Plan Communication User Guide for MEDICARE ADVANTAGE PRESCRIPTION DRUG PLANS

June 30, 2024

Version 17.9



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Change Log

Section	Change Description
Global	 Updated the version to 17.9. Updated the publish date to June 30, 2024. Updated Table of Contents, Layout, Report, Table, Figure, and Section references.
1	Introduction: • No Change
2	Establish Connectivity: • No Change
3	Eligibility and Enrollment: • No Change
4	Low Income Subside (LIS) Status: • No Change
5	Premium: No Change
6	Payment: • No Change
7	 Outbound Files and Miscellaneous: Updated PY2024 to PY2025 in Section 7-1: Part C RA Model Output Detail Record Type B (PY2012 through PY2025), G (PY2012 through PY2022) and E (PY2012 through 2021) Part C RA Model Output Detail Record Type J (PY2020 through PY2025) Part C RA Model Output Detail Record Type K (PY2020 through PY2025) Part C RA Model Output Detail Record Type L (PY2023 through PY2025) Part C RA Model Output Detail Record Type L (PY2023 through PY2025) Part C RA Model Output Detail Record Type M (PY2023 through PY2025) Part C RA Model Output Detail Record Type M (PY2025) Layouts 7-2, 7-6, 7-8, 7-9 Added: Part D RA Model Output Detail/Beneficiary Record 7 (PY2025) in Section 7-3
8	MARx UI: • No Change
9	Glossary and Acronyms: • No Change

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List of Website Links

The following is a list of website links that are contained in this document. Each one is a hyperlink to the placement in the document where the actual URL of the website can be found and accessed.

- Agent Broker Compensation website
- End Stage Renal Disease website
- <u>Health Plan Management System (HPMS) Help Desk website</u>
- MAPD Help Desk website
 - <u>Plan Connectivity Preparation</u>
 - o MAPD/MARx Calendars and Schedules
 - o <u>MARx UI Access</u>
- <u>Medicare Managed Care Manual (MMCM)</u>
- Medicare Managed Care Eligibility and Enrollment website
- Medicare Prescription Drug Eligibility and Enrollment website
- <u>Prescription Drug Event Customer Service and Support Center (CSSC) website</u>
- Improving Drug Utilization Review Controls in Part D website
- <u>Social Security Administration website</u>

1 Introduction

The Centers for Medicare & Medicaid Services (CMS) is a federal agency that ensures health care coverage for more than 100 million Americans. The **Medicare Advantage Prescription Drug** (**MAPD**) **Plan Communication User Guide** (**PCUG**) provides information to Medicare Managed Care Plans and Prescription Drug Sponsors (both hereafter referred to as Plans) for the participation in the MAPD Program, the use of the Medicare Advantage Prescription Drug (MARx) User Interface (UI) System, and the exchange of data files and reports between the Plans and CMS.

The PCUG is organized into the following sections:

Section 2, <u>Establish Connectivity</u>, provides instructions for establishing user connectivity to MARx along with methods for exchanging data with CMS.

Section 3, <u>Eligibility and Enrollment</u>, provides information and file layouts used for enrollment and eligibility verification of Medicare beneficiary applications.

Section 4, <u>Low Income Subsidy (LIS) Status</u>, provides explanations and data file layouts concerning LIS, including information regarding co-pay levels to ensure Part D Plans charge LIS beneficiaries the correct premium and cost-sharing amounts.

Section 5, <u>Premium</u>, provides information and file layouts on premium and premium withhold processes for beneficiaries.

Section 6, <u>Payment</u>, provides an overview of Part C and Part D payment and payment calculations, including payment related data file layouts and reports.

Section 7, <u>Outbound Files and Miscellaneous</u>, provides the All Transmissions Overview, which lists all of the file and report information exchanged between CMS and the Plans, and also provides information on outbound and miscellaneous files.

Section 8, <u>Medicare Advantage Prescription Drug User Interface – MARx UI</u>, provides information for Plans to access enrollment, eligibility, payment, premium withhold, and 4Rx information for beneficiaries.

Section 9, <u>Glossary and Acronyms</u>, provides a list of terms, definitions, and acronyms used throughout the PCUG.

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2 Establish Connectivity

The purpose of this section is to provide guidance to Plans to perform the following:

- Establish Contract Number(s) with CMS.
- Establish access to the MARx User Interface (UI).
- Establish the data exchange process for participation in the MAPD Program.

All new Plans participating in the MAPD Program must receive a contract number(s) from CMS or the Health Plan Management System (HPMS) before they can begin. After obtaining a contract number(s), Plans must register a designated person(s) to enter the Plan's connectivity data into the HPMS Plan Connectivity Data (PCD) Module.

CMS requires a scanned copy of the data entered into the PCD Module, with signature of the Plan External Point of Contact (EPOC) Approver, to be emailed to the <u>MAPD Help Desk</u> for all contract numbers before any files will be exchanged. Once all contact and connectivity data is entered into the module, Plans can select the "*Create PDF option*" to print the completed PCD form. Only one (1) signed form is required if all new contract numbers will use the same data exchange mechanism (Connect:Direct, TIBCO MFT Internet Server or Third Party Administrator [TPA]); otherwise, separate forms per transfer mechanism are required.

Plans that wish to exchange data with CMS via a T1 line and Connect:Direct software must be complete in the PCD Module. After completing the "*Plan Connectivity Data – General*" form, Plans must also complete the "*Plan Connectivity Data – T1 Connect:Direct/3rd Party*" form within the PCD module. In addition, the Secure Point of Entry (SPOE) ID Request form must be completed and submitted to CMS.

Note: In early August of each year, the MAPD Help Desk extracts a list from HPMS of all active contracts for the coming calendar year. Once these contracts are identified, the Help Desk will send an email communication to new Plans advising of the required steps for successfully connecting to CMS to enable file transfer.

Detailed instructions for this process can also be found on the MAPD Help Desk website on the **Plan Connectivity Preparation** page at this link: <u>https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan-Connectivity-Preparation.html</u>. The following documents are available for download on this page:

- Data Exchange Preparation Procedures (DEPP).
- Plan Connectivity Checklist.
- Secure Point of Entry (SPOE) ID Request Form.
- Enterprise File Transfer (EFT) Partner Server Form.
- External Point of Contact (EPOC) Designation Letter.
- EPOC Access Acknowledgement Form.

2.1 CMS Points of Contact

Table 2-1: Points of Contact by Topic

	CMS Points of Contact by Topic							
Торіс	Description	Contact Information						
MAPD Help Desk	The Medicare Advantage Prescription Drug (MARx) is the primary CMS online and batch system that provides access to information about Medicare enrollment, payment, premium withhold, for beneficiaries.	Website: <u>https://www.cms.gov/mapd-</u> <u>helpdesk</u> Email: <u>mapdhelp@cms.hhs.gov</u> Phone: 800-927-8069						
Risk Adjustment System (RAS) and Encounter Data Systems (EDS)	RAS provides MARx with beneficiary-specific, risk-adjusted factors for calculating Part C and Part D payments. Based on each beneficiary's medical history, the factors reflect claims and encounter data.	Website for RAS and EDS: <u>http://www.csscoperations.com</u> Email for RAS: <u>riskadjustmentpolicy@cms.hhs.gov</u> Email for EDS: <u>Riskadjustmentoperations@cms.hhs.gov</u>						
Prescription Drug Event (PDE) Submission Questions	PDE provides information about Risk Adjustment, Medicare Encounter Data, Medicare Medicaid Data and Prescription Drug Programs; including opportunities to enroll to submit data and obtain comprehensive information about data submission and reporting.	Website: http://www.csscoperations.com Email: pdejan2011@cms.hhs.gov Phone: 877-534-2772						
Health Plan Management Systems (HPMS)	HPMS contains complete information about contracts between Plans and CMS. It provides information about contracts, PBPs, segment numbers, and service areas. HPMS also provides MARx with information about terminations, rollovers, payment rates, and rebate amounts.	Website to HPMS Helpdesk: https://www.cms.gov/Research- Statistics-Data-and- Systems/Computer-Data-and- Systems/HPMS/HelpDeskInfo.html						
Social Security Administration (SSA)	SSA maintains beneficiary benefit checks. SSA is responsible for withholding Part B, C, and D Premiums and processing Part B Premium Reductions based on information received from CMS.	Website: https://www.SSA.gov/ Phone: Local Office or 800-772-1213						
Railroad Retirement Board (RRB)	RRB maintains their retiree benefit checks. RRB withholds Part B, C, and D premiums and processes Part B Premium Reductions based on information received from CMS.	Website: https://www.RRB.gov Phone: 877-772-5772						

3 Eligibility and Enrollment

For completing an enrollment request, Plans must verify Medicare entitlement for the prospective Plan enrollee using one of the following methods:

- Batch Eligibility Query Process.
- Third Party Submitters.
- MARx User Interface (UI).

This section covers the following topics:

- **<u>Batch Eligibility Query (BEQ) Process</u>**.
- <u>Transaction Process</u>.
- **Daily Transaction Reports**.
- Enrollment and Disenrollment Transaction Process.
- <u>Cost Plan Transaction Process</u>.
- Reporting RxID/RxGroup/RxPCN/RxBIN Data.
- Full Enrollment File.
- <u>Agent Broker Compensation</u>.
- <u>Coordination of Benefits</u>.
- Eligibility and Enrollment Transaction Reply Codes (TRCs) and Definitions.

Note: At this time, batch files only support single-byte ASCII characters.

3.1 Batch Eligibility Query (BEQ) Process

The BEQ Process provides a vehicle for all Plans to verify the following information about a beneficiary:

- Medicare eligibility.
- Prescription Drug Plan (PDP) eligibility.
- Low Income Subsidy (LIS) information.
- Past drug coverage period information.
 - With this information, Plans can determine the Number of Uncovered Months (NUNCMO) relating to Late Enrollment Penalty (LEP).

The following sections provide detail information about the BEQ Request and Response File Processes.

3.1.1 *BEQ Request File Process*

Each transaction on the BEQ Request File should identify a prospective or current Plan enrollee. Plans may submit BEQ transactions only for individuals who have requested enrollment. Plans may not submit BEQ transactions for individuals who have not requested enrollment.

CMS generates one BEQ Response File for every BEQ Request File. The BEQ Response File includes the transaction records contained in the request. If a Plan submits multiple BEQ Request Files during a regular business day, the Plan receives multiple BEQ Response files, corresponding to each BEQ Request File, during that same business day.

In order to ensure acceptable performance and processing time, the number of transaction records in a BEQ file should not exceed 100,000.

Note: BEQ Response Files are not time-stamped, so the Plan must process these files immediately upon receipt.

For Plans using a Connect:Direct data transmission protocol, if a second BEQ Response File is received by the Plan prior to the Plan's processing of a previous one, a Connect:Direct transmission error results and the Plan must manually retransmit the file.

Plans can use the Detail Record Sequence Number (Field 6) located in each BEQ Request Detail Record to track individual transactions sent to and received from CMS.

3.1.2 BEQ Request File

System	Туре	Frequency	Record Length	BEQ Request File Dataset Naming Conventions
MBD	Data File	PRN (Plans can send multiple files a day)	750	Gentran Mailbox/TIBCO MFT Internet Server: ** [GUID].[RACFID].MBD.D.xxxxx.BEQ.[P/T][.ZIP] Connect:Direct: P#EFT.IN.PLxxxxx.BEQ4RX.DYYMMDD.THHMMSST Note: DYYMMDD.THHMMSST must be coded as shown, as it is a literal

This file includes the following records:

- BEQ Request Header Record.
- BEQ Request Detail Record.
- BEQ Request Trailer Record.

Layout 3-1: BEQ Request Header Record

	BEQ Request File Header Record								
Item	Field	Size	Position	Format	Valid Values	Description			
1	File ID Name	8	1- 8	CHAR	MMABEQRH	Critical Field: This code identifies the file as a BEQ Request File and this record as the Header Record of the file.			
2	Sending Entity	8	9-16	CHAR	Sending Organization (left justified space filled) Acceptable Values: 5-position Contract. (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 is 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.			
3	File Creation Date	8	17-24	CHAR	CCYYMMDD	Critical Field: The date that the Sending Entity created the BEQ Request File. For example, January 3 2017 is the value 20170103. This value should agree with the corresponding value in the Trailer Record. CMS returns this information to the Sending Entity on all Detail Records of a BEQ Response File.			

Item	Field	Size	Position	Format	Valid Values	Description
4	File Control Number	9	25-33	CHAR	Assigned by Sending Entity	Critical Field The specific Control Number assigned by the Sending Entity to the BEQ Request File. CMS returns this information to the Sending Entity on all Detail Records of a BEQ Response File. This value should agree with the corresponding value in the Trailer Record.
5	Filler	717	34-750	CHAR	Spaces	

Layout 3-2: BEQ Request Detail Record

	BEQ Request File Detail Record									
Item	Field	Size	Position	Format	Valid Values	Description				
1	Record Type	5	1-5	CHAR	DTL01 = BEQ Transaction Note: The value above is DTL-zero-one.	Critical Field This code identifies the record as a Detail Record for processing specifically for BEQ Service.				
2	Beneficiary ID	12	6-17	CHAR	Beneficiary ID or RRB	 Critical Field 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. During the MBI Transition period, the acceptable values are the HICN, RRB Number and MBI. When the MBI Transition period ends, the acceptable value is the MBI. The last position may be a space. 				
3	Filler	9	18-26	CHAR	Spaces					
4	DOB	8	27-34	CHAR	CCYYMMDD	Critical Field The date of the beneficiary's birth. The value should not include dashes, decimals, or commas. The value should include only numbers.				
5	Gender Code	1	35	CHAR	0 – Unknown 1 – Male; 2 - Female	Not Critical Field The gender of the beneficiary.				
6	Detail Record Sequence Number	7	36-42	NUM	Seven-byte number unique within the BEQ Request File	Critical Field A unique number assigned by the Sending Entity to the Detail Record.				
7	Filler	708	43-750	CHAR	Spaces					

	BEQ Request File Trailer Record								
Item	Field	Size	Position	Format	Valid Values	Description			
1	File ID Name	8	1-8	CHAR	MMABEQRT	Critical Field This code identifies the record as the Trailer Record of a BEQ Request File.			
2	Sending Entity (CMS)	8	9-16	CHAR	Sending Organization (left justified space filled) Acceptable Values: 5-position Contract Identifier + 3 Spaces (3 Spaces 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 is 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.			
3	File Creation Date	8	17-24	CHAR	CCYYMMDD	Critical Field The date when the Sending Entity created the BEQ Request File. For example, January 3, 2017 is the value 20170103. This value should agree with the corresponding value in the Header Record. CMS will pass this information back to the Sending Entity on all Detail Records of a BEQ Response File.			
4	File Control Number	9	25-33	CHAR	Assigned by Sending Entity	Critical Field The specific Control Number assigned by the Sending Entity to the BEQ Request File. CMS will return this information to the Sending Entity on all Detail Records of a BEQ Response File. This value should agree with the corresponding value in the Header Record.			
5	Record Count	7	34-40	NUM	Numeric value greater than Zero, with leading zeroes.	Critical Field The total number of Detail Records supplied on the BEQ Request File.			
6	Filler	710	41-750	CHAR	Spaces				

Layout 3-3: BEQ Request Trailer Record

3.1.3 Sample BEQ Request File Pass and Fail Acknowledgments

The Medicare enrollment system issues an e-mail acknowledgment of receipt and status to the Sending Entity. If the status is accepted, the file is processed. If the status is rejected, the e-mail informs the Sending Entity of the first File Error Condition that caused the BEQ Request File's rejection. A rejected file is not returned.

Sample e-mail of a Pass and Fail Acknowledgement appear below:

Figure 3-1: Example of BEQ Request File "Pass" Acknowledgment

TO: Jim.Doe@xxs.net TO: Chris.Doe@dxxx.org TO: Falcon.Doe@xxxx.org FROM: MBD#BQ94.HCFJES@cms.hhs.gov Subject: CMS MMA DATA EXCHANGE FOR MMABTCH

MMABTCH file has been received and passed surface edits by CMS. QUESTIONS? Contact 1-800-927-8069 or E-mail <u>mapdhelp@cms.hhs.gov</u>

INPUT HEADER RECORD MMABEQRHS0094 20170306F20070306

INPUT TRAILER RECORD MMABEQRTS0094 20170306F200703060000074 Figure 3-2: Example of BEQ Request File "Fail" Acknowledgment

TO: Jim.Doe@xxs.net TO: Chris.Doe@dxxx.org TO: Falcon.Doe@xxxx.org FROM: MBD#BQ30.HCFJES@cms.hhs.gov Subject: CMS MMA DATA EXCHANGE FOR MMABTCH

MMABTCH file has been received and failed surface edits by CMS. QUESTIONS? Contact 1-800-927-8069 or E-mail <u>mapdhelp@cms.hhs.gov</u>

INPUT HEADER RECORD MMABEQRHH0030 20170228 84433346

INPUT TRAILER RECORD MMABEQRTH0030 20170221 844333460074065

THE TRAILER RECORD IS INVALID

3.1.4 BEQ Request File Error Conditions

3.1.4.1 BEQ Request File Level Error Conditions

The following table contains File Level Error Conditions. File Level Errors represent conditions in which a BEQ Request File is rejected and not processed.

Table 3-1: BEQ Response File Level Error Conditions

BEQ Response File Level Error Conditions						
Source Of Error	Error Message	Error Condition				
Header Record	The Header Record is missing.	 The Header Record is not provided on the file. The Header Record is unreadable. More than one Header Record is provided on the file. 				
Header Record	The Header Record is Invalid.	 The Header Record is incorrectly formatted. The Header Record contains invalid values. The Header Record contains Critical Fields that are not provided. 				
Trailer Record	The Trailer Record is missing.	 The Trailer Record is not provided on the file. The Trailer Record is unreadable. More than one Trailer Record is provided on the file. 				
Trailer Record	The Trailer Record is invalid.	 The Trailer Record is incorrectly formatted. The Trailer Record contains invalid values. The Trailer Record contains Critical Fields that are not populated. The Record Count in the Trailer Record is more than 2 different from the actual number of Detail Records in the file. 				
File Content	The File has no Transactions.	• There are no Detail Records found in the file.				

3.1.4.2 BEQ Request Detail Record Error Conditions

The following Flag fields are provided in the BEQ Response File Detail Record. Flag fields represent the successful or unsuccessful result of processing data within a Detail Record of the Request file.

	BEQ Request Detail Record Error Conditions							
Flag Flag Code		Flag Code Result	Flag Result Condition					
Processed Flag	Y	The Transaction is accepted for processing.	All critical fields on the Transaction are populated with valid values.					
Processed Flag	N	The Transaction is not accepted for processing.	At least one critical field on the Transaction is populated with a value other than the prescribed valid values.					
Beneficiary Match Flag	Y	The beneficiary on the Transaction is successfully located in the MBD.	The beneficiary is successfully located by the combination of the HICN, RRB or MBI; date of birth, and gender.					
Beneficiary Match Flag	N	The beneficiary on the Transaction is not successfully located in the MBD.	The beneficiary is not successfully located by the combination of the HICN, RRB or MBI; date of birth, and gender.					

Table 3-2: BEQ Request Detail Record Error Conditions

3.1.5 BEQ Response File Process

CMS analyzes a BEQ Request File to determine the file's acceptance or rejection based on the BEQ Request File Error Conditions. After determining whether the file is accepted or rejected, the BEQ process generates an e-mail acknowledgement of receipt indicating one of the following outcomes:

- If the BEQ Request File is *accepted*, an e-mail notification informs the Plan that the specific BEQ Request File is accepted and in process.
- If the BEQ Request File is *rejected*, the e-mail notification informs the Plan of the first File Error Condition that caused the rejection. A rejected file is not returned.

This e-mail acknowledgement/notification is sent to all submitters registered in the IDM system for the Sending Entity contract.

CMS processes all transactions of an accepted BEQ Request File. Each transaction is uniquely identified and tracked throughout the CMS processing service by the combination of the following:

- Sending Entity Field 2 on the Header Record.
- File Creation Date Field 3 on the Header Record.
- File Control Number Field 4 on the Header Record.
- Detail Record Sequence Number Field 6 on the Detail Record.

When a transaction is processed, CMS first verifies that all critical data is provided and valid on the record. CMS then attempts to perform a Beneficiary Match, in which the beneficiary

identifying fields on the transaction locate a single beneficiary and verify Medicare entitlement. Each Detail Record of the BEQ Response File maintains these three critical fields:

- HICN, RRB, or MBI Field 2.
- Date of Birth Field 4.
- Gender Code Field 5.

If all critical fields are not provided, subsequent processing is terminated for that transaction, including any attempt to match the Beneficiary on the database and verify Medicare entitlement. The Processed Flag and the Beneficiary Match Flag in the BEQ Response Detail Record are set to N. All Error Return Codes are assigned the appropriate values.

If all critical data elements are provided, CMS then attempts to perform a Beneficiary Match, in which the beneficiary identifying fields on the transaction locate a single beneficiary on the database and verify Medicare entitlement.

If the beneficiary is matched, the Processed Flag and the Beneficiary Match Flag are set to Y and CMS returns a BEQ Response Detail record populated with the additional fields for the beneficiary.

Note: CMS provides the two most recent occurrences of LIS information. During an open enrollment period, CMS is unaware whether Plans are submitting queries for current year enrollments or for next year's enrollments. Therefore, the BEQ Response File provides the current and future LIS information, so that Plans have the correct information for the year in which they may submit the enrollment transaction.

If the beneficiary is not matched or the transaction contains critical errors, the Processed Flag and the Beneficiary Match Flag are set to N. CMS returns a BEQ Response Detail record, but does not populate any of the additional fields for the beneficiary.

3.1.6 *BEQ Response File*

The BEQ Response File contains records produced from processing the transactions of accepted BEQ Request files. Detail records for all submitted records that are successfully processed contain Processed Flag = Y. Detail records for all submitted records that are not successfully processed contain Processed Flag = N.

The BEQ Response Files are flat files created as a result of processing the Detail Records of accepted BEQ Request Files. CMS sends BEQ Response Files to Plans in the following format.

System	Туре	Frequency	Record Length	BEQ Response File Dataset Naming Conventions
MBD	Data File	Response to BEQ Request File.	2000	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.#BQN4.Dyymmdd.Thhmmsst Connect:Direct [Mainframe]: zzzzzzzz.Rxxxxx.#BQN4.Dyymmdd.Thhmmsst Connect:Direct [Non-mainframe]: [directory]Rxxxxx.#BQN4.Dyymmdd.Thhmmsst

The following records are included in this file:

- BEQ Response File Header Record
- BEQ Response File Detail Record
- BEQ Response File Trailer Record

Layout 3-4: BEQ Response File Header Record

BEQ Response File Header Record							
Item	Field	Size	Position	Format	Valid Values		
1	Header Code	8	1 - 8	CHAR	CMSBEQRH		
2	Sending Entity	8	9 – 16	CHAR	"MBD ' (MBD + five spaces)		
3	File Creation Date	8	17 - 24	CHAR	CCYYMMDD		
4	File Control Number	9	25 - 33	CHAR			
5	Filler	1967	34 - 2000	CHAR	Spaces		

Layout 3-5: BEQ Response Detail Record (Transaction)

BEQ Response File Detail Record						
Item	Field	Size	Position	Format	Valid Values	
1	Record Type	3	1 – 3	CHAR	DTL	
Start of Original Detail Record						
2	Record Type	5	4 - 8	CHAR		
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.	
4	Filler	9	21 – 29	CHAR		
5	Beneficiary's Date of Birth	8	30 - 37	CHAR		
6	Beneficiary's Gender Code	1	38	CHAR		
7	Detail Record Sequence Number	7	39 - 45	ZD		
End of	f Original Detail Record					
8	Processed Flag	1	46	CHAR	Y or N	
9	Beneficiary Match Flag	1	47	CHAR	Y or N	
10	Medicare Part A Entitlement Start Date	8	48 - 55	CHAR	CCYYMMDD	
11	Medicare Part A Entitlement End Date	8	56 - 63	CHAR	CCYYMMDD	
12	Medicare Part B Entitlement Start Date	8	64 - 71	CHAR	CCYYMMDD	
13	Medicare Part B Entitlement End Date	8	72 - 79	CHAR	CCYYMMDD	
14	Medicaid Indicator	1	80	CHAR	0 or 1	
15	Part D Enrollment Effective Date or Employer Subsidy Start Date (Occurrence 1)	8	81 - 88	CHAR	CCYYMMDD	

BEQ Response File Detail Record						
Item	Field	Size	Position	Format	Valid Values	
16	Part D Disenrollment Date or Employer Subsidy End Date (Occurrence 1)	8	89 – 96	CHAR	CCYYMMDD	
17	Part D Enrollment Effective Date or Employer Subsidy Start Date (Occurrence 2)	8	97 – 104	CHAR	CCYYMMDD	
18	Part D Disenrollment Date or Employer Subsidy End Date (Occurrence 2)	8	105 - 112	CHAR	CCYYMMDD	
19	Part D Enrollment Effective Date or Employer Subsidy Start Date (Occurrence 3)	8	113 - 120	CHAR	CCYYMMDD	
20	Part D Disenrollment Date or Employer Subsidy End Date (Occurrence 3)	8	121 – 128	CHAR	CCYYMMDD	
21	Part D Enrollment Effective Date or Employer Subsidy Start Date (Occurrence 4)	8	129 – 136	CHAR	CCYYMMDD	
22	Part D Disenrollment Date or Employer Subsidy End Date (Occurrence 4)	8	137 – 144	CHAR	CCYYMMDD	
23	Part D Enrollment Effective Date or Employer Subsidy Start Date (Occurrence 5)	8	145 – 152	CHAR	CCYYMMDD	
24	Part D Disenrollment Date or Employer Subsidy End Date (Occurrence 5)	8	153 – 160	CHAR	CCYYMMDD	
25	Part D Enrollment Effective Date or Employer Subsidy Start Date (Occurrence 6)	8	161 – 168	CHAR	CCYYMMDD	
26	Part D Disenrollment Date or Employer Subsidy End Date (Occurrence 6)	8	169 – 176	CHAR	CCYYMMDD	
27	Part D Enrollment Effective Date or Employer Subsidy Start Date (Occurrence 7)	8	177 – 184	CHAR	CCYYMMDD	
28	Part D Disenrollment Date or Employer Subsidy End Date (Occurrence 7)	8	185 – 192	CHAR	CCYYMMDD	
29	Part D Enrollment Effective Date or Employer Subsidy Start Date (Occurrence 8)	8	193 - 200	CHAR	CCYYMMDD	
30	Part D Disenrollment Date or Employer Subsidy End Date (Occurrence 8)	8	201 - 208	CHAR	CCYYMMDD	
31	Part D Enrollment Effective Date or Employer Subsidy Start Date (Occurrence 9)	8	209 - 216	CHAR	CCYYMMDD	
32	Part D Disenrollment Date or Employer Subsidy End Date (Occurrence 9)	8	217 - 224	CHAR	CCYYMMDD	
33	Part D Enrollment Effective Date or Employer Subsidy Start Date (Occurrence 10)	8	225 - 232	CHAR	CCYYMMDD	

BEQ Response File Detail Record							
Item	Field	Size	Position	Format	Valid Values		
34	Part D Disenrollment Date or Employer Subsidy End Date (occurrence 10)	8	233 - 240	CHAR	CCYYMMDD		
35	Sending Entity	8	241 - 248	CHAR			
36	File Control Number	9	249 - 257	CHAR			
37	File Creation Date	8	258 - 265	CHAR	CCYYMMDD		
38	Part D Eligibility Start Date	8	266 - 273	CHAR			
39	Deemed / Low-Income Subsidy Effective Date (Occurrence 1)	8	274 - 281	CHAR	CCYYMMDD		
40	Deemed / Low-Income Subsidy End Date (Occurrence 1)	8	282 - 289	CHAR	CCYYMMDD		
41	Co-Payment Level Identifier (Occurrence 1)	1	290	CHAR	1, 2, 3, 4 or 5		
42	Part D Premium Subsidy Percent (Occurrence 1)	3	291 - 293	CHAR	100, 075, 050, or 025		
43	Deemed / Low-Income Subsidy Effective Date (Occurrence 2)	8	294 - 301	CHAR	CCYYMMDD		
44	Deemed / Low-Income Subsidy End Date (Occurrence 2)	8	302 - 309	CHAR	CCYYMMDD		
45	Co-Payment Level Identifier (Occurrence 2)	1	310	CHAR	1, 2, 3, 4 or 5		
46	Part D Premium Subsidy Percent (Occurrence 2)	3	311 - 313	CHAR	100, 075, 050, or 025		
Part D	O/RDS Indicator (10 occurrences)						
47	RDS/Part D Indicator (Occurrence 1)	1	314	CHAR	D or R		
48	RDS/Part D Indicator (Occurrence 2)	1	315	CHAR	D or R		
49	RDS/Part D Indicator (Occurrence 3)	1	316	CHAR	D or R		
50	RDS/Part D Indicator (Occurrence 4)	1	317	CHAR	D or R		
51	RDS/Part D Indicator (Occurrence 5)	1	318	CHAR	D or R		
52	RDS/Part D Indicator (Occurrence 6)	1	319	CHAR	D or R		
53	RDS/Part D Indicator (Occurrence 7)	1	320	CHAR	D or R		
54	RDS/Part D Indicator (Occurrence 8)	1	321	CHAR	D or R		
55	RDS/Part D Indicator (Occurrence 9)	1	321	CHAR	D or R		
56	RDS/Part D Indicator (Occurrence 10)	1	323	CHAR	D or R		
	ered Months Data (20 occurrences)	1	525	CIIIIK	DUIK		
57	Start Date (Occurrence 1)	8	324 - 331	CHAR	CCYYMMDD		
58	Number of Uncovered Months (Occurrence 1)	3	332 - 334	NUM			
59	Number of Uncovered Months Status Indicator (Occurrence 1)	1	335	CHAR			
60	Total Number of Uncovered Months (Occurrence 1)	3	336 - 338	ZD			
61	Uncovered Months (Occurrence 2)	15	339 - 353	See Fields 57 – 60			

	BEQ Response File Detail Record							
Item	Field	Size	Position	Format	Valid Values			
62	Uncovered Months (Occurrence 3)	15	354 - 368	See Fields 57 – 60				
63	Uncovered Months (Occurrence 4)	15	369 - 383	See Fields 57 – 60				
64	Uncovered Months (Occurrence 5)	15	384 - 398	See Fields 57 – 60				
65	Uncovered Months (Occurrence 6)	15	399 – 413	See Fields 57 – 60				
66	Uncovered Months (Occurrence 7)	15	414 - 428	See Fields 57 – 60				
67	Uncovered Months (Occurrence 8)	15	429 - 443	See Fields 57 – 60				
68	Uncovered Months (Occurrence 9)	15	444 – 458	See Fields 57 – 60				
69	Uncovered Months (Occurrence 10)	15	459 – 473	See Fields 57 – 60				
70	Uncovered Months (Occurrence 11)	15	474 – 488	See Fields 57 – 60				
71	Uncovered Months (Occurrence 12)	15	489 - 503	See Fields 57 – 60				
72	Uncovered Months (Occurrence 13)	15	504 - 518	See Fields 57 – 60				
73	Uncovered Months (Occurrence 14)	15	519 - 533	See Fields 57 – 60				
74	Uncovered Months (Occurrence 15)	15	534 - 548	See Fields 57 – 60				
75	Uncovered Months (Occurrence 16)	15	549 - 563	See Fields 57 – 60				
76	Uncovered Months (Occurrence 17)	15	564 - 578	See Fields 57 – 60				
77	Uncovered Months (Occurrence 18)	15	579 – 593	See Fields 57 – 60				
78	Uncovered Months (Occurrence 19)	15	594 - 608	See Fields 57 – 60				
79	Uncovered Months (Occurrence 20)	15	609 - 623	See Fields 57 – 60				

	BEQ Response File Detail Record							
Item	Field S		Position	Format	Valid Values			
80	Beneficiary's Retrieved Date of Birth (as retrieved from CMS database for matching beneficiary)	8	624 - 631	CHAR	CCYYMMDD			
81	Beneficiary's Retrieved Gender Code (as retrieved from CMS database for matching beneficiary)	1	632	CHAR	0 = Unknown. 1 = Male. 2 = Female.			
82	Last Name	40	633 - 672	CHAR				
83	First Name	30	673 - 702	CHAR				
84	Middle Initial	1	703	CHAR				
85	Current State Code	2	704 - 705	CHAR				
86	Current County Code	3	706 - 708	CHAR				
87	Date of Death	8	709 - 716	CHAR	CCYYMMDD			
88	Part C/D Contract Number (if available)	5	717 - 721	CHAR				
89	Part C/D Enrollment Start Date (if available)	8	722 - 729	CHAR	CCYYMMDD			
90	Part D Indicator (if available)	1	730	CHAR	Y = Yes. $N = No.$ Space.			
91	Part C Contract Number (if available)	5	731 - 735	CHAR				
92	Part C Enrollment Start Date (if available)	8	736 - 743	CHAR				
93	Part D Indicator (if available)		744	CHAR	N = No. Space.			
94	End Stage Renal Disease Indicator	1	745	CHAR	ESRD Indicator 0 = No ESRD. 1 = ESRD.			
95	PBP Number (associated with contract number in Field 88, positions 717 – 721)	3	746 – 748	CHAR	Plan Benefit Package number			

	BEQ Response	File Deta	uil Record		
Item	Field	Size	Position	Format	Valid Values
96	Plan Type Code (associated with PBP number in Field 95, positions 746 – 748)	2	749 - 750	CHAR	Type of plan: 01 = HMO. 02 = HMOPOS. 04 = Local PPO. 05 = PSO (State License). 07 = MSA. 08 = RFB PFFS. 09 = PFFS. 18 = 1876 Cost. 19 = HCPP 1833 Cost. 20 = National PACE. 28 = Chronic Care. 29 = Medicare Prescription Drug Plan. 30 = Employer/ Union Only Direct Contract PDP. 31 = Regional PPO. 40 = Employer/ Union Only Direct Contract PFFS. 42 = RFB HMO. 43 = RFB HMOPOS. 44 = RFB Local PPO. 45 = RFB PSO (State License). 46 = Point-of-Sale Contractor. 47 = Employer/ Union Only Direct Contract PFO. 48 = Medicare- Medicaid Plan HMOPOS. 50 = Medicare- Medicaid Plan PPO. 99 = Undefined Historical Data.
97	EGHP Indicator (associated with PBP number in Field 95, positions 746 – 748)	1	751	CHAR	EGHP Switch: Y = EGHP. N = not EGHP.
98	PBP Number (associated with contract number in Field 91, positions 731 – 735)	3	752 – 754	CHAR	Plan Benefit Package number.

