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

Center for Medicare
Office of Information Services

DATE: February 24, 2011

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

FROM: Cheri Rice /s/
            Acting Director, Medicare Plan Payment Group

            Alan Constantian /s/
            Director, Information Services Design and Development Group

SUBJECT: Week At a Glance: Daily Transaction Reply Reporting (TRR) for the MARx
            System Redesign & Modernization Software Release

The Centers for Medicare & Medicaid Services (CMS) is continuing to implement software
improvements to the enrollment and payment processes that support the Medicare Advantage
and Prescription Drug (MAPD) programs. This letter provides detailed information regarding
the Daily Transaction Reply Report (TRR) data file scheduled for April 2011. This file is part of
the MARx System Redesign & Modernization(MARx R&M) Software Release focused on
improving the efficiency of our systems and Plan processing.

In order to assist Plans to prepare for the transition to MARx R&M and the new Daily TRR,
CMS will be transmitting a TEST Daily TRR to all Plans on February 28, 2011. The test Daily
TRR will contain no actual data but will simulate the blank Daily TRR that all plans will receive
when no data has been transmitted from the plan for the previous day and there is no CMS
generated notification activity to report.

The first live Daily TRR will be sent to all Plans on April 19, 2011. Subsequently, the Daily
TRR will be sent to all Plans Monday thru Saturday each week. For your convenience,
additional information and the record layout of the new Daily TRR that will begin the day after
implementation of MARx R&M on April 18, 2011, is provided below. Please note that this is
the **same** information and record layout as provided in the MARx Redesign and Modernization
Handbook published on December 2, 2010.

Revisions to the TRR data file format and frequency will improve Plan transaction responses.
The file will transmit daily in reply to any action that initiates or impacts a beneficiary's status or
enrollment. It will also communicate changes affecting a beneficiary throughout all enrollment
periods, which is especially valuable with regard to retroactive enrollments.

In addition to CMS improving responsiveness to Plans, the TRR will contain Plan-submitted input transactions verbatim back to the Plan. Plans will have immediate access to the data they submitted when receiving and reviewing transaction replies.

The naming convention and file layout for the Daily TRR are shown as an Attachment below. Plans should not confuse this file name with the weekly and monthly TRR because those files will discontinue with the MARx R&M implementation.

The Daily TRR naming convention and file layout are attached.
Attachment A: Daily Transaction Reply Report Naming Convention
Attachment B: Daily Transaction Reply Report Record Layout

Finally, all Plans will receive a Daily TRR for all contracts whether the Plan has or has not submitted transactions for processing by MARx. The Transaction Reply Code (TRC) of 000 will indicate that there is no data within the Daily TRR for processing by the Plan. In turn, the Plan does not need to take any action and may discard this file.

The Null TRC is attached.
Attachment C: Null Transaction Reply Code

Please note the following changes to the TRR:

1. The Weekly/Monthly TRR will be discontinued upon implementation of the Daily TRR.

2. The data file will be the only version of the TRR. There will be no user-readable ('report') version of the TRR.

Please direct questions or concerns to the MAPD Help Desk at mapdhelp@cms.hhs.gov or 1-800-927-8069. Plans may also contact the R&M Project Team by email at:
R_M_Projects@cms.hhs.gov.

Daily Transaction Reply Report Naming Convention Back To Top

Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Transaction Reply Daily Activity Data File PCUG Record Layout – E.15	Data file version of the Transaction Reply Daily Activity Report.	MARx	Data File	Daily	**Gentran mailbox:** P.Rxxxxx.DTRRD.Dyymmdd.Thhmmsst.pn **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.DTRRD.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.DTRRD.Dyymmdd.Thhmmsst

