DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Medicare Plan Payment Group
Innovative Healthcare Delivery Systems Group

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

FROM: Cheri Rice /s/
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SUBJECT: **Announcement of the February 2015 Software Release**

The Centers for Medicare and Medicaid Services (CMS) continues to implement software
improvements to the enrollment and payment systems that support Medicare Advantage and
Prescription Drug (MAPD) programs. This letter provides detailed information regarding the
planned release of systems changes scheduled for February 2015. This release focuses on
improving the efficiency of CMS systems as well as Plan processing.

The February 2015 Release changes are as follows and may require Plan action:

1. **Limit the Number of Multiple Medicare Advantage Prescription Drug System
   (MARx) User Interface (UI) Sessions**
2. **Payment/Adjustment Data Export from MARx to Microsoft Excel**
3. **Informational Transaction Reply Code (TRC) with MARx Calculated Number of
   Uncovered Months (NUNCMO)**
4. **Changes to Transaction Reply Reporting in the MARx UI**
5. **Reporting Identified Drug Overutilizers**
6. **Replacement of the Individuals Authorized Access to The CMS Computer Services
   (IACS)**

1. **Limit the Number of Multiple Medicare Advantage Prescription Drug System (MARx) User Interface (UI) Sessions**

CMS will modify the MARx UI to limit the number of active logon sessions. If a user attempts to concurrently log into the MARx UI with a 2nd session, the first session will be automatically terminated and the new session will be the only active session.

2. **Payment/Adjustment Data Export from MARx to Microsoft Excel**

During the August 2014 release, MARx was enhanced to allow end users to export payment/adjustment data from the (M215) Payment/Adjustment Detail screen in the form of a Microsoft Excel spreadsheet. Effective February 2015, the export functionality will now incorporate beneficiary information including Personally Identifiable Information (PII) / Protected Health Information (PHI).

When the user clicks the 'Export to Excel' link on the M215 screen, a pop-up warning message will be displayed. This pop-up message will inform the end user that PII / PHI is about to be downloaded. The pop-up message will give the authorized user the option to continue downloading the data or cancel downloading the data altogether.

If the user clicks 'OK' to proceed, the file will be downloaded and the beneficiary identification will be added to the existing Excel export.

The following attachments provide examples of the enhancements described above:

o *Payment/Adjustment Detail (M215) Screen Pop-up Message, Attachment A, Figure 1*
o *Example Excel Export, Attachment A, Figure 2*

3. **Informational Transaction Reply Code (TRC) with MARx Calculated Number of Uncovered Months (NUNCMO)**

Federal law requires that beneficiaries who do not have Part D or other creditable coverage for sixty-three days or more must be charged a Part D Late Enrollment Penalty (LEP) for each complete month they were eligible but did not have such coverage. Effective with the February 2015 release, Plans will receive additional information on a beneficiary's NUNCMO on the Daily Transaction Reply Report (DTRR) to assist them in managing members' LEPs.

- When an enrollment transaction (type 61) or NUNCMO update transaction (type 73) that is not a RESET or Reset UNDO is accepted, a new informational TRC (TRC 341) will accompany the acceptance TRC. TRC 341 – Maximum NUNCMO Calculation will communicate the maximum incremental NUNCMO value that could be reported for the submitted effective date. MARx will calculate the maximum number of uncovered months that the beneficiary could have accrued in the period immediately prior to the submitted enrollment effective date and report the value in Field 24 for TRC 341.

- When, on an enrollment transaction (type 61), the Plan submits a NUNCMO value that exceeds the maximum possible value calculated by MARx, the Plan currently receives the informational TRC 216 – Uncovered Months Exceeds Max Possible Value. When a NUNCMO update transaction (type 73) is received with a value that exceeds the maximum, the transaction is rejected with TRC 300 – NUNCMO Change rejected; Exceeds Max Possible Value. For TRC 216 and TRC 300, Field 24 will be populated with the maximum value calculated by MARx.
- Field 45 – Submitted NUNCMO is being added to the DTRR to report the incremental NUNCMO value that was submitted by the Plan on the transaction types 61 or 73. This will be populated for Enrollment and NUNCMO Acceptance TRCs, as well as for TRCs 216, 300, and the new TRC 341.
- The cumulative NUNCMO, as of the transaction's effective date, will continue to be reported in Field 40 – Cumulative NUNCMO for Enrollment and NUNCMO Acceptance TRCs as well as for TRCs 216, 300, and the new TRC 341.