BEQ Response File Detail Record							
Item	Field	Size	Position	Format	Valid Values		
99	Plan Type Code (associated with PBP number in Field 98, positions 752 – 754)	2	755 – 756	CHAR	See values in Field 96, positions 749 – 750.		
100	EGHP Indicator (associated with PBP number in Field 98, positions 752 – 754)	1	757	CHAR	Employer Group Health Plan Switch: Y = EGHP. N = not EGHP.		
101	Mailing Address Line 1	40	758 – 797	CHAR			
102	Mailing Address Line 2	40	798 – 837	CHAR			
103	Mailing Address Line 3	40	838 - 877	CHAR			
104	Mailing Address Line 4	40	878 - 917	CHAR			
105	Mailing Address Line 5	40	918 - 957	CHAR			
106	Mailing Address Line 6	40	958 – 997	CHAR			
107	Mailing Address City	40	998 - 1037	CHAR			
108	Mailing Address Postal State Code	2	1038-1039	CHAR			
109	Mailing Address ZIP Code	9	1040-1048	CHAR			
110	Mailing Address Start Date	8	1049–1056	CHAR	CCYYMMDD		
111	Residence Address Line 1	60	1017-1116	CHAR			
112	Residence Address Line I	40	1117–1156	CHAR			
112	Residence Address Postal State Code	2	1117–1150	CHAR			
113	Residence Address 70stal State Code	9	1159–1167	CHAR			
		8	1168-175	CHAR	CCYYMMDD		
115	Residence Address Start Date Medicare Plan Ineligibility Due to		1108-175				
116	Incarceration Start Date(1)	8	1176–1183	1176–1183 CHAR	CCYYMMDD		
117	Medicare Plan Ineligibility Due to Incarceration End Date(1)	8	1184–1191	CHAR	CCYYMMDD		
118	Medicare Plan Ineligibility Due to Incarceration Start Date(2)	8	1192–1199	CHAR	CCYYMMDD		
119	Medicare Plan Ineligibility Due to Incarceration End Date(2)	8	1200–1207	CHAR	CCYYMMDD		
120	Medicare Plan Ineligibility Due to Incarceration Start Date(3)	8	1208–1215	CHAR	CCYYMMDD		
121	Medicare Plan Ineligibility Due to Incarceration End Date(3) Medicare Plan Ineligibility Due to	8	1216-1223	CHAR	CCYYMMDD		
122	Incarceration Start Date(4) Medicare Plan Ineligibility Due to	8	1224–1231	CHAR	CCYYMMDD		
123	Incarceration End Date(4) Medicare Plan Ineligibility Due to	8	1232–1239	CHAR	CCYYMMDD		
124	Incarceration Start Date(5) Medicare Plan Ineligibility Due to			CCYYMMDD			
125	Incarceration End Date(5) Medicare Plan Ineligibility Due to	8	1248–1255	CHAR	CCYYMMDD		
126	Incarceration Start Date(6) Medicare Plan Ineligibility Due to	8	1256-1263	CHAR	CCYYMMDD		
127	Incarceration End Date(6) Medicare Plan Ineligibility Due to	8	1264-1271	CHAR	CCYYMMDD		
128	Incarceration Start Date(7) Medicare Plan Ineligibility Due to	8	1272-1279	CHAR	CCYYMMDD		
129	Incarceration End Date(7)	8	1280–1287	CHAR	CCYYMMDD		

BEQ Response File Detail Record							
Item	Field	Size	Position	Format	Valid Values		
130	Medicare Plan Ineligibility Due to Incarceration Start Date(8)	8	1288–1295	CHAR	CCYYMMDD		
131	Medicare Plan Ineligibility Due to Incarceration End Date(8)	8	1296–1303	CHAR	CCYYMMDD		
132	Medicare Plan Ineligibility Due to Incarceration Start Date(9)	8	1304–1311	CHAR	CCYYMMDD		
133	Medicare Plan Ineligibility Due to Incarceration End Date(9)	8	1312–1319	CHAR	CCYYMMDD		
134	Medicare Plan Ineligibility Due to Incarceration Start Date(10)	8	1320–1327	CHAR	CCYYMMDD		
135	Medicare Plan Ineligibility Due to Incarceration End Date(10)	8	1328–1335	CHAR	CCYYMMDD		
136	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(1)	8	1336-1343	CHAR	CCYYMMDD		
137	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (1)	8	1344-1351	CHAR	CCYYMMDD		
138	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(2)	8	1352-1359	CHAR	CCYYMMDD		
139	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (2)	8	1360-1367	CHAR	CCYYMMDD		
140	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(3)	8	1368-1375	CHAR	CCYYMMDD		
141	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (3)	8	1376-1383	CHAR	CCYYMMDD		
142	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(4)	8	1384-1391	CHAR	CCYYMMDD		
143	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (4)	8	1392-1399	CHAR	CCYYMMDD		
144	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(5)	8	1400-1407	CHAR	CCYYMMDD		
145	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (5)	8	1408-1415	CHAR	CCYYMMDD		
146	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(6)	8	1416-1423	CHAR	CCYYMMDD		
147	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (6)	8	1424-1431	CHAR	CCYYMMDD		
148	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(7)	8	1432-1439	CHAR	CCYYMMDD		
149	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (7)	8	1440-1447	CHAR	CCYYMMDD		
150	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(8)	8	1448-1455	CHAR	CCYYMMDD		
151	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (8)	8	1456-1463	CHAR	CCYYMMDD		
152	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(9)	8	1464-1471	CHAR	CCYYMMDD		
153	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (9)	8	1472-1479	CHAR	CCYYMMDD		
154	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(10)	8	1480-1487	CHAR	CCYYMMDD		
155	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (10)	8	1488-1495	CHAR	CCYYMMDD		

Item Field Size Position Format Valid Values An indicator providing the type of earolinent performed. An indicator providing the type of earolinent performed. Values: A: Auto enrolled by CMS. B: Beneficiary election. Size Values: A: Auto enrolled by CMS. B: Beneficiary election. 156 Current Enrollment Source Type Code associated with PBP number in Field 95, positions 746 – 748) 1 1496 CHAR 156 Current Enrollment Source Type Code (associated with PBP number in Field 95, positions 746 – 748) 1 1496 CHAR 157 Current Enrollment Source Type Code (associated with PBP number in Field 95, positions 746 – 748) 1 1496 CHAR 158 Current Enrollment Source Type Code (associated with PBP number in Field 95, positions 746 – 748) 1 1497 CHAR		BEQ Response	File Deta	il Record		
156Current Enrollment Source Type Code (associated with PBP number in Field 95, positions 746 – 748)111496CHARFinancial Alignment carollment, K: CMS-submitted multication, N: Rollover by plan transaction.157Current Enrollment Source Type Code (associated with PBP number in Field 95, positions 746 – 748)11496CHARFinancial Alignment carollment, K: CMS-submitted ransitied auto-enrollment, K: CMS-submitted ransitied carollment, K: CMS-submitted ransitied 	Item	Field	Size	Position	Format	Valid Values
157 (associated with PBP number in Field 98, 1 1497 CHAR See Values in Field 156 position 1496	156	(associated with PBP number in Field 95,	1	1496	CHAR	providing the type of enrollment performed. Values: A: Auto enrolled by CMS. B: Beneficiary election. C: Facilitated enrollment by CMS. D: CMS Annual Rollover. E: Plan submitted auto-enrollments. F: Plan submitted facilitated enrollments. G: Point of Sale (POS) submitted enrollments. H: CMS or plan submitted re- assignment enrollments. I: Invalid Submitted Value. J: State-submitted MMP passive enrollment. K: CMS-submitted MMP passive enrollment. L: Beneficiary MMP election. M: Default for Financial Alignment Demo Plan enrollment Source Code (M is not submitted on an enrollment). N: Rollover by plan
158 Prior Part C/D Contract Number 5 1498-1502 CHAR	157	(associated with PBP number in Field 98, positions 752–754)		1497	CHAR	

	BEQ Response File Detail Record							
Item	Field	Valid Values						
159	Prior Part C/D Enrollment Start Date (associated with PBP Number in Field 162, positions 1520-1522)	8	1503-1510	CHAR	CCYYMMDD			
160	Prior Part C/D Disenrollment Date (associated with PBP Number in Field 162, positions 1520-1522)	8	1511-1518	CHAR	CCYYMMDD			
161	Prior Part D Indicator (associated with PBP Number in Field 162, positions 1520-1522)	1	1519	CHAR	Y = Yes. N = No. Space.			
162	Prior PBP Number (associated with Contract Number in Field 158, positions 1498-1502)	3	1520-1522	CHAR	Plan Benefit Package number			
163	Prior Plan Type Code (associated with PBP Number in Field 162, positions 1520-1522)	2	1523-1524	CHAR	See values in Field 96 (positions 749-750).			
164	Prior EGHP Indicator		1525	CHAR	Employer Group Health Plan Switch: Y = EGHP. N = not EGHP.			
165	Prior Enrollment Source Type Code (associated with PBP Number in positions 1520-1522)	1	1526	CHAR	See values in Field 156 (position 1496).			
166	Prior Part C Contract Number	5	1527-1531	CHAR				
167	Prior Part C Enrollment Start Date (associated with PBP Number in Field 170, positions 1549-1551)	8	1532-1539	CHAR	CCYYMMDD			
168	Prior Part C Disenrollment Date (associated with PBP Number in Field 170, positions 1549-1551)	8	1540-1547	CHAR	CCYYMMDD			
169	Prior Part D Indicator (associated with PBP Number in Field 170, positions 1549-1551)	1	1548	CHAR	N = No Space			
170	Prior PBP Number		1549-1551	CHAR	Plan Benefit Package number			
171	Prior Plan Type Code		CHAR	See values in Field 96 (positions 749-750).				
172	Prior EGHP Indicator (associated with PBP Number in Field 170, positions 1549-1551)		1554	CHAR	Employer Group Health Plan Switch Y = EGHP N = not EGHP			
173	Prior Enrollment Source Type Code (associated with PBP Number in Field 170, positions 1549-1551)	1	1555	CHAR	See values in Field 156 (position 1496).			

BEQ Response File Detail Record							
Item	Field	Valid Values					
174	Active MBI	11	1556-1566	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.		
175	Most Recent Duals SEP Use Date	8	1567-1574	CHAR	CCYYMMDD		
176	CARA Status Start Date (1)	8	1575-1582	CHAR	CCYYMMDD		
177	CARA Status End Date (1)	8	1583-1590	CHAR	CCYYMMDD		
178	CARA Status Start Date (2)	8	1591-1598	CHAR	CCYYMMDD		
179	CARA Status End Date (2)	8	1599-1606	CHAR	CCYYMMDD		
180	CARA Status Start Date (3)	8	1607-1614	CHAR	CCYYMMDD		
181	CARA Status End Date (3)	8	1615-1622	CHAR	CCYYMMDD		
182	CARA Status Start Date (4)	8	1623-1630	CHAR	CCYYMMDD		
183	CARA Status End Date (4)	8	1631-1638	CHAR	CCYYMMDD		
184	CARA Status Start Date (5)	8	1639-1646	CHAR	CCYYMMDD		
185	CARA Status End Date (5)	8	1647-1654	CHAR	CCYYMMDD		
186	CARA Status Start Date (6)	8	1655-1662	CHAR	CCYYMMDD		
187	CARA Status End Date (6)	8	1663-1670	CHAR	CCYYMMDD		
188	CARA Status Start Date (7)	8	1671-1678	CHAR	CCYYMMDD		
189	CARA Status End Date (7)	8	1679-1686	CHAR	CCYYMMDD		
190	CARA Status Start Date (8)	8	1687-1694	CHAR	CCYYMMDD		
191	CARA Status End Date (8)	8	1695-1702	CHAR	CCYYMMDD		
192	CARA Status Start Date (9)	8	1703-1710	CHAR	CCYYMMDD		
193	CARA Status End Date (9)	8	1711-1718	CHAR	CCYYMMDD		
194	CARA Status Start Date (10)	8 1719-172		CHAR	CCYYMMDD		
195	CARA Status End Date (10)	8	1727-1734	CHAR	CCYYMMDD		
196	Medicare Part A Entitlement Start Date (occurrence two)	8	1735-1742	CHAR	CCYYMMDD		
197	Medicare Part A Entitlement End Date (occurrence two)	8	1743-1750	CHAR	CCYYMMDD		
198	Medicare Part B Entitlement Start Date (occurrence two)	8	1751-1758	CHAR	CCYYMMDD		
199	Medicare Part B Entitlement End Date (occurrence two)	8	1759-1766	CHAR	CCYYMMDD		
200	Filler	234	1767-2000	CHAR	Spaces		

Layout 3-6: BEQ Response Trailer Record

	BEQ Response Trailer Record							
Item	Field	Size	Position	Format	Valid Values			
1	Trailer Code	8	1 - 8	CHAR	CMSBEQRT			
2	Sending Entity	8	9 - 16	CHAR	'MBD ' (MBD + five spaces)			
3	File Creation Date	8	17 - 24	CHAR	CCYYMMDD			
4	File Control Number	9	25 - 33	CHAR				
5	Record Count	7	34 - 40	ZD	Right justified.			
6	Filler	1960	41 - 2000	CHAR	Spaces.			

3.2 Enrollment/Disenrollment/Change Transaction Process

Plans may submit multiple transaction files during any CMS business day, Monday through Friday. Plan transactions are processed as received; there is no minimum or maximum limit to the number of files that Plans may submit in a day.

All Plan-submitted files should comply with the record formats and field definitions as described for each file type. Plans should send files in a flat file structure that conform to the Dataset Naming Conventions unique to each file type.

CMS recognizes Plan submitted files by the information supplied in the Header and Trailer Records. Header Record information is critical as CMS uses it to track, control, formulate, and route files and transactions through the CMS systems and is used to send response files back to the Plans.

Transactions also enter the system from other sources, including the 1-800 MEDICARE Service Center. For an overview of the methodologies that CMS employs for transaction processing, see the Medicare Managed Care Eligibility and Enrollment website link: <u>http://www.cms.gov/MedicareMangCareEligEnrol/01_Overview.asp</u>. In the **Downloads** section, refer to the Enrollment and Disenrollment Guidance documents.

3.2.1 Transaction Process Flow

In general, transaction and processing occurs throughout the Current Calendar Month (CCM). Transactions processed on or before the Plan Data Cut-Off date will be included in the prospective payment to the Plan.

After the Cut-Off date, the MARx month-end process performs the payment calculation of beneficiary-level payments to Plan-level payments. While CMS is reviewing monthly payments for approval, Plan transaction processing resumes for the next month. Once CMS approves the monthly prospective payments, reports are distributed to the Plans.

Please note: On the last day of the month, it is imperative to submit transactions prior to 7:30 p.m. (EST). The transaction processing will be halted in order to efficiently shutdown the MARx UI system at 8:00 p.m. Submitted transactions, after 7:30 p.m., on the last day of the month, will not be processed until the next day. This will cause these transactions to be rejected due to start of a new month processes. For transactions to process successfully, it is important the month in the transaction header contains the same month as the current system month.

The following steps are taken to process transactions from a Plan:

- Plans submit transaction files using the selected data exchange method.
- MARx processes the submitted transactions, resulting in actions that affect beneficiary enrollment, payment, and status.
- The Plan receives accepted transactions in the *Daily Transaction Reply Report* (DTRR. These records contain a Transaction Reply Code (TRC), which describes CMS response.
- MARx calculates prospective payments, and/or retroactive adjustments.
- An unaccepted transaction results in either a rejected or failed status.

- A *rejection* results when incoming data is of the correct type but is not successfully processed due to some inconsistency that violates an enrollment validation check or rule. For example, if the contract number does not identify a valid contract for the submitter, MARx rejects the transaction. Rejected transactions are reported on the DTRR and transmitted to the Plan.
- A *failure* results when incoming data is inconsistent with the database rules. A transaction fails during processing when it contains an error that is too severe to attempt to process and store the data in the system. The transaction is written to the *Batch Completion Status Summary* (BCSS), and transmitted to the Plan.

3.2.2 MARx Monthly Calendar

It is vital that everyone involved in the Medicare enrollment and payment operations of the contract is aware of these dates. The MARx Monthly Calendar for the current year indicates the following dates:

- **Plan Data Cut-Off:** This is the last day for Plans to transmit records to the CMS Data Center for processing in the Current Processing Month. Plans must complete the transmission by 8:00 PM Eastern time on the date noted.
- **Payment to Plan:** This is the date that CMS deposits the monthly payment to the Plans. All deposits are made to arrive on the first calendar day of the month unless the first day falls on a weekend or a Federal holiday. In this case, the deposit arrives on the last workday prior to the first of the month.
- **Monthly Reports Available**: This is the date the CMS monthly reports are available for downloading from the mailbox or available in the MARx UI.
- Annual Election Period: The Annual Election Period (AEP) is October 15 through December 7 every year. Elections made during the AEP are effective January 1 of the following year.
- **Certification of Enrollment:** This is the date by which Plans must certify the accuracy of the enrollment information of the MARx Report. Plans must send the Certification via the Health Plan Management System (HPMS).
- **CMS Holidays:** These are the Federal Holidays where the CMS Offices are closed. The MAPD Help Desk is closed on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas.

The MARx Monthly Calendar and other useful calendars and schedules can be found on the MAPD Help Desk website on the **MAPD/MARx Calendars and Schedules** page at the following link:

https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/MAPD-MARx-Calendars-and-Schedules.html

3.2.3 MARx Batch Input Transaction Data File

On a daily basis, Plans may submit a *MARx Batch Input Transaction Data File* to CMS to enroll/update information about a beneficiary. This file consists of a header record followed by detail transaction records. The **Transaction Code** (**TC**) in each detail record identifies the type of transaction. Plans may submit any number of detail transaction records for one or more beneficiaries.

System	Туре	Frequency	Record Length	MARx Batch Input Dataset Naming Conventions
MARx	Data File	Batch - Daily PRN	300	Gentran Mailbox/TIBCO MFT Internet Server: [GUID].CMS.MARX.D.RXXXX.PLANTRAN.[P/T][.ZIP] Note: XXXXX is the user's plan contract mailbox. Connect:Direct: P#EFT.ON.MARXTR.RXXXX.DYYMMDD.THHMMSST Notes: XXXXX is the user's plan contract mailbox. DYYMMDD.THHMMSST must be coded as shown, as it is a literal.

The table below provides a list of the types of detail transaction records that can be submitted in the MARx Batch Input Transaction Data file.

MARx Batch Input Transaction Codes							
Transaction Code	MARx Batch Input Detail Transaction Record Description	Layout Reference					
51	Disenrollment Record						
54	Disenrollment Record (only used by the Medicare Customer Service Center)	<u>3.2.5</u>					
61	Enrollment Record	<u>3.2.6</u>					
72	4Rx Data Change Record	<u>3.2.7</u>					
74	Employer Group Health Plan (EGHP) Change Record	<u>3.2.8</u>					
76	Residence Address Change Record	<u>3.2.9</u>					
79	Part D Opt-Out Record	<u>3.2.10</u>					
80	Cancellation of Enrollment Record	2.0.11					
81	Cancellation of Disenrollment Record	<u> </u>					
82	Medicare and Medicaid Plan (MMP) Enrollment Cancellation Record	<u>3.2.12</u>					
83	MMP Opt-Out Update Record	<u>3.2.13</u>					
90	CARA Status Record	<u>3.2.14</u>					
91	Innovation Center (IC) Model Participation Record	<u>3.2.15</u>					
92	Personal Information Change Record	<u>3.2.16</u>					
93	Update Enrollment SEP Reason Code	<u>3.2.19</u>					
94	Update Disenrollment SEP Reason Code	<u>3.2.19</u>					

The table below provides a list of the allowable range of dates for the MARx Batch Input Transaction Data file detail transaction record types.

Transaction Code	Description	Earliest Date	Latest Date		
51 and 54	Disenrollment Record	CCM – 3 (Employer Group Healt [EGHP] Only/EGHP Cost Plans) CCM – 2 (EGHP Only/EGHP Co CCM – 1 CCM CCM + 1 CCM + 2 CCM + 3			
61	Enrollment Record	$\begin{array}{l} CCM-3 \ (EGHP \ Only) \\ CCM-2 \ (EGHP \ Only) \\ CCM-1 \\ CCM \\ CCM + 1 \\ CCM + 2 \\ CCM + 3 \end{array}$			
72	4Rx Data Change	Effective date must fall in one of the beneficiary's enrollment in the contract/PBP. There is no future date limitation.			
74	EGHP Change	CCM – 1	CCM + 3		
76	Residence Address Change	No timeliness edits. The effective during an enrollment.	e date occurs		
79	Part D Opt-Out Change	No timeliness edits.			
80	Cancellation of Enrollment Record	Effective date of the enrollment be removes a prior successfully proce disenrollment action submitted by and reinstates the beneficiary's en- state when MARx enrollment edi	essed enrollment or y the current Plan prollment to its prior		
81	Cancellation of Disenrollment Record	Effective date of disenrollment be removes a prior successfully proc disenrollment action submitted by and reinstates the beneficiary's er state when MARx enrollment edi	essed enrollment or y the current Plan prollment to its prior		
82	Medicare and Medicaid Plan (MMP) Enrollment Cancellation Record	Must equal the enrollment date			
83	MMP Opt-Out Update Record	No timeliness edits.			

Table 3-4: Allowable Range of Dates for MARx Batch Input Detail Transaction Record Types

Transaction Code	Description	Earliest Date	Latest Date			
90	CARA Status Record	Future dated records cannot be more than CCM+1				
91	Innovation Center (IC) Model Participation Record	No timeliness edits.				

3.2.4 MARx Batch Input Header Record

The MARx Batch Input Data File consists of a Header Record and one or more of the 17 types of Detail Records outlined in this section.

The format of the Detail Transaction Record follows a similar pattern for each transaction code. The first four (4) fields in each record will identify the beneficiary and the remaining fields are specific to the transaction code.

Layout 3-7: MARx Batch Input Header Record

	Ν	ARx Bate	ch Input Head	er Record
Item	Field	Size	Position	Description
1	Header Message	12	1-12	AAAAAHEADER
2	Filler	1	13	Spaces
3	Batch File Type	5	14-18	Spaces = no special approval required. RETRO = Retroactive submission. POVER = Plan rollover submission. SVIEW = Special Review submission.
4	Filler	1	19	Spaces
5	CMS Approval Request ID	10	20-29	Spaces when Batch File Type , Field 3, contains spaces; otherwise, the right justified CMS pre-approval request ID from the special batch request utility.
6	Filler	4	30-33	Spaces
7	Current Calendar Month (CCM)	6	34-39	MMCCYY Reference month for enrollment processing. The CCM date determines whether to accept a file and evaluates the appropriate effective date for submitted transactions.
8	Filler	7	40-46	Spaces
9	IDM User ID	74	47-120	Required
10	Filler	180	121-300	Spaces

3.2.5 TC 51/54: Disenrollment Effective Dates

Plans accept disenrollment requests from beneficiaries as allowed. Once the processes and requirements are fully satisfied, the Plan must generate and submit the appropriate disenrollment transaction to CMS. Additionally, Plans may, under limited circumstances, report involuntary disenrollment actions.

Plans should refer to Chapter 2 of the *Medicare Managed Care Manual* at the following link: <u>https://www.cms.gov/Medicare/Eligibility-and-</u>

<u>Enrollment/MedicareMangCareEligEnrol/index.html</u>. In the Download section, click on the *MA_Enrollment_and_Disenrollment_Guidance* document.

The effective date of disenrollment is reported on the MARx disenrollment transaction as the first day of the month following the month enrollment ended. For example, if a beneficiary disenrolled as of March 31, the disenrollment transaction, TC 51, is submitted with April 1 as the effective date.

Plans should refer to the table below to determine the appropriate effective disenrollment date and Plan type for use with the disenrollment transaction.

Disenrollment Transaction and Effective Dates						
Code Definition Effective Date						
51	Disenrollment submitted by Plan	CCM – 3 (EGHP Only/EGHP Cost Plans) CCM – 2 (EGHP Only/EGHP Cost Plans) CCM – 1 CCM CCM + 1 CCM + 2 CCM + 3				

Plans must include a valid disenrollment reason code on all TC 51 disenrollment transactions. The table below lists the valid disenrollment reason code values.

Table 3-6: Plan Submitted Disenrollment Reason Codes

	Plan Submitted Disenrollment Reason Codes						
Code	Definition	When to Use					
11	Voluntary Disenrollment	Beneficiary requested disenrollment during a valid enrollment period.					
63	Auto Disenrollment	MMP Opt-Out After Enrolled – For use by MMP Plans only.					
64	Auto Disenrollment	Loss of Demonstration Eligibility – For use by MMP Plans only.					
65	Auto Disenrollment	Loss of Employer Group Waiver Plan (EGWP) Eligibility – For use by EGWP Plans only.					
91	Involuntary Disenrollment for Failure to Pay Plan Premiums	Beneficiary fails to pay Plan premiums and Plan completes all necessary steps in CMS disenrollment guidance to effectuate an involuntary disenrollment.					
92	Involuntary Disenrollment for a Move Out of Plan Service Area	It is determined that the Beneficiary is out of the Plan service area, according to the procedures in CMS disenrollment guidance, and the Plan meets all requirements necessary to effectuate an involuntary disenrollment.					
93	Involuntary Disenrollment for Loss of Special Needs Plan (SNP) Eligibility	It is determined that the Beneficiary no longer meets the eligibility requirements for enrollment in an exclusive SNP, and the Plan meets all requirements to effectuate an involuntary disenrollment, as defined in CMS disenrollment guidance, and including the deemed continuous eligibility provisions.					

Table 3-7: Disenrollment Reason Code Table

Disenrollment Reason Codes									
Disenrollment Reason Code	Disenrollment Reason Description	Short Description	MARx UI	AUTO- DIS	PLAN SUB'D				
01	FAILURE TO PAY PREMIUMS	PREMIUMS NOT PAID	N/A	N/A	N/A				
02	RELOCATION OUT OF PLAN SERVICE AREA (NO SPECIAL PROVISIONS)	RELO OUT OF AREA	N/A	N/A	N/A				
03	FAILURE TO CONVERT TO RISK PROVISIONS	NOT CONVERT TO RISK	N/A	N/A	N/A				
04	FRAUD	FRAUD	N/A	N/A	N/A				
05	LOSS OF PART B ENTITLEMENT	LOSS OF PART B	N/A	Y	N/A				
06	LOSS OF PART A ENTITLEMENT (PLAN-SPECIFIC)	LOSS OF PART A	N/A	Y	N/A				
07	FOR CAUSE	FOR CAUSE	Y	N/A	N/A				
08	REPORT OF DEATH	REPORT OF DEATH	N/A	Y	N/A				
09	TERMINATION OF CONTRACT (CMS-INITIATED)	CONTR TERMD- CMS	N/A	Y	N/A				
10	TERMINATION OF CONTRACT/Plan Benefit Package (PBP)/SEGMENT (PLAN WITHDRAWAL)	CONTR TERMD- PLAN	N/A	Y	N/A				
11	VOLUNTARY DISENROLLMENT THROUGH PLAN	VLNTRY DSNR THRU PLN	Y	N/A	Y				
12	VOLUNTARY DISENROLLMENT THROUGH DISTRICT OFFICE	VLNTRY DSNR THRU DOF	N/A	N/A	N/A				
13	DISENROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN	ENR IN OTHER PLAN	N/A	Y	N/A				
14	RETROACTIVE	RETROACTIVE	N/A	N/A	N/A				
15	TERMINATED IN ERROR BY CMS SYSTEM	TERM IN ERR- CMS	N/A	N/A	N/A				
16	END OF State and County Code (SCC) CONDITIONAL ENROLLMENT PERIOD	END OF SCC COND ENRL	N/A	N/A	N/A				
17	BENE DOES NOT MEET AGE CRITERION (PLAN-SPECIFIC)	AGE CRIT NOT MET	N/A	N/A	N/A				
18	ROLLOVER	ROLLOVER	N/A	Y	N/A				
19	TERMINATED BY Social Security Administration (SSA) DISTRICT OFFICE	TERM BY SSA DO	N/A	N/A	N/A				

	Disenrollment R	eason Codes				
Disenrollment Reason Code	Disenrollment Reason Description	Short Description	MARx UI	AUTO- DIS	PLAN SUB'D	
20	20 INVALID ENROLLMENT WITH End Stage Renal Disease (ESRD)		N/A	Y	N/A	
21	CANNOT TRAVEL/POOR HEALTH/TO Health Maintenance Organization (HMO)/PLAN DOCTORS	BAD HEALTH/CANT TRVL	N/A	N/A	N/A	
22	SPOUSE IS NO LONGER MEMBER OF HMO/PLAN	SPOUSE PLN TERMINATD	N/A	N/A	N/A	
23	COULDN'T USE MEDICARE CARD TO SEE OTHER PLAN	CANT USE MEDICARE	N/A	N/A	N/A	
24	DID NOT KNOW I JOINED THIS HMO	NO KNOWLEDGE OF ENRL	N/A	N/A	N/A	
25	DIFFICULTY REACHING HMO/PLAN DOCTOR BY PHONE PROBLEM	CANT REACH DR BY PHN	N/A	N/A	N/A	
26	CALLED HMO/PLAN COULD NOT GET HELP WITH PROBLEM	GOT NO HLP W/PROBLEM	N/A	N/A	N/A	
27	DISSATISFIED WITH MEDICAL CARE/DOCS OR HOSPITAL	DISSATISFIED W/CARE	N/A	N/A	N/A	
28	TOLD BY PLAN DOCTORS OR STAFF I SHOULD DISENROLL	TLD BY PRVDR TO DSNR	N/A	N/A	N/A	
29	PREFER TRADITIONAL MEDICARE	PREFER REG MEDICARE	N/A	N/A	N/A	
30	HAVE OTHER HEALTH INSURANCE BENEFITS AVAILABLE	NOT USING MEDICARE	N/A	N/A	N/A	
31	FOUND HMO/PLAN TO BE TOO CONFUSING	PLAN TOO CONFUSING	N/A	N/A	N/A	
32	MY CLAIMS/BILLS WERE NOT PAID	CLAIMS/BILS NOT PAID	N/A	N/A	N/A	
33	HAD LITTLE OR NO CHOICE OF SPECIALIST	COUDNT PIK SPECIALST	N/A	N/A	N/A	
34	TREATED DISCOURTEOUSLY BY DOCTOR/NURSE/STAFF	BAD TRTMNT BY PRVDR	N/A	N/A	N/A	
35	DOCTOR COULDN'T IMPROVE MY CONDITION	NO CHG IN CONDITION	N/A	N/A	N/A	
36	HMO/PLAN MEDICAL GROUP WAS LOCATED TOO FAR AWAY	PLN LOC TOO FAR AWAY	N/A	N/A	N/A	
37	HAD LIMITED OR NO CHOICE OF MY PRIMARY DOCTOR	COULDNT PIK PRM PHYS	N/A	N/A	N/A	

	Disenrollment R	eason Codes				
Disenrollment Reason Code	Disenrollment Reason Description	Short Description	MARx UI	AUTO- DIS	PLAN SUB'D	
41	YOU MOVED PERMANENTLY OUT OF AREA WHERE PLAN PROVIDES SERVIC	LIVE OUTSDE SVC AREA	N/A	N/A	N/A	
42	YOUR DOCTOR OR THE PLAN TOLD YOU TO DISENROLL	TOLD BY DR TO DSNR	N/A	N/A	N/A	
43	YOUR DOCTOR DIDN'T GIVE YOU GOOD QUALITY CARE	POOR QUALITY OF CARE	N/A	N/A	N/A	
44	YOU USED UP THE PRESCRIPTION ALLOWANCE	RX ALLOWANCE USED UP	N/A	N/A	N/A	
45	THE PLAN COST YOU TOO MUCH	PLAN COST TOO MUCH	N/A	N/A	N/A	
46	YOU COULDN'T GET CARE WHEN YOU NEEDED IT	LACK OF TIMELY CARE	N/A	N/A	N/A	
47	YOUR DOCTOR ISN'T IN THE PLAN	DOCTOR NOT IN PLAN	N/A	N/A	N/A	
48	YOU DIDN'T KNOW YOU SIGNED UP FOR THIS PLAN	OU SIGNED DIDNT SIGN UP 4 PLAN		N/A	N/A	
49	YOU DIDN'T LIKE HOW THE PLAN WORKED	DIDNT LIKE PLAN	N/A	N/A	N/A	
50	ROLLED OVER ENROLLMENT REMOVED/AUDITED	R VI VI J AUDI		Y	N/A	
54	PART A OR B START DATE CHANGE	LIVE OUTSDE SVC AREA	N/A	Y	N/A	
56	BENEFICIARY MEDICAID PERIOD RECEIVED	TOLD BY DR TO DSNR	N/A	N/A	N/A	
57	BENEFICIARY HOSPICE PERIOD RECEIVED	POOR QUALITY OF CARE	N/A	Y	N/A	
59	INVALID ENROLLMENT WITH HOSPICE	RX ALLOWANCE USED UP	N/A	Y	N/A	
60	BENEFICIARY LIVES IN USA LESS THAN 183 DAYS A YEAR	IN US LT 183 DAYS	N/A	N/A	N/A	
61	LOSS OF PART D ELIGIBILITY	INVALID ENROLLMENT	N/A	Y	N/A	
62	PART D DISENROLLMENT DUE TO FAILURE TO PAY IRMAA	FAILURE TO PAY IRMAA	N/A	Y	N/A	
63**	MMP (Medicare and Medicaid Plan) OPT-OUT AFTER ENROLLED	ENRL, OPTOUT MMP	N/A	Y		
64**	LOSS OF DEMONSTRATION ELIGIBILITY	LOSS OF FA DEMO ELIG	Y	N/A	Y	

Disenrollment Reason Codes									
Disenrollment Reason Code	Disenrollment Reason Description	MARx UI	AUTO- DIS	PLAN SUB'D					
65	LOSS OF EMPLOYER GROUP PLAN ELIGIBILITY	LOSS OF EGP ELGBLTY	Y	N/A	Y				
70	CONFIRMED INCARCERATION	CONFIRMED INCARC	N/A	Y	N/A				
71	NOT LAWFULLY PRESENT	NOTLAW PRESENT	N/A	Y	N/A				
72	DISENROLLMENT DUE TO PLAN- SUBMITTED ROLLOVER	PLAN ROLL	N/A	Y					
88	CONVERSION	CONVERSION	N/A	N/A	N/A				
90	ENROLLMENT CANCELLED DUE TO BENEFICIARY MERGE	ENRL CNCL BENE MRG	N/A	Y	N/A				
91	FAILURE TO PAY PREMIUMS	PREMIUMS NOT PAID	Y	N/A	Y				
92	RELOCATION OUT OF PLAN SERVICE AREA	RELO OUT OF AREA	Y	N/A	Y				
93	LOST SPECIFIC PLAN ELIGIBILITY (Special Needs Plan (SNP) ONLY)	LOST SNP	Y	N/A	Y				
99*	OTHER (NOT SUPPLIED BY BENE)	OTHER	N/A	N/A	Y				
Y8	REPORT OF DEATH DATE CHANGE	REPORT OF DEATH	N/A	Y	N/A				

*Plan cannot submit 99; it is assigned as a default value by the system only.

**Only valid for MMP Disenrollments, Disenrollment Cancellations or Enrollment Cancellations.

***Only valid for submittal on a disenrollment from an EGWP. When a disenrollment from one of these plans results in the cancellation of subsequent contiguous enrollments in the same contract, those enrollments will receive the same DRC 65.

