

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicare
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MEDICARE PLAN PAYMENT GROUP

DATE: April 3, 2018

TO: All Medicare Advantage Organizations, Prescription Drug Plans, Cost Plans, PACE Organizations, and Demonstrations

FROM: Jennifer Harlow /s/
Deputy Director, Medicare Plan Payment Group

SUBJECT: Medicare Advantage/Prescription Drug System (MARx) April 2018 Payment – INFORMATION

This letter provides information about the April payment, which was sent out on March 30, 2018, and other payment related items that may require plan action.

May Software Release Update

Please be advised that an announcement letter for the May 2018 Software Release will **not** be issued; there are no pertinent system updates scheduled for May 2018 that require Plan attention.

Final 2017 Risk Adjustment Reconciliation

Due to system processing related to the implementation of the MBI, the final 2017 risk adjustment reconciliation adjustments will be moved from May to the June 2018 payment. The payment adjustments will be located on the June 2018 Monthly Membership Report (MMR) with Adjustment Reason Code (ARC) 25 – Part C Risk Adjustment Factor Change/Recon, and ARC 37 – Part D Risk Adjustment Factor Change.

New MARx “OPT-out” Link

Beginning March 26, 2018, MCO update users will see a new Link in MARx called “Opt-out” on the MARx (M201) Beneficiary Find screen. This new Link will give Plans the ability to set the Part D op-out flag for a beneficiary. Users can read more information about this process in the Plan Communications User Guide (PCUG). Questions about the new functionality should be directed to the MAPD Help Desk.

New Medicare Card Project – MARx Changes

The Medicare Advantage Prescription Drug System (MARx) stores Medicare Advantage Organization (MAO), Part C and Part D Sponsor, Part D enrollment, payment, and premium information and calculates monthly Part C/D payments and adjustments for each Plan. Via MARx, MAOs and Part D sponsors are able to submit batch data files, view information on the User Interface (UI), and download reports.

During the transition period to the MBI between April 2018 and December 2019, MAO and Part D Sponsors will be able to submit data using either the HICN or MBI on all input transaction types, including any online interaction with the MARx UI. MARx output data files/reports will contain the MBI only.

MARx Transaction Reply Codes

During the transition period, when a Plan submits a MARx transaction using a HICN, MARx will return a new TRC 350 (MBI is Available for Beneficiary) on the Daily Transaction Reply Report (DTRR) ([Attachment A](#)). This TRC informs the Plan that the HICN was processed, yet an MBI number is assigned to the beneficiary. The TRC will contain the beneficiary's MBI number in Field 1 (Beneficiary ID) of the DTRR.

Concerning MBI processing, during and after the transition period all existing TRCs will continue to have the same function. TRC descriptions documented in the Plan Communication User Guide (PCUG) that currently represent a HICN will change to MBI.

MARx User Interface

During the transition period, Plan users can search for a beneficiary in MARx using either the HICN or the MBI, and the MARx User Interface (UI) screens will display both the HICN and the MBI in the banner. After transition ends, Plan users will only be able to search with the MBI, and the MARx UI screens will only display the MBI.

The MARx UI screen views included in [Attachment B](#) show how the screen will appear and function during the transition period (April 2018 through December 2019). All screens in the MARx UI that currently display only the HICN in the banner will display both the HICN and the MBI in the banner during the transition period.

The screen views in Attachment B are grouped by activities that users commonly perform in the MARx User Interface:

- Searching for a Beneficiary from the Find tab ([Attachment B, Figure 1](#))
- Searching for a Beneficiary from the Eligibility tab ([Attachment B, Figure 2](#))
- Viewing Beneficiary screens ([Attachment B, Figure 3](#))

MARx HICN to MBI Crosswalk File

To assist MAOs and Part D sponsors with the ability to determine or match their beneficiary population between HICN and MBI, MARx will generate and distribute a monthly crosswalk data file. Each crosswalk data file will be created at the MAO/PDP Contract level. The crosswalk files will be sent monthly during the transition period.

