

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



OFFICE OF INFORMATION SERVICES

DATE: August 12, 2009

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

FROM: Thomas Hutchinson /s/
Director, Medicare Plan Payment Group

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

SUBJECT: Announcement of November 2009 Software Release

The Centers for Medicare and Medicaid Services (CMS) will be implementing software improvements to the enrollment and payment systems this fall to support the Medicare Modernization Act. As part of this effort, system changes have been scheduled for implementation as of November 14, 2009. These changes affect Plan exchanges with CMS for the January 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. In general, most changes are limited to internal CMS operations however; Plans will see resultant changes in the enrollment and payment reports and data files.

The changes for the November 2009 release are categorized as follows:

1. [**Retroactive MA and Cost Plans Auto Enrollments for Full-Benefit Dual Eligible Individuals**](#)
2. [**Changes to the Low Income Subsidy History Report \(LISHIST\)**](#)
3. [**Beneficiary Eligibility Query \(BEQ\) Changes**](#)
4. [**Auto/Facilitated Enrollments – Limited Income NET Demonstration**](#)
5. [**Agent/Broker Compensation Cycles**](#)
6. [**Enabling Submission of Additional Initial Enrollment Periods for Part D**](#)
7. [**Batch Completion Status Summary \(BCSS\) Report Changes**](#)
8. [**Additional Data Elements on the Coordination of Benefits \(COB\) File**](#)
9. [**Auto Enroll/Reassign PDPs – Change in Format of Beneficiary Address**](#)

Please note that all new/updated tables, screens 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 November 2009.

1. Retroactive MA and Cost Plans Auto Enrollments for Full-Benefit Dual Eligible Individuals

Section 40.1.5.C in Chapter 2 of the *Medicare Managed Care Manual* (Medicare Advantage Enrollment and Disenrollment) specifies that the effective date of auto-enrollment for full-benefit dual eligible individuals is retroactive to the first day of the month the individuals first became a dual eligible, or January 1, 2006, whichever is later. For individuals who are full-benefit dual eligible upon enrollment in an MA-only plan, the effective date would be retroactive to the effective date of enrollment in the MA-only plan. For existing MA-only Medicare enrollees who subsequently become Medicaid eligible, the effective date is retroactive to the month the individual became Medicaid eligible.

Section 60.4 in Chapter 2 provides a process for retroactive enrollments involving the submission of completed enrollment information to CMS, or its designee, to effectuate the retroactive enrollment request. Currently, MA and Cost plans submit retroactive enrollment requests to IntegriGuard, which processes those requests.

Effective with the November 2009 software release, when an MA and Cost plan submits a retroactive auto-enrollment request for full-benefit dual eligible individuals using a Plan Benefit Package (PBP) Change (code 71) transaction with an enrollment source code of 'E' = Plan-submitted auto-enrollment, the MARx system will process the retroactive auto-enrollments without sending it to IntegriGuard. In addition, MA and Cost plans will be required to change the election code from 'S' to 'Z' for these enrollment source code transactions of 'E'. The enrollment source code 'F' and election type 'S' for facilitated enrollments remains unchanged.

The anticipated outcome of this change will be to increase the processing of retroactive enrollment requests for full-benefit dual eligible individuals.

To more clearly communicate these changes, CMS has modified existing TRC 104 to accommodate this change. For more detailed information regarding this TRC change, please refer to **Attachment A: New/Updated Transaction Reply Codes (TRCs)**.

2. Changes to the Low Income Subsidy History Report (LISHIST)

Effective with the November 2009 software release, the LIS History (LISHIST) report will be modified to take on a new role in the hierarchy of reports with regards to LIS data. With the implementation of the LIS changes to be loaded with the November software release, the LISHIST report will be modified so that information contained therein will provide supplemental information to the Transaction Reply Report (TRR) (weekly/monthly) so as not to conflict.

Specifically, one existing field has been modified and three new fields have been added to the LISHIST report. These fields include the following:

Field 16, position 80, LIS Activity Flag – this field has been renamed from Data Activity Flag to LIS Activity Flag. Valid values are as follows:

‘N’ = No change in reported LIS data since last months data file;

‘Y’ = One of the following may have changed since the last month’s data file:

- Co-payment level
- Low-income premium subsidy level
- Low-income period start or end date

Changes happen to low-income information that are of no interest to the Plan. The changes are not yet separable from variations in which the Plan is interested. As a result, data records can be flagged as representing a change when, in fact, the data of interest to the Plan is unaffected.

Field 17, positions 81 through 88, PBP Start Date – Data in this field denotes the Plan Benefit Package (PBP) enrollment effective start date.

Field 18, positions 89 through 96, Net Part D Premium Amount – Data in this field informs the plans of a beneficiary’s Net Part D Premium Amount which is the total Part D premium net of any Part A/B rebates minus the beneficiary’s premium subsidy amount. This field will contain spaces when the premium record is not available.

Field 19, positions 97 through 100, Contract Year - Data in this field represents a specific Calendar Year associated with the low income premium subsidy amount.

Note: The data file will now be generated along with the first weekly TRR each month instead of during the month end processing. To facilitate the transition, MARx will not produce the December payment Monthly LIS History Data File during the November month end processing. Rather the December Calendar file will be produced with the first weekly TRR in December.

The detailed file layout for the LIS History Data File is located in **Attachment B: LIS History Data File (LISHIST)**.

3. Beneficiary Eligibility Query (BEQ) Changes

Effective with the implementation of the November 2009 release, plans may no longer submit a Social Security Number (SSN) on the BEQ request file. As has always been the case, plans must collect a valid Health Insurance Claim Number (HICN) through the enrollment process and must use the valid HICN to communicate with CMS’ systems. Therefore, the BEQ request file will continue to require the HICN but will no longer accept an SSN. CMS will continue to use the current standard Medicare Beneficiary Database (MBD) matching algorithm, verifying the HICN (claim account number (CAN) and beneficiary identification code (BIC)), along with the correct date of birth and sex code, as retrieved from the MBD. Additionally, upon a successful BEQ match, CMS will provide the retrieved date of birth and gender information as new fields to help

ensure plans have accurate information for the creation and submission of enrollment transactions to CMS.

Plans are reminded that use of the BEQ, as well as the eligibility query available via the MARx User Interface, is limited for use following the receipt of a request for enrollment and are not available for any other use.

The following field on the Batch Eligibility Query (BEQ) Request File layout *Detail* Record has been modified:

Positions 18 through 26, Social Security Number – Data in this field previously held the Social Security Number (SSN) and will now be defined as Filler (Spaces).

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

Additionally, one existing field has been modified and two new fields have been added to the Batch Eligibility Query (BEQ) Response File layout *Detail* Record. These fields include the following:

Positions 21 through 26, Social Security Number – Data in this field previously held the Social Security Number (SSN), as it was reported by on the BEQ Request file, and will now be defined as Filler.

Note: This field will now be filled with spaces even if the corresponding field in the query record contains data.