Table 3-8 Election Type "S – Special Election Period (SEP)" Reason Code Table

Note: Please note the SEP Reason Code is an alpha-numeric field. Plans will receive communications if new reason codes are added or if reason codes are removed from this table. Additionally, the SEP reason codes are not applicable to Non-Cost Drug Plans.

SEP Reason Code	SEP Reason Code Short Description (UI)	SEP Reason Code Long Description	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	S Reason Code in MPF (Crosswalk)		
		Plan Type:	MA MA Pl	A -			DP COST Drug				PA	CE	M	SA	Reference Only - Used for enrollment via OEC/MPF
		Group: Em	erge	ency	or I	Disas	ter								
01	GOVT EMERGENCY OR DISASTER	Government entity- declared disaster or other emergency.	X	X	X	X	X					X	DST		
02	CODE DEACTIVATED														
		Group	: Te	rmi	natio	ons									
11	CMS TERM OF CONTRACT	CMS initiated termination of contract. Includes contract term by CMS, and immediate term by CMS where CMS provides notice of term to a Plan's members and the term may be mid- month.	x	x	x	x	x					X	МҮТ		
12	TERM/CNTRCT MOD MUTUAL CONSENT	Plan initiated terminations/contract modifications by mutual consent. Includes contract non-renewals, Plan service area reductions, term/mod of contract by mutual consent.	X	x	X	X	X					X	EOC		

SEP Reason Code	SEP Reason Code Short Description (UI)	SEP Reason Code Long Description	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	S Reason Code in MPF (Crosswalk)
		Plan Type:	MA MA Pl	4-	PI	OP	CO Dr		PA	CE	M	SA	Reference Only - Used for enrollment via OEC/MPF
		Gro	սթ։	Ger	eral								
21	ACCESSIBLE FRMT RECEIPT DELAY	For providing individuals who requested materials in accessible formats equal time to make enrollment decisions.	X	X	X	X	x					x	ACC
22	INVOL LOSS OF CRED CVG	For involuntary loss of creditable prescription drug coverage.	X		X		X						LCC
24	PART D DISENR FOR OTH CRED CVG	Individuals may disenroll from a Part D Plan (PDP, MA- PD) to enroll in or maintain other creditable drug coverage. May disenroll from MA- PD by enrolling in MA-only Plan.	X	x		x							N/A
25	INVOL DISENROLL LOSS OF PART B	Individuals involuntarily disenrolled from an MA-PD Plan due to loss of Part B.			X		X						INV

SEP Reason Code	SEP Reason Code Short Description (UI)	SEP Reason Code Long Description	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	S Reason Code in MPF (Crosswalk)
		Plan Type:	MA MA Pl	4-	PI	OP	CO Dr		PA	CE	M	SA	Reference Only - Used for enrollment via OEC/MPF
26	MA OEPI DISENROLL FROM MA	MA-PD enrollees using the MA Open Enrollment Period for Institutionalized Individuals (OEPI) to disenroll from an MA-PD Plan are eligible for a coordinating Part D SEP that permits enrollment in a PDP. Plans are reminded to use election type code "T" for OEPI transactions.			х		х						IIP
27	PACE	Disenroll from an MA/MA-PD/PDP to enroll in PACE or PACE disenroll to enroll in MA/MA- PD.	X	X	X	X	X		X	X		X	PAC
28	COST PLANS NON-RENEWALS	Individuals enrolled in Cost Plans that are non-renewing their contracts.	X		X		X						N/A
29	DROP MEDIGAP IN TRIAL PERIOD	Individuals who terminated a Medigap policy when they enrolled for the first time in an MA Plan, and who are still in a trial period. If used to disenroll from MA-PD Plan, may enroll in PDP.		x	x							x	12G

SEP Reason Code	SEP Reason Code Short Description (UI)	SEP Reason Code Long Description	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	S Reason Code in MPF (Crosswalk)
		Plan Type:	MA MA Pl	4-	PI)P	CO Dr		PA	CE	M	SA	Reference Only - Used for enrollment via OEC/MPF
30	CHRONIC CARE C-SNP	Enrollment into a C- SNP and for individuals found ineligible for a C- SNP.	X		X		X						CSN
31	INSTITUTIONAL INDIVIDUAL	SEP Reason Code 31 corresponds to the SEP for Institutionalized Individuals 42 CFR 423.38(c)(15). This SEP permits enrollment in, or disenrollment from, a Part D Plan.			x	x	x						IND
32	RETRO ENTITLEMENT DETERM	Individuals whose Medicare entitlement determination was made retroactively.	X		X		X						RET
33	BENES AGE 65 (SEP65)	Beneficiaries age 65 (SEP65). If the individual using the SEP65 is disenrolling from an MA-PD Plan, he or she may use this Part D SEP to enroll in a PDP Plan. This SEP must be used at the same time the SEP65 is used		X	X								12J

SEP Reason Code	SEP Reason Code Short Description (UI)	SEP Reason Code Long Description	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	S Reason Code in MPF (Crosswalk)
		Plan Type:	MA MA Pl	A -	PI	OP	CO Dr)ST rug	PA	CE	M	SA	Reference Only - Used for enrollment via OEC/MPF
34	PART B GEP ENROLLMENT	Individuals who are not entitled to premium-free Part A and enroll in Part B during the Part B General Enrollment Period (GEP). (MA- PD and PDP)	X		X		X						PRE
35	LOSS OF SNP	Individuals enrolled in a SNP who are no longer eligible for the SNP because they no longer meet the specific special needs status.	X		X		X						SNP
36	COST DISENRL OR OPT SUP PART D	Individuals disenrolling from a Cost Plan who also had the Cost Plan Optional Supplemental Part D Benefit.			X		X						OSD
37	LAWFULLY PRESENT	Non-U.S. citizens who become lawfully present.	X		x		x						LAW
38	QUALIFIED / LOSE SPAP ELIG	Individuals who belong to a qualified SPAP or who lose SPAP eligibility.	X		X		X						РАР
39	PLAN IN RECEIVERSHIP	Individuals enrolled in a Plan offered by an MA or PDP organization that is placed into receivership by a State or territorial regulatory authority.	X	X	X	X	X					X	REC

SEP Reason Code	SEP Reason Code Short Description (UI)	SEP Reason Code Long Description	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	S Reason Code in MPF (Crosswalk)
		Plan Type:	MA MA Pl	4-	PI	OP	CO Dr		PA	CE	M	SA	Reference Only - Used for enrollment via OEC/MPF
40	CMS ID CONSISTENT POOR PERF	This SEP exists while the individual is enrolled in the low performing MA or PDP Plan. (Plan with star rating of less than 3 stars for the last 3 years.)	X	X	X	X	X					X	LPI
41	MA ADD PART D IEP	Individuals eligible for an additional Part D IEP, such as an individual currently entitled to Medicare due to a disability and who is attaining age 65, has an MA SEP to coordinate with the additional Part D IEP for MA only enrollment or MA/ MA-PD disenrollment.	x	х									IEP
42	MA FOR A/B EXCEPT COND ENROLL	SEP begins on submission of the application for premium-Part A and B, or Part B only, and continues for the first 2 months from the premium Part A and/or Part B entitlement date.	x										CSP

SEP Reason Code	SEP Reason Code Short Description (UI)	SEP Reason Code Long Description	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	S Reason Code in MPF (Crosswalk)
		Plan Type:	MA MA Pl	4-	PI)P	CO Dr		PA	CE	MS	SA	Reference Only - Used for enrollment via OEC/MPF
43	PT D-A/B EXCEPT COND ENROLL	SEP begins on submission of the application for premium-Part A or Part B, and continues for the first 2 months of enrollment in premium Part A or Part B. (MA-PD, PDP, COST Drug)	x		X		X						DSP
**		Group: CMS determine eligibility fo ponse to enrollments/di	or th	ese	SEP	s but	t may				sacti	ons	to CMS in
23	DISENROLL DUE TO CMS SANCTION	Individuals who disenroll in connection with a CMS sanction.	X	X	X	X						X	SAN
90	MISINFORM CREDITABLE STATUS	CMS determined that the beneficiary was not adequately informed of the creditable status of drug coverage provided by a Plan required to give such notice, or a loss of creditable coverage. Permits enrollment in MA-PD or PDP only. (Different from marketing mis- representation)	X		x		x						CRE

SEP Reason Code	SEP Reason Code Short Description (UI)	SEP Reason Code Long Description	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	S Reason Code in MPF (Crosswalk)
		Plan Type:	MA MA Pl	4-	PI	OP	CO Dr		PA	CE	M	SA	Reference Only - Used for enrollment via OEC/MPF
91	PROVIDER NETWORK	CMS determines that changes to a Plan's provider network are significant based on the affect, or potential to affect, current Plan enrollees.	X	X	X		X						PRO
92	CONTRACT VIOLATION	CMS determined the individual is able to demonstrate to CMS that the MA/MA- PD/PDP organization of which he/she is a member substantially violated a material provision of its contract.	x	x	x	x	x					X	VIO
93	OTHER EXCEPTIONAL CIRCUMSTANCE	Circumstances beyond the beneficiary's control that prevented him or her from submitting a timely request to enroll or disenroll from a Plan during a valid election period.	X	x	X	X	X						ОТН

SEP Reason Code	SEP Reason Code Short Description (UI)	SEP Reason Code Long Description	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	S Reason Code in MPF (Crosswalk)
		Plan Type:	MA MA Pl	A -	PI	OP	CO Dr)ST rug	PA	CE	M	SA	Reference Only - Used for enrollment via OEC/MPF
94	INSULIN SEP	All Medicare beneficiaries who use a Part B or Part D covered insulin product and assert that they wish to add, drop, or change to a PDP or MAPD Plan due to the insulin price cap change. These beneficiaries are entitled to a one- time SEP. (Code deactivated and was effective 12/8/22 to 12/31/23)	x	x	x	x	x						N/A
95	PLAN LIST CORRECTION SEP	This SEP is available for all LIS beneficiaries who receive the corrected LIS Plan premium notice from CMS. These LIS beneficiaries are entitled to a one-time SEP as a result of receiving incorrect information on PY 2023 Plan premiums and subsidies. (Code deactivated and was effective 12/19/22 to 12/31/22 only)	x	х	x	x							N/A

SEP Reason Code	SEP Reason Code Short Description (UI)	SEP Reason Code Long Description	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	Enrollment	Disenrollment	S Reason Code in MPF (Crosswalk)
		Plan Type:	MA MA Pl	4-	PI	OP	CO Dr		PA	CE	M	SA	Reference Only - Used for enrollment via OEC/MPF
96	OTH EXC CIRC- MARKET MISREP	Other exceptional circumstance SEP specific to marketing misrepresentation established by CMS on a case-by-case basis where the enrollment or disenrollment in an MA Plan or PDP was based on misleading or incorrect information provided by a Plan representative or SHIP, or enrollment in a Plan without knowledge or consent of the beneficiary.	x		x								EXC

Election Type "Y	- CMS/CASEWORK SEP" Reason Transactions (NEW) *Informational Only	
	Group: General	
SEP Code	Short Description	Long Description
Y1	Exceptional Circumstance	Circumstances beyond the beneficiary's control that prevented him or her submitting a timely request to enroll or disenroll from a Plan during a valid election period.
¥2	Invalid Enrollment	SEP for individuals affected by a federal employee error. Beneficiary states his or her enrollment was based on misleading or incorrect information provided by a Plan representative, SHIP, or CMS. Beneficiary states Plan enroll without knowledge or consent.
Y3	Provider Network	CMS determines that changes to a Plan's provider network are significant based o the affect, or potential to affect, current Plan enrollees.
Y4	Contract Violation	CMS determined the individual is able to demonstrate to CMS that the MA/MA- PD/PDP organization of which he/she is member substantially violated a material provision of its contract.
Y5	Excep Circ-Market Misrep	Enrollment or disenrollment in an MA Plan or PDP was based on misleading or incorrect information provided by a Plan representative or SHIP, or enrollment in Plan without knowledge or consent of the beneficiary.
	Group: Emergency or Dis	aster
YA	GOVT Emergency or Disaster	Government Entity-Declared Disaster or Other Emergency.
YB	GOVT Emerg/Disaster- COVID19	Government Entity-Declared Disaster or Other Emergency related to COVID-19.

* Any additional updates to the SEP reason codes will be published in a future MAPD Plan Communication User Guide. Please also note that Plans should expect to see new alpha-numeric OEC SEP reason codes in the HPMS OEC record layout for the CY 2022 Annual Enrollment Period (AEP). The additional OEC SEP reason codes will be included in the CY 2022 OEC timeline and requirements memorandum.

No other disenrollment reason code values are valid or acceptable on Plan-submitted disenrollment transactions. Failure to include a valid value does not result in a rejected transaction. Instead, MARx defaults the value to Disenrollment Reason Code (DRC) 99. CMS may use this information to track compliance or non-compliance with program requirements. CMS-generated disenrollment actions may contain other reason code values as applicable.

	MARx Batch Input Detail – Disenrollment Transaction – TC 51 or 54 Validation Is Item Required.										
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A						
1	Beneficiary Identifier	12	1-12	 Reject the transaction with TRC007 if following criteria is not met during MBI transition: 1. Format must be one of the following: HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number). HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number). MBI is an 11-position value. The 2nd, 5th, 8th and 9th positions are alphas. String must contain NO embedded spaces. Reject the transaction with TRC008 if the beneficiary identifier is not found. 	Required						
2	Surname	12	13-24	Reject the transaction with TRC004 if field is blank and First Name field is also blank.	Required						
3	First Name	7	25-31	Reject with TRC004 if blank and Surname field is also blank.	Required						
4	M. Initial	1	32	N/A	Optional						
5	Gender	1	33	If value is not '1' = male or '2' = female, do not reject transaction, set value to unknown ("0").	Required						
6	Birth Date	8	34-41	Format (YYYYMMDD) Fail the transaction with TRC257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match. Reject the transaction with TRC006 if date is non-blank, formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match.	Required						

Layout 3-8: MARx Batch Input Detail Record: Disenrollment – TC 51 or 54

	MAI	Rx Batc	h Input Deta	il – Disenrollment Transaction – TC 51 or 5	4
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A
7	Filler	1	42	N/A	N/A
8	PBP #	3	43-45	Not required but must be valid for the contract when provided.	Optional
9	Election Type	1	46	Must be one of the following : A = AEP E = IEP I = ICEP L = Dual/LIS Quarterly SEP M = MA-OEP N = OEPNEW O = OEP S = Other SEP T = OEPI U = Dual/LIS SEP V = Permanent Change in Residence SEP W = EGHP SEP X = Administrative Action Y = CMS/Case Work SEP Z = Auto Enrollment, Facilitated Enrollment, Reassign Enrollment, or POS enrollment (current and retro effective dates). MAs have A, D, I, L, M, N, O, S, T, U, V, W, X . MAPDs have A, D, E, I, L, M, N, O, S, T, U, V, W, X, Z. PDPs have A, E, L, S, U, V, W, X, Z. Issue TRC104 if an invalid election type is submitted.	Required for all Plan types except HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demo, MDHO demo, MSHO demo, and PACE National Plans
10	Contract #	5	47-51	Fail with TRC003 if field is blank or the contract does not exist.	Required
11	Filler	8	52-59	N/A	N/A
12	Transaction Code	2	60-61	'51' (plan-submitted) or '54'	"51" or "54"
13	Disenrollment Reason Code	2	62-63	The list of valid disenrollment reason codes are listed in the Election Type "S – Special Election Period (SEP)" Reason Code table. If code is not in this table or is 'blank', issue TRC205 and set the value to "99."	Required for Involuntary Disenrollments. Optional for Voluntary Disenrollments.
14	Effective Date	8	64 - 71 72 - 74	Format (YYYYMMDD) Fail the transaction with TRC258 if date is blank, not formatted correctly, or contains an invalid month or day. Reject the transaction with TRC051 if year is less than 1966 or greater than current year +1, or day is not the first of the month ("01"). Optional	Required Optional

MARx Batch Input Detail – Disenrollment Transaction – TC 51 or 54								
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A			
16	Filler	24	75 - 98	N/A	N/A			
17	Part D Opt-Out Flag	1	99	Reject with TRC130 when value is not 'Y', 'N' or blank.	Optional for all Part D Plans; otherwise blank			
18	MMP Opt-Out Flag	1	100	Reject with TRC310 when value is not 'Y', 'N' or blank.	Optional for all plans			
19	Election Type	2	101-102	Reject with TRC 397 when the field contains a blank or invalid value and the Election Type Code is 'S'. This is an alpha- numeric field.	SEP Reason Code required when the Election Type Code is 'S'			
20	Filler	107	103 - 209	N/A	N/A			
21	Plan Transaction Tracking ID	15	210 - 224	Optional	Optional			
22	Filler	76	225 - 300	N/A	N/A			

NOTE: Spaces are substituted for all fields marked as 'N/A'.

3.2.6 *TC* 61: Enrollment Effective Dates

Plans accept enrollment requests from beneficiaries as provided in the CMS Enrollment and Disenrollment guidance applicable to their Plan type. After fulfilling the processes and requirements outlined in that guidance, the Plan must generate and submit the appropriate enrollment transaction to CMS, within the timeframes prescribed by the applicable guidance.

The enrollment effective date reported on the Enrollment Transaction Record is the first day of the month that the beneficiary is enrolled, i.e., that the beneficiary begins receiving benefits from the Plan, and represents the first month for which the Plan is requesting payment. The Current Calendar Month (CCM) affects the enrollment and disenrollment effective dates for Plans to submit to CMS using the different TCs available.

NOTE: For non-employer Plans, individuals enrolled in an MA Plan may not concurrently enroll in a PDP except for individuals enrolled in an MSA Plan or individuals enrolled in a PFFS Plan that does not offer Medicare prescription drug coverage. There is an EGWP waiver on simultaneous enrollment in an MA Plan and a PDP. EGHP sponsors may enroll beneficiaries in both an 800 series local coordinated MA-only Plan and an 800 series PDP.

Plans should refer to the table below to determine the appropriate effective enrollment date and Plan type for use with the enrollment transaction.

Enrollment Transaction and Effective Dates								
Code	Definition	Effective Date Options						
61	Enrollment into Contract, PBP, EGHP, and Retroactive one Month	$\begin{array}{l} CCM-3 \ (EGHP \ Only) \\ CCM-2 \ (EGHP \ Only) \\ CCM-1 \\ CCM \\ CCM + 1 \\ CCM + 2 \\ CCM + 3 \end{array}$						

Table 3-9: Enrollment Transaction and Effective Dates

	MARx Batch Input Detail – Enrollment Transaction – TC 61								
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A				
1	Beneficiary Identifier	12	1 – 12	 Reject the transaction with TRC007 if following criteria is not met during MBI transition: 1. Format must be one of the following: HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number). HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number). MBI is an 11-position value. The 2nd, 5th, 8th and 9th positions are alphas. String must contain NO embedded spaces. Reject the transaction with TRC008 if the beneficiary identifier is not found. 	Required				
2	Surname	12	13 – 24	Reject the transaction with TRC 004 if the field is blank and the First Name field is also blank.	Required				
3	First Name	7	25 - 31	Reject the transaction with TRC 004 if the field is blank and the Surname field is also blank.	Required				
4	M. Initial	1	32	N/A	Optional				
5	Gender Code	1	33	If the value is not '1' = male or '2' = female, do not reject the transaction, set value to unknown ("0").	Required				
6	Birth Date	8	34 - 41	 Format (YYYYMMDD) Fail the transaction with TRC 257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match. Reject the transaction with TRC 006 if the date is non-blank and formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match. Note: The beneficiary is considered matched if three out of four personal characteristics match (and the input claim number was found on the database.) If the beneficiary is matched the invalid or incorrect birth date is ignored. 	Required				
7	EGHP Flag	1	42	If the value is not 'Y' or blank, then reject with TRC 164.	'Y' or blank				
8	PBP #	3	43 - 45	Reject with TRC 107 if the Contract/PBP combination does not exist.	Required				

Layout 3-9: MARx Batch Input Detail Record: Enrollment – TC 61

	MARx Batch Input Detail – Enrollment Transaction – TC 61							
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A			
9	Election Type Code	1	46	 Reject with TRC 104 when: The value is not "U" and the enrollment is for an MMP plan OR The value is not "C" and the enrollment is a Plan-submitted rollover OR Value is not a valid election type: A, C, D, E, F, I, J, L, M, N, O, R, S, T, U, V, W, X, Z Blank is acceptable. 	Required Optional for HCPP COST 1 without drug COST 2 without drug CCIP/FFS demo MDHO demo MSHO demo PACE National plans			
10	Contract ID	5	47 – 51	Fail with TRC 003 if the value is blank or the contract does not exist.	Required			
11	Application Date	8	52 - 59	 For CMS files, if the value is blank, create a date equal to the effective date minus one day. Write to failed file with TRC 263 when the value is non-blank and invalid. Invalid conditions are: Application Date is required and Not formatted as YYYYMMDD (e.g., "Aug 1940"), or Is formatted correctly but contains a non-existent month or day (e.g., "19400199"). Reject with TRC 102 when the Value < 1966 Value > current year plus one Value > effective date 	Required			
12	Transaction Code	2	60 - 61	Value is "61"	'61'			
13	Filler	2	62 - 63	N/A	N/A			
14	Effective Date	8	64 – 71	 Format: (YYYYMMDD) Fail the transaction with TRC 258 if the date is blank, not formatted correctly, or contains an invalid month or day. Reject the transaction if the year is less than 1966 or greater than current year +1, or the day is not the first of the month ("01"). 	Required			
15	Segment ID	3	72-74	If not blank, reject with TRC 116 when value is not numeric or when segment does not exist for the Contract/PBP.	Optional 3 digits for segmented organizations otherwise blank			
16	Filler	5	75-79	N/A	N/A			
17	ESRD Override	1	80	For non-Part D plans, valid values are character $1 - 9$ or A – F, otherwise set the value to "0"	Required for non- PDP plans; otherwise blank			

	MARx Batch Input Detail – Enrollment Transaction – TC 61							
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A			
18	Premium Withhold Option/ Parts C-D	1	81	When the effective date is 2006 or greater, reject the transaction with TRC 123 when the value is not D, S, R, O, or N. Do not reject transaction if the value is blank and the effective date is less than 2006.	Required for all plan types except HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demo, MSA/MA and MSA/demo plans			
19	Part C Premium Amount (XXXXvXX)	6	82 - 87	For MA and MAPD plans, when the value is non-blank and is not numeric, reject with TRC 122. Interpret a blank field as a zero value.	Required for all plan types except HCPP, COST 1, COST 2, CCIP/FFS demo, MSA/MA and MSA/demo plans			
20	Filler	6	88 - 93	N/A	N/A			
21	Creditable Coverage Flag	1	94	For drug plans, when the field is not blank, reject with TRC 126 if value is not 'Y' or 'N.'	'Y' or 'N' for all Part D plans; otherwise blank			
22	Number of Uncovered Months	3	95-97	 For drug plans, when the field is not blank, reject with TRC 124 if: the value is not positive numeric when the Creditable Coverage Flag is 'N,' or the value is not zero when the Creditable Coverage Flag is 'Y.' Interpret a blank field as a zero value. 	Required for all Part D plans; otherwise blank.			
23	Employer Subsidy Enrollment Override Flag	1	98	If a drug plan, valid values are "Y" and blank.	'Y' if beneficiary has Employer Subsidy status for Part D; otherwise blank			
24	Part D Opt- Out Flag	1	99	If not blank, reject with TRC 130 when the value is not 'Y' or 'N.'	Required when changing PBPs. ('Y' when Opting Out of Part D; 'N' when Opting In to Part D; otherwise blank)			
25	Filler	1	100	N/A	N/A			
26	Election Type/SEP Reason Code	2	101-102	Reject with TRC 397 when the field contains a blank or invalid value and the Election Type Code is 'S'. For a list of valid SEP Reason codes. See the Election Type "S – Special Election Period (SEP)" Reason Code table. This is an alpha-numeric field.	SEP Reason Cod required when the Election Type Code is 'S'			

	MARx Batch Input Detail – Enrollment Transaction – TC 61							
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A			
27	Race	16	103-118	 When provided, values will be 'Y' for each of the Race choices that apply, otherwise, the position will be blank. Note: The following four personal information fields must be valid and if any of the fields are invalid, all are ignored: Race (field 27) Preferred Language Other than English (field 29) Accessible Format (field 30) Ethnicity (field 31) 	For this field, there must be at least one Y - Yes			
a	White	1	103	 Reject the Race field with Informational TRC 396 if the value provided is not valid. Valid values: Y – Yes Blank (Space) 	Optional			
b	Black or African American	1	104	 Reject the Race field with Informational TRC 396 if the value provided is not valid. Valid values: Y – Yes Blank (Space) 	Optional			
С	American Indian or Alaska Native	1	105	 Reject the Race field with Informational TRC 396 if the value provided is not valid. Valid values: Y – Yes Blank (Space) 	Optional			
d	Asian Indian	1	106	Reject the Race field with Informational TRC 396 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional			
e	Chinese	1	107	Reject the Race field with Informational TRC 396 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional			
f	Filipino	1	108	Reject the Race field with Informational TRC 396 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional			
g	Japanese	1	109	 Reject the Race field with Informational TRC 396 if the value provided is not valid. Valid values: Y – Yes Blank (Space) 	Optional			

	MARx Batch Input Detail – Enrollment Transaction – TC 61							
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A			
h	Korean	1	110	 Reject the Race field with Informational TRC 396 if the value provided is not valid. Valid values: Y – Yes Blank (Space) 	Optional			
i	Vietnamese	1	111	Reject the Race field with Informational TRC 396 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional			
j	Other Asian	1	112	Reject the Race field with Informational TRC 396 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional			
k	Native Hawaiian	1	113	 Reject the Race field with Informational TRC 396 if the value provided is not valid. Valid values: Y – Yes Blank (Space) 	Optional			
1	Samoan	1	114	 Reject the Race field with Informational TRC 396 if the value provided is not valid. Valid values: Y – Yes Blank (Space) 	Optional			
m	Guamanian or Chamorro	1	115	Reject the Race field with Informational TRC 396 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional			
n	Other Pacific Islander	1	116	Reject the Race field with Informational TRC 396 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional			
0	I choose not to answer	1	117	 The field can be set to 'Y' along with one or more Race choices. Reject the Race field with Informational TRC 396 if the value provided is not valid. Valid values: Y – Yes Blank (Space) 	Optional			

	MARx Batch Input Detail – Enrollment Transaction – TC 61								
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A				
р	Form left blank	1	118	 When provided, this indicates that the form was left blank. Any values currently in MARx for Race will be set to Blank (Space). Reject the transaction with TRC 396 if the value provided is not valid or is used in conjunction with any other Race values. Valid values: Y – Yes Blank (Space) 	Optional				
28	Filler	5	119-123	N/A	N/A				
29	Preferred Language other than English	1	124	 Reject the Preferred Language field with Informational TRC 396 if the value provided is not valid. This represents the language preference other than English. Valid Values: S – Spanish O – Other Blank (Space) Note: The following four personal information fields must be valid. If any of the fields are invalid, all are ignored: Race (field 27) Preferred Language Other than English (field 29) Accessible Format (field 30) 	Optional				
30	Accessible Format	1	125	 Reject the Accessible Format field with Informational TRC 396 if the value provided is not valid. This represents an accessible format is chosen. Valid Values: B – Braille L – Large Print A – Audio CD Blank (Space) Note: The following four personal information fields must be valid. If any of the fields are invalid, all are ignored: Race (field 27) Preferred Language Other than English (field 29) Accessible Format (field 30) Ethnicity (field 31) 	Optional				

	MARx Batch Input Detail – Enrollment Transaction – TC 61								
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A				
31	Ethnicity	7	126-132	 When provided, values will be 'Y' for each of the Ethnicity choices that apply, otherwise, the position will be blank. Note: The following four personal information fields must be valid and if any of the fields are invalid, all are ignored: Race (field 27) Preferred Language Other than English (field 29) Accessible Format (field 30) Ethnicity (field 31) 	For this field, there must be at least one Y - Yes				
a	Not of Hispanic, Latino/a or Spanish Origin	1	126	 Reject the Ethnicity field with Informational TRC 396 if the value provided is not valid. Valid values: Y – Yes Blank (Space) 	Optional				
b	Puerto Rican	1	127	 Reject the Ethnicity field with Informational TRC 396 if the value provided is not valid. Valid values: Y – Yes Blank (Space) 	Optional				
с	Another Hispanic, Latino or Spanish Origin	1	128	 Reject the Ethnicity field with Informational TRC 396 if the value provided is not valid. Valid values: Y – Yes Blank (Space) 	Optional				
d	Mexican, Mexican American, Chicano/a	1	129	 Reject the Ethnicity field with Informational TRC 396 if the value provided is not valid. Valid values: Y – Yes Blank (Space) 	Optional				
e	Cuban	1	130	 Reject the Ethnicity field with Informational TRC 396 if the value provided is not valid. Valid values: Y – Yes Blank (Space) 	Optional				
f	I choose not to answer	1	131	 The field can be set to 'Y' along with one or more Ethnicity choices. Reject the Race field with Informational TRC 396 if the value provided is not valid. Valid values: Y – Yes Blank (Space) 	Optional				

	MARx Batch Input Detail – Enrollment Transaction – TC 61								
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A				
g	Form left blank	1	132	 When provided, this indicates that the form was left blank. Any values currently in MARx for Ethnicity will be set to Blank (Space). Reject the transaction with TRC 396 if the value provided is not valid or is used in conjunction with any other Ethnicity values. Valid values: Y – Yes Blank (Space) 	Optional				
32	Filler	2	133-134	N/A	N/A				
33	Secondary Drug Insurance Flag	1	135	For drug plans, reject the transaction with TRC 133 when the value is not "Y, "N," or blank.	'Y' or 'N' for Part D plans. For auto/facilitated enrollments and rollovers, value should be blank. For non-Part D plans, value should be blank.				
34	Secondary Rx ID	20	136-155	For CMS or State files, initialize to blanks; otherwise, do not validate.	Required when the secondary drug insurance flag = Y; otherwise blank.				
35	Secondary Rx Group	15	156-170	For CMS files, initialize to blanks; otherwise, do not validate.	Optional when the secondary drug insurance flag = Y; otherwise, blank.				
36	Enrollment Source Code	1	171	 Reject with TRC 104 when: For a CMS file: It is a non-MMP enrollment and the value is not 'A', 'C', or 'H'; It is an MMP enrollment and the value is not 'J', 'K', or 'L' For a State file, the value is not 'J', 'K', or 'L'. For a LINET contractor file, the value is not 'G' For a Plan file: It is a non-MMP enrollment and the value is not 'B', 'E', 'F', 'G', 'H', or blank otherwise set to 'I'; It is an MMP enrollment and the value is not 'J', 'K', or 'L'. 	Required for POS submitted enrollment transactions; otherwise optional.				
37	Rolled From Contract	5	172-176	Required for Rollover enrollment transactions submitted on a POVER special batch file. For all other transactions the value is blank. Reject with a TRC 060 if the beneficiary was not enrolled in the Plan as of the submitted effective date for the Rollover enrollment transaction.	Required for Rollover enrollment transactions submitted on a POVER special batch file; otherwise blank				

		MAR	x Batch Inpu	t Detail – Enrollment Transaction – TC 61	
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A
38	Rolled From PBP	3	177-179	Required for Rollover enrollment transactions submitted on a POVER special batch file. For all other transactions the value is blank. Reject with TRC 060 if the beneficiary was not enrolled in the Plan as of the submitted effective date for the Rollover enrollment transaction.	Required for Rollover enrollment transactions submitted on a POVER special batch file; otherwise blank
39	Filler	30	180-209	N/A	N/A
40	Plan Assigned Transaction Tracking ID	15	210-224	Optional field; Do not validate	Optional
41	Part D Rx BIN	6	225-230	 For CMS or State files, initialize to blanks. For non-CMS and non-State files from drug plans: reject the transaction with a TRC 200 if the value is not numeric or is less than 0 For PACE National Plans and MMP: If there is another primary 4Rx value provided (Part D Rx PCN, Part D Rx PCN, or Part D Rx Group) then reject the transaction with TRC 200 if this value is not numeric or is less than 0 	Required for all Part D plans except PACE National and MMP; otherwise blank.
42	Part D Rx PCN	10	231-240	For CMS or State files, initialize to blanks. For non-CMS and non-State files from drug plans, the value is optional, but when provided it will be rejected with a TRC 203 if the value is not: alphanumeric and left justified with no internal spaces.	Optional for all Part D plans, otherwise blank.
43	Part D Rx Group	15	241-255	For CMS or State files, initialize to blanks. For non-CMS and non-State files from drug plans, the value is optional, but when provided it will be rejected with a TRC 202 if the value is not: alphanumeric and left justified with no internal spaces.	Optional for all Part D plans, otherwise blank.
44	Part D Rx ID	20	256-275	For CMS or State files, initialize to blanks. For non-CMS and non-State files from drug plans, reject with a TRC 201 if the value is not: alphanumeric and left justified with no internal spaces. For PACE National Plans and MMP, the value is optional unless another primary 4Rx value is provided. For this case, reject with a TRC 201 if the value is not: alphanumeric and left justified with no internal spaces.	Required for all Part D plans except PACE National and MMP; otherwise, blank.
45	Secondary Drug BIN	6	276-281	For CMS or State files, initialize to blanks; otherwise, do not validate.	Required when the secondary drug insurance flag = Y; otherwise blank.

	MARx Batch Input Detail – Enrollment Transaction – TC 61									
Item	Item Field Size Position		Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A					
46	Secondary Drug PCN	10	282-291	For CMS or State files, initialize to blanks; otherwise, do not validate.	Optional when the secondary drug insurance flag = Y; otherwise blank.					
47	Filler	9	292-300	N/A	N/A					

NOTE: Spaces are substituted for all fields marked as 'N/A'.

