notification End-date if blank, MARx will populate with the 12 month maximum date.
  - POS Edit Code, Pharmacy Limitation, and/or Prescriber Limitation
    - At least one coverage limitation must be ‘Yes’.
- Select Submit.

Please see the Update CARA Status Screen (8.7.11) section for applicable rules about dates.

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### **MARx UI – Update CARA Status Records**

To update a CARA Status record on the *Update CARA Status (M254)* screen:

- Check the update box next to the CARA Status record that the user wishes to update
- Enter or change any of the editable fields
- If an Implementation Start-date is added or changed, the Notification End-date must be modified
  - The Notification End-date is one day before the Implementation Start-date; OR,
  - If the Notification and Implementation Start-dates are the same, the Notification End-date must be the same as the other two dates.

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### **MARx UI – Update CARA Status Records**

There are instances when an existing CARA Status record must be removed from the MARx system. A deletion record can be submitted via the MARx UI using the *Update CARA Status (M254)* screen.

**Section 8.7.10**, Batch Deletion of CARA Status records, provides details about when it is appropriate to delete a CARA Status record.

If the user determines the entire CARA Status record should be deleted:

- Check the Update Checkbox of the row to be deleted.
- Select the Delete Row Button.
- Select Submit.

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### **Legacy POS Edit Records (Prior to 2019)**

All POS Edit records that existed as of 12/30/2018 were converted to the new CARA Status record format. These records will be viewable on the MARx Update CARA Status (M254) Screen and displayed with an ‘L’ record type. (See Figure 2 Update CARA Status (M254) Screen – Legacy records)

The following fields can be updated on active Legacy records according to the rules below: Notification End Date, POS Edit Code, Implementation Start Date and Implementation End Date.

Legacy records can be modified according to the following rules:

- Only Active records can be updated. Active Legacy records have an Implementation Start Date and either a blank or future dated Implementation End Date.
- Overlapping notification periods between Legacy records is allowed. However, Legacy records cannot overlap with a CARA Status record.
- There is no requirement for 60-day difference between the Notification Start date and Notification End.
- Notification End-dates:
  - If an Implementation record does not exist but a termination record does exist, the Notification End-date will be the termination date.
  - If an Implementation record does exist, the Notification End-date will either be
    - the day before the Implementation Start-date OR
    - if the Notification and Implementation dates are the same the Notification End-date will also be the same.
  - If neither an Implementation or Termination date exist but the beneficiary has disenrolled from the contract, the Notification End-date will be the disenrollment date.
  - If neither an implementation, termination nor disenrollment date exists, MARx will populate 12/31/2018.
- Implementation End-dates:
  - If a termination record exists, the Implementation End-date will be the termination date.

- If a termination record does not exist but the beneficiary disenrolled from the contract, the Implementation End-date will be the disenrollment date.
- If neither a termination nor disenrollment date exists, the end-date is not populated and if the beneficiary is LIS-eligible, the SEP will **NOT** be suspended.
- When a beneficiary enrolls in a new contract, the new contract will not receive a TRC 376 (New Enrollee CARA Status Notification) from Legacy records.

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### **Questions**

If you have any questions, please contact the new CMS Part D OM mailbox at [PartD\\_OM@cms.hhs.gov](mailto:PartD_OM@cms.hhs.gov) and put “MARx” in the subject line.