- On March 4, 2018, Plans received an “initial” (one-time only) HICN to MBI Crosswalk file for past and present membership back to 2006.
- After the initial Crosswalk file, a monthly file will be sent to Plans to include any new enrollment changes.

The crosswalk file layout and naming convention is provided in [Attachment C, Figure 1](#).

MARx Output Data Files/Reports

At the start of the MBI transition period in April 2018, CMS will replace the HICN with the MBI on existing MARx output data files/reports that are transmitted to Plans. Before MBI transition, starting on 11/13/2017, all fields that currently display the HICN were renamed “Beneficiary ID”, but the HICN continues to be displayed. Then during and after MBI transition, the fields will continue to be named “Beneficiary ID”, but the MBI will be displayed. The following data files/reports will include the MBI:

- Agent Broker Compensation Data File ([Attachment C, Figure 2](#))
- Failed Payment Reply Data File ([Attachment C, Figure 3](#))
- Late Enrollment Penalty Data File ([Attachment C, Figure 4](#))
- Loss of Subsidy Data File ([Attachment C, Figure 5](#))
- Low Income Subsidy/Part D Premium Data File ([Attachment C, Figure 6](#))
- Daily Transaction Reply Report Data File ([Attachment C, Figure 7](#))
- Monthly Membership Data File ([Attachment C, Figure 8](#))
- Monthly Full Enrollment Data File ([Attachment C, Figure 9](#))
- Low Income Subsidy History Data File ([Attachment C, Figure 10](#))
- Monthly Premium Withholding Data File ([Attachment C, Figure 11](#))
- Medical Savings Account Deposit-Recovery Data File ([Attachment C, Figure 12](#))
- Monthly Medicare Secondary Payer Data File ([Attachment C, Figure 13](#))
- No Premium Due Data File ([Attachment C, Figure 14](#))
- Part B Claims Data File ([Attachment C, Figure 15](#))
- Payment Records Report ([Attachment C: Figure 16](#))
- HMO Bill Itemization Report ([Attachment C: Figure 17](#))

The following data files/reports ***will no longer be generated***:

- Monthly Membership Detail Report Drug Plan
- Monthly Membership Detail Report Non-Drug Plan
- Benefits Improvement & Protection Act of 2000 (BIPA) 606 Payment Reduction Report Data File

Frequently Asked Questions (FAQs)

[Attachment D](#) contains a list of frequently asked questions and answers about MARx and the New Medicare Card Project. MARx questions related to the implementation of the New Medicare Card Project can be emailed to MARXSSNRI@cms.hhs.gov.

Attachment A: New and Updated Transaction Reply Codes (TRC)

New Transaction Reply Code

Code	Type	Title	Short Definition	Definition
350	I	MBI is available for beneficiary	MBI AVAILABLE	A transaction was submitted with a HICN during the transition to MBI and it was accepted. A Medicare Beneficiary Identification (MBI) number is assigned to the beneficiary. This TRC provides the MBI number assigned to the beneficiary in the Beneficiary Identifier field. Plan Action: None

New Medicare Card or MBI Screen Views

Figure 1: Searching for a Beneficiary from the Find tab

Beneficiaries: Find (M201) Screen

- Beneficiary ID field – During the transition period (April 2018 through December 2019) the HICN or the MBI can be entered in this field.

The screenshot shows the 'Beneficiaries: Find (M201)' screen in the Medicare Advantage Prescription Drug (MARx) system. The header includes the CMS logo and the title 'Medicare Advantage Prescription Drug (MARx)'. Below the header, there are tabs for 'Welcome', 'Beneficiaries', and 'Payments'. The 'Beneficiaries' tab is selected, and the 'Find' sub-tab is active. The main content area displays the search form. It includes a text input field for the Beneficiary ID, which contains the text '999999999A'. Below the input field, there are 'Find' and 'Reset' buttons. The screen also shows the user role 'MCO REPRESENTATIVE' and the date '8/31/2017'.

This screenshot shows the same 'Beneficiaries: Find (M201)' screen, but with the 'Please Wait... Searching' message displayed in a yellow box, indicating that the system is processing the search request. The input field still contains the text '999999999A'.