Positions 624 through 631, Beneficiary's Retrieved Date of Birth – Data in this field represents the beneficiary's Date of Birth and will be in the format CCYYMMDD.

Position 632, Beneficiary's Retrieved Gender Code– Data in this field represents the beneficiary's gender and will utilize the code 0 = unknown, 1 = Male or 2 = Female.

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

4. Auto/Facilitated Enrollments – Limited Income NET Demonstration

Auto/facilitated enrollments generated by CMS on January 1, 2010 or later will only have a prospective effective date (i.e. the first day of the second month after the auto/facilitated enrollment is generated). Currently, many auto/facilitated enrollments have a retroactive effective date. Starting January 2010, CMS will conduct a demonstration in which a single, competitively procured prescription drug plan (PDP) sponsor will cover all periods of retroactive auto/facilitated enrollments. This demonstration contractor will not keep all these beneficiaries on a go-forward basis; instead, these individuals will be randomly auto/facilitated enrolled to qualified PDPs.

There are no changes to data or file formats that CMS sends to PDPs that qualify for random auto/facilitated enrollment, nor any changes in requirements for data and /notices these qualifying PDPs must send to CMS or beneficiaries when they receive a prospective auto/facilitated enrollment.

Note: PDPs that qualify to receive auto/facilitated enrollments starting January 1, 2010, will see the following:

If a Plan Benefit Package qualifies for both 2009 and 2010

November 2009

Receives auto/facilitated enrollments with retroactive and prospective effective dates (including, for first time, effective dates in 2010, i.e. January 1, 2010)

December 2009

Continues to receive auto/facilitated enrollments with retroactive and prospective effective dates (including January 1 and February 1, 2010)

If a Plan Benefit Package newly qualifies for only 2010

November 2009

First receive auto/facilitated enrollments with 2010 effective dates (i.e. January 1, 2010).

December 2009

Continue to receive auto/facilitated enrollments with 2010 effective dates (i.e. January 1 and February 1, 2010)

All Plan Benefit Packages that qualify for auto/facilitated in 2010

January 2010 +

Demonstration will be in effect. PDPs receive only auto/facilitated enrollments with effective date of first day of second month in the future (e.g. for January auto/facilitated enrollments, all effective dates will be March 1, 2010)

To more clearly communicate these changes, CMS has modified two existing TRCs (210 and 220) to accommodate these changes. For more detailed information regarding these TRC changes, please refer to **Attachment A: New/Updated Transaction Reply Codes (TRCs)**.

The detailed file layout for the Auto Assignment (PDP) Address Notification File is located in **Attachment E: Auto Assignment (PDP) Address Notification File**.

5. Agent/Broker Compensation Cycles

For plan enrollments, the MARx system will establish a status of initial or renewal as well as a six-year compensation cycle which will provide plans with the information necessary to determine how to pay agents for specific beneficiary enrollments. Plans can pay agents an initial amount or a renewal amount as provided in the CMS agent compensation guidance.

Based on the qualification rules, year one is the initial year and years two through six are the renewal years. Plans are responsible for using this information in conjunction with their internal payment and enrollment tracking systems to determine if an agent was used and how much the agent should be paid.

The 6-year Broker Compensation Report Data File will be generated and sent to plans along with the first weekly Transaction Reply Report (TRR) of each calendar month and will report the following:

- All new enrollments, whether retroactive, current, or prospective, having 6-year broker compensation cycles,
- All changes to existing and prior enrollments as a result of retroactive enrollments and disenrollments,
- Increments to cycle-year counts each January 1st

The 6-year Broker Compensation Report Data File” can also be re-ordered by plans via the UI. The standard naming conventions for this file will be as follows:

Gentran:	P.Rnnnnn.COMPRPT.Dyymmdd.Thhmmssst.pn
C:D Mainframe:	zzzzzzzz.Rnnnnn.COMPRPT.Dyymmdd.Thhmmssst
C:D Non-Mainframe:	[directory]Rnnnnn.COMPRPT.Dyymmdd.Thhmmssst

where:

"pn" = processing number assigned by Gentran;

"zzzzzzzz" = a plan-provided high-level qualifier;

"directory" = an optional directory specification from non-mainframe Connect:Direct clients (if present, may consist of up to 60 characters). If none exists, "directory" defaults to the constant "EFTO." for Production files and "EFTT." for Test files.

Note: The first run of this report will contain information for 2009 that will have previously been reported via the CMS Management Information Intergrated Repository (MIIR) reports.

The detailed file layout for the 6-year Broker Compensation Report is located in **Attachment F: Broker Compensation Data File.**

6. Enabling Submission of Additional Initial Enrollments Periods for Part D

As provided in CMS enrollment policy, a beneficiary has an "Initial Enrollment Period for Part D" (IEP/D) when they are first eligible for Part D. If the first eligibility for Part D occurs prior to age 65 (such as for Medicare entitlement due to disability), the beneficiary has another "IEP/D"

based upon turning age 65. Please refer to the CMS enrollment and disenrollment guidance applicable to your plan type for complete information on Part D enrollment periods. Currently, enrollment transactions are being rejected because CMS systems limit the use of the existing IEP/D election type code ('E') to one per lifetime.

Effective with the November 2009 software release, CMS will provide a new Election Type code value of 'F' to be submitted by plans to reflect a valid beneficiary election made during an additional IEP for Part D, as described above. Therefore, the IEP for Part D Election Type code values will be:

- First IEP for Part D; Election Type code value = E
- Additional IEP for Part D; Election Type code value = F

To fully incorporate this change, CMS has modified two existing TRCs (104 and 108) to reflect the addition of this new Election Type code value. For more detailed information and a complete list of changes regarding these TRCs, please refer to **Attachment A: New/Updated Transaction Reply Codes (TRCs)**.

7. Batch Completion Status Summary (BCSS) Report Changes

The Batch Completion Status Summary (BCSS) report is currently generated daily every time the MARx system processes batch enrollment records. The current BCSS report displays rejected and accepted transactions and counts. Failed transactions are not included in the BCSS report, but are populated in a separate file, the Failed Transaction Data File. Because of the disconnect between the BCSS report and the Failed Transaction Data File, plans have reported difficulty when trying to determine which transactions have failed, in order to review them for potential correction and resubmission.

Effective with the November 2009 software release, MARx will be modified to generate the failed records and incorporate them into the BCSS report. As a result of this change, the Failed Transaction Data File will no longer be generated.

The detailed revised file layout for the Batch Completion Status Summary (BCSS) Data File containing failed transactions is located in **Attachment G: Batch Completion Status Summary (BCSS) Data File**.

8. Additional Data Elements on the Coordination of Benefits (COB) File

This change will add data elements to the coordination of benefit (COB) files sent to plans to reflect any worker's compensation Medicare set-aside arrangements (WCMSAs) arranged with CMS. Specifically, four new fields will be added to the primary insurance information; supplementary records will remain unchanged.