The following attachments contain the new TRC and DTRR updates:

- ○ *New or Updated NUNCMO TRCs, Attachment B*
- ○ *Daily Transaction Reply Report Data File, Attachment C*

4. Changes to Transaction Reply Reporting in the MARx UI

Plans were notified in the Advance Announcement of the February 2015 Software Release letter dated October 6, 2014 about changes to the M313 – Transaction Reply Codes screen. The item was included in that letter in error. Plans do not have access to the M313 screen; therefore, the software changes do not apply to them.

5. Reporting Identified Drug Overutilizers

As of the February 2014 release, CMS required Part D contracts to submit MARx batch transactions (Transaction Type 90) to report beneficiary-level Point of Sale (POS) drug edit information for opioid overutilizers who were identified by their Plans. Subsequently, in the August 25, 2014 memorandum (Beneficiary-level point-of-sale claim edits and other overutilization issues), CMS removed the requirement for Plans to e-mail the beneficiary's information and Health Insurance Claim Number (HICN), along with a copy of the opioid overutilization notification letter, to the central office mailbox, PartDPolicy@cms.hhs.gov. Note: Contracts are still required to submit other non-opioid beneficiary-level POS drug edit information and the notification letter to the central office mailbox and their CMS account manager. This release updates the batch process and the Transaction Codes and Descriptions for POS Drug Edit Transaction Type 90 Records.

The February 2015 release includes the following changes:
- Removal of the requirement that the implementation date is at least 30 days after the notification date. Contracts that are notified that a new enrollee has an 'active' opioid

POS drug edit can notify the beneficiary of a continued POS drug edit and implement the edit on the same day.

- Contracts may not submit two opioid POS drug edit notification records for the same beneficiary with the same notification date. Transactions submitted for implementation and/or termination must include the notification date for the associated notification.
- If a beneficiary disenrolls from a Plan after notification of an opioid POS drug edit and then re-enrolls in that same Plan after a gap in enrollment, the Plan must re-notify the beneficiary of the continued POS drug edit and submit to MARx the new notification date and implementation date, which can be the beneficiary's new re-enrollment date.
- New or updated TRCs related to POS Drug Edit Transactions. *Attachment D* includes the following:
  - *323 – POS Drug Edit Invalid Enrollment*
  - *326 – POS Drug Edit Implementation Date Incorrect*
  - *334 – Reject, Invalid POS Drug Edit Class*
  - *335 – Reject, Invalid POS Drug Edit Code*
  - *337 – POS Drug Edit Event Deleted-Plan*
  - *342 – POS Reject, Multiple Notifications*
  - *343 – POS Drug Edit Class Inactive*
  - *344 – POS Reject, More Restrictive Implementation*
- When the UI interface is available, Part D contracts or CMS Users may enter and update the beneficiary POS Drug Edit information through the UI. Currently, only CMS Users have access through UI. When the new contract user role is assigned, the MCO POS Edit User, will have user access to two new screens:
  - M254 – Update POS Drug Edit, *Attachment E, Figure 1*
  - M255 – POS Drug Edit Detail, *Attachment E, Figure 2*

Contract users will be notified in the future when they can register for this new MARx role. The Plan External Point of Contact (EPOC) authorizes their access. Contract UI access is expected in February, 2015.

The Health Plan Management System (HPMS) will distribute the user guide closer to the release date. Please e-mail questions regarding this change to PartDPolicy@cms.hhs.gov with a subject heading "POS Edit Reporting."

6. Replacement of the Individuals Authorized Access to The CMS Computer Services (IACS)

Early next year, the Enterprise Identity Management (EIDM) System will replace the IACS system. Additional information describing the impacts to users will be distributed via another communication.

