

**MARx Special Enrollment Report Data Record Layout**  
**02.07.2006**

Field	Size	Position	Description
<b>1. Claim Number</b>	<b>12</b>	<b>1 – 12</b>	<b>Claim Account Number</b>
<b>2. Surname</b>	<b>12</b>	<b>13 – 24</b>	<b>Beneficiary Surname</b>
<b>3. First Name</b>	<b>7</b>	<b>25 – 31</b>	<b>Beneficiary Given Name</b>
<b>4. Middle Name</b>	<b>1</b>	<b>32</b>	<b>Beneficiary Middle Initial</b>
<b>5. Sex Code</b>	<b>1</b>	<b>33</b>	<b>Beneficiary Sex Identification Code</b> 0 = Unknown 1 = Male 2 = Female
<b>6. Date of Birth</b>	<b>8</b>	<b>34 – 41</b>	<b>YYYYMMDD Format</b>
7. Filler	1	42	Spaces
<b>8. Contract Number</b>	<b>5</b>	<b>43 – 47</b>	<b>Plan Contract Number</b>
<b>9. State Code</b>	<b>2</b>	<b>48 – 49</b>	<b>Beneficiary Residence State Code</b>
<b>10. County Code</b>	<b>3</b>	<b>50 – 52</b>	<b>Beneficiary Residence County Code</b>
11. Filler	1	53	Spaces
12. Filler	1	54	Spaces
13. Filler	1	55	Spaces
14. Filler	1	56	Spaces
<b>15. Transaction Reply Code</b>	<b>3</b>	<b>57 – 59</b>	<b>Transaction Reply Code</b> <b>Defaulted to '999'</b>
<b>16. Transaction Type Code</b>	<b>2</b>	<b>60 – 61</b>	<b>Transaction Type Code</b> <b>Defaulted to '01'</b>
17. Filler	1	62	Spaces
<b>18. Effective Date</b>	<b>8</b>	<b>63 – 70</b>	<b>YYYYMMDD Format</b>
19. Filler	1	71	Spaces
<b>20. Plan Benefit Package ID</b>	<b>3</b>	<b>72 – 74</b>	<b>PBP number</b>
21. Filler	1	75	Spaces
<b>22. Transaction Date</b>	<b>8</b>	<b>76 – 83</b>	<b>Set to Current Date (YYYYMMDD)</b>
23. Filler	1	84	Spaces
24. Filler	12	85 – 96	Spaces
25. Filler	3	97 – 99	Spaces
26. Filler	8	100 – 107	Spaces
27. Filler	8	108 – 115	Spaces
28. Filler	5	116 – 120	Spaces
29. Filler	3	121 – 123	Spaces
30. Filler	8	124 – 131	Spaces
31. Filler	2	132 – 133	Spaces
32. Filler	1	134 – 134	Spaces
<b>33. Segment Number</b>	<b>3</b>	<b>135 – 137</b>	<b>Default to '000' if blank</b>
34. Filler	8	138 – 145	Spaces
35. Filler	8	146 – 153	Spaces
36. Election Type	1	154 – 154	Spaces

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Field	Size	Position	Description
37. Enrollment Source	1	155 – 155	<b>A = Auto Enrolled by CMS</b> <b>B = Beneficiary Election</b> <b>C = Facilitated Enrollment by CMS</b> <b>D = CMS Annual Rollover</b> <b>Space = not supplied</b>
38. Filler	1	156 – 156	Spaces
39. Filler	1	157 – 157	Spaces
40. Filler	3	158 – 160	Spaces
41. Filler	1	161 – 161	Spaces
42. Filler	1	162 – 162	Spaces
43. Filler	20	163 – 182	Spaces
44. Filler	15	183 – 197	Spaces
45. Filler	1	198-198	Spaces
46. Filler	20	199 – 218	Spaces
47. Filler	15	219 – 233	Spaces
48. Filler	1	234 - 234	Spaces
<b>49. Part D Low-Income Premium Subsidy Level</b>	<b>3</b>	<b>235 – 237</b>	<b>Part D low-income premium subsidy category:</b> <b>‘000’ = No subsidy (default for blank)</b> <b>‘025’ = 25% subsidy level,</b> <b>‘050’ = 50% subsidy level,</b> <b>‘075’ = 75% subsidy level,</b> <b>‘100’ = 100% subsidy level</b>
<b>50. Low-Income Co-Pay Category</b>	<b>1</b>	<b>238 – 238</b>	<b>Definitions of the co-payment categories:</b> <b>‘0’ = none, not low-income (default for blank)</b> <b>‘1’ = \$2/\$5 (High)</b> <b>‘2’ = \$1/\$3 (Low)</b> <b>‘3’ = \$0 (0)</b> <b>‘4’ = 15%</b>
<b>51. Low-Income Co-Pay Effective Date</b>	<b>8</b>	<b>239 - 246</b>	<b>YYYYMMDD Format</b>
52. Filler	8	247 - 254	Spaces
53. Filler	8	255 - 262	Spaces
54. Filler	8	263 - 270	Spaces
55. Filler	8	271- 278	Spaces