Medicare Advantage Prescription Drug State Users Guide

Version 2.0

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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1 Introduction

1.1   *Document Overview*

The *Medicare Advantage Prescription Drug (MAPD) State Users Guide* (hereafter referred to as *the Guide)* provides information to State Medicaid Agencies (hereafter referred to as State Users) regarding the use of the Centers for Medicare & Medicaid Services (CMS) Medicare Advantage and Prescription Drug System (MARx). *The Guide* was specifically developed for individuals with the "State User" role in MARx.

The Guide provides Web site links as well as a description of the User Interface (UI), including screenshots and instructions. States may use the UI to obtain online Medicare eligibility, enrollment, and prescription drug information for beneficiaries.

Note: CMS provides future revision(s) of this document as information is updated.

1.2   *Document Organization*

The Guide includes the following information:

Section 1, [Introduction](#), provides general information about the organization and content of this document.

Section 2, [Using the Medicare Advantage and Prescription Drug System (MARx)](#), provides information for State Users to access enrollment, eligibility, and 4Rx information for beneficiaries.

Section 3, [Screen Hierarchy](#), provides the names of the UI screens and their screen numbers.

Section 4, [Validation Messages](#), provides validation messages that appear directly on the screen during data entry/processing in the status line.

Section 5, [Entitlement Status and Enrollment Reason Codes](#), provides Medicare Part A and Part B Enrollment, Entitlement, and Non-Entitlement reason codes.

Section 6, [Disenrollment Reasons Codes](#), provides disenrollment codes.

Section 7, [Glossary and List of Abbreviations and Acronyms](#), provides a glossary and list terms, abbreviations and acronyms used throughout the Guide.

1.2.1 *Typographical Conventions*

The typographical conventions used in *the Guide* are shown in **Table1-1**.

Table 1-1: Typographical Conventions:

Example	Description
<Alt-P>	**Keystroke**. Less than and greater than signs (< >) are placed around any keyboard entries mentioned in the text. For instance, by pressing the Enter key, the user sees <ENTER>.
[Find]	**Button Name.** Square brackets ([ ]) are placed around the references to all button names displayed on the screen. Button names use mixed-case alphanumeric characters.
|Beneficiaries|	**Menu or Submenu Name.** A menu is represented as a horizontal list of menu items, either on the UI main menu or at the top of a screen. Submenus list items below the menu; items vary based on the menu item selected. These names are shown as mixed-case text with bars on either side.
Beneficiaries: Find(M201)	**Screen Name**. All screen names are represented as mixed case, italic text, and contain the full screen description.
Label Names	**Label Name**. All field labels, for input and output, referenced in the text are shown as mixed-case alphanumeric characters.
Smith	**Input**. Input fields are spaces or locations that accept input on the screens. The input is in the form of mixed-case alphanumeric characters.
FEMALE	**Selection**. A dropdown list offers a choice of options from which to select. Selections from a dropdown option are generally presented on the screen in upper case.
The claim…	**Error Message.** If a problem occurs after the user clicks on an action button, such as [Find] or [Submit], an error message is provided in red on the upper left-hand corner of the screen. The message is displayed in mixed-case alphanumeric characters.
The request…	**Status Message**. Status messages are provided in green on the upper left corner of the screen. The message is displayed in mixed-case alphanumeric characters.
06/2002	**Link**. A hyperlink, or link, is a word or group of words that the user clicks to access additional information in another location. Links are displayed in underlined blue text.
Note	**Note**. Notes indicate important information. The accompanying text is enclosed in a box with Note as a header.
Tip	**Tip**. Tips alert the user to shortcuts and troubleshooting techniques. Accompanying text is enclosed in a box with Tip as a header.

Note: When screens are shown in this document, the browser title, menu, buttons, and other items are hidden to display the content as largely as possible.

2 Using the Medicare Advantage and Prescription Drug System (MARx)

MARx UI enables State Users to access enrollment, eligibility, and 4Rx information for beneficiaries.

State Users can only view the following UI screens:
- Screen: M002 – User Security Role Selection
- Screen: M101 – Welcome
- Screen: M201 – Beneficiary Find
- Screen: M202 – Beneficiary Search Results
- Screen: M203 – Beneficiary Snapshot
- Screen: M204 – Enrollment View
- Screen: M205 – Status View
- Screen: M208 – History
- Screen: M209 – Composite History
- Screen: M210 – Audit History
- Screen: M222 – Enrollment Detail
- Screen: M232 – Eligibility View
- Screen: M236 – Medicaid
- Screen: M244 – Rx Insurance
- Screen: M251 – Additional Insurance Information
- Screen: M252 – Low Income Subsidy
- Screen: M256 – Status Activity
- Screen: M257 – Status Detail

States are not given access to the Payment, Adjustments, or Premium screens. Information is available for enrollments from the start of the program.

All beneficiary, contract, and user information in the screen snapshots in this document are fictional. Names and Social Security Numbers do not identify any person living or dead. Claim numbers start with '997,' '998,' or '999' because those numbers are never assigned. On certain screens, if no end date displays for the subsidy period, this does not mean the beneficiary's status is terminated; rather a blank Subsidy End date means that the status rolled over to the current year.

The UI meets U.S. Regulations, Section 508 of the Rehabilitation Act Amendments of 1998, requiring all U.S. Federal agencies to make their Information Technology (IT) accessible to their employees and customers with disabilities. The System meets the following criteria for users employing assisting technologies, such as screen readers:

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

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

2.1 *Commonly Referenced Buttons and Links*

Table 2-1 describes buttons and links on many of the screens.

Table 2-1: Common Buttons and Links

Example	Description
[Print]	**Print**. Every screen contains a [Print] button. The [Print] button supports printing the entire contents of the active Web page. It displays the 'Printer Options' pop-up screen.
[Help]	**Help**. Every screen contains a [Help] button, which invokes a menu of topics. At the top of the menu is a link to information specific to the current screen. Below that link are topic links that display for each screen. When the user clicks on a link, the help button displays in a separate window using Adobe Acrobat Reader. The help button provides online access to this guide.
[Close]	**Close**. Closes the pop-up window without submitting the data. This button does not appear on any screens accessed directly from an item on the UI main menu.
[Cancel]	**Cancel**. Closes the pop-up window without submitting the data.
	Screen navigation arrows. When all list items do not fit on the screen, use the navigation arrows to scroll through the list. These arrows are shown at the top and the bottom of the list items on the screen. The arrows function as follows: – go to the first page of items in the list – go to the previous page of items in the list – go to the next page of items in the list – go to the last page of items in the list
	Go to Page Number. In addition to the screen navigation arrows, [Go to Page Number] is displayed at the top of the list items. It allows the user to jump directly to a particular page. Select the page number to display, and click on the [Go] button. The page numbers in the dropdown list reflect the actual number of pages in the list.
[Reset]	**Reset**. Resets the entered data to their previous values.
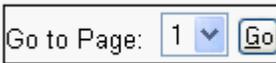
2.1.1.1   *Common Fields*

Table 2-2 describes the formats of input fields used on many of the screens. The field labels vary among screens. For example, contract field labels include *Contract #* or *Contract*, or *Birth Date* or *Effective Date*.

Table 2-2: Common Fields

Field	Format
Claim #	One of three formats is permitted. This field consists of a Claim Account Number (CAN) and a Beneficiary Identification Code (BIC). Whether a BIC is or is not optional depends on the screen and format: Social Security Administration (SSA) – 9-digit Social Security Number is the CAN followed by a 1- or 2-character BIC, where the first character is a letter and the second is a letter or number. Railroad Retirement Board (RRB) – RRB identifier, with a 1-to-3-character BIC, which has one of these values: CA, A, JA, MA, PA, WA, WCA, WCD, PD, WD, H, MH, PH, WH, WCH, followed by a 6- or 9-digit number, i.e., CAN. The BIC is not optional. CMS internal number – The internal format of an SSA claim number is the same as the SSA format. For an RRB claim number, the RRB format is translated to nine characters, i.e., CAN, followed by a two-digit BIC, which has one of these values: 10, 11, 13 through 17, 43, 45, 46, 80, 83 through 86.

Contract #	Starts with an 'H', '9', 'R,' 'S,' 'E,' or 'X' and is followed by four characters:
	    H = Local Medicare Advantage (MA), local MAPD, or non-MA Plan
	    9 = Non-MA Plan (no longer assigned)
	    R = Regional MA or MAPD Plan
	    S = Regular standalone Prescription Drug Plan (PDP)
	    E = Employer direct PDP
	    F = Fallback Plan
	    X = Limited-Income Newly Eligible Transition (LiNET)

Plan Benefit Package (PBP)	Three alphanumeric characters.
Segment #	Three digits. A value of 000 indicates that there is no segment.
Date	Month, day, and four-digit year. A zero in front of a single-digit month or day is optional: (M)M/(D)D/YYYY.
Month	Month and four-digit year. A zero in front of a single-digit month is optional: (M)M/YYYY.
Last Name	May contain letters, upper and lower case; apostrophe; hyphen; and blank; with a maximum length of 40 characters.

2.2   Getting Started

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

- Accessing the UI.
- Changing Password.
- Understanding Roles and Privileges.
- Using the Screens.
- Navigating the System.
- Logging On and Viewing Messages.

2.2.1   Accessing the UI

The UI is accessed via the CMS Applications Portal (https://applications.cms.hhs.gov). A user logs on to the CMS Applications Portal, selects the Plans link, and then selects the Medicare Advantage and Prescription Drug (MAPD) Inquiry System link.

2.2.2   Changing Password

CMS Individuals Authorized Access to the CMS Computer Services (IACS) controls password management. For more information on IACS, users may refer to the IACS User Guide on the MAPD Help Desk Web site: https://www.cms.gov/Research-StatisticData-and-Systems/CMS-Information-Technology/mapdhelpdesk/IACS.html.

2.2.3   Understanding Roles and Privileges

MARx is role-based, which provides a secure environment for data. To fulfill security goals, the system provides functionality and data filtering based on the user role.

The roles currently defined for State Users are as follows:

- State User – An individual who works for or on behalf of the State Medicaid agency. State Users can access Medicare eligibility, Low Income subsidy (LIS) status, and detailed health Plan enrollment information at an individual beneficiary level.

The *IACS User Guide* provides further information regarding user registration, certification, and profile modification, see https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/IACS.html

2.2.4   *Using the Screens*

2.2.4.1   *General Properties of Screens*
UI screens share many properties. Once users understand the screens' organization, they can access information quickly and easily.

There are two main types of general screen layouts: primary and secondary. The principal differences between a primary window and a secondary window are the header design and content and the manner in which the screens are navigated. A third special screen type, the log-out window, remains in the background for the duration of the session.