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

Attachment A

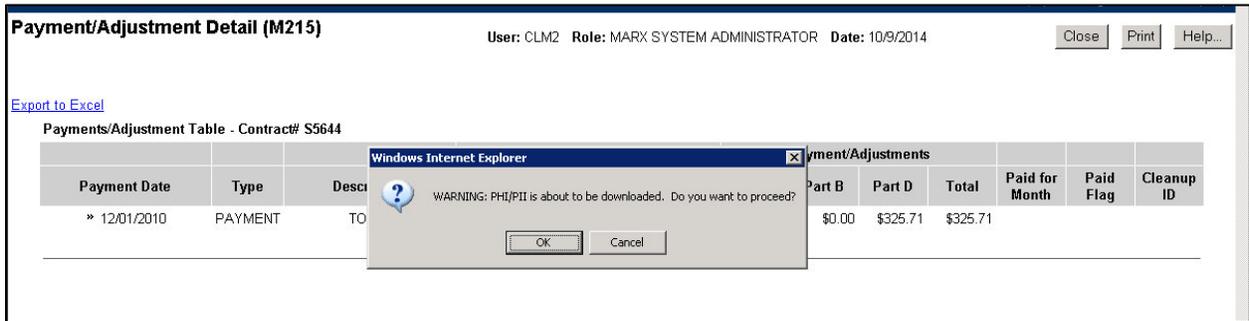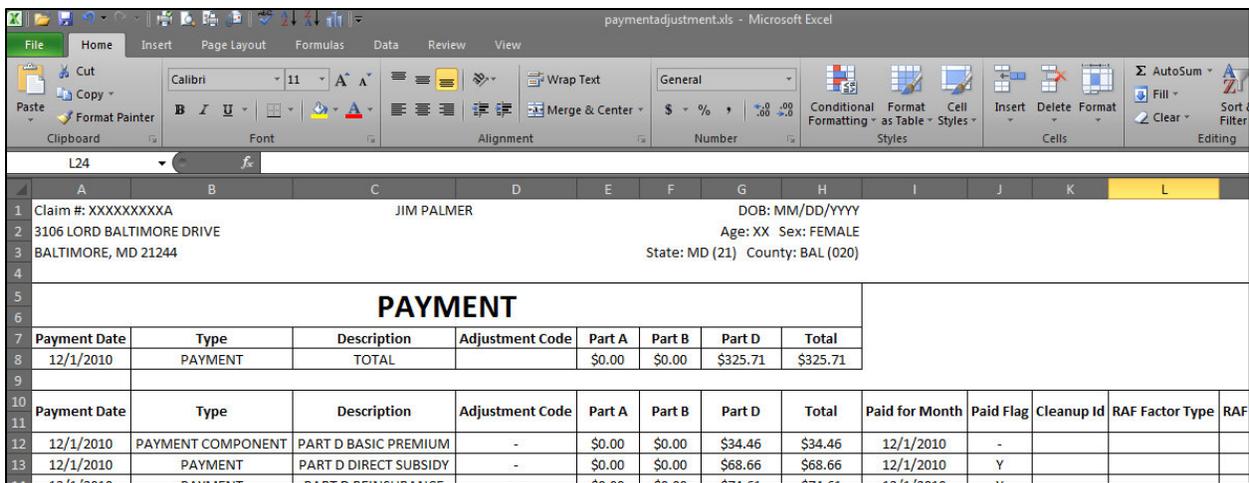# Figure 1: Payment/Adjustment Detail (M215) Screen Pop-up Message

Figure 2: Example Excel Export

Attachment B

New or Updated NUNCMO TRCs

Code	Type	Title	Short Definition	Description
216	I	Uncovered months exceeds max possible value	NUNCMO EXDS MAX	This TRC is returned on an accepted enrollment transaction (Transaction Type 61) when the submitted incremental NUNCMO value exceeds the maximum possible value. This does NOT cause the rejection of the enrollment transaction but zero uncovered months (000) is associated with the effective date of the enrollment. This informational TRC may accompany the enrollment transaction's acceptance TRC. Field 24 (Maximum Number of Uncovered Months) reports the maximum incremental NUNCMO value that could be associated with the enrollment effective date submitted. Field 40 (Cumulative Number of Uncovered Months) reports the total uncovered months as of the effective date. Field 45 (Submitted Number of Uncovered Months) reports the incremental NUNCMO value submitted by the Plan. **Plan Action**: Update the Plan's records. If the NUNCMO should be another value, review CMS enrollment guidance and correct the NUNCMO value using a new NUNCMO Record Update (Transaction Type 73) transaction.
300	R	NUNCMO Change Rejected, Exceeds Max Possible Value	NM CHG EXDS MAX	A NUNCMO Record Update transaction (73) was rejected because the submitted incremental NUNCMO exceeds the maximum possible value. The original (existing) incremental NUNCMO associated with this effective date has been retained. Field 24 (Maximum Number of Uncovered Months) reports the maximum incremental NUNCMO value that could be associated with the enrollment effective date submitted. Field 40 (Cumulative Number of Uncovered Months) reports the total uncovered months as of the effective date. Field 45 (Submitted Number of Uncovered Months) reports the incremental NUNCMO value submitted by the Plan. **Plan Action**: Review the incremental NUNCMO submitted, the maximum incremental NUNCMO calculated by the system, and/or the effective date submitted. If the NUNCMO and/or the effective date should be another value, review CMS enrollment guidance, and correct the NUNCMO value using a new NUNCMO Record Update (73) transaction.