3.2.7 TC 72 4Rx Data Change

Layout 3-10: MARx Batch Input Detail Record: 4Rx Data Change – TC 72

	MARx Batch Input Detail – 4Rx Data Change Transaction – TC 72								
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A				
1	Beneficiary Identifier	12	1 – 12	 Reject the transaction with TRC007 if following criteria is not met during MBI transition: 1. Format must be one of the following: HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number). HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alphanumeric or blank in the second (Non-RRB number). MBI is when the 2nd, 5th, 8th and 9th positions are alphas. String must contain NO embedded spaces. Reject the transaction with TRC008 if the beneficiary identifier is not found. 	Required				
2	Surname	12	13 – 24	Reject the transaction with TRC 004 if the field is blank and the First Name field is also blank.	Required				
3	First Name	7	25 - 31	Reject the transaction with TRC 004 if the field is blank and the Surname field is also blank.	Required				
4	M. Initial	1	32	N/A	Optional				
5	Gender Code	1	33	If the value is not '1' = male or '2' = female, do not reject the transaction, set value to unknown ("0").	Required				
6	Birth Date	8	34 - 41	Format (YYYYMMDD) Fail the transaction with TRC 257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match. Reject the transaction with TRC 006 if the date is non-blank and formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match. Note: The beneficiary is considered matched if three out of four personal characteristics match (and the input claim number was found on the database.) If the beneficiary is matched the invalid or incorrect birth date is ignored.	Required				

	MARx Batch Input Detail – 4Rx Data Change Transaction – TC 72									
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A					
7	Filler	1	42	N/A	N/A					
8	PBP #	3	43 – 45	Reject with TRC 107 if the Contract/PBP combination does not exist.	Required					
9	Filler	1	46	N/A	N/A					
10	Contract #	5	47 – 51	Fail with TRC 003 if the value is blank or the contract does not exist.	Required					
11	Filler	8	52 - 59	N/A	N/A					
12	Transaction Code	2	60 - 61	Fail with TRC 001 if the value is not 72	Required					
13	Filler	2	62 - 63	N/A	N/A					
14	Effective Date	8	64 – 71	Format (YYYYMMDD) Fail transaction with TRC 258 if date is blank, not formatted correctly or contains an invalid month or day. Reject the transaction if year is less than 1966 or greater than current year +1, or day is not the first of the month ("01").	Required					
15	Filler	63	72 - 134	N/A	N/A					
16	Secondary Drug Insurance Flag	1	135	Value is 'Y' or 'N' or blank.	Optional					
17	Secondary Rx ID	20	136 – 155	Required if secondary insurance; otherwise, blank.	Optional					
18	Secondary Rx Group	15	156 - 170	Required if secondary insurance; otherwise, blank.	Optional					
19	Filler	39	171 - 209	N/A	N/A					
20	Plan Assigned Transaction Tracking ID	15	210 - 224	Optional	Optional					
21	Part D Rx BIN	6	225 - 230	Optional for all Part D plans, otherwise blank.	Required					
22	Part D Rx PCN	10	231 - 240	Optional for all Part D plans, otherwise blank.	Optional					
23	Part D Rx Group	15	241 - 255	Optional for all Part D plans, otherwise blank.	Optional					
24	Part D Rx ID	20	256 - 275	Required for all Part D plans except PACE National and MMP; otherwise, blank.	Required					
25	Secondary Drug BIN	6	276 - 281	Required when the secondary drug insurance flag = Y; otherwise blank.	Required					
26	Secondary Drug PCN	10	282 - 291	Optional when the secondary drug insurance flag = Y; otherwise blank.	Optional					
27	Filler	9	292 - 300	N/A	N/A					

3.2.8 TC 74 EGHP Change

Layout 3-11: MARx Batch Input Detail Record: EGHP Change – TC 74

	М	ARx Bat	ch Input Deta	il – EGHP Change Transaction – TC 74	
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A
1	Beneficiary Identifier	12	1 – 12	 Reject the transaction with TRC007 if following criteria is not met during MBI transition: 1. Format must be one of the following: HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number). HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number). MBI is when the 2nd, 5th, 8th and 9th positions are alphas. String must contain NO embedded spaces. Reject the transaction with TRC008 if the beneficiary identifier is not found. 	Required
2	Surname	12	13 – 24	Reject the transaction with TRC 004 if the field is blank and the First Name field is also blank.	Required
3	First Name	7	25 - 31	Reject the transaction with TRC 004 if the field is blank and the Surname field is also blank.	Required
4	M. Initial	1	32	N/A	Optional
5	Sex	1	33	If the value is not '1' = male or '2' = female, do not reject the transaction, set value to unknown ("0").	Required
6	Birth Date	8	34 - 41	Format (YYYYMMDD) Fail the transaction with TRC 257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match. Reject the transaction with TRC 006 if the date is non-blank and formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match. Note: The beneficiary is considered matched if three out of four personal characteristics match (and the input claim number was found on the database.) If the beneficiary is matched the invalid or incorrect birth date is ignored.	Required

	MARx Batch Input Detail – EGHP Change Transaction – TC 74							
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A			
7	EGHP Flag	1	42	Reject with TRC 164 if the value is not 'Y' or blank.	Required			
8	PBP #	3	43 - 45	Reject with TRC 107 if the Contract/PBP combination does not exist.	Required			
9	Filler	1	46	N/A	N/A			
10	Contract #	5	47 – 51	Fail with TRC 003 if the value is blank or the contract does not exist.	Required			
11	Filler	8	52 - 59	N/A	N/A			
12	Transaction Code	2	60 - 61	Fail with TRC 001 if the value is not '74'	'74'			
13	Filler	2	62 - 63	N/A	N/A			
14	Effective Date	8	64 – 71	Format (YYYYMMDD) Fail the transaction with TRC 258 if the date is blank, not formatted correctly or contains an invalid month or day. Reject the transaction if the year is less than 1966 or greater than the current year +1, or day is not the first of the month ("01").	Required			
15	Filler	138	72 - 209	N/A	N/A			
16	Plan Transaction Tracking ID	15	210-224	Optional	Fifteen character tracking ID			
17	Filler	76	225 - 300	N/A	N/A			

3.2.9 *TC 76 Residence Address Change*

Lavout 3-12: MARx Bate	h Input Detail Record:	Residence Address Change	- TC 76

	MARx Batch Input Detail – Residence Address Change Transaction – TC 76								
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A				
1	Beneficiary Identifier	12	1 – 12	 Reject the transaction with TRC007 if following criteria is not met during MBI transition: 1. Format must be one of the following: HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number). HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non- RRB number). MBI is when the 2nd, 5th, 8th and 9th positions are alphas. String must contain NO embedded spaces. Reject the transaction with TRC008 if the beneficiary identifier is not found. 	Required				
2	Surname	12	13 – 24	Reject the transaction with TRC 004 if the field is blank and the First Name field is also blank.	Required				
3	First Name	7	25 - 31	Reject the transaction with TRC 004 if the field is blank and the Surname field is also blank.	Required				
4	M. Initial	1	32	N/A	Optional				
5	Sex	1	33	If the value is not '1' = male or '2' = female, do not reject the transaction, set value to unknown ("0").	Required				

	MARx Ba	tch Input I	Detail – Reside	nce Address Change Transaction – 7	ГС 76
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A
6	Birth Date	8	34 - 41	transaction fields)Format (YYYYMMDD)Fail the transaction with TRC 257if the date is not formattedcorrectly or contains an invalidmonth or day and there is nobeneficiary match. Reject the transaction with TRC006 if the date is non-blank andformatted correctly, but is less than1870, or greater than the currentyear and there is no beneficiarymatch.Note: The beneficiary is consideredmatched if three out of fourpersonal characteristics match (andthe input claim number was foundon the database.) If the beneficiary	Required
				is matched the invalid or incorrect birth date is ignored.	
7	Filler	5	42 - 46	N/A	N/A
8	Contract #	5	47 – 51	Fail with TRC 003 if the value is blank or the contract does not exist.	Required
9	Filler	8	52 - 59	N/A	N/A
10	Transaction Code	2	60 - 61	Fail with TRC 001 if the value is not '76'	'76'
11	Filler	2	62 - 63	N/A	N/A
12	Effective Date	8	64 – 71	Format (YYYYMMDD) Fail the transaction with TRC 258 if date is blank, not formatted correctly or contains an invalid month or day. Reject the transaction if the year is less than 1966 or greater than the current year +1, or the day is not the first of the month ("01").	Required
13	Filler	3	72 - 74	N/A	N/A
14	Residence Address Line 1	65	75 – 139	Reject with TRC 261 if the Residence Address Line 1 field is empty or the supplied residence address information could not be resolved in terms of identifiable address components, or the address is not a U.S. address	Required
15	Residence Address Line 2	65	140 - 204	Optional	Second line of residence address
16	Filler	4	205 - 208	N/A	N/A
17	Address Update/Delete Flag	1	209	Reject with TRC 261 if the value is blank or is not valid. Valid codes include 'U' = update or 'D' = delete	Required
18	Plan Transaction Tracking ID	15	210 - 224	Optional	Fifteen character tracking ID

	MARx Batch Input Detail – Residence Address Change Transaction – TC 76								
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A				
19	Residence City	57	225 - 281	Reject t with TRC 261 if the field is empty	Required				
20	Residence State	2	282 - 283	Reject t with TRC 261 if the USPS state code is missing	Required				
21	Residence Zip Code	5	284 - 288	Reject with TRC 261 if the residence zip code is missing or is non-numeric	Required				
22	Residence Zip Code+4	4	289 - 292	Optional	Optional				
23	End Date	8	293 - 300	 Format (YYYYMMDD) If the End Date field is non-blank: Fail with TRC 259 if the date is not a valid date Reject with TRC 260 if the End Date is not appropriate for one or more of the following reasons: It is before the effective date It is not the last day of the month, or It is not within the contract enrollment period. 	Optional				

3.2.10 *TC* **79** *Part D Opt Out*

Layout 3-13: MARx Batch Input Detail Record: Part D Opt-Out – TC 79

	MARx Batch Input Detail – Part D Opt-Out Transaction – TC 79						
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A		
1	Beneficiary Identifier	12	1 – 12	 Reject the transaction with TRC007 if following criteria is not met during MBI transition: 1. Format must be one of the following: HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number). HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number). MBI is when the 2nd, 5th, 8th and 9th positions are alphas. String must contain NO embedded spaces. Reject the transaction with TRC008 if the beneficiary identifier is not found. 	Required		
2	Surname	12	13 – 24	Reject the transaction with TRC 004 if the field is blank and the First Name field is also blank.	Required		
3	First Name	7	25 - 31	Reject the transaction with TRC 004 if the field is blank and the Surname field is also blank.	Required		
4	M. Initial	1	32	N/A	Optional		
5	Gender Code	1	33	If the value is not '1' = male or '2' = female, do not reject the transaction, set value to unknown ("0").	Required		
6	Birth Date	8	34 - 41	Format (YYYYMMDD) Fail the transaction with TRC 257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match. Reject the transaction with TRC 006 if the date is non-blank and formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match. Note: The beneficiary is considered matched if three out of four personal characteristics match (and the input claim number was found on the database.) If the beneficiary is matched the invalid or incorrect birth date is ignored.	Required N/A		

	MARx Batch Input Detail – Part D Opt-Out Transaction – TC 79							
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A			
8	PBP #	3	43 – 45	Reject with TRC 107 if the Contract/PBP combination does not exist.	Required			
9	Filler	1	46	N/A	N/A			
10	Contract #	5	47 – 51	Fail with TRC 003 if the value is blank or the contract does not exist.	Required			
11	Filler	8	52 - 59	N/A	N/A			
12	Transaction Code	2	60 - 61	Fail with TRC 001 if the value is not '79.'	79			
13	Filler	2	62 - 63	N/A	N/A			
14	Effective Date	8	64 – 71	Format (YYYYMMDD) Fail the transaction with TRC 258 if the date is blank, not formatted correctly or contains an invalid month or day. Reject the transaction if the year is less than 1966 or greater than the current year +1, or day is not the first of the month ("01").	Required			
15	Filler	27	72 - 98	N/A	N/A			
16	Part D Opt- Out Flag	1	99	Reject with TRC 130 when changing PBPs when the values are not one of the following: 'Y' when Opting Out of Part D 'N' when Opting In to Part D	Required			
17	Filler	110	100 - 209	N/A	N/A			
18	Plan Transaction Tracking ID	15	210-224	Optional	Fifteen character tracking ID			
19	Filler	76	225 - 300	N/A	N/A			

3.2.11 TC 80/81 Reinstatement of Enrollment/Disenrollment

Transaction Codes 80 and 81 removes a prior successfully processed enrollment or disenrollment action submitted by the current Plan and reinstates the beneficiary's enrollment to its prior state when MARx enrollment edits permit. Payments and premiums are also re-calculated and election period rules do not count against the beneficiary.

3.2.11.1Reinstatement Criteria

Plans should consider the following criteria when MARx reinstates an enrollment period:

- Prior to beneficiary reinstatement, MARx evaluates the beneficiary and Plan status to ensure all values are within eligibility limits. The beneficiary is not reinstated for any month in which eligibility requirements are not met for the following subject areas:
 - Death of the beneficiary,
 - Medicare entitlement and Part D eligibility,
 - Beneficiary does not meet the health status requirements of the Plan, and
 - Plan is not open and active.
- A reinstated enrollment is not evaluated against the same rules as a new enrollment, such as timeliness of submission, Plan enrollment status, or election periods. The reinstatement qualifications are similar to the qualifications for remaining enrolled. For example, an enrollment is not reinstated when the beneficiary does not have sufficient entitlement or eligibility.
- MARx recalculates all beneficiary payments and premiums.

3.2.11.2Reinstatement of Enrollment from Erroneous Auto Disenrollments

Notification of a beneficiary's date of death (DOD) triggers an automatic disenrollment in MARx. Sometimes these DODs are reversed or refined by subsequent updates, such that the original disenrollment is no longer appropriate.

A mechanism within the MARx system will attempt to automatically reinstate enrollments for beneficiaries who were auto-disenrolled by a report of DOD where there was a subsequent DOD correction or removal that impacts the Plan enrollment.

In conjunction with the reinstatement of enrollment, Plans receive appropriate TRCs that contain the information on the updated DOD and reinstated enrollment.

3.2.11.3 Reinstatement Resulting from Erroneous Auto Disenrollment Criteria

- Changes to the DOD effective date are applicable to auto reinstatement where Plan enrollment is impacted.
- All affected Plans receive a communication concerning reinstated enrollments.
- A reinstatement of enrollment does not exhaust or count against a beneficiary's usage of an election period.
- A corrected DOD that results in an earlier DOD also adjusts the Plan disenrollment.

	MARx Batch Input Detail – Cancellation of Enrollment Transaction – TC 80							
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A			
1	Beneficiary Identifier	12	1 – 12	 Reject the transaction with TRC007 if following criteria is not met during MBI transition: 1. Format must be one of the following: HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number). HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number). MBI is when the 2nd, 5th, 8th and 9th positions are alphas. String must contain NO embedded spaces. Reject the transaction with TRC008 if the beneficiary identifier is not found. 	Required			
2	Surname First Name	12	13 – 24 25 – 31	Reject the transaction with TRC004 if field is 'blank' and First Name field is also 'blank'. Reject with TRC004 if 'blank' and	Required Required			
5				Surname field is also 'blank'.	*			
4	M. Initial	1	32	Optional	Optional			
5	Gender Code	1	33	If value is not '1' = male or '2' = female, do not reject transaction, set value to unknown ("0").	Required			
6	Birth Date	8	34 – 41	Format (YYYYMMDD) Fail the transaction with TRC257 if date is not formatted correctly or contains an invalid month or day and there is no beneficiary match. Reject the transaction with TRC006 if date is non-blank, formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match.	Required			
7	Filler	1	42	N/A	N/A			
8	PBP #	3	43 - 45	Reject with TRC107 if PBP does not exist	Required for contracts with PBPs; otherwise, optional			
9	Filler	1	46	N/A	N/A			
10	Contract #	5	47 – 51	Fail with TRC003 if field 'blank' or contract does not exist.Fail with TRC156 if user is not authorized for contract	Required			
11	Filler	8	52 - 59	N/A	N/A			

Layout 3-14: MARx Batch Input Detail Record: Cancellation of Enrollment – TC 80

	MARx Batch Input Detail – Cancellation of Enrollment Transaction – TC 80							
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A			
12	Transaction Code	2	60 - 61	Fail with TRC 001 if the value is not '80'. Reject the transaction with TRC314 if the transaction is trying to cancel an MMP plan enrollment	'80'			
13	Disenrollment Reason Required for Involuntary Disenrollments	2	62 - 63	Check for valid disenrollment reason code from Table 3-6. If code is not in Table 3-6 or is 'blank', issue TRC205 and set value to "99."	Optional			
14	Effective Date	8	64 - 71	Format (YYYYMMDD) Fail the transaction with TRC 258 if date is blank, not formatted correctly or contains an invalid month or day. Rejec t the transaction if year is less than 1966 or greater than current year +1, or day is not the first of the month ("01").	Required (must equal the enrollment effective date)			
15	Filler	138	72 - 209	N/A	N/A			
16	Plan Transaction Tracking ID	15	210 – 224	Optional	Fifteen character tracking ID			
17	Filler	76	225 – 300	N/A	N/A			

NOTES:

- Spaces are substituted for all fields marked as 'N/A'.
- Reject transaction with TRC009 if there is no beneficiary match.

	MARx	Batch Inp	ut Detail – C	ancellation of Disenrollment Transaction –	TC 81
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A
1	Beneficiary Identifier	12	1-12	 Reject the transaction with TRC007 if following criteria is not met during MBI transition: 1. Format must be one of the following: HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number). HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number). MBI is when the 2nd, 5th, 8th and 9th positions are alphas. String must contain NO embedded spaces. Reject the transaction with TRC008 if the beneficiary identifier is not found. 	Required
2	Surname	12	13-24	Reject the transaction with TRC004 if field is blank and First Name field is also blank.	Required
3	First Name	7	25-31	Reject with TRC004 if blank and Surname field is also blank.	Required
4	M. Initial	1	32	Optional	Optional
5	Gender Code	1	33	If value is NOT '1' = male or '2' = female, set value to unknown ("0"). This does not cause a rejection.	Required
6	Birth Date	8	34-41	Format (YYYYMMDD) Fail the transaction with TRC 257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match. Reject the transaction with TRC 006 if the date is non-blank and formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match. Note: The beneficiary is considered matched if three out of four personal characteristics match (and the input claim number was found on the database.) If the beneficiary is matched the invalid or incorrect birth date is ignored.	Required
7	Filler*	1	42	N/A	N/A
8	РВР	3	43-45	For Contracts with defined PBPs, reject with TRC 107 if not one of the plan's PBPs.	Required for contracts with defined PBPs.
9	Filler	1	46	N/A	N/A
10	Contract	5	47-51	Fail with TRC 003 if field blank or contract does not exist.	Required
11	Filler	8	52-59	N/A	N/A

Layout 3-15: MARx Batch Input Detail Record: Cancellation of Disenrollment – TC 81

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	MARx Batch Input Detail – Cancellation of Disenrollment Transaction – TC 81							
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A			
12	Transaction Code	2	60-61	Fail with TRC 001 if the value is not '81'	Required			
13	Filler	2	62-63	N/A	N/A			
14	Effective Date	8	64 – 71	Format (YYYYMMDD) Fail the transaction with TRC258 if date is blank, not formatted correctly or contains an invalid month or day. Reject the transaction with TRC051 if year is less than 1966 or greater than current year +1, or day is not the first of the month ("01").	Required			
15	Segment ID	3	72 – 74	Optional	Three character segment ID			
16	Filler	135	75 - 209	N/A	N/A			
17	Plan Transaction Tracking ID	15	210-224	Optional	Fifteen character tracking ID			
18	Filler	76	225 - 300	N/A	N/A			

*Spaces are substituted for all fields marked as 'N/A'.

3.2.12 TC 82 MMP Enrollment Cancellation

Layout 3-16: MARx Batch Input Detail Record: MMP Enrollment Cancellation – TC 82

	MARx Bat	ch Inpu	t Detail – M	IMP Enrollment Cancellation Transaction –	TC 82
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A
1	Beneficiary Identifier	12	1-12	 Reject the transaction with TRC007 if following criteria is not met during MBI transition: 1. Format must be one of the following: HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number). HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number). MBI is when the 2nd, 5th, 8th and 9th positions are alphas. String must contain NO embedded spaces. Reject the transaction with TRC008 if the beneficiary identifier is not found. 	Required
2	Surname	12	13-24	Reject the transaction with TRC004 if field is 'blank' and First Name field is also 'blank'.	Required
3	First Name	7	25-31	Reject with TRC004 if 'blank' and Surname field is also 'blank'.	Required
4	M. Initial	1	32	Optional	Optional
5	Gender Code	1	33	If value is not '1' = male or '2' = female, do not reject transaction, set value to unknown ("0").	Required
6	Birth Date	8	34-41	Format (YYYYMMDD) Fail the transaction with TRC 257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match. Reject the transaction with TRC 006 if the date is non-blank and formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match. Note: The beneficiary is considered matched if three out of four personal characteristics match (and the input claim number was found on the database.) If the beneficiary is matched the invalid or incorrect birth date is ignored.	Required
7	Filler	1	42	N/A	N/A
8	PBP #	3	43-45	Reject with TRC107 if it does not exist	Required for contracts with PBPs; otherwise, spaces
9	Filler	1	46	N/A	N/A

	MARx Batch Input Detail – MMP Enrollment Cancellation Transaction – TC 82							
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A			
10	Contract #	5	47-51	Fail with TRC003 if field 'blank' or contract does not exist. Fail with TRC156 if user is not authorized for contract	Required			
11	Filler	8	52-59	N/A	N/A			
12	Transaction Code	2	60-61	Fail with TRC 001 if the value is not '82'. Reject the transaction with TRC314 if the transaction is trying to cancel a non-MMP plan enrollment	"82"			
13	Disenrollment Reason Required for Involuntary Disenrollments	2	62-63	Check for valid disenrollment reason code from Table 3-6. If code is not in Table 3-6 or is 'blank', issue TRC205 and set value to "99."	Optional			
14	Effective Date	8	64-71	Format: (YYYYMMDD) Fail the transaction with TRC 258 if date is blank, not formatted correctly or contains an invalid month or day. Reject the transaction if year is less than 1966 or greater than current year +1, or day is not the first of the month ("01").	Required (must equal the enrollment effective date)			
15	Filler	28	72-99	N/A	N/A			
16	MMP Opt-Out Flag	1	100	Reject with TRC 310 when value is not 'Y', 'N' or blank.	Optional*			
17	Filler	109	101-209	N/A	N/A			
18	Plan Transaction Tracking ID	15	210-224	Optional	Fifteen character tracking ID			
19	Filler	76	225-300	N/A	N/A			

NOTES:

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Spaces are substituted for all fields marked as 'N/A'. Reject transaction with TRC009 if there is no beneficiary match. •

3.2.13 TC 83 MMP Opt-Out Update

Layout 3-17: MARx Batch Input Detail Record: MMP Opt-Out Update – TC 83

				Detail – MMP Opt-Out Update – TC 83 Validation	
Item	Field	Size	Position	(Edits and TRCs for the transaction fields)	Is Item Required Optional, or N/A
1	Beneficiary Identifier	12	1 – 12	 Reject the transaction with TRC007 if following criteria is not met during MBI transition: 1. Format must be one of the following: HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number). HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number). MBI is when the 2nd, 5th, 8th and 9th positions are alphas. String must contain NO embedded spaces. Reject the transaction with TRC008 if the beneficiary identifier is not found. 	Required
2	Surname	12	13 - 24	Reject the transaction with TRC004 if field is blank and First Name field is also blank.	Required
3	First Name	7	25 - 31	Reject with TRC004 if blank and Surname field is also blank.	Required
4	M. Initial	1	32	N/A	Optional
5	Gender Code	1	33	If value is not '1' = male or '2' = female, do not reject transaction, set value to unknown ("0").	Required
6	Birth Date	8	34 - 41	Format (YYYYMMDD) Fail the transaction with TRC-257 if date is not formatted correctly or contains an invalid month or day and there is no beneficiary match. Reject the transaction with TRC-006 if date is non-blank, formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match.	Required
7	Filler	1	42	N/A	N/A
8	PBP #	3	43 - 45	Reject the transaction with TRC-107 if PBP is missing or invalid.	Required
9	Filler	1	46	N/A	N/A
10	Contract #	5	47 – 51	Fail with TRC-003 if the field is 'blank' or contract does not exist.Fail with TRC-156 if user is not authorized for contract.	Required
11	Filler	8	52 - 59	N/A	N/A
12	Transaction Code	2	60 - 61	Fail with TRC 001 if the value is not '83'	'83'

	MARx Batch Input Detail – MMP Opt-Out Update – TC 83						
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A		
13	Filler	2	62 - 63	N/A	N/A		
14	Effective Date	8	64 – 71	Format (YYYYMMDD) Fail the transaction with TRC 258 if date is blank, not formatted correctly or contains an invalid month or day. Reject the transaction with TRC 037 if the year is less than 1966 or greater than the current year +1, or the day is not the first of the month ("01"). Effective Date must be prospective, meaning processing month plus three months.	Required		
15	Filler	28	72 - 99	N/A	N/A		
16	MMP Opt-Out Flag	1	100	Reject with TRC310 when value is not 'Y' or 'N.'	Required		
17	Filler	109	101 – 209	N/A	N/A		
18	Plan Transaction Tracking ID	15	210 – 224	Optional	Fifteen character tracking ID		
19	Filler	76	225 – 300	N/A	N/A		

NOTE: Spaces are substituted for all fields marked as 'N/A'.

3.2.14 TC 90 CARA Status

	MARx Batch Input Detail – CARA Status – TC 90						
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A		
1	Beneficiary Identifier	12	1 – 12	 Reject the transaction with TRC007 if the following criteria is not met during MBI transition: 1. Format must be one of the following: HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number). HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number). MBI is an 11-position value. The 2nd, 5th, 8th and 9th positions are alphas. String must contain NO embedded spaces. Reject the transaction with TRC008 if the beneficiary identifier is not found. 	Required		
2	Surname	12	13 – 24	Reject the transaction with TRC004 if the field is blank and the First Name field is also blank.	Required		
3	First Name	7	25 - 31	Reject transaction with TRC004 if the field is blank and the Surname field is also blank.	Required		
4	M. Initial	1	32	N/A	Optional		
5	Gender Code	1	33	If the value is not "1" = male or "2" = female, do not reject the transaction, set the value to unknown ("0").	Required		

Layout 3-18: MARx Batch Input Detail Record: CARA Status – TC 90

		MAR	x Batch Inp	put Detail – CARA Status – TC 90	
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A
6	Birth Date	8	34 - 41	Format (YYYYMMDD) Fail the transaction with TRC257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match. Reject the transaction with TRC006 if the date is non-blank and formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match. Note: The beneficiary is considered matched if three out of four personal characteristics match (and the input MBI (or HICN until the end of transition) was found on the database.) If the beneficiary is matched the invalid or incorrect birth date is ignored.	Required
7	Filler	5	42-46	N/A	N/A
8	Contract #	5	47 – 51	 Fail the transaction with TRC003 if the field is blank or the contract does not exist. Reject the transaction with TRC378 if it is a LiNet contract. 	Required
9	Filler	8	52 - 59	N/A	N/A
10	Transaction Code	2	60 - 61	Fail the transaction with TRC001 if the value is not '90'	Required
11	Filler	13	62 - 74	N/A	N/A

		MAR	x Batch Inp	out Detail – CARA Status – TC 90	
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A
12	Add/Update/Dele te Flag	1	75	Until January 1, 2019, Reject the transaction with TRC336 if the value is not valid Until January 1, 2019, the valid values are: "U" = Update "D" = Delete Reject an update ("U") transaction with TRC391 if the record is an inactive Legacy record. On or after January 1, 2019, Reject with TRC390 if the value provided is not valid. Starting January 1, 2019, the valid values are: "A" = Add "U" = Update "D" = Delete	Required For an 'add', the drug class and notification start date (and any other dates provided) will be added to the database for the CARA status fields (17, 19, 20) that contain a value of Y. For 'updates', the database records for the drug class and notification start date (and any other dates provided) will be updated for the CARA status fields (17, 19, 20) that contain a value of Y or N. For 'deletes', the CARA status fields (17, 19, 20) that contain a value of Y or N. For 'deletes', the CARA status fields (17, 19, 20) with a value of "Y" will be deleted.
13	Filler	1	76	N/A	N/A
14	Drug Class	3	77 – 79	Reject the transaction with TRC334 if the value provided is not valid.	Required
15	Notification Start Date (YYYYMMDD)	8	80 – 87	 Fail the transaction with TRC332 until January 1, 2019. On or after January 1, 2019 Fail with TRC389 if the notification start date: is blank, or not formatted correctly, or contains an invalid month or day Reject the transaction with TRC388 if the notification start date is later than CCM plus one. 	Required

		MAR	x Batch Inp	out Detail – CARA Status – TC 90	
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A
16	Notification End Date (YYYYMMDD)	8	88 - 95	 Fail the transaction with TRC389 if the notification end date is not formatted correctly or contains an invalid month or day. Reject the transaction with TRC379 if the notification end date provided is more than 60 days from the notification start date. For example, if the notification start date is August 1st the notification end date must be between August 1st and September 29th (inclusive). 	Optional - if provided, the end date will be applied to all fields (17, 19, 20) that have a status field value of "Y" on this transaction. - if provided: (must be within 60 days after the Notification Start Date AND one day prior to the Implementation Start Date) OR the notification start, notification end and implementation start dates must all be the same
17	POS Edit Status	1	96	 Reject the transaction with TRC385 if the POS Edit Status is blank or N and the POS Edit Code field is populated with a valid value Reject the transaction with TRC385 if the POS Edit Status is Y but the POS Edit Code field is blank. Reject the transaction with TRC386 if value provided is not valid. Valid values: Y – Yes N – No Blank (Space) 	Optional Y = Indicates that a notification of a POS Edit has been sent <u>or</u> that a POS Edit has been implemented N = No POS Edit [space] = Not reported or No change to a previously reported POS Edit. Any date updates made as a result of this transaction will not be applied to this attribute if this field is populated with a Blank (Space)

		MAR	x Batch Inp	out Detail – CARA Status – TC 90	
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A
18	POS Edit Code	3	97 – 99	 Reject the transaction with TRC335 until January 1, 2019 if the value provided is not valid. On or after January 1, 2019 Reject with TRC386 if the value provided is not valid. As of January 1, 2019, blank is a valid value for CARA records. Legacy POS Edit records require a valid POS Edit Code. Reject the transaction with TRC385 if the POS Edit Code is populated with a valid value. Reject the transaction with TRC385 if the POS Edit Status is blank or N and the POS Edit Code is populated with a valid value. Reject the transaction with TRC385 if the POS Edit Status is Y but the POS Edit Code is blank. 	Optional Required when POS Edit Status is 'Y'.
19	Prescriber Limitation Status	1	100	Reject the transaction with TRC386 if the value provided is not valid. Valid values: Y – Yes N – No Blank (Space) 	Optional Y = Indicates that a notification of a prescriber limitation has been sent <u>or</u> that a prescriber limitation has been implemented N = No Prescriber limitation Edit [space] = Not reported or No change to the Prescriber Limitation. Any date updates made as a result of this transaction will not be applied to this attribute if this field is populated with a Blank (Space)

	MARx Batch Input Detail – CARA Status – TC 90						
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A		
20	Pharmacy Limitation Status	1	101	Reject the transaction with TRC386 if value provided is not valid. Valid values: • Y – Yes • N – No • Blank (Space)	Optional Y = Indicates that a notification of a pharmacy limitation has been sent <u>or</u> that a pharmacy limitation has been implemented N = No Pharmacy limitation Edit [space] = Not reported or No change to the Pharmacy limitation. Any date updates made as a result of this transaction will not be applied to this attribute if this field is populated with a Blank (Space).		
21	Implementation Start Date (YYYYMMDD)	8	102–109	 Fail the transaction with TRC332 until January 1, 2019. On or after January 1, 2019 Fail with TRC389, if the implementation start date is not formatted correctly or contains an invalid month or day. Reject the transaction with TRC379 if the implementation start date is less than the Notification start date. Reject the transaction with TRC379 if the implementation start date is later than the implementation end date or more than one day after the notification end date. Reject the transaction with TRC388 if the implementation start date is later than CCM plus one. 	Optional – if provided, the implementation start date applies to all fields (17, 19, 20) that have a status field value of "Y" on this transaction.		