Attachment B: MARx User Interface (UI) Screen Updates

Beneficiaries: Search Results (M202) Screen

- The Search Criteria returns the HICN in the Search Criteria: Beneficiary ID, regardless of whether the MBI or HICN is entered.
- Beneficiary ID in the main information displays the MBI.
- The user can either click the hyperlink for Update Enrollment or <Beneficiary ID>.

The screenshot shows the Medicare Advantage Prescription Drug (MARx) interface. The header includes the CMS logo and the title "Medicare Advantage Prescription Drug (MARx)". Below the header, there are navigation links: "Welcome", "Beneficiaries", and "Payments". The main content area is titled "Beneficiaries: Search Results (M202)". It displays the search criteria: "Beneficiary ID = 999999999A". A table lists the search results for Beneficiary ID 999999999A, showing the Name (JOHN DOE), Birth Date (07/26/1973), Sex (F), State (WA), County (KING), and Status (ACTIVE). A yellow highlight indicates the search criteria and the table header.

Beneficiary ID	Name	Birth Date	Date of Death	Sex	State	County	Status
999999999A	JOHN DOE	07/26/1973		F	WA	KING	ACTIVE

The screenshot shows the Medicare Advantage Prescription Drug (MARx) interface. The header includes the CMS logo and the title "Medicare Advantage Prescription Drug (MARx)". Below the header, there are navigation links: "Welcome", "Beneficiaries", and "Payments". The main content area is titled "Beneficiaries: Search Results (M202)". It displays the search criteria: "Beneficiary ID = 999999999A". A table lists the search results for Beneficiary ID 999999999A, showing the Name (JOHN DOE), Birth Date (07/06/1931), Sex (F), State (NH), County (STRAFFORD), Status (ACTIVE), and an Action link "Update Enrollment". A yellow highlight indicates the search criteria and the table header.

Beneficiary ID	Name	Birth Date	Date of Death	Sex	State	County	Status	Action
999999999A	JOHN DOE	07/06/1931		F	NH	STRAFFORD	ACTIVE	Update Enrollment

Attachment B: MARx User Interface (UI) Screen Updates

Figure 2: Viewing Beneficiary screens in the MARx UI

Beneficiary Snapshot (M203) Screen

- The HICN and the MBI will be displayed in the Banner for all Beneficiary screens.

Claim #: 999999999A

MBI #: 1A11A11AA11

815 E PINE ST UNIT 302

SEATTLE, WA 98122-3869

JANE DOE

ACTIVE

DOB: 07/26/1973

Age: 44 Sex: FEMALE

State: WA (50) County: KING (160)

Snapshot

Enrollment

Payments

Adjustments

Premiums

LEP

SSA - RRB

Factors

Utilization

MSA

Residence Address

Rx Insurance

Status Activity

Beneficiary Snapshot (M203)

User: Role: MCO REPRESENTATIVE Date: 8/31/2017

Close Print Help...

Change date to re-display Beneficiary Details and select "Find."

*As Of: 08/31/2017 Find

Contract: H5050

MCO Name: KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

PBP Number: 013

Segment Number: 000

Demonstration Type and Description: B - BENE ELECTION

Enrollment Source Code and Description:

Special Needs Type:

Bonus Payment Portion Percent: 0%

Demographic Blend Portion Percent: 0%

Residency Status: In Area

Part B Premium Reduction Benefit: \$0.00

Contract:

MCO Name:

PBP Number:

Segment Number:

Demonstration Type and Description:

Enrollment Source Code and Description:

Residence for Payments: State: WA (50) County: KING (160)

Status Flags: ☐ Hospice ☐ ESRD ☐ ESRD MSP ☐ Aged/Disabled MSP

☐ Inst ☐ NHC ☐ HCBS

Payment Flags: ☒ Disabled ☐ CHF ☐ Long Term Institutional ☐ Part B Premium Reduction

Subsidy Start: 01/01/2017 Subsidy End: 12/31/2017 LI Premium Subsidy Level: 100%

Low Income Subsidy: LI Co-payment Level: 2

IC Model: Model Type Indicator: Benefit Status Code:

Original Reason for Entitlement: 1

Aged/Disabled MSP Factor: 0.00

ESRD MSP Factor: 0.00

Payments For Payment Date 08/01/2017

Rate Used	Rate	Part A	Part B	Part D	Total	Paid Flag
PART C RISK ADJUSTED RATE(CALC CODE 3)		\$331.97	\$392.19	\$0.00	\$724.16	-
PART D RISK ADJUSTED RATE (DIRECT SUBSIDY)		\$0.00	\$0.00	\$66.23	\$66.23	-
RISK ADJUSTMENT		\$95.28	\$112.56	\$0.00	\$207.84	Y
* PART A/B COST SHARING REDUCTION		\$10.52	\$12.43	\$0.00	\$22.95	Y
* PART D SUPP BENEFITS		\$8.02	\$9.48	\$0.00	\$17.50	Y
PART D BASIC PREMIUM		\$0.00	\$0.00	\$40.78	\$40.78	-
* PART D DIRECT SUBSIDY		\$0.00	\$0.00	\$9.82	\$9.82	Y
* PART D REINSURANCE		\$0.00	\$0.00	\$45.09	\$45.09	Y
* PART D COST SHARING		\$0.00	\$0.00	\$76.76	\$76.76	Y
* PART D LIP		\$0.00	\$0.00	\$4.00	\$4.00	Y
* PART D BASIC PREMIUM REDUCTION		\$16.87	\$19.93	\$0.00	\$36.80	Y
* REBATE		\$113.82	\$134.47	\$0.00	\$248.29	Y
* TOTAL		\$0.00	\$0.00	\$172.47	\$172.47	Y

Adjustments Applied to 08/01/2017

Rate Used	Rate	Part A	Part B	Part D	Total	Paid Flag
No Adjustments applied to 08/01/2017 for H5050/013/000						

Entitlement Information

Part	Start Date	End Date	Option
Part A:	02/01/2008		E
Part B:	11/01/2008		Y

Enrollment Information

Contract	Start Date	End Date
H5050	01/01/2017	

Eligibility Information

Part	Start Date	End Date
Part D:	11/01/2008	

Premiums

Premium Payment Option:	DEDUCT FROM SSA BENEFITS	
Part C/D Premium Status:	Accepted	
Part C Premium (from enrollment):		\$24.00
Part D Premium (from HPMS):		\$4.00
De minimis:		\$0.00
Part D Net of De minimis:		\$4.00
Low Income Subsidy:		\$4.00
Late Enrollment Penalty:		\$0.00
Late Enrollment Penalty Waived Amount:		\$0.00
Late Enrollment Penalty Subsidy:		\$0.00
Beneficiary's Total Part D Premium:		\$0.00
Total C+D Premium (paid by beneficiary):		\$24.00

Figure 3: Searching for a Beneficiary from the Eligibility tab**Beneficiary: Eligibility (M232) Screen**

- The HICN or MBI can be entered.
- The HICN is returned in the Claim Number field.

CMS Medicare Advantage Prescription Drug (MARx)

Welcome | [Beneficiaries](#) | [Transactions](#) | [Payments](#) | [Rates](#) | [Reports](#)

[Find Eligibility](#)

Beneficiary: Eligibility (M232) User: Role: Date: 3/16/2016 [Print](#) [Help...](#)

Enter the Beneficiary ID of the beneficiary.
* Required to enter Beneficiary ID

* Beneficiary ID

[Find](#)

Claim Number:
MBI Number:

Name:
Birth Date:
Date of Death:
Sex:
Address:

Most recent State:
Most recent County:

Enrollment Information for 03/16/2016					
Contract	PBP	Plan Type Code & Description	Start	End	Drug Plan
S2469	003	25 - MEDICARE PRESCRIPTION DRUG PLAN	03/01/2016		Y
H8096	001	46 - MEDICARE-MEDICAID PLAN/HMO	02/01/2016	02/29/2016	Y
S5684	114	25 - MEDICARE PRESCRIPTION DRUG PLAN	11/01/2012	01/31/2016	Y
X0061	002	46 - POINT-OF-SALE CONTRACTOR	08/01/2012	10/31/2012	Y
S5921	001	25 - MEDICARE PRESCRIPTION DRUG PLAN	01/01/2007	03/31/2009	Y
S5820	140	25 - MEDICARE PRESCRIPTION DRUG PLAN	01/01/2006	12/31/2006	Y

