

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850



## **Medicare Plan Payment Group**

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**DATE:** January 12, 2010

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

**FROM:** Thomas Hutchinson /s/  
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**SUBJECT: Announcement of April 2010 Software Release**

The Centers for Medicare and Medicaid Services (CMS) will be implementing software improvements to the enrollment and payment systems this spring to support the Medicare Advantage and Prescription Drug (MAPD) programs. As part of this effort, system changes have been scheduled for implementation as of April 10, 2010. These changes affect Plan exchanges with CMS for the May 2010 payment month, unless otherwise noted.

This memo provides information regarding these changes so Plans may assess the impact on their organization and accommodate the changes described below. This release focuses on improving the efficiency of CMS systems with improvements that will also affect plan processing.

The changes for the April 2010 release are categorized as follows and may require plan action:

1. [Plan Submitted Batch State and County Codes Corrections](#)
2. [Provide Other Health Coverage Information to MAOs](#)
3. [Standardize the Beneficiary Eligibility Responses](#)
4. [Medicare Secondary Payer \(MSP\) Changes](#)
5. [Access to Skilled Nursing Facility \(SNF\) Data in Common User Interface \(UI\)](#)
6. [Social Security Number \(SSN\) Required for Premium Withhold Transaction](#)
7. [Issue an Annual Full Replacement COB File to All Part D Sponsors](#)
8. [New Reply Code for SSA Reject of Premium Withhold Request](#)
9. [Limited Use Adjustment Reason Code 43](#)

Please note that all new/updated tables and file layouts presented in this memo will be reflected in the next release of the Plan Communications User Guide (PCUG), scheduled for publication in April 2010.

### **1. Plan Submitted Batch State and County Code Corrections**

MA, MA-PD, Demonstration, PACE, and PDP Plans update individual beneficiary state and county codes to reflect the beneficiary's current residence State and County Code (SCC), if it is different than the SCC that CMS has on record. Effective with the April 2010 software release, CMS will create a batch file process for use as determined by CMS.

**Note:** This process has been created for use by CMS only when necessary. Plans must continue to utilize the current process for SCC correction submissions via the Retro Processing Contractor.

### **2. Provide Other Health Coverage Information to MAOs**

MAO payments will be adjusted at the beneficiary level when Medicare is identified as secondary to other Group Health Insurance as described in item #5 below. On a monthly basis, CMS will provide plans with a file listing the beneficiaries who are enrolled in their plan(s) where Medicare is listed secondary. As a monthly report, this vehicle will provide Plans with regular updates to the MSP data. The detailed file layout is provided as ***Attachment A: Other Health Coverage Information for MAOs Data File***

The standard file naming convention for this new monthly report will be as follows:

<b>Gentran:</b>	P.Rxxxxx.MSPCOBMA.Dyymmdd.Thhmmssst.pn
<b>C:D Mainframe:</b>	zzzzzzzz.Rxxxxx.MSPCOBMA.Dyymmdd.Thhmmssst
<b>C:D Non-Mainframe:</b>	[directory].Rxxxxx.MSPCOBMA.Dyymmdd.Thhmmssst

where:

“xxxxx” = the contract number,

“yy” = CPM year,

“mm” = CPM month, and

“dd” = CPM day,

“hh” = CPM hour,

“mm” = CPM minutes, and

“sst” = CPM seconds

### **3. Standardize the Beneficiary Eligibility Responses**

Currently, there are two vehicles provided by CMS that Plans use to perform the required Beneficiary Eligibility verification function. These include the Batch Eligibility Query (BEQ) and the Common User Interface (UI); each of these sources provides slightly different data. The purpose of this change is to ensure that both the Batch and the UI eligibility queries provide information needed to verify eligibility, ensure subsequent MARx transaction data accuracy and

provide information regarding current beneficiary enrollment status. This change necessitates adding data elements to both the Batch Eligibility Query Response file and to the Common UI.

The following fields on the Batch Eligibility Query (BEQ) Response File layout *Detail* record have been modified or added. The data in fields 633 to 750 were previously defined as filler. The file will still retain a record length of 750. The modified and new fields are defined as follows:

**Positions 633 through 672, Last Name** – Data in this will now contain the Beneficiary’s Last Name.

**Positions 673 through 702, First Name** – Data in this field will now contain the Beneficiary’s First Name.

**Positions 703 through 703, Middle Initial** – Data in this field will now contain the Beneficiary’s Middle Initial.

**Positions 704 through 705, Current State Code** – Data in this field will now contain the Beneficiary’s Current State Code.

**Positions 706 through 708, Current County Code** – Data in this field will now contain the Beneficiary’s Current County Code.

**Positions 709 through 716, Date of Death** – Data in this field will now contain the Beneficiary’s Date of Death in the format of CCYYMMDD.

**Positions 717 through 721, Part C/D Contract Number** – Data in this field will now contain the Beneficiary’s Part C/D Contract Number if available.

**Positions 722 through 729, Part C/D Enrollment Start Date** – Data in this field will now contain the Beneficiary’s Part C/D Enrollment Start Date if available.

**Positions 730 through 730, Part D Indicator** – Data in this field will now contain the Beneficiary’s Part D Indicator if available.

**Positions 731 through 735, Part C Contract Number** – Data in this field will now contain the Beneficiary’s Part C Contract Number if available.

**Positions 736 through 743, Part C Enrollment Start Date** – Data in this field will now contain the Beneficiary’s Part C Enrollment Start Date if available.

**Positions 744 through 744 Part C Indicator** – Data in this field will now contain the Beneficiary’s Part C Indicator if available.

**Positions 745 through 750 Filler** – Data in this field will now be defined as Filler (Spaces).

The detailed file layout for the Batch Eligibility Query (BEQ) Response File is located in **Attachment C: Batch Eligibility Query (BEQ) Response File.**

The Common UI Screen (M232) will also include the following additional data elements:

- Contract in which the beneficiary is currently enrolled - including the Contract Number
- Drug Benefit Indicator

#### **4. Medicare Secondary Payer (MSP) Changes**

Plans have been notified about the Medicare Secondary Payer (MSP) payment changes in several letters and also in the preliminary notice describing the November 2009 software release. This change will be implemented in the July 1, 2010 payment and reports created at the end of June. This initial payment will include any MSP adjustments retroactive to January 2010. However, beginning in the May processing month, **newly** enrolled members with a June 1, 2010 effective date will be computed using the new process and will be reported in the new format on your June 1 reports created at the end of May.

Beneficiary-level payment adjustments will be computed for aged and disabled members using the 2010 MSP factor of .174. Note that hospice members are excluded from this process. Fields will be added to the MMR to identify the MSP factor, the MSP Part A adjustment amount and the MSP Part B adjustment amount as described below.

One *existing* field has been modified on the **Monthly Membership Detail Data File** layout:

**Field 16, position 63, Aged/Disable MSP** – Data in this field previously indicated ‘Y = Aged/Disabled MSP’ only. The field has now been modified to include the following valid values:

- ‘Y’ = Aged/Disabled factor applicable to Beneficiary;
- ‘N’ = Aged/Disabled factor not applicable to Beneficiary

The following *new* fields and the *existing* Filler field have been added or modified in the **Monthly Membership Detail File** layout:

**Field 82, positions 419 through 425, MSP Factor** – Data in this field previously held Filler and will now indicate the Beneficiary’s Aged/Disabled or ESRD Medicare Secondary Payer reduction factor in the format of NN.DDDD otherwise spaces.

**Field 83, positions 426 through 435, MSP Reduction/Reduction Adjustment Amount – Part A** – Data in this field represents the Net Aged/Disabled MSP reduction or reduction adjustment dollar amount for Part A in the format of SSSSSS9.99.

**Field 84, position 436 through 445, MSP Reduction/Reduction Adjustment Amount – Part B** – Data in this field represents the Net Aged/Disabled MSP reduction or reduction adjustment dollar amount for Part B in the format of SSSSSS9.99.

**Field 85, positions 446 through 475, Filler** – Data in this field continues to be defined as Filler but is now only 29 versus 56 characters in length.

A detailed file layout for the Monthly Membership Detail Report data file is located in **Attachment D: Monthly Membership Detail Data File.**

CMS has created 1 new TRC 245 associated with this change. It only impacts Medical Savings Account (MSA) plans and notifies them that the enrollee has other primary insurance coverage. Enrollment in MSA plans is not allowed for beneficiaries with insurance primary to Medicare. Upon receipt of this TRC, MSA plans must verify this status with the member and submit a disenrollment transaction if appropriate.

For more detailed information regarding this TRC change, please refer to **Attachment B: New/Updated Transaction Reply Codes (TRCs).**

A revised example of the Monthly Membership Detail Report – Non Drug Report (Part C) has also been included. Please refer to **Attachment E: Monthly Membership Detail Report –Non Drug Report (Part C).**

There will also be a monthly file containing other insurance information for members that have MSP payment adjustments in their monthly payment. The new report is the **Monthly MSP Information Data File** and will be distributed to Plans with the other monthly reports from MARx. This file contains a subset of information to allow Plans to reconcile payment; the full monthly MSP COB file that will be distributed at the beginning of each month will contain more detail.

A detailed file layout for the Monthly MSP Information Data File is located in **Attachment F: Monthly MSP Information Data File.**

The standard file naming convention for this monthly report will be as follows:

<b>Gentran:</b>	P.Rxxxxx.MSPCOBAD.Dyymmdd.Thhmsst.pn
<b>C:D Mainframe:</b>	zzzzzzzz.Rxxxxx.MSPCOBAD.Dyymmdd.Thhmsst
<b>C:D Non-Mainframe:</b>	[directory].Rxxxxx.MSPCOBAD.Dyymmdd.Thhmsst

where:

“xxxxx” = the contract number,  
“yy” = CPM year,  
“mm” = CPM month, and  
“dd” = CPM day,  
“hh” = CPM hour,  
“mm” = CPM minutes, and

“sst” = CPM seconds

## **5. Access to Skilled Nursing Facility (SNF) Data in Common User Interface (UI)**

Plans will be able to access Skilled Nursing facility (SNF) utilization data via the UI display on the M233 Utilization screen. Data that will be available includes the SNF Days Remaining and SNF Coinsurance Remaining. The SNF information will be listed on a new row on the M233 screen so the Earliest and Latest Billing Dates for the current year will be repeated on the SNF row. Also, the header on the Common UI screen is currently one line but it will be expanded to two lines so that the tabs for Utilization, MSA, and Medicaid are visible.