		MAR	x Batch Inp	out Detail – CARA Status – TC 90	
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A
22	Implementation End Date (YYYYMMDD)	8	110-117	 Fail the transaction with TRC332 until January 1, 2019. On or after January 1, 2019, Fail with TRC389 if the implementation end date is not formatted correctly or contains an invalid month or day. For CARA records, reject the transaction with TRC382 if the initial implementation end date provided is more than one year from the implementation start date or an extension end date is more than two years from the implementation start date. For Legacy records, implementation end date can be greater than 12 months after the implementation start date.* For CARA records, reject the transaction with TRC383 if the implementation end date has passed and it is later than thirteen months from the implementation start date. Reject the transaction with TRC 379 if an implementation date can be blank and the restrictions listed above do not apply. 	Optional – if provided, the implementation end date will apply to all fields (17, 19, 20) that have a status field value of "Y" on this transaction – if provided (first time) must be after and within 1 year of the implementation start date. For example, if the implementation start date is 1/1/2019, the last valid implementation end date is 12/31/2019. Can be extended to within two years of Implementation start date on subsequent update transactions. Cannot be extended if the implementation end date has passed and the date MARx receives the transaction is more than 13 months from the implementation start date.
23	Filler	92	118– 209	N/A	N/A
24	Plan Assigned Transaction Tracking ID	15	210 – 224	Fifteen character tracking ID	Optional
25	Filler	76	225 – 300	N/A	N/A

NOTE: Spaces are substituted for all fields marked as "N/A" June 30, 2024 3-81

3.2.15 TC 91 IC Model Participation

Layout 3-19: MARx Batch Input Detail Record: IC Model Participation – TC 91

	MARx Batch Input Detail – IC Model Participation Transaction – TC 91							
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A			
1	Beneficiary Identifier	12	1 – 12	 Reject the transaction with TRC007 if following criteria is not met during MBI transition: 1. Format must be one of the following: HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number). HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number). MBI is when the 2nd, 5th, 8th and 9th positions are alphas. String must contain NO embedded spaces. Reject the transaction with TRC008 if the beneficiary identifier is not found. 	Required			
2	Surname	12	13 – 24	Reject transaction with TRC 004 if field is blank and First Name field is also blank.	Required			
3	First Name	7	25 – 31	Reject with TRC 004 if blank and Surname field is also blank.	Required			
4	M. Initial	1	32	N/A	Optional			
5	Gender Code	1	33	Valid values are: 1 – male 2 – female If value is not 1 or 2, do not reject transaction, instead set the value to 0 – unknown	Required			

MARx Batch Input Detail – IC Model Participation Transaction – TC 91					
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A
6	Birth Date	8	34 - 41	Format (YYYYMMDD) Fail the transaction with TRC 257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match. Reject the transaction with TRC 006 if the date is non-blank and formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match. Note: The beneficiary is considered matched if three out of four personal characteristics match (and the input claim number was found on the database.) If the beneficiary is matched the invalid or incorrect birth date is ignored.	Required
7	Filler	1	42	N/A	N/A
8	PBP #	3	43 – 45	Reject transaction with TRC 107 if PBP is not valid for the contract.	Required
9	Filler	1	46	N/A	N/A
10	Contract #	5	47 – 51	Fail with TRC 003 if field blank or contract does not exist.	Required
11	Filler	8	52 - 59	N/A	N/A
12	Transaction Code	2	60 - 61	Value must be 91	Required
13	Filler	2	62 - 63	N/A	N/A
14	IC Model Start Date (YYYYMM DD)	8	64 – 71	Fail transaction with TRC 258 if date is blank, not formatted correctly or contains an invalid month or day. Reject transaction with TRC 359 if the date is not within the period that the Contract/PBP is an ICM participant or the date is not within the beneficiary's enrollment period for the contract/PBP.	Required
15	Filler	3	72 – 74	N/A	N/A
16	IC Model Update/Delet e Flag	1	75	Reject transaction with TRC 360 if the value provided is not valid. Valid values are: 'U' = Update 'D' = Delete	Required
17	IC Model Type Indicator	2	76 – 77	Reject transaction with TRC 354 if the value provided is not valid, is blank, or the value is not correct for the specified Contract/PBP. Valid values are: '01' – VBID '02' – MTM	Required

	MARx Batch Input Detail – IC Model Participation Transaction – TC 91						
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A		
18	IC Model Benefit Status Code	2	78 – 79	Reject transaction with TRC 365 if the submitted Benefit Status Code field is blank or not valid for Type Indicator = '01' (VBID) Valid values are: '01' – Full Status '02' – Unearned Status	Required if IC Model Type Indicator is '01'; N/A for other Type Indicator		
19	IC Model End Date (YYYYMM DD)	8	80 – 87	Fail transaction with TRC 358 if the date is not formatted correctly or contains an invalid month or day. Reject transaction with TRC 362 if the IC Model End Date is prior to the IC Model Start Date; or is after the beneficiary's enrollment period for the contract/PBP.	Optional		
20	IC Model End Date Reason Code	2	88 – 89	Reject transaction with TRC 361 if the submitted End Date Reason Code field is blank when an IC Model End Date is present in the transaction. Valid values are: '01' – No longer Eligible '02' – Opted out of program '03' – Benefit Status Change	Required if IC Model End Date is present		
21	Filler	120	90 - 209	N/A	N/A		
22	Plan Assigned Transaction Tracking ID	15	210 - 224	Fifteen character tracking ID	Optional		
23	Filler	76	225 - 300	N/A	N/A		

3.2.16 TC 92 Personal Information Change

Layout 3-20: MARx Batch Input Detail Record: Personal Information Change – TC 92

	MARx Batch Input Detail – Personal Information Change – TC 92					
Item	Item Field Size Position		Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A		
1	Beneficiary Identifier	12	1 – 12	 Reject the transaction with TRC 007 if the following criteria is not met: Format for MBI is an 11-position value. The 2nd, 5th, 8th and 9th positions are alphas. String must contain NO embedded spaces. Reject the transaction with TRC 008 if the beneficiary identifier is not found. 	Required	
2	Surname	12	13 – 24	Reject transaction with TRC 004 if field is blank and First Name field is also blank.	Required	
3	First Name	7	25 - 31	Reject with TRC 004 if blank and Surname field is also blank.	Required	
4	M. Initial	1	32	N/A	Optional	
5	Gender Code	1	33	Valid values are: 1 – male 2 – female If value is not 1 or 2, do not reject transaction, instead set the value to 0 – unknown	Required	
6	Birth Date	8	34 - 41	Format (YYYYMMDD) Fail the transaction with TRC 257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match. Reject the transaction with TRC 006 if the date is non-blank and formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match. Note: The beneficiary is considered matched if three out of four personal characteristics match (and the input claim number was found on the database.) If the beneficiary is matched the invalid or incorrect birth date is ignored.	Required	
7	Filler	1	42	N/A	N/A	
8	PBP #	3	43 - 45	Reject transaction with TRC 107 if PBP is not valid for the contract.	Required	
9	Filler	1	46	N/A	N/A	
10	Contract #	5	47 – 51	Fail with TRC 003 if field blank or contract does not exist.	Required	

		Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A		
11	Filler	8	52 - 59	N/A	N/A
12	Transaction Code	2	60 - 61	Value must be 92	Required
13	Filler	40	62-101	N/A	N/A
14	Ethnicity	7	102-108	When provided, values will be 'Y' for each of the ethnicity choices that apply, otherwise, the position will be blank.	Optional – Previously submitted values are retained.
a	Not of Hispanic, Latino/a or Spanish Origin	1	102	Reject the transaction with TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional
b	Puerto Rican	1	103		
				• Blank (Space)	
с	Another Hispanic, Latino or Spanish Origin	1	104	Reject the transaction with TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional
d	Mexican, Mexican American, Chicano/a	1	105	Reject the transaction with TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional
e	Cuban	1	106	Reject the transaction with TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional
f	I choose not to answer	1	107	The field can be set to 'Y' along with one or more Ethnicity choices. Reject the transaction with TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional

	MA	ARx Batch	Input Detail	– Personal Information Change – TC 92	2
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A
g	Form left blank	1	108	 When provided, this indicates that the form was left blank. Any values currently in MARx for Ethnicity will be set to Blank (Space). Reject the transaction with TRC 394 if the value provided is not valid. Valid values: Y – Yes Blank (Space) 	Optional
15	Filler	15	109 – 123	N/A	N/A
16	Preferred Language Other than English	1	124	 Reject the transaction with TRC 394 if the value provided is not valid. This represents the language preference other than English. Valid Values: S – Spanish O – Other X – Remove current value in MARx and set to Blank (Space) Blank (Space) – No update 	Optional
17	Accessible Format	1	125	 Reject the transaction with TRC 394 if the value provided is not valid. This represents an optional accessible format. Valid Values: B – Braille L – Large Print A – Audio CD X – Remove current value in MARx and set to Blank (Space) Blank (Space) – No update 	Optional
18	Race	16	126 - 141	When provided, values will be 'Y' for each of the Race choices that apply, otherwise the position will be blank. Optional –	
a	White	1	126	Reject the transaction with TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional

	MARx Batch Input Detail – Personal Information Change – TC 92					
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A	
b	Black or African American	1	127	Reject the transaction with TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional	
с	American Indian or Alaska Native	1	128	 Reject the transaction with TRC 394 if the value provided is not valid. Valid values: Y – Yes Blank (Space) 	Optional	
d	Asian Indian	1	129	Reject the transaction with TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional	
e	Chinese	1	130	Reject the transaction with TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional	
f	Filipino	1	131	Reject the transaction with TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional	
g	Japanese	1	132	Reject the transaction with TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional	
h	Korean	1	133	Reject the transaction with TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional	

	MARx Batch Input Detail – Personal Information Change – TC 92					
Item	Field	Size	Size Position (Edits and TRCs for the transaction fields)		Is Item Required, Optional, or N/A	
i	Vietnamese	1	134	 Reject the transaction with TRC 394 if the value provided is not valid. Valid values: Y – Yes 	Optional	
				• Blank (Space)		
j	Other Asian	1	135	Reject the transaction with TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional	
k	Native Hawaiian	1	136	Reject the transaction with TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional	
1	Samoan	1	137	Reject the transaction with TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional	
m	Guamanian or Chamorro	1	138	Reject the transaction with TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional	
n	Other Pacific Islander	1	139	Reject the transaction with TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional	
0	I choose not to answer	1	140	 The field can be set to 'Y' along with one or more Race choices. Reject the transaction with TRC 394 if the value provided is not valid. Valid values: Y – Yes Blank (Space) 	Optional	

	MARx Batch Input Detail – Personal Information Change – TC 92						
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A		
р	Form left blank	1	141	When provided, this indicates that the form was left blank. Any values currently in MARx for Race will be set to Blank (Space).			
				Reject the transaction with TRC 394 if the value provided is not valid.			
				Valid values:			
				• Y – Yes			
				• Blank (Space)			
19	Filler	68	142 - 209	N/A	N/A		
20	Plan Transaction Tracking ID	15	210 - 224	Fifteen character tracking ID	Optional		
21	Filler	76	225 - 300	N/A	N/A		

3.2.17 Election Type "S – Special Enrollment Period (SEP)"

Beginning July 24, 2021, enrollment and disenrollment transactions that use Election Type "S - SPECIAL ELECTION PERIOD (SEP)" must include a valid alpha-numeric enrollment or disenrollment SEP Reason Code. A list of SEP Reason Codes that are valid for each type of Plan can be found in the Election Type "S – Special Election Period (SEP)" Reason Code table. Transactions with missing or invalid SEP Reason Codes will be rejected with Transaction Reply Code (TRC) 397 "TRANSACTION REJECTED; INVALID SEP REASON CODE".

Note: Retroactive enrollment and disenrollment transactions with an effective date prior to July 24, 2021 require a SEP Reason Code if they are submitted after July 24, 2021.

For additional details and guidance on beneficiary SEP eligibility, and a complete list of available Special Election Periods, please refer to the MA, PDP sponsor and Cost guidance materials posted in the links below.

- MA and Cost Plan enrollment guidance: <u>https://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicareMangCareEligEnrol</u>
- PDP enrollment guidance: <u>http://www.cms.gov/Medicare/Eligibility-and-</u> Enrollment/MedicarePresDrugEligEnrol/index.html

3.2.18 Updating SEP Reason Codes Using the MARx UI

Plans submitting enrollment or disenrollment transactions with the Election Type Code "S" via the MARx UI must complete two required fields on the MARx New Enrollment Screen (M221) and the Additional Update Enrollment Information Screen (M230): the SEP Reason Code Group field and the SEP Reason Code field.

The SEP Reason Code Group categorizes the SEP reasons into the following four (4) categories:

- Emergency or Disaster
- Terminations
- General
- CMS Approval Required

This grouping helps the user navigate the list of reason codes. When an SEP Reason Code Group selection is made, the corresponding SEP Reason Code drop-down list will be enabled. Users are then required to select a SEP Reason Code from a list of SEP types for enrollment and disenrollment submissions.

For example, if a beneficiary is granted use of an SEP to enroll in a new Plan due to a Government entity-declared disaster or other emergency, the user needs to:

- Select "S"- Special Election Period (SEP) in the Election Type drop-down field;
- Select "Emergency or Disaster" in the SEP Reason Code Group drop-down; and
- Select "01-GOVT Emergency or Disaster" in the SEP Reason Code drop-down.

3.2.19 Update SEP Reason Codes - TC 93 and 94

Layout 3-21: MARx Batch Input Detail Record: Update SEP Reason Codes – TC 93 or 94

	MARx Batch Input Detail Record: Update SEP Reason Codes – TC 93 and TC 94					
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A	
1	Beneficiary Identifier	11	1-11	 Reject the transaction with TRC 007 if the MBI is not 11 characters long and the 2nd, 5th, 8th and 9th positions are not alphas. Reject the transaction with TRC 008 if the beneficiary identifier is not found. 	Required	
2	Filler	1	12	Blank	Required	
3	Surname	12	13-24	Reject the transaction with TRC 004 if field is blank and First Name field is also blank.	Required	
4	First Name	7	25-31	Reject with TRC 004 if blank and Surname field is also blank.	Required	
5	M. Initial	1	32	N/A	Optional	
6	Gender	1	33	If value is not '1' = male or '2' = female, do not reject transaction, set value to unknown ("0").	Required	
7	Birth Date	8	34-41	 Format (YYYYMMDD) Fail the transaction with TRC 257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match. Reject the transaction with TRC 006 if date is non-blank, formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match. Note: The beneficiary is considered matched if three out of four personal characteristics match (and the input claim number was found on the database.) If the beneficiary is matched the invalid or 	Required	
				incorrect birth date is ignored.		
8	Filler	1	42	N/A	N/A	
9	PBP #	3	43-45	Reject with TRC 107 if the Contract/PBP combination does not exist.Required		
10	Election Type	1	46	Reject with TRC104 if value is not 'S'.	Required	
11	Contract #	5	47-51	The election period's enrollment contract.RequiredFail with TRC 003 if field is blank or the contract does not exist.Required		
12	Filler	8	52-59	N/A	N/A	

	MARx Batch Input Detail Record: Update SEP Reason Codes – TC 93 and TC 94						
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A		
13	Transaction Code	2	60-61	Use transaction code TC 93 to correct an Enrollment SEP Reason Code. Use transaction code TC 94 to correct a Disenrollment SEP Reason Code.	"93" or "94"		
14	Filler	2	62-63	N/A	N/A		
15	Effective Date	8	64-71	 Format (YYYYMMDD) The election period's enrollment effective date. Fail the transaction with TRC 258 if date is blank, not formatted correctly, or contains an invalid month or day. Reject the transaction with TRC 037 if year is less than 1966 or greater than current year +1, or day is not the first of the month ("01"). 	Required		
16	Segment ID	3	72-74	Optional	Optional		
17	Filler	26	75-100	N/A	N/A		
18	SEP Reason Code	2	101-102	If the transaction code is TC 93, select an Enrollment SEP Reason code. If the transaction code is TC 94, select a Disenrollment SEP Reason code. For valid SEP Reason Codes see the Election Type "S – Special Election Period (SEP)" Reason Code table. Reject an invalid SEP Reason code with TRC 401.	Required		
19	Filler	107	103-209	N/A	N/A		
20	Plan Assigned Transaction Tracking ID	15	210-224	Optional field	Optional		
21	Filler	76	225-300	N/A	N/A		

Table 3-10: IC Model Beneficiary Participation End Date Reason Codes

IC Model Beneficiary Participation End Date Reason Codes								
Code	Description	MARx UI	Auto-Dis	Plan Submit (TC 91)				
01	No Longer Eligible	N/A	N/A	Y				
02	Opted out of program	N/A	N/A	Y				
03	Benefit status change	N/A	N/A	Y				
04	Automatic CMS Disenrollment	N/A	Y	N/A				

3.3 Cost Plan Transaction Process

Because beneficiaries can choose to enroll in separate or stand-alone PDPs and enroll in or remain enrolled in a Cost Plan, CMS uses PBP-level processing for Cost Plan organizations.

The Health Plan Management System (HPMS) provides available drug and non-drug PBP numbers for Cost Plans to MARx. If the Cost Plan does not have an approved non-drug PBP, HPMS generates a dummy non-drug PBP number of 999 for this Plan. This is unnecessary for drug PBPs, as Cost Plans are required to create drug PBPs.

Beneficiaries who are members of a non-drug PBP of a Cost Plan may elect to obtain Part D coverage through the Cost Plan if it is offered as an optional, supplemental benefit by the Cost Plan or through a separate PDP.

If a current member elects to obtain Part D through the Cost Plan, the Plan submits a TC 61to move the member from the non-drug PBP to the drug PBP, including the valid election type and Part D premium-related information. If a current member elects to obtain Part D through a PDP while remaining in the Cost Plan, the Cost Plan submits no transactions. When the PDP submits a TC 61 to enroll the beneficiary, CMS does not disenroll the member from the Cost Plan.

If a current member enrolled in the Part D benefit of the Cost Plan requests to drop Part D, i.e. move from the drug PBP to the non-drug PBP, the Plan submits a TC 61 transaction to move the member and includes the valid election type that permits the disenvolument from Part D.

If a new member elects to enroll in the non-drug portion of the Cost Plans, the Plan submits a TC 61 with a non-drug PBP number. The number 999 is used if the user does not have a non-drug PBP approved in HPMS.

If a new member elects to enroll in the drug portion of the Cost Plans, the Plan submits a TC 61 with the drug PBP number, election type, and Part D premium-related information.

The following clarifications related to election periods also impact Cost Plans. In two of the three scenarios, the user must specify an election type:

- Enrollment into a Cost Plan's non-drug PBP from FFS or a non-MA Plan does not require the specification of an election type. The beneficiary does not utilize an election when enrolling in non-MA or non-Part D Plans.
- Enrollment into a Cost Plan's non-drug PBP requires that the member indicate if they are enrolled in an MA or MAPD. This occurs because the beneficiary must utilize an election to disenroll from the latter Plan types. At the time of enrollment, the Cost Plan may need to query the beneficiary if they are currently enrolled in an MA Plan.
- Enrollment into, or disenrollment from, a Cost Plan's drug PBP always requires the specification of a Part D election type of AEP, IEP, or SEP. The beneficiary must request enrollment during a valid enrollment period.

3.4 Daily Transaction Reports

MARx communicates a transaction disposition through the BCSS and DTRR reports transmitted to the Plan. Upon receipt of a transaction file, the Plan representative-transmitter who submits the file receives the BCSS. Following the completion of a batch process, the DTRR is received by the user. The DTRR provides a disposition for the transactions submitted daily, along with results from various system notifications and CMS actions.

Plans may correct and resubmit failed and rejected transactions for processing. Plans validate payments at the beneficiary level based on information effective at the time of processing, i.e., enrollment, disenrollment, cancellation, applicable health statuses. This information is available via the DTRR, as well as other reports and data files described in later sections.

3.4.1 Batch Completion Status Summary (BCSS) Report

The BCSS file is the daily communication created to ensure Plans confirm the status of their transactions submitted to CMS in a timely manner. Plans use this file as a receipt. When CMS receives the Plan-submitted transaction, the BCSS summarizes the Plan's submission. This data file is sent to the submitter after a batch of submitted transactions is processed. It provides a count of all transactions within the batch and summarizes the number of rejected and accepted transactions. It also provides an image of the submitted transaction for each transaction that failed.

The BCSS will be sent to the mailbox of the lowest sequenced contract that the submitter can access.

All BCSS records begin with a one-character record type identifier (H/C/P/F) that designates the type of data reported in that section. It is followed by one digit that identifies the sequence number of the record within that section.

System	Туре	Frequency	Record Length	BCSS Dataset Naming Conventions	
MARx	Data File	Once batch is processed	323	Gentran Mailbox/TIBCO MFT Internet Server: P.RXXXX.BCSS.Annnnn.Bnnnnn.Thhmmss Connect:Direct (Mainframe): zzzzzzz.RXXXX.BCSS.Annnnn.Bnnnnn.Thhmmss Connect:Direct (Non-mainframe): [directory]RXXXX.BCSS.Annnnn.Bnnnnn.Thhmmss	

The following table is an example of a BCSS Report showing the following types of records:

- Header Records (H1 H8) report information on the receipt, identification, and processing of the submitted batch file.
- **Transaction Count Records (C 1 C5)** report the total number of records that were submitted for each transaction code (T51, T61, etc.). The first count on the C1 Tran CNTS1 record is not paired with a transaction code and reports the total number of

transactions received in the file. The transaction code 'TXX' reports the number of transactions that were submitted with invalid transaction codes.

- **Processing Results Records (P1 P4)** summarize the total transactions received, accepted, rejected, and failed.
- Failed Records (F) return an exact image of the submitted transaction that failed.

 Table 3-11: BCSS Report Example

```
H1 TRANSACTIONS RECEIVED ON 2021-02-18 AT 15.30.00
H2 TRANSACTIONS PROCESSED ON 2021-04-13 AT 17.61.17
H3 ENROLLMENT SERVICE PROCESSING COMPLETED
H4 HEADER CODE= AAAAAAHEADER
H5 HEADER DATE= 122020
H6 REQUEST ID =
H7 BATCH ID = 0038282794
H8 USER ID
             = IDM User ID
C1 TRAN CNTS1 = 00000019 T01 0000000 T51 0000000 T61 0000019 T72 0000000 T73 0000000
C2 TRAN CNTS2 =
                             T74 0000000 T75 0000000 T76 0000000 T77 0000000 T78 0000000
                            T79 0000000 T80 0000000 T81 0000000 T82 0000000 T83 0000000
C3 TRAN CNTS3 =
C4 TRAN CNTS4 =
                            T90 0000000 T91 0000000 T92 0000000 T93 0000000 T94 0000000
C5 TRAN CNTS5 =
                            TXX 000000
P1 TOTAL TRANSACTIONS PROCESSED=
                                       19
P2 TOTAL ACCEPTED TRANSACTIONS =
                                       18
P3 TOTAL REJECTED TRANSACTIONS =
                                        1
P4 TOTAL FAILED TRANSACTIONS =
                                         0
```

Layout 3-22: BCSS Failed Transaction

Each record with record type 'F' reports one submitted transaction that failed. An exact image of the submitted transaction is returned along with up to five (5) TRCs that identify why the transaction failed.

	BCSS Failed Transaction							
Item	Field	Size	Position	Description				
1	Record Type Identifier	2	1-2	Failed Record Type: "F" (F and space).				
2	Filler	1	3	Spaces.				
3	Failed Input Transaction Record Text	300	4-303	Failed transaction text.				
4	Filler	5	304-308	Spaces.				
5	TRC	3	309-311	First TRC.				
6	TRC	3	312-314	Second TRC; otherwise, spaces.				
7	TRC	3	315 - 317	Third TRC; otherwise, spaces.				
8	TRC	3	318-320	Fourth TRC; otherwise, spaces.				
9	TRC	3	321-323	Fifth TRC; otherwise, spaces.				

3.4.2 BCSS Error Conditions

There are seven (7) Error Conditions that can be returned in the Message Text when an error condition prevents the submitted transaction file from processing. The text for the error condition is in the H3 row and is shown as follows:

1. Invalid User ID. H3 USER ID NOT AUTHENTICATED: USER ID NOT FOUND 2. Inactive User ID. H3 USER ID NOT AUTHENTICATED: INACTIVE USER 3. File does not contain records, or record length is invalid. H3 FILE DOES NOT CONTAIN ANY RECORDS OR ELSE FILE RECORD LENGTH IS INVALID 4. Header Record is Missing or Invalid. H3 HEADER RECORD IS MISSING OR INVALID 5. Invalid or Missing Header Date. H3 HEADER RECORD DATE IS MISSING OR INVALID 6. Future Header Date. H3 HEADER RECORD DATE IS A FUTURE CALENDAR MONTH 7. Header Date earlier than CCM. H3 HEADER RECORD DATE IS EARLIER THAN CURRENT CALENDAR MONTH

3.4.3 BCSS for Special Transaction Files

When plans submit a special transaction file that requires CMS review and approval before processing, the H3 and H4 rows will contain the following text:

1.	Retro File Detected.
	H4 HEADER CODE= AAAAAAHEADER RETRO
2.	Rollover File Detected.
	H4 HEADER CODE= AAAAAAHEADER POVER
3.	Review File Detected.
	H4 HEADER CODE= AAAAAAHEADER SVIEW
4.	Special File – Invalid.
	H3 SPECIAL FILE DETECTED, REQUEST ID IS NOT RECOGNIZED OR
	PROCESSING IS NOT APPROVED
5.	Special File – Unknown.
	H3 UNKNOWN SPECIAL FILE TYPE, OR DOES NOT AGREE WITH
	APPROVED TYPE
6.	Special File - Invalid Submitter.
	H3 SPECIAL FILE DETECTED, BATCH FILE HEADER CURRENT CALENDAR
	MONTH DOES NOT MATCH APPROVED DATE
7.	Special File - Date Mismatch.
	H3 SPECIAL FILE DETECTED, BATCH FILE HEADER DATE DOES NOT
	MATCH APPROVED DATE
8.	Special File Retro - Date Error.
	H3 SPECIAL FILE DETECTED, RETRO HEADER DATE NOT LESS THAN
	CURRENT CALENDAR MONTH
9.	Special File - Transaction Count Mismatch.
	H3 SPECIAL FILE REJECTED, TRANSACTION COUNT DOES NOT MATCH
	APPROVED COUNT
10	. Special File - Undefined Transaction.
	H3 SPECIAL FILE REJECTED, UNDEFINED TRANSACTION CONTENT
	IDENTIFIED
11	Special File Hold for Deview

11. Special File - Held for Review.

H3 SPECIAL FILE DETECTED, FILE HELD FOR CMS REVIEW 12. Special File – Invalid Enrollment Source Code

H3 SPECIAL FILE REJECTED: ENROLLMENT SOURCE NOT 'N' OR ELECTION TYPE NOT 'C'

13. Special File – User Rejection Message

H6 REQUEST ID = 0000001904 NOTE: FIX THE ISSUE IDENTIFIED IN H3 ABOVE, AND RESUBMIT THE FILE USING THE H6 REQUEST ID.

3.4.4 Daily Transaction Reply Report (DTRR)

To assure Plans receive proper payment, the Plan's Medicare membership records must agree with those reported to and maintained by CMS. The DTRR identifies whether a beneficiary submission was accepted or rejected and provides additional information about Plan membership.

There are three (3) types of records:

- 1 **Reply Records** indicate the types of CMS action taken on the transactions submitted by the Plans daily, if transactions were received and processed.
- 2 **Maintenance Records** indicates existing membership records were updated because CMS has initiated action to change or update.
- 3 **Plan Submitted Transaction Records** displays the transaction submitted by Plans; does not show results, but allows Plans to view a transaction paired with its generated replies.

Upon receipt of the DTRR, it is important that Plans continue to reconcile their beneficiary records with these reports. Plans should submit corrected transactions to CMS promptly. Plans should not try to resolve a system issue by submitting falsified or incorrect data.

Each record in the DTRR is for a specific purpose defined by the three-digit Transaction Reply Code (TRC).

The DTRR is created Monday through Saturday evenings and is available for Plans the following business day, excluding Monday. All Plans receive a DTRR for all contracts whether the Plan has or has not submitted transactions for processing by MARx. The TRC of 000 indicates that there is no data within the DTRR for processing by the Plan. In turn, the Plan does not need to take any action and may discard this file.

The DTRR contains the following types of information:

- Acceptance TRCs returned in response to a submitted transaction which was successfully processed. Most of these are in response to a transaction submitted by the Plan, but some are system-generated.
- **Rejection TRCs** returned in response to a submitted transaction which was rejected. The TRC on the record explains the reason for rejection.
- **Informational TRCs** these records accompany a reply for an accepted transaction. They give the Plan additional information about the enrollment or beneficiary. For example, these may report Low Income Subsidy information, Out of Area status, etc.
- Maintenance TRCs these records are sent to give the Plan information about a beneficiary who has an enrollment in their Plan. These communicate changes to the beneficiary's status, address, etc. These are initiated by CMS.

• Verbatim records – these have a record type of 'P'. They return an exact copy of the transaction that was submitted by the Plan. The DTRR includes a <u>Verbatim record</u> for each Plan-submitted transaction that was processed. These allow the Plan to review the information that they submitted when there is any question about the processing results.

System	Туре	Frequency	Record Length	DTRR Dataset Naming Conventions
MARx	Data File	Daily	500	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.DTRRD.Dyymmdd.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.DTRRD.Dyymmdd.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Rxxxxx.DTRRD.Dyymmdd.Thhmmsst

Layout 3-23: DTRR Data File Detail Record

	DTRR Detail Record						
Item	Field	Size	Position	Description			
1	Beneficiary ID	12	1 – 12	 Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. MBI is 11 characters, left-justified with one space at the end 			
2	Surname	12	13 - 24	Beneficiary Surname.			
3	First Name	7	25 - 31	Beneficiary Given Name.			
4	Middle Initial	1	32	Beneficiary Middle Initial.			
5	Gender Code	1	33	Beneficiary Gender Identification Code. 1 = Male. 2 = Female. 0 = Unknown.			
6	Date of Birth	8	34 - 41	CCYYMMDD.			
7	Record Type	1	42	T = TRC record.			
8	Contract Number	5	43 – 47	Plan Contract Number.			
9	State Code	2	48 – 49	If Transaction Code = 01, the State code of the beneficiary's mailing address If Transaction Code = 76, the State code of the beneficiary's residence address.			
10	County Code	3	50 - 52	If Transaction Code = 01, the County code of the beneficiary's mailing address. If Transaction Code = 76, the County code of the beneficiary's residence address.			
11	Disability Indicator	1	53	 0 = No Disability. 1 = Disabled without ESRD. 2 = ESRD Only. 3 = Disabled with ESRD. Space = not applicable. 			
12	Hospice Indicator	1	54	0 = No Hospice. 1 = Hospice. Space = not applicable.			

			DTRR	Detail Record
Item	Field	Size	Position	Description
13	Institutional/NHC/HCBS Indicator	1	55	0 = No Institutional. 1 = Institutional. 2 = NHC. 3 = HCBS. Space = not applicable.
14	ESRD Indicator	1	56	0 = No End-Stage Renal Disease. 1 = End-Stage Renal Disease. Space = not applicable.
15	Transaction Reply Code	3	57 – 59	TRC
16	Transaction Code	2	60 - 61	ТС
17	Entitlement Type Code	1	62	Beneficiary Entitlement Type Code: Y = Entitled to Part A and B. Z = Entitled to Part A or B. Space = not applicable. Space reported with TRCs 121, 194, and 223 has no meaning.
18	Effective Date	8	63 - 70	 CCYYMMDD. Effective date is present for all TRCs unless listed below. Field content is TRC dependent for the following TRCs: 071 & 072 = Effective date of the hospice period. 090 = Current Calendar Month. 091 = Previously reported incorrect death date. 121, 194, and 223 = PBP enrollment effective date. 245 = The date that payments will begin to be impacted due to the addition of the Medicare Secondary Payer (MSP) period. 280 = The date that payments will begin to be impacted due to the addition of the MSP period. 293 = Enrollment End Date; Last day of the month. 305 = New ZIP Code Start Date. 345 = The effective date of the attempted enrollment. 346 = End date of enrollment period. 366 = The effective date of the change in Medicaid status. 368 = Beginning date of the period for which the Plan's payments are impacted by MSP, based on the MSP start date. 701 = New enrollment period start date. 702 = Fill-in enrollment period start date. 703 = Start date of enrollment period cancelled for PBP correction. 705 = Start date of enrollment period cancelled for PBP. 706 = Start date of enrollment period cancelled for segment. 707 = Start date of enrollment period cancelled for segment. 708 = Enrollment period end date assigned to existing opened ended enrollment. 709 & 710 = New start date resulting from update. 711 & 712 = New end date resulting from update. 713 – "00000000" = End date removed. Original end date is in Field 24-x.

	DTRR Detail Record						
Item	Field	Size	Position	Description			
19	WA Indicator	1	71	0 = Not Working Aged. 1 = Working Aged. Space = not applicable.			
20	Plan Benefit Package ID	3	72 - 74	PBP number.			
21	Filler	1	75	Space.			
22	Transaction Date	8	76 – 83	CCYYMMDD. Present for all transaction reply codes. For TRCs 121, 194, and 223, the report generation date.			
23	UI Initiated Change Flag	1	84	0 = transaction from source other than user interface. 1 = transaction created through user interface. Space = not applicable.			
24	Positions 85 – 96 are depe Spaces except where indic						
a	Effective Date of the Disenrollment	8	85 - 92	CCYYMMDD. Present only when TRC is one of the following: 13, 14, 18, or 293.			
b	New Enrollment Effective Date	8	85 - 92	CCYYMMDD. Present only when TRC is 17, 345			
с	Claim Number (old)	12	85 – 96	Present only when TRC is one of the following: 22, 25, 86, or 301.			
d	Date of Death	8	85 - 92	CCYYMMDD. Present only when TRC is one of the following: 90 (with TC 01), 92.			
e	Hospice End Date	8	85 - 92	CCYYMMDD. Present only when TRC is 71 or 72. If blank for TRC 71, then the Hospice Period is open-ended.			
f	ESRD Start Date	8	85 - 92	CCYYMMDD. Present only when TRC is 73.			
g	ESRD End Date	8	85 - 92	CCYYMMDD. Present only when TRC is 74.			
h	Institutional/ NHC Start Date	8	85 - 92	CCYYMMDD. Present only when TRC is one of the following: 48, 75, 158, or 159.			
i	Medicaid Start Date	8	85 - 92	CCYYMMDD. Present only when TRC is 77.			
j	Medicaid End Date	8	85 - 92	CCYYMMDD. Present only when TRC is 78.			
k	Part A End Date	8	85 - 92	CCYYMMDD. Present only when TRC is 79.			
1	WA Start Date	8	85 - 92	CCYYMMDD. Present only when TRC is 66.			
m	WA End Date	8	85 - 92	CCYYMMDD. Present only when TRC is 67.			
n	Part A Reinstate Date	8	85 - 92	CCYYMMDD. Present only when TRC is 80.			
0	Part B End Date	8	85 - 92	CCYYMMDD. Present only when TRC is 81.			
р	Part B Reinstate Date	8	85 - 92	CCYYMMDD. Present only when TRC is 82.			
q	Old State and County Codes	5	85 - 89	Beneficiary's prior state and county code. Present only when TRC is 85.			

	DTRR Detail Record						
Item	Field	Size	Position	Description			
r	Attempted Enroll Effective Date	8	85 - 92	CCYYMMDD. The effective date of an enrollment transaction that was submitted but rejected. Present only when Transaction Reply code is the following: 35, 36, 45, or 56.			
s	PBP Effective Date	8	85 - 92	CCYYMMDD. Effective date of a beneficiary's PBP change. Present only when TRC is 100.			
t	Correct Part D Premium Rate	12	85 - 96	ZZZZZZZ9.99. Part D premium amount reported by HPMS for the Plan. Present only when the TRC is 181.			
u	Date Identifying Information Changed by UI User	8	85 - 92	 CCYYMMDD. Field content is dependent on TRC: 702 – Fill-in enrollment period end date. 705 – End date of enrollment period for corrected PBP, spaces when end date not provided by Plan. 707 – End date of enrollment period for corrected segment, spaces when end date not provided by Plan. 709 & 710 – Enrollment period start date prior to start date change. 711, 712, & 713 – Enrollment period end date prior to end date change. 			
v	Modified Part C Premium Amount	12	85 – 96	ZZZZZZZ9.99. Part C premium amount reported by HPMS for the Plan. Present only when the TRC is 182.			
W	Date of Death Removed	8	85 - 92	CCYYMMDD. Previously reported erroneous date of death. Present only when TRC is 091.			
х	Dialysis End Date	8	85 - 92	CCYYMMDD. Will be present when TRC is 268 and the dialysis period has an end date.			
у	Transplant Failure Date	8	85 - 92	CCYYMMDD. Will be present when TRC is 269 and the transplant has an end date.			
Z	New ZIP Code	10	85 - 94	######### Format. Will be present when TRC is 305.			
aa	Previous Contract for POS Drug Edit or CARA Status Active Indicator	5	85-89	Will be present when TRC is 322 or 376.			
bb	MSP Period Start Date	8	85 - 92	CCYYMMDD. Will be present when TRC is 245, 280, or 368 and will contain the Medicare Secondary Payer (MSP) Period Start Date.			
сс	Maximum NUNCMO Calculated	3	85 - 87	Maximum incremental number of uncovered months that can be submitted for the effective date; otherwise, spaces. Present only when TRC is one of the following: 216, 300, or 341.			
dd	IC Model End Date	8	85 - 92	CCYYMMDD. Will be present when TRC is 351 or 359 and the IC Model End Date is populated, or when TRC is 362.			
ee	Residence Address End Date	8	85 - 92	YYYYMMDD Format; Will be present when the Transaction Reply Code is 265.			