Entitlement Information			
Part	Start	End	Option
A	04/01/2000	03/31/2009	S
B	04/01/2000	03/31/2006	T
A	07/01/2011		E
B	04/01/2012		Y

Eligibility Information		
Part	Start	End
D	01/01/2006	03/31/2009
D	08/01/2012	

Medicare Plan Enrollment Ineligibility Periods Due to Incarceration		
Start	End	
There is no incarceration information for the beneficiary		

Medicare Plan Enrollment Ineligibility Periods Due to Not Lawfully Present		
Start	End	
There is no not lawfully present information for the beneficiary		

Number of Uncovered Months View Audit					
Start Date	Indicator	Number of Uncovered Months	Total Number of Uncovered Months	Record Add-Time Stamp	Record Type
01/01/2006		0	0	12/23/2005 21:02:20	V
01/01/2007		0	0	11/26/2006 10:20:53	V
08/01/2012		0	0	09/19/2012 21:26:21	V
11/01/2012		0	0	09/19/2012 21:33:43	V
01/01/2014	L	0	0	12/18/2013 18:46:08	V
01/01/2015	L	0	0	07/16/2014 20:58:56	V
01/01/2016	L	0	0	07/24/2015 22:16:03	V
02/01/2016		0	0	11/23/2015 11:16:15	V
03/01/2016		0	0	02/12/2016 19:19:42	V

Employer Subsidy		
Start	End	
There are no employer subsidies for the beneficiary		

Low Income Status				
Subsidy Start Date	Subsidy End Date	Premium Subsidy Level	Co-Payment Level	Subsidy Source
01/01/2006	12/31/2006	100%	2	DEEMED
01/01/2007	12/31/2007	100%	2	DEEMED
08/01/2012	12/31/2012	100%	2	DEEMED
01/01/2013	12/31/2013	100%	2	DEEMED
01/01/2014	12/31/2014	100%	2	DEEMED
01/01/2015	12/31/2015	100%	2	DEEMED
01/01/2016	12/31/2016	100%	2	DEEMED

Figure 1: HICN to MBI Crosswalk Data File

System	Type	Frequency	Dataset Naming Convention
MARx	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.CROSSWLK.Dyymm01.Thhmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.CROSSWLK.Dyymm01.Thhmsst Connect:Direct (Non-Mainframe): [directory]Rxxxxx.CROSSWLK.Dyymm01.Thhmsst

Item	Field	Size	Position	Description
1	Contract	5	1 – 5	Plan Contract Number
2	PBP	3	6 – 8	Plan Benefit Package ID
3	HICN	12	9 – 20	Health Insurance Claim Number
4	MBI	11	21 – 31	Medicare Beneficiary Identifier
5	Surname	30	32 – 61	Beneficiary's last name
6	First Name	12	62 – 73	Beneficiary's first name
7	Date of Birth	8	74 – 81	YYYYMMDD Format
8	Date of Death	8	82 – 89	YYYYMMDD Format
9	Gender	1	90	Beneficiary Gender Identification Code '0' = Unknown '1' = Male '2' = Female
10	Recent Enrollment Date	8	91 – 98	YYYYMMDD Format; The effective date of the beneficiary's most recent enrollment in the contract.
11	Recent Disenrollment Date	8	99 – 106	YYYYMMDD Format; The disenrollment date (if present) for the beneficiary's most recent enrollment in the contract.