Note that primary insurance information on the CMS COB files always denotes a payer that is primary to Medicare; Medicare Advantage Organizations or Prescription Drug Plans are never primary to Medicare, as they are Medicare.

The following new fields and existing filler field will be added or modified to the primary drug insurance record:

Field 64, positions 842 through 849, WCMSA Settlement Date

Field 65, positions 850 through 867, Administrator's Telephone Number

Field 66, positions 868 through 879, Total Rx Settlement Amount

Field 67, position 880, Rx \$ Included in the WCMSA Settlement

Field 68, positions 881 through 1000, Filler

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

9. Auto Enroll/Reassign PDPs – Change in Format of Beneficiary Address

Starting October, 2009 CMS will modify how it populates the beneficiary address fields in the “Auto Assignment (PDP) Address Notification File.” These files provide a preliminary notification to PDPs of individuals being assigned via the daily auto/facilitated enrollment process or annual reassignment process, or being lost in the annual reassignment process. This change is expected to make it easier for PDPs to use these address data.

The address data elements and related positions will remain the same, but how they are populated will change. Currently, the full address (including city/state/zip code) is “wrapped” in the fields “Beneficiary Address Line 1” through “Beneficiary Address Line 6,” with the result that street address, city, and state may appear on different lines for different beneficiaries. With the change in October, the different parts of the address will appear only on certain lines, as follows:

- Beneficiary Address Lines 1-6 will be limited to Representative Payee Name (if applicable), and street address, and these elements will be “wrapped.”
- When a Beneficiary has a Representative Payee, the Beneficiary Representative Payee Name will be printed on Address Line 1, and may use more Address Lines.
- The actual street address in such cases will be printed on the line after the name concludes.
- Address Lines printed on fewer than six lines will have remainder of the lines padded with space prior to printing.
- City/State/Zip Code data will only appear in the fields labeled as City/State/Zip Code data fields.

Please note: the change will be implemented in October for the PDP notifications files send to PDPs gaining and losing members due to reassignment. The change will be implemented for daily auto/facilitated enrollments starting January 1, 2009.

The detailed file layout for the Auto Assignment (PDP) Address Notification File is located in ***Attachment E: Auto Assignment (PDP) Address Notification File***.

Plans are encouraged to contact the MMA Help Desk for any issues encountered during the systems update process. Please direct any questions or concerns to the MMA Help Desk at 1-800-927-8069 or email at mmahelp@cms.hhs.gov.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
104 R	Rejected; Invalid or Missing Election Type	BAD ELECT TYPE	<p>An enrollment, disenrollment or PBP change transaction (60, 61, 62, 51, 71) was rejected because the submitted Election Type is either missing, contains an invalid value or is not appropriate for the plan or for the transaction type.</p> <p>The valid Election Type values are:</p> <ul style="list-style-type: none"> A – Annual Election Period (AEP) E – Initial Enrollment Period for Part D (IEP) F -- Second Initial Enrollment Period for Part D (IEP2) I – Initial Coverage Election Period (ICEP) O – Open Enrollment Period (OEP) N – Open Enrollment for Newly Eligible Individuals (OEPNEW) T – Open Enrollment Period for Institutionalized Individuals (OEPI) <p>Special Enrollment Periods</p> <ul style="list-style-type: none"> U - SEP for Loss of Dual Eligibility or for Loss of LIS V - SEP for Changes in Residence W - SEP EGHP (Employer/Union Group Health Plan) Y - SEP for CMS Casework Exceptional Conditions X - SEP for Administrative Change <ul style="list-style-type: none"> - <i>Plan Submitted "Rollover"</i> - <i>Involuntary Disenrollment</i> - <i>Premium Withhold Change</i> - <i>Plan-submitted "Canceling" Transaction</i> Z - SEP for: <ul style="list-style-type: none"> - Auto-Enrollment (Enrollment Source Code = A) - Facilitated Enrollment (Enrollment Source Code = C) - Plan-Submitted Auto-Enrollment (Enrollment Source Code = E) - Combined with Transaction Type =71 (PBP Change) and MA or Cost Plan as submitter (all conditions must be met) - POS Enrollment (Enrollment Source Code = G) S – Special Enrollment Period (SEP) <p>The value expected in Election Type depends on the Plan and transaction type, as well as on when the beneficiary gains entitlement. Each Election Type Code can be used only during the election period associated with that election type. Additionally,</p>

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
			<p>there are limits on the number of times each election type may be used by the beneficiary.</p> <p>Plan Action: Review the detailed information on Election Periods in Chapter 2 of the Medicare Managed Care Manual or the PDP Guidance on Eligibility, Enrollment and Disenrollment. Determine the appropriate Election Type value and resubmit, if appropriate.</p>
108 R	Rejected; Election Limits Exceeded	NO MORE ELECTS	<p>A transaction for which an election type is required (51, 60, 61, 62, 71) was rejected because the transaction will exceed the beneficiary's election limits for the submitted election type.</p> <p>The valid Election Type values which have limits are:</p> <p>A – Annual Election Period (AEP) 1 per calendar year</p> <p>E – Initial Enrollment Period for Part D (IEP) 1 per lifetime</p> <p>F – Second Initial Enrollment Period for Part D (IEP2) 1 per lifetime</p> <p>I – Initial Coverage Election Period (ICEP) 1 per lifetime</p> <p>O – Open Enrollment Period (OEP) 1 per calendar year</p> <p>Plan Action: Review the discussion of election type requirements in Chapter 2 of the Medicare Managed Care Manual or the PDP Guidance on Eligibility, Enrollment and Disenrollment. Correct the election type and resubmit the transaction if appropriate.</p>
210 A	POS Enrollment Accepted	POS ENROLLMENT	<p>An enrollment into a POS designated Part D plan that was submitted by a Point Of Sale (POS/POS 10) contractor or CMS(MBD) has been successfully processed. The effective date of the new enrollment is shown in the Effective Date (field 18) of the Transaction Reply record and in the EFF DATE column on the printed report. The date in field 18 will always be the first day of the month.</p> <p>Plan Action: Ensure the Plan's system matches the information included in the TRR record. Take the appropriate actions as per CMS enrollment guidance.</p>

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
220 R	Transaction Rejected: Invalid POS Enroll Source CD	BAD POS ENRL SRC CD	Enrollment source code submitted by a POS/POS 10 contractor for a POS/POS 10 enrollment transaction was other than 'G' = Transaction rejected. Plan Action: Correct the Enrollment Source Code and resubmit transaction if appropriate.