## **6. Social Security Number (SSN) Required for Premium Withhold Transaction**

The Social Security Administration (SSA) will not process CMS premium withholding transactions without a valid SSN. When a transaction requesting SSA premium withholding is received by MARx, there will be a check for the existence of an SSN. If the CMS systems do not have an SSN for that beneficiary, the premium withhold transaction will not be sent to SSA, the beneficiary will be a direct bill and the Plan will be informed with a new, specific transaction reply code (TRC). A premium withhold request may be re-submitted by the plan when they conclude that the beneficiary has obtained a SSN from SSA

To more clearly communicate these changes, CMS has created 2 new TRCs 243 and 252 to accommodate this change. For more detailed information regarding these TRC changes, please refer to **Attachment B: New/Updated Transaction Reply Codes (TRCs)**.

## **7. Issue an Annual Full Replacement COB file to All Part D Sponsors**

In 2010, the current Part D Coordination of Benefits (COB) survey is being replaced by a new COB notification process. The new process requires Part D sponsors to notify each enrollee with existing ‘other prescription drug coverage’ on the CMS COB file of the other coverage information and request the enrollee to review the information and report any changes or new coverage information. To ensure the most current/complete information is available to Part D sponsors to support this new process, CMS will be creating a full replacement COB file annually for each PDP based on the sponsor’s enrollees as of February 1<sup>st</sup> and will begin issuing these files in March 2010.

**Note:** The re-sync process will be run in March 2010 and will take approximately one week to complete. Plans can expect to see higher volumes while the re-sync is in progress.

A detailed file layout for the Coordination of Benefits (COB) Data File is located in **Attachment G: Coordination of Benefits (COB) Data File**.

## **8. New Reply Code for SSA Reject of Premium Withhold Request**

The Social Security Administration (SSA) only allows a maximum withhold amount of \$200 from one monthly benefit check (known as the safety net). Any Medicare withholding request

that exceeds \$200 is rejected. Currently, there is no way to distinguish this type of rejection from a reject when the Medicare premium exceeds the amount of the beneficiary's SSA benefit (insufficient funds). SSA is implementing a change to provide CMS with a different reply code for rejections due to exceeding the \$200 limit. Accordingly, MARx will notify the Plan with a modified TRC 213 - Exceed SNET Amt - for transactions that are rejected due to the \$200 'safety net'.

To more clearly communicate this change, CMS has modified one existing TRC 213. For more detailed information regarding this TRC change, please refer to ***Attachment B: New/Updated Transaction Reply Codes (TRCs)***.

### **9. Limited Use Adjustment Reason Code 43**

A minor update identifying a new adjustment reason code of 43 is included with the April 2010 software release and will appear on the Monthly Membership Detail and Summary Reports and Files if appropriate for the plan. Currently this code only applies to one contract; other plans are to ignore this change.

Revised examples of both the Monthly Membership Summary Report and Data File have been provided as ***Attachment H: Monthly Membership Summary Report*** and ***Attachment I: Monthly Membership Summary Data File***.

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 email at [mapdhelp@cms.hhs.gov](mailto:mapdhelp@cms.hhs.gov).

## Other Health Coverage Information for MAOs Data File

### Header Record

Data Field	Length	Position	Format	Valid Values
Header Code	8	1...8	CHAR	File/record identification purposes only, 'CMSMSPDH'.
Sending Entity	8	9...16	CHAR	Identifies the sending entity, 'MBD ' (MBD + 5 spaces).
File Creation Date	8	17...24	ZD	CCYYMMDD format
Filler	10976	25...11000	CHAR	All spaces

### Detail Record

Data Field	Length	Position	Format	Valid Values
RRB-HIC-NUM	12	1..12	CHAR	RRB number if available; otherwise HICN (left-justified)
Occurrence Count	2	13...14	ZD	Number of occurrences of the following data (specific to this file only)
<b>MSP Data - Occurs 17 times</b>				
Delete Indicator	1	15...15	CHAR	D-Occurrence to be Deleted
Validity Indicator	1	16...16	CHAR	Validity of MSP Coverage Y-Beneficiary has MSP Coverage N-Beneficiary does not have MSP Coverage
MSP Code	1	17...17	CHAR	MSP Coverage Type A-Working Aged B-ESRD D-No-Fault E-Workers' Compensation F-Federal (Public Health) G-Disabled H-Black Lung I-Veterans L-Liability
Contractor Number	5	18...22	CHAR	Identifies Contractor Establishing Entry
Data Entry Added	8	23...30	ZD	Date Entry was Created (CCYYMMDD)
Updating Contractor	5	31...35	CHAR	Identifies Contractor that Updated Entry
Maintenance Date	8	36...43	ZD	Date Entry was Last Updated (CCYYMMDD)
CWF Occurrence Number	2	44...45	ZD	Serial number of occurrence as provided by CWF
Filler	4	46...49	CHAR	Spaces
Insurer Type	1	50...50	CHAR	Type of Primary Insurer A-M, spaces
Insurer's Name	32	51...82	CHAR	Primary Insurer's Name
Insurer's Address-1	32	83...114	CHAR	Primary Insurer's Address Line 1
Insurer's Address-2	32	115...146	CHAR	Primary Insurer's Address Line 2



## Other Health Coverage Information for MAOs Data File

Data Field		Length	Position	Format	Valid Values
	Insurer's City	15	147...161	CHAR	Primary Insurer's City
	Insurer's State Code	2	162...163	CHAR	Primary Insurer's State Code
	Insurer's Zip Code	9	164...172	CHAR	Primary Insurer's Zip Code
	Policy Number	17	173...189	CHAR	Primary Insurance Policy Number of Insured
	MSP Effective Date	8	190...197	CHAR	Effective Date of MSP Coverage (CCYYMMDD)
	MSP Termination	8	198...205	ZD	Termination Date of MSP Coverage (CCYYMMDD)
	Patient Relationship	2	206...207	CHAR	Relationship of Patient to Insured 01-Patient is Ins 02-Spouse 03-Natural Child, Insured has Financial Responsibility 04-Natural Child, Insured does not have Financial Responsibility 05-Step Child 06-Foster Child 07-Ward of the Court 08-Employee 09-Unknown 10-Handicapped Dependent 11-Organ Donor 12-Cadaver Donor 13-Grandchild 14-Niece/Nephew 15-Injured Plaintiff 16-Sponsored Dependent 17-Minor Dependent of a Minor Dependent 18-Parent 19-Grandparent dependent 20-Life Partner
	Subscriber First Name	9	208...216	CHAR	First Name of Policyholder
	Subscriber Last Name Policyholder	16	217...232	CHAR	Last Name of Policyholder
	Employee ID Number	12	233...244	CHAR	Employee ID Number Assigned by Employer

## Other Health Coverage Information for MAOs Data File

Data Field		Length	Position	Format	Valid Values
	Source Code	2	245...246	CHAR	First Byte of Source Code: A-Claim Processing B-IRS/SSA/CMS Data Match C-First Claim Development D-IRS/SSA/CMS Data Match II E-Black Lung (DOL) F-Veterans (VA) G-Other Data Matches H-Worker's Compensation I-Notified by Beneficiary J-Notified by Provider K-Notified by Insurer L-Notified by Employer M-Notified by Attorney N-Notified by Group Health Plan/Primary Payer O-Initial Enrollment Questionnaire P-HMO Rate Cell Adjustment Q-Voluntary Insurer Reporting R-Office of Personnel Management Data Match S-Miscellaneous Reporting T-IRS/SSA/CMS Data Match III U-IRS/SSA/CMS Data Match IV V-IRS/SSA/CMS Data Match V W-IRS/SSA/CMS Data Match VI X-Self reports Y-411.25 SPACES-Unknown Second Byte of Source Code: 0-COB Contractor 1-Initial Enrollment questionnaire 2-IRS/SSA/CMS/data match 3-HMO Rate cell 4-Litigation settlement 5-Employer Voluntary Reporting 6-Insurer Voluntary Reporting 7-First claim development 8-Trauma Code development 9-Secondary claims investigation
	Employee Data Code	1	247...247	CHAR	To Whom the Employment Data Applies: P-Patient S-Spouse M-Mother F-Father
	Employer Name	32	248...279	CHAR	Employer providing Coverage
	Employer's Address1	32	280...311	CHAR	Employer's Street Address1
	Employer's Address2	32	312...343	CHAR	Employer's Street Address2
	Employer's City	15	344...358	CHAR	Employer's City
	Employer's State	2	359...360	CHAR	Employer's State Code

## Other Health Coverage Information for MAOs Data File

Data Field		Length	Position	Format	Valid Values
	Employer's Zip Code	9	361...369	CHAR	Employer's Zip Code
	Insurance Group Number	20	370...389	CHAR	Group Number Assigned by Primary Payer
	Insurance Group	17	390...406	CHAR	Name of Group Plan
	Prepaid Health Plan Date	8	407...414	ZD	Date Beneficiary was Notified that Medicare is Secondary Payer for Services Performed Outside the Prepaid Health Plan when they could have been Performed by a Prepaid Health Plan Provider (CCYYMMDD)
	Remarks Code - 1	2	415...416	CHAR	'1-3', '01-12', '20-26', '30-44', '50-62', '70-72', and spaces
	Remarks Code - 2	2	417...418	CHAR	'1-3', '01-12', '20-26', '30-44', '50-62', '70-72', and spaces
	Remarks Code - 3	2	419...420	CHAR	'1-3', '01-12', '20-26', '30-44', '50-62', '70-72', and spaces
<b>Diagnosis Codes - Occurs 25 times</b>					
	Diagnosis Code Indicator	1	421...421	CHAR	'9' -ICD-9 code default
	Diagnosis Code	7	422...428	CHAR	Diagnosis code ICD-9
	Diagnosis Code Occurrence 2	8	429...436	CHAR	
	Diagnosis Code Occurrence 3	8	437...444	CHAR	
	Diagnosis Code Occurrence 4	8	445...452	CHAR	
	Diagnosis Code Occurrence 5	8	453...460	CHAR	
	Diagnosis Code Occurrence 6	8	461...468	CHAR	
	Diagnosis Code Occurrence 7	8	469...476	CHAR	
	Diagnosis Code Occurrence 8	8	477...484	CHAR	
	Diagnosis Code Occurrence 9	8	485...492	CHAR	
	Diagnosis Code Occurrence 10	8	493...500	CHAR	
	Diagnosis Code Occurrence 11	8	501...508	CHAR	
	Diagnosis Code Occurrence 12	8	509...516	CHAR	
	Diagnosis Code Occurrence 13	8	517...524	CHAR	
	Diagnosis Code Occurrence 14	8	525...532	CHAR	
	Diagnosis Code Occurrence 15	8	533...540	CHAR	
	Diagnosis Code Occurrence 16	8	541...548	CHAR	