2.2.4.2   *Some Common Features of the Screens*
Below the headings, most of the screens are in the same format. The top of the screen contains a title line with the following information:
  - Screen name, which describes the screen's purpose.
  - Primary screen's name reflects the navigation to the screen using menu and submenu.
  - Screen identifier, which starts with an *M*. This identifier is useful when asking for help, reporting a problem to the help desk, or using *the Guide*.
  - User ID.
  - User's current role.
  - Current date.
  - [Print] and [Help] buttons (and the [Close] and other buttons for secondary windows).

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

Many screens include instructions at the top, which are displayed on the screen with a yellow background to provide information on using the screen. Additional information is available by clicking on the [Help] button. A screen may contain input (data entry fields), output (information fields), and links to other screens and tables, etc.

2.2.4.3   *Some Common Characteristics of the Screens*
Screens may carry out one or more of the following functions:

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

Many screens contain fields that the user must populate and buttons that the user must click on to carry out an action. A red asterisk (*****) appears next to a field label to indicate that it is required. If more than one of those fields is required, a red plus sign (+) appears next to field labels.

Sometimes there are additional rules regarding the combination of fields that are acceptable; those rules are often indicated in instructions on the form.

There are different options for entering information into a field:
- Text entry. Most fields, such as claim number or contract, allow the user to type in the information.
- Dropdown list. Some fields, such as file type, provide a list of values from which to select. The user clicks on the down arrow next to the field to display the list, and then clicks on a value to select it.
- Radio buttons. The user chooses one of the items in a group by clicking on the circle next to that item.
- Check boxes. The user selects any number of the items in a group by clicking on the box next to each item.

Some fields are initialized with default values. For example, date fields are often initialized with the current date. The information that the user enters in a field is validated to ensure the request is valid, and an error message is displayed to inform the user of an error.

2.2.5   Navigating the System

2.2.5.1   How Do I Get Where I Want To Go?

The user has access to certain functions/tasks depending on their role. See **Table 2-3** for the names of the main menu items and a general description of the functions under each item.

Table 2-3: Main Menu Items

Menu Item	Description
|Welcome|	Messages, current payment month, and calendar.
|Beneficiaries|	Search for beneficiaries and view beneficiary information.

2.2.5.2   How Do I Find Specific Information?

The 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.

2.2.5.3   Navigating Menus and Submenus

The menus and submenus all work in the same way, as follows: the first view of the UI main menu appears with the |Welcome| menu item highlighted on the screen.

When the user selects an item from the UI main menu by clicking on the general area, e.g., the |Beneficiaries| menu item, the screen changes.

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

2.2.5.4 *Navigating Using the Screens*

After accessing a screen, the user may conduct a search to find information about a particular beneficiary or month. The user can assess more detail by clicking on links and/or buttons that lead to additional screens.

2.2.5.5 *Error Message Screens*

This section covers screens that report possible system errors. If a screen is unavailable for display, the screen displays "Error 404 Page Not Found" notifying the user of the problem. If a time-out occurs during an attempt to display a screen, the screen displays "Error 408: Your request has timed out" notifying the user of the problem.

2.2.6 *Logging On and Viewing Messages*

2.2.6.1 *Logging On*

2.2.6.1.1 *STEP 1: Accessing the Logon screen*

The user must access the CMS applications portal to log into the UI using their IACS User ID. If successful, the *User Security Role Selection (M002)* screen displays, (**See Figure 2-1**) from which the user selects their role. If the system is down when the user tries to log on, the browser displays a message, as defined in Subsection 2.2.5.5. The content of this message is dependent on the browser, not on the system. **Table 2-4** describes these messages.

Figure 2-1: User Security Role Selection (M002) Screen

If the system is up and logon is unsuccessful, the *Logon Error (M009)* screen displays an error message describing why logon failed. See below verbiage**:**

The following error has occurred during the logon process. Close or exit the current window and go to the Portal Window and click on the MARx-UI application again.

Table 2-4: M002 Screen Messages

Message Type	Message Text	Suggested Action
Workstation setup	Click on the message 'Pop-up blocked. To see this pop-up or additional options click 'here…,' then click 'Always Allow Pop-ups from This Site…'	Follow the directions in the message to enable pop-ups from the UI. When a message is displayed asking if the user wants to allow pop-ups from the site, click [Yes]. The next message asks if the user wants to close the window. Click [No]. The *Welcome (M101)* screen then displays.
Software or Database Error	No security roles are defined for your user ID	Contact the MAPD Help Desk.
Software or Database Error	Error retrieving your security roles from the database	Contact the MAPD Help Desk.
Software or Database Error	Your user ID does not exist	Contact the MAPD Help Desk.
Software or Database Error	Your user ID was not supplied	Contact the MAPD Help Desk.
Software or Database Error	Your user ID profile is inactive	Contact the MAPD Help Desk.
Software or Database Error	Unexpected error code from database while retrieving your security roles	Contact the MAPD Help Desk.
Software or Database Error	Error retrieving the expected number of security setting results. Retrieved <# of results sets retrieved> out of <# of results sets expected>	Contact the MAPD Help Desk.
Software or Database Error	No screen items defined for this role	Contact the MAPD Help Desk.
Software or Database Error	Error retrieving your security settings	Contact the MAPD Help Desk.
Software or Database Error	Unexpected error code from database while retrieving your security settings	Contact the MAPD Help Desk.
Software or Database Error	Error retrieving the expected number of dropdown list results. Retrieved <# of results sets retrieved> out of <# of results sets expected>	Contact the MAPD Help Desk.
Software or Database Error	The dropdown lists results set is empty	Contact the MAPD Help Desk.
Software or Database Error	Error retrieving dropdown lists from the database	Contact the MAPD Help Desk.

Message Type	Message Text	Suggested Action
Software or Database Error	No current payment month has been set	Contact the MAPD Help Desk.
Software or Database Error	Unexpected error code from database while retrieving the dropdown lists	Contact the MAPD Help Desk.
Software or Database Error	Connection error	Contact the MAPD Help Desk.

The default role is selected on the screen. 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.

After a role is selected, the *Welcome (M101)* screen appears, as shown in **Figure 2-2** and described in **Table 2-5**, with error and validation messages provided in **Table 2-6**.

Figure 2-2: State User Welcome (M101) Screen

Table 2-5: State User (M101) Field Descriptions and Actions

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.

Table 2-6: State User (M101) Screen Messages

Message Type	Message Text	Suggested Action
Software or Database Error	The result set that contains the system message is empty.	Contact the MAPD Help Desk.
Software or Database Error	Database errors occur in retrieving the system messages.	Contact the MAPD Help Desk.
Software or Database Error	Invalid input.	Contact the MAPD Help Desk.
Software or Database Error	Unexpected error code from database.	Contact the MAPD Help Desk.
Software or Database Error	Connection error.	Contact the MAPD Help Desk.

2.3   *Viewing Beneficiary Information*

2.3.1   *Finding a Beneficiary*

To find information about a beneficiary who is enrolled in a contract; either currently, in the past, or in the future, the user accesses the *Beneficiaries: Find (M201)* screen. Once the beneficiary is located, the user can view information on that beneficiary.

2.3.1.1   *STEP 1: Accessing the Beneficiaries: Find (M201) Screen*

From the main menu, the user clicks on the |Beneficiaries| menu item. The |Find| submenu item is already selected and displays the *Beneficiaries: Find (M201)* screen as shown in **Figures 2-3** and **Figure 2-4** and described in **Table 2-7**, with error and validation messages provided in **Table 2-8**.

2.3.1.2   *STEP 2: Using the Beneficiaries: Find (M201) Screen*

The MARx UI is enhanced to accommodate the needs of State Users, who previously used the Beta Integrated User Interface (IUI). The MARx UI allows a user with the State User role to:

- Search for beneficiaries by claim number OR last name, first name, and date of birth (DOB). Note: The State User is not required to enter the contract number or other fields when searching with the name and DOB.
- View detailed Low Income Subsidy (LIS) information with historical information, including valid and audited periods and denied LIS information.
- View detailed Medicare Secondary Payer (MSP) information for both Medical and Drug coverage.

Please note that the above search is restricted to returning a single beneficiary. If more than one beneficiary meets the last name, first name, and date of birth search criteria, the user is prompted to enter additional selection criteria or the claim number.

The user enters search criteria and clicks on the [Find] button.

Figure 2-3: State User Beneficiaries: Find (M201) Screen (First of two M201 screenshots)

Figure 2-4: State User Beneficiaries: Find (M201) Screen (Second of two M201 screenshots)

Table 2-7: State User (M201) Field Descriptions and Actions

Item	Input/Output	Description
Claim #	Required data entry field	The user finds beneficiaries with this claim number. **Note:** The BIC is optional except when an RRB number is entered.
[Find]	Button	After entering a claim number, the user clicks this button to initiate the search for beneficiaries.

Table 2-8: State User (M201) Screen Messages

Message Type	Message Text	Suggested Action
Missing entry	Enter a claim number.	The user must make sure to enter a valid claim number.
Invalid format	The claim number is not a valid SSA, RRB, or CMS internal number.	The user re-enters the claim number.
No data	No beneficiary records found for the search criteria.	The user should verify the accuracy of information entered. The user should perform a more general search, in case the constraints are too restricting.
Software or Database Error	Error occurred while retrieving beneficiary search results.	Contact the MAPD Help Desk.
Software or Database Error	Error occurred while retrieving beneficiary records.	Contact the MAPD Help Desk.
Software or Database Error	Missing input.	Contact the MAPD Help Desk.
Software or Database Error	Unexpected error code from database=<error code>.	Contact the MAPD Help Desk.
Software or Database Error	Connection error.	Contact the MAPD Help Desk.

2.3.2   *Viewing Summary Information about a Beneficiary*

Beneficiaries meeting search criteria display on the *Beneficiaries: Search Results (M202)* screen.

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

If the search is successful, the *Beneficiaries: Search Results (M202)* screen displays as in **Figure 2-5** and described by **Table 2-9**. Because any error associated with the search would display on the *Beneficiaries: Find (M201)* screen, no error messages display on the M202 screen. If a user enters an inactive Claim Number for the Beneficiary, a message displays to indicate the beneficiary's active claim number, as shown in **Table 2-10**.
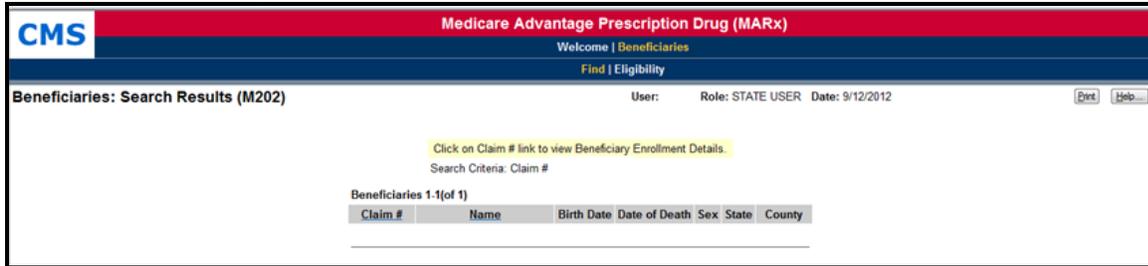
Figure 2-5: State User Beneficiaries: Search Results (M202) Screen

Table 2-9: State User (M202) Field Descriptions and Actions

Item	Input/Output	Description
Claim # column heading	Sorter	Sorts the results by claim numbers.
Claim # in the Claim # column	Link	The user clicks on a Claim # link to display the *Beneficiary Detail: Snapshot (M203)* 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.