LIS History Data File (LISHIST)

Item #	Field Name	Size	Position	Format	Description
HEADER RECORD					
1	Record Type	1	1	CHAR	'H' = Header Record
2	MCO Contract Number	5	2 - 6	CHAR	MCO Contract Number
3	Data file Date	8	7 - 14	CHAR	Date this data file created; Format: YYYYMMDD
4	Calendar Month	6	15 - 20	CHAR	First 6 digits contain Calendar Month the report generated; Format: YYYYMM
5	Filler	145	21 - 165	CHAR	SPACES
DETAIL RECORD					
*** PLAN IDENTIFICATION					
1	Record Type	1	1	CHAR	'D' = Detail Record
2	MCO Contract Number	5	2 - 6	CHAR	MCO Contract Number
3	Plan Benefit Package Number	3	7 - 9	CHAR	Plan Benefit Package Number , Blank when beneficiary premium profile is not available.
*** BENEFICIARY IDENTIFICATION					
4	HIC Number	12	10 - 21	CHAR	Beneficiary's HIC #
5	Surname	12	22 - 33	CHAR	Beneficiary's Surname
6	First Name	7	34 - 40	CHAR	Beneficiary's First Initial
7	Middle Initial	1	41	CHAR	Beneficiary's Middle Initial
8	Sex	1	42	CHAR	M = Male, F = Female
9	Date of Birth	8	43 - 50	CHAR	Date of Birth; Format: YYYYMMDD
*** LOW INCOME PERIODS					
10	Low Income Period Start Date	8	51 - 58	CHAR	Start of beneficiary's Low Income Period; Format: YYYYMMDD
11	Low Income Period End Date	8	59 - 66	CHAR	End of beneficiary's Low Income Period; Format: YYYYMMDD

LIS History Data File (LISHIST)

Item #	Field Name	Size	Position	Format	Description
12	Low Income Premium Subsidy Percentage	3	67 - 69	CHAR	Beneficiary's Low Income Premium Subsidy Percentage '100' = 100% Premium subsidy '075' = 75% Premium subsidy '050' = 50% Premium subsidy '025' = 25% Premium subsidy
13	Premium Low Income Subsidy Amount	8	70 - 77	CHAR	Premium Low Income Subsidy Amount – the portion of the Part D basic premium paid by the Government on behalf of a low income individual. A zero dollar amount here represents several possibilities: <ol style="list-style-type: none"> 1. There is no plan premium and thus no premium subsidy. 2. Although the beneficiary is enrolled and LIS eligible, a system error occurred making premium data unavailable. Premium Low Income Subsidy Amount will be spaces when no data is available. Format: 99999.99
14	Low Income Co-pay Level ID	1	78	CHAR	Co-Payment Category Definitions: '1' = High '2' = Low '3' = \$0 '4' = 15% Please note that co-pay level IDs 1 and 2 will change each year. In 2007, 1 = \$2.15/\$5.35 and 2 = \$1/\$3.10. In 2006 1 = \$2/\$5 and 2 = \$1/\$3.
15	Beneficiary Source of Subsidy Code	1	79	CHAR	Source of beneficiary subsidy. Valid values are: 'A' = Determined Eligible for LIS by the Social Security Administration or a State Medicaid Agency 'D' = Deemed Eligible for LIS

LIS History Data File (LISHIST)

Item #	Field Name	Size	Position	Format	Description
16	LIS Activity Flag	1	80	CHAR	<p>'N' = No change in reported LIS data since last month's data file 'Y' = One of the following <u>may have</u> changed since the last month's data file:</p> <ul style="list-style-type: none"> • Co-payment level • Low-income premium subsidy level • Low-income period start or end date <p>Changes happen to low-income information that are of no interest to the Plan. The changes are not yet separable from variations in which the Plan is interested. As a result, data records can be flagged as representing a change when, in fact, the data of interest to the Plan is unaffected.</p>
17	PBP Start Date	8	81 - 88	CHAR	Plan Benefit Package(PBP) enrollment effective start date: Format: YYYYMMDD
18	Net Part D Premium Amount	8	89 - 96	CHAR	Net Part D Premium Amount which is the total Part D premium net of any Part A/B rebates minus the beneficiary's premium subsidy amount. Spaces when the premium record is not available. Format: 99999.99
19	Contract Year	4	97 - 100	CHAR	Calendar Year associated with the low income premium subsidy amount; Format : YYYY
20	FILLER	65	101-165	CHAR	Spaces
TRAILER RECORD					
1	Record Type	1	1	CHAR	'T' = Trailer Record
2	MCO Contract Number	5	2 - 6	CHAR	MCO Contract Number
3	Totals	8	7 - 14	CHAR	Total number of Detail Records; Format: 99999999
4	FILLER	151	15 - 165	CHAR	Spaces

Batch Eligibility Query (BEQ) Request Data File

File of transactions submitted by plans to request eligibility information for prospective Plan enrollees. Used to do initial eligibility checks against CMS MBD system to verify member is Part A / B eligible.

A Plan will submit a BEQ Request File to CMS in the following format:

The following records are included in this file:

- Header Record
- Detail Record
- Trailer Record

Header Record

Data Field	Size	Position	Format	Valid Values	Field Definition
File ID Name	8	1 ... 8	X(8)	"MMABEQRH"	Critical Field This field should always be set to the value "MMABEQRH." This code identifies the file as a Batch Eligibility Query (BEQ) Request File and this record as the Header Record of the file.
Sending Entity (CMS)	8	9 ... 16	X(8)	Sending Organization (left justified space filled) Acceptable Values: 5-position Contract Identifier + 3 Spaces (3 Spaces are for Future Use)	Critical Field This field provides CMS with the identification of the entity that is sending the BEQ Request File. The value for this field will be provided to CMS and used in connection with CMS electronic routing and mailbox functions. The value in this field should agree with the corresponding value in the Trailer Record. The Sending Entity may be a Part D Organization.

Batch Eligibility Query (BEQ) Request Data File

Data Field	Size	Position	Format	Valid Values	Field Definition
File Creation Date	8	17 ... 24	X(8)	CCYYYYMMDD	<p>Critical Field</p> <p>The date on which the BEQ Request File was created by the Sending Entity. This value should be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value should agree with the corresponding value in the Trailer Record. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a BEQ Response File.</p>
File Control Number	9	25 ... 33	X(9)	Assigned by Sending Entity	<p>Critical Field</p> <p>The specific Control Number assigned by the Sending Entity to the BEQ Request File. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a BEQ Response File. This value should agree with the corresponding value in the Trailer Record.</p>
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) Request Data File

Detail Record (Transaction)

Data Field	Size	Position	Format	Valid Values	Field Definition
Record Type	5	1 ... 5	X(5)	"DTL01" = Batch Eligibility Query Transaction Note: The value above is DTL-zero-one.	Critical Field This field should be set to the value "DTL01," which indicates that this detail record is a Batch Eligibility Query Transaction. This code identifies the record as a detail record to be processed specifically for Batch Eligibility Query Service.
HICN/RRB Number	12	6 ... 17	X(12)	Health Insurance Claim Number or Railroad Retirement Board Number	Critical Field: This is a required field, if the SSN is not provided. This field provides either the Health Insurance Claim Number or the Railroad Retirement Board Number for identification of the individual. The Plan should provide either the HICN or the RRB Number, whichever the Plan has available and active for the individual. The value should be left-justified in the field. The value should not include dashes, decimals, or commas.
Filler	9	18 ... 26	X(9)	Spaces	
Date of Birth (DOB)	8	27 ... 34	X(8)	CCYYYYMMDD	Critical Field The date of birth of the individual. The value should be formatted as YYYYMMDD. The value should not include dashes, decimals, or commas. The value should include only numbers.
Gender Code	1	35 ... 35	X(1)	0 (Zero) = Unknown; 1 = Male; 2 = Female	Not Critical Field The gender of the individual. The acceptable values include 0 (Zero) = Unknown, 1 = Male, 2 = Female.
Detail Record Sequence Number	7	36 ... 42	9(7)	Seven-byte number unique within the Batch Eligibility Query Request File	Critical Field A unique number assigned by the Sending Entity to the Transaction (Detail Record). This number should uniquely identify the Transactions (Detail Record) within the Batch Eligibility Query Request File.