## Other Health Coverage Information for MAOs Data File

Data Field		Length	Position	Format	Valid Values
	Diagnosis Code Occurrence 17	8	549...556	CHAR	
	Diagnosis Code Occurrence 18	8	557...564	CHAR	
	Diagnosis Code Occurrence 19	8	565...572	CHAR	
	Diagnosis Code Occurrence 20	8	573...580	CHAR	
	Diagnosis Code Occurrence 21	8	581...588	CHAR	
	Diagnosis Code Occurrence 22	8	589...596	CHAR	
	Diagnosis Code Occurrence 23	8	597...604	CHAR	
	Diagnosis Code Occurrence 24	8	605...612	CHAR	
	Diagnosis Code Occurrence 25	8	613...620	CHAR	
	Payer ID	10	621...630	CHAR	
	MSP Data Occurrence Number 2	616	631...1246	CHAR	
	MSP Data Occurrence Number 3	616	1247...1862	CHAR	
	MSP Data Occurrence Number 4	616	1863...2478	CHAR	
	MSP Data Occurrence Number 5	616	2479...3094	CHAR	
	MSP Data Occurrence Number 6	616	3095...3710	CHAR	
	MSP Data Occurrence Number 7	616	3711...4326	CHAR	
	MSP Data Occurrence Number 8	616	4327...4942	CHAR	
	MSP Data Occurrence Number 9	616	4943...5558	CHAR	
	MSP Data Occurrence Number 10	616	5559...6174	CHAR	
	MSP Data Occurrence Number 11	616	6175...6790	CHAR	
	MSP Data Occurrence Number 12	616	6791...7406	CHAR	

## Other Health Coverage Information for MAOs Data File

Data Field		Length	Position	Format	Valid Values
	MSP Data Occurrence Number 13	616	7407...8022	CHAR	
	MSP Data Occurrence Number 14	616	8023...8638	CHAR	
	MSP Data Occurrence Number 15	616	8639...9254	CHAR	
	MSP Data Occurrence Number 16	616	9255...9870	CHAR	
	MSP Data Occurrence Number 17	616	9871...10486	CHAR	
	Filler	514	10487...11000	CHAR	Source: MBD; determines the plan to which record is sent.

### Trailer Record

Data Field	Length	Position	Format	Valid Values
Trailer Code	8	1...8	CHAR	File/record identification purposes only, 'CMSMSPDT'.
Sending Entity	8	9...16	CHAR	Identifies the sending entity, 'MBD ' (MBD + 5 spaces).
File Creation Date	8	17...24	ZD	CCYYMMDD format
Record Count	7	25...31	ZD	Total number of detail records
Filler	10969	32...11000	CHAR	All spaces

## New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
213 I	Premium Withhold Exceeds Safety Net Amount	EXCEED SNET AMT	<p>CMS has changed the premium withhold option specified on the transaction to "D – Direct Bill" because the transaction would result in SSA withholding exceeding the Safety Net amount from the beneficiary's check in one month.</p> <p>This TRC may be generated in response to an accepted enrollment, PBP change or Record Update transaction (60, 61, 62, 71, 75) or may be initiated by CMS.</p> <p><b>Plan Action:</b> Change the beneficiary to direct bill and contact them to explain the consequences of the Premium Withhold option change.</p>
243 R	Change to SSA Withholding rejected due to no SSN	NO SSN AT CMS	<p>A Premium Withhold Update transaction (type 75) was submitted however - there is no Social Security Number (SSN) on file at CMS. Plans will receive this TRC when requesting a change for a beneficiary currently on premium withhold.</p> <p><b>Plan Action:</b> Update the Plan's record accordingly. Take the appropriate actions with member as per CMS guidance.</p>
245 I	Member is Aged/Disabled MSP	MEMB IS AD MSP	<p>The beneficiary enrolled in a MSA Plan but is Aged/Disabled MSP.</p> <p><b>Plan Action:</b> Contact the member to determine if CMS's records are correct. If they are, the beneficiary must be disenrolled. If they are not, submit a correction through the ECRS process to the COB contractor.</p>
252 M	Withhold Option Changed to Direct Bill; no SSN	W/O CHG;NO SSN	<p>CMS has changed the premium withhold option specified on the transaction to "D – Direct Bill" because the beneficiary does not have a Social Security Number on file at CMS.</p> <p>This TRC may be generated in response to an accepted enrollment, PBP change or Record Update Transaction (60, 61, 62, 71 or 75) or may be initiated by CMS.</p> <p><b>Plan Action:</b> Update the Plan's beneficiary records to reflect the direct bill payment method. Take the appropriate actions with member per CMS guidance.</p>

## Batch Eligibility Query (BEQ) Response File Layout

### Header Record

Data Field	Size	Position	Format	Valid Values	Field Definition
File ID Name	8	1 ... 8	X(8)	"CMSBEQRH"	This field will always be set to the value "CMSBEQRH." This code identifies the record as the Header Record of a BEQ Response File.
Sending Entity (MBD)	8	9 ... 16	X(8)	"MBD " (MBD + 5 Spaces)	This field will always be set to the value "MBD ". The value specifically is MBD + 5 following Spaces. This value will agree with the corresponding value in the Trailer Record.
File Creation Date	8	17 ... 24	X(8)	CCYYMMDD	The date on which the BEQ Response File was created by CMS. This value will be in the format of CCYYMMDD. For example, January 3, 2010 would be the value 20100103. This value will agree with the corresponding value in the Trailer Record.
File Control Number	9	25 ... 33	X(9)	Assigned by Sending Entity (MBD)	The specific Control Number assigned by CMS to the BEQ Response File. CMS will utilize this value to track the BEQ Response File through CMS processing and archive. This value will agree with the corresponding value in the Trailer Record.
Filler	717	34 ... 750	X(717)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.

**Total Length = 750**

## Batch Eligibility Query (BEQ) Response File Layout

### Detail Record (Transaction)

This record is produced for all BEQ Response Transactions Received (from CMS to Plans).

Data Field	Size	Position	Format	Valid Values	Field Definition
Record Type	3	1 ... 3	X(3)	"DTL"	This field will be set to the value "DTL," which indicates that this is a detail record.
Original Detail Record	42	4 ... 45	X(42)	The first 42 positions of the original Transaction (Detail Record) supplied by the Sending Entity.	This field provides the meaningfully-populated area of the BEQ Request File Transaction (Detail Record) provided by the Sending Entity. Here is the breakdown: *Record Type X(5) position 4 ... 8 *Bene HICN / RRB # X(12) position 9 ... 20 *Filler position 21 ... 29 *Beneficiary DOB X(8) position 30 ... 37 *Beneficiary Gender Code X(1) position 38 *Detail Record Sequence # 9(7) pos 39 ... 45
Processed Flag	1	46 ... 46	X(1)	"Y" = The detail record was accepted for processing. "N" = The detail record was not accepted for processing.	A flag that indicates if the Transaction (Detail Record) was accepted for processing. A Transaction will be accepted for processing if all critical fields contain valid values.
Beneficiary Match Flag	1	47 ... 47	X(1)	"Y" = The beneficiary was matched (located) successfully. "N" = The beneficiary was not matched (located) successfully. " " (SPACE) = Beneficiary Match was not attempted due to an Invalid condition in the Transaction (Detail Record).	A flag that indicates whether or not the beneficiary in the Transaction (Detail Record) was successfully matched (located) to a beneficiary on the CMS Medicare Beneficiary Database (MBD).



## Batch Eligibility Query (BEQ) Response File Layout

Data Field	Size	Position	Format	Valid Values	Field Definition
Medicare Part A Entitlement Start Date	8	48 ... 55	X(8)	CCYYMMDD  Spaces = Not currently enrolled or Data Not Found.	The Entitlement Start Date of the beneficiary's most recent or active Medicare Part A entitlement period.
Medicare Part A Entitlement End Date	8	56 ... 63	X(8)	CCYYMMDD  Spaces = Not currently enrolled or Data Not Found.	The Entitlement End Date of the beneficiary's most recent or active Medicare Part A entitlement period.
Medicare Part B Entitlement Start Date	8	64 ... 71	X(8)	CCYYMMDD  Spaces = Not currently enrolled or Data Not Found.	The Entitlement Start Date of the beneficiary's most recent or active Medicare Part B entitlement period.
Medicare Part B Entitlement End Date	8	72 ... 79	X(8)	CCYYMMDD  Spaces = Not currently enrolled or Data Not Found.	The Entitlement End Date of the beneficiary's most recent or active Medicare Part B entitlement period.
Medicaid Indicator	1	80 ...80	X(1)	"0" = The beneficiary has no current or active Medicaid coverage; "1" = The beneficiary has current or active Medicaid coverage.	An indicator of the presence of current Medicaid coverage for the beneficiary.  The value for this field is based upon the presence of Medicaid reported for the beneficiary by states in the previous calendar month via the MMA State Files.
Part D Enrollment Effective Date/Employer Subsidy Start Date (Occurrence 1)	8	81... 88	X(8)	CCYYMMDD  Spaces = No Drug coverage period for this occurrence or Data Not Found.	Effective start date of the Part D plan or the Start Date of the Employer Subsidy coverage for the beneficiary (most recent or presently active).
Part D Disenrollment Date/ Employer Subsidy End Date (Occurrence 1)	8	89 ... 96	X(8)	CCYYMMDD Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D plan or the End Date of the Employer Subsidy coverage for the beneficiary (most recent or presently active).

## Batch Eligibility Query (BEQ) Response File Layout

Data Field	Size	Position	Format	Valid Values	Field Definition
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 2)	8	97 ... 104	X(8)	CCYYMMDD  Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D plan or the Start Date of the Employer Subsidy coverage for the beneficiary (second most recent).
Part D Disenrollment Date/ Employer Subsidy End Date (Occurrence 2)	8	105 ... 112	X(8)	CCYYMMDD  Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D plan or the End Date of the Employer Subsidy coverage for the beneficiary (second most recent).
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 3)	8	113 ... 120	X(8)	CCYYMMDD  Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D plan or the Start Date of the Employer Subsidy coverage for the beneficiary (third most recent).
Part D Disenrollment Date/ Employer Subsidy End Date (Occurrence 3)	8	121 ... 128	X(8)	CCYYMMDD  Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D plan or the End Date of the Employer Subsidy coverage for the beneficiary (third most recent).
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 4)	8	129 ... 136	X(8)	CCYYMMDD  Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D plan or the Start Date of the Employer Subsidy coverage for the beneficiary (fourth most recent).
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 4)	8	137 ... 144	X(8)	CCYYMMDD  Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D plan or the End Date of the Employer Subsidy coverage for the beneficiary (fourth most recent).