Table 2-10: State User (M202) Screen Messages

Message Type	Message Text	Suggested Action
Informational	The beneficiary's active claim number is displayed for the claim number entered	None needed.

Tip: Returning to the previous screen to add other criteria may narrow search results.
From this screen, the user views summary information for each beneficiary that meets the search criteria. The user sorts the list by claim number or by name by clicking on the Claim # column heading or the Name column heading, respectively. To view more details for any particular beneficiary in this list, the user clicks on a Claim # link in the Claim # column. This displays the *Beneficiary Detail: Snapshot (M203)* screen in a pop-up window menu to access various screens. Each screen provides the beneficiary's enrollment history specific details.

2.3.3 *Viewing Detailed Information for a Beneficiary*

The user finds the beneficiary on the *Beneficiaries: Search Results (M202)* screen and drills down for more information.

Table 2-11: Menu Items for Viewing Beneficiary Detail Information

Menu Item	Screen Name	Description
|Snapshot|	*Beneficiary Detail: Snapshot (M203)*	Displays an overall information summary for the beneficiary as of the date specified. If the beneficiary is not currently enrolled, the summary of last available information displays. When the screen first displays, the date defaults to the current date.
|Enrollment|	*Beneficiary Detail: Enrollment (M204)*	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 enrollment information for the beneficiary on a selected contract.
|Status|	*Beneficiary Detail: Status (M205)*	Displays a summary list of enrollment and health status, by contract, for the enrollments to which the user has access.
|History|	*Beneficiary History Detail Status (M208)*	Displays either the *Beneficiary Detail: Composite History (M209)* screen or the *Beneficiary Detail: Audit History (M210)* screen displays (depending on which history button is selected.)
|Medicaid|	*Beneficiary Detail: Medicaid (M236)*	Displays a summary list of Medicaid information for a beneficiary for which the user has access.
|Rx Information|	*Rx Information (M244)*	Displays the beneficiary's 4Rx history, both primary and secondary (if applicable) for beneficiaries enrolled in a Plan.
|Additional Insurance Information|	*Additional Insurance Information (M251)*	Displays detailed Additional Insurance Information for both Medical and Drug coverage.
|Low Income Subsidy Information|	*Low Income Subsidy (M252)*	Displays detailed Low Income Subsidy (LIS) information with historical information, including valid and audited periods and denied LIS information.
[Status Activity Information]	*Status Activity (M256)*	Displays a beneficiary's current health status information, as well as current values for eligibility, uncovered months, low income subsidy, and state and county codes.
[Status Detail Information]	*Status Detail (M257)*	Displays data specific to each of the special statuses (e.g., ESRD, MSP, etc.) and, if applicable, the data records/periods that are valid and audited.

2.3.3.1   *STEP 4: Viewing Detailed Information for a Beneficiary*

To see detailed information about any of the beneficiaries listed in the *Beneficiaries: Search Results (M202)* screen, the user clicks on the associated <u>Claim #</u>.

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 pop-up window displays 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 in **Figure 2-6.**

Figure 2-6: Sample Header for the Beneficiary Detail Screens

Directly below the header is a set of menu items, described in **Table 2-13**. The user can switch back and forth among the eight different screens by clicking the menu items. Each screen pertains to the beneficiary selected from the *Beneficiaries: Search Results (M202)* screen.

2.3.4   *Viewing a Snapshot of Beneficiary Information*

A snapshot provides a summary of the beneficiary's entitlement, eligibility, and enrollment information.

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

The *Beneficiary Detail: Snapshot (M203)* screen, as shown in **Figures 2-7, Figure 2-8, and Figure 2-9** and described in **Table 2-12**, provides beneficiary entitlement, eligibility, and enrollment status as of the date the user specifies. **Table 2-13** describes error and validation messages. If the beneficiary is enrolled in two contracts, one for Part A and/or Part B and the other for Part D, information is displayed on both contracts based on the current date. To view the details of a past or a future date, the user changes the "As of" date to a specific point in time in the "As of" data entry area and clicks on the [Find] button.

Figure 2-7: State User Beneficiary Detail: Snapshot (M203) Screen (First of three M203 screenshots)

Figure 2-8: State User Beneficiary Detail: Snapshot (M203) Screen (Second of three M203 screenshots)

Figure 2-9: State User Beneficiary Detail: Snapshot (M203) Screen (Third of three M203 screenshots)

Table 2-12: State User (View Only) (M203) Field Descriptions and Actions

Item	Input/Output	Description
As Of	Optional data entry field	The user enters a valid date in the form (M)M/(D)D/YYYY. The user may change the As Of date. After doing so, 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.
The following fields are repeated for each contract, up to two, in which the beneficiary is enrolled		
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.
Demonstration Type and Description	Output	The two-digit Demo Code for this enrollment and its description.
Enrollment Source Code and Description	Output	The Medicare and Medicaid Plans (MMP) passive Enrollment Source Code for this enrollment and its description: • J = State-submitted Passive Enrollment • K = CMS-submitted Passive Enrollment • L = MMP Beneficiary Election • M = Defaulted for MMP
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.

Item	Input/Output	Description
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 Low Income Subsidy (LIS) on the As Of date.
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.
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.

Table 2-13: State User (View Only) (M203) Screen Messages

Message Type	Message Text	Suggested Action
Missing entry	As Of Date must be entered.	The user enters the date.
Invalid format	As Of Date is invalid. Must have format (M)M/(D)D/YYYY.	The user re-enters the date in one of the required formats.
Informational	The latest available Snapshot information is for payment month of <actual payment month>.	None.
No data	No payment profile information for claim number <claim number> and coverage date as of <date>.	There is no payment data available for that claim number on the As Of date entered on the screen. If the user expects to see payment data, the user verifies the date and month and re-enters the corrected information. If the date and month are correct, the user contacts the MAPD Help Desk for assistance.
No data	Invalid input for claim number <claim number> and coverage date as of <date>.	There is no payment data available for that claim number on the As Of date entered on the screen. If the user expects to see payment data, the user verifies the date and month and re-enters the corrected information. If the date and month are correct, the user contacts the MAPD Help Desk for assistance.

Message Type	Message Text	Suggested Action
Software or Database Error	Error occurred while retrieving beneficiary snapshot data for claim number <claim number> and coverage date as of <date>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Unexpected error code from database=<error code>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error.	Contact MAPD Help Desk for assistance.

2.3.5   *Viewing Enrollment Information*

An enrollment history displays past, present, or future time periods for a beneficiary's enrollment in any contracts.

2.3.5.1   *STEP 4c: Viewing 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 screen, as shown in **Figure 2-10**, with 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. The screen is described in **Table 2-14** and **2-15.**

Figure 2-10: State User Beneficiary Detail: Enrollment (M204) Screen (Initial Display)

Table 2-14: State User (M204) Field Descriptions and Actions

Item	Input/Output	Description
Contract	Output	Contract in which the beneficiary is enrolled. The values displayed in this column link to display the *Enrollment Details (M222)* 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).

Item	Input/Output	Description
Demonstration Type and Description	Output	The two-digit Demo Code for this enrollment and its description.
Enrollment Source Code and Description	Output	The Medicare and Medicaid Plans (MMP) passive Enrollment Source Code for this enrollment and its description: • J = State-submitted Passive Enrollment • K = CMS-submitted Passive Enrollment • L = MMP Beneficiary Election • M = Defaulted for MMP
Disenrollment Reason	Output	If the enrollment on this line includes an end date, the reason for the beneficiary's disenrollment is provided.
Primary Drug Insurance	Link	Click the View 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.

Table 2-15: State User (M204) Screen Messages

Message Type	Message Text	Suggested Action
No data	No enrollment information found for claim number <claim number> and coverage date <coverage date>.	No corresponding data is available for that claim number on that date. If the user expects to see enrollment data, the user verifies the date and month and re-enters the corrected information.
Software or Database Error	Error occurred while retrieving enrollment results for claim number <claim number> and coverage date <coverage date>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred while retrieving enrollment history for claim number <claim number> and coverage date <coverage date>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Missing input on retrieval of beneficiary enrollment history.	Contact MAPD Help Desk for assistance.
Software or Database Error	Invalid screen ID.	Contact MAPD Help Desk for assistance.
Software or Database Error	Unexpected error code from database=<error code>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error.	Contact MAPD Help Desk for assistance.

2.3.5.2 STEP 4d: Viewing the Enrollment Detail (M222) screen

The enrollment details show the enrollment and disenrollment information for a beneficiary.

The *Enrollment Detail (M222)* screen is accessible by selecting a <u>Contract #</u> link from the *Beneficiary Detail: Enrollment (M204)* screen.

The screen, as shown in **Figure 2-11**, provides details of the selected enrollment or enrollment period. The screen is described in **Table 2-16**, with error and validation messages provided in **Table 2-17**.

Figure 2-11: State User Detail: Enrollment (M222) Screen

Table 2-16: State User (View Only) (M222) Field Descriptions and Actions

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.

Item	Input/Output	Description
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 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.

Table 2-17: State User (View Only) (M222) Screen Messages

Message Type	Message Text	Suggested Action
Software or Database Error	Error occurred while retrieving beneficiary enrollment information	Contact the MAPD Help Desk.
Software or Database Error	Invalid input retrieving beneficiary enrollment information	Contact the MAPD Help Desk.
Software or Database Error	Beneficiary enrollment information is missing	Contact the MAPD Help Desk.
Software or Database Error	Unexpected error code from database = <error code>	Contact the MAPD Help Desk.
Software or Database Error	Connection error	Contact the MAPD Help Desk.

2.3.6 *Viewing the Status of a Beneficiary*

A status history shows the beneficiary's statuses while enrolled in the Plan.

2.3.6.1 *Viewing the Beneficiary Detail: Status (M205) Screen*

To access the *Beneficiary Detail: Status (M205)* screen, the user clicks on the |Status| menu item. This displays a screen, as shown in **Figure 2-12**, with lists of enrollment and health status periods by enrollment period, contract/PBP/segment, for this beneficiary. The information displays as follows:

- When more than one status applies to the beneficiary during an enrollment, such as when the beneficiary is in a hospice and has ESRD status, each status appears on a separate row.
- If there are non-contiguous periods for a status, such as a break in Medicaid coverage, then each period appears on a separate row.
- If the details for a status change, such as a change in hospice provider, the contiguous status periods combine and display as one period. When requesting the period details, this combined period expands to show changes in those details. If there is no status information for an enrollment period, that enrollment period is not displayed.
- When the beneficiary is enrolled in two contracts, one for Part A and/or Part B and the other for Part D, and there is an applicable status for each contract, rows for each contract are displayed.