			DTRR	Detail Record
Item	Field	Size	Position	Description
ff	Withholding Agency Rejection Code	5	85 - 89	Rejection code received from the withholding agency. Will only be present when the Transaction Reply Code is 186. This field may contain a space in the first position.
25	District Office Code	3	97 – 99	Code of the originating district office. Present only when TC is 53; otherwise, spaces if not applicable.
26	Previous Part D Contract/PBP for TrOOP Transfer.	8	100 – 107	CCCCCPPP Format. Present only if previous enrollment exists within reporting year in Part D Contract. Otherwise, field will be spaces. CCCCC = Contract Number. PPP = Plan Benefit Package (PBP) Number.
27	SEP Reason Code	2	108 – 109	If the Election Type is "S" or "Y", this field will be populated for the following TRCs: 011, 013, 015, 018, 022, 023, 025, 026, 100, 397, 401, 402, 701, 702, 704, 705, 708, 709, 710, 711, 712, 713, 717, 725. This is an alpha-numeric field. Otherwise the field will be blank. System-generated enrollments and disenrollments will populate with SEP Reason Code "00". See the Election Type "S – Special Election Period (SEP)" Reason Code table for SEP Reason Code values.
28	Filler	6	110 – 115	Spaces
29	Source ID	5	116 – 120	Transaction Source Identifier.
30	Prior Plan Benefit Package ID	3	121 – 123	Prior PBP number for PBP Change transaction. Present only when TC is 61; otherwise, spaces.
31	Application Date	8	124 – 131	CCYYMMDD; otherwise, spaces if not applicable. The date the Plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper).
32	UI User Organization Designation	2	132 – 133	01 = Plan. 02 = Regional Office. 03 = Central Office. Spaces = not a UI transaction.
33	Out of Area Flag	1	134	Y = Out of area. N = Not out of area. Space = not applicable.
34	Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries; otherwise, spaces when not applicable.
35	Part C Beneficiary Premium	8	138 – 145	Cost to beneficiary for Part C benefits; otherwise, spaces if not applicable.
36	Part D Beneficiary Premium	8	145 146 – 153	Cost to beneficiary for Part D benefits; otherwise, spaces if not applicable.

			DTRR	Detail Record
Item	Field	Size	Position	Description
37	Election Type Code	1	154	A = AEP. C = Plan-submitted Rollover. E = IEP. F = IEP2. I = ICEP. J = DEM L = Dual/LIS Quarterly SEP M = MA-OEP N = OEPNEW. O = OEP. R = 5 Star SEP. S = Other SEP. T = OEPI. U = Dual/LIS SEP. V = Permanent Change in Residence SEP. W = EGHP SEP. X = Administrative Action SEP. Y = CMS/Case Work SEP. Space = not applicable. Z = Auto Enrollment, Facilitated Enrollment, Reassign Enrollment, or POS enrollment (current and retro effective dates) MAs use A, C, D, F, I, J, L, M, N, O, R, S, T, U, V, W, X, Y and Z. MAPDs use A, C, E, F, I, J, L, M, N, O, R, S, T, U, V, W, X, Y and Z.
38	Enrollment Source Code	1	155	 PDPs use A, C, E, F, L, M, R, S, U, V, W, X, Y and Z. Required for POS submitted enrollment transactions. Otherwise optional. Indicates the source of the enrollment. A = Auto enrolled by CMS. B = Beneficiary Election. C = Facilitated enrollment by CMS. D = CMS Annual Rollover. E = Plan initiated auto-enrollment. F = Plan initiated facilitated-enrollment. G = Point-of-sale enrollment. I = Invalid submitted value (transaction is not rejected). J = State-submitted passive enrollment. K = CMS-submitted passive enrollment. Space = not applicable.
39	Part D Opt-Out Flag	1	156	Y = Opted out of Part D AE/FE. N = Not opted out of Part D AE/FE. Space = No change to opt-out status.

	DTRR Detail Record						
Item	Field	Size	Position	Description			
40	Premium Withhold Option/Parts C-D	1	157	 D = Direct self-pay. N = No premium applicable. R = Deduct from RRB benefits. S = Deduct from SSA benefits. Space = not applicable. Option applies to both Part C and D Premiums and is populated only for TRCs related to enrollment acceptance, premium or premium withholding. Rejection TRCs report the submitted PPO. TRCs 120, 185 and 186 report the PPO involved with the communication with the Withholding Agency. All others report the PPO in effect as of the Effective Date after the submitted transaction is processed. 			
41	Cumulative Number of Uncovered Months	3	158 – 160	Count of Total Months without drug coverage as of the effective date submitted; otherwise, spaces. Present with Enrollment Acceptance TRCs, or when TRC is the following: 141, 216, 300, or 341.			
42	Creditable Coverage Flag	1	161	 'Y' = Covered 'N' = Not Covered 'A' = Setting uncovered months reset to zero due to a new IEP 'L' = Setting uncovered months reset to zero due to a beneficiary Low Income 'R' = Setting uncovered months to zero (other) 'T' = Setting uncovered months reset indicator to T and cumulative number of uncovered months value to zero because a beneficiary has been identified as being enrolled in a US Territory Part D plan (the Plan resides in the US Territory) and maintains a Medicaid (full or partial) status 'U' = Reset removed and uncovered month restored to previous value Space = not applicable 			
43	Employer Subsidy Override Flag	1	162	Y = Beneficiary is in a plan receiving an employer subsidy, flag allows enrollment in a Part D plan.Space = no flag submitted by plan.			
44	Processing Timestamp	15	163 – 177	HH.MM.SS.SSSSS. Transaction processing time, or, for TRCs 121, 194, or 223, the report generation time.			
45	End Date	8	178 - 185	 CCYYMMDD. End Date associated with the TRC when applicable: TRCs that report a Premium Payment Option (PPO) value that is not open-ended. MSP TRCs 245, 280, and 368 - contains the MSP period end date, if available. If dialysis period is reported retroactively, TRC 135 will report dialysis end date in this field. 			

			DTRR	Detail Record
Item	Field	Size	Position	Description
46	Submitted Number of Uncovered Months	3	186 – 188	 Existing or Incremental Number of Uncovered Months submitted in the transaction; otherwise, spaces. Note: TRC 341 may be issued due to a change to a prior Plan's NUNCMO. In this case, field 45 will contain the existing incremental NUNCMO when issued to subsequent Plan(s). Present with Enrollment Acceptance TRCs, or when Transaction Reply Code is the following: 141, 216, 300, 241
47	Ethnicity	7	189-195	 341. Present only when Transaction Type Code is 61 or 92 and Ethnicity was provided. TRCs are 394, 395, or 396. Note: One or more ethnicity options can be selected along with the 'I choose not to answer' option. When the 'Form left blank' option is selected, then no other ethnicity options are valid.
a	Not of Hispanic, Latino/a or Spanish Origin	1	189	'Y' – Not of Hispanic, Latino/a or Spanish Origin Space – not applicable
b	Puerto Rican	1	190	'Y' – Puerto Rican Space – not applicable
с	Another Hispanic, Latino or Spanish Origin	1	191	'Y' – Another Hispanic, Latino or Spanish Origin Space – not applicable
d	Mexican, Mexican American, Chicano/a	1	192	'Y' – Mexican, Mexican American, Chicano/a Space – not applicable
e	Cuban	1	193	'Y' – Cuban Space – not applicable
f	I choose not to answer	1	194	'Y' – I choose not to answer Space – not applicable
g	Form left blank	1	195	'Y' – Form left blank Space – not applicable
48	Preferred Language Other Than English	1	196	Present only when Transaction Code is 61 or 92 and the Preferred Language Other Than English was provided. 'S' = Spanish 'O' = Other 'X' = remove current value in MARx and set to Blank (Space) Space = not applicable (no update)
49	Accessible Format	1	197	Present only when Transaction Code is 61 or 92 and the Accessible Format was provided. 'B' = Braille 'L' = Large Print 'A' = Audio CD 'X' = remove current value in MARx and set to Blank (Space) Space = not applicable (no update)

	DTRR Detail Record						
Item	Field	Size	Position	Description			
50	Secondary Drug Insurance Flag	1	198	 TC 61 MAPD and PDP transactions: Y = Beneficiary has secondary drug insurance. N = Beneficiary does not have secondary drug insurance available. Space = No flag submitted by Plan. TC 72 MAPD and PDP transactions: Y = Secondary drug insurance available. N = No secondary drug insurance available. Space = no change. 			
51	Secondary Rx ID	20	199– 218	Beneficiary's secondary insurance Plan's ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction code.			
52	Secondary Rx Group	15	219– 233	Beneficiary's secondary insurance Plan's Group ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction code.			
53	EGHP	1	234	TC 61 transactions: Y = EGHP. Space = Not EGHP. TC 74 transactions: Y = EGHP. N = Not EGHP. Space = no change.			
54	Part D Low-Income Premium Subsidy Level	3	235– 237	Part D LIPS percentage category: 000 = No subsidy. 025 = 25% subsidy level. 050 = 50% subsidy level. 075 = 75% subsidy level. 100 = 100% subsidy level. Spaces = not applicable.			
55	Low-Income Co-Pay Category	1	238	Definitions of the co-payment categories: 0 = none, not low-income. 1 = High. 2 = Low. 3 = 0. 4 = 15%. 5 = Unknown. Space = not applicable.			
56	Low-Income Period Effective Date	8	239-246	CCYYMMDD. The later of LIS Start Date or Enrollment Effective Date. Spaces if not applicable.			
57	Part D Late Enrollment Penalty Amount	8	247-254	-9999.99; otherwise, spaces if not applicable. Calculated Part D late enrollment penalty, not including adjustments indicated by Fields 53 and 54.			
58	Part D Late Enrollment Penalty Waived Amount	8	255-262	-9999.99; otherwise, spaces if not applicable. Amount of Part D late enrollment penalty waived.			
59	Part D Late Enrollment Penalty Subsidy Amount	8	263-270	-9999.99; otherwise, spaces if not applicable. Amount of Part D late enrollment penalty low-income subsidy.			
60	Low-Income Part D Premium Subsidy Amount	8	271-278	-9999.99; otherwise, spaces if not applicable. Amount of Part D low-income premium subsidy as of the enrollment period start date.			

	DTRR Detail Record						
Item	Field	Size	Position	Description			
61	Part D Rx BIN	6	279-284	Beneficiary's Part D Rx BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction code.			
62	Part D Rx PCN	10	285-294	Beneficiary's Part D Rx PCN taken from the input transaction (61 or 72); otherwise, spaces if not provided via a transaction.			
63	Part D Rx Group	15	295-309	Beneficiary's Part D Rx Group taken from the input transaction (61 or 72); otherwise, spaces for any other transaction code.			
64	Part D Rx ID	20	310-329	Beneficiary's Part D Rx ID taken from the input transaction (61 or 72); otherwise, spaces for any other transaction code.			
65	Secondary Rx BIN	6	330-335	Beneficiary's secondary insurance BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction code.			
66	Secondary Rx PCN	10	336-345	Beneficiary's secondary insurance PCN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction code.			
67	De Minimis Differential Amount	8	346-353	-9999.99; otherwise, spaces if not applicable. Amount by which a Part D de minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark.			
68	MSP Status Flag	1	354	P = Medicare primary payer. S = Medicare secondary payer. N = Non-respondent beneficiary. Space = not applicable.			
69	Low Income Period End Date	8	355-362	CCYYMMDD; otherwise, spaces if not applicable. Date low income period closes. The end date is either the last day of the PBP enrollment or the last day of the low income period itself, whichever is earlier. This field is spaces for LIS applicants with an open ended award or when the TRC is not one of the LIS TRCs 121, 194, 223.			
70	Low Income Subsidy Source Code	1	363	A = Approved SSA applicant. D = Deemed eligible by CMS. Space = not applicable.			
71	Enrollee Type Flag, PBP Level	1	364	Designation relative to the report generation date (Transaction Date, Field 22). C = Current PBP enrollee. P = Prospective PBP enrollee. Y = Previous PBP enrollee. Space = not applicable.			
72	Application Date Indicator	1	365	Identifies whether the application date associated with a MARx UI submitted enrollment has a system generated default value: Y = Default value for MARx UI enrollment. Space = Not applicable.			
73	TRC Short Name	15	366–380	TRC's short-name identifier.			
74	Disenrollment Reason Code	2	381–382	DRC			
75	MMP Opt Out Flag	1	383	Y = Opted out of passive enrollment into MMP plan. N = Not opted out of passive enrollment into MMP plan. Space = Not applicable.			

	DTRR Detail Record								
Item	Field	Size	Position	Description					
76	Cleanup ID	10	384–393	Populated if there is a Cleanup ID associated with the transaction. Spaces if no value exists. Used to identify transactions that were created to correct payment data.					
77	CARA Status Add/Update/Delete Flag	1	394	A = Add (starts 2019) D = Delete U = Update Space = Not applicable Note: Prior to 2019, this field contained the POS Drug Edit Update Delete Flag					
78	POS Drug Edit Status	1	395	 'Y' = Yes, a POS Edit Code has been supplied 'N' = No, a POS Edit Code has not been supplied Space = Not applicable or no update Present only when Transaction Code is 90 					
79	Drug Class	3	396-398	Three character drug class identifier. Spaces = Not applicable Present only when Transaction Code is 90					
80	POS Drug Edit Code	3	399-401	Three character POS Edit Code Spaces = Not applicable Present only when Transaction Code is 90					
81	CARA Status Notification Start Date	8	402-409	Date that a beneficiary was notified of a CARA Status YYYYMMDD format Present only when Transaction Code is 90 Note: Prior to 2019, this field contained the POS Drug Edit notification date					
82	CARA Status Implementation Start Date	8	410-417	Date CARA Status was implemented YYYYMMDD format Spaces – Not applicable Present only when Transaction Code is 90 Note: Prior to 2019, this field contained the POS Drug Edit implementation date					
83	CARA Status Notification End Date	8	418-425	 CARA Status notification end date YYYYMMDD format Present only when Transaction Code is 90 and a CARA Status notification start date or POS Drug Edit termination date is provided, otherwise blank The CARA Status Notification End Date is either: The one provided on the Transaction Code 90 transaction OR The one assigned by MARx Note: Prior to 2019, this field contained the POS Drug Edit termination date 					
84	Hospice Provider Number	13	426–438	Hospice Medicare Provider Number.					
85	IC Model Type Indicator	2	439-440	Present only when TC is 91. 01 = Value Based Insurance Design (VBID). 02 = Medication Therapy Management (MTM). Spaces = Not applicable.					

			DTRR	Detail Record	
Item	Field	Size	Position	Description	
86	IC Model End Date Reason Code	2	441-442	Present only when TC is 91 and the IC Model End Date is provided. 01 = No longer Eligible. 02 = Opted out of program. 03 = Benefit Status Change. 04 = CMS Auto Dis. Spaces = Not applicable.	
87	IC Model Benefit Status	2	443-444	Present only when TC is 91. 01 = Full Status. 02 = Unearned Status. Spaces = Not Applicable.	
88	Updated Medicaid Status for Community RAF beneficiary	1	445	Medicaid Status of a beneficiary whose payments are calculated using a Community Risk Adjustment Factor: F = Full Dual. P = Partial Dual. N = Non-dual.	
89	CARA Status Implementation End Date	8	446-453	 CARA Status implementation end date YYYYMMDD format Spaces – Not applicable Present only when Transaction Code is 90 The CARA Status Implementation End Date is either: The one provided on the Transaction Code 90 transaction OR The one assigned by MARx 	
90	Prescriber Limitation	1	454	 'Yes' = Beneficiary has a Prescriber Limitation 'No' = Beneficiary does not have a Prescriber Limitation Spaces – Not applicable Present only when Transaction Code is 90 	
91	Pharmacy Limitation	1	455	 'Yes' = Beneficiary has a Pharmacy Limitation 'No' = Beneficiary does not have a Pharmacy Limitation Spaces – Not applicable Present only when Transaction Code is 90 	
92	Race	16	456-471	Present only when Transaction Type Code is 61 or 92 and Race was provided. TRCs are 394, 395, 396. Note: One or more race options can be selected along with the 'I choose not to answer' option. When the 'Form left blank' option is selected, then no other races options are valid.	
a	White	1	456	'Y' – White Space – not applicable	
b	Black or African American	1	457	'Y' – Black or African American Space – not applicable	
с	American Indian or Alaska Native	1	458 'Y' – American Indian or Alaska Native Space – not applicable		
d	Asian Indian	1	459		
e	Chinese	1	460	'Y' – Chinese Space – not applicable	

	DTRR Detail Record								
Item	Field	Size	Position	Description					
f	Filipino	1	461	'Y' – Filipino					
				Space – not applicable					
g	Japanese	1	462	'Y' – Japanese					
				Space – not applicable					
h	Korean	1	463	'Y' – Korean					
				Space – not applicable					
i	Vietnamese	1	464	'Y' – Vietnamese					
				Space – not applicable					
j	Other Asian	1	465	'Y' – Other Asian					
				Space – not applicable					
k	Native Hawaiian	1	466	'Y' – Native Hawaiian					
				Space – not applicable					
1	Samoan	1	467	'Y' – Samoan					
				Space – not applicable					
m	Guamanian or Chamorro	1	468	'Y' – Guamanian or Chamorro					
				Space – not applicable					
n	Other Pacific Islander	1	469	'Y' – Other Pacific Islander					
				Space – not applicable					
0	I choose not to answer	1	470	'Y' – I choose not to answer					
				Space – not applicable					
р	Form left blank	1	471	'Y' – Form left blank					
				Space – not applicable					
93	Filler	3	472–474	Spaces					
94	System Assigned Transaction Tracking ID	11	475–485	System assigned transaction tracking ID.					
95	Plan Assigned Transaction Tracking ID	15	486–500	Plan submitted batch input transaction tracking ID.					

Layout 3-24: Verbatim Plan Submitted Transaction on DTRR

	Verbatim Plan Submitted Transaction on DTRR								
Item	Field	Size	Position	Description					
1	Beneficiary Identifier	12	1-12	The same beneficiary ID submitted on the transaction.					
2	Surname	12	13-24	Beneficiary Surname.					
3	First Nam	7	25-31	Beneficiary Given Name.					
4	Middle Initial	1	32	Beneficiary Middle Initial.					
5	Gender Code	1	33	0 = Unknown. 1 = Male. 2 = Female.					
6	Date of Birth	8	34-41	CCYYMMDD					
7	Record Type	1	42	P = Plan submitted transaction text.					

	Verbatim Plan Submitted Transaction on DTRR								
Item	Field	Size	Position	Description					
8	Contract Number	5	43-47	Plan Contract Number.					
9	Plan Transaction Text	300	48-347	Copy of Plan submitted transaction.					
10	Filler	126	348-473	Spaces.					
11	Transaction Accept/Reject Status Flag	1	474	A = System accepted transaction. R = System rejected transaction.					
12	System Assigned Transaction Tracking ID	11	475-485	System assigned request tracking ID.					
13	Plan Assigned Transaction Tracking ID	15	486-500	Plan submitted batch input transaction tracking ID.					

3.4.5 Transaction Reply Code (TRC) Types

The Transaction Reply Code (TRC) provides the specific explanation about the change, whether the change was accepted or rejected, and other important information for the Plan to appropriately handle the beneficiary information in the Plans' systems. The table below lists the different types of TRCs.

Table 3-12: Transaction Reply Code Types

	Transaction Reply Code Types						
Code	Description	Explanation					
Α	Accepted	A transaction is accepted and the requested action is applied.					
R	Rejected	A transaction is rejected due to an error or other condition. The requested action is not applied to the CMS System. The TRC indicates the reason for the transaction rejection. The Plan should analyze the rejection to validate the submitted transaction and to determine whether to resubmit the transaction with corrections.					
I	Informational	These replies accompany Accepted TRC replies and provide additional information about the transaction or Beneficiary. For example: If an enrollment transaction for a Beneficiary who is "out of area" is accepted, the Plan receives an accepted TRC (TRC 011) and an additional reply is included in the Transaction Reply Report (TRR) that gives the Plan the additional information that the Beneficiary is "Out of Area" (TRC 016).					
М	Maintenance	These replies provide information to Plans about the beneficiaries enrolled in their Plans. They are sent in response to information received by CMS. For example: If CMS is informed of a change in a beneficiary's ID, a reply is included in the Plan's TRR with TRC 086, giving the Plan the new beneficiary ID					
F	Failed	A transaction failed due to an error or other condition and the requested action did not occur. The TRC indicates the reason for the transaction's failure. The Plan should analyze the failed transaction and determine whether to resubmit with corrections. Replies with the Failed TRCs are not included in the DTRR. These are provided on the Failed Records reported in the BCSS that goes back to the submitter.					

3.4.6 Full Enrollment File

The Full Enrollment Data File provides Managed Care and Prescription Drug organizations with their official membership list on record with CMS each month. This invaluable tool helps Plans reconcile their membership records with CMS records.

This file includes all active Plan membership for the date that the file published. This file is considered a definitive statement of current Plan enrollment. CMS announces the availability of each month's file with the proper dataset name and file transfer date. To distinguish this file from other Transaction Reply Reports, the TRC on all records is 999.

System	Туре	Frequency	Record Length	Full Enrollment Data File Dataset Naming Conventions
MARx	Data File	Monthly	278	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.FEFD.Dyymm01.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.FEFD.Dyymm01.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Rxxxxx.FEFD.Dyymm01.Thhmmsst

Layout 3-25: Full Enrollment Data File Record

	Full Enrollment File Data Record							
Item	Field	Size	Position	Description				
1	Beneficiary ID	12	1 – 12	 Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. MBI is 11 characters, left-justified with one space at the end 				
2	Surname	12	13 - 24	Beneficiary Surname.				
3	First Name	7	25 - 31	Beneficiary Given Name.				
4	Middle Initial	1	32	Beneficiary Middle Initial.				
5	Gender Code	1	33	Beneficiary Gender Identification Code. 0 = Unknown. 1 = Male. 2 = Female.				
6	Date of Birth	8	34 - 41	CCYYMMDD				
7	Medicaid Indicator	1	42	Space.				
8	Contract Number	5	43 - 47	Plan Contract Number.				
9	State Code	2	48 - 49	Beneficiary State Code.				
10	County Code	3	50 - 52	Beneficiary County Code.				
11	Disability Indicator	1	53	Space.				
12	Hospice Indicator	1	54	Space.				
13	Institutional/NHC/HCBS Indicator	1	55	Space.				
14	ESRD Indicator	1	56	Space.				
15	TRC	3	57 - 59	Transaction Reply Code; default to 999.				
16	TC	2	60 - 61	Transaction Code; default to 01 for special reports.				

Full Enrollment File Data Record								
Item	Field	Size	Position	Description				
17	Entitlement Type Code	1	62	Space.				
18	Effective Date	8	63 – 70	CCYYMMDD				
19	WA Indicator	1	71	Space.				
20	Plan Benefit Package (PBP) ID	3	72 - 74	PBP ID number.				
21	Race Code	1	75	0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = North American Native Blank=				
22	Transaction Date	8	76 - 83	Set to Current Date, CCYYMMDD.				
23	Filler	1	84	Space.				
24	Subsidy End Date	12	85 – 96	End date of LIS Period (Present if Beneficiary is deemed for the full year, or if the Beneficiary is losing Low Income status before the end of the current year.)				
25	District Office Code	3	97 – 99	Spaces.				
26	Filler	8	100 - 107	Spaces.				
27	Filler	8	108 - 115	Spaces.				
28	Source ID	5	116 - 120	Spaces.				
29	Prior Plan Benefit Package ID	3	121 - 123	Spaces.				
30	Application Date	8	124 - 131	Spaces.				
31	Filler	2	132 - 133	Spaces.				
32	Out of Area Flag	1	134 - 134	Spaces.				
33	Segment Number	3	135 – 137	Default to 000 if blank.				
34	Part C Beneficiary Premium	8	138 - 145	Part C Premium Amount; the amount submitted on the enrollment record for Part C premium				
35	Part D Beneficiary Premium	8	146 - 153	Part D Premium Amount: the Part D Total Premium Net of Rebate from the HPMS file.)				
36	Election Type	1	154 - 154	Spaces				
37	Enrollment Source Code	1	155 – 155	 A = Auto enrolled by CMS. B = Beneficiary Election. C = Facilitated enrollment by CMS. D = CMS Annual Rollover. E = Plan initiated auto-enrollment. F = Plan initiated facilitated-enrollment. G = Point-of-sale enrollment. H = CMS or Plan reassignment. I = Invalid submitted value (transaction is not rejected). J = State-submitted passive enrollment. K = CMS-submitted passive enrollment. L = MMP beneficiary election. N = Rollover by Plan Transaction. 				
38	Part D Opt-Out Flag	1	156 – 156	Space.				
39	Filler	1	157 – 157	Space.				
40	Number of Uncovered Months	3	158 - 160	Spaces.				

	Full Enrollment File Data Record								
Item	Field	Size	Position	Description					
41	Creditable Coverage Flag		161 - 161	Space.					
42	Employer Subsidy Override Flag	1	162 - 162	Space.					
43	Rx ID	20	163 - 182	Spaces.					
44	Rx Group	15	183 - 197	Spaces.					
45	Secondary Drug Insurance Flag	1	198-198	Space.					
46	Secondary Rx ID	20	199 - 218	Spaces.					
47	Secondary Rx Group		219 - 233	Spaces.					
48	EGHP	1	234 - 234	Space.					
49	Part D LIPS Level	3	235 – 237	Part D LIPS category: 000 = No subsidy (default for blank). 025 = 25% subsidy level. 050 = 50% subsidy level. 075 = 75% subsidy level. 100 = 100% subsidy level.					
50	Low-Income Co-Pay Category	1	238 - 238	Definitions of the co-payment categories: 0 = none, not low-income (default for blank). 1 = (High). 2 = (Low). 3 = \$0. 4 = 15%. 5 = unknown.					
51	Low-Income Co-Pay Effective Date	8	239 - 246	CCYYMMDD.					
52	Part D LEP Amount	8	247 - 254	Spaces.					
53	Part D LEP Waived Amount	P Waived Amount 8 255 – 262		Spaces.					
54	Part D LEP Subsidy Amount	8	263 - 270	Spaces.					
55	Low-Income Part D Premium Subsidy Amount	8	271-278	Part D Low-Income Premium Subsidy Amount.					

3.5 Reporting RxID/RxGroup/RxPCN/RxBIN Data

The 4Rx Notification process is a data exchange between the Plans and CMS. Plans provide CMS with Plan enrollment and claims processing information to support Point of Sale (POS) and other pharmacy-related information needs. This exchange makes 4Rx data available to the True Out-of-Pocket (TrOOP) Facilitator and through the Facilitator to the pharmacy.

Pharmacies operate in a real-time processing environment and require accurate information at POS to properly adjudicate the claim with all payers that cover the beneficiary. In addition, many pharmacies' automated billing is based on eligibility data. The sooner Plans submit their 4Rx data to CMS, the faster complete data is available from the E1 Eligibility Query, which the transaction pharmacies submit to the TrOOP Facilitator to obtain 4Rx data. As a result, CMS requires prompt submission of 4Rx data. Plans must include 4Rx data on Plan-submitted enrollment transactions. However, for CMS-generated enrollments, for example facilitated and auto-enrollments, Plans are required to submit their 4Rx data within 72 hours of the Plan's receipt of the DTRR reporting these enrollments. One of the most difficult issues for CMS and the TrOOP Facilitator is collecting the 4Rx data from the Plans and ensuring a steady flow of the information to the TrOOP Facilitator.

This enables pharmacies to assist beneficiaries who are unable to identify the Plan in which they are enrolled. Pharmacists rely on the E1 Eligibility Query to obtain beneficiary billing information, particularly the Cardholder Identification Number (ID), which is a National Council of Prescription Drug Programs (NCPDP) mandatory field in the pharmacy billing transaction. When pharmacists are unable to obtain the 4Rx information from an E1 transaction, they must rely on dedicated phone lines at Plans and their processors to provide the required beneficiary billing information.

3.5.1 Plan Submission of 4Rx Data

The four Rx data elements are:

- RxBIN Benefit Identification Number (BIN).
- RxPCN Processor Control Number (PCN).
- RxID Identification Number (ID).
- RxGRP Group Number.

Plans must submit 4Rx data using Enrollment TC 61 and 4Rx Data Change TC 72 in the following fields.

- Part D Rx BIN, Mandatory.
- Part D Rx ID, Mandatory.
- Part D Rx PCN, Optional.
- Part D Rx Group, Optional.
- Secondary Rx BIN, Optional.
- Secondary Rx ID, Optional.
- Secondary Rx PCN, Optional.
- Secondary Rx Group, Optional.

Plans must use 4Rx Data Change TC 72 to submit 4Rx data changes in the following circumstances:

- Auto-assigned enrollment.
- CMS facilitated enrollment.
- Any other CMS-generated enrollments not initiated by the Plan where 4Rx data is not included in the enrollment transaction:
 - Regional Office/Central Office (RO/CO) actions.
 - Retro processing contractor actions.
 - Reassignment.
 - Annual rollover activity.

Plans may submit multiple TC 72 transactions for the same beneficiary in the same transmission file. The current requirement for effective dates submitted with TC 72s are within a date range of the Current Calendar Month (CCM) minus one month (CCM-1) through CCM plus three months (CCM+3). This is referred to as the allowable range.

However, editing for allowable date range is not performed on TC 72s, since auto-enrollments can have a retroactive effective date of several months and facilitated enrollments can have a prospective effective date of several months. Any TC 72 submitted with 4Rx data is accepted as long as the effective date in the transaction falls within the Plan's enrollment period.

3.5.2 CMS Editing of 4Rx Data

CMS edits against all 4Rx data fields. Any fields on an enrollment TC 61 or TC 72 transactions containing invalid information reject with an appropriate TRC.

Note: CMS does not edit against any 4Rx data fields for MA-only Plans, along with other Plans that do not provide Part D benefits; these Plans submit blanks in the 4Rx data fields.

When 4Rx data is rejected, the entire enrollment is rejected. Plans should correct and resubmit the enrollment transaction using the same transaction code as originally submitted. All TCs 61 submitted for Part D Plan enrollments, i.e., any contract and PBP combination with Part D coverage that must include 4Rx data elements for enrollments are edited for 4Rx data elements.

Editing of the 4Rx data elements does not occur in the following situations:

- Enrollment TC 61 submitted by Plans that do not include Part D coverage.
- 4Rx Data Change TC 72, unless at least one field is submitted; then all edits apply.
- 4Rx information stored in CMS files. These files are sent towards the end of the month.

3.5.3 Monthly NoRx File

CMS creates and sends monthly NoRx files to Plans identifying all enrollees that do not currently have 4Rx information stored in CMS files. Typically, these files are sent the third week of the month. CMS uses this file to inform the Plans of the incomplete 4Rx information and requests Plans to submit 4Rx information for the Beneficiary.

System	Туре	Frequency	Record Length	No Rx File Dataset Naming Conventions
				Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.#NORX.Dyymmdd.Thhmmsst
MBD	Data File	Monthly	/ 10	Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.#NORX.Dyymmdd.Thhmmsst
			Connect:Direct (Non-Mainframe): [directory]Rxxxxx.#NORX.Dyymmdd.Thhmmsst	

The following records are included in this file:

- No Rx Header Record
- No Rx Detail Record
- No Rx Trailer Record

Layout 3-26: No Rx Header Record

	No Rx Header Record										
Item	Field	Size	Position	Format	Valid Values	Description					
1	File ID Name	8	1-8	CHAR	CMSNRX0H	This code allows recognition of the record as the Header Record of a NoRx File.					
2	Sending Entity	8	9-16	CHAR	"MBD" (MBD + 5 spaces)	The value specifically is "MBD" followed by five spaces.					
3	File Creation Date	8	17-24	CHAR	CCYYMMDD	The date on which the NoRx file was created by CMS.					
4	File Control Number	9	25-33	CHAR	Spaces	This field is set to SPACES and is not referenced for meaningful information.					
5	Filler	717	34-750	CHAR	Spaces						

	No Rx Detail Record								
Item	Field	Size	Position	Format	Valid Values	Description			
1	Record Type	3	1-3	CHAR	NRX	This code allows recognition of the detail record as a No Rx record from CMS.			
2	Record Type from Original Detail	5	4-8	CHAR	Spaces.	This field is set to SPACES and is not referenced for meaningful information.			
3	HICN or RRB Number	12	9-20	CHAR	HICN or RRB	 Before or during the Medicare Beneficiary Identifier (MBI) Transition period, the RRB Number is populated if present; else the active HICN is populated. When the MBI Transition period ends, the field is filled with spaces. 			
4	SSN	9	21-29	CHAR	SSN from CMS	This field may contain the SSN of the Beneficiary that does not have 4Rx data.			
5	MBI	11	30-40			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.			
8	PBP Number	3	95- 97	CHAR	PBP Number from CMS	This field contains the beneficiary PBP number but does not have 4Rx data.			
9	Filler	71	98 - 168	CHAR	Spaces.				
10	File Creation Date	8	169-176	CHAR	CCYYMMDD	This field contains the date the NoRx record was created.			
11	Filler	574	177-750	CHAR	Spaces.				

Layout 3-27: No Rx Detail Record

	No Rx Trailer Record									
Item	Field	Size	Position	Format	Valid Values	Description				
1	File ID Name	8	1-8	CHAR	CMSNRX0T	This code allows recognition of the record as the Trailer Record of a NoRx File.				
2	Sending Entity	8	9-16	CHAR	"MBD " (MBD + 5 spaces)	The value specifically is "MBD" followed by five spaces.				
3	File Creation Date	8	17-24	CHAR	CCYYMMDD	The date that CMS created the NoRx file.				
4	Filler	9	25-33	CHAR	Spaces					
5	File Record Count	7	34-40	NUM	Numeric value greater than Zero.	The total number of NoRx records on this file. This value is right-justified in the field with leading zeroes.				
6	Filler	710	41-750	CHAR	Spaces					

Layout 3-28: No Rx Trailer Record

3.6 Agent Broker Compensation

For Plan enrollments, MARx established a status of initial or renewal compensation cycle. This status provides Plans with the information necessary to determine how to pay agents for specific beneficiary enrollments. Plans pay agents an initial amount or a renewal amount as provided in the CMS agent compensation guidance.

Based on the qualification rules, Year 1 is the initial year and Years 2 and beyond are the renewal years. Plans are responsible for using this information together with their internal payment and enrollment tracking systems to determine if an agent was used and the amount to pay the agent.

The Agent Broker Compensation Report Data File is generated on the first Sunday of each calendar month, even if that falls on a holiday:

- All new enrollments, whether retroactive, current, or prospective, with 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.

Plans can re-order the Agent Broker Compensation Report Data File via the MARx UI.