Daily Transaction Reply Report Record Layout Back To Top

Field	Size	Position	Description
1. HICN	12	1 - 12	Health Insurance Claim Number
2. Surname	12	13 - 24	Beneficiary Surname
3. First Name	7	25 - 31	Beneficiary Given Name
4. Middle Initial	1	32	Beneficiary Middle Initial
5. Gender Code	1	33	Beneficiary Gender Identification Code '0' = Unknown '1' = Male '2' = Female
6. Date of Birth	8	34 - 41	YYYYMMDD Format
7. Record Type	1	42	'T' = TRC record
8. Contract Number	5	43 - 47	Plan Contract Number
9. State Code	2	48 - 49	Beneficiary Residence State Code; otherwise spaces if not applicable. Based on plan submitted residence address, or default mailing address provided by SSA.
10. County Code	3	50 - 52	Beneficiary Residence County Code; otherwise spaces if not applicable. Based on plan submitted residence address, or default mailing address provided by SSA.
11. Disability Indicator	1	53	'1' = Disabled '0' = No Disability Space = not applicable.
12. Hospice Indicator	1	54	'1' = Hospice '0' = No Hospice Space = not applicable.
13. Institutional/NHC Indicator	1	55	'1' = Institutional '2' = NHC '0' = No Institutional Space = not applicable.
14. ESRD Indicator	1	56	'1' = End-Stage Renal Disease '0' = No End-Stage Renal Disease Space = not applicable.
15. Transaction Reply Code	3	57 - 59	Transaction Reply Code
16. Transaction Type Code	2	60 - 61	Transaction Type Code

Field	Size	Position	Description
17. Entitlement Type Code	1	62	Beneficiary Entitlement Type Code: 'Y' = Entitled to Part A and B, 'Z' = Entitled to Part A or B, Space = not applicable.
18. Effective Date	8	63 - 70	YYYYMMDD Format; effective date is present for all Transaction Reply Codes. Note 1: 091 – Previously reported incorrect death date. Note 2: 121, 194 and 223 – PBP enrollment effective dates for enrollments affected by low-income subsidy (LIS) changes. Note 3: Field content for UI Transaction Reply Codes (TRCs) is TRC dependent. 701 – New enrollment period start date, 702 – Fill-in enrollment period start date, 703 – Start date of cancelled enrollment period, 704 – Start date of enrollment period cancelled for PBP correction, 705 – Start date of enrollment period for corrected PBP, 706 – Start date of enrollment period cancelled for segment correction, 707 – Start date of enrollment period for corrected segment, 708 – Enrollment period end date assigned to existing opened ended enrollment, 709 & 710 – New start date resulting from update, 711 & 712 – New end date resulting from update, 713 – "00000000" – End date removed. Original end date can be found in field 24.X.
19. WA Indicator	1	71	'1' = Working Aged; '0' = No Working Aged; Space = not applicable.
20. Plan Benefit Package ID	3	72 - 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 - 83	YYYYMMDD Format; Present for all transaction reply codes. For TRCs 121, 194, and 223, the report generation date.
23. UI Initiated Change Flag	1	84	'1' = transaction created through user interface; '0' = transaction from source other than user interface; Space = not applicable.
24. Positions 85 – 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for all codes except where indicated below.			
a. Effective Date of the Disenrollment	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 13, 14, 18, 71, 73, 77, 79, 81, and 197.
b. New Enrollment Effective Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 17
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: 90 (with transaction type 01), 92
e. Hospice Start Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 71
f. Hospice End Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 72
g. ESRD Start Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 73

Field	Size	Position	Description
h. ESRD End Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 74
i. Institutional/ NHC Start Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 48, 75, 158, 159
j. Medicaid Start Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 77
k. Medicaid End Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 78
l. Part A End Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 79
m. WA Start Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 66
n. WA End Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 67
o. Part A Reinstate Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 80
p. Part B End Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 81
q. Part B Reinstate Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 82
r. Old State and County Codes	5	85 - 89	Beneficiary's prior state and county code; Present only when Transaction Reply Code is 85
s. Attempted Enroll Effective Date	8	85 - 92	The effective date of an enrollment transaction that was submitted but rejected. Present only when Transaction Reply code is the following: 35, 36, 45, 56
t. PBP Effective Date	8	85 - 92	YYYYMMDD Format. Effective date of a beneficiary's PBP change. Present only when Transaction Reply Code is 100.
u. Correct Part D Premium Rate	12	85 - 96	ZZZZZZZZ9.99 Format; Part D premium amount reported by HPMS for the Plan. Present only when the Transaction Reply Code is 181.
v. Date Identifying Information Changed by UI User	8	85 - 92	YYYYMMDD Format; Field content is dependent on Transaction Reply Code: 702 – Fill-in enrollment period end date, 705 – End date of enrollment period for corrected PBP, blank when end date not provided by user, 707 – End date of enrollment period for corrected segment, blank when end date not provided by user, 709 & 710 – Enrollment period start date prior to start date change, 711, 712, & 713 – Enrollment period end date prior to end date change.
w. Modified Part C Premium Amount	12	85 - 96	ZZZZZZZZ9.99 Format; Part C premium amount reported by HPMS for the Plan. Present only when the Transaction Reply Code is 182.
x. Date of Death Removed	8	85 - 92	YYYYMMDD Format; Previously reported erroneous date of death. Present only when Transaction Reply Code is 091.
y. Dialysis End Date	8	85 - 92	YYYYMMDD Format; Present when Transaction Reply Code is 268
z. Transplant Fail Date	8	85 - 92	YYYYMMDD Format; Will be present when Transaction Reply Code is 269 and the Transplant has an end date