This is how the screen appears when it initially displays. This screen is described in **Table 2-18;** note that the details section is not yet displayed, with error and validation messages provided in **Table 2-19.**

Figure 2-12: State User Beneficiary Detail: Status (M205) Screen (Initial Display)

Table 2-18: State User (M205) Field Descriptions and Actions

Item	Input/ Output	Description
Statuses		
Contract column	Output	Contract for an enrollment period for which there is an applicable status. A contract/PBP/segment may list more than once if there was a change in status. The contract/PBP/segment does not list if there is no status information during that enrollment period.
PBP column	Output	PBP number for each enrollment period.
Segment column	Output	Segment number for each enrollment period.
Enrollment Period Start Date column	Output	Start date for each enrollment period.
Enrollment Period End Date column	Output	End date for each enrollment period.
Status Period Start Date column	Output	Start date for each status period.
Status Period End Date column	Output	End date for each status period.
Status column	Output	Type of status, i.e. hospice, ESRD, ESRD Dialysis, ESRD Transplant, Plan Medicaid, Third Party Medicaid, Institutional, NHC, Working Aged, or MSP, for each status period.
Status in the Status column	Link	The user clicks on this link to display details about the status period. For some status types, there are no additional details to display, so the status displays without a link.
Hospice Details		
Start Date column	Output	When the selected hospice period started.
End Date column	Output	When the selected hospice period ended; may have no information.
Provider Number column	Output	The unique identifier for the hospice from which the beneficiary received care.
Revocation Code column	Output	Code that identifies if the beneficiary elected to terminate the use of hospice.
Record Add Timestamp column	Output	The date and time that the information was added.
ESRD Details		
Start Date column	Output	When the selected ESRD period started.
End Date column	Output	When the selected ESRD period ended; may have no information.
Start Source column	Output	Determines whether contract or system provided notification that the ESRD period started.
Termination Reason column	Output	The reason ESRD coverage terminated.
ESRD Self-Care Training Date column	Output	Date of first instance of training for ESRD self-care.
Third Party Medicaid Details		
Start Date column	Output	When the selected third party Medicaid period started.
End Date column	Output	When the selected third party Medicaid period ended; may have no information.

Item	Input/ Output	Description
Premiums Payer Code column	Output	Identifying code for a third party agency.
Institutional Details		
Start Date column	Output	When the selected institutional period started.
End Date column	Output	When the selected institutional period ended; may have no information.
Start Source column	Output	Determines whether contract or system provided notification that the institutional period started.
End Source column	Output	Determines whether contract or system provided notification that the institutional period ended.
NHC Details		
Start Date column	Output	When the selected NHC period started.
End Date column	Output	When the selected NHC period ended; may have no information.
Start Source column	Output	Determines whether contract or system provided notification that the NHC period started.
End Source column	Output	Determines whether contract or system provided notification that the NHC period ended.
ESRD MSP Details		
Medical Coverage Type column	Output	Insurance type of the MSP.
Start Date column	Output	Start date for the selected MSP period.
End Date column	Output	End date for the selected MSP period; may have no information.
Primary Insurance Type column	Output	Code of primary insurance coverage provided by the enrollment.
Policy# column	Output	Policy Number for the insurance coverage.
COB Contractor column	Output	Contract Number that identifies the insurer.
Insurance Name column	Output	Name of group coverage plan in which the beneficiary is enrolled.
Insurance Address column	Output	Insurer's mailing address.
Aged/Disabled MSP Details		
Medical Coverage Type column	Output	Insurance type of the MSP.
Start Date column	Output	Start date for the selected MSP period.
End Date column	Output	End date for the selected MSP period; may have no information.
Primary Insurance Type column	Output	Code of primary insurance coverage provided by the enrollment.
Policy# column	Output	Policy Number for the insurance coverage.
COB Contractor column	Output	Contract Number that identifies the insurer.
Insurance Name column	Output	Name of group coverage Plan in which the beneficiary is enrolled.
Insurance Address column	Output	Insurer's mailing address.

Table 2-19: State User (M205) Screen Messages

Message Type	Message Text	Suggested Action
No data	No status information found for contract number <contract>	No corresponding data is available for that contract number.
Software or Database Error	Error occurred while retrieving beneficiary results for claim number <claim number>	Contact the MAPD Help Desk.
Software or Database Error	Error occurred while retrieving beneficiary status history for claim number <claim number>	Contact the MAPD Help Desk.
Software or Database Error	Missing input on retrieval of beneficiary status history	Contact the MAPD Help Desk.
Software or Database Error	Invalid screen ID	Contact the MAPD Help Desk.
Software or Database Error	Unexpected error code from database=<error code>	Contact the MAPD Help Desk.
Software or Database Error	Connection error	Contact the MAPD Help Desk.

To see the details of a particular status period, the user clicks on the link in the Status column for the corresponding enrollment period. This expands the information on the *Beneficiary Detail: Status (M205)* screen to include the status details. If contiguous periods are combined into a single period on the initial display, that period is expands to show when each status detail was applicable. The details sections contents vary according to status type. For some status types, there are no additional details to display. The information is shown in **Figure 2-13.**

Figure 2-13: State User Beneficiary Detail: Status (M205) Screen (Expanded)

2.3.6.2 *Viewing the History View: Status (M208) Screen*

To get to the *Beneficiary Detail: History (M208)* screen, click the |History| menu item. This displays a screen, as shown in **Figure 2-14** and described in **Table 2-20**. **Table 2-21** displays error and validation messages.

Figure 2-14: State User Beneficiary History View (M208) Screen

Table 2-20: State User Beneficiary History (M208) Field Descriptions and Actions

Item	Type	Description
Period From	Required data entry field	Requires user to enter a date in the form (M)M/(D)D/YYYY. History displays begin with this date.
Period To	Required data entry field	Requires user to enter a date (after the start date) in the form (M)M/(D)D/YYYY. History displays end with this date.
History	Radio button	User clicks on either Composite or Audit; defaults to composite.
Search criteria	Checkboxes	User clicks either "All Fields" or individually selects one or more of the following: Claim Number, Name, Birth Date, Death Date, Sex, SCC/ZIP, Enrollment, Entitlement, Hospice, ESRD, Working Aged, Institutional, NHC, and Medicaid; defaults to Enrollment checked. User can only select the Claim Number, Name, Birth Date, Death Date, Sex, and SCC/ZIP checkboxes for a composite history. When user requests an audit history, theses checkboxes are disabled and user cannot select them.
[Find]	Button	Displays either the *Beneficiary Detail: Composite History (M209)* screen or the *Beneficiary Detail: Audit History (M210)* screen displays (depending on which history button is selected.)

Table 2-21: State User Beneficiary History (M208) Screen Messages

Message Type	Message Text	Suggested Action
Invalid entry	The period to date is earlier than the From Date.	Change the dates so that the "from" and "to" dates are in chronological order.
Missing entry	Must enter Period From Date.	Enter the date.
Invalid format	Period From Date is invalid. Must have MM/YYYY format.	Verify proper format of date entered.
Missing entry	Must enter Period To Date.	Enter the date.
Invalid format	Period To Date is invalid. Must have MM/YYYY format.	Verify proper format of date entered.
Missing entry	Must specify search criteria.	Select at least one checkbox.
No data	No <history type> history results found for the beneficiary.	Ensure that information is entered accurately; then perform a more general search in case constraints are too restricting.
Software or Database Error	Invalid beneficiary history results for <history type> history.	Contact the MAPD Help Desk.
Software or Database Error	Error occurred retrieving beneficiary <history type> history information.	Contact the MAPD Help Desk.
Software or Database Error	Invalid input data.	Contact the MAPD Help Desk.
Software or Database Error	Unexpected error code from database=<error code>	Contact the MAPD Help Desk.
Software or Database Error	Connection error.	Contact the MAPD Help Desk.

This screen lists selection criteria for the display of beneficiary history, which indicates when and how enrollments, demographics, and beneficiary status changed for a beneficiary. Users select the criteria for the history they are researching, the period of the history, and the history display: Composite, for overall view; or Audit, for more detailed view. The criteria that the user may select depend on the display that is chosen.

2.3.6.3   *Viewing the Composite History View: Status (M209) Screen*

The composite history results from all actions that have affected the beneficiary's enrollment, demographic information, health and payments within a date range. Transactions that cancel each other out are not shown.

After the user requests a composite history from the *Beneficiary Detail: History (M208)* screen, the *Beneficiary Detail: Composite History (M209)* screen displays as shown in **Figure 2-15** and described in **Table 2-22. Table 2-23** provides error and screen messages.

Figure 2-15: Beneficiary Detail: Composite History View (M209) Screen

Table 2-22: Beneficiary Detail: Composite History (M209) Screen Field Descriptions and Actions

Item	Type	Description
Start	Output	First day the field shows the value.
End	Output	Last day the field shows the value.
Field	Output	Type of beneficiary information that changed.
Value	Output	New field type value.
Start Source	Output	Person or organization that set the field value.
End Source	Output	Person or organization that changed the field to something other than the value shown in that row.
Audit History	Link	Displays the *Beneficiary Detail: Audit History (M210)* screen for the beneficiary, using the same search criteria as the composite history. If the search criteria include fields only available for a composite history, those fields are not included in the audit history.
New Find	Link	Redisplays the *Beneficiary Detail: History (M208)* screen, allowing the user to request a different composite or audit history for the same beneficiary.

Table 2-23: Beneficiary Detail: Composite History (M209) Screen Messages

Message Type	Message Text	Suggested Action
No data	No composite history results found for the beneficiary	Message displays when clicking on the Composite History link on the *Beneficiary Detail: Audit History (M210)* screen and there is no composite history. If the user believes there is a history, the user expands the search by clicking on the New Find link, which returns the user to the *Beneficiary Detail: History (M208)* screen, and the user selects a different time period and/or set of criteria.
Software or Database Error	Invalid beneficiary history results for <history type> history.	Contact the MAPD Help Desk.
Software or Database Error	Error occurred retrieving beneficiary <history type> history information.	Contact the MAPD Help Desk.
Software or Database Error	Invalid input data.	Contact the MAPD Help Desk.
Software or Database Error	Unexpected error code from database=<error code>	Contact the MAPD Help Desk.
Software or Database Error	Connection error.	Contact the MAPD Help Desk.

2.3.6.4 *Viewing the Audit History View: Status (M210) Screen*

The audit history displays all actions affecting the beneficiary's enrollment, demographic information, and/or health status within a date range. All actions are shown, even if one cancels out the other. An audit history includes actions overridden by other actions, plus current values for non-audited information, such as name and date of birth.