3.6.1 Agent Broker Compensation Report Data File

System	Туре	Frequency	Record Length	Agent Broker Compensation Dataset Naming Conventions
				Gentran Mailbox/TIBCO MFT Internet Server: P.Rnnnnn.COMPRPT.Dyymmdd.Thhmmsst
MARx	Data File	Monthly	150	Connect:Direct (Mainframe): zzzzzzz.Rnnnnn.COMPRPT.Dyymmdd.Thhmmsst
				Connect:Direct (Non-Mainframe): [directory]Rnnnn.COMPRPT.Dyymmdd.Thhmmsst

The following records are included in this file:

- Agent Broker Compensation Detail Record
- Agent Broker Compensation Trailer Record

Layout 3-29: Agent Broker Compensation Detail Record

	Agent Broker Compensation Detail Record							
Item	Field Size		Position	Description				
1	Record Type	1	1	1 – Detail.				
2	Contract Number	5	2-6	Contract identification.				
3	PBP	3	7-9	Plan Benefit Package.				
4	Beneficiary ID	12	10-21	 Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. MBI is 11 characters, left-justified with one space at the end 				
5	Last Name	12	22-33	Beneficiary Surname.				
6	First Name	7	34-40	Beneficiary Given Name.				
7	Middle Initial	1	41	Beneficiary Middle Initial.				
8	DOB	8	42-49	Beneficiary Birth Date CCYYMMDD				
9	Gender	1	50	Beneficiary Gender Identification Code. 0 = Unknown. 1 = Male. 2 = Female.				
10 Application Date		8	51-58	The date the Plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). CCYYMMDD; otherwise, spaces if not applicable.				
11	Enrollment Effective Start Date	8	59-66	Date Beneficiary's Plan enrollment starts. CCYYMMDD				

	Agent Broker Compensation Detail Record							
Item	Field	Size	Position	Description				
12	Compensation Type as of Enrollment Effective Date	1	67	Compensation type to be paid to the broker for the first year of enrollment (I or R) that never appeared on the Broker's Compensation Data file; or the data element "Correction Indicator" field is populated. Additionally, the data element shall be left blank for all 1-1-xx enrollments that either had no change from the previous year or where on an Oct. through Dec. MARx report for new 1-1-xx effective enrollments (meaning AEP enrollments). I – Initial R – Renewal Blank – See above explanation				
13	Report Generation Date	8	68-75	Date data file created. CCYYMMDD				
14	Cycle-Year as of Report Generation Date	3	76-78	 Numeric value representing the broker compensation cycle-year as of the data file generation date: -1 = no compensation cycle exists for this enrollment because the data file generation date is before the effective date of the enrollment. 1 = first calendar year. 2 = second calendar year. 3 = third calendar year. 5 = fifth calendar year. 5 = fifth calendar year. 6 = sixth calendar year. The numeric value can go as high as 999 years. Right justified. 				
15	Compensation Payment Year	3	79-81	If the enrollment is prospective with a start date in the upcoming year, the numeric value representing the cycle year as of the enrollment effective date. Otherwise, the numeric value representing the broker compensation cycle-year as of the data file generation 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. The numeric value can go as high as 999 years. Right justified.				

	Agent Broker Compensation Detail Record							
Item	Field	Size	Position	Description				
16	Prior Plan Type	7	82-88	 Broad classification of the Beneficiary's immediately prior Plan-type: None = no prior Plan. MA = non-drug Medicare Advantage Plan. MAPD = MA Plan offering prescription drugs. COST = Non-drug Medicare COST Plan. COST/PD = Medicare COST Plan providing prescription drugs. PDP = Prescription Drug Plan. 				
17	Correction Indicator	2	89-90	 R – Retroactive enrollment. Any enrollment processed by MARx after the effective date of the enrollment. ER – Enrollment reinstated. A disenrollment cancellation was processed by MARx. A cancelled enrollment reinstated a previous enrollment. IR – Change in Initial or Renewal. An enrollment was previously reported as Initial or Renewal however this information has been updated due to new information received by MARx. O – Change in the Compensation Year. Spaces – the enrollment does not have a corrected field. 				
18	Filler	60	91-150	Spaces.				

Layout 3-30: Agent Broker Compensation Trailer Record

	Agent Broker Compensation Trailer Record							
Item	Field Size Position		Description					
1	Record Type	1	1	2 – Trailer.				
2	Contract Number	5	2-6	Contract identification.				
3	Detail Record Count	8	7-14	Right justified – number of detail records on the data file. The trailer record itself is not included in this count.				
4	Filler	136	15-150	Spaces.				

3.6.2 Compensation Rate Submission

CMS regulations at 42 CFR and (1)(i)(A) and 423.2274(a)(1)(i)(A) stipulate that the compensation amount paid to an independent agent or broker for an enrollment is at or below the fair market value (FMV) cut-off amounts published yearly by CMS. These amounts can be found on the HPMS, and are posted yearly by June 1st.

As in past years, all Plans must inform CMS whether they are using employed, captive, or independent agents. Plans that use independent agents must provide the compensation amount or range of amounts paid for these agents. Additionally, if referral fees are paid, Plans must disclose the referral fee amount. The most currently released HPMS Marketing Module User Guide includes data entry instructions.

Plans may submit their agent/broker information in the HPMS Marketing Module during the dates outlined in the HPMS memorandum posted yearly. Please note that the submission process is not complete until the Plan's CEO, COO, or CFO has completed the attestation in HPMS. Plans failing to submit and attest to their agent/broker compensation data by the deadline outlined in the HPMS memorandum are out of compliance.

CMS expect Plans to keep full records providing the compensation schedules are updated and agent/brokers are paid per CMS requirements.

CMS will make the compensation information available for beneficiaries to view before the annual election period for each calendar year at the following website: <u>https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/AgentBroker.html</u>.

3.7 Coordination of Benefits

CMS provides Coordination of Benefits (COB) – Other Health Insurance (OHI) information for Plan's enrollees daily (as needed) and annually, in addition to an annual summary file.

- Daily COB-OHI Files
 - The daily files contain enrollee (beneficiary) updates only
- Annual COB-OHI Full Replacement (Beneficiary Detail) Files
 - Plans will be sent a full replacement of COB-OHI information annually for Plan's enrollees with other coverage
 - The annual full replacement process may generate multiple files per contract
 - The annual full replacement files use the same file layout as the daily files; however, the file naming convention includes an "A" to distinguish it from the daily file.
- Annual COB-OHI Summary Files
 - This will consist of a summary of the Annual COB-OHI Full Replacement (Beneficiary Detail) Files CMS provided
 - CMS is including a reconciliation file at the end of the annual COB-OHI full replacement file process to provide each file name that was transmitted
 - This will allow plans to validate that all files were received
 - This file will be transmitted in the same manner as the annual file, and the file naming convention will include an "S" to indicate that the file is a summary of the files received.

3.7.1 COB-OHI File Data Element Definitions and Instructions for Part D Plans

This section defines and provides instructions on the use of data elements found in the COB-OHI File. The OHI information contained in the COB file is collected by the Benefits Coordination & Recovery Center (BCRC) through the following sources:

- Data Sharing Agreements (DSAs).
- COB Agreements (COBAs).
- Other data exchanges with non-Part D payers:
 - Pharmacy Benefit Manager (PBMs).
 - Employer Group Health Plan (EGHP) sponsors.
 - Section 111 Responsible Reporting Entity (RREs).
 - State programs.
- Questionnaires filled out by beneficiaries.
- Employers and providers.
- Leads submitted from Part D Plans and other Medicare contractors.

The information collected by the BCRC and provided to the Part D Plan assists the Part D Plan in fulfilling its requirement to coordinate with OHI.

The COB-OHI File consists of a Detail (DTL) record identifying the Part D Plan's Contract Number, the Plan Benefit Package (PBP) number, and identifying information for the enrollee whose OHI is contained in the records attached to the DTL record. The DTL record may have two types of subordinate records:

- **Primary (PRM) Record**: PRM records contain OHI that is primary to Part D. Primary does not necessarily refer to a single primary insurance, but to all occurrences of insurance that are statutorily required to pay prior to, i.e., primary to, Part D. It is possible to have multiple occurrences of primary insurance. Each occurrence of primary insurance is contained in PRM records subordinate to the DTL record.
- **Supplemental (SUP) Record:** SUP records contain all supplemental insurance that pays after, i.e., supplemental to, Part D. Each occurrence of supplemental insurance is contained in SUP records subordinate to the DTL record.

The COB-OHI File contains full-record replacements for Medicare Part D enrollees that had a change in their enrollment record (enroll, disenroll, reinstate, change in Medicare plan 4Rx) or with newly discovered or changed OHI. The addition, change or deletion of an enrollee's OHI record triggers a full replacement of that enrollee's DTL and subordinate PRM and SUP records. The Part D Plan replaces its entire existing OHI profile for an enrollee with the most recent DTL and subordinate PRM and SUP records for that enrollee. DTL-only records are sent when there is no longer active OHI in the BCRC system to serve as the full replacement of that enrollee's DTL and prior PRN/SUP records which had been deleted from the BCRC system. (Please note: DTL-only records are sent only for the daily COB-OHI files and are NOT in the annual file).

The Medicare Beneficiary Database (MBD) sends the COB File to Part D Plans via the MARx system. The COB-OHI File is automatically sent to Part D Plans. Beneficiary updates are provided when, at enrollment, the MBD already contains OHI information on that enrollee. For instance, if an individual has OHI, disenrolls from Part D Plan A, and then enrolls in Part D Plan B, all of the OHI that the MBD held and previously sent to Plan A is automatically sent to Plan B in the COB File.

Note: When the beneficiary disenrolls from Plan A, Plan A continues receiving updates for the beneficiary for 36 months after member is terminated with Plan A. Plan A will no longer receive updates for the beneficiary only in two scenarios:

- The member is CNE (Contract Never effective) termed prior to actual enrollment starting (for example: effective date 01/01/2018 termed 01/01/2018).
- The member's disenrollment date is beyond 36 months in the past (for example: term date 09/30/2015. Plan A will never receive any updates for this member).

The COB-OHI File is sent out to Part D Plans as the BCRC collects OHI and applies records to the MBD. This can occur as often as daily. The Part D Plan will receive the COB-OHI File daily. If there is no updated beneficiary OHI data, then the plan will receive a file indicating that there is no reported COB change for the Plan to process. If there are OHI updates the file will include, records for new or current enrollees with changed or newly discovered OHI, and members with a termination date within 36 months from the COB-OHI File date. Most data exchanges administered by the BCRC for CMS are monthly. However, each data exchange partner has a unique submission schedule. The BCRC can receive file submissions from data exchange partners on any given day. The BCRC may apply records originating from development or data exchanges to the MBD any day. As soon as the records are applied to the MBD, the COB-OHI File is sent to the Part D Plan of the OHI enrollee.

The Part D Plan uses the elements contained in the PRM and SUP records to make payment determinations, recover mistaken payments, identify whether or not payments made by OHI

count towards True Out-of-Pocket (TrOOP), and to populate the claim's response to the pharmacy.

Under provisions found in § 1860D-2(a) (4) of the Medicare Modernization Act (MMA), the Medicare Secondary Payer (MSP) rules were incorporated in the MMA and apply to Part D Plans as payers of Medicare benefits and to non-Part D GHP and non-GHP prescription drug payers that meet the MSP rules. The MSP rules are found at 42 U.S.C. § 1395y(b).

In some cases, the Part D Plan makes mistaken primary payments, i.e., if the BCRC, CMS, and the Part D Plan are all unaware of any primary coverage. Under other circumstances, the Part D Plan makes conditional payments. These circumstances include:

- When the Part D Plan is aware that the enrollee has Workers' Compensation (WC)/no-fault/liability coverage but is unaware whether the drugs for which a bill is sent are related to the WC/no-fault/liability incident.
- When the Part D Plan learns of potential primary coverage and sends information to the BCRC for development and it chooses to wait for validation before considering itself a secondary payer. This option is entirely up to the Plan; it may act as a secondary payer immediately or wait for validation, depending on its confidence of the information's validity.
- When the Part D Plan is aware that the primary WC/no-fault/liability coverage applies but the primary payer does not make prompt payment.

When these mistaken or conditional primary payments are made, the Part D Plan is required to recover the primary payment from the relevant employer, insurer, WC/no-fault/liability carrier, or enrollee. The Part D Plan is also subject to audit or reporting requirements.

3.7.2 COB-OHI PRM Record Layout Elements

OHI contained in the PRM record is primary to, i.e., pays before, Part D. The following are definitions and instructions on the use of elements contained in the PRM record layout. Some of the PRM record layout elements are the same as elements contained in the SUP record layout. Note that * indicates that the element is found in both, but may have slightly different definitions and instructions. Not all element fields populate, depending on the information that the BCRC possesses when it applies the record to the MBD.

RxID Number*

The National Council of Prescription Drug Programs (NCPDP) standard Rx Identification Number (ID) is used for network drug benefit of the primary insurance. The Part D Plan displays this in the reply to the pharmacy and the RxID number to identify an individual in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.

RxGroup Number*

The NCPDP standard Rx Group Number is used for network drug benefit of the primary insurance. The Part D Plan displays this in the reply to the pharmacy and may use the RxGroup number to identify an individual in the recovery of mistaken payments, as well.

Benefit Identification Number Rx (BIN)*

The NCPDP standard International BIN is used for network drug benefit routing of the primary insurance. The Part D Plan displays this in the reply to the pharmacy and may use the RxBIN number to identify an individual in the recovery of mistaken payments, as well.

Processor Control Number Rx (PCN)*

The NCPDP standard PCN used for network drug benefit routing of the primary insurance. The Part D Plan displays this in the reply to the pharmacy and may use the RxPCN number to identify an individual in the recovery of mistaken payments, as well.

Rx Plan Toll-Free Number*

The help desk number for the pharmacy benefit is the primary insurance. The Part D Plan displays this in the reply to the pharmacy.

Sequence Number*

The unique identifier for the PRM occurrence, the Sequence Number may identify the PRM occurrence when inquiring about a record to the BCRC.

COB Source Code*

The code for the BCRC, Common Working File, and MBD is used to identify the origin from which the BCRC received primary insurance information. Customer Service may use the COB Source Code when inquiring about a record to the BCRC.

Note: For any instances where an unknown COB Source Code is provided, Plans should contact BCRC for clarification.

MSP Reason*

Medicare is the Secondary Payer, i.e., the other insurance is primary to Medicare. For EGHPs, MSP (Reason codes A, B, and G), the Part D Plans reject Primary payment. The EGHP is statutorily required to make primary payment in those cases. For non-GHP, MSP (Reason codes D, E, L, H, and W), the Part D Plan makes conditional primary payment, as it is possible these MSP types are incident related. However, if the Part D Plan is certain that the claim is incident related, and that primary insurance for this incident exists, it should reject primary payment in the same way it rejects EGHP MSP primary insurance. If the Part D Plan makes a conditional primary payment, it must reconcile with the non-GHP insurance post Point-of-Sale (POS).

Coverage Code*

This code identifies whether the coverage offered by the primary insurance is a network drug or non-network drug benefit. When the primary insurance is a network drug benefit coverage type (U), the record includes routing information, i.e., BIN and PCN, when available; however, for COB PRM records MSP Reason codes A, B and G, RxID, RxGroup and RxBIN are required. The Group and Individual Policy Number Fields may populate when the primary insurance is a non-network drug benefit coverage type (A, V, W, X, Y & Z).

Insurer's Name*

The name of the primary insurance carrier can assist in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.

Insurer's Address-1* Insurer's Address-2* Insurer's City* Insurer's State* Insurer's Zip Code*

The Address, City, State, and Zip Code of the primary insurance carrier can assist in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.

Insurer Tax Identification Number (TIN)

The TIN of primary insurance carrier may assist in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.

Individual Policy Number*

The Individual Policy Number used for non-network drug benefit primary insurance. Part D Plan uses this to identify non-network drug benefit primary insurance and may use the Individual Policy Number to identify an individual in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.

Group Policy Number*

The Group Policy Number used for non-network drug benefit primary insurance. The Part D Plan uses this to identify non-network drug benefit primary insurance and may use the Group Policy Number to identify an individual in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.

COB Effective Date*

For EGHP MSP (Reason codes A, B, and G) it identifies start date. For non-GHP MSP (Reason codes D, E, L, H, and W) it identifies the date of the accident, illness, or injury; or it identifies the Medicare entitlement date, whichever is earlier.

Note: This date is a manipulated date and does not reflect the actual effective date of the other coverage and therefore should not be used for purposes of Part D coordination of benefits. Part D Sponsors should use the Effective Date of Other Drug Coverage (Position 1084-1091 in Primary records and position 516-523 in Supplemental records) for coordination of benefits.

Termination Date*

MSP end date, which identifies whether or not the primary insurance is terminated. For non-GHP MSP (Reason codes D, E, L, H, and W), it identifies the date of settlement/judgment/award. If the insurance is open, the field is populated with all zeroes.

Relationship Code*

Relationship to primary insurance policyholder used for MSP determinations.

Payer ID*

Future

Person Code*

NCPDP standard Person Code used by the Plan to identify specific individuals on the primary insurance policy. Used for routing of network drug benefit, the Part D Plan displays the Person Code in the reply to the pharmacy and may use the Person Code in the recovery of mistaken payments.

Payer Order*

The order of payment for primary insurance, the Part D Plan displays this in reply to the pharmacy in order of Payment Order Indicator. The lowest number in ascending order, i.e., 001 to 400, is the first primary insurance displayed in the reply to the pharmacy. OHI with a payment order less than 401 is displayed prior, i.e., primary to, the Part D Plan. The rules that BCRC use to assign the Payer Order are attached for reference.

Policy Holder's First Name

The first name of the primary GHP (MSP Reason codes: A, B, and G) insurance policy holder. Part D Plans may use the Policy Holder's first name in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.

Policy Holder's Last Name

The last name of the primary GHP (MSP Reason codes: A, B, and G) insurance policy holder. Part D Plans may use the Policy Holder's last name to identify an individual in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.

Policy Holder's Social Security Number (SSN)

The Social Security Number of the primary GHP (MSP Reason codes: A, B, and G) insurance policy holder. Part D Plans may use the Policy Holder's SSN to identify an individual in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.

Employee Information Code

Not used.

Employer's Name

The name of Employer sponsor of primary GHP (MSP Reason codes: A, B, and G) insurance. Part D Plans may use the Employer's Name in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.

Employer's Address 1 Employer's Address 2 Employer's City Employer's State Employer's Zip Code The address, city, state, and zip code of the Employer sponsoring the primary GHP (MSP Reason codes: A, B, and G) insurance. Part D Plans may use the Employer's Address in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.

Employer's TIN

Attorney's Name

The name of the attorney handling the incident related case (MSP Reason codes D, E, L, H, and W) for the enrollee. Part D Plans may use the Attorney's Name in the recovery of mistaken payments, as well. CMS provides guidance for recoveries to Part D Plans.

Attorney's Address 1 Attorney's Address 2 Attorney's City Attorney's State Attorney's Zip

The address of the attorney Part D Plans may use in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.

Lead Contractor

The assigned lead Medicare claims payment contractor responsible for developing, tracking, and recovering Medicare payments made where the enrollee received payments from a liability insurer. Part D Plans may use the Lead Contractor in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.

Class Action Type

This is assigned where a liability case is a class action lawsuit involving more than one Medicare beneficiary.

Administrator Name

The administrator of WC Set-Aside (WCSA) Settlement that CMS will bill for payment of future claims related to the incident that allowed the enrollee to receive WC benefits. CMS is developing payment and recovery rules for WCSAs.

Administrator Address 1 Administrator Address 2 Administrator City Administrator State Administrator Zip

The Address, City, State, and Zip Code of the WCSA settlement; CMS is developing payment and recovery rules for WCSAs.

Workers Compensation Set Aside (WCSA) Amount

WCSA Indicator

WCSA Indicator; CMS is developing payment and recovery rules for WCSAs.

Workers Compensation Set-Aside (WCSA) Settlement Date

Administrator's Telephone Number

Total Rx Settlement Amount

Rx \$ Included in the WCSA Settlement Amount

Claim Diagnosis Code 1 – 25

Claim Diagnosis Indicator 1 – 25

International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) Diagnosis code – Official system of assigning codes to diagnoses and procedures associated with hospital utilization in the U.S. National Center for Health Statistics and CMS are the U.S. governmental agencies responsible for overseeing all changes to the ICD-9-CM. No instructions at this time.

Effective Date of Other Drug Coverage*

This date is the actual effective date of other drug insurance coverage provided by the other insurance. This date should be used for coordination of benefits. The Part D Sponsor should compare Date of Service (DOS) to both the Part D effective period and the other coverage effective period to determine if coordination of benefits is necessary.

3.7.3 COB-OHI SUP Record Layout Elements

OHI contained in the SUP record is supplemental to, i.e., pays after, Part D. The following are definitions and instructions on the use of elements contained in the SUP record layout. Some of the SUP record layout elements are the same as elements contained in the PRM record layout, but may have slightly different definitions and instructions. Not all element fields populate, depending on the information that the BCRC possesses when it applies the record to the MBD.

RxID Number*

NCPDP standard Rx Identification Number used for network drug benefit of the supplemental insurance. The Part D Plan displays this in the reply to the pharmacy.

RxGroup Number*

NCPDP standard Rx Group Number used for network drug benefit of the supplemental insurance. The Part D Plan displays this in the reply to the pharmacy.

RxBIN Number*

NCPDP standard International BIN used for the network drug benefit routing of supplemental insurance. The Part D Plan displays this in the reply to the pharmacy.

RxPCN Number*

The NCPDP standard PCN used for network drug benefit routing of the primary insurance. The Part D Plan displays this in the reply to the pharmacy.

Rx Plan Toll-Free Number*

The Part D Plan displays this help desk number of the pharmacy benefit in the Plan's reply to the pharmacy. For Supplemental Insurance Type Code P, this field instead populates with contact information for the Patient Assistance Program (PAP).

Sequence Number*

The unique identifier for the supplemental SUP occurrence, Part D Plans may use the number to identify the SUP occurrence when inquiring about a record to the BCRC.

COB Source Code*

The code the BCRC, Common Working File, and MBD use to identify the process from which the BCRC received supplemental insurance information. Customer service may use the COB Source Code when inquiring about a record to the BCRC.

Supplemental Type Code

The type of supplemental insurance contained in the record. The Part D Plan uses this to determine if the payments made by this supplemental insurance count towards TrOOP. Supplemental Insurance Type Codes Q (SPAP), S (ADAP), and R (Charity) count towards TrOOP. All other codes do not count toward TrOOP.

Coverage Code*

This code identifies whether the supplemental insurance drug benefit is a network drug or non-network drug benefit. When the supplemental insurance is a network drug benefit coverage type (U), the record requires routing information RxBIN (and RxPCN when available). However, for COB SUP records with Supplemental Type Codes Q (SPAP) and S (ADAP), RxID, RxBIN, and RxPCN are required. For COB SUP records with Supplemental Type Code N (State Prog – non qualified SPAP), all 4Rx values are required.

Insurer's Name*

The name of the supplemental insurance carrier, the Part D Plan uses this to identify supplemental insurance carrier. Insurer's Address-1* Insurer's Address-2*

Insurer's City* Insurer's State* Insurer's Zip Code*

The Address, City, State, and Zip Code of the supplemental insurance carrier, which customer service may use.

Individual Policy Number*

Group Policy Number*

COB Effective Date*

The COB insurance start date.

Note: This date is a manipulated date and does not reflect the actual effective date of the other coverage and therefore should not be used for purposes of Part D coordination of benefits. Part D Sponsors should use the Effective Date of Other Drug Coverage (Position 1084-1091 in Primary records and position 516-523 in Supplemental records) for coordination of benefits.

Termination Date*

The supplemental insurance end date, which identifies whether or not the supplemental insurance terminated. If the insurance is open, the field populates with all zeroes.

Relationship Code*

Relationship to supplemental insurance policyholder. No instructions at this time.

Payer ID*

Future

Person Code*

The NCPDP standard Person Code the supplemental insurance uses to identify specific individuals on the supplemental insurance policy. Used for routing of network drug benefit, the Part D Plan displays the Person Code in the reply to the pharmacy.

Payer Order*

The order of payment for supplemental insurance, the Part D Plan displays this in reply to the pharmacy in order of the Payment Order Indicator. The lowest number in ascending order, i.e., 401 to 999, is the first supplemental insurance displayed in the reply to the pharmacy. OHI with a payment order greater than or equal to 401 is displayed after, i.e., secondary or supplemental to, the Part D Plan.

Effective Date of Other Drug Coverage*

This date is the actual effective date of other drug insurance coverage provided by the other insurance. This date should be used for coordination of benefits. The Part D Sponsor should compare Date of Service (DOS) to both the Part D effective period and the other coverage effective period to determine if coordination of benefits is necessary.

3.7.4 *COB–OHI File (Part D Only)*

This file is sent to Part D Plans and contains beneficiary other drug coverage. Part C Plans receive the Monthly Medicare Secondary Payer (MSP) Information File that reports MA MSP.

The COB-OHI file contains members' primary and secondary drug coverage, validated through COB processing. MARx forwards this report to a Part D Plan whenever the Plan's enrollees are affected, which may occur as often as daily. The enrollees included on the report are those newly enrolled in the Part D Plan who has known OHI and existing Plan enrollees who have changes to their Drug OHI.

System	Туре	Frequency	Record Length	COB-OHI Dataset Naming Conventions
MBD (MARx)	Data File	As Needed (can be daily)	1100	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.MARXCOB.Dyymmdd.Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxxx.MARXCOB.Dyymmdd.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Rxxxxx.MARXCOB.Dyymmdd.Thhmmsst

The following records are included in this file:

- COB-OHI Detail Record
- COB-OHI Primary Record
- COB-OHI Supplemental Record

The table below provides an example of how the COB-OHI records are organized for each beneficiary.

Table 3-13: COB-OHI Organization of Records

COB-OHI File Organization of Records
Detail Record (DTL) Record 1 (Beneficiary A)
Primary (PRM) records associated with DTL Record 1 (Beneficiary A)
Supplemental (SUP) records associated with DTL Record 1 (Beneficiary A)
DTL Record 2 (Beneficiary B)
PRM records associated with DTL Record 2 (Beneficiary B)
SUP records associated with DTL Record 2 (Beneficiary B)
DTL Record 3 (Beneficiary C)
PRM records associated with DTL Record 3 (Beneficiary C)
SUP records associated with DTL Record 3 (Beneficiary C)
DTL Record n
PRM records associated with DTL Record n
SUP records associated with DTL Record n

Layout 3-31: COB-OHI Detail Record

	COB-OHI Detail Record									
Item	Field	Size	Position	Format	Valid Values/Description					
1	Record Type	3	1-3	CHAR	DTL					
2	Beneficiary Identifier	12	4-15	CHAR	A system-generated identifier used by CMS to uniquely identify the beneficiary internally and externally. The value will be in the Medicare Beneficiary Identifier (MBI) format that CMS implemented in April of 2018 as a part of the New Medicare Card project. If there are no COB changes, the field will contain spaces.					
3	SSN	9	16-24	Numeric	000000000 if unknown. If there are no COB changes, the field will contain spaces.					
4	Date of Birth (DOB)	8	25-32	CHAR	CCYYMMDD If there are no COB changes, the field will contain spaces.					
5	Gender Code	1	33	CHAR	 0 = Unknown. 1 = Male. 2 = Female. If there are no COB changes, the field will contain spaces. 					
6	Contract Number	5	34-38	CHAR	This field contains the Contract Number of the beneficiary (Contract Number from CMS).					
7	Plan Benefit Package	3	39-41	CHAR	The identifier from the beneficiary's Part D Enrollment record that represents the beneficiary's Part D Plan belongs. If there are no COB changes, the field will contain spaces.					
8	Action Type	1	42-42	Character	A code indicating the type of notification that CMS is providing about the beneficiary. The default value will be '2' (i.e., Full replacement). If there are no COB changes, the field will contain spaces.					
9	Part D Prescription (Rx) Identification (ID) Number	20	43-62	Character	Part D (Contract/PBP) Rx ID If there are no COB changes, the field will contain spaces.					
10	Part D Rx Group Number	15	63-77	Character	Part D (Contract/PBP) Rx Group If there are no COB changes, the field will contain spaces.					

Indicates the Beginning of a Series of Beneficiary Subordinate Detail Records

	COB-OHI Detail Record								
Item	Field	Size	Position	Format	Valid Values/Description				
11	Part D Rx Bank Identification Number (BIN)	6	78-83	Character	Part D (Contract/PBP) Rx BIN If there are no COB changes, the field will contain spaces.				
12	Part D Rx Processor Control Number (PCN)	10	84-93	Character	Part D (Contract/PBP) Rx PCN If there are no COB changes, the field will contain spaces.				
13	Part D Effective Date	8	94-101	Character	Part D (Contract/PBP) Effective Date CCYYMMDD If there are no COB changes, the field will contain spaces.				
14	Part D Termination Date	8	102-109	Character	Part D (Contract/PBP) Termination Date If the Part D Contract/PBP is open, the field is populated with all zeroes. CCYYMMDD. If there are no COB changes, the field will contain spaces.				
15	Filler	991	110-1100	Character	The field will contain spaces when there are COB changes. If there are no COB changes, then the value will be 'NO REPORT'.				

Layout 3-32: COB OHI Primary Record

Subordinate to Detail Record (Unlimited Occurrences)

	COB-OHI Primary Record								
Item	Field	Size	Position	Format	Valid Values/Description				
1	Record Type	3	1-3	CHAR	PRM				
2	Beneficiary Identifier	12	4-15	CHAR	A system-generated identifier used by CMS to uniquely identify the beneficiary internally and externally. The value will be in the MBI format that CMS implemented in April of 2018 as part of the New Medicare Card project.				
3	SSN*	9	16-24	ZD	000000000 if unknown.				
4	Date of Birth (DOB)*	8	25-32	CHAR	CCYYMMDD				
5	Gender Code*	1	33	CHAR	0 = Unknown. 1 = Male. 2 = Female.				

	COB-OHI Primary Record									
Item	Field	Size	Position	Format	Valid Values/Description					
6	RxID Number*	20	34-53	CHAR	The National Council of Prescription Drug Programs (NCPDP) standard Rx Identification Number (ID) is used for network drug benefit of the primary insurance. The Part D Plan displays this in the reply to the pharmacy and the RxID number to identify an individual in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.					
7	RxGroup Number*	15	54-68	CHAR	The NCPDP standard Rx Group Number is used for network drug benefit of the primary insurance. The Part D Plan displays this in the reply to the pharmacy and may use the RxGroup number to identify an individual in the recovery of mistaken payments, as well.					
8	RxBIN Number*	6	69-74	ZD	The NCPDP standard International BIN is used for network drug benefit routing of the primary insurance. The Part D Plan displays this in the reply to the pharmacy and may use the RxBIN number to identify an individual in the recovery of mistaken payments, as well.					
9	RxPCN Number*	10	75-84	CHAR	The NCPDP standard PCN used for network drug benefit routing of the primary insurance. The Part D Plan displays this in the reply to the pharmacy and may use the RxPCN number to identify an individual in the recovery of mistaken payments, as well.					
10	Rx Plan Toll Free Number*	18	85-102	CHAR	The help desk number for the pharmacy benefit is the primary insurance. The Part D Plan displays this in the reply to the pharmacy.					
11	Sequence Number*	3	103-105	CHAR	The unique identifier for the PRM occurrence, the Sequence Number may identify the PRM occurrence when inquiring about a record to the BCRC.					

	COB-OHI Primary Record									
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 BCRC for clarification on any unknown Source Codes.	5	106-110	CHAR	 The code for the BCRC, Common Working File, and MBD is used to identify the origin from which the BCRC received primary insurance information. 11100 – Non Payment/Payment Denial. 11101 – IEQ (Initial Enrollment Questionnaire). 11102 – Data Match. 11103 – HMO. 11104 – Litigation Settlement BCBS. 11105 – Employer Voluntary Reporting. 11106 – Insurer Voluntary Reporting. 11107 – First Claim Development. 11109 – Secondary Claims Investigation. 11110 – Self Report. 11112 – BCBS Voluntary Agreements. 1113 – OPM Data Match. 11118 – PBM (Pharmacy Benefit Manager). 11120 – COBA. 11125 – RAC 1 (Recovery Audit Contractor). 11126 – RAC 2 (Recovery Audit Contractor). 11127 – RAC 3 (Recovery Audit Contractor). P0000 – PBM. S0000 – Assistance Program. 					
					are reserved for COB.					

	COB-OHI Primary Record									
Item	Field	Size	Position	Format	Valid Values/Description					
13	MSP Reason (Entitlement Reason from COB)	1	111	CHAR	Medicare is the Secondary Payer, i.e., the other insurance is primary to Medicare, for EGHPs, MSP Reason codes A, B, and G, and the Part D Plan rejects Primary payment. The EGHP is statutorily required to make primary payment in those cases, i.e. A, B, and G. The Part D Plan makes conditional primary payment, as it is possible these MSP types are incident related. Without a diagnosis code, the Part D Plan cannot determine whether or not the non-EGHP insurance is primary for that particular claim, unless the Part D Plan is certain that the claim is related to the incident. If the Part D Plan is certain that the claim is incident related, and that primary insurance for this incident exists, it should reject primary payment in the same way it rejects GHP MSP primary insurance. If the Part D Plan makes a conditional primary payment, it must reconcile with the non-GHP insurance post Point-of-Sale (POS). A = Working Aged. B = ESRD. C = Conditional Payment. D = Automobile Insurance, No fault. E = WC. F = Federal (public). G = Disabled. H = Black Lung. I = Veterans. L = Liability. W = Workers Compensation Set Aside (WCSA).					

			COB-OHI P	rimary Reco	ord
Item	Field	Size	Position	Format	Valid Values/Description
14	Coverage Code*	1	112	CHAR	This code identifies whether the coverage offered by the primary insurance is a network drug or non-network drug benefit. When the primary insurance is a network drug benefit coverage type (U), the record includes routing information, i.e., BIN and PCN, when available; however, for COB PRM records MSP Reason codes A, B and G, RxID, RxGroup and RxBIN are required. The Group and Individual Policy Number Fields may populate when the primary insurance is a non-network drug benefit coverage type (A, U, V, W, X, Y & Z).
				 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	The name of the primary insurance carrier can assist in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.
16	Insurer's Address-1*	32	145-176	CHAR	The Address, City, State, and Zip Code of the primary insurance carrier can assist in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.
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	The TIN of primary insurance carrier may assist in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.
22	Individual Policy Number*	17	245-261	CHAR	The Individual Policy Number used for non-network drug benefit primary insurance. Part D Plan uses this to identify non-network drug benefit primary insurance and may use the Individual Policy Number to identify an individual in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.

	COB-OHI Primary Record									
Item	Field	Size	Position	Format	Valid Values/Description					
23	Group Policy Number*	20	262-281	CHAR	The Group Policy Number used for non- network drug benefit primary insurance. The Part D Plan uses this to identify non- network drug benefit primary insurance and may use the Group Policy Number to identify an individual in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.					
24	COB Effective Date*	8	282-289	ZD	This is a manipulated date and does not reflect the actual effective date of the other coverage and therefore should not be used for purposes of Part D coordination of benefits. Part D Sponsors should use the Effective Date of Other Drug Coverage (Position 1084-1091 in Primary records and position 516-523 in Supplemental records) for coordination of benefits. CCYYMMDD.					
25	Termination Date*	8	290-297	ZD	MSP end date, which identifies whether or not the primary insurance is terminated. For non-GHP MSP types D, E, L, H, and W, it identifies the date of settlement/judgment/award. If the insurance is open, the field is populated with all zeroes. CCYYMMDD					
26	Relationship Code*	2	298-299	CHAR	Relationship to primary insurance policyholder used for MSP determinations. 01 = Beneficiary is Policy Holder. 02 = Spouse. 03 = Child. 04 = Other.					
27	Payer ID*	10	300-309	CHAR	This is a future element.					
28	Person Code*	3	310-312	CHAR	NCPDP standard Person Code used by the Plan to identify specific individuals on the primary insurance policy. Used for routing of network drug benefit, the Part D Plan displays the Person Code in the reply to the pharmacy and may use the Person Code in the recovery of mistaken payments.					
29	Payer Order*	3	313-315	ZD	The order of payment for primary insurance, the Part D Plan displays this in reply to the pharmacy in order of Payment Order Indicator. The lowest number in ascending order, i.e., 001 to 400, is the first primary insurance displayed in the reply to the pharmacy. OHI with a payment order less than 401 is displayed prior, i.e., primary to, the Part D Plan.					
30	Policy Holder's First Name	9	316-324	CHAR	The first name of the primary GHP (MSP Types: A, B, and G) insurance policy holder. Part D Plans may use the Policy Holder's first name in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.					

