

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



**Medicare Plan Payment Group**  
**Enterprise Systems Solutions Group**

**DATE:** February 5, 2018

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

**FROM:** Jennifer Harlow /s/  
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**SUBJECT:** Announcement of the February 2018 Software Release

The Centers for Medicare & Medicaid Services (CMS) continues to implement software improvements to the enrollment and payment systems that support Medicare Advantage and Prescription Drug programs. This letter provides detailed information regarding the planned release of systems changes scheduled for February 2018. This release focuses on improving the efficiency of CMS systems as well as Plan processing. The updates described in this communication will be included in the February 2018 Plan Communications User Guide v12.0, scheduled for publication on February 28, 2018.

The February 2018 Software Release changes will include the following:

1. [New Medicare Card Project – Medicare Beneficiary Database Suite of Systems \(MBDSS\) Changes](#)
2. [New Medicare Card Project – MARx Changes](#)

Plans are encouraged to contact the MAPD Help Desk for any issues encountered during the systems update process. Please direct any questions or concerns to the MAPD Help Desk at 1-800-927-8069 or e-mail at [mapdhelp@cms.hhs.gov](mailto:mapdhelp@cms.hhs.gov).

# **1. New Medicare Card Project – Medicare Beneficiary Database Suite of Systems (MBDSS) Changes**

As part of the New Medicare Card Initiative, formerly the Social Security Number Removal Initiative (SSNRI), the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act (MACRA) of 2015 requires that CMS remove Social Security Numbers from all Medicare cards by April 2019. The New Medicare Card Project will issue new Medicare cards to all beneficiaries, and the Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN).

During the transition to the MBI between April 2018 and December 2019, the Medicare Advantage Organizations (MAOs) and Part D Sponsors will be able to submit data using either the HICN or MBI on the Batch Eligibility Query (BEQ) Request File. The BEQ Response file will contain both the HICN and MBI.

After the transition period, the BEQ Request File will **only** allow the MBI to be submitted. The BEQ Response File will **only** contain the MBI.

See [Attachment A](#) for the updated description of the Beneficiary ID field on the BEQ Request File and the addition of the MBI to the BEQ Response File.

At the start of the MBI transition period (April 2018), the MBI will be populated in the following MBDSS files as noted in the referenced attachments:

- Auto Assignment Address (PDP) Notification File. See [Attachment B](#).
- MA Full Dual Auto Assignment Notification File. See [Attachment C](#).
- No Rx File. See [Attachment D](#).

Note: In all attachments, the changes are highlighted in **yellow**.

## **2. 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 E](#)). 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 F](#) 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 F are grouped by activities that users commonly perform in the MARx User Interface:

- Searching for a Beneficiary from the Find tab ([Attachment F, Figure 1](#))
- Searching for a Beneficiary from the Eligibility tab ([Attachment F, Figure 2](#))
- Viewing Beneficiary screens ([Attachment F, 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 will receive 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 G, 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 G, Figure 2](#))
- Failed Payment Reply Data File ([Attachment G, Figure 3](#))
- Late Enrollment Penalty Data File ([Attachment G, Figure 4](#))
- Loss of Subsidy Data File ([Attachment G, Figure 5](#))
- Low Income Subsidy/Part D Premium Data File ([Attachment G, Figure 6](#))
- Daily Transaction Reply Report Data File ([Attachment G, Figure 7](#))
- Monthly Membership Data File ([Attachment G, Figure 8](#))
- Monthly Full Enrollment Data File ([Attachment G, Figure 9](#))
- Low Income Subsidy History Data File ([Attachment G, Figure 10](#))
- Monthly Premium Withholding Data File ([Attachment G, Figure 11](#))
- Medical Savings Account Deposit-Recovery Data File ([Attachment G, Figure 12](#))
- Monthly Medicare Secondary Payer Data File ([Attachment G, Figure 13](#))
- No Premium Due Data File ([Attachment G, Figure 14](#))
- Part B Claims Data File ([Attachment G, Figure 15](#))
- Payment Records Report ([Attachment G: Figure 16](#))
- HMO Bill Itemization Report ([Attachment G: 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 H](#) 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](mailto:MARXSSNRI@cms.hhs.gov).