After the user requests an audit history from the *Beneficiary Detail: History (M208)* screen, the *Beneficiary Detail: Audit History (M210)* screen displays as shown in **Figure 2-16** and described in **Table 2-24**. **Table 2-25** provides error and validation messages.
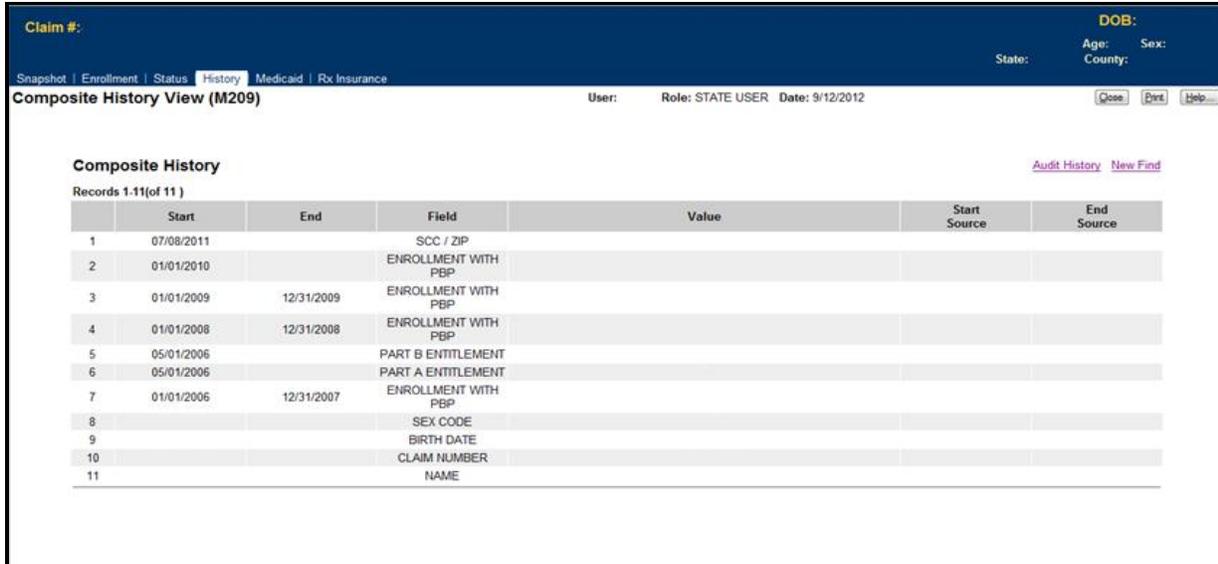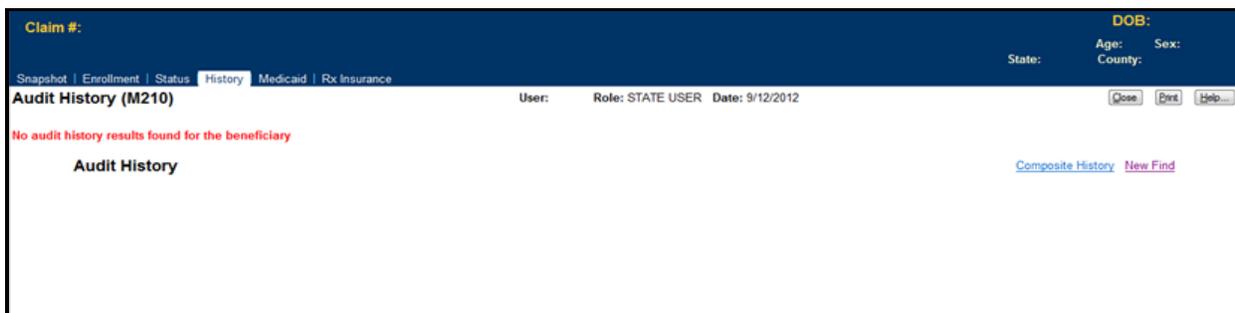

Figure 2-16: Beneficiary Detail: Audit History View (M210) Screen

Table 2-24: Beneficiary Detail: Audit History (M210) Screen Field Descriptions and Actions

Item	Type	Description
Entry heading	Sorter	Sorts transactions by submission date.
Start heading	Sorter	Sorts transactions by the first day that field value is indicated.
End	Output	Last day the field shows the value.
Field	Output	Type of beneficiary information that changed.
Value	Output	New field type value.
Start Source	Output	Person or organization that set the field value.
End Source	Output	Person or organization that changed the field to something other than the value shown in that row.
Audit ID	Output	Person or organization that caused cancellation of the transaction.
Composite History	Link	Displays the *Beneficiary Detail: Composite History (M209)* screen for the beneficiary, using the same search criteria as the audit history.
New Find	Link	Redisplays the *Beneficiary Detail: History (M208)* screen, allowing the user to request a different composite or audit history for the same beneficiary.

Table 2-25: Beneficiary Detail: Audit History (M210) Screen Messages

Message Type	Message Text	Suggested Action
No data	No composite history results found for the beneficiary	Message displays when clicking on the <u>Composite History</u> link on the *Beneficiary Detail: Audit History (M210)* screen and there is no composite history. If the user believes there is a history, the user expands the search by clicking on the <u>New Find</u> link, which returns the user to the *Beneficiary Detail: History (M208)* screen, and selects a different time period and/or set of criteria.
Software or Database Error	Invalid beneficiary history results for <history type> history.	Contact the MAPD Help Desk.
Software or Database Error	Error occurred retrieving beneficiary <history type> history information.	Contact the MAPD Help Desk.
Software or Database Error	Invalid input data.	Contact the MAPD Help Desk.
Software or Database Error	Unexpected error code from database=<error code>	Contact the MAPD Help Desk.
Software or Database Error	Connection error.	Contact the MAPD Help Desk.

2.3.7   *Viewing the Medicaid History of a Beneficiary*

States can access a Medicaid history for the enrollees; the history shows each beneficiary's Medicaid periods, by reporting source.

2.3.7.1   *Viewing the Beneficiary Detail: Medicaid (M236) screen*

To access the *Beneficiary Detail: Medicaid (M236)* screen, the user clicks on the |Medicaid| menu item. This displays a screen, as shown in **Figure 2-17,** with a list of Medicaid periods for this beneficiary. The information displays as follows:

- When a beneficiary has Medicaid periods reported by multiple entities, e.g., a State Medicaid program, a Plan, each reported Medicaid period displays on a separate row.
- If there are non-contiguous Medicaid periods, e.g., when there is a break in Medicaid coverage, then each period is displayed on a separate row.
- If there is no Medicaid reported for a beneficiary, the Medicaid screen is empty.
- The screen does not provide Medicaid periods for dates that are not used in calculation Part C risk scores. CMS does not use Third Party Medicaid periods in calculating risk scores after Medicaid dates in 2007.

Figure 2-17: State User Beneficiary Detail: Medicaid (M236) Screen (Expanded) View Beneficiary Rx Insurance

Table 2-26: State User Beneficiary Detail (View Only) (M236) Field Descriptions and Actions

Item	Input/Output	Description
Medicaid sources		
Medicaid Period Start Date column	Output	Start date for each Medicaid period.
Medicaid Period End Date column	Output	End date for each Medicaid period.
Medicaid source column	Output	Type of Medicaid, e.g., Plan Medicaid, Third Party Medicaid through 2007, CMS User Medicaid, Point of Sale, Low Income Territory, or State, for each Medicaid period.
Medicaid in the Medicaid source column	Link	The user clicks on this link to display details about the Medicaid period. For some Medicaid types, there are no additional details to display, so the Medicaid is displayed without a link.
Plan Reported		
Start Date column	Start Date column	Start Date column.
End Date column	End Date column	End Date column.
Start Source column	Start Source column	Start Source column.
End Source column	End Source column	End Source column.
Third Party Medicaid Details		
Start Date column	Start Date column	Start Date column.
End Date column	End Date column	End Date column.
Premiums Payer Code column	Premiums Payer Code column	Premiums Payer Code column.
State Medicaid Details		
Start Date column	Start Date column	Start Date column.
End Date column	End Date column	End Date column.
Medicaid Eligibility column	Output	When the selected State Medicaid period started.
Dual Eligibility Status column	Output	Identifying description and code for a Dual Eligibility Status.
State column	Output	Identifying description and code for State.
Point of Sale		
Start Date column	Output	Start Date column.
End Date column	Output	End Date column.
Low Income Territory		
Start Date column	Output	Start Date column.
End Date column	Output	End Date column.

Table 2-27: State User (View Only) (M236) Screen Messages

Message Type	Message Text	Suggested Action
No data	No Medicaid information found for claim number	No corresponding data is available for that claim number.
Software or Database Error	Error occurred while retrieving beneficiary results for claim number <claim number>	Contact the MAPD Help Desk.
Software or Database Error	Error occurred while retrieving beneficiary Medicaid history for claim number <claim number>	Contact the MAPD Help Desk.
Software or Database Error	Missing input on retrieval of beneficiary Medicaid history	Contact the MAPD Help Desk.
Software or Database Error	Invalid screen ID	Contact the MAPD Help Desk.
Software or Database Error	Unexpected error code from database=<error code>	Contact the MAPD Help Desk.
Software or Database Error	Connection error	Contact the MAPD Help Desk.

2.3.7.2   Step 6: Viewing the Rx Information for a Beneficiary

States can access the M244 screen to view the Rx Insurance history, both primary and secondary, if applicable, for beneficiaries enrolled in a Plan.

2.3.7.3   Viewing the Rx Insurance View (M244) Screen

To access the Rx Insurance (M244) screen, select the Rx Insurance tab.

Figure 2-18: Rx Insurance View (M244) Screen

Table 2-28: State User (View Only) (M244) Field Descriptions and Actions

Item	Input/Output	Description
Primary Drug Insurance Information This section contains one line for each period that 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.
Source	Output	Source of enrollment into the contract and the PBP for period specified.
Record Update Timestamp	Output	Date that Rx insurance information was added or updated.
Secondary Drug Insurance Information This section contains one line for each period that the beneficiary had a unique combination of Contract, PBP and Secondary 4Rx information.		
Insurance Creation Date	Output	Date 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 group providing secondary drug insurance.
Secondary RxID	Output	Identifier assigned to beneficiary by secondary drug insurance.
Record Update Timestamp	Output	Date this row was added or updated.

Table 2-29: State User (View Only) (M244) Screen Messages

Message Type	Message Text	Suggested Action
No data	No primary drug insurance information found for <claim number>.	No corresponding data available for claim number. If user expects to see data, verify the claim number and try again. If claim number is correct, user contacts MAPD Help Desk for assistance.
No data	No secondary drug insurance information found for <claim number>.	No corresponding data available for claim number. If user expects to see data, verify the claim number and try again. If claim number is correct, user contacts MAPD Help Desk for assistance.
Software or Database Error	Invalid primary drug insurance results retrieved for <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Invalid secondary drug insurance results retrieved for <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred while retrieving drug insurance information for <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Invalid input retrieving drug insurance information for <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Unexpected error code from database=<error code>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error.	Contact MAPD Help Desk for assistance.