## Batch Eligibility Query (BEQ) Response File Layout

Data Field	Size	Position	Format	Valid Values	Field Definition
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 5)	8	145 ... 152	X(8)	CCYYMMDD  Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D plan or the Start Date of the Employer Subsidy coverage for the beneficiary (fifth most recent).
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 5)	8	153 ... 160	X(8)	CCYYMMDD  Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D plan or the End Date of the Employer Subsidy coverage for the beneficiary (fifth most recent).
Part D Enrollment Effective Date / Employer Subsidy Start Date (Occurrence 6)	8	161 ... 168	X(8)	CCYYMMDD  Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D plan or the Start Date of the Employer Subsidy coverage for the beneficiary (sixth most recent).
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 6)	8	169 ... 176	X(8)	CCYYMMDD  Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D plan or the End Date of the Employer Subsidy coverage for the beneficiary (sixth most recent).
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 7)	8	177 ... 184	X(8)	CCYYMMDD  Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D plan or the Start Date of the Employer Subsidy coverage for the beneficiary (seventh most recent).
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 7)	8	185 ... 192	X(8)	CCYYMMDD  Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D plan or the End Date of the Employer Subsidy coverage for the beneficiary (seventh most recent).

## Batch Eligibility Query (BEQ) Response File Layout

Data Field	Size	Position	Format	Valid Values	Field Definition
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 8)	8	193 ... 200	X(8)	CCYYMMDD  Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D plan or the Start Date of the Employer Subsidy coverage for the beneficiary (eighth most recent).
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 8)	8	201 ... 208	X(8)	CCYYMMDD  Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D plan or the End Date of the Employer Subsidy coverage for the beneficiary (eighth most recent).
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 9)	8	209 ... 216	X(8)	CCYYMMDD  Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D plan or the Start Date of the Employer Subsidy coverage for the beneficiary (ninth most recent).
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 9)	8	217 ... 224	X(8)	CCYYMMDD  Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D plan or the End Date of the Employer Subsidy coverage for the beneficiary (ninth most recent).
Part D Enrollment Effective Date / Employer Subsidy Start Date (Occurrence 10)	8	225 ... 232	X(8)	CCYYMMDD  Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective start date of the Part D plan or the Start Date of the Employer Subsidy coverage for the beneficiary (tenth most recent).
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 10)	8	233 ... 240	X(8)	CCYYMMDD  Spaces = No Drug Coverage Period for this occurrence or Data Not Found.	Effective disenrollment date of the Part D plan or the End Date of the Employer Subsidy coverage for the beneficiary (tenth most recent).

## Batch Eligibility Query (BEQ) Response File Layout

Data Field	Size	Position	Format	Valid Values	Field Definition
Sending Entity	8	241 ... 248	X(8)	Sending Part D Organization (left justified space filled)  Acceptable Values:  5-position Contract Identifier + 3 Spaces (3 Spaces are for Future Use)	The Sending Entity provided on the Header Record of the BEQ Request File in which the Transaction (Detail Record) was found.  The Sending Entity may be a Part D Organization.
File Control Number	9	249 ... 257	X(9)	Assigned by Sending Entity	The File Control Number provided by the Sending Entity on the Header record of the BEQ Request File in which the Transaction (Detail Record) was found.
File Creation Date	8	258 ... 265	X(8)	CCYYMMDD	The File Creation Date provided on the Header Record of the BEQ Request File in which the Transaction (Detail Record) was found.
Part D Eligibility Start Date	8	266...273	X(8)	CCYYMMDD	This field identifies the date the beneficiary became eligible for Part D Benefits.
Deemed / Low Income Subsidy Effective Date (occurrence 1)	8	274...281	X(8)	CCYYMMDD	Effective start date of the deeming period or Low Income Subsidy. This will be the first day of the month in which the deeming was made or the start date of the Low Income Subsidy (most recent or presently active).
Deemed / Low Income Subsidy End Date (Occurrence 1)	8	282...289	X(8)	CCYYMMDD	The end date of the Deemed period or Low Income Subsidy (most recent or presently active).
Co-payment Level Identifier (Occurrence 1)	1	290...290	X(1)	Deemed	This field indicates the Co-Payment level for the beneficiary.
Part D Premium Subsidy Percent (Occurrence 1)	3	291...293	X(3)	'100', '075', '050', '025' or '000'	If beneficiary is Deemed, subsidy is 100 percent. If beneficiary is LIS, this field identifies the portion of Part D Premium subsidized.

## Batch Eligibility Query (BEQ) Response File Layout

Data Field	Size	Position	Format	Valid Values	Field Definition
Deemed/Low Income Subsidy Effective Date (Occurrence 2)	8	294...301	X(8)	CCYYMMDD	Effective start date of the deeming period or Low Income Subsidy. This will be the first day of the month in which the deeming was made or the start date of the Low Income Subsidy (second most recent).
Deemed/ Low Income Subsidy End Date (Occurrence2)	8	302...309	X(8)	CCYYMMDD	The end date of the Deemed period or Low Income Subsidy (second most recent).
Co-payment Level Identifier (Occurrence 2)	1	310...310	X(1)	Deemed	This field indicates the Co-Payment level for the beneficiary.
Part D Premium Subsidy Percent (Occurrence 2)	3	311...313	X(3)	'100', '075', '050', '025' or '000'	If beneficiary is Deemed, subsidy is 100 percent. If beneficiary is LIS, this field identifies the portion of Part D Premium subsidized.
RDS/Part D Indicator (Occurrence 1 for date fields beginning in position 81)	1	314...314	X(1)	R = RDS D = Part D	
RDS/Part D Indicator (Occurrence 2 for date fields beginning in position 97)	1	315...315	X(1)	R = RDS D = Part D	
RDS/Part D Indicator (Occurrence 3 for date fields beginning in position 113)	1	316...316	X(1)	R = RDS D = Part D	
RDS/Part D Indicator (Occurrence 4 for date fields beginning in position 129)	1	317...317	X(1)	R = RDS D = Part D	

## Batch Eligibility Query (BEQ) Response File Layout

Data Field	Size	Position	Format	Valid Values	Field Definition
RDS/Part D Indicator (Occurrence 5 for date fields beginning in position 145)	1	318...318	X(1)	R = RDS D = Part D	
RDS/Part D Indicator (Occurrence 6 for date fields beginning in position 161)	1	319...319	X(1)	R = RDS D = Part D	
RDS/Part D Indicator (Occurrence 7 for date fields beginning in position 177)	1	320...320	X(1)	R = RDS D = Part D	
RDS/Part D Indicator (Occurrence 8 for date fields beginning in position 193)	1	321...321	X(1)	R = RDS D = Part D	
RDS/Part D Indicator (Occurrence 9 for date fields beginning in position 209)	1	322...322	X(1)	R = RDS D = Part D	
RDS/Part D Indicator (Occurrence 10 for date fields beginning in position 225)	1	323...323	X(1)	R = RDS D = Part D	
Start Date (Occurrence 1)	8	324...331	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 1)	3	332...334	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 1)	1	335...335	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 1)	3	336...338	9(3)		Right justified with leading zeros.
Start Date (Occurrence 2)	8	339...346	X(8)	CCYYMMDD	

## Batch Eligibility Query (BEQ) Response File Layout

Data Field	Size	Position	Format	Valid Values	Field Definition
Number of Uncovered Months (Occurrence 2)	3	347...349	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 2)	1	350...350	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 2)	3	351...353	9(3)		Right justified with leading zeros.
Start Date (Occurrence 3)	8	354...361	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 3)	3	362...364	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 3)	1	365...365	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 3)	3	366...368	9(3)		Right justified with leading zeros.
Start Date (Occurrence 4)	8	369...376	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 4)	3	377...379	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 4)	1	380...380	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 4)	3	381...383	9(3)		Right justified with leading zeros.
Start Date (Occurrence 5)	8	384...391	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 5)	3	392...394	9(3)		Right justified with leading zeros.



## Batch Eligibility Query (BEQ) Response File Layout

Data Field	Size	Position	Format	Valid Values	Field Definition
Number of Uncovered Months Status Indicator (Occurrence 5)	1	395...395	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 5)	3	396...398	9(3)		Right justified with leading zeros.
Start Date (Occurrence 6)	8	399...406	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 6)	3	407...409	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 6)	1	410...410	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 6)	3	411...413	9(3)		Right justified with leading zeros.
Start Date (Occurrence 7)	8	414...421	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 7)	3	422...424	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 7)	1	425...425	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 7)	3	426...428	9(3)		Right justified with leading zeros.
Start Date (Occurrence 8)	8	429...436	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 8)	3	437...439	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 8)	1	440...440	X(1)		Right justified with leading zeros.

## Batch Eligibility Query (BEQ) Response File Layout

Data Field	Size	Position	Format	Valid Values	Field Definition
Total Number of Uncovered Months (Occurrence 8)	3	441...443	9(3)		Right justified with leading zeros.
Start Date (Occurrence 9)	8	444...451	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 9)	3	452...454	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 9)	1	455...455	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 9)	3	456...458	9(3)		Right justified with leading zeros.
Start Date (Occurrence 10)	8	459...466	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 10)	3	467...469	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 10)	1	470...470	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 10)	3	471...473	9(3)		Right justified with leading zeros.
Start Date (Occurrence 11)	8	474...481	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 11)	3	482...484	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 11)	1	485...485	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 11)	3	486...488	9(3)		Right justified with leading zeros.

## Batch Eligibility Query (BEQ) Response File Layout

Data Field	Size	Position	Format	Valid Values	Field Definition
Start Date (Occurrence 12)	8	489...496	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 12)	3	497...499	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 12)	1	500...500	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 12)	3	501...503	9(3)		Right justified with leading zeros.
Start Date (Occurrence 13)	8	504...511	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 13)	3	512...514	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 13)	1	515...515	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 13)	3	516...518	9(3)		Right justified with leading zeros.
Start Date (Occurrence 14)	8	519...526	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 14)	3	527...529	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 14)	1	530...530	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 14)	3	531...533	9(3)		Right justified with leading zeros.
Start Date (Occurrence 15)	8	534...541	X(8)	CCYYMMDD	

## Batch Eligibility Query (BEQ) Response File Layout

Data Field	Size	Position	Format	Valid Values	Field Definition
Number of Uncovered Months (Occurrence 15)	3	542...544	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 15)	1	545...545	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 15)	3	546...548	9(3)		Right justified with leading zeros.
Start Date (Occurrence 16)	8	549...556	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 16)	3	557...559	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 16)	1	560...560	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 16)	3	561...563	9(3)		Right justified with leading zeros.
Start Date (Occurrence 17)	8	564...571	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 17)	3	572...574	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 17)	1	575...575	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 17)	3	576...578	9(3)		Right justified with leading zeros.
Start Date (Occurrence 18)	8	579...586	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 18)	3	587...589	9(3)		Right justified with leading zeros.