Figure 2: Agent Broker Compensation Data File

Item	Field	Size	Position	Description
4	Beneficiary ID	12	10-21	<ul style="list-style-type: none"> Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. <ul style="list-style-type: none"> MBI is 11 characters, left-justified with one space at the end

Figure 3: Failed Payment Reply Report Data File

Item	Field	Size	Position	Description
1	Beneficiary ID	12	1 – 12	<ul style="list-style-type: none"> Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. <ul style="list-style-type: none"> MBI is 11 characters, left-justified with one space at the end

Figure 4: Late Enrollment Penalty Data File**Detail Record**

Item	Field	Size	Position	Description
5	Beneficiary ID	12	15-26	<ul style="list-style-type: none"> Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. <ul style="list-style-type: none"> MBI is 11 characters, left-justified with one space at the end

Figure 5: Loss of Subsidy Data File

Item	Field	Size	Position	Description
1	Beneficiary ID	12	1 – 12	<ul style="list-style-type: none"> Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. <ul style="list-style-type: none"> MBI is 11 characters, left-justified with one space at the end

Figure 6: Low Income Subsidy/Part D Premium Data File

Item	Field	Size	Position	Description
1	Beneficiary ID	12	1 – 12	<ul style="list-style-type: none"> Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. <ul style="list-style-type: none"> MBI is 11 characters, left-justified with one space at the end

Figure 7: Daily Transaction Reply Report Data File

Item	Field	Size	Position	Description
1	Beneficiary ID	12	1 – 12	<ul style="list-style-type: none"> • Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then • MBI during and after MBI transition. <ul style="list-style-type: none"> ○ MBI is 11 characters, left-justified with one space at the end

Figure 8: Monthly Membership Data File

Item	Field	Size	Position	Description
4	Beneficiary ID	12	20-31	<ul style="list-style-type: none"> • Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then • MBI during and after MBI transition. <ul style="list-style-type: none"> ○ MBI is 11 characters, left-justified with one space at the end

Figure 9: Monthly Full Enrollment Data File

Item	Field	Size	Position	Description
1	Beneficiary ID	12	1 – 12	<ul style="list-style-type: none"> • Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then • MBI during and after MBI transition. <ul style="list-style-type: none"> ○ MBI is 11 characters, left-justified with one space at the end

Figure 10: Low Income Subsidy History Data File

Item	Field	Size	Position	Description
4	Beneficiary ID	12	10-21	<ul style="list-style-type: none"> • Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then • MBI during and after MBI transition. <ul style="list-style-type: none"> ○ MBI is 11 characters, left-justified with one space at the end

Figure 11: Monthly Premium Withholding Data File**Detail Record**

Item	Field	Size	Position	Description
5	Beneficiary ID	12	14-25	<ul style="list-style-type: none"> Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. <ul style="list-style-type: none"> MBI is 11 characters, left-justified with one space at the end

Figure 12: Medical Savings Account Deposit-Recovery Data File**Detail Record**

Item	Field	Size	Position	Description
4	Beneficiary ID	12	12-23	<ul style="list-style-type: none"> Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. <ul style="list-style-type: none"> MBI is 11 characters, left-justified with one space at the end

Figure 13: Monthly Medicare Secondary Payer Data File**Detail Record**

Item	Field	Size	Position	Description
2	Beneficiary ID	12	4-15	<ul style="list-style-type: none"> Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. <ul style="list-style-type: none"> MBI is 11 characters, left-justified with one space at the end

Figure 14: No Premium Due Data File

Item	Field	Size	Position	Description
1	Beneficiary ID	12	1 – 12	<ul style="list-style-type: none"> Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. <ul style="list-style-type: none"> MBI is 11 characters, left-justified with one space at the end

Figure 15: Part B Claims Data File**Record Type 1**

Item	Field	Size	Position	Description
3	Beneficiary ID	11	7-17	<ul style="list-style-type: none"> Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. <ul style="list-style-type: none"> MBI is 11 characters, left-justified

Record Type 2

Item	Field	Size	Position	Description
3	Beneficiary ID	11	7-17	<ul style="list-style-type: none"> Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. <ul style="list-style-type: none"> MBI is 11 characters, left-justified