In the BEQ Request file, the description of the Beneficiary ID on the Detail Record has changed.

BEQ Request File Detail Record						
Item	Field	Size	Position	Format	Valid Values	Description
2	Beneficiary ID	12	6-17	CHAR	Beneficiary ID, HICN, or RRB	Critical Field <ul style="list-style-type: none"> <li>• Before the Medicare Beneficiary Identifier (MBI) Transition period, the acceptable values are the Health Insurance Claim Number (HICN) and the Railroad Retirement Board (RRB) Number.</li> <li>• During the MBI Transition period, the acceptable values are the HICN, RRB Number and MBI.</li> <li>• When the MBI Transition period ends, the acceptable value is the MBI.</li> <li>• The last position may be a space.</li> </ul>

In the BEQ Response File, the Active MBI field has been added to the Detail Record and the length of the Filler field has been reduced.

BEQ Response File Detail Record					
Item	Field	Size	Position	Format	Valid Values
3	Beneficiary ID	12	9 – 20	CHAR	This field will contain exactly what is received in the same field of the beneficiary's Detail record in the related BEQ Request file.
<b>There are no changes to the rows in between Items 3 and 174.</b>					
174	Active MBI	11	1556-1566	CHAR	The MBI field will be populated during and after MBI Transition.
175	Filler	434	1557-2000	CHAR	Spaces

In the Auto Assignment Address (PDP) Notification File, the description of the Beneficiary HICN or RRB Number has changed and the MBI field has been added to the Detail Record. This addition changes the file length from 616 to 626 positions; hence, the expansion of the Filler on the Header and Trailer records.

Auto Assignment Address (PDP) Notification Header Record				
Item	Field	Size	Position	Description
5	Filler	592	35-626	Spaces.

Auto Assignment Address (PDP) Notification Detail Record				
Item	Field	Size	Position	Description
1	Beneficiary HICN or RRB Number	12	1-12	<p>The identifier issued under the SSA or RRB program that is used to uniquely identify the Medicare beneficiary. Based on the following phases of the MBI transition, the value will be populated accordingly.</p> <ul style="list-style-type: none"> <li>Before or during the MBI Transition period, the field will contain the RRB if it exists in the beneficiary's Medicare record; else it will contain the active HICN.</li> <li>When the MBI Transition period ends, the field will contain spaces.</li> </ul>
39	MBI	11	616-626	<p>The MBI from the beneficiary's active Beneficiary MBI period. The value is a system-generated identifier used internally and externally to uniquely identify the beneficiary in the Medicare database. Based on the following phases of the MBI transition:</p> <ul style="list-style-type: none"> <li>The field will contain the beneficiary's active MBI when the process runs during or after the MBI transition.</li> <li>Otherwise, the field will contain spaces.</li> </ul>

Auto Assignment Address (PDP) Notification Trailer Record				
Item	Field	Size	Position	Description
6	Filler	583	44-626	Spaces.

In the MA Full Dual Auto Assignment Notification File, the description of the Beneficiary HICN or RRB Number has changed, the MBI field has been added to the Detail Record, and the length of the Filler field has been reduced.

MA Full Dual Auto Assignment Notification Detail Record				
Item	Field	Size	Position	Description
4	Beneficiary HICN or RRB Number	12	20-31	<ul style="list-style-type: none"> <li>Before and during the Medicare Beneficiary Identifier (MBI) Transition period, the RRB Number is written if a value is present in the beneficiary's record; else, the HICN is written.</li> <li>After the MBI Transition period ends, the field is filled with spaces.</li> </ul>
<b>There are no changes to the rows in between Items 4 and 9.</b>				
9	Medicare Beneficiary ID	11	54-64	A system-generated identifier used by CMS to identify the beneficiary. The field will contain the active MBI from the beneficiary's Medicare record. Eventually, this identifier replaces the HICN and RRB Number.
10	Filler	36	65-100	Spaces



In No Rx File, the MBI has been inserted into the Detail Record; hence the length of the Filler field has been reduced and the remaining rows have been renumbered.