## Batch Eligibility Query (BEQ) Response File Layout

Data Field	Size	Position	Format	Valid Values	Field Definition
Number of Uncovered Months Status Indicator (Occurrence 18)	1	590...590	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 18)	3	591...593	9(3)		Right justified with leading zeros.
Start Date (Occurrence 19)	8	594...601	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 19)	3	602...604	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 19)	1	605...605	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 19)	3	606...608	9(3)		Right justified with leading zeros.
Start Date (Occurrence 20)	8	609...616	X(8)	CCYYMMDD	
Number of Uncovered Months (Occurrence 20)	3	617...619	9(3)		Right justified with leading zeros.
Number of Uncovered Months Status Indicator (Occurrence 20)	1	620...620	X(1)		Right justified with leading zeros.
Total Number of Uncovered Months (Occurrence 20)	3	621...623	9(3)		Right justified with leading zeros.
Beneficiary's Retrieved Date of Birth	8	624...631	X(8)	CCYYMMDD	Beneficiary's Retrieved Date of Birth (as retrieved from CMS database for matching beneficiary).
Beneficiary's Retrieved Gender Code	1	632...632	X(1)	0 = Unknown 1 = Male 2 = Female	Beneficiary's Retrieved Gender Code (as retrieved from CMS database for matching beneficiary).
Last Name	40	633...672	X(40)	CHAR	Beneficiary's Last Name
First Name	30	673...702	X(30)	CHAR	Beneficiary's First Name
Middle Initial	1	703...703	X(1)	CHAR	First Initial of Beneficiary's Middle Name
Current State Code	2	704...705	X(2)	CHAR	

## Batch Eligibility Query (BEQ) Response File Layout

Data Field	Size	Position	Format	Valid Values	Field Definition
Current County Code	3	706...708	X(3)	CHAR	
Date of Death	8	709...716	X(8)	CCYYMMDD format	
Part C/D Contract Number (if available)	5	717...721	X(5)	CHAR	
Part C/D Enrollment Start Date (if available)	8	722...729	X(8)	CHAR	
Part D Indicator (if available)	1	730...730	X(1)	CHAR	Y = yes; N = no; space
Part C Contract Number (if available)	5	731...735	X(5)	CHAR	
Part C Enrollment Start Date (if available)	8	736...743	X(8)	CHAR	
Part C Indicator (if available)	1	744...744	X(1)	CHAR	N = no; space
Filler	6	745...750	X(6)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.

**Total Length = 750**

## Batch Eligibility Query (BEQ) Response File Layout

### Trailer Record

Data Field	Size	Position	Format	Valid Values	Field Definition
File ID Name	8	1 ... 8	X(8)	"CMSBEQRT"	This field will always be set to the value "CMSBEQRT." This code identifies the record as the Trailer Record of a Batch Eligibility Query (BEQ) Response File.
Sending Entity (MBD)	8	9 ... 16	X(8)	"MBD " (MBD + 5 Spaces)	This field will always be set to the value "MBD ." The value specifically is MBD + 5 following Spaces. This value will agree with the corresponding value in the Header Record.
File Creation Date	8	17 ... 24	X(8)	CCYYMMDD	The date on which the BEQ Response File was created by CMS. This value will be formatted as CCYYMMDD. For example, January 3, 2010 would be the value 20100103. This value will agree with the corresponding value in the Header Record.
File Control Number	9	25 ... 33	X(9)	Assigned by Sending Entity (MBD)	The specific Control Number assigned by CMS to the BEQ Response File. CMS will utilize this value to track the BEQ Response File through CMS processing and archive. This value will agree with the corresponding value in the Header Record.
Record Count	7	34 ... 40	9(7)	Numeric value greater than Zero.	The total number of Transactions (Detail Records) on the BEQ Response File. This value will be right-justified in the field, with leading zeros. This value will not include non-numeric characters, such as commas, spaces, dashes, decimals.
Filler	710	41 ... 750	X(710)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.

**Total Length = 750**

## Monthly Membership Detail Data File

Item	Field Name	Size	Position	Description
1	MCO Contract Number	5	1 - 5	MCO Contract Number
2	Run Date of the File	8	6 - 13	YYYYMMDD
3	Payment Date	6	14 - 19	YYYYMM
4	HIC Number	12	20 - 31	Member's HIC #
5	Surname	7	32 - 38	
6	First Initial	1	39	
7	Sex	1	40	M = Male, F = Female
8	Date of Birth	8	41 - 48	YYYYMMDD
9	Age Group	4	49 - 52	BBEE BB = Beginning Age EE = Ending Age
10	State & County Code	5	53 - 57	
11	Out of Area Indicator	1	58	Y = Out of Contract-level service area Always Spaces on Adjustment
12	Part A Entitlement	1	59	Y = Entitled to Part A
13	Part B Entitlement	1	60	Y = Entitled to Part B
14	Hospice	1	61	Y = Hospice
15	ESRD	1	62	Y = ESRD
16	Aged/Disabled MSP	1	63	Y = Aged/Disabled MSP factor applicable to beneficiary; N = Aged/Disabled MSP factor not applicable to beneficiary
17	Institutional	1	64	Y = Institutional (monthly)
18	NHC	1	65	Y = Nursing Home Certifiable



## Monthly Membership Detail Data File

Item	Field Name	Size	Position	Description
19	New Medicare Beneficiary Medicaid Status Flag	1	66	<ol style="list-style-type: none"> <li>1. Prior to calendar 2008, payments and payment adjustments report as follows: <ul style="list-style-type: none"> <li>• Y = Medicaid status,</li> <li>• Blank = not Medicaid</li> </ul> </li> <li>2. In calendar 2008, payments and payment adjustments were reported as follows: <ul style="list-style-type: none"> <li>• Y = Beneficiary is Medicaid and a default risk factor was used,</li> <li>• N = Beneficiary is not Medicaid and a default risk factor was used,</li> <li>• Blank = CMS is not using a default risk factor or the beneficiary is Part D only.</li> </ul> </li> <li>3. Beginning in calendar 2009: <ul style="list-style-type: none"> <li>• Payment adjustments with effective dates in 2008 and after, and all prospective payments report as follows: <ul style="list-style-type: none"> <li>○ Y = Beneficiary is Medicaid and a default risk factor was used,</li> <li>○ N = Beneficiary is not Medicaid and a default risk factor was used,</li> <li>○ Blank = CMS is not using a default risk factor or the beneficiary is Part D only.</li> </ul> </li> <li>• Payment adjustments with effective dates in 2007 and earlier report as follows: <ul style="list-style-type: none"> <li>○ Y = A payment adjustment was made at a "Medicaid" rate to the demographic component of a blended payment.</li> <li>○ N = A payment adjustment was made to the demographic payment component of a blended payment. The adjustment was not at a "Medicaid" rate.</li> <li>○ Blank = either the adjusted payment had no demographic component, or only the risk portion of a blended payment was adjusted.</li> </ul> </li> </ul> </li> </ol>
20	LTI Flag	1	67	Y = Part C Long Term Institutional
21	Medicaid Indicator	1	68	Y = Medicaid Add-on to beneficiary RAS factor Blank = No Medicaid Add-on

## Monthly Membership Detail Data File

Item	Field Name	Size	Position	Description
22	PIP-DCG	2	69 - 70	PIP-DCG Category - Only on pre-2004 adjustments
23	Default Risk Factor Code	1	71	<ul style="list-style-type: none"> <li>• Prior to 2004, 'Y' indicates a new enrollee risk adjustment (RA) factor was in use.</li> <li>• In the period 2004 through 2008, 'Y' indicates that a default factor was generated by the system due to lack of a RA factor.</li> <li>• For 2009 and after, for payments and payment adjustments and regardless of the effective date of the adjustment, the following applies:            '1' = Default Enrollee- Aged/Disabled            '2' = Default Enrollee- ESRD dialysis            '3' = Default Enrollee- ESRD Transplant Kidney, Month 1            '4' = Default Enrollee- ESRD Transplant Kidney, Months 2-3            '5' = Default Enrollee- ESRD Post Graft, Months 4-9            '6' = Default Enrollee- ESRD Post Graft, 10+Months            Blank = The beneficiary is not a default enrollee.</li> </ul>
24	Risk Adjuster Factor A	7	72 - 78	NN.DDDD
25	Risk Adjuster Factor B	7	79 - 85	NN.DDDD
26	Number of Paymt/Adjustmt Months Part A	2	86 - 87	FORMAT: 99
27	Number of Paymt/Adjustmt Months Part B	2	88 - 89	FORMAT: 99
28	Adjustment Reason Code	2	90 - 91	Always Spaces on Payment and MSA Deposit or Recovery Records, FORMAT: 99
29	Paymt/Adjustment/MSA Start Date	8	92 - 99	FORMAT: YYYYMMDD
30	Paymt/Adjustment/MSA End Date	8	100 - 107	FORMAT: YYYYMMDD
31	Demographic Paymt/Adjustmt Rate A	9	108 - 116	FORMAT: -99999.99

## Monthly Membership Detail Data File

Item	Field Name	Size	Position	Description
32	Demographic Paymt/Adjustmt Rate B	9	117 - 125	FORMAT: -99999.99
33	Risk Adjuster Paymt/Adjustmt Rate A	9	126 - 134	Part A portion for the beneficiary's payment or payment adjustment dollars. For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA monthly deposit amount as a negative term. FORMAT: -99999.99
34	Risk Adjuster Paymt/Adjustmt Rate B	9	135 - 143	Part B portion for the beneficiary's payment or payment adjustment dollars. For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA monthly deposit amount as a negative term. FORMAT: -99999.99
35	LIS Premium Subsidy	8	144 - 151	FORMAT: -9999.99
36	ESRD MSP Flag	1	152	Format X. Values = 'Y' or 'N'(default) Indicates if Medicare is the Secondary Payer.
37	MSA Part A Deposit/Recovery Amount	8	153 - 160	Medicare Savings Account (MSA) lump sum Part A dollars to be deposited / recovered. Deposits are positive values and recoveries are negative. FORMAT: -9999.99
38	MSA Part B Deposit/Recovery Amount	8	161 - 168	Medicare Savings Account (MSA) lump sum Part B dollars to be deposited / recovered. Deposits are positive values and recoveries are negative. FORMAT: -9999.99
39	MSA Deposit/Recovery Months	2	169 - 170	Number of months associated with MSA deposit or recovery dollars