Batch Eligibility Query (BEQ) Request Data File

Data Field	Size	Position	Format	Valid Values	Field Definition
Filler	708	43... 750	X(708)	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

Trailer Record

Data Field	Size	Position	Format	Valid Values	Field Definition
File ID Name	8	1 ... 8	X(8)	"MMABEQRT"	Critical Field This field should always be set to the value "MMABEQRT." This code identifies the record as the Trailer Record of a BEQ Request File.
Sending Entity (CMS)	8	9 ... 16	X(8)	Sending Organization (left justified space filled) Acceptable Values: 5-position Contract Identifier + 3 Spaces (3 Spaces are for Future Use)	Critical Field This field provides CMS with the identification of the entity that is sending the BEQ Request File. The value for this field will be provided to CMS and used in connection with CMS electronic routing and mailbox functions. The value in this field should agree with the corresponding value in the Header Record. The Sending Entity may be a Part D Organization.
File Creation Date	8	17 ... 24	X(8)	CCYYYYMMDD	Critical Field The date on which the BEQ Request File was created by the Sending Entity. This value should be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value should agree with the corresponding value in the Header Record. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a BEQ Response File.

Batch Eligibility Query (BEQ) Request Data File

Data Field	Size	Position	Format	Valid Values	Field Definition
File Control Number	9	25 ... 33	X(9)	Assigned by Sending Entity	<p>Critical Field</p> <p>The specific Control Number assigned by the Sending Entity to the BEQ Request File. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a BEQ Response File. This value should agree with the corresponding value in the Header Record.</p>
Record Count	7	34 ... 40	9(7)	Numeric value greater than Zero.	<p>Critical Field</p> <p>The total number of Transactions (Detail Records) supplied on the BEQ Request File. This value should be right-justified in the field, with leading zeros. This value should not include non-numeric characters, such as commas, spaces, dashes, decimals.</p>
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

Batch Eligibility Query (BEQ) Response File

File containing records produced as a result of processing the transactions of accepted BEQ Request files. Detail records for all submitted records that were successfully processed will contain Processed Flag = Y. Detail records for all submitted records that were not successfully processed contain Processed Flag = N.

CMS will send BEQ (Batch Eligibility Query) Response Files to Plans in the following format. The BEQ Response Files will be flat files created as a result of processing the Transactions (Detail Records) of Accepted BEQ Request Files

Note: CMS provides up to two occurrences of LIS information in the BEQ Response File. During the open enrollment period, CMS is not aware whether Plans are submitting queries for 2008 enrollments or 2009 enrollments. Therefore, the BEQ provides the current and future LIS information so Plans have the correct information for the year in which they will be submitting the enrollment transaction.

The following records are included in this file:

- Header Record
- Detail Record
- Trailer Record

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.

Batch Eligibility Query (BEQ) Response File

Data Field	Size	Position	Format	Valid Values	Field Definition
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

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: <ul style="list-style-type: none"> • Record Type X(95) 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.

Batch Eligibility Query (BEQ) Response File

Data Field	Size	Position	Format	Valid Values	Field Definition
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).
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.

Batch Eligibility Query (BEQ) Response File

Data Field	Size	Position	Format	Valid Values	Field Definition
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).
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).

Batch Eligibility Query (BEQ) Response File

Data Field	Size	Position	Format	Valid Values	Field Definition
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).
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).

Batch Eligibility Query (BEQ) Response File

Data Field	Size	Position	Format	Valid Values	Field Definition
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)
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).

Batch Eligibility Query (BEQ) Response File

Data Field	Size	Position	Format	Valid Values	Field Definition
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).
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).

Batch Eligibility Query (BEQ) Response File

Data Field	Size	Position	Format	Valid Values	Field Definition
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.
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	

Batch Eligibility Query (BEQ) Response File

Data Field	Size	Position	Format	Valid Values	Field Definition
RDS/Part D Indicator (Occurrence 4 for date fields beginning in position 129)	1	317...317	X(1)	R = RDS D = Part D	
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.

Batch Eligibility Query (BEQ) Response File

Data Field	Size	Position	Format	Valid Values	Field Definition
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	
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.

Batch Eligibility Query (BEQ) Response File

Data Field	Size	Position	Format	Valid Values	Field Definition
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.
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	

Batch Eligibility Query (BEQ) Response File

Data Field	Size	Position	Format	Valid Values	Field Definition
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.
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.

Batch Eligibility Query (BEQ) Response File

Data Field	Size	Position	Format	Valid Values	Field Definition
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.
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.

Batch Eligibility Query (BEQ) Response File

Data Field	Size	Position	Format	Valid Values	Field Definition
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	
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.

Batch Eligibility Query (BEQ) Response File

Data Field	Size	Position	Format	Valid Values	Field Definition
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.
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)

Batch Eligibility Query (BEQ) Response File

Data Field	Size	Position	Format	Valid Values	Field Definition
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)
Filler	118	633...750	X(118)	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

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.

Batch Eligibility Query (BEQ) Response File

Data Field	Size	Position	Format	Valid Values	Field Definition
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

Auto Assignment (PDP) Address Notification File

This file contains monthly addresses of Beneficiaries who have been either Auto Assigned, Facilitated Assigned, or reassigned to PDPs. This file contains a header record, detail records and a trailer record.

- Header Record - This is the first record of the file. It will only occur once.
- Detail Record - This record will contain beneficiary information. It may occur multiple times.
- Trailer Record - This is the last record of the file. It will only occur once.