No Rx Detail Record						
Item	Field	Size	Position	Format	Valid Values	Description
3	Beneficiary HICN or RRB Number	12	9-20	CHAR	HICN or RRB	<ul style="list-style-type: none"> <li>Before or during the Medicare Beneficiary Identifier (MBI) Transition period, the RRB Number is populated if present; else the active HICN is populated.</li> <li>When the MBI Transition period ends, the field is filled with spaces.</li> </ul>
5	MBI	11	30-40	CHAR		The MBI from the beneficiary's active Beneficiary MBI period. The value is a system-generated identifier used internally and externally to uniquely identify the beneficiary in the Medicare database.
6	Filler	49	41-89	CHAR	Spaces	
7	Contract Number	5	90-94	CHAR	Contract Number from CMS	This field contains the Contract Number of the beneficiary that does not have 4Rx data.
The other rows in this file are unchanged, except the Item number is renumbered for the remaining rows.						

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

**New Transaction Reply Code**

<b>Code</b>	<b>Type</b>	<b>Title</b>	<b>Short Definition</b>	<b>Definition</b>
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. <b>Plan Action:</b> 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.

**CMS Medicare Advantage Prescription Drug (MARx)**  
Welcome | Beneficiaries | Payments  
Find Eligibility

Beneficiaries: Find (M201) User: Role: MCO REPRESENTATIVE Date: 8/31/2017 Print Help...

Enter the Beneficiary ID of the beneficiary and select "Find."  
\*Indicates required field  
\*Beneficiary ID (BIC is Optional)  
999999999A  
Find Reset

**CMS Medicare Advantage Prescription Drug (MARx)**  
Welcome | Beneficiaries | Payments  
Find Eligibility

Beneficiaries: Find (M201) User: Role: MCO REPRESENTATIVE Date: 8/31/2017 Print Help...

Enter the Beneficiary ID of the beneficiary and select "Find."  
\*Indicates required field  
\*Beneficiary ID (BIC is Optional)  
999999999A  
Find Reset Please Wait... Searching

## Attachment F: 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>.

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

Beneficiary ID	Name	Birth Date	Date of Death	Sex	State	County	Status	Action
<a href="#">999999999A</a>	JOHN DOE	07/06/1931		F	NH	STRAFFORD	ACTIVE	<a href="#">Update Enrollment</a>

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 #: 0411A114A11  
 515 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: B - BENE ELECTION  
 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

Low Income Subsidy: Subsidy Start: 01/01/2017 Subsidy End: 12/31/2017 LI Premium Subsidy Level: 100%  
 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 REBATE		\$16.87	\$19.93	\$0.00	\$36.80	Y
* TOTAL		\$113.82	\$134.47	\$0.00	\$248.29	Y
* TOTAL PDP		\$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.

**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	
S2468	003	29 - MEDICARE PRESCRIPTION DRUG PLAN	03/01/2016		Y	<div> <div></div> <div></div> </div>
H8016	001	48 - MEDICARE-MEDICAID PLAN HMO	02/01/2016	02/29/2016	Y	
S5984	114	29 - MEDICARE PRESCRIPTION DRUG PLAN	11/01/2012	01/31/2016	Y	
X0001	002	46 - POINT-OF-SALE CONTRACTOR	08/01/2012	10/31/2012	Y	
S5921	001	29 - MEDICARE PRESCRIPTION DRUG PLAN	01/01/2007	03/31/2009	Y	
S5920	140	29 - 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	<div> <div></div> <div></div> </div>
B	04/01/2000	08/31/2008	T	
A	07/01/2011		E	
B	04/01/2012		Y	