Figure 16: Payment Records Report

Part B Claim Records Posted (PAYRECDS)												
PART B CLAIMS RECORDS POSTED IN <u>MMM</u> <u>YYYY</u> PAGE 1												
() * * * * HMO Hnnnn * * * * *												
BENE ID	NAME	EXPENSE FIRST	DATES LAST	ALLOWED TOTAL CHARGES	REIMB AMT	CO INS AMT	DED APP	PHYS SUPP ID	PAY IND	CARRIER NUMBER	CARRIER PAID	INFORMATION CONTROL NUMBER
1AA0AA0AA00	SMITH	20100219	20100219	86.25	69.00	17.25	.00	AP233Z	1	01192	20100508	551210095332060
1AA0AA0AA00	SMITH	20100219	20100219	190.04	152.03	38.01	.00	AP233Z	1	01192	20100408	551120095332070
1AA0AA0AA00	SMITH	20091014	20091014	183.68	146.94	36.74	.00	F36241067	1	00953	20100523	682110111795270
1AA0AA0AA00	SMITH	20091014	20091014	95.31	76.25	19.06	.00	F37698329	1	00953	20100423	681130111796030
1AA0AA0AA00	SMITH	20091015	20091021	584.68	467.73	116.95	.00	F37698372	1	00953	20100523	685110111801720
1AA0AA0AA00	SMITH	20091016	20091016	33.54	26.83	6.71	.00	N33470209	1	00953	20100423	681116111802170
1AA0AA0AA00	SMITH	20091021	20091021	122.39	97.91	24.48	.00	P48970001	1	00953	20100505	681818092314320
1AA0AA0AA00	SMITH	20090215	20090215	31.58	22.73	8.85	.00	U7741Z	1	09102	20100501	591019085112690
1AA0AA0AA00	SMITH	20100225	20100225	35.09	28.07	7.02	.00	000000820	1	10102	20100410	492710091059500
1AA0AA0AA00	SMITH	20100301	20100301	35.09	28.07	7.02	.00	000000820	1	10102	20100510	499210091059710

Attachment C: MARx Output Data File/Report Updates

Figure 17: HMO Bill Itemization Report

Part A Bills Posted (BILLITEM)																			
123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012																			
1PART A BILLS POSTED IN <u>MM</u> <u>YY</u> <u>YY</u> PAGE1																			
***** HMO <u>Hnnn</u> *****																			
BILL TYPE: INPATIENT																			
Bene ID	Name	PROV	INTE R	HMO PD	ADM DATE	TOTAL CHARGE S	NON-COV CHARGES	INP DED	NC BLD DEDUCT	CO INS DAYS	CO INSC HGS	CO INS AMOUNT	TOTAL DEDUC T	FROM DATE	THRU DATE	COV DAYS	REIM AMT	NP CD	CR
1AA0AA0AA00	SMITH	010139	52280	1	20180308	181547	0	0	0	0	0	0	0	20180308	20180326	18	0	n/a	CR
1AA0AA0AA00	SMITH	010113	10101	n/a	20180109	17527	0	0	0	0	0	0	0	20180109	20180113	4	14	n/a	n/a
1AA0AA0AA00	SMITH	010103	10101	n/a	20180213	594311	0	0	0	0	0	0	0	20180213	20180324	39	6464	n/a	n/a
1AA0AA0AA00	SMITH	010113	10101	n/a	20180322	30454	0	0	0	0	0	0	0	20180322	20180326	4	27	n/a	n/a
1AA0AA0AA00	SMITH	010113	10101	n/a	20180310	56084	0	0	0	0	0	0	0	20180310	20180316	6	85	n/a	CR
1AA0AA0AA00	SMITH	010104	10101	n/a	20180307	48325	0	0	0	0	0	0	0	20180307	20180316	9	396	n/a	n/a
1AA0AA0AA00	SMITH	010113	10101	n/a	20181117	22712	0	0	0	0	0	0	0	20181117	20181121	4	27	n/a	n/a
1AA0AA0AA00	SMITH	010113	10101	n/a	20181117	23389	0	0	0	0	0	0	0	20181117	20181121	4	27	n/a	n/a
1AA0AA0AA00	SMITH	01T113	10101	n/a	20180322	22095	22095	0	0	0	0	0	0	20180322	20180331	0	0	N	n/a
1AA0AA0AA00	SMITH	010023	52280	1	20180227	97263	0	0	0	0	0	0	0	20180227	20180316	17	0	n/a	n/a