## 9 Glossary and Acronyms

### 9.1 Glossary

| Glossary                              |   |
|---------------------------------------|---|
| Term                                  | Definition  |
| Accepted Transaction                  | The successful application of a requested action that was processed by MARx.  |
| Account Number                        | A number obtained from the system administrator.  |
| Application Date                      | The date that the beneficiary applies to enroll in a Plan. Enrollments submitted by CMS or its contractors, such as the Medicare Beneficiary Contact Center, do not need application dates.   |
| Batch Transaction                     | An automated systems approach to processing in which data items to process must be grouped and processed in bulk.   |
| Beneficiary Identification Code (BIC) | The portion of the Medicare Health Insurance Claim Number (HICN) that identifies a specific beneficiary.  |
| Benefit Stabilization Fund (BSF)      | Established by CMS upon request of an HMO or CMP, when the HMO or CMP must provide its Medicare enrollees with additional benefits, to prevent excessive fluctuation in the provision of those benefits in subsequent contract periods.   |
| Button                                | A rectangular icon on a screen which, when clicked, engages an action. The button is labeled with word(s) that describe the action, such as Find or Update.   |
| Cancellation Transaction              | A cancellation may result from an action by the beneficiary, CMS, or another Plan before the effective date of the election. A cancelled enrollment restores the beneficiary to his/her prior enrollment state.   |
| Checkbox                              | A field that is part of a group of options, for which the user may select any number of options. Each option is represented with a small box, where 'x' means "on" and an empty box means "off." When a checkbox is clicked, an 'x' appears in the box. When the checkbox is clicked again, the 'x' is removed. |
| Connect:Direct                        | The proprietary software that transfers files between systems.  |
| Correction                            | A record submitted by a Plan or CMS office to correct or update existing Beneficiary data.  |
| Cost Plan                             | A type of contract under which a Plan is reimbursed by CMS for its reasonable costs.  |
| Current Calendar Month (CCM)          | Represents the calendar month and year at the time of transaction submission. For batch, the current month is derived from the batch file transmission date. For MARx UI transactions, the current month is derived from the system data at the time of transaction submission.                                 |
| Current Processing Month              | The calendar month in which processing occurs to generate payments. The Current Processing Month is distinguished from the CPM, the month in which Plans receive payment from CMS.  |
| Current Payment Month (CPM)           | The month for which Plans receive payment from CMS, not the current calendar month.   |
| Creditable Coverage                   | Prescription drug coverage, generally from an employer or union, that is equivalent to, or better than, Medicare standard prescription drug coverage.   |
| Data entry field                      | A field that requires the user to enter information.  |
| Deductible                            | The amount a Beneficiary must pay for medical services or prescription drugs before a Plan starts paying benefits.  |
| Disenrollment                         | A record submitted by a Plan, Social Security Administration District Office (SSA DO), Medicare Customer Service Center (MCSC), or CMS when a beneficiary discontinues membership in the Plan.  |

| <b>Glossary</b>                 |   |
|---------------------------------|---|
| <b>Term</b>                     | <b>Definition</b>   |
| Dropdown list                   | A field that contains a list of values from which the user chooses. Clicking on the down arrow on the right of the field enables the user to view the list of values, and then click on a value to select it.   |
| Dual Eligible                   | Individuals entitled to both Medicare and Medicaid benefits.  |
| Election Period                 | Time periods during which a Beneficiary may elect to join, change, or leave Medicare Part C and/or Part D Plans. These periods are fully defined in CMS Enrollment and Disenrollment guidance for Part C and D Plans.   |
| Enrollment                      | A record submitted when a Beneficiary joins an MCO or a drug Plan.  |
| Enrollment Process              | A process in which a Plan submits a request to enroll in a Plan, change enrollment, or disenroll.   |
| Exception                       | A transaction that is unprocessed due to errors or internal inconsistencies.  |
| Failed Payment Reply Codes      | Codes used for the Failed Payment Reply Report that identify incomplete payment calculations for a beneficiary.   |
| Failed Transaction              | A transaction that did not complete due to problems with the format of the transaction or internal system problems.   |
| Formulary                       | The medications covered by an MA organization or Prescription Drug Plan.  |
| Gentran                         | The Gentran servers provide Electronic Data Interchange (EDI) capabilities between CMS and CMS business partners. These servers provide CMS with transaction files from the Plans, and provide the Plans with CMS reports.  |
| Hospice                         | A health facility for the terminally ill.   |
| Logoff                          | The method of exiting an online system.   |
| Logon                           | The method for gaining entry to an online system.   |
| Lookup field                    | A field that provides a list of possible values. When the user clicks on the “binocular” button next to the field, a window pops up with a list of values for that field. Clicking on one of those values closes the pop-up window and the field is filled with the value chosen.   |
| Medicaid                        | A jointly funded, Federal-State health insurance program for certain low-income and needy people. It covers approximately 36 million individuals including children, the aged, blind, and/or disabled, and people eligible to receive Federally assisted income maintenance payments.   |
| Managed Care Organization (MCO) | A type of contract under which CMS pays for each member, based on demographic characteristics and health status; also referred to as Risk. In a Risk contract, the MCO accepts the risk if the payment does not cover the cost of services, but keeps the difference if the payment is greater than the cost of services. Risk is managed through a membership where the high costs for very sick members are balanced by the lower cost for a larger number of relatively healthy members. |
| Menu                            | A horizontal list of items at the top of a screen. Clicking on a menu item displays a screen and may display a submenu of items corresponding to the selected menu item.  |
| Nursing Home Certifiable (NHC)  | A code that reflects the relative frailty of an individual. NHC Beneficiaries are those whose condition would ordinarily require nursing home care. The code is only acceptable for certain social health maintenance organization (SHMO)-type Plans.   |
| Off-cycle                       | A retroactive transaction awaiting CMS approval because its effective date is too old for automatic acceptance.   |
| Online                          | An automated systems approach that processes data in an interactive manner, normally through computer input.  |
| Premium                         | The monthly payment a Beneficiary makes to Medicare, an insurance company, or a healthcare Plan.  |
| Premium Payment Option (PPO)    | The method selected by the beneficiary to pay the premium owed to the Plan. PPO choices are: (1) withhold from SSA (S) or RRB (R) benefit check or (2) Direct self-pay (D) to the Plan.   |