## Monthly Membership Detail Data File

Item	Field Name	Size	Position	Description
40	Beneficiary Current Medicaid Status	1	171	Beginning in mid-2008, this field reports the beneficiary's current Medicaid status. (Prior to 11/07, Medicaid status was reported in field #19.) '1' = Beneficiary was determined to be Medicaid as of current payment month minus two (CPM -2) or minus one (CPM - 1),  '0' = Beneficiary was not determined to be Medicaid as of current payment month minus two (CPM - 2) or minus one (CPM - 1),  Blank = This is a retroactive transaction and Medicaid status is not reported.
41	Risk Adjuster Age Group (RAAG)	4	172 - 175	BBEE BB = Beginning Age EE = Ending Age
42	Previous Disable Ratio (PRDIB)	7	176 - 182	NN.DDDD Percentage of Year (in months) for Previous Disable Add-On – Only on pre-2004 adjustments
43	De Minimis	1	183	<b>2009 and later:</b> N = "De Minimis" does not apply <b>2008 and earlier</b> N = "De Minimis" does not apply Y = "De Minimis" applies
44	Beneficiary Dual and Part D Enrollment Status Flag	1	184	'0' - Non-Drug Plan without drug benefit, beneficiary not dual enrolled  '1' – Drug Plan with drug benefit, beneficiary not dual enrolled  '2' – Non-Drug Plan without drug benefit, beneficiary dual enrolled  '3' - Drug Plan with drug benefit, beneficiary dual enrolled.

## Monthly Membership Detail Data File

Item	Field Name	Size	Position	Description
45	Plan Benefit Package Id	3	185 - 187	Plan Benefit Package Id FORMAT 999
46	Race Code	1	188	Format X Values: 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = N. American Native
47	RA Factor Type Code	2	189 - 190	Type of factors in use (see Fields 24-25): C = Community C1 = Community Post-Graft I (ESRD) C2 = Community Post-Graft II (ESRD) D = Dialysis (ESRD) E = New Enrollee ED = New Enrollee Dialysis (ESRD) E1 = New Enrollee Post-Graft I (ESRD) E2 = New Enrollee Post-Graft II (ESRD) G1 = Graft I (ESRD) G2 = Graft II (ESRD) I = Institutional I1 = Institutional Post-Graft I (ESRD) I2 = Institutional Post-Graft II (ESRD)
48	Frailty Indicator	1	191	Y = MCO-level Frailty Factor Included
49	Original Reason for Entitlement Code (OREC)	1	192	0 = Beneficiary insured due to age 1 = Beneficiary insured due to disability 2 = Beneficiary insured due to ESRD 3 = Beneficiary insured due to disability and current ESRD
50	Lag Indicator	1	193	Y = Encounter data used to calculate RA factor lags payment year by 6 months

## Monthly Membership Detail Data File

Item	Field Name	Size	Position	Description
51	Segment ID	3	194 - 196	Identification number of the segment of the PBP. Blank if there are no segments.
52	Enrollment Source	1	197	The source of the enrollment. Values are A = Auto-enrolled by CMS B = Beneficiary election C = Facilitated enrollment by CMS D = Systematic enrollment by CMS (rollover)
53	EGHP Flag	1	198	Employer Group flag; Y = member of employer group, N = member is not in an employer group
54	Part C Basic Premium – Part A Amount	8	199 - 206	The premium amount for determining the MA payment attributable to Part A. It is subtracted from the MA plan payment for plans that bid above the benchmark. -9999.99
55	Part C Basic Premium – Part B Amount	8	207 - 214	The premium amount for determining the MA payment attributable to Part B. It is subtracted from the MA plan payment for plans that bid above the benchmark. -9999.99
56	Rebate for Part A Cost Sharing Reduction	8	215 - 222	The amount of the rebate allocated to reducing the member's Part A cost-sharing. This amount is added to the MA plan payment for plans that bid below the benchmark. -9999.99
57	Rebate for Part B Cost Sharing Reduction	8	223 - 230	The amount of the rebate allocated to reducing the member's Part B cost-sharing. This amount is added to the MA plan payment for plans that bid below the benchmark. -9999.99
58	Rebate for Other Part A Mandatory Supplemental Benefits	8	231 - 238	The amount of the rebate allocated to providing Part A supplemental benefits. This amount is added to the MA plan payment for plans that bid below the benchmark. -9999.99

## Monthly Membership Detail Data File

Item	Field Name	Size	Position	Description
59	Rebate for Other Part B Mandatory Supplemental Benefits	8	239 - 246	The amount of the rebate allocated to providing Part B supplemental benefits. This amount is added to the MA plan payment for plans that bid below the benchmark. -9999.99
60	Rebate for Part B Premium Reduction – Part A Amount	8	247 - 254	The Part A amount of the rebate allocated to reducing the member's Part B premium. This amount is retained by CMS for non ESRD members and it is subtracted from ESRD member's payments. -9999.99
61	Rebate for Part B Premium Reduction – Part B Amount	8	255 - 262	The Part B amount of the rebate allocated to reducing the member's Part B premium. This amount is retained by CMS for non ESRD members and it is subtracted from ESRD member's payments. -9999.99
62	Rebate for Part D Supplemental Benefits – Part A Amount	8	263 - 270	Part A Amount of the rebate allocated to providing Part D supplemental benefits. -9999.99
63	Rebate for Part D Supplemental Benefits – Part B Amount	8	271 - 278	Part B Amount of the rebate allocated to providing Part D supplemental benefits. -9999.99
64	Total Part A MA Payment	10	279 - 288	The total Part A MA payment. -999999.99
65	Total Part B MA Payment	10	289 - 298	The total Part B MA payment. -999999.99
66	Total MA Payment Amount	11	299 - 309	The total MA A/B payment including MMA adjustments. This also includes the Rebate Amount for Part D Supplemental Benefits -9999999.99
67	Part D RA Factor	7	310 - 316	The member's Part D risk adjustment factor. NN.DDDD

## Monthly Membership Detail Data File

Item	Field Name	Size	Position	Description
68	Part D Low-Income Indicator	1	317	An indicator to identify if the Part D Low-Income multiplier is included in the Part D payment. Values are 1 (subset 1), 2 (subset 2) or blank.
69	Part D Low-Income Multiplier	7	318 - 324	The member's Part D low-income multiplier. NN.DDDD
70	Part D Long Term Institutional Indicator	1	325	An indicator to identify if the Part D Long-Term Institutional multiplier is included in the Part D payment. Values are A (aged), D (disabled) or blank.
71	Part D Long Term Institutional Multiplier	7	326 - 332	The member's Part D institutional multiplier. NN.DDDD
72	Rebate for Part D Basic Premium Reduction	8	333 - 340	Amount of the rebate allocated to reducing the member's basic Part D premium. -9999.99
73	Part D Basic Premium Amount	8	341 - 348	The plan's Part D premium amount. -9999.99
74	Part D Direct Subsidy Payment Amount	10	349 - 358	The total Part D Direct subsidy payment for the member. -999999.99
75	Reinsurance Subsidy Amount	10	359 - 368	The amount of the reinsurance subsidy included in the payment. -999999.99
76	Low-Income Subsidy Cost-Sharing Amount	10	369 - 378	The amount of the low-income subsidy cost-sharing amount included in the payment. -999999.99
77	Total Part D Payment	11	379 - 389	The total Part D payment for the member -9999999.99.
78	Number of Paymt/Adjustmt Months Part D	2	390 - 391	FORMAT: 99
79	PACE Premium Add On	10	392 - 401	Total Part D Pace Premium Add-on amount -999999.99



## Monthly Membership Detail Data File

Item	Field Name	Size	Position	Description
80	PACE Cost Sharing Add-on	10	402 - 411	Total Part D Pace Cost Sharing Add-on amount -999999.99
81	Part C Frailty Score Factor	7	412 – 418	Beneficiary's Part C frailty score factor. NN.DDDD: otherwise spaces.
82	MSP Factor	7	419 – 425	Beneficiary's Aged/Disabled or ESRD Medicare Secondary Payor (MSP) reduction factor. NN.DDDD: otherwise spaces.
83	MSP Reduction/Reduction Adjustment Amount – Part A	10	426 – 435	Net MSP reduction or reduction adjustment dollar amount – Part A. SSSSSS9.99
84	MSP Reduction/Reduction Adjustment Amount – Part B	10	436 – 445	Net MSP reduction or reduction adjustment dollar amount – Part B. SSSSSS9.99
85	Filler	29	446 – 475	Spaces

## Monthly Membership Detail Report – Non Drug Report (Part C)

*(above benchmark bid)*

[illegible]

RUN DATE:20090124  
PAYMENT MONTH:200902

MONTHLY MEMBERSHIP REPORT - NON DRUG  
PLAN(Hzzzz) PBP(nnn) SEGMENT(mmm) PLAN NAME HERE

PAGE: 1

[illegible]

Monthly Membership Detail Report – Non Drug Report (Part C)

(below benchmark bid)

1 2 3 4 5 6 7 8 9 0 1 1 2 3  
12345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123

RUN DATE: 20090124 MONTHLY MEMBERSHIP REPORT - NON DRUG PAGE: 1  
PAYMENT MONTH:200902 PLAN(Hzzzz) PBP(nnn) SEGMENT(mmm) PLAN NAME HERE

										REBATES									
BASIC PREMIUM		COST SHR REDUC		MAND SUPP BENEFIT		PART D SUPP BENEFIT		PART B BAS PRM REDUC		PART D BAS PRM REDUC									
PART A	N/A	\$SSSS9.99		\$SSSS9.99		\$SSSS9.99		\$SSSS9.99		\$SSSS9.99									
PART B	N/A	\$SSSS9.99		\$SSSS9.99		\$SSSS9.99		\$SSSS9.99		\$SSSS9.99									
CLAIM NUMBER	S			FLAGS				PAYMENTS/ADJUSTMENTS											
	E AGE	STATE	P P	M F	A D	S A C MTHS	PAYMENT DATE		LAG	FTYPE----	FACTORS-----	AMOUNT							
	X GRP	CNTY	A A H E I	C R O D E E O D M A B			START	END			FRAILITY-SCORE	MSP	MSP						
SURNAME F		DMG	BIRTH	O T T S R S H I I E O A H R S A PIP	ADJ														
I	RA	DATE	A A B P D T C D L C N U P C P I DCG	REA	FCTR-A	FCTR-B	PART A		PART B		TOTAL PAYMENT								
1234567890AB	F	8084	33800				200405	200405	Y	C	99.9999	99.9999	\$SSSS9.99						
FIRST	G	8084	19200206	Y Y N		1	Y Y Z9Z9	ZZ	1.0650	1.0650	\$SSSSSS9.99	\$SSSSSS9.99	\$SSSSSS9.99						
0987654321AB	M	8084	33800				200405	200405	Y	C	99.9999	99.9999	\$SSSS9.99						
SECOND	H	8084	19251008	Y Y Y Y		4	N N Z9Z9	ZZ	1.0650	1.0650	\$SSSSSS9.99	\$SSSSSS9.99	\$SSSSSS9.99						