Attachment B

Code	Type	Title	Short Definition	Description
341	I	Maximum NUNCMO Calculation	MAX NUNCMO CALC	This TRC provides additional information about an accepted enrollment or NUNCMO record update transaction (Transaction Types 61, 73) for which an acceptance was sent in a separate Transaction Reply.
				This reply informs the Plan of the maximum incremental NUNCMO value that could be associated with the enrollment effective date submitted.
				Field 24 (Maximum Number of Uncovered Months) reports the maximum incremental NUNCMO value.
				Field 40 (Cumulative Number of Uncovered Months) reports the total uncovered months as of the effective date.
				Field 45 (Submitted Number of Uncovered Months) reports the incremental NUNCMO value submitted by the Plan.
				Plan Action: Review the incremental NUNCMO submitted and the maximum incremental NUNCMO calculated by the system. If the NUNCMO should be another value, review CMS enrollment guidance and correct the NUNCMO value using a new NUNCMO Record Update (73) transaction.

Attachment C

Daily Transaction Reply Report Data File

Field	Size	Position	Description
1. HICN	12	1 – 12	Health Insurance Claim Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Initial	1	32	Beneficiary Middle Initial
5. Gender Code	1	33	Beneficiary Gender Identification Code '0' = Unknown; '1' = Male; '2' = Female.
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Record Type	1	42	'T' = TRC record
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code; otherwise, spaces if not applicable.
10. County Code	3	50 – 52	Beneficiary Residence County Code; otherwise, spaces if not applicable.
11. Disability Indicator	1	53	'1' = Disabled; '0' = No Disability; Space = not applicable.
12. Hospice Indicator	1	54	'1' = Hospice; '0' = No Hospice; Space = not applicable.
13. Institutional/NHC/HCBS Indicator	1	55	'3' = HCBS; '1' = Institutional; '2' = NHC; '0' = No Institutional; Space = not applicable
14. ESRD Indicator	1	56	'1' = End-Stage Renal Disease; '0' = No End-Stage Renal Disease; Space = not applicable.

Field	Size	Position	Description
15. Transaction Reply Code	3	57 – 59	TRC, see TRC list for values
16. Transaction Type Code	2	60 – 61	Transaction Type Code
17. Entitlement Type Code	1	62	Beneficiary Entitlement Type Code: 'Y' = Entitled to Part A and B, 'Z' = Entitled to Part A or B; Space = not applicable Space reported with TRCs 121, 194, and 223, has no meaning.
18. Effective Date	8	63 – 70	YYYYMMDD Format; Effective date is present for all TRCs. Field content is TRC dependent for the following TRCs: 701 – New enrollment period start date, 702 – Fill-in enrollment period start date, 703 – Start date of cancelled enrollment period, 704 – Start date of enrollment period cancelled for PBP correction, 705 – Start date of enrollment period for corrected PBP, 706 – Start date of enrollment period cancelled for segment correction, 707 – Start date of enrollment period for corrected segment, 708 – Enrollment period end date assigned to existing opened ended enrollment, 709 & 710 – New start date resulting from update, 711 & 712 – New end date resulting from update, 713 – "00000000" – End date removed. Original end date is in field 24.X, 091 – Previously reported incorrect death date, 121, 194, and 223 – PBP enrollment effective date. 305 – New ZIP Code Start Date 293 – Enrollment End Date; Last day of the month For Transaction Type Code 90 the current calendar month will be populated For TRC 280- the beginning date of the period for which the Plan will see payment impact. If the MSP period began prior to the beginning of the Plan's enrollment, this date will usually be the effective date of the enrollment

Field	Size	Position	Description
19. WA Indicator	1	71	'1' = Working Aged; '0' = No Working Aged,; Space = not applicable.
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 – 83	YYYYMMDD Format; Present for all transaction reply codes. For TRCs 121, 194, and 223, the report generation date.
23. UI Initiated Change Flag	1	84	'1' = transaction created through user interface; '0' = transaction from source other than user interface; Space = not applicable.
24. Positions 85 – 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for all codes except where indicated below.	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 13, 14, 18
a. Effective Date of the Disenrollment	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 13, 14, 18, 293
b. New Enrollment Effective Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 17
c. Claim Number (old)	12	85 – 96	Present only when Transaction Reply Code is one of the following: 22, 25, 86
d. Date of Death	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 90 (with transaction type 01), 92
e. Hospice Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 71
f. Hospice End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 72
g. ESRD Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 73
h. ESRD End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 74