| <b>Glossary</b>  |   |
|--|---|
| <b>Term</b>  | <b>Definition</b>   |
| Program for All Inclusive. Care for the Elderly (PACE) Plans | PACE is a unique capitated managed care benefit for the frail elderly provided by a not-for-profit or public entity that features a comprehensive medical and social service delivery system. It uses a multidisciplinary team approach in an adult day health center supplemented by in-home and referral service in accordance with participants' needs.  |
| Radio button   | A field that is part of a group of options, of which the user may only select one option. A radio button is represented with a small circle; a filled circle indicates the button is selected, and an empty circle means it is not selected. Clicking a radio button selects that option and deselects the existing selection.  |
| Required field   | A field that the user must complete before a button is clicked to engage an action. If the button is clicked and the field is not filled in, an error message displays and the action does not occur.<br>There are two types of required fields: <ul style="list-style-type: none"> <li>• Always required, which are marked with an asterisk (*).</li> <li>• Conditionally required, where the user must fill in at least one or only one of the conditionally required fields. These are marked with a plus sign (+).</li> </ul>       |
| Risk   | A contract under which Beneficiaries are “locked in” to network providers and a payment is received from CMS for each member, based on demographic characteristics and health status. In a Risk contract, the MCO accepts the risk if the payment does not cover the cost of services, but keeps the difference if the payment is greater than the cost of services. Risk is managed through a membership where the high costs for very sick members are balanced by the lower costs for a larger number of relatively healthy members. |
| Special Needs Plan (SNP)                                     | A certain type of MA Plan that serves a limited population of individuals in CMS special-needs categories, as defined in CMS Part C Enrollment and Eligibility Guidance. This Plan is fully defined on the CMS website at the following link: <a href="http://www.cms.gov/home/medicare.asp">http://www.cms.gov/home/medicare.asp</a> under “Health Plans.”   |
| Submenu  | A horizontal list of items below the screen’s menu. Clicking on a submenu item displays a screen.   |
| TIBCO MFT Internet Server                                    | The TIBCO MFT Internet Servers provide Electronic Data Interchange (EDI) capabilities between CMS and CMS business partners. These servers provide CMS with transaction files from the Plans, and provide the Plans with CMS reports.   |
| Transaction Code (TC)  | Identifies batch transactions submitted by the Plans or CMS.  |
| Transaction Reply Code (TRC)                                 | The code that explains the action taken by the system in response to new information from CMS systems or in response to input from MCOs, CMS, or other users.   |
| User ID  | Valid user identification code for accessing the CMS Data Center and the Medicare Data Communications Network.  |
| User Interface   | The screens, forms, and menus that display to a user logged on to an automated system.  |

