

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Office of Information Services

DATE: April 7, 2006

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

FROM: Julie Boughn, Director /s/
Information Systems Modernization Group

SUBJECT: Recent System Changes Affecting MARx User Interface, Transaction Reply Report (TRR), and Monthly Membership Report (MMR)

The following MARx UI system changes have been completed and are in production:

- Beneficiary Detail: Snapshot (M203) Display - beneficiary information that previously received an intermittent error when retrieving this data will no longer receive an error.
- Beneficiary Detail: Status (M205) Out of Area will now reflect correct information; Status was not previously reflected in the UI correctly for all beneficiaries.
- Beneficiary Detail: Status (M205) Display Segment# as all zeroes rather than spaces for Plans not using segmentation.

The following system changes have been completed and are in production; these affect MARx Weekly/Monthly Transaction Reply Reports and Data Files:

- The Part D Low Income multiplier on the MMR has been corrected. Prior to this software change, Plans may have seen the multiplier as two orders of magnitude smaller than the actual value, for example. 1.05 was reported as .0105.
- Monthly and Weekly TRRs have been modified to always include the prior PBP number.

- The Employer Subsidy Override flag will now work correctly when plans use this to correct transactions with TRC127. If Plans have transactions pended in their system for this TRC, they should resubmit them now, following the retro file submission procedures as needed.
- Plans can submit ICEP and IEP enrollment transactions with application dates up to 90 days prior to the effective date of enrollment (please consult the CMS Enrollment guidance applicable to your plan type for a discussion of the effective date of enrollment for ICEP/IEP enrollment requests). These transactions will no longer be rejected with TRC105. The effective date may not be earlier than the first of the month of Part D eligibility.
- TRR Field 22 - Transaction Date has been modified to reflect the transaction **processing** date for the specific TR code on the transaction. For example, for a TRC 023, field 22 will reflect the date the transaction was processed rather than the date the Name Change (TRC023) was effective. In this case, field 18 - Effective Date will reflect the date the change is effective. Exceptions to this logic are State/County changes (085) and Date of Birth changes (089). Field 22 for these TRCs does not reflect the transaction processing date and will be corrected with a future system update.
- TRR Field 18 - Effective date will be populated for additional TRCs. See attached file layout for specifics.
- TRR Field 24 will reflect the Low-Income Premium Subsidy Change date when the TRC is 167 and will reflect the Low-Income Cost Sharing Subsidy Change Date when TRC 168 is present.

Attached is the updated layout for the Weekly/Monthly TRR Data File.

Questions regarding these changes should be directed to the MMA Help Desk on (800) 927-8069 or e-mail MMAHelp@cms.hhs.gov.

Weekly/Monthly Transaction Reply

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Field	Size	Position	Description
1. Claim Number	12	1 – 12	Claim Account Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Name	1	32	Beneficiary Middle Initial
5. Sex Code	1	33	Beneficiary Sex Identification Code 0 = Unknown 1 = Male 2 = Female
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Medicaid Indicator	1	42	1 = Medicaid 0 = No Medicaid
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code
10. County Code	3	50 – 52	Beneficiary Residence County Code
11. Disability Indicator	1	53	1 = Disabled 0 = No Disability
12. Hospice Indicator	1	54	1 = Hospice 0 = No Hospice
13. Institutional/NHC Indicator	1	55	1 = Institutional 2 = NHC 0 = No Institutional
14. ESRD Indicator	1	56	1 = End-Stage Renal Disease 0 = No End-Stage Renal Disease
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code
16. Transaction Type Code	2	60 – 61	Transaction Type Code
17. Entitlement Type Code	1	62	Beneficiary Entitlement Type Code

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Field	Size	Position	Description
18. Effective Date	8	63 – 70	YYYYMMDD Format; Present only when the Transaction Reply Code is one of the following: <u>11, 16, 17, 22, 23, 025, 026, 040, 062, 075, 38, 52, 80, 82 – 84, 100, 110, 111, 109, 112, 116, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 133, 134, 139, 140, 141, 143, 146, 148, 150, 162, 163, 164, 170, 171, 172, 173</u>
19. WA Indicator	1	71	1 = Working Aged 0 = No Working Aged
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
23. Filler	1	84	Space
24. Positions 85 – 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for all codes except where indicated below.			
a. Disenrollment Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: <u>13, 14, 18, 84</u>
b. Enrollment Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: <u>17, 83, 100</u>
c. Claim Number (new)	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: 36, 90, 91, 92
e. Hospice Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 35, 71