	Field	Size	Position	Description
i.	Institutional/ NHC Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 48, 75, 158, 159
j.	Medicaid Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 77
k.	Medicaid End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 78
l.	Part A End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 79
m.	WA Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 66
n.	WA End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 67
o.	Part A Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 80
p.	Part B End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 81
q.	Part B Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 82
r.	Old State and County Codes	5	85 – 89	Beneficiary's prior state and county code; Present only when Transaction Reply Code is 85
s.	Attempted Enroll Effective Date	8	85 - 92	The effective date of an enrollment transaction that was submitted but rejected. Present only when Transaction Reply code is the following: 35, 36, 45, 56
t.	PBP Effective Date	8	85 – 92	YYYYMMDD Format. Effective date of a beneficiary's PBP change. Present only when Transaction Reply Code is 100.
u.	Correct Part D Premium Rate	12	85 – 96	ZZZZZZZZ9.99 Format; Part D premium amount reported by HPMS for the Plan. Present only when the Transaction Reply Code is 181.
v.	Date Identifying Information Changed by UI User	8	85 – 92	YYYYMMDD Format; Field content is dependent on Transaction Reply Code: 702 – Fill-in enrollment period end date, 705 – End date of enrollment period for corrected PBP, blank when end date not provided by user, 707 – End date of enrollment period for corrected segment, blank when end date not provided by user, 709 & 710 – Enrollment period start date prior to start date change, 711, 712, & 713 – Enrollment period end date prior to end date change.
w.	Modified Part C Premium Amount	12	85 – 96	ZZZZZZZZ9.99 Format; Part C premium amount reported by HPMS for the Plan. Present only when the Transaction Reply Code is 182.

Attachment C

Field	Size	Position	Description
x. Date of Death Removed	8	85 – 92	YYYYMMDD Format; Previously reported erroneous date of death. Present only when Transaction Reply Code is 091.
y. Dialysis End Date	8	85 – 92	YYYYMMDD Format; Will be present when Transaction Reply Code is 268 and the dialysis period has an end date.
z. Transplant Failure Date	8	85 – 92	YYYYMMDD Format; Will be present when Transaction Reply Code is 269 and the transplant has an end date.
aa. New ZIP Code	10	85 - 94	#####-#### Format; Will be present when Transaction Reply Code is 305
bb. Previous Contract for POS Drug Edit Active Indicator	5	85-89	Will be present when Transaction Reply Code is 322
cc. MSP Coverage Termination Date	8	85 – 92	YYYYMMDD Format: Will be present when Transaction Reply Code is 280 and contain the Adjusted Coverage Termination Date.
dd. Maximum NUNCMO Calculated	3	85 – 87	Maximum incremental number of uncovered months that can be submitted for the effective date; otherwise, spaces. Present only when Transaction Reply Code is the following: 216, 300, 341
25. District Office Code	3	97 – 99	Code of the originating district office; Present only when Transaction Type Code is 53; otherwise, spaces if not applicable.
26. Previous Part D Contract/PBP for TrOOP Transfer.	8	100 – 107	CCCCCPPP Format; Present only if previous enrollment exists within reporting year in Part D Contract. Otherwise, field will be spaces. CCCCC = Contract Number; PPP = Plan Benefit Package (PBP) Number.
27. Filler	8	108 – 115	Spaces
28. Source ID	5	116 – 120	Transaction Source Identifier
29. Prior Plan Benefit Package ID	3	121 – 123	Prior PBP number for PBP change transaction OR submitted LINET Plan PBP changed to PBP corresponding to enrollment processing date; present only when transaction type code is 61; otherwise, spaces if not applicable.

Attachment C

Field	Size	Position	Description
30. Application Date	8	124 – 131	The date the Plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD; otherwise, spaces if not applicable.
31. UI User Organization Designation	2	132 – 133	'01' = Plan '02' = Regional Office; '03' = Central Office; Spaces = not UI transaction
32. Out of Area Flag	1	134 – 134	'Y' = Out of area; 'N' = Not out of area; Space = not applicable
33. Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries; otherwise, spaces when not applicable.
34. Part C Beneficiary Premium	8	138 – 145	Cost to beneficiary for Part C benefits; otherwise, spaces if not applicable.
35. Part D Beneficiary Premium	8	146 – 153	Cost to beneficiary for Part D benefits; otherwise, spaces if not applicable.