## Monthly MSP Information Data File

### Header Record

FIELD NAME	SIZE	POSITION	TYPE	DESCRIPTION
Header Code	8	1 - 8	CHAR	File/record identification purposes only, 'CMSMSPIH'.
Sending Entity	3	9 - 11	CHAR	Hard Coded as 'MBD'
File Creation Date	8	12 - 19	ZD	CCYYMMDD format
Filler	481	20 - 500	CHAR	All spaces

### Detail Record

FIELD NAME	SIZE	POSITION	TYPE	DESCRIPTION
RRB-HIC-NUM	12	1 - 12	CHAR	Use RRB_HIC_NUM if available; else, use 1st 9 bytes mapped to BENE_CAN_NUM; next 2 bytes mapped to BIC_CD ; 12th byte is a space
Date of Birth	8	13 - 20	CHAR	CCYYMMDD FORMAT
Gender Code	1	21	CHAR	Direct Mapping: 0 = Unknown, 1 = Male, 2 = Female
Contract Number	5	22 - 26	CHAR	Direct Mapping
PBP Number	3	27 - 29	CHAR	Direct Mapping
MSP Coverage Effective Date	8	30 - 37	INT	CCYYMMDD FORMAT
MSP Coverage Termination Date	8	38 - 45	INT	CCYYMMDD FORMAT
Primary Insurance Code	1	46	CHAR	<b>Convert as follows:</b> 12...A (Working Aged) 13...B (ESRD) 43...G (Disabled)
COB Contractor Number	5	47 - 51	CHAR	Direct Mapping
Insurer Name	32	52 - 83	CHAR	Direct Mapping

## Monthly MSP Information Data File

FIELD NAME	SIZE	POSITION	SIZE	DESCRIPTION
Insurer Address Line 1	32	84 - 115	CHAR	Direct Mapping
Insurer Address Line 2	32	116 - 147	CHAR	Direct Mapping
Insurer City name	15	148 - 162	CHAR	Direct Mapping
Insurer State Code	2	163 - 164	CHAR	Direct Mapping
Insurer Zip Code	9	165 - 173	CHAR	Direct Mapping
Policy Number	17	174 - 190	CHAR	Direct Mapping
FILLER	310	191 - 500	CHAR	Hard Coded as Spaces

### Trailer Record

FIELD NAME	SIZE	POSITION	SIZE	DESCRIPTION
Trailer Code	8	1 - 8	CHAR	File/record identification purposes only, 'CMSMSPIT'.
Sending Entity	3	9 - 11	CHAR	Hard Coded as 'MBD'
File Creation Date	8	12 - 19	ZD	CCYYMMDD format
Detail Record Count	9	20 - 28	ZD	Number of detail records (excludes header and trailer)
Filler	472	29 - 500	CHAR	All spaces

## Coordination of Benefits (COB) Data File

This file contains members' primary and secondary coverage that has been validated through COB processing. MARx forwards this report whenever a Plan's enrollees are affected. It may be as often as daily. The enrollees included on the report are those newly enrolled who have known Other Health Insurance (OHI) and those Plan enrollees with changes to their OHI.

The following records are included in this file:

- Detail Record
- Primary Record
- Supplemental Record

### **Detail Records:**

Indicates the Beginning of a Series of Beneficiary Subordinate Detail Records

Item	Field	Size	Position	Format	Valid Values/Description
1	Record Type	3	1 - 3	CHAR	"DTL"
2	HICN/RRB Number	12	4 - 15	CHAR	Spaces if unknown
3	SSN	9	16 - 24	ZD	000000000 if unknown
4	Date of Birth (DOB)	8	25 - 32	CHAR	YYYYMMDD
5	Gender Code	1	33	CHAR	0=unknown, 1 = male, 2 = female
6	Contract Number	5	34 - 38	CHAR	
7	Plan Benefit Package	3	39 - 41	CHAR	
8	Action Type	1	42	CHAR	2 = Full replacement
9	Filler	958	43 - 1000	CHAR	Spaces
<b>Note:</b> Record Length = 1000					

## Coordination of Benefits (COB) Data File

### **Primary Records:**

Subordinate to Detail Record (Unlimited Occurrences)

Item	Field	Size	Position	Format	Valid Values/Description
1	Record Type	3	1 - 3	CHAR	"PRM"
2	HICN/RRB Number	12	4 - 15	CHAR	Spaces if unknown
3	SSN	9	16 - 24	ZD	000000000 if unknown
4	Date of Birth (DOB)	8	25 - 32	CHAR	YYYYMMDD
5	Gender Code	1	33	CHAR	0=unknown, 1 = male, 2 = female
6	RxID Number*	20	34 - 53	CHAR	
7	RxGroup Number*	15	54 - 68	CHAR	
8	RxBIN Number*	6	69 - 74	ZD	
9	RxPCN Number*	10	75 - 84	CHAR	
10	Rx Plan Toll Free Number*	18	85 - 102	CHAR	
11	Sequence Number*	3	103 - 105	CHAR	

## Coordination of Benefits (COB) Data File

Item	Field	Size	Position	Format	Valid Values/Description
12	COB Source Code*  <b>Note:</b> There may be instances where an unknown COB Source Code will be provided. Plans should contact COBC for clarification on any unknown Source Codes.	5	106 - 110	CHAR	11100 Non Payment/Payment Denial 11101 IEQ 11102 Data Match 11103 HMO 11104 Litigation Settlement BCBS 11105 Employer Voluntary Reporting 11106 Insurer Voluntary Reporting 11107 First Claim Development 11108 Trauma Code Development 11109 Secondary Claims Investigation 11110 Self Report 11111 411.25 11112 BCBS Voluntary Agreements 11113 Office of Personnel Management (OPM) Data Match 11114 Workers' Compensation Data Match 11118 Pharmacy Benefit Manager (PBM) 11120 COBA 11125 Recovery Audit Contractor (RAC) 1 (April Release) 11126 RAC 2 (April Release) 11127 RAC 3 (April Release) P0000 PBM S0000 Assistance Program Note: Contractor numbers 11100 - 11199 are reserved for COB
13	MSP Reason (Entitlement Reason from COB)	1	111	CHAR	A=Working Aged B=ESRD C=Conditional Payment D=Automobile Insurance, No fault E=Workers Compensation F=Federal (public) G=Disabled H=Black Lung I=Veterans L=Liability



## Coordination of Benefits (COB) Data File

Item	Field	Size	Position	Format	Valid Values/Description
14	Coverage Code*	1	112	CHAR	A=Hospital and Medical U=Drug (network benefit) V=Drug with Major Medical (non-network benefit) W=Comprehensive, Hospital, Medical, Drug (network) X=Hospital and Drug (network) Y=Medical and Drug (network) Z=Health Reimbursement Account (hospital, medical, and drug)
15	Insurer's Name*	32	113 - 144	CHAR	
16	Insurer's Address-1*	32	145 - 176	CHAR	
17	Insurer's Address-2*	32	177 - 208	CHAR	
18	Insurer's City*	15	209 - 223	CHAR	
19	Insurer's State*	2	224 - 225	CHAR	
20	Insurer's Zip Code*	9	226 - 234	CHAR	
21	Insurer TIN	10	235 - 244	CHAR	
22	Individual Policy Number*	17	245 - 261	CHAR	
23	Group Policy Number*	20	262 - 281	CHAR	
24	Effective Date*	8	282 - 289	ZD	CCYYMMDD
25	Termination Date*	8	290 - 297	ZD	CCYYMMDD
26	Relationship Code*	2	298 - 299	CHAR	01=Bene is Policy Holder 02=Spouse 03=Child 04=Other
27	Payor ID*	10	300 - 309	CHAR	<i>This is a future element.</i>
28	Person Code*	3	310 - 312	CHAR	
29	Payer Order*	3	313 - 315	ZD	
30	Policy Holder's First Name	9	316 - 324	CHAR	
31	Policy Holder's Last Name	16	325 - 340	CHAR	
32	Policy Holder's SSN	12	341 - 352	CHAR	
33	Employee Information Code	1	353	CHAR	P=Patient S=Spouse M=Mother F=Father
34	Employer's Name	32	354 - 385	CHAR	
35	Employer's Address 1	32	386 - 417	CHAR	
36	Employer's Address 2	32	418 - 449	CHAR	

## Coordination of Benefits (COB) Data File

Item	Field	Size	Position	Format	Valid Values/Description
37	Employer's City	15	450 - 464	CHAR	
38	Employer's State	2	465 - 466	CHAR	
39	Employer's Zip Code	9	467 - 475	CHAR	
40	Filler	20	476 - 495	CHAR	
41	Employer TIN	10	496 - 505	CHAR	
42	Filler	20	506 - 525	CHAR	
43	Claim Diagnosis Code 1	10	526 - 535	CHAR	
44	Claim Diagnosis Code 2	10	536 - 545	CHAR	
45	Claim Diagnosis Code 3	10	546 - 555	CHAR	
46	Claim Diagnosis Code 4	10	556 - 565	CHAR	
47	Claim Diagnosis Code 5	10	566 - 575	CHAR	
48	Attorney's Name	32	576 - 607	CHAR	
49	Attorney's Address 1	32	608 - 639	CHAR	
50	Attorney's Address 2	32	640 - 671	CHAR	
51	Attorney's City	15	672 - 686	CHAR	
52	Attorney's State	2	687 - 688	CHAR	
53	Attorney's Zip	9	689 - 697	CHAR	
54	Lead Contractor	9	698 - 706	CHAR	
55	Class Action Type	2	707 - 708	CHAR	
56	Administrator Name	32	709 - 740	CHAR	
57	Administrator Address 1	32	741 - 772	CHAR	
58	Administrator Address 2	32	773 - 804	CHAR	
59	Administrator City	15	805 - 819	CHAR	
60	Administrator State	2	820 - 821	CHAR	
61	Administrator Zip	9	822 - 830	CHAR	
62	WCSA Amount	12	831 - 842	ZD	Integer value
63	WCSA Indicator	2	843 - 844	CHAR	
64	WCMSA Settlement Date	8	845 - 852	ZD	CCYYMMDD
65	Administrator's Telephone Number	18	853 - 870	CHAR	
66	Total Rx Settlement Amount	12	871 - 882	CHAR	Includes decimal point: 9999999999.99
67	Rx \$ included in the WCMSA Settlement Amount	1	883	CHAR	Y = Yes N = No
68	Filler	120	884 - 1000	CHAR	
<b>Note:</b> Record Length = 1000; *Indicates that these fields have same position in PRM and SUP record layouts.					