			СОВ-ОНІ Р	rimary Reco	ord
Item	Field	Size	Position	Format	Valid Values/Description
31	Policy Holder's Last Name	16	325-340	CHAR	The last name of the primary GHP (MSP Types: A, B, and G) insurance policy holder. Part D Plans may use the Policy Holder's last name to identify an individual in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.
32	Policy Holder's SSN	12	341-352	CHAR	The Social Security Number of the primary GHP (MSP Types: A, B, and G) insurance policy holder. Part D Plans may use the Policy Holder's SSN to identify an individual in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.
33	Employee Information Code	1	353	CHAR	P = Patient. S = Spouse. M = Mother. F = Father.
34	Employer's Name	32	354-385	CHAR	The name of Employer sponsor of primary GHP (MSP Reason codes: A, B, and G) insurance. Part D Plans may use the Employer's Name in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.
35	Employer's Address 1	32	386-417	CHAR	The address, city, state, and zip code of the Employer sponsoring the primary GHP (MSP Reason codes: A, B, and G) insurance. Part D Plans may use the Employer's Address in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.
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	70	506-575	CHAR	
43	Attorney's Name	32	576-607	CHAR	The name of the attorney handling the incident related case (MSP Types D: Automobile Insurance, No Fault, E: WC, L: Liability) for the enrollee. Part D Plans may use the Attorney's Name in the recovery of mistaken payments, as well. CMS provides guidance for recoveries to Part D Plans.
44	Attorney's Address 1	32	608-639	CHAR	The address of the attorney Part D Plans may use in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.
45	Attorney's Address 2	32	640-671	CHAR	
46	Attorney's City	15	672-686	CHAR	

	COB-OHI Primary Record									
Item	Field	Size	Position	Format	Valid Values/Description					
47	Attorney's State	2	687-688	CHAR						
48	Attorney's Zip	9	689-697	CHAR						
49	Lead Contractor	9	698-706	CHAR	The assigned lead Medicare claims payment contractor responsible for developing, tracking, and recovering Medicare payments made where the enrollee received payments from a liability insurer. Part D Plans may use the Lead Contractor in the recovery of mistaken payments. CMS provides guidance for recoveries to Part D Plans.					
50	Class Action Type	2	707-708	CHAR	This is assigned where a liability case is a class action lawsuit involving more than one Medicare beneficiary.					
51	Administrator Name	32	709-740	CHAR	The administrator of WC Set-Aside (WCSA) Settlement that CMS will bill for payment of future claims related to the incident that allowed the enrollee to receive WC benefits. CMS is developing payment and recovery rules for WCSAs.					
52	Administrator Address 1	32	741-772	CHAR	The Address, City, State, and Zip Code of the WCSA settlement. CMS is developing payment and recovery rules for WCSAs.					
53	Administrator Address 2	32	773-804	CHAR						
54	Administrator City	15	805-819	CHAR						
55	Administrator State	2	820-821	CHAR						
56	Administrator Zip	9	822-830	CHAR						
57	Workers Compensation Set Aside (WCSA) Amount	12	831-842	CHAR	Integer value. WCSA Amount; CMS is developing payment and recovery rules for WCSAs.					
58	WCSA Indicator	2	843-844	CHAR	 WCSA Indicator; CMS is developing payment and recovery rules for WCSAs. A = Approved. D = Denied. P = Pending. Z = Zero set aside amount. 					
59	Workers Compensation Medical Set Aside (WCMSA) Settlement Date	8	845-852	ZD	CCYYMMDD					
60	Administrator's Telephone Number	18	853-870	CHAR						
61	Total Rx Settlement Amount	12	871-882	CHAR	Includes decimal point: 999999999999999					
62	Rx \$ included in the WCMSA Settlement Amount	1	883	CHAR						

	COB-OHI Primary Record									
Item	Field	Size	Position	Format	Valid Values/Description					
Internati Official National	Diagnosis Indicator 1 – 25 and Claim Diagnosis Code 1 – 25: International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) Diagnosis code – Official system of assigning codes to diagnoses and procedures associated with hospital utilization in the U.S. National Center for Health Statistics and CMS are the U.S. governmental agencies responsible for overseeing all changes to the ICD-9-CM. No instructions at this time.									
63	Diagnosis Indicator 1	1	884	CHAR	9 = ICD-9. 0 = ICD-10.					
64	Claim Diagnosis Code	7	885-891	CHAR						
65	Diagnosis Indicator 2	1	892	CHAR	9 = ICD-9. 0 = ICD-10.					
66	Claim Diagnosis Code 2	7	893-899	CHAR						
67	Diagnosis Indicator 3	1	900	CHAR	9 = ICD-9. 0 = ICD-10.					
68	Claim Diagnosis Code 3	7	901-907	CHAR						
69	Diagnosis Indicator 4	1	908	CHAR	9 = ICD-9. 0 = ICD-10.					
70	Claim Diagnosis Code 4	7	909-915	CHAR						
71	Diagnosis Indicator 5	1	916	CHAR	9 = ICD-9. 0 = ICD-10.					
72	Claim Diagnosis Code 5	7	917-923	CHAR						
73	Diagnosis Indicator 6	1	924	CHAR	9 = ICD-9. 0 = ICD-10.					
74	Claim Diagnosis Code 6	7	925-931	CHAR						
75	Diagnosis Indicator 7	1	932	CHAR	9 = ICD-9. 0 = ICD-10.					
76	Claim Diagnosis Code 7	7	933-939	CHAR						
77	Diagnosis Indicator 8	1	940	CHAR	9 = ICD-9. 0 = ICD-10.					
78	Claim Diagnosis Code 8	7	941-947	CHAR						
79	Diagnosis Indicator 9	1	948	CHAR	9 = ICD-9. 0 = ICD-10.					
80	Claim Diagnosis Code 9	7	949-955	CHAR						
81	Diagnosis Indicator 10	1	956	CHAR	9 = ICD-9. 0 = ICD-10.					
82	Claim Diagnosis Code 10	7	957-963	CHAR						
83	Diagnosis Indicator 11	1	964	CHAR	9 = ICD-9. 0 = ICD-10.					
84	Claim Diagnosis Code 11	7	965-971	CHAR						
85	Diagnosis Indicator 12	1	972	CHAR	9 = ICD-9. 0 = ICD-10.					
86	Claim Diagnosis Code 12	7	973-979	CHAR						

	COB-OHI Primary Record									
Item	Field	Size	Position	Format	Valid Values/Description					
87	Diagnosis Indicator 13	1	980	CHAR	9 = ICD-9. 0 = ICD-10.					
88	Claim Diagnosis Code 13	7	981-987	CHAR						
89	Diagnosis Indicator 14	1	988	CHAR	9 = ICD-9. 0 = ICD-10.					
90	Claim Diagnosis Code 14	7	989-995	CHAR						
91	Diagnosis Indicator 15	1	996	CHAR	9 = ICD-9. 0 = ICD-10.					
92	Claim Diagnosis Code 15	7	997-1003	CHAR						
93	Diagnosis Indicator 16	1	1004	CHAR	9 = ICD-9. 0 = ICD-10.					
94	Claim Diagnosis Code 16	7	1005- 1011	CHAR						
95	Diagnosis Indicator 17	1	1012	CHAR	9 = ICD-9. 0 = ICD-10.					
96	Claim Diagnosis Code 17	7	1013- 1019	CHAR						
97	Diagnosis Indicator 18	1	1020	CHAR	9 = ICD-9. 0 = ICD-10.					
98	Claim Diagnosis Code 18	7	1021- 1027	CHAR						
99	Diagnosis Indicator 19	1	1028	CHAR	9 = ICD-9. 0 = ICD-10.					
100	Claim Diagnosis Code 19	7	1029- 1035	CHAR						
101	Diagnosis Indicator 20	1	1036	CHAR	9 = ICD-9. 0 = ICD-10.					
102	Claim Diagnosis Code 20	7	1037- 1043	CHAR						
103	Diagnosis Indicator 21	1	1044	CHAR	9 = ICD-9. 0 = ICD-10.					
104	Claim Diagnosis Code 21	7	1045- 1051	CHAR						
105	Diagnosis Indicator 22	1	1052	CHAR	9 = ICD-9. 0 = ICD-10.					
106	Claim Diagnosis Code 22	7	1053- 1059	CHAR						
107	Diagnosis Indicator 23	1	1060	CHAR	9 = ICD-9. 0 = ICD-10.					
108	Claim Diagnosis Code 23	7	1061- 1067	CHAR						
109	Diagnosis Indicator 24	1	1068	CHAR	9 = ICD-9. 0 = ICD-10.					
110	Claim Diagnosis Code 24	7	1069- 1075	CHAR						
111	Diagnosis Indicator 25	1	1076	CHAR	9 = ICD-9. 0 = ICD-10.					
112	Claim Diagnosis Code 25	7	1077- 1083	CHAR						

	COB-OHI Primary Record										
Item	Field	Size	Position	Format	Valid Values/Description						
113	Effective Date of Other Drug Coverage	8	1084- 1091	CHAR	CCYYMMDD. This is the actual effective date of other drug insurance coverage provided by the other insurance. This date should be used for coordination of benefits. The Part D Sponsor should compare Date of Service (DOS) to both the Part D effective period and the other coverage effective period to determine if coordination of benefits is necessary						
114	Filler	9	1092- 1100	CHAR	Spaces						

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

Layout 3-33: COB OHI Supplemental Record

Subordinate to Detail Record (Unlimited Occurrences)

	COB OHI Supplemental Record									
Item	Field	Size	Position	Format	Valid Values/Description					
1	Record Type	3	1-3	CHAR	SUP					
2	Beneficiary Identifier	12	4-15	CHAR	A system-generated identifier used by CMS to uniquely identify the beneficiary internally and externally. The value will be in the MBI format that CMS implemented in April of 2018 as a part of the New Medicare Card project.					
3	SSN*	9	16-24	ZD	000000000 if unknown.					
4	Date of Birth (DOB)*	8	25-32	CHAR	CCYYMMDD					
5	Gender Code*	1	33	CHAR	0 = Unknown. 1 = Male. 2 = Female.					
6	RxID Number*	20	34-53	ZD	NCPDP standard Rx Identification Number used for network drug benefit of the supplemental insurance. The Part D Plan displays this in the reply to the pharmacy.					
7	RxGroup Number*	15	54-68	CHAR	NCPDP standard Rx Group Number used for network drug benefit of the supplemental insurance. The Part D Plan displays this in the reply to the pharmacy.					
8	RxBIN Number*	6	69-74	ZD	NCPDP standard International BIN used for the network drug benefit routing of supplemental insurance. The Part D Plan displays this in the reply to the pharmacy.					
9	RxPCN Number*	10	75-84	CHAR	The NCPDP standard PCN used for network drug benefit routing of the primary insurance. The Part D Plan displays this in the reply to the pharmacy.					
10	Rx Plan Toll Free Number*	18	85-102	CHAR	The Part D Plan displays this help desk number of the pharmacy benefit in the Plan's reply to the pharmacy. For Supplemental Insurance Type Code P, this field instead populates with contact information for the Patient Assistance Program (PAP).					
11	Sequence Number*	3	103-105	CHAR	The unique identifier for the supplemental SUP occurrence, Part D Plans may use the number to identify the SUP occurrence when inquiring about a record to the BCRC.					

		CO)B OHI Sup	plemental R	ecord
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 BCRC for clarification on any unknown Source Codes.	5	106-110	CHAR	The code the BCRC, Common Working File, and MBD use to identify the process from which the BCRC received supplemental insurance information. Customer service may use the COB Source Code when inquiring about a record to the BCRC. 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. 11109 = Secondary Claims Investigation. 11109 = Secondary Claims Investigation. 11111 = 411.25. 11112 = BCBS Voluntary Agreements. 11113 = OPM Data Match. 11114 = WC Data Match. 11118 = PBM. 11120 = COBA. 11125 = RAC 1. 11126 = RAC 2. 11127 = RAC 3. P0000 = PBM. S0000 = Assistance Program.
13	Supplemental Type Code	1	111	CHAR	are reserved for COB. The type of supplemental insurance contained in the record. The Part D Plan uses this to determine if the payments made by this supplemental insurance count towards TrOOP. Supplemental Insurance Type Codes Q (SPAP), S (ADAP), and R (Charity) count towards TrOOP. All other codes do not count toward TrOOP. L = Supplemental. M = Medigap. N = State Program (Non-Qualified SPAP). O = Other. P = Patient Assistance Program. Q = Qualified SPAP. R = Charity. S = AIDS Drug Assistance Program. T = Federal Health Program. 1 = Medicaid. 2 = Tricare. 3 = Major Medical.

COB OHI Supplemental Record										
Item	Field	Size	Position	Format	Valid Values/Description					
14	Coverage Code*	1	112	CHAR	This code identifies whether the supplemental insurance drug benefit is a network drug or non-network drug benefit. When the supplemental insurance is a network drug benefit coverage type (U), the record requires routing information RxBIN (and RxPCN when available). However, for COB SUP records with Supplemental Type Codes Q (SPAP) and S (ADAP), RxID, RxBIN, and RxPCN are required. For COB SUP records with Supplemental Type Code N (State Prog – non qualified SPAP) all 4RX values are required.					
					 U = Drug (network benefit). V = Drug with Major Medical (non- network benefit). Z = Health Reimbursement Account (hospital, medical, and drug). 					
15	Insurer's Name*	32	113-144	CHAR	The name of the supplemental insurance carrier. The Part D Plan uses this to identify supplemental insurance carrier.					
16	Insurer's Address-1*	32	145-176	CHAR	The Address, City, State, and Zip Code of the supplemental insurance carrier, which customer service may use.					
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	The Individual Policy Number is used for non-network drug benefit supplemental insurance. The Part D Plan uses the Individual Policy Number to identify non- network drug benefit supplemental insurance.					
23	Group Policy Number*	20	262-281	CHAR	The Group Policy number is used for non- network drug benefit supplemental insurance. The Part D Plan uses the Group Policy number to identify non-network drug benefit supplemental insurance.					
24	COB Effective Date*	8	282-289	ZD	This is a manipulated date and does not reflect the actual effective date of the other coverage and therefore should not be used for purposes of Part D coordination of benefits. Part D Sponsors should use the Effective Date of Other Drug Coverage (Position 1084-1091 in Primary records and position 516-523 in Supplemental records) for coordination of benefits. CCYYMMDD					

COB OHI Supplemental Record									
Item	Field	Size	Position	Format	Valid Values/Description				
25	Termination Date*	8	290-297	ZD	The supplemental insurance end date, which identifies whether or not the supplemental insurance terminated. If the insurance is open, the field populates with all zeroes. CCYYMMDD				
26	Relationship Code*	2	298-299	CHAR	Relationship to supplemental insurance policyholder. No instructions at this time. 01 = Bene is Policy Holder. 02 = Spouse. 03 = Child. 04 = Other.				
27	Payer ID*	10	300-309	CHAR	Future use.				
28	Person Code*	3	310-312	CHAR	The NCPDP standard Person Code the supplemental insurance uses to identify specific individuals on the supplemental insurance policy. Used for routing of network drug benefit, the Part D Plan displays the Person Code in the reply to the pharmacy.				
29	Payer Order*	3	313-315	ZD	The order of payment for supplemental insurance, the Part D Plan displays this in reply to the pharmacy in order of the Payment Order Indicator. The lowest number in ascending order, i.e., 401 to 999, is the first supplemental insurance displayed in the reply to the pharmacy. OHI with a payment order greater than or equal to 401 is displayed after, i.e., secondary or supplemental to, the Part D Plan.				
30	Filler	200	316-515	CHAR	Spaces.				
31	Effective Date of Other Drug Coverage	8	516-523	CHAR	This is the actual effective date of other drug insurance coverage provided by the other insurance. This date should be used for coordination of benefits. The Part D Sponsor should compare DOS to both the Part D effective period and the other coverage effective period to determine if coordination of benefits is necessary. CCYYMMDD				
32	PAP National Drug Code (NDC) 1	11	524-534	CHAR	This field contains the National Drug Code submitted by the participating PAP				
33	PAP NDC 2	11	535-545	CHAR	This field contains the National Drug Code submitted by the participating PAP				
34	PAP NDC 3	11	546-556	CHAR	This field contains the National Drug Code submitted by the participating PAP				
35	PAP NDC 4	11	557-567	CHAR	This field contains the National Drug Code submitted by the participating PAP				
36	PAP NDC 5	11	568-578	CHAR	This field contains the National Drug Code submitted by the participating PAP				
37	Filler	522	579-1100	CHAR	Spaces				

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

3.7.5 Annual COB-OHI Full Replacement File

Annual COB-OHI Full Replacement Dataset (Beneficiary Details) Naming Conventions Table

System	Туре	Frequency	Record Length	Annual COB-OHI Dataset Naming Conventions
MBD (MARx)	Data File	Annual	1100	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.MARXCOBA.Dyymmdd.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.MARXCOBA.Dyymmdd.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Rxxxxx.MARXCOBA.Dyymmdd.Thhmmsst

Annual COB-OHI Full Replacement File Record Organization and Layout

See the following tables:

<u>COB-OHI Organization of Records Table</u> <u>COB-OHI Detail Record Layout</u> <u>COB OHI Primary Record Layout</u> <u>COB OHI Supplemental Record Layout</u>

3.7.6 COB-OHI Annual Summary File

Annual COB-OHI Summary File Dataset Naming Conventions Table

System	Туре	Frequency	Record Length	Annual COB-OHI Summary File Dataset Naming Conventions
MARx	Data File	Annual	80	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.MARXCOBS.Dyymmdd.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.MARXCOBS.Dyymmdd.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Rxxxxx.MARXCOBS.Dyymmdd.Thhmmsst

Layout 3-34: Annual COB-OHI Summary File Report Header Record

	COB-OHI Summary File Report Header Record						
Item	Field	Size	Position	Format	Valid Values/Description		
1	Filler	26	1-26	CHAR	Spaces		
2	Report-Name	34	27-60	CHAR	Annual COB-OHI Summary File Report		
3	Filler	20	61-80	CHAR	Spaces		

	Annual COB-OHI Summary File Report Sub-Header Record						
Item	Field	Size	Position	Format	Valid Values/Description		
1	Filler	36	1-36	CHAR	Spaces		
2	Report- Creation-	10	37-46		MM/DD/YYYY		
	Date			CHAR	Date that the report is generated.		
3	Filler	34	47-80	CHAR	Spaces		

Layout 3-35: Annual COB-OHI Summary File Report Sub-Header Record

Layout 3-36: Annual COB-OHI Summary File Report Column Header Record

	Annual COB-OHI Summary File Report Column Header Record					
Item	Field	Size	Position	Format	Valid Values/Description	
1	Contract-ID- Column- Heading	11	1-11	CHAR	Contract ID	
2	Filler	5	12-16	CHAR	Spaces	
3	File-Name- Column- Heading	9	17-25	CHAR	File Name	
4	Filler	40	26-65	CHAR	Spaces	
5	File-Count- Column- Heading	10	66-75	CHAR	File Count	
6	Filler	5	76-80	CHAR	Spaces	

Layout 3-37: Annual COB-OHI Summary File Report Detail Record

	Annual COB-OHI Summary File Report Detail Record					
Item	Field	Size	Position	Format	Valid Values/Description	
1	Contract-ID	5	1-5	CHAR	This field contains the Contract Number from CMS.	
2	Filler	11	6-16	CHAR	Spaces	
3	File-Name	44	17-60	CHAR	File Name (P.Rxxxxx.MARXCOBA.Dyymmdd.T hhmmsst)	
4	Filler	9	61-69	CHAR	Spaces	
5	File-Count	1	70	Numeric	File Count	
6	Filler	10	71-80	CHAR	Spaces	

	Annual COB-OHI Summary File Report Summary Total Record						
Item	Field	Size	Position	Format	Valid Values/Description		
1	Contract-ID	5	1-5	CHAR	This field contains the Contract Number from CMS.		
2	Filler	11	6-16	CHAR	Spaces		
3	Total-File-Count	16	17-32	CHAR	TOTAL FILE COUNT		
4	Filler	33	33-65	CHAR	Spaces		
5	File-Count	5	66-70	PIC 9,999	Total files contained in report.		
6	Filler	10	71-80	CHAR	Spaces		

Layout 3-38: Annual COB-OHI Summary File Report Summary Total Record

3.7.7 Payer Order Rules

The order of payment for primary insurance, the Part D Plan displays this in reply to the pharmacy in order of Payment Order Indicator. The lowest number in ascending order, i.e., 001 to 400, is the first primary insurance displayed in the reply to the pharmacy. OHI with a payment order less than 401 is displayed prior, i.e., primary to, the Part D Plan. The rules that the BCRC uses to assign the Payer Order are in the table below.

Table 3-14: Payment Order Rules

	Payment Order Rules					
Payment Order Range	Payment Type	MSP Reason	Supplemental Insurance Type	Coverage (to Medicare)		
001 - 100	GHP w/ Patient Relationship= 1	A, B, G		Primary		
101 - 200	GHP w/ Patient Relationship >= 2	A, B, G		Primary		
201 - 300	Non-GHP	C, D, E, F, H, I, L, W		Primary		
301 - 400	For Future Use			N/A		
401 - 500	Secondary Insurer w/ Person Code = 1		L, M, O,	Secondary		
501 - 600	Secondary Insurer w/ Person Code>= 2		L, M, O	Secondary		
601 - 700	Federal Government Programs		Т, 2	Secondary		
701 – 750	Non-qualified SPAP, Patient Association Programs (PAPs), Charities (Note: COB SUP PAP and Charity records created prior to 01/01/2016 had a payer order range of 701-800)		N, P, R	Secondary		
751 - 800	SPAPs (Note: COB SUP SPAP records created prior to 01/01/2016 had a payer order range of 801-900)		Q	Secondary		
801 - 900	Medicaid (Note: COB SUP Medicaid records created prior to 01/01/2016 had a payer order range of 901-999)		1	Secondary		
901 – 999	AIDS Drug Assistance Programs (ADAPs) (Note: COB SUP ADAP records created prior to 01/01/2016 had a payer order range of 701-800)		S	Secondary		

- 1. Payment Order Indicator' indicates payment ordering; the lowest number in ascending order, 001 to 999, is the first coverage billed at the pharmacy.
- 2. All drug coverage with a payment order less than 401 is billed using the COB-OHI PRM record prior, or primary to, the Part D Plan; all drug coverage with a payment order greater than or equal to 401 is billed using the COB-OHI SUP record after, or secondary to, the Part D Plan.
- 3. EGHPs include MSP Types A (Working Aged), B (End Stage Renal Disease [ESRD]) and G (Disabled). These are applied payment orders in the 001 to 200 range.
- 4. Non-EGHPs include MSP Types D (Automobile Insurance, No Fault), E (WC), L (Liability) and H (Black Lung); these applied payment orders are in the 201 to 300 range.
- 5. For two GHPs with a Patient Relationship Code of 1, the GHP with the earlier effective date is before the GHP with the later effective date.
- 6. For two GHPs with Patient Relationship Code of 1, with the same effective date, the GHP with the first accretion date is before the later accretion date.
- 7. For two GHPs with Patient Relationship Code of 2 or more, the GHP with the earlier effective date is before the GHP with the later effective date.
- 8. For two GHPs with Patient Relationship Code of 2 or more, and with the same effective date, the GHP with the first accretion date is before the later accretion date.
- 9. For two insurers with Person Code of 1, the insurer with the first accretion date is before the later accretion date.
- 10. For two insurers with Person Code of 2 or more, the insurer with the first accretion date is before the later accretion date.
- 11. If the record represents a supplemental insurer, the Insurance Type code determines the order. Within the Supplemental Types, those for Federal Government Programs take precedence over the PAPs and Charities, which take precedence over the State Pharmaceutical Assistance Programs, which take precedence over Medicaid and ADAPs.
- 12. ESRD: A beneficiary receives the ESRD status when a physician prescribes a regular course of dialysis because the member reaches that stage of renal impairment that a kidney transplant or a regular course of dialysis is necessary to maintain life. Medicare pays the Plan at the higher ESRD rate for that beneficiary, unless the beneficiary elects hospice care.

3.7.8 Benefits Coordination & Recovery Center (BCRC) Points of Contact

 Table 3-15: BCRC Points of Contact

BCRC Points of Contact					
Торіс	Point Of Contact Information				
BCRC Contractor	1-800-999-1118				
BCRC Contractor Electronic Data Interchange Department	1-646-458-6740				
BCRC Help Desk	1-212-615-4357				

3.8 Eligibility and Enrollment Transaction Reply Codes (TRCs) and Definitions

The following tables contain the TRC Grouping information, values, and definition details of the TRCs related to Eligibility and Enrollment.

Table 3-16: Eligibility and Enrollment TRC Grouping

	Eligibility and Enrollment TRC Grouping					
TRC-Type	TRC Title					
	4Rx TRC GROUPING					
143-A	SECONDARY INSURANCE RX NUMBER CHANGE ACCEPTED					
190-A	NO CHANGE IN SECONDARY DRUG INFORMATION					
200-R	RX BIN BLANK OR NOT VALID					
201-R	RX ID BLANK OR NOT VALID					
202-R	RX GROUP NOT VALID					
203-R	RX PCN NOT VALID					
204-A	RECORD UPDATE FOR PRIMARY 4RX DATA SUCCESSFUL					
209-R	4RX CHANGE REJECTED, INVALID CHANGE EFFECTIVE DATE					
242-I	NO CHANGE IN PRIMARY DRUG INFORMATION					
294-I	NO 4RX INSURANCE CHANGED					
	ALL TRANSACTIONS TRC GROUPING					
001-F	INVALID TRANSACTION CODE					
002-F	INVALID CORRECTION ACTION CODE					
003-F	INVALID CONTRACT NUMBER					
004-R	BENEFICIARY NAME REQUIRED					
006-R	INCORRECT BIRTH DATE					
007-R	INVALID BENEFICIARY ID					
008-R	BENEFICIARY IDENTIFIER NOT FOUND					
009-R	NO BENEFICIARY MATCH					
022-A	TRANSACTION ACCEPTED BENEFICIARY ID CHANGE					
023-A	TRANSACTION ACCEPTED, NAME CHANGE					
037-R	TRANSACTION REJECTED INCORRECT EFFECTIVE DATE					
107-R	REJECTED; INVALID OR MISSING PBP NUMBER					
109-R	REJECTED, DUPLICATE PBP NUMBER					
156-F	TRANSACTION REJECTED, USER NOT AUTHORIZED FOR CONTRACT					
157-R	CONTRACT NOT AUTHORIZED FOR TRANSACTION CODE					
315-R	ARCHIVED BENEFICIARY TRANSACTION REJECTED					
397-R	TRANSACTION REJECTED; INVALID SEP REASON CODE					
399-R	SEP RSN CODE UPDATE REJECTED: INVALID PLAN TYPE					
400-R	SEP RSN CODE UPDATE REJECTED: NO MATCHING ENRLMT					
401-R	SEP RSN CODE UPDATE REJECTED: INVALID SEP RSN CODE					
402-A	SEP RSN CODE UPDATE ACCEPTED					
406-I	PLAN/SCC SERVICE AREA REDUCTION					

	Eligibility and Enrollment TRC Grouping					
TRC-Type	TRC Title					
	BENEFICIARY CROSS REFERENCE MERGE					
301-M	MERGED BENEFICIARY, IDENTIFIER CHANGE					
302-M	ENROLLMENT CANCELLED, BENEFICIARY IDENTIFIER CHANGE					
	CMS-ONLINE UPDATES TRC GROUPING					
701-A	NEW UI ENROLLMENT (OPEN ENDED)					
702-A	UI FILL-IN ENROLLMENT					
703-A	UI ENROLLMENT CANCEL (DELETE)					
704-A	UI ENROLLMENT CANCEL-PBP CORRECTION					
705-A	UI ENROLLMENT PBP CORRECTION					
708-A	UI ASSIGNS END DATE					
709-A	UI MOVED START DATE EARLIER					
710-A	UI MOVED START DATE LATER					
711-A	UI MOVED END DATE EARLIER					
712-A	UI MOVED END DATE LATER					
713-A	UI REMOVED ENROLLMENT END DATE					
714-I	UI PART D OPT OUT CHANGE ACCEPTED					
715-M	MEDICAID CHANGE ACCEPTED					
716-I	UI CHANGED THE NUMBER OF UNCOVERED MONTHS					
717-I	UI CHANGED ONLY THE APPLICATION DATE					
725-A	UI SEP RSN CODE UPDATE ACCEPTED					
	DEMONSTRATION TRC GROUPING					
056-R	DEMONSTRATION ENROLLMENT REJECTED					
169-R	REINSURANCE DEMONSTRATION ENROLLMENT REJECTED					
307-A	MMP PASSIVE ENROLLMENT ACCEPTED					
308-R	MMP PASSIVE ENROLLMENT REJECTED					
309-I	NO CHANGE IN MMP OPT-OUT FLAG					
310-R	MMP OPT-OUT REJECTED; INVALID OPT-OUT CODE					
311-A	MMP OPT-OUT ACCEPTED					
312-A	MMP ENROLLMENT CANCELLATION ACCEPTED					
313-R	MMP ENROLLMENT CANCELLATION REJECTED					
314-R	INVALID CANCELLATION TRANSACTION					
318-R	INVALID OR MISSING MMP DEMO ENRLMT SOURCE CODE					
718-I	UI MMP OPT-OUT CHANGE ACCEPTED					
	DISENROLLMENT TRC GROUPING					
013-A	DISENROLLMENT ACCEPTED AS SUBMITTED					
013 A 014-A	DISENROLLMENT DUE TO ENROLLMENT IN ANOTHER PLAN					
014-A 018-A	AUTOMATIC DISENROLLMENT					
018-A 025-A	DISENROLLMENT ACCEPTED, BENEFICIARY IDENTIFIER CHANGE					
025-A 026-A	DISENROLLMENT ACCEPTED, NAME CHANGE					
020-R 050-R	DISENROLLMENT REJECTED, NOT ENROLLED					
050-R 051-R	DISENROLLMENT REJECTED, INCORRECT EFFECTIVE DATE					

	Eligibility and Enrollment TRC Grouping				
TRC-Type	TRC Title				
052-R	DISENROLLMENT REJECTED, DUPLICATE TRANSACTION				
054-R	DISENROLLMENT REJECTED, RETROACTIVE EFFECTIVE DATE				
090-M	DATE OF DEATH ESTABLISHED				
205-I	INVALID DISENROLLMENT REASON CODE				
293-A	DISENROLL, FAILURE TO PAY PART D IRMAA				
340-A	DISENROLLMENT DUE TO MMP PASSIVE ENROLLMENT				
346-M	PRISONER SUSPENSION PERIOD CANCEL/DISENROLL				
349-I	DISENROLLMENT DUE TO NOT LAWFULLY PRESENT PERIOD				
	DISENROLLMENT CANCELLATION TRC GROUPING				
036-R	TRANSACTION REJECTED BENEFICIARY IS DECEASED				
042-R	TRANSACTION REJECTED, BLOCKED				
044-R	TRANSACTION REJECTED, OUTSIDE CONTRACT PERIOD				
284-R	CANCELLATION REJECTED, ENROLL/DISENROLL CANCELLATION				
288-A	DISENROLLMENT CANCELLATION ACCEPTED				
289-R	DISENROLLMENT CANCELLATION REJECTED				
291-I	ENROLLMENT REINSTATED, DISENROLLMENT CANCELLATION				
	DISENROLLMENT TRANSACTION (TC 51)				
202 P	Rejected when used to attempt an enrollment Cancellation				
292-R	DISENROLLMENT REJECTED, WAS CANCELLATION ATTEMPT				
	EGHP TRC GROUPING				
110-R	REJECTED; NO PART A AND NO EGHP ENROLLMENT WAIVER				
127-R	PART D ENROLLMENT REJECTED, EMPLOYER SUBSIDY				
128-R	PART D ENROLL REJECT, EMPLYR SBSDY SET: NO PRIOR TRN				
129-I	PART D ENROLL ACCEPT, EMP SBSDY SET: PRIOR TURN REJECT				
139-A	EGHP FLAG CHANGE ACCEPTED				
162-R	INVALID EGHP FLAG VALUE				
189-A	NO CHANGE IN EGHP FLAG				
	ENROLLMENT TRC GROUPING				
011-A	ENROLLMENT ACCEPTED AS SUBMITTED				
015-A	ENROLLMENT CANCELED				
016-I	ENROLLMENT ACCEPTED, OUT OF AREA				
017-I	ENROLLMENT ACCEPTED, PAYMENT DEFAULT RATE				
019-R	ENROLLMENT REJECTED- NO PART- A & PART-B ENTITLEMENT				
020-R	ENROLLMENT REJECTED-PACE UNDER 55				
032-R	ENROLLMENT REJECTED, BENEFICIARY NOT ENTIT PART B				
033-R	ENROLLMENT REJECTED, BENEFICIARY NOT ENTIT PART A				
034-R	ENROLLMENT REJECTED, BENEFICIARY IS NOT AGE 65				
035-R	ENROLLMENT REJECTED, BENEFICIARY IS IN HOSPICE				
038-R	ENROLLMENT REJECTED, DUPLICATE TRANSACTION				
039-R	ENROLLMENT REJECTED, CURRENTLY ENOLL IN SAME PLAN				
045-R	ENROLLMENT REJECTED, BENEFICIARY IS IN ESRD				
100-A	PBP CHANGE ACCEPTED AS SUBMITTED				

Eligibility and Enrollment TRC Grouping					
TRC-Type	TRC Title				
102-R	REJECTED; INCORRECT OR MISSING APPLICATION DATE				
103-R	MISSING A/B ENTITLEMENT DATE				
104-R	REJECTED; INVALID OR MISSING ELECTION TYPE				
105-R	REJECTED; INVAILD EFFECTIVE DATE FOR ELECTION TYPE				
106-R	REJECTED; ANOTHER TRANSACTION RECEIVED WITH LATER APPLICATION DATE				
108-R	REJECTED; ELECTION LIMITS EXCEEDED				
114-R	DRUG COVERAGE CHANGE REJECTED; NOT AEP				
116-R	ENROLLMENT OR CHANGE REJECTED; INVALID SEGMT NUM				
133-R	PART D ENROLL REJECTED; INVALID SECNDRY INSUR FLAG				
134-I	MISSING SECONDARY INSURANCE INFORMATION				
150-I	ENROLLMENT ACCEPTED, EXCEEDS CAPACITY LIMIT				
176-R	TRANSACTION REJECTED, ANOTHER TRANSACTION ACCEPTED				
196-R	TRANSACTION REJECTED, BENE NOT ELIGIBLE FOR PART D				
211-R	RE-ASSIGNMENT ENROLLMENT REJECTED				
212-A	RE-ASSIGNMENT ENROLLMENT ACCEPTED				
338-I	ENROLLMENT ACCEPTED, PPO CHANGