

**MARx Enrollment File Loss of Deemed Status data**  
**Data Record Layout**  
**As of 09.28.2006**

**Attachment I**

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. Medicaid Indicator	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 State Code</b>
<b>10. County Code</b>	<b>3</b>	<b>50 – 52</b>	<b>Beneficiary County Code</b>
11. Disability Indicator	1	53	Spaces
12. Hospice Indicator	1	54	Spaces
13. Institutional/NHC Indicator	1	55	Spaces
14. ESRD Indicator	1	56	Spaces
<b>15. Transaction Reply Code</b>	<b>3</b>	<b>57 – 59</b>	<b>Transaction Reply Code</b> <b>Defaulted to '996' for loss of Deemed Status report</b>
<b>16. Transaction Type Code</b>	<b>2</b>	<b>60 – 61</b>	<b>Transaction Type Code</b> <b>Defaulted to '01' for special reports</b>
17. Entitlement Type Code	1	62	Spaces
<b>18. Effective Date</b>	<b>8</b>	<b>63 – 70</b>	<b>YYYYMMDD Format</b>
19. WA Indicator	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
<b>24. Normally dependent on TR code</b>	<b>12</b>	<b>85 – 96</b>	<b>End date of 2006 Deemed Record</b>
25. District Office Code	3	97 – 99	Spaces
26. Filler	8	100 – 107	Spaces
27. Filler	8	108 – 115	Spaces
28. Source ID	5	116 – 120	Spaces
29. Prior Plan Benefit Package ID	3	121 – 123	Spaces
30. Application Date	8	124 – 131	Spaces
31. Filler	2	132 – 133	Spaces
MMA fields start here:			MMCS Data file ended with position 133.
32. Out of Area Flag	1	134 – 134	Spaces
<b>33. Segment Number</b>	<b>3</b>	<b>135 – 137</b>	<b>Default to '000' if blank</b>
34. Part C Beneficiary Premium	8	138 – 145	Spaces

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Field	Size	Position	Description
35. Part D Beneficiary Premium	8	146 – 153	Spaces
36. Election Type	1	154 – 154	Spaces
<b>37. Enrollment Source</b>	<b>1</b>	<b>155 – 155</b>	<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. Part D Opt-Out Flag	1	156 – 156	Spaces
39. Premium Withhold Option/Parts C-D	1	157 – 157	Spaces
40. Number of Uncovered Months	3	158 – 160	Spaces
41. Creditable Coverage Flag	1	161 – 161	Spaces
42. Employer Subsidy Override Flag	1	162 – 162	Spaces
43. Rx ID	20	163 – 182	Spaces
44. Rx Group	15	183 – 197	Spaces
45. Secondary Drug Insurance Flag	1	198-198	Spaces
46. Secondary Rx ID	20	199 – 218	Spaces
47. Secondary Rx Group	15	219 – 233	Spaces
48. EGHP	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>Default to '000' = No subsidy</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>Default to '0' = none, not low-income</b>
<b>51. Low-Income Co-Pay Effective Date</b>	<b>8</b>	<b>239 - 246</b>	<b>Spaces</b>
52. Part D Late Enrollment Penalty Amount	8	247 - 254	Spaces
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Spaces
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Spaces
55. Low-Income Part D Premium Subsidy Amount	8	271- 278	