Field	Size	Position	Description
36. Election Type	1	154 – 154	'A' = AEP; 'E' = IEP; 'I' = ICEP; 'O' = OEP; 'N' = OEPNEW; 'T' = OEPI; 'R'=5 Star SEP; 'S'= Other SEP; 'U'=Dual/LIS SEP; 'V'=Permanent Change in Residence SEP; 'W'=EGHP SEP; 'X'=Administrative Action SEP; 'Y'=CMS/Case Work SEP; Space = not applicable. (MAs use I, A, N, O, R, S, T, U, V, W, X, and Y. MAPDs use I, A, E, N, O, R, S, T, U, V, W, X, Y. PDPs use A, E, R, S, U, V, W, X, and Y.)
37. Enrollment Source	1	155 – 155	'A' = Auto enrolled by CMS; 'B' = Beneficiary Election; 'C' = Facilitated enrollment by CMS; 'D' = CMS Annual Rollover; 'E' = Plan initiated auto-enrollment; 'F' = Plan initiated facilitated-enrollment; 'G' = Point-of-sale enrollment; 'H' = CMS or Plan reassignment; 'I' = Invalid submitted value (transaction is not rejected); 'J' = State-submitted Passive Enrollment 'K' = CMS-submitted passive Enrollment 'L' = MMP beneficiary election Space = not applicable.

Field	Size	Position	Description
38. Part D Opt-Out Flag	1	156 – 156	'Y' = Opt-out of auto-enrollment; 'N' = Opted out of auto-enrollment; Space = No change to opt-out status
39. Premium Withhold Option/Parts C-D	1	157 – 157	'D' = Direct self-pay; 'S' = Deduct from SSA benefits; 'R' = Deduct from RRB benefits; 'N' = No premium applicable; Space = not applicable. Option applies to both Part C and D Premiums and is populated only for TRCs related to enrollment acceptance, premium or premium withholding. Rejection TRCs report the submitted PPO. TRCs 120, 185 & 186 report the PPO involved with the communication with the Withholding Agency. All others report the PPO in effect as of the Effective Date after the submitted transaction is processed.
40. Cumulative Number of Uncovered Months	3	158 – 160	Count of Total Months without drug coverage as of the effective date submitted; otherwise, spaces. Present with Enrollment Acceptance TRCs, or when Transaction Reply Code is the following: 141, 216, 300, 341
41. Creditable Coverage Flag	1	161 – 161	'Y' = Covered; 'N' = Not Covered; 'R' = Setting uncovered months to zero due to a new IEP; 'U' = Setting uncovered months to the value prior to using R; Space = not applicable.
42. Employer Subsidy Override Flag	1	162 – 162	'Y' = Beneficiary is in a Plan receiving an employer subsidy, flag allows enrollment in a Part D Plan; Space = no flag submitted by Plan.
43. Processing Timestamp	15	163 – 177	Transaction processing time, or, for TRCs 121, 194, and 223, the report generation time. Format: HH.MM.SS.SSSSSS

Attachment C

Field	Size	Position	Description
44. End Date	8	178 - 185	YYYMMDD format End Date associated with the Transaction Reply Code when applicable. Currently present only for TRCs that report a Premium Payment Option (PPO) value that is not open-ended.
45. Submitted Number of Uncovered Months	3	186 – 188	Incremental Number of Uncovered Months submitted in the transaction; otherwise, spaces. Present with Enrollment Acceptance TRCs, or when Transaction Reply Code is the following: 141, 216, 300, 341
46. Filler	9	189 – 197	Spaces
47. Secondary Drug Insurance Flag	1	198-198	Type 61 MAP and PDP transactions: 'Y' = Beneficiary has secondary drug insurance; 'N' = Beneficiary does not have secondary drug insurance available; Space = No flag submitted by Plan. Type 72 MAP and PDP transactions: 'Y' = Secondary drug insurance available 'N' = No secondary drug insurance available Space = no change. Space returned with any other transaction type has no meaning.
48. Secondary Rx ID	20	199 – 218	Beneficiary's secondary insurance Plan's ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
49. Secondary Rx Group	15	219 – 233	Beneficiary's secondary insurance Plan's Group ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
50. EGHP	1	234 - 234	Type 61 transactions: 'Y' = EGHP; Space = not EGHP. Type 74 transactions: 'Y' = EGHP; 'N' = Not EGHP; Space = no change. Space reported with any other transaction type has no meaning.