2.3.8   *Viewing Additional Insurance Information*

The Additional Insurance Information screen shows a beneficiary's medical insurance and drug insurance information.

2.3.8.1   *Step 1: Viewing the Additional Insurance Information (M251) Screen*

To search for a beneficiary, the user logs into the system and navigates to the |Beneficiary| link. Clicking the |Additional Insurance Information| menu item at the top of the screen displays a summary list of medical insurance and drug insurance information by start and end dates. The fields on the screen are described in **Table 2-30**.

Figure 2-19: Additional Insurance Information (M251) Screen (First of two M251 screenshots)

Figure 2-20: Additional Insurance Information (M251) Screen (Second of two M251 screenshots)

Table 2-30: Additional Insurance Information (M251) Field Descriptions and Actions

Screen Area	Item	Type	Description
Additional Medical Insurance	Coverage Type	Output	Can populate as: • Primary to Medicare. • Secondary to Medicare.
Additional Medical Insurance	Start Date	Output	Start date for each medical insurer for the beneficiary.
Additional Medical Insurance	End Date	Output	End date for each medical insurer for the beneficiary.
Additional Medical Insurance	MSP Reason	Output	Can populate as: • Working Aged. • ESRD. • No-fault Automobile Insurance. • Working Disabled. • Liability. • Worker's Compensation. • Federal (Public Health). • Black Lung. • Veterans.
Additional Medical Insurance	Insurer Name	Output	Medical insurance company name.
Additional Medical Insurance	Insurer Address	Output	Address of medical insurance company.
Additional Medical Insurance	MSP Qualifier	Output	MSP Qualifier code assigned by MBD.
Additional Medical Insurance	Added Date	Output	Date the additional medical insurance was added.
Additional Medical Insurance	Updated Date	Output	Date the additional medical insurance was updated.
Additional Drug Insurance	Coverage Type	Output	Can populate as: • Primary to Medicare. • Secondary to Medicare.
Additional Drug Insurance	Start Date	Output	Start date for each drug insurer for the beneficiary.
Additional Drug Insurance	End Date	Output	End date for each drug insurer for the beneficiary.

Screen Area	Item	Type	Description
Additional Drug Insurance	MSP Reason	Output	Can populate as: • Working Aged. • ESRD. • No-fault Automobile Insurance. • Working Disabled. • Liability. • Worker's Compensation. • Federal (Public Health). • Black Lung. • Veterans.
Additional Drug Insurance	Insurer Name	Output	Drug insurance company name.
Additional Drug Insurance	Insurer Address	Output	Address of drug insurance company.
Additional Drug Insurance	Policy Holder Name	Output	Name of the policy holder.
Additional Drug Insurance	Beneficiary Relationship	Output	Can populate as: • Bene is Policy Holder. • Spouse. • Natural Child. • Insured Financially Responsible. • Natural Child. • Insured Not Financially Responsible. • Stepchild. • Foster Child. • Ward of The Court. • Employee. • Unknown. • Handicapped Dependent. • Organ Donor. • Cadaver Donor. • Grandchild. • Niece/Nephew. • Injured Plaintiff. • Sponsored Dependent. • Minor Dependent. • Of A Minor Dependent. • Parent. • Grandparent Dependent. • Life Partner.

Screen Area	Item	Type	Description
Additional Drug Insurance	Supplemental Type	Output	Can populate as: L – Supplemental. M – Medigap. O – Other. P – Patient Assistance Program. Q – Qualified SPAP. R – Charity. S – AIDS Drug Assistance Program. T – Federal Health Program. 1 – Medicaid. 2 – Tricare.
Additional Drug Insurance	Person Code	Output	The person code assigned by the drug plan.
Additional Drug Insurance	Member ID	Output	Membership ID assigned by the drug plan to the beneficiary.
Additional Drug Insurance	Secondary Rx BIN	Output	Identification number for the PDP providing secondary Rx insurance.
Additional Drug Insurance	Secondary Rx PCN	Output	Processor control number for the PDP providing secondary Rx insurance.
Additional Drug Insurance	Secondary Rx Group	Output	Identifier for the group providing secondary Rx insurance. Not applicable unless the Secondary Drug Insurance indicator is Yes.
Additional Drug Insurance	Secondary Rx ID	Output	Identifier assigned to beneficiary by the secondary insurance company for drug coverage. Not applicable unless the Secondary Drug Insurance indicator is Yes.
Additional Drug Insurance	Secondary Rx Phone	Output	The secondary insurance company for drug coverage phone number.
Additional Drug Insurance	Added Date	Output	Date the additional drug insurance was added.
Additional Drug Insurance	Updated Date	Output	Date the additional drug insurance was updated.

Table 2-31: Additional Insurance Information (M251) Screen Messages

Message Type	Message Text	Suggested Action
No data	No additional insurance information found for <claim number>.	No corresponding data available for claim number. If user expects to see data, verify the claim number and try again. If claim number is correct, user contacts MAPD Help Desk for assistance.
Software or Database Error	Invalid additional insurance results retrieved for <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred while retrieving additional insurance information for <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Unexpected error code from database=<error code>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error.	Contact MAPD Help Desk for assistance.

2.3.9   Viewing Low Income Subsidy (LIS) Information of a Beneficiary

The Low Income Subsidy screen shows a beneficiary's valid LIS and LIS denied periods. The Low Income Subsidy screen (M252) is only available to the State User role.

2.3.9.1   Viewing the Beneficiary Detail: Low Income Subsidy (M252) Screen

The user logs into the system and navigates to the |Beneficiary| link to search for a beneficiary. Then the user clicks the |Low Income Subsidy| menu item at the top of the screen, which displays the beneficiary's low income status periods. The fields on the screen are described in **Table 2-32**.

Figure 2-21: Low Income Subsidy (M252) Screen

Table 2-32: Low Income Subsidy (M252) Field Descriptions and Actions

Screen Area	Item	Type	Description
Low Income Subsidy	Subsidy Start Date	Output	Date the beneficiary's low income subsidy period started.
Low Income Subsidy	Subsidy End Date	Output	Date the beneficiary's low income subsidy period ended.
Low Income Subsidy	Premium Subsidy Level	Output	Part D premium subsidy percent level.
Low Income Subsidy	Co-Pay Level	Output	Can populate as: • 1 – High. • 2 – Low. • 3 – Zero (No Co-pay). • 4 – 15%

Screen Area	Item	Type	Description
Low Income Subsidy	Subsidy Source	Output	Can populate as: • Deemed. • SSA LI Applicant.
Low Income Subsidy	Added Date	Output	Date the low income subsidy period was added.
Low Income Subsidy	Updated Date	Output	Date the low income subsidy period was updated.
Low Income Subsidy	Audited Date	Output	Date the low income subsidy period was audited.
Low Income Subsidy	Record Type	Output	Valid (V) or Audited (A) row.
Low Income Subsidy Denied	Subsidy Disapproval Date	Output	Date the low income subsidy period was disapproved.
Low Income Subsidy Denied	Audited Date	Output	Date the low income subsidy period was audited
Low Income Subsidy Denied	Record Type	Output	Valid (V) or Audited (A) row.

Note: The State User role is the only role that can access this screen.

Table 2-33: State User (M252) Screen Messages

Message Type	Message Text	Suggested Action
No data	No Low Income Subsidy information found for claim number	No corresponding data is available for that claim number.
Software or Database Error	Error occurred while retrieving beneficiary results for claim number <claim number>	Contact the MAPD Help Desk.
Software or Database Error	Error occurred while retrieving beneficiary Low Income Subsidy history for claim number <claim number>	Contact the MAPD Help Desk.
Software or Database Error	Missing input on retrieval of beneficiary Low Income Subsidy history	Contact the MAPD Help Desk.
Software or Database Error	Invalid screen ID	Contact the MAPD Help Desk.
Software or Database Error	Unexpected error code from database=<error code>	Contact the MAPD Help Desk.
Software or Database Error	Connection error	Contact the MAPD Help Desk.

2.3.10 *Viewing Eligibility Information for Beneficiaries*

2.3.10.1 *Viewing Beneficiary Eligibility*

Beneficiary eligibility provides information regarding a beneficiary's entitlement for Part A, Plan B, and eligibility for Part D, as applicable and relevant to the Plan. If the beneficiary is eligible for Part D LIS, then the number of uncovered months and the details of that subsidy are indicated. 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. Depending upon the user's access rights, either the current information or the complete history is shown.

2.3.10.2 *STEP 5a: Viewing 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 claim number on the *Beneficiary: Eligibility (M232)* screen, which is shown in **Figures 2-22, 2-23 and 2-24;** note that beneficiary identification, entitlement, eligibility, number of uncovered months, employer subsidy, Part D enrollment, and low income status are not yet shown but appear later on this screen and are described in **Table 2-34**, with error and validation messages provided in **Table 2-35**.
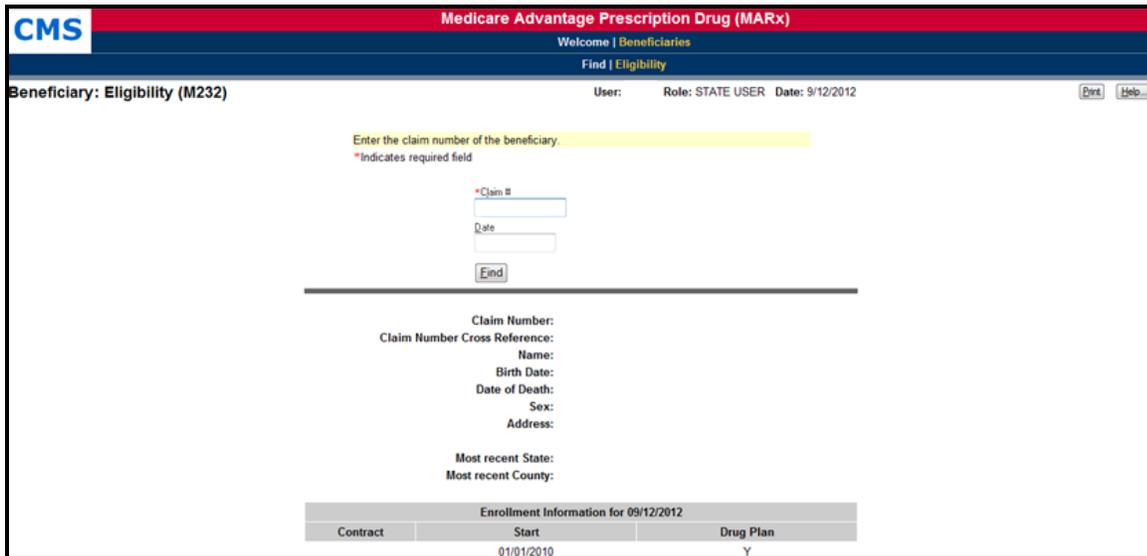
Figure 2-22: State User Beneficiary: Eligibility (M232) Screen (First of three M232 screenshots)