Header Record

Data Field	Length	Position	Format	Valid Values
Header Code	8	1 ... 9	CHAR	'MMAAPDPGH'
Sending Entity	8	10 ... 17	CHAR	'MBD ' (MBD + 5 spaces)
File Creation Date	8	18 ... 25	ZD	CCYYMMDD Date file was created.
File Control Number	9	26 ... 34	CHAR	Zero-filled
Filler	582	35 ... 615	CHAR	Spaces

Record Length = 615

Detail Record

Data Field	Length	Position	Format	Valid Values
Beneficiary's Health Insurance Claim Number	12	1 ... 12	CHAR	If is RRB present, then populate with the RRB. Else populate with the HICN.
Beneficiary's Last Name	12	13 ... 24	CHAR	
Beneficiary's First name	7	25 ... 31	CHAR	
Beneficiary's Middle Initial	1	32 ... 32	CHAR	
Beneficiary's Gender	1	33 ... 33	ZD	'0' for Unknown '1' for male '2' for female
Beneficiary's Date of Birth	8	34 ... 41	ZD	CCYYMMDD
Beneficiary's Medicaid Indicator	1	42 ... 42	CHAR	'1'
Beneficiary's Contract Number	5	43 ... 47	CHAR	
Beneficiary's State Code	2	48 ... 49	CHAR	Filled with the State Code
Beneficiary's County Code	3	50 ... 52	CHAR	
Filler	7	53 ... 59	CHAR	Spaces
Beneficiary's Transaction Type Code	2	60 ... 61	CHAR	"61"
Filler	1	62 ... 62	CHAR	Spaces
Assigned Effective Date	8	63 ... 70	ZD	CCYYMMDD
Filler	1	71 ... 71	CHAR	Spaces
Beneficiary's Plan Benefit Package (PBP)	3	72 ... 74	CHAR	
Filler	49	75 ... 123	CHAR	Spaces

Auto Assignment (PDP) Address Notification File

Data Field	Length	Position	Format	Valid Values
Beneficiary's Application Date	8	124 ... 131	ZD	<ul style="list-style-type: none"> CCYYMMDD Current Date
Filler	30	132 ... 161	CHAR	Spaces
Beneficiary's Election Type	1	162 ... 162	CHAR	'Z' for Enrollment via MBD
Beneficiary's Enrollment Source	1	163 ... 163	CHAR	'A' – Auto Assignment 'C' – Facilitated Assignment
Filler	1	164 ... 164	CHAR	Spaces
Beneficiary's Premium Withhold Option/Parts C-D	1	165 ... 165	CHAR	'D' for Direct Billing
Filler	3	166 ... 168	CHAR	Spaces
Beneficiary's Creditable Coverage Flag	1	169 ... 169	CHAR	Spaces
Filler	73	170 ... 242	CHAR	Spaces
Beneficiary's Part D Subsidy Level	3	243 ... 245	CHAR	'100', '075', '050', or '025'
Beneficiary's Co-Payment Category	1	246 ... 246	CHAR	1, 2, 3, 4
Beneficiary's Co-Payment Effective Date	8	247 ... 254	ZD	MMDDYYYY
Beneficiary Address Line 1	40	255 ... 294	CHAR	Filled with the Address
Beneficiary Address Line 2	40	295 ... 334	CHAR	Filled with the Address, if available
Beneficiary Address Line 3	40	335 ... 374	CHAR	Filled with the Address, if available
Beneficiary Address Line 4	40	375 ... 414	CHAR	Filled with the Address, if available
Beneficiary Address Line 5	40	415 ... 454	CHAR	Filled with the Address, if available
Beneficiary Address Line 6	40	455 ... 494	CHAR	Filled with the Address, if available
Beneficiary Address City	40	495 ... 534	CHAR	Filled with the City
Beneficiary Address State	2	535 ... 536	CHAR	Filled with the State Code
Beneficiary Zip Code	9	537 ... 545	CHAR	Filled with the Zip Code
Beneficiary's Full Last Name	40	546 ... 585	CHAR	
Beneficiary's Full First Name	30	586 ... 615	CHAR	

Record Length = 615

Trailer Record

Data Field	Length	Position	Format	Valid Values
Header Code	8	1 ... 9	CHAR	'MMAAPDPGT'
Sending Entity	8	10 ... 17	CHAR	'MBD ' (MBD + 5 spaces)
File Creation Date	8	18 ... 25	ZD	CCYYMMDD Date file was created.
File Control Number	9	26 ... 34	CHAR	Zero-filled

Auto Assignment (PDP) Address Notification File

Data Field	Length	Position	Format	Valid Values
Record Count	9	35 ... 43	ZD	Right justified. Count = Number of detail records.
Filler	573	44 ... 615	CHAR	Spaces

Record Length =**615**

Broker Compensation Data File

Item #	Field Name	Length	Position	Description
1	Contract Number**	5	1 - 5	Contact identification
2	PBP	3	6 - 8	Plan Benefit Package
3	HICN	12	9 - 20	Health Insurance Claim Number (CAN & BIC)
4	First Name	30	21 - 50	Beneficiary first name
5	Middle Name	15	51 - 65	Beneficiary middle name
6	Last Name	40	66 - 105	Beneficiary last name
7	FILLER	173	106 - 278	Spaces
8	Enrollment Effective Start Date	8	279 - 286	Date beneficiary's plan enrollment starts, Format: YYYYMMDD.
9	Cycle-Year as of Enrollment Effective Start Date	3	287 - 289	Numeric value representing the broker compensation cycle-year count as of enrollment effective start date: '1' = first calendar year, '2' = second calendar year, '3' = third calendar year, '4' = fourth calendar year, '5' = fifth calendar year, '6' = sixth calendar year.
10	Report Generation Date	8	290 - 297	Date report created Format: YYYYMMDD
11	Cycle-Year as of Report Generation Date	3	298 - 300	Numeric value representing the broker compensation cycle-year as of the report generation date: '-1' = no compensation cycle exists as of the report generation date because the reporting date does not fall within the enrollment period. This will occur for both prospective and retroactive enrollments. '0' = reporting date falls within the enrollment period but the compensation cycle completed in a prior year, '1' = first calendar year, '2' = second calendar year, '3' = third calendar year, '4' = fourth calendar year, '5' = fifth calendar year, '6' = sixth calendar year.

Broker Compensation Data File

Item #	Field Name	Length	Position	Description
12	Prior Plan Type	7	301 - 307	<p>Broad classification of beneficiary's immediately prior plan-type:</p> <p>"None" = no prior plan, "MA" = non-drug Medicare Advantage Plan, "MAPD" = Medicare Advantage Plan offering prescription drugs, "MA Demo" = various types of Medicare demonstration plans that may or may not offer prescription drugs, "COST" = Non-drug Medicare COST plan, "COST/PD" = Medicare COST plan providing prescription drugs, "PDP" = prescription drug plan, "PACE" = Program for All-inclusive Care of the Elderly</p>
13	FILLER	79	308 - 386	Spaces

Batch Completion Status Summary (BCSS) Data File

Summary Record

Item #	Field Name	Length	Position	Description
1	Batch Completion Status Summary Record	12	1 - 12	Content: "#BATCHDSPSTN"
2	Batch ID	12	13 - 24	MARx System Assigned
3	Batch Run Start Date	10	25 - 34	Format: YYYY-MM-DD
4	Batch Run Start Time	8	35 - 42	Format: HH-MM-SS
5	Total Transactions in Batch	8	43 - 50	Counts, ZZZZZZZ9
6	Transaction Status Accepted	8	51 - 58	Counts, ZZZZZZZ9
7	Transaction Status Rejected	8	59 - 66	Counts, ZZZZZZZ9, of rejected transaction records attached
8	Transaction Status Failed	8	67 - 74	Counts, ZZZZZZZ9
9	Transaction Status Pending	8	75 - 82	Counts, ZZZZZZZ9
10	Transactions Received	8	83 - 90	Count, 99999999, of the total number received transaction records in batch
11	Submitter ID	8	91 - 98	Submitter ID
12	Date Stamp of transaction file	10	99 - 108	Format: YYYY-MM-DD
13	Time Stamp of transaction file	8	109 - 116	Format: HH.MM.SS
14	FILLER	225	117 - 341	Spaces
15	End of Status Summary Record	1	342	Content: ","

Rejected Record

Item #	Field Name	Length	Position	Description
1	Rejected Transaction Record Header	12	1 - 12	Content: "#RJCTEDTRANS"
2	Transaction Record Counter	8	13 - 20	Sequential count, ZZZZZZZ9, of rejected records
3	Beneficiary HICN#	12	21 - 32	From input transaction
4	Beneficiary Surname	12	33 - 44	From input transaction
5	Beneficiary First Name	7	45 - 51	From input transaction
6	Beneficiary Middle Initial	1	52	From input transaction
7	Sex	1	53	From input transaction; otherwise blank
8	Birth Date	8	54 - 61	From input transaction
9	EGHP Flag	1	62	From input transaction; otherwise blank
10	PBP #	3	63 - 65	From input transaction; otherwise blank
11	Election Type	1	66	From input transaction; otherwise blank
12	Contract #	5	67 - 71	From input transaction
13	Application Date	8	72 - 79	From input transaction; otherwise blank
14	Transaction Code	2	80 - 81	From input transaction
15	Disenrollment Reason	2	82 - 83	From input transaction; otherwise blank
16	Effective Date	8	84 - 91	From input transaction; otherwise blank
17	Segment ID	3	92 - 94	From input transaction; otherwise blank
18	Filler	5	95 - 99	
19	Prior Commercial Override	1	100	From input transaction; otherwise blank

Batch Completion Status Summary (BCSS) Data File

Item #	Field Name	Length	Position	Description
20	Premium Withhold Option/Parts C-D	1	101	From input transaction; otherwise blank
21	Part C Premium Amount	6	102 - 107	From input transaction; otherwise blank
22	Part D Premium Amount	6	108 - 113	From input transaction; otherwise blank
23	Creditable Coverage Flag	1	114	From input transaction; otherwise blank
24	Number of Uncovered Months	3	115 - 117	From input transaction; otherwise blank
25	Employer Subsidy Enrollment Override Flag	1	118	From input transaction; otherwise blank
26	Part D Opt-Out Flag	1	119	From input transaction; otherwise blank
27	Filler	20	120 - 139	Field removed
28	Filler	15	140 - 154	Field removed
29	Secondary Drug Insurance Flag	1	155	From input transaction; otherwise blank
30	Secondary Rx ID	20	156 - 175	From input transaction; otherwise blank
31	Secondary Rx Group	15	176 - 190	From input transaction; otherwise blank
32	Enrollment Source	1	191	From input transaction; otherwise blank
33	Filler (MSA Fields – Future Use)	36	192 - 227	Future Use
34	Filler	17	228 - 244	Spaces
35	Part D Rx BIN	6	245 - 250	From input transaction; otherwise blank
36	Part D Rx PCN	10	251 - 260	From input transaction; otherwise blank
37	Part D Rx Group	15	261 - 275	From input transaction; otherwise blank
38	Part D Rx ID	20	276 - 295	From input transaction; otherwise blank
39	Secondary Rx BIN	6	296 - 301	From input transaction; otherwise blank
40	Secondary Rx PCN	10	302 - 311	From input transaction; otherwise blank
41	Aged/Disabled MSP Status Flag	1	312	From input transaction; otherwise blank
42	Filler	12	313 - 324	Spaces
43	'01' Transaction Action Code	1	325	From input transaction; otherwise blank
44	Transaction Reply Codes	15	326 - 340	Up to five, 3-character transaction reply codes, left justified
45	End of Rejected Transaction Record	2	341 - 342	Content: “.,”

Accepted Record

Item #	Field Name	Length	Position	Description
1	Accepted Transaction Record Header	12	1 - 12	Content: “#ACPTEDTRANS”
2	Transaction Record Counter	8	13 - 20	Sequential count, ZZZZZZ9, of accepted records
3	Beneficiary HICN#	12	21 - 32	From input transaction
4	Beneficiary Surname	12	33 - 44	From input transaction
5	Beneficiary First Name	7	45 - 51	From input transaction
6	Beneficiary Middle Initial	1	52	From input transaction
7	Sex	1	53	From input transaction; otherwise blank
8	Birth Date	8	54 - 61	From input transaction
9	EGHP Flag	1	62	From input transaction; otherwise blank

Batch Completion Status Summary (BCSS) Data File

Item #	Field Name	Length	Position	Description
10	PBP #	3	63 - 65	From input transaction; otherwise blank
11	Election Type	1	66	From input transaction; otherwise blank
12	Contract #	5	67 - 71	From input transaction
13	Application Date	8	72 - 79	From input transaction; otherwise blank
14	Transaction Code	2	80 - 81	From input transaction
15	Disenrollment Reason	2	82 - 83	From input transaction; otherwise blank
16	Effective Date	8	84 - 91	From input transaction; otherwise blank
17	Segment ID	3	92 - 94	From input transaction; otherwise blank
18	Filler	5	95 - 99	
19	Prior Commercial Override	1	100	From input transaction; otherwise blank
20	Premium Withhold Option/Parts C-D	1	101	From input transaction; otherwise blank
21	Part C Premium Amount	6	102 - 107	From input transaction; otherwise blank
22	Part D Premium Amount	6	108 - 113	From input transaction; otherwise blank
23	Creditable Coverage Flag	1	114	From input transaction; otherwise blank
24	Number of Uncovered Months	3	115 - 117	From input transaction; otherwise blank
25	Employer Subsidy Enrollment Override Flag	1	118	From input transaction; otherwise blank
26	Part D Opt-Out Flag	1	119	From input transaction; otherwise blank
27	Filler	20	120 - 139	Field removed
28	Filler	15	140 - 154	Field removed
29	Secondary Drug Insurance Flag	1	155	From input transaction; otherwise blank
30	Secondary Rx ID	20	156 - 175	From input transaction; otherwise blank
31	Secondary Rx Group	15	176 - 190	From input transaction; otherwise blank
32	Enrollment Source	1	191	From input transaction; otherwise blank
33	Filler (MSA Fields – Future Use)	36	192 - 227	Future Use
34	Filler	17	228 - 244	Spaces
37	Part D Rx BIN	6	245 - 250	From input transaction; otherwise blank
38	Part D Rx PCN	10	251 - 260	From input transaction; otherwise blank
39	Part D Rx Group	15	261 - 275	From input transaction; otherwise blank
40	Part D Rx ID	20	276 - 295	From input transaction; otherwise blank
41	Secondary Rx BIN	6	296 - 301	From input transaction; otherwise blank
42	Secondary Rx PCN	10	302 - 311	From input transaction; otherwise blank
43	Aged/Disabled MSP Status Flag	1	312	From input transaction; otherwise blank
44	Filler	8	313 - 320	Spaces
45	Part D Premium Subsidy Level	3	321 - 323	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