Field	Size	Position	Description
51. Part D Low-Income Premium Subsidy Level	3	235 – 237	Part D LIPS percentage category: '000' = No subsidy, '025' = 25% subsidy level; '050' = 50% subsidy level; '075' = 75% subsidy level; '100' = 100% subsidy level; Spaces = not applicable.
52. Low-Income Co-Pay Category	1	238 – 238	Definitions of the co-payment categories: '0' = none, not low-income '1' = (High); '2' = (Low); '3' = (0); '4' = 15%; '5' = Unknown; Space = not applicable.
53. Low-Income Period Effective Date	8	239 - 246	Date low income period starts. Format: YYYYMMDD Spaces if not applicable.
54. Part D Late Enrollment Penalty Amount	8	247 - 254	Calculated Part D late enrollment penalty, not including adjustments indicated by items (53) and (54). Format: -9999.99; otherwise, spaces if not applicable.
55. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Amount of Part D late enrollment penalty waived. Format: -9999.99; otherwise, spaces if not applicable.
56. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Amount of Part D late enrollment penalty low-income subsidy. Format: -9999.99; otherwise, spaces if not applicable.
57. Low-Income Part D Premium Subsidy Amount	8	271- 278	Amount of Part D low-income premium subsidy as of the enrollment period start date. Format: -9999.99; otherwise, spaces if not applicable.
58. Part D Rx BIN	6	279 - 284	Beneficiary's Part D Rx BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.

Attachment C

Field	Size	Position	Description
59. Part D Rx PCN	10	285 - 294	Beneficiary's Part D Rx PCN taken from the input transaction (61 or 72); otherwise, spaces if not provided via a transaction.
60. Part D Rx Group	15	295 - 309	Beneficiary's Part D Rx Group taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
61. Part D Rx ID	20	310 - 329	Beneficiary's Part D Rx ID taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
62. Secondary Rx BIN	6	330 - 335	Beneficiary's secondary insurance BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
63. Secondary Rx PCN	10	336 - 345	Beneficiary's secondary insurance PCN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
64. De Minimis Differential Amount	8	346 - 353	Amount by which a Part D de minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark. Format: -9999.99; otherwise, spaces if not applicable.
65. MSP Status Flag	1	354 - 354	'P' = Medicare primary payor; 'S' = Medicare secondary payor; 'N' = Non-respondent beneficiary; Space = not applicable.
66. Low Income Period End Date	8	355 - 362	Date low income period closes. The end date is either the last day of the PBP enrollment or the last day of the low income period itself, whichever is earlier. This field is blank for LIS applicants with an open ended award or when the TRC is not one of the LIS TRCs 121, 194, 223. FORMAT: YYYYMMDD; otherwise, spaces if not applicable.
67. Low Income Subsidy Source Code	1	363 - 363	'A' = Approved SSA applicant; 'D' = Deemed eligible by CMS; Space = not applicable.
68. Enrollee Type Flag, PBP Level	1	364 - 364	Designation relative to the report generation date (Transaction Date, field #22) 'C' = Current PBP enrollee; 'P' = Prospective PBP enrollee; 'Y' = Previous PBP enrollee; Spaces = not applicable.

Field	Size	Position	Description
69. Application Date Indicator	1	365 – 365	Identifies whether the application date associated with a UI submitted enrollment has a system generated default value: 'Y' = Default value for UI enrollment; Space = Not applicable
70. TRC Short Name	15	366 – 380	TRC's short-name identifier
71. Disenrollment Reason Code	2	381 – 382	DRC, see DRC list for values
72. MMP Opt Out Flag	1	383	"Y" = Opted out of passive enrollment into MMP Plan "N" = Not opted out of passive enrollment into MMP Plan Space = Not applicable
73. Cleanup ID	10	384 – 393	Populated if there is a Clean-Up ID associated with the transaction. Used to identify transactions that were created to correct payment data. Spaces if no value exists.
74. POS Drug Edit Update/Delete Flag	1	394	"U" – Update (Add) "D" – Delete Space = Not applicable
75. POS Drug Edit Status	1	395	"N" – Notification "I" – Implementation "T" – Termination Space = Not applicable
76. POS Drug Edit Class	3	396-398	Three character drug class identifier. Spaces = Not applicable Present only when Transaction Type Code is 90 and POS Drug Edit Class is provided, otherwise blank
77. POS Drug Edit Code	3	399-401	Three character POS Drug Edit Code Spaces = Not applicable Present only when Transaction Type Code is 90 and POS Drug Edit Code is provided, otherwise blank
78. Notification Date	8	402--409	YYYYMMDD format, Date beneficiary is notified of a POS Drug Edit Present only when Transaction Type Code is 90 and notification date is provided, otherwise blank