Part	Start	End	Option
A	05/01/2006		E
B	05/01/2006		Y

Eligibility Information

Part	Start	End
D	05/01/2006	

Number of Uncovered Months

Start Date	Indicator	Number of Uncovered Months	Total Number of Uncovered Months	Record Add-Time Stamp
01/01/2006		0	0	05/12/2006 0:0:0
01/01/2008		0	0	11/17/2007 0:0:0
01/01/2009		0	0	11/12/2008 0:0:0
01/01/2010		0	0	11/19/2009 0:0:0
01/01/2012	L	0	0	01/04/2012 0:0:0

Employer Subsidy

Start	End
There are no employer subsidies for the beneficiary	

Part D Enrollment

Start	End
01/01/2006	

Figure 2-23: State User Beneficiary: Eligibility (M232) Screen (Second of three M232 screenshots)

Number of Uncovered Months

Start Date	Indicator	Number of Uncovered Months	Total Number of Uncovered Months	Record Add-Time Stamp
01/01/2006		0	0	05/12/2006 0:0:0
01/01/2008		0	0	11/17/2007 0:0:0
01/01/2009		0	0	11/12/2008 0:0:0
01/01/2010		0	0	11/19/2009 0:0:0
01/01/2012	L	0	0	01/04/2012 0:0:0

Employer Subsidy

Start	End
There are no employer subsidies for the beneficiary	

Part D Enrollment

Start	End
01/01/2006	

Low Income Status

Subsidy Start Date	Subsidy End Date	Premium Subsidy Level	Co-Payment Level	Subsidy Source
01/01/2006	12/31/2006	100%	2	DEEMED
01/01/2007	12/31/2007	100%	2	DEEMED
01/01/2008	12/31/2008	100%	2	DEEMED
01/01/2009	12/31/2009	100%	2	DEEMED
01/01/2010	12/31/2010	100%	2	DEEMED
01/01/2011	12/31/2011	100%	2	DEEMED
01/01/2012	12/31/2012	100%	3	DEEMED
01/01/2013	12/31/2013	100%	3	DEEMED

Figure 2-24: State User Beneficiary: Eligibility (M232) Screen (Third of three M232 screenshots)

Table 2-34: State User (M232) Field Descriptions and Actions

Item	Inputs/Outputs	Description
Search Criteria		
Claim #	Required data entry field	Identifies the beneficiary whose eligibility information displays.
Date	Date field	Provide eligibility information as of this date.
[Find]	Button	The user clicks on this button after entering the beneficiary claim number. If the beneficiary is found, eligibility information for the beneficiary is displayed.
Beneficiary Identification		
Claim Number	Output	Claim number of beneficiary.
Claim Number Cross Reference	Output	Most recent cross-referenced claim number of the 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.
Enrollment Information		
Contract	Output	Contract number for the beneficiary's enrollment(s).
Start	Output	Start date of the beneficiary's enrollment(s).
Drug Plan	Output	Drug plan indicator for the beneficiary's enrollment(s).
Entitlement Information		
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.
Eligibility Information		
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.
NUNCMO		
Start Date	Output	Start Date for uncovered months' period.
Indicator	Output	Indicator showing record type.
NUNCMO	Output	NUNCMO.

Item	Inputs/Outputs	Description
Total NUNCMO	Output	Total NUNCMO based on the Indicator.
Record Add-Timestamp	Output	Timestamp for when the record was added.
Employer Subsidy		
Start Date column	Output	When a Retiree Drub Subsidy coverage period began.
End Date column	Output	When a RDSRDS coverage period ended.
Part D Enrollment		
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.
Low Income Status		
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.

Table 2-35: State User (M232) Screen Messages

Message Type	Message Text	Suggested Action
No claim number	User must enter a claim number.	The user enters the claim number.
Invalid format	The claim number is not a valid SSA, RRB, or CMS internal number.	The user re-enters the claim number.
Invalid format	The claim number is missing the required BIC.	The user changes the claim number to include both CAN and BIC.
Invalid date	Date is invalid. Must have format (M)M/(D)D/YYYY	The user re-enters the date.
Informational	The beneficiary is not enrolled in any Plan for "MM/DD/YYYY."	None.
Informational	There is no eligibility information for the beneficiary.	None.
Informational	There are no employer subsidies for the beneficiary	None.
Informational	There is no Part D enrollment information for the beneficiary	None.
Informational	There are no low income subsidies for the beneficiary	None.
Informational	There are no number of uncovered months for the beneficiary	None.
Informational	Pre-enrollment information for the beneficiary is displayed	None.

Message Type	Message Text	Suggested Action
No data	Beneficiary not found	The user checks the claim number. If it is incorrect, the user re-enters it.
Software or Database Error	Error occurred while retrieving beneficiary entitlement information	Contact the MAPD Help Desk.
Software or Database Error	Error occurred while retrieving Part D Enrollment information for claim number<claim number>	Contact the MAPD Help Desk.
Software or Database Error	Error occurred while retrieving number of uncovered months information for claim number<claim number>	Contact the MAPD Help Desk.
Software or Database Error	Error occurred while retrieving beneficiary low income status information for claim number<claim number>	Contact the MAPD Help Desk.
Software or Database Error	Unexpected error code from database=<error code>	Contact the MAPD Help Desk.
Software or Database Error	Connection error	Contact the MAPD Help Desk.

Entitlement, Eligibility, employer subsidy, and LIS 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 a Plan, then current, historical, and future information is shown.
- If the beneficiary is not enrolled in a Plan, then only the current information is shown.
- When the beneficiary is 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, a message displays in the LIS section.

NUNCMO section displays 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.

Tool tips display when hovering over the Indicator and Record Type columns Part D enrollments.

Enrollment Information displays as follows:

- The Contract number, Effective 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 Effective 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.

2.3.11 Viewing Status Activity and Detail Information for Beneficiaries

2.3.11.1 Viewing Status Activity

The Status Activity screen displays a beneficiary's current health status information, as well as current values for eligibility, uncovered months, low income subsidy, and state and county codes.

The following special status categories will display on the screen:

- SSA State and County Codes
- Low Income Subsidy
- Number of Uncovered Months
- Health Status Flags (ESRD, MSP, etc…)
- Eligibility Status Flags (Part A, Part B, and Part D)
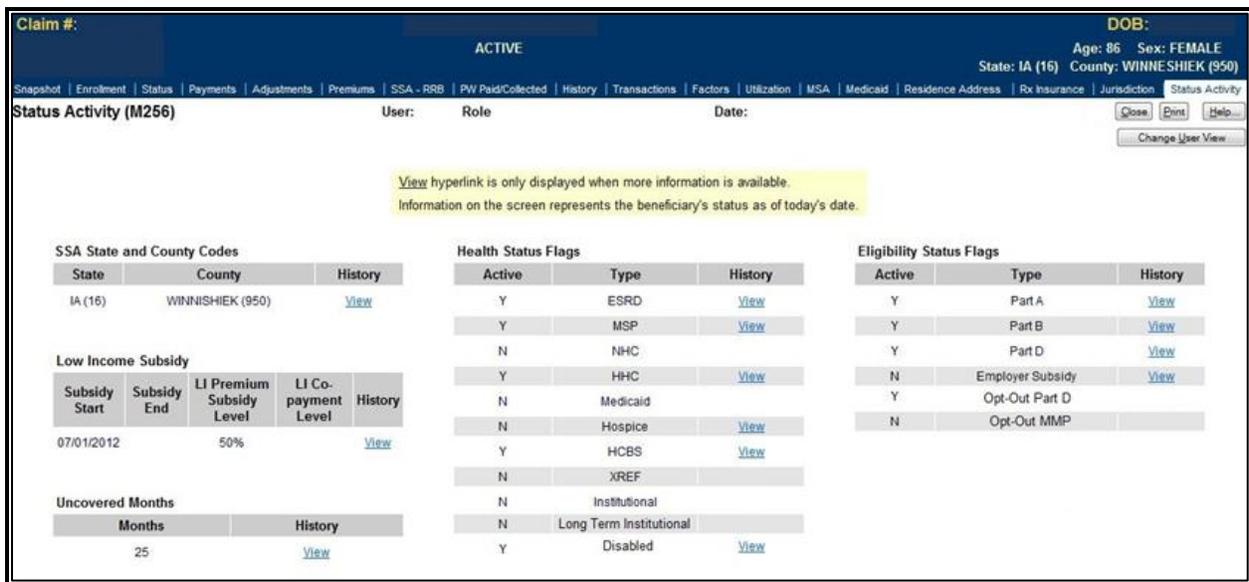
Figure 2-25: State User Status Activity (M256) Screen

If a beneficiary has a history of a special status, a "View" hyperlink will be displayed in the history column for that special status. When the user selects the hyperlink, the user can view the special status history on the Status Detail screen.

2.3.11.2 Viewing Status Detail

The Status Detail screen displays data specific to each of the special statuses (e.g., ESRD, MSP, etc.) and, if applicable, the data records/periods that are valid and audited. The most common data values populated on the Status Detail screen are:

- Status Start and End Date
- Valid/Audit Record
- Record Add Timestamp
- Record Update Timestamp
- Record Audit Timestamp

Figure 2-26: State User Status Detail Valid Record (M257) Screen

If an entry contains audited information, the user can select the "View Audit" link to view the audited information history for most of the statuses.

Figure 2-27: State User Status Detail Audited Record (M257) Screen

2.3.12 *Logging Out of the Medicare Advantage and Part D Inquiry System*

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. The browser then asks if the user wants to close the window. If the browser window is closed, the user is logged out automatically. To simplify logging out, the user may use the logout screen to close all windows in one step. To log out, the user clicks on the [Logout] button as shown in **Figure 2-28** and described in **Table 2-36.** Error and validation messages are provided in **Table 2-37.**

When the user logs on to the system, the logon screen is replaced with a logout screen as shown in **Figure 2-28** and described in **Table 2-36**, with error and validation messages provided in **Table 2-37**. This logout screen is behind the UI primary window and the user may access it at any time by selecting the window.

The user clicks on the [Logout] button; the browser asks if the user wants to close the window.

Figure 2-28: State User Logout Screen

Table 2-36: State User Field Descriptions and Actions

Item	Input/Output	Description
[Logout]	Button	The user clicks on this button to log out of the system, closing all windows.

Table 2-37: State User Logout Screen Messages

Message Type	Message Text	Suggested Action
Process	The Web page you are viewing is trying to close the window. Do you want to close this window? [Yes] or [No]	The user clicks on the [Yes] button to close the window. The user clicks on the [No] button to keep the window open.