## Coordination of Benefits (COB) Data File

### **Supplemental Records:**

Subordinate to DTL (Unlimited Occurrences)

Item	Data Field	Size	Position	Format	Valid Values
1	Record Type	3	1 - 3	CHAR	"SUP"
2	HICN/RRB Number*	12	4 - 15	CHAR	Spaces if unknown
3	SSN*	9	16 - 24	ZD	000000000 if unknown
4	Date of Birth (DOB)*	8	25 - 32	CHAR	YYYYMMDD
5	Gender Code*	1	33	CHAR	0=unknown, 1 = male, 2 = female
6	RxID Number*	20	34 - 53	ZD	
7	RxGroup Number*	15	54 - 68	CHAR	
8	RxBIN Number*	6	69 - 74	ZD	
9	RxPCN Number*	10	75 - 84	CHAR	
10	Rx Plan Toll Free Number*	18	85 - 102	CHAR	
11	Sequence Number*	3	103 - 105	CHAR	
12	COB Source Code*	5	106 - 110	CHAR	11100 Non Payment/Payment Denial 11101 IEQ 11102 Data Match 11103 HMO 11104 Litigation Settlement BCBS 11105 Employer Voluntary Reporting 11106 Insurer Voluntary Reporting 11107 First Claim Development 11108 Trauma Code Development 11109 Secondary Claims Investigation 11110 Self Report 11111 411.25 11112 BCBS Voluntary Agreements 11113 Office of Personnel Management (OPM) Data Match 11114 Workers' Compensation Data Match 11118 Pharmacy Benefit Manager (PBM) 11120 COBA 11125 Recovery Audit Contractor

## Coordination of Benefits (COB) Data File

Item	Data Field	Size	Position	Format	Valid Values
					(RAC) 1 (April Release) 11126 RAC 2 (April Release) 11127 RAC 3 (April Release) P0000 PBM S0000 Assistance Program Note: Contractor numbers 11100 - 11199 are reserved for COB
13	Supplemental Type Code	1	111	CHAR	L=Supplemental M=Medigap N=State Program (Non Qualified SPAP) O=Other P=Patient Assistance Program Q=Qualified State Pharmaceutical Assistance Program (SPAP) R=Charity S=AIDS Drug Assistance Program T=Federal Health Program 1=Medicaid 2=Tricare
14	Coverage Code*	1	112	CHAR	U=Drug (network benefit) V=Drug with Major Medical (non-network benefit)
15	Insurer's Name*	32	113 - 144	CHAR	
16	Insurer's Address-1*	32	145 - 176	CHAR	
17	Insurer's Address-2*	32	177 - 208	CHAR	
18	Insurer's City*	15	209 - 223	CHAR	
19	Insurer's State*	2	224 - 225	CHAR	
20	Insurer's Zip Code*	9	226 - 234	CHAR	
21	Filler	10	235 - 244	CHAR	Spaces
22	Individual Policy Number*	17	245 - 261	CHAR	
23	Group Policy Number*	20	262 - 281	CHAR	
24	Effective Date*	8	282 - 289	ZD	CCYYMMDD
25	Termination Date*	8	290 - 297	ZD	CCYYMMDD

## Coordination of Benefits (COB) Data File

Item	Data Field	Size	Position	Format	Valid Values
26	Relationship Code*	2	298 - 299	CHAR	01=Bene is Policy Holder 02=Spouse 03=Child 04=Other
27	Payor ID*	10	300 - 309	CHAR	
28	Person Code*	3	310 - 312	CHAR	
29	Payer Order*	3	313 - 315	ZD	
30	Filler	685	316 - 1000	SPACES	
<b>Note:</b> Record Length = 1000; *Indicates that these fields have same position in PRM and SUP record layouts.					

# Monthly Membership Summary Report

1 2 3 4 5 6 7 8 9 0 1 2 3  
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123

RUN DATE:yyyymmdd

MONTHLY MEMBERSHIP SUMMARY REPORT (PAGE 1 OF 2)

PAYMENT MONTH:yyyymm

PLAN: H9999 PBP(mmm) SEG(nnn) Name-of-Provider-Here

CURRENT PAYMENTS

PART A ----- COUNTS ----- TOTAL MONEY		PART B ----- COUNTS ----- TOTAL MONEY		PART D ----- COUNTS ----- TOTAL MONEY	
HOSPICE	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99	HOSPICE	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99		
ESRD	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99	ESRD	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99		
WA	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99	WA	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99		
INST	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99	INST	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99		
NHC	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99	NHC	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99		
MCAID	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99	MCAID	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99		
PART C PREMIUM	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99	PART C PREMIUM	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99	DIR SUBSDY	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99
A/B COST SHR	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99	A/B COST SHR	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99	LIS COST SHR	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99
A/B MAN SUP BN	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99	A/B MAN SUP BN	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99	ESTIMATD REINS	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99
D BAS PRM REDU	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99	D BAS PRM REDU	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99	PACE PRM ADDON	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99
D SUPP BENFITS	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99	D SUPP BENFITS	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99	PACE CSR ADDON	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99
B BAS PRM REDU	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99	B BAS PRM REDU	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99		
A/D MSP REDU	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99	A/D MSP REDU	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99		
MEMBERS	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99	MEMBERS	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99	MEMBERS	z,zzz,zz9 \$\$\$,\$\$\$,\$\$\$,\$\$9.99
MONTHS	z,zzz,zz9	MONTHS	z,zzz,zz9	MONTHS	z,zzz,zz9
AVERAGE	\$\$\$,\$\$\$,\$\$\$,\$\$9.99	AVERAGE	\$\$\$,\$\$\$,\$\$\$,\$\$9.99	AVERAGE	\$\$\$,\$\$\$,\$\$\$,\$\$9.99
OUT OF AREA	z,zzz,zz9				

B PRM REDU - A	\$\$\$,\$\$\$,\$\$\$,\$\$9.99	B PRM REDU - A	\$\$\$,\$\$\$,\$\$\$,\$\$9.99
B PRM REDU - D	\$\$\$,\$\$\$,\$\$\$,\$\$9.99	B PRM REDU - D	\$\$\$,\$\$\$,\$\$\$,\$\$9.99

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MONTHLY MEMBERSHIP SUMMARY REPORT (PAGE 2 OF 2)  
PLAN: H9999 PBP(mmm) SEG(nnn) Name-of-Provider-Here

[illegible]

## Monthly Membership Summary Report

[illegible]



## Monthly Membership Summary Data File

Item	Field Name	Size	Position	Description
1	MCO Contract Number	5	1 - 5	MCO Contract Number
2	Run Date of the File	8	6 - 13	YYYYMMDD
3	Payment Date	6	14 - 19	YYYYMM
4	Adjustment Reason Code	2	20 - 21	Adjustment reason Code
5	Record Description	10	22 - 31	Description of the record: TOTAL PAYM ESRD HOSPICE MCAID OTHER WA OUTOFAREA DIR SUBSDY LIS CSTSHR EST REINS PACE PRM PACE CSHR PTC PREM RBT AB CSR RBT AB MSB RBT D PRRE RBT D SUBE PTB PRM RE B PRM RE A B PRM RE D BSF MNTHLY AD MSP TOTAL ADJ HOSPIC ON HOSPIC OFF ESRD ON ESRD OFF INST ON INST OF MCAID ON MCAID OFF

## Monthly Membership Summary Data File

Item	Field Name	Size	Position	Description
				WKAGE ON WKAGE OFF NHC ON NHC OFF DEATH RETRO ENRO RETRO DISEN CORR PARTA RETRO SCC C CORR DEATH CORR BIRTH CORR SEX PTC RATE CORR PARTB DISENROLL P DEMO FACTO PTC RSK AD RETRO CHF HOSPICE RAT RTRO PTC P RTRO PTD L RTRO CST S RTRO EST R RTRO PTC R RTRO REBAT PTD RATE C PTD RAF SEG ID CHG PTDRAF MID RETRO MSP WVD PRM
6	Payment Adjustment Count	7	32 - 38	Beneficiary Count
7	Month count	7	39 - 45	For payment records it will be the number of beneficiary payments but for adjustment records it will be the number of months adjusted
8	Part A Member count	7	46 - 52	Beneficiary Count for Part A

## Monthly Membership Summary Data File

Item	Field Name	Size	Position	Description
9	Part A Month count	7	53 - 59	For payment records it will be the number of Part A beneficiary payments but for adjustment records it will be the number of months adjusted for Part A
10	Part B Member count	7	60 - 66	Beneficiary Count for Part B
11	Part B Month count	7	67 - 73	For payment records it will be the number of Part B beneficiary payments but for adjustment records it will be the number of months adjusted for Part B
12	Part A Payment/Adjustment Amount	13	74 - 86	PART A Amount
13	Part B Payment/Adjustment Amount	13	87 - 99	PART B Amount
14	Total Amount	13	100 - 112	Total Payment/Adjustment Amount
15	Part A Average	9	113 - 121	Average Part A Amount per Part A Member
16	Part B Average	9	122 - 130	Average Part B Amount per Part B Member
17	Payment/Adjustment Indicator	1	131	'P' for Payments and 'A' for Adjustments
18	PBP Number	3	132 - 134	Plan Benefit Package Number
19	Segment Number	3	135 - 137	Segment Number
20	Part D Member Count	7	138 - 144	Beneficiary count for PART D
21	Part D Month Count	7	145 - 151	For payment record it will always be 1 but for adjustment record it will be the number of months adjusted for Part D
22	Part D Amount	13	152 - 164	Part D Amount
23	Part D Average	9	165 - 173	Average Part D Amount per Part D Member
24	LIS Band 25% member count	7	174 - 180	Count of Beneficiary's in the 25% LIS band
25	LIS Band 50% member count	7	181 - 187	Count of Beneficiary's in the 50% LIS band
26	LIS Band 75% member count	7	188 - 194	Count of Beneficiary's in the 75% LIS band
27	LIS Band 100% member count	7	195 - 201	Count of Beneficiary's in the 100% LIS band