Attachment C

Field	Size	Position	Description
79. Implementation Date	8	410-417	YYYYMMDD format Date POS Drug Edit is implemented Present only when Transaction Type Code is 90 and implementation date is provided, otherwise blank
80. Termination Date	8	418-425	YYYYMMDD format Date POS Drug Edit is terminated Present only when Transaction Type Code is 90 and termination date is provided, otherwise blank
81. Notification POS Drug Edit Code	3	426-428	The three character POS Drug Edit Code submitted on the original Notification Record for this event Spaces = Not applicable Present only when Transaction Type Code is 90 and POS Drug Edit Code is provided, otherwise blank
82. Filler	46	429 – 474	Spaces
83. System Assigned Transaction Tracking ID	11	475 – 485	System assigned transaction tracking ID.
84. Plan Assigned Transaction Tracking ID	15	486 – 500	Plan submitted batch input transaction tracking ID.

Attachment D

Transaction Codes and Descriptions for POS Drug Edit Transaction Type 90 Records

The following TRCs are either modified or added to support the POS Drug Edit capability:

Code	Type	Title	Short Definition	Definition
323	R	POS Drug Edit Invalid Enrollment	PSDE INV ENR	A POS drug edit transaction (Transaction Type code 90) was rejected for one of the following reasons: • The notification, implementation, or termination date is outside of the contract enrollment period • There is an enrollment gap between two of the dates on the transaction **Plan Action:** Correct the date(s) and resubmit the transaction if appropriate. If the beneficiary re-enrolled in the Contract with a gap between the two enrollments, submit a new notification and implementation (if existed) using the first date of the new enrollment as the notification and implementation (if existed) dates.
326	R	POS Drug Edit Implementation Date Incorrect	PSDE IMP DT INC	A POS drug edit transaction (Transaction Type code 90) with a status of I was rejected because the implementation date is before the notification date. **Plan Action:** Correct the dates and resubmit the POS Drug Edit Transaction, if appropriate.
334	R	Reject, Invalid POS Drug Edit Class	PSDE INV CLASS	A POS Drug Edit transaction (Transaction Type 90) was rejected because the submitted Drug Class field was blank or contained an invalid value. **Plan Action:** Correct the Drug Class and resubmit the transaction, if appropriate.
335	R	Reject, Invalid POS Drug Edit Code	PSDE INV CODE	A POS Drug Edit transaction (Transaction Type 90) was rejected because the submitted Drug Edit Code field was blank or contained an invalid value. **Plan Action:** Correct the Drug Edit Code and resubmit the transaction, if appropriate.

Attachment D

Code	Type	Title	Short Definition	Definition
337	A	POS Drug Edit Event Deleted – Plan	PSDE EVT DEL P	A Plan User with POS Drug Edit update Authority deleted a POS Drug Edit event via the MARx UI for this beneficiary. • If the latest status was T (Termination), the associated Notification, Implementation (if exists) and Termination POS Drug Edit records were deleted. • If the latest status was I (Implementation), the associated Notification and Implementation POS Drug Edit records were deleted. • If the latest status was N, the Notification POS Drug Edit record was deleted. If the Notification record is associated with a different valid Implementation record the Notification record will not be deleted; it will remain associated with that event. **Plan Action:** None
342	R	Reject, Multiple Notification	PSDE MULT NOT	A POS Drug Edit transaction (Transaction Type code 90) was rejected because a valid notification record with the same contract, drug class, and notification date currently exists for this beneficiary. **Plan Action:** If appropriate, delete the existing notification and resubmit the transaction.
343	I	POS Drug Edit Class Inactive	PSDE CLASS OBS	CMS added an end date to one of the Drug Classes used for reporting POS Drug Edits. This beneficiary has a POS Drug Edit record with a notification or implementation date that is after the end date for the Drug Class. **Plan Action:** Terminate or delete the impacted POS Drug Edit Records, if appropriate.
344	R	Reject, More Restrictive Implementation	PSDE RES IMP	A POS Drug Edit transaction (Transaction Type code 90) was rejected because this is not a less restrictive implementation than a previous implementation associated with the same notification record. **Plan Action**: Submit a new notification with the more restrictive Drug Edit Code, if appropriate.

Attachment E

New Screens for Entering POS Drug Edit Data Through the UI

Figure 1: Update POS Drug Edit Screen (M254)

Figure 2: POS Drug Edit Detail Screen (M255)