Batch Completion Status Summary (BCSS) Data File

Item #	Field Name	Length	Position	Description
46	Low-Income Co-Pay Category	1	324	Definitions of the co-payment categories: '0' = none, not low-income '1' = (High) '2' = (Low) '3' = (0) '4' = 15% '5' = Unknown
47	'01' Transaction Action Code	1	325	From input transaction; otherwise blank
48	Transaction Reply Codes	15	326 - 340	Up to five, 3-character transaction reply codes, left justified
49	End of Accepted Transaction Record	2	341 - 342	Content: “.,”

Pending Record

Item #	Field Name	Length	Position	Description
1	Pending Transaction Record Header	12	1 - 12	Content: “#PNDINGTRANS”
2	Transaction Record Counter	8	13 - 20	Sequential count, ZZZZZZ9, of pending records
3	Beneficiary HICN#	12	21 - 32	From input transaction
4	Beneficiary Surname	12	33 - 44	From input transaction
5	Beneficiary First Name	7	45 - 51	From input transaction
6	Beneficiary Middle Initial	1	52	From input transaction
7	Sex	1	53	From input transaction; otherwise blank
8	Birth Date	8	54 - 61	From input transaction
9	EGHP Flag	1	62	From input transaction; otherwise blank
10	PBP #	3	63 - 65	From input transaction; otherwise blank
11	Election Type	1	66	From input transaction; otherwise blank
12	Contract #	5	67 - 71	From input transaction
13	Application Date	8	72 - 79	From input transaction; otherwise blank
14	Transaction Code	2	80 - 81	From input transaction
15	Disenrollment Reason	2	82 - 83	From input transaction; otherwise blank
16	Effective Date	8	84 - 91	From input transaction; otherwise blank
17	Segment ID	3	92 - 94	From input transaction; otherwise blank
18	Filler	5	95 - 99	
19	Prior Commercial Override	1	100	From input transaction; otherwise blank
20	Premium Withhold Option/Parts C-D	1	101	From input transaction; otherwise blank
21	Part C Premium Amount	6	102 - 107	From input transaction; otherwise blank
22	Part D Premium Amount	6	108 - 113	From input transaction; otherwise blank
23	Creditable Coverage Flag	1	114	From input transaction; otherwise blank
24	Number of Uncovered Months	3	115 - 117	From input transaction; otherwise blank
25	Employer Subsidy Enrollment Override Flag	1	118	From input transaction; otherwise blank
26	Part D Opt-Out Flag	1	119	From input transaction; otherwise blank

Batch Completion Status Summary (BCSS) Data File

Item #	Field Name	Length	Position	Description
27	Filler	20	120 - 139	Field removed
28	Filler	15	140 - 154	Field removed
29	Secondary Drug Insurance Flag	1	155	From input transaction; otherwise blank
30	Secondary Rx ID	20	156 - 175	From input transaction; otherwise blank
31	Secondary Rx Group	15	176 - 190	From input transaction; otherwise blank
32	Enrollment Source	1	191	From input transaction; otherwise blank
33	Filler (MSA Fields – Future Use)	36	192 - 227	Future Use
34	Filler	17	228 - 244	Spaces
35	Part D Rx BIN	6	245 - 250	From input transaction; otherwise blank
36	Part D Rx PCN	10	251 - 260	From input transaction; otherwise blank
37	Part D Rx Group	15	261 - 275	From input transaction; otherwise blank
38	Part D Rx ID	20	276 - 295	From input transaction; otherwise blank
39	Secondary Rx BIN	6	296 - 301	From input transaction; otherwise blank
40	Secondary Rx PCN	10	302 - 311	From input transaction; otherwise blank
41	Aged/Disabled MSP Status Flag	1	312	From input transaction; otherwise blank
42	Filler	12	313 - 324	Spaces
43	'01' Transaction Action Code	1	325	From input transaction; otherwise blank
44	Transaction Reply Codes	15	326 - 340	Up to five, 3-character transaction reply codes, left justified
45	End of Rejected Transaction Record	2	341 - 342	Content: “..”

Failed Record

Item #	Field Name	Length	Position	Description
1	Failed Transaction Record Header	12	1 - 12	Content: “#FAILEDTRANS”
2	Transaction Record Counter	8	13 - 20	Sequential count, ZZZZZZZ9, of failed records
3	Failed Input Transaction Record Text	300	21 - 320	From input transaction
4	Filler	5	321 - 325	Filler
5	Transaction Reply Codes	3	326 - 328	Reason for failure, One, 3-character transaction reply code, left justified.
6	End of failed Transaction Record	14	329 - 342	Content: “..”

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

Note: 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* Note: 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

Coordination of Benefits (COB) Data File

Item	Field	Size	Position	Format	Valid Values/Description
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
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

Coordination of Benefits (COB) Data File

Item	Field	Size	Position	Format	Valid Values/Description
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	
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	

Coordination of Benefits (COB) Data File

Item	Field	Size	Position	Format	Valid Values/Description
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	9	831 - 839	ZD	Integer value
63	WCSA Indicator	2	840 - 841	CHAR	
64	WCMSA Settlement Date	8	842 – 849	ZD	CCYYMMDD
65	Administrator's Telephone Number	18	850 – 867	CHAR	
66	Total Rx Settlement Amount	12	868 – 879	CHAR	Includes decimal point: 9999999999.99
67	Rx \$ included in the WCMSA Settlement Amount	1	880	CHAR	Y = Yes N = No
68	Filler	120	881 – 1000	CHAR	
Note: Record Length = 1000; *Indicates that these fields have same position in PRM and SUP record layouts.					

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	

Coordination of Benefits (COB) Data File

Item	Data Field	Size	Position	Format	Valid Values
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 (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

Coordination of Benefits (COB) Data File

Item	Data Field	Size	Position	Format	Valid Values
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
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	

Coordination of Benefits (COB) Data File

Item	Data Field	Size	Position	Format	Valid Values
29	Payer Order*	3	313 - 315	ZD	
30	Filler	685	316 - 1000	SPACES	
	Record Length =	1000			

*Indicates that these fields have same position in PRM and SUP record layout.

This page intentionally left blank.