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Field	Size	Position	Description
f. Hospice End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 72
g. ESRD Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 45, 73
h. ESRD End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 74
i. Institutional/ NHC Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 48, 75, <u>158, 159</u>
j. Institutional/ NHC End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 49, 76
k. Medicaid Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 77
l. Medicaid End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 78
m. Part A End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 79
n. WA Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 66
o. WA End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 67
p. Part A Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 80
q. Part B End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 81
r. Part B Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 82
s. SCC	5	85 – 89	Beneficiary Residence State and County Code; Present only when Transaction Reply Code is the following: 85

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Field	Size	Position	Description
<u>t. Low-Income Premium Subsidy Change Date</u>	<u>8</u>	<u>85 – 92</u>	<u>YYYYMMDD Format; Present only when Transaction Reply Code is the following: 167</u>
<u>u. Low-Income Cost Sharing Subsidy Change Date</u>	<u>8</u>	<u>85 – 92</u>	<u>YYYYMMDD Format; Present only when Transaction Reply Code is the following: 168</u>
25. Filler	3	97 – 99	Spaces
26. Filler	8	100 – 107	Part A Payments are no longer part of the TR data file, this field is now fill space.
27. Filler	8	108 – 115	Part B Payments are no longer part of the TR data file, this field is now fill space.
28. Source ID	5	116 – 120	Transaction Source Identifier
29. Prior Plan Benefit Package ID	3	121 – 123	Prior PBP number; present only when transaction type code is 71
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 Note: This field was previously filler in MMCS
31. Filler	2	132 – 133	Spaces
MMA fields start here:			MMCS Data file ended with position 133.
32. Out of Area Flag	1	134 – 134	Out of Area Indicator
33. Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries
34. Part C Beneficiary Premium	8	138 – 145	Cost to beneficiary for Part C benefits
35. Part D Beneficiary Premium	8	146 – 153	Cost to beneficiary for Part D benefits

Deleted: District Office Code

Deleted: Code of the originating district office; Present only when Transaction Type Code is 53

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Field	Size	Position	Description
36. Election Type	1	154 – 154	A = AEP; E = IEP; I = ICEP; S=SEP; O = OEP; N = OEPNEW; T = OEPI MA/MA-PDs have I, A, O, S, N, T PDPs have E, A, and S
37. Enrollment Source	1	155 – 155	A = Auto enrolled by CMS B = Beneficiary Election C = Facilitated enrollment by CMS D = CMS Annual Rollover
38. Part D Opt-Out Flag	1	156 – 156	Y = Opt-out of auto enrollment Blank = 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 O = Deduct from OPM benefits N = No premium applicable Option applies to both Part C and D Premiums
40. Number of Uncovered Months	3	158 – 160	Count of Total Months without drug coverage
41. Creditable Coverage Flag	1	161 – 161	Y = Covered N = Not Covered
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.
43. Filler	20	163 – 182	Part D plan's Rx ID number for beneficiary is no longer part of the TR data file, this field is now fill space.
44. Filler	15	183 – 197	Part D plan's Rx group ID number for beneficiary is no longer part of the TR data file, this field is now fill space.

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Field	Size	Position	Description
45. Secondary Drug Insurance Flag	1	198-198	Type 61 & 71 MA-PD and PDP transactions: Y = Beneficiary has secondary drug insurance N = Beneficiary does not have secondary drug insurance available Blank – Do not know whether beneficiary has secondary drug insurance Type 72 MA-PD and PDP transactions: Y = Secondary drug insurance available N = No secondary drug insurance available Blank = no change
46. Secondary Rx ID	20	199 – 218	Secondary Insurance plan's ID number for beneficiary
47. Secondary Rx Group	15	219 – 233	Secondary Insurance plan's Group ID number for beneficiary
48. EGHP	1	234 - 234	Type 60, 61, 71 transactions: Y = EGHP Blank = not EGHP Type 72 transactions: Y = EGHP N = Not EGHP Blank = no change
49. Part D Low-Income Premium Subsidy Level	3	235 – 237	Part D low-income premium subsidy category: '000' = No subsidy, '025' = 25% subsidy level, '050' = 50% subsidy level, '075' = 75% subsidy level, '100' = 100% subsidy level

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Field	Size	Position	Description
50. Low-Income Co-Pay Category	1	238 – 238	Definitions of the co-payment categories: '0' = none, not low-income '1' = \$2/\$5 (High) '2' = \$1/\$3 (Low) '3' = \$0 (0) '4' = 15% '5' = Unknown
51. Low-Income Co-Pay Effective Date	8	239 - 246	Date co-pay category became effective, YYYYMMDD.
52. 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
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Amount of Part D late enrollment penalty waived. Format: -9999.99
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Amount of Part D late enrollment penalty low-income subsidy. Format: -9999.99
55. Low-Income Part D Premium Subsidy Amount	8	271- 278	Amount of Part D low-income premium subsidy. Format: -9999.99