Field	Size	Position	Description
25. District Office Code	3	97 - 99	Code of the originating district office; Present only when Transaction Type Code is 53; otherwise, spaces if not applicable.
26. Previous Part D Contract/PBP for TrOOP Transfer	8	100 - 107	CCCCCPPP Format; Present only if previous enrollment exists within reporting year in Part D Contract. Otherwise, field will be spaces. CCCCC = Contract Number; PPP = Plan Benefit Package (PBP) Number.
27. Filler	8	108 - 115	Spaces
28. Source ID	5	116 - 120	Transaction Source Identifier
29. Prior Plan Benefit Package ID	3	121 - 123	Prior PBP number; present only when transaction type code is PBP change; otherwise, spaces if not applicable.
30. Application Date	8	124 - 131	The date the plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD; otherwise, spaces if not applicable.
31. UI User Organization Designation	2	132 - 133	'01' = Plan; '02' = Regional Office; '03' = Central Office; Spaces = not UI transaction
32. Out of Area Flag	1	134	'Y' = Out of area; 'N' = Not out of area; Space = field not applicable.
33. Segment Number	3	135 - 137	Further definition of PBP by geographic boundaries; otherwise, spaces if not applicable.
34. Part C Beneficiary Premium	8	138 - 145	Cost to beneficiary for Part C benefits; otherwise, spaces if not applicable.
35. Part D Beneficiary Premium	8	146 - 153	Cost to beneficiary for Part D benefits; otherwise, spaces if not applicable.
36. Election Type	1	154	'A' = AEP; 'D' = MADP; 'E' = IEP; 'F' = IEP2; 'I' = ICEP; 'O' = OEP; 'N' = OEPNEW; 'T' = OEPI 'S'= Other SEP; 'U'=Dual/LIS SEP; 'V'=Permanent Change in Residence SEP; 'W'=EGHP SEP; 'X'=Administrative Action SEP; 'Y'=CMS/Case Work SEP; Space = not applicable. (MAs use I, A, D, N, O, S, T, U, V, W, X, and Y. MAPDs use I, A, D, E, F, N, O, S, T, U, V, W, X, Y. PDPs use A, E, F, S, U, V, W, X, and Y.)
37. Enrollment Source	1	155	'A' = Auto enrolled by CMS; 'B' = Beneficiary Election; 'C' = Facilitated enrollment by CMS; 'D' = CMS Annual Rollover; 'E' = Plan initiated auto-enrollment; 'F' = Plan initiated facilitated-enrollment; 'G' = Point-of-sale enrollment; 'H' = CMS or Plan reassignment; 'I' = Invalid submitted value (transaction is not rejected); Space = not applicable.
38. Part D Opt-Out Flag	1	156	'Y' = Opt-out of auto-enrollment; 'N' = Not opted out of auto-enrollment; Space = No change to opt-out status