3   Screen Hierarchy

The User Interface (UI) screens are accessed via the drill-down method of navigation. Functions are grouped together under a common menu item. For example, most of the Beneficiary-specific information is found under the Beneficiary menu item. **Table 3-1** lists the names of the UI screens accessible to States and their screen numbers, for reference only.

Table 3-1: Screen Lookup Table

Screen Name	Screen Number
Logon, Logoff, and Welcome Screens	
MARx Logout	
User Security Role Selection	M002
Welcome	M101
Beneficiaries Screens	
Beneficiaries: Find	M201
Beneficiaries: Search Results	M202
Beneficiary Detail: Snapshot	M203
Beneficiary Detail: Enrollment	M204
Beneficiary Detail: Status	M205
Beneficiary Detail: History	M208
Composite History	M209
Audit History	M210
Enrollment Detail	M222
Beneficiaries: Eligibility	M232
Beneficiary Detail: Medicaid	M236
Rx Insurance View	M244
Additional Insurance Information	M251
Low Income Subsidy	M252
Status Activity	M256
Status Detail	M257

4   Validation Messages

Table 4-1 lists validation messages that appear directly on the screen during data entry/processing in the status line (the line just below the title line, as in **Figure 4-1**.

Figure 4-1: Validation Message Placement on Screen

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 4-1: Validation Messages

Error Messages	Suggested Action
User must enter a contract number	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.
User must enter a sex	Enter the field specified by the message.
User must select a state	Enter the field specified by the message.
Invalid Contract/PBP combination	Check the combination and re-enter.
Invalid Contract/PBP/segment combination	Check the combination and re-enter.
<kind-of-date> is invalid. Must have format (M)M/(D)D/YYYY	Re-enter the field and follow the format indicated in the message.
User must enter <kind of date>	Enter the field specified by the message.
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.
Please enter user ID or password	Make sure to enter one of the fields specified by the message.
Segment number must have three digits	Re-enter the field and follow the format indicated in the message.
The claim number is not a valid SSA or RRB number, or CMS Internal number	Re-enter the field in SSA, RRB, or CMS Internal format.
The last name contains invalid characters	Re-enter the field using only letters, apostrophes, hyphens, or blanks.
The user ID contains invalid characters	Re-enter the field and follow the format indicated in the message.

5 Entitlement Status and Enrollment Reason Codes

The tables below list Part A and Part B Enrollment, Entitlement and Non-Entitlement codes. They occur when the Part A Entitlement Date is *present* and the Part A Termination Date is *blank*:

Table 5-1: Part A – Entitlement Status Codes w/out Termination Date

Code	Definition
E	Free Part A Entitlement.
G	Entitled due to good cause.
Y	Currently entitled, premium is payable.

These codes occur when both Part A Entitlement Date and Part A Termination Date are *present*:

Table 5-2: Part A – Entitlement Status Codes w/ Termination Date

Code	Definition
C	No longer entitled due to disability cessation.
S	Terminated, no longer entitled under ESRD provision.
T	Terminated for non-payment of premiums.
W	Voluntary withdrawal from premium Part A coverage.
X	Free Part A terminated because of Title II termination.

Part A – Non Entitlement Status Codes

These codes occur when there is *no* Part A Entitlement Date and *no* Part A Termination Date:

Table 5-3: Part A – Non Entitlement Status Codes

Code	Definition
D	Coverage denied.
F	Terminated due to invalid enrollment or enrollment voided.
H	Ineligible for free Part A, or did not enroll for premium Part A.
N	Not valid SSA HIC, used by CMS 3rd party sys for potential PTA entitled date.
R	Refused benefits.

Table 5-4: Part A – Enrollment Reason Codes

Code	Definition
A	Attainment of age 65.
B	Equitable relief.
Code	Definition
D	Disability – Under age 65 entitlement.
G	General Enrollment Period.
I	Initial Enrollment Period.
J	MQGE entitlement.
K	Renal disease not reason for entitled prior to 65 or 25th month of disability.
L	Late filing.
M	Termination based on renal entitlement but disability based on entitlement continues.
N	Age 65 and uninsured.
P	Potentially insured beneficiary is enrolled for Medicare coverage only.
Q	Quarters of coverage requirements are involved.
R	Residency requirements are involved.
T	Disabled working individual.
U	Unknown blank = not applicable; e.g. Part A data is generated at age 64 years, 8 months.

Part B - Entitlement Status Codes

These codes occur when the Part B Entitlement Date is *present* and the Part B Termination Date is *blank*:

Table 5-5: Part B – Entitlement Status Codes w/out Termination Date

Code	Definition
G	Entitled due to good cause.
Y	Currently entitled, premium is payable.

These codes occur when both Part B Entitlement Date and Part B Termination Date are *present*:

Table 5-6: Part B – Entitlement Status Codes w/ Termination Date

Code	Definition
C	No longer entitled due to cessation of disability.
F	Terminated due to invalid enrollment or enrollment voided.
S	Terminated, no longer entitled under ESRD provision.
T	Terminated for non-payment of premiums.
W	Voluntary withdrawal from coverage.

Part B – Non Entitlement Reason Codes

These codes occur when there is *no* Part B Entitlement Date and *no* Part B Termination Date:

Table 5-7: Part B – Non Entitlement Status Codes

Code	Definition
D	Coverage denied.
N	Foreign/Puerto Rican Beneficiaries are entitled to SMI or dually/Technically entitled Beneficiary ID not entitled to SMI.
R	Refused benefits.

Part B - Enrollment Reason Codes

Table 5-8: Part B - Enrollment Reason Codes

Code	Definition
B	Equitable relief.
C	Good cause.
D	Deemed date of birth.
F	Working aged.
G	General enrollment period.
I	Initial enrollment period.
K	Renal disease was a reason for entitlement prior to age 65 or prior to the 25th month of disability.
M	Renal entitlement terminated, but disability based entitlement continues.
R	Residency requirements are involved.
S	State buy-in.
T	Disabled working individual *. * = future – current CMS program edits do not create this code.
U	Unknown.

6 *Disenrollment Reason Codes*

Table 6-1 lists the reason codes for Disenrollment.

Table 6-1: Disenrollment Reason Code Table

Code	Disenrollment Reason	Additional Information on Use
11	Voluntary Disenrollment through Plan	Plan Use: Beneficiary requested disenrollment during a valid enrollment period.
91	Failure to Pay Plan Premiums (Involuntary Disenrollment)	Plan Use: Beneficiary failed to pay Plan premiums and Plan completed all necessary steps in CMS disenrollment guidance to effectuate an involuntary disenrollment.
92	Move Out of Plan Service Area (Involuntary Disenrollment)	Plan Use: Beneficiary determined as out of the Plan service area according to the procedures in CMS disenrollment guidance, and all requirements necessary to effectuate an involuntary disenrollment were met.
93	Loss of SNP Eligibility (Involuntary Disenrollment)	Plan Use: Beneficiary determined to no longer meet the eligibility requirements for enrollment in an exclusive SNP, and all requirements to effectuate an involuntary disenrollment, as defined in CMS disenrollment guidance (including the deemed continuous eligibility provisions) were met.

7 Glossary and List of Abbreviations and Acronyms

Table 7-1: Glossary

Term	Definition
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.
Beneficiary Identification Code (BIC)	The portion of the Medicare health insurance claim number that identifies a specific beneficiary.
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.
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.
Correction	A record submitted by a Plan or CMS office to correct or update existing Beneficiary data.
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 User Interface transactions, the current month is derived from the system data at the time of transaction submission.
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.
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.
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 available on the Web at: http://www.cms.gov/home/medicare.asp under "Eligibility and Enrollment."
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.
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.

Term	Definition
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.
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.
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.
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.
Online	An automated systems approach that processes data in an interactive manner, normally through computer input.
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. There are two types of required fields: • Always required, which are marked with an asterisk (*) • 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 (+).
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 Web at: http://www.cms.gov/home/medicare.asp under "Health Plans."
Submenu	A horizontal list of items below the screen's menu. Clicking on a submenu item displays a screen.
User ID	Valid IACS user identification code used for accessing MARx.
User Interface	The screens, forms, and menus that display to a user logged on to an automated system.

7.1 *List of Abbreviations and Acronyms*

ADAP	AIDS Drug Assistance Program
AE-FE	Automated Enrollment-Facilitated Enrollment
AEP	Annual Enrollment Period
BBA	Balanced Budget Act of 1997
BEQ	Batch Eligibility Queries
BIC	Beneficiary Identification Code
BIN	Beneficiary Identification Number
CAN	Claim Account Number
CCIP/FFS	Chronic Care Improvement Program/Fee-for-Service
CCM	Current Calendar Month
CHF	Congestive Heart Failure
CMP	Competitive Medical Plan
CMS	Centers for Medicare & Medicaid Services
COB	Close of Business
COB	Coordination of Benefits
COM	Current Operation Month
CPM	Current Payment Month
DOB	Date of Birth
DOD	Date of Death
DTL	Detail
EFT	Enterprise File Transfer
EGHP	Employer Group Health Plan
EIN	Employee Identification Number
EOY	End of Year
ESRD	End Stage Renal Disease
FFS	Fee-For-Service
GHP	Group Health Plan
GUIDE	State User Guide
HCBS	Home and Community-Based Services
HICN	Health Insurance Claim Number
HMO	Health Maintenance Organization
HTML	Hypertext Markup Language
HTTPS	Hypertext Transfer Protocol Secure
IACS	Individuals Authorized Access to CMS Computer Services
ICEP	Initial Coverage Election Period

ID	Identification
IEP	Initial Enrollment Period
IUI	Integrated User Interface
LEP	Late Enrollment Penalty
LIPS	Low Income Premium Subsidy
LIS	Low Income Subsidy
LTC	Long-Term Care
LTI	Long-Term Institutional
MA	Medicare Advantage
MADP	Medicare Advantage Disenrollment Period
MAPD	Medicare Advantage and Part D
MARx	Medicare Advantage and Prescription Drug System
MARx UI	Medicare Advantage and Prescription Drug System User Interface
MCO	Managed Care Organization
MSA	Medical Savings Account
MSP	Medicare Secondary Payer
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
PACE	Program of All-Inclusive Care for the Elderly
PBP	Plan Benefit Package
PDP	Prescription Drug Plan
PFFS	Private Fee-for-Service
POS	Point-of-Sale
QMB	Qualified Medicare Beneficiary Program
RDS	Retiree Drug Subsidy
RRB	Railroad Retirement Board
SCC	State and County Code
SEP	Special Election Period
SLMB	Specified Low Income Medicare Beneficiary Program
SNP	Special Needs Plan
SPAP	State Pharmaceutical Assistance Program
SSA	Social Security Administration
SSN	Social Security Number
UI	User Interface