## 9.2 Acronyms

| Acronyms Used in this Guide |  |
|-----------------------------|--|
| Acronym                     | Definition   |
| AAPCC                       | Adjusted Average Per Capita Cost                         |
| ADAP                        | AIDS Drug Assistance Program                             |
| AE-FE                       | Automated Enrollment-Facilitated Enrollment              |
| AEP                         | Annual Enrollment Period                                 |
| APPS                        | Automated Plan Payment System                            |
| BBA                         | Balanced Budget Act of 1997                              |
| BCRC                        | Benefits Coordination & Recovery Center                  |
| BCSS                        | Batch Completion Status Summary                          |
| BEQ                         | Beneficiary Eligibility Query                            |
| BIC                         | Beneficiary Identification Code                          |
| BIN                         | Beneficiary Identification Number                        |
| BIPA                        | Benefits Improvement & Protection Act of 2000            |
| BSF                         | Benefit Stabilization Fund                               |
| CAN                         | Claim Account Number                                     |
| CARA                        | Comprehensive Addiction and Recovery Act                 |
| CCIP/FFS                    | Chronic Care Improvement Program/Fee-for-Service         |
| CCM                         | Current Calendar Month                                   |
| C:D                         | Connect:Direct   |
| CHF                         | Congestive Heart Failure                                 |
| CM                          | Center for Medicare                                      |
| CMP                         | Civil Monetary Penalty                                   |
| CMP                         | Competitive Medical Plan                                 |
| CMS                         | Centers for Medicare & Medicaid Services                 |
| CO                          | Central Office   |
| COB                         | Close of Business  |
| COB                         | Coordination of Benefits                                 |
| COBA                        | Coordination of Benefits Agreement                       |
| COM                         | Current Operation Month                                  |
| CPM                         | Current Payment Month                                    |
| CR                          | Change Request   |
| CSR                         | Customer Service Representative                          |
| CWF                         | Common Working File database (CMS' beneficiary database) |
| DCG                         | Diagnostic Cost Group                                    |
| DDPS                        | Drug Data Processing System                              |
| DO                          | District Office  |
| DOB                         | Date of Birth  |
| DOD                         | Date of Death  |
| DOS                         | Date of Service  |
| DPO                         | Division of Payment Operations                           |

| <b>Acronyms Used in this Guide</b> |   |
|------------------------------------|---|
| <b>Acronym</b>                     | <b>Definition</b>   |
| DSA                                | Data Sharing Agreement  |
| DTL                                | Detail  |
| DTRR                               | Daily Transaction Reply Report                                    |
| ECRS                               | Electronic Correspondence Referral System                         |
| EDB                                | Enrollment Database   |
| EFT                                | Electronic Funds Transfer   |
| EFT                                | Enterprise File Transfer  |
| EGHP                               | Employer Group Health Plan  |
| EIN                                | Employee Identification Number                                    |
| EOY                                | End of Year   |
| EPOC                               | External Point of Contact   |
| ESRD                               | End Stage Renal Disease   |
| FDB                                | Facilitated Direct Bill   |
| FERAS                              | Front End Risk Adjustment System                                  |
| FFS                                | Fee-For-Service   |
| FTR                                | Failed Transaction Report   |
| GHP                                | Group Health Plan   |
| HCC                                | Hierarchical Condition Category                                   |
| HCPP                               | Health Care Prepayment Plan                                       |
| HICN                               | Health Insurance Claim Number                                     |
| HIPAA                              | Health Insurance Portability and Accountability Act               |
| HMO                                | Health Maintenance Organization                                   |
| HPMS                               | Health Plan Management System                                     |
| HTML                               | Hypertext Markup Language   |
| HTTPS                              | Hypertext Transfer Protocol Secure ICD                            |
| IC                                 | Innovation Center   |
| ICD-9-CM                           | International Classification of Diseases, 9 <sup>th</sup> Edition |
| ICEP                               | Initial Coverage Election Period                                  |
| ID                                 | Identification  |
| IDM                                | Identity Management   |
| IEP                                | Initial Enrollment Period   |
| IPPR                               | Interim Plan Payment Report                                       |
| IRMAA                              | Income-Related Monthly Adjustment Amount                          |
| IRS                                | Internal Revenue Service  |
| LEP                                | Late Enrollment Penalty   |
| LICS                               | Low-Income Cost Sharing   |
| LIPS                               | Low-Income Premium Subsidy  |
| LIS                                | Low-Income Subsidy  |
| LISHIST                            | LIS History Data File   |
| LISPRM                             | LIS Premium Data File   |
| LTC                                | Long-Term Care  |
| LTI                                | Long-Term Institutional   |



| <b>Acronyms Used in this Guide</b> |  |
|------------------------------------|--|
| <b>Acronym</b>                     | <b>Definition</b>  |
| MA                                 | Medicare Advantage   |
| MA BSF                             | Medicare Advantage Benefit Stabilization Fund              |
| MAPD                               | Medicare Advantage Prescription Drug                       |
| MARx                               | Medicare Advantage Prescription Drug System                |
| MARx UI                            | Medicare Advantage Prescription Drug System User Interface |
| MBD                                | Medicare Beneficiary Database                              |
| MBI                                | Medicare Beneficiary Identifier                            |
| MCO                                | Managed Care Organization                                  |
| MDS                                | Minimum Data Set   |
| MCSC                               | Medicare Customer Service Center (1-800-MEDICARE)          |
| MMA                                | Medicare Modernization Act                                 |
| MMCM                               | Medicare Managed Care Manual                               |
| MMDR                               | Monthly Membership Detail Report                           |
| MMP                                | Medicare and Medicaid Plan                                 |
| MMR                                | Monthly Membership Report                                  |
| MMSR                               | Monthly Membership Summary Report                          |
| MPWE                               | Monthly Premium Withhold Extract                           |
| MPWR                               | Monthly Premium Withholding Report Data File               |
| MSA                                | Medical Savings Account                                    |
| MSHO                               | Minnesota Senior Health Options                            |
| MSP                                | Medicare Secondary Payer                                   |
| MTM                                | Medication Therapy Management                              |
| NCPDP                              | National Council of Prescriptions Drug Programs            |
| NMEC                               | National Medicare Education Campaign                       |
| NHC                                | Nursing Home Certifiable                                   |
| NUNCMO                             | Number of Uncovered Months                                 |
| OEPI                               | Open Enrollment Period for Institutionalized Individuals   |
| OHI                                | Other Health Insurance                                     |
| OMB                                | Office of Management and Budget                            |
| OPM                                | Office of Personnel Management                             |
| PACE                               | Program of All-Inclusive Care for the Elderly              |
| PAP                                | Patient Assistance Program                                 |
| PBM                                | Pharmacy Benefit Manager                                   |
| PBO                                | Payment Bill Option  |
| PBP                                | Plan Benefit Package                                       |
| PCN                                | Pharmacy Control Number                                    |
| PCN                                | Processor Control Number                                   |
| PDE                                | Prescription Drug Event                                    |
| PDP                                | Prescription Drug Plan                                     |
| PFFS                               | Private Fee-for-Service                                    |
| PIP                                | Principal Inpatient Diagnostic Cost Group                  |
| POS                                | Point-of-Sale  |

| <b>Acronyms Used in this Guide</b> |   |
|------------------------------------|---|
| <b>Acronym</b>                     | <b>Definition</b>                                 |
| PPO                                | Premium Payment Option                            |
| PPR                                | Plan Payment Report                               |
| PPS                                | Prospective Payment System                        |
| PRM                                | Primary Record                                    |
| PWS                                | Premium Withhold System                           |
| QMB                                | Qualified Medicare Beneficiary Program            |
| RA                                 | Risk Adjustment/Risk Adjusted                     |
| RACF                               | Resource Access Control Facility                  |
| RAS                                | Risk Adjustment System                            |
| RDS                                | Retiree Drug Subsidy                              |
| REMIS                              | Renal Management Information System               |
| RO                                 | CMS Regional Office                               |
| RRB                                | Railroad Retirement Board                         |
| RRE                                | Responsible Reporting Entity                      |
| RxHCC                              | Prescription Drug Hierarchical Condition Category |
| SCC                                | State and County Code                             |
| SEP                                | Special Election Period                           |
| SFTP                               | Secure Shell File Transfer Protocol               |
| SHMO                               | Social Health Maintenance Organization            |
| SIMS                               | Standard Information Management System            |
| SLMB                               | Specified Low-Income Medicare Beneficiary Program |
| SNP                                | Special Needs Plan                                |
| SPAP                               | State Pharmaceutical Assistance Program           |
| SSA                                | Social Security Administration                    |
| SSA DO                             | Social Security Administration District Office    |
| SSN                                | Social Security Number                            |
| SUP                                | Supplemental Record                               |
| TC                                 | Transaction Code                                  |
| TIN                                | Tax Identification Number                         |
| TRC                                | Transaction Reply Code                            |
| TrOOP                              | True Out-of-Pocket                                |
| TRR                                | Transaction Reply Report                          |
| UI                                 | User Interface                                    |
| VBID                               | Value-Based Insurance Design                      |
| WC                                 | Workers Compensation                              |
| WCSA                               | Workers Compensation Set-Aside                    |