Field	Size	Position	Description
39. Premium Withhold Option/Parts C-D	1	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; Space = not applicable.
40. Number of Uncovered Months	3	158 - 160	Count of Total Months without drug coverage; Otherwise spaces if not applicable.
41. Creditable Coverage Flag	1	161	'Y' = Member has creditable coverage; 'N' = Member does not have creditable coverage; 'R' = Setting uncovered months to zero due to a new IEP; 'U' = Setting uncovered months to the value prior to using R; Space = not applicable.
42. Employer Subsidy Override Flag	1	162	'Y' = Beneficiary is in a plan receiving an employer subsidy, flag allows enrollment in a Part D plan; Space = no flag submitted by Plan.
43. Processing Timestamp	15	163 - 177	Transaction processing time, or, for TRCs 121, 194, and 223, the report generation time. Format: HH.MM.SS.SSSSSS
44. Filler	20	178 - 197	Spaces
45. Secondary Drug Insurance Flag	1	198	Type 61 MA-PD and PDP transactions: 'Y' = Beneficiary has secondary drug insurance; 'N' = Beneficiary does not have secondary drug insurance available; Space = No flag submitted by plan. Type 72 MA-PD and PDP transactions: 'Y' = Secondary drug insurance available; 'N' = No secondary drug insurance available; Space = no change. Space returned with any other transaction type has no meaning.
46. Secondary Rx ID	20	199 - 218	Beneficiary's secondary insurance Plan's ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
47. Secondary Rx Group	15	219 - 233	Beneficiary's secondary insurance Plan's Group ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
48. EGHP	1	234	Type 61 transactions: 'Y' = EGHP Space = not EGHP Type 74 transactions: 'Y' = EGHP 'N' = Not EGHP Space = no change Space reported with any other transaction type has no meaning.
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; Spaces = not applicable.

Field	Size	Position	Description
50. Low-Income Co-Pay Category	1	238	Definitions of the co-payment categories: '0' = none, not low-income '1' = (High) '2' = (Low) '3' = (0) '4' = 15% '5' = Unknown Space = not applicable.
51. Low-Income Period Effective Date	8	239 - 246	Date low income period starts. Format: 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; otherwise, spaces if not applicable.
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Amount of Part D late enrollment penalty waived. Format: -9999.99; otherwise, spaces if not applicable.
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Amount of Part D late enrollment penalty low-income subsidy. Format: -9999.99; otherwise, spaces if not applicable.
55. Low-Income Part D Premium Subsidy Amount	8	271 - 278	Amount of Part D low-income premium subsidy. Format: -9999.99; otherwise, spaces if not applicable.
56. Part D Rx BIN	6	279 - 284	Beneficiary's Part D Rx BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
57. Part D Rx PCN	10	285 - 294	Beneficiary's Part D Rx PCN taken from the input transaction (61 or 72); otherwise, spaces if not provided by one of the transactions.
58. Part D Rx Group	15	295 - 309	Beneficiary's Part D Rx Group taken from the input transaction (61 or 72); otherwise, spaces if not provided by one of the transactions.
59. Part D Rx ID	20	310 - 329	Beneficiary's Part D Rx ID taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
60. Secondary Rx BIN	6	330 - 335	Beneficiary's secondary insurance BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
61. Secondary Rx PCN	10	336 - 345	Beneficiary's secondary insurance PCN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
62. De Minimis Differential Amount	8	346 - 353	Amount by which a Part D de Minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark. Format: -9999.99; otherwise, spaces if not applicable.
63. Filler	1	354	Spaces
64. Low Income Period End Date	8	355 - 362	Date low income period ends. The end date is either the last day of the PBP enrollment or the last day of the low income period itself, whichever is earlier. This field will be blank for LIS applicants with an open ended award or when the TRC is not one of the LIS TRCs 121, 194 and 223.
65. Low Income Subsidy Source Code	1	363	'A' = Approved SSA Applicant 'D' = Deemed eligible by CMS Space = not applicable
66. Enrollment Period Descriptor	1	364	Designation relative to the reporting date (Transmission Date, field #22) 'C' = Current enrollee; 'P' = Prospective enrollee; 'Y' = Previous enrollee; Space = not applicable.

Field	Size	Position	Description
67. Application Date Indicator	1	365 - 365	Identifies whether the application date associated with a UI-submitted enrollment has a system generated default value: 'Y' = Default value for UI enrollment; Space = Not applicable
68. TRC Short Name	15	366 - 380	TRC's short-name identifier
69. Filler	94	381 - 474	Spaces
70. System Assigned Transaction Tracking ID	11	475 - 485	System assigned request tracking ID.
71. Plan Assigned Transaction Tracking ID	15	486 - 500	Plan submitted batch input transaction tracking ID.

Attachment C

Null Transaction Reply Code Back To Top

Code/Type*	Title	Short Definition	Definition
000 I	No Data to Report	NO REPORT	Daily Transaction Reply Report: On the TRR it indicates that none of the following occurred during the reporting period for the given contract/PBP: a beneficiary status change, user interface (UI) activity, or CMS or plan transaction processing. The reporting period is the span between the previous TRR and the current TRR. **Plan Action:** None