Eligibility Information			
Part	Start	End	
D	01/01/2006	03/31/2009	<div> <div></div> <div></div> </div>
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 <a href="#">View Audit</a>					
Start Date	Indicator	Number of Uncovered Months	Total Number of Uncovered Months	Record Add-TimeStamp	Record Type
01/01/2006		0	0	12/23/2005 21:02:26	V
01/01/2007		0	0	11/25/2006 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.Fxxxxx.CROSSWLK.Dyymm01.Thhmsst P.Rxxxxx.CROSSWLK.Dyymm01.Thhmsst Connect:Direct (Mainframe): zzzzzzzz.Fxxxxx.CROSSWLK.Dyymm01.Thhmsst zzzzzzzz.Rxxxxx.CROSSWLK.Dyymm01.Thhmsst Connect:Direct (Non-Mainframe): [directory]Fxxxxx.CROSSWLK.Dyymm01.Thhmsst [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"> <li>Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then</li> <li>MBI during and after MBI transition. <ul style="list-style-type: none"> <li>MBI is 11 characters, left-justified with one space at the end</li> </ul> </li> </ul>

**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"> <li>• Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then</li> <li>• MBI during and after MBI transition. <ul style="list-style-type: none"> <li>○ MBI is 11 characters, left-justified with one space at the end</li> </ul> </li> </ul>

**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"> <li>• Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then</li> <li>• MBI during and after MBI transition. <ul style="list-style-type: none"> <li>○ MBI is 11 characters, left-justified with one space at the end</li> </ul> </li> </ul>

**Figure 5: Loss of Subsidy Data File**

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

**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"> <li>• Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then</li> <li>• MBI during and after MBI transition. <ul style="list-style-type: none"> <li>○ MBI is 11 characters, left-justified with one space at the end</li> </ul> </li> </ul>



**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"> <li>• Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then</li> <li>• MBI during and after MBI transition. <ul style="list-style-type: none"> <li>○ MBI is 11 characters, left-justified with one space at the end</li> </ul> </li> </ul>

**Figure 8: Monthly Membership Data File**

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

**Figure 9: Monthly Full Enrollment Data File**

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

**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"> <li>• Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then</li> <li>• MBI during and after MBI transition. <ul style="list-style-type: none"> <li>○ MBI is 11 characters, left-justified with one space at the end</li> </ul> </li> </ul>

**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"> <li>Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then</li> <li>MBI during and after MBI transition. <ul style="list-style-type: none"> <li>MBI is 11 characters, left-justified with one space at the end</li> </ul> </li> </ul>

**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"> <li>Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then</li> <li>MBI during and after MBI transition. <ul style="list-style-type: none"> <li>MBI is 11 characters, left-justified with one space at the end</li> </ul> </li> </ul>

**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"> <li>Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then</li> <li>MBI during and after MBI transition. <ul style="list-style-type: none"> <li>MBI is 11 characters, left-justified with one space at the end</li> </ul> </li> </ul>

**Figure 14: No Premium Due Data File**

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

**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"> <li>Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then</li> <li>MBI during and after MBI transition. <ul style="list-style-type: none"> <li>MBI is 11 characters, left-justified</li> </ul> </li> </ul>

**Record Type 2**

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

**Figure 16: Payment Records Report**

Part B Claim Records Posted (PAYRECDS)												
PART B CLAIMS RECORDS POSTED IN <u>MM</u> <u>MM</u> <u>MM</u> YYYY 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

### Figure 17: HMO Bill Itemization Report

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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 will send the “initial” (one time only) HICN to MBI Crosswalk file for past and present membership at the beginning of March 2018. This will give Plans a few weeks to update their systems prior to receiving MARx output data files/reports with the MBI beginning in April 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.Rxxxxx.CROSSWLK.Dyymm01.Thhmmss” ,where “xxxxx” 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).