Attachment D: New Medicare Card Project and MARx - Frequently Asked Questions (FAQs)

1. **Question:** How much time will Plans have to update their systems with MBIs before CMS begins to send MARx output data files/reports with the MBI only?
Answer: CMS sent the “initial” (one time only) HICN to MBI Crosswalk file for past and present membership at the beginning of March 2018. Plans will begin receiving MARx reports containing the MBI at the start of the transition period, April 1, 2018.
2. **Question:** If a beneficiary has had more than one HICN will CMS assign an MBI for each HICN?
Answer: No, each beneficiary will be assigned one MBI, and this will appear with their current HICN on the crosswalk files.
3. **Question:** Can beneficiaries appear on one crosswalk file multiple times?
Answer: Yes. The crosswalk files will be distributed at the 5 digit Plan contract number, and broken down at the PBP level within the file. If a beneficiary has enrollment history with multiple PBPs within the same contract, then they will appear multiple times (one record for each PBP) in the “initial” (one time only) crosswalk file for that contract.
4. **Question:** Does CMS Plan to send test crosswalk files to Plans prior to the initial crosswalk file.
Answer: No. CMS has provided the HICN to MBI Crosswalk file layout, and also the characteristics and format of the MBI. Plans are welcome to use this information to create their own test data in advance of the transition.
5. **Question:** What will the file naming convention be for the MARx HICN to MBI Crosswalk files?
Answer: The file naming convention will be “P.Rxxxxxx.CROSSWLK.Dyymm01.Thhmmss”, where “xxxxxx” is the contract number.
6. **Question:** How will Plans be able to reconcile the CMS replies to a Plan submitted input transactions to MARx which contain a beneficiary Health Insurance Claim Number (HICN)?
Answer: As part of CMS’s responsiveness to Plans, the Daily Transaction Reply Report Data File will contain Plan submitted input transactions verbatim back to the Plan (Transaction Type “P”). Plans will have the data they submitted readily at hand when receiving and reviewing transaction replies. For reconciliation Purposes, Plans may use the Transaction Tracking ID as part of their input transactions to MARx. This will allow the Plan to reconcile Transaction Reply Codes to the input transaction submitted.
7. **Question:** After transition begins will the HICN be displayed in field 24 of the DTRR for any TRCs?
Answer: No, this field was intended to represent a “previous HICN” when there is a HICN change.

8. **Question:** Will Plans continue to receive a TRC on the DTRR to communicate when a beneficiary's HICN changes after April 2018?

Answer: No. Plans will not be notified if a beneficiary's HICN changes beginning in April 2018. In the rare case that a beneficiary's MBI changes, starting in April 2018, the DTRR will communicate the MBI change using the same TRCs that are currently used to communicate HICN changes.

9. **Question:** With implementation of the MBI Plans will no longer be able to use the HICN format to differentiate between beneficiaries who receive benefits from the Railroad Retirement Board (RRB) versus the Social Security Administration (SSA). What if a Plan selects the incorrect agency when they submit a premium withhold request on behalf of a beneficiary?

Answer: If a Plan selects the incorrect agency for a premium withhold request MARx will automatically route the request to the correct agency. In this situation, for informational purposes, the Plan would receive either a TRC 255 (Plan submitted RRB W/H for SSA Beneficiary), or TRC 256 (Plan submitted SSA W/H for RRB Beneficiary).

10. **Question:** Which will be the first Daily Transaction Reply Report (DTRR) to contain MBIs?

Answer: The DTRR scheduled to be distributed on Sunday, 4/1/2018 will contain HICNs. The next DTRR will be distributed Tuesday, 4/3/2018 and will be the first to contain MBIs.

Questions or concerns about any of the information within this letter should be directed to the MAPD Help Desk at MAPDHelp@cms.hhs.gov, or 1-800-927-8069.

cc: DPO Representatives
Director, DPO
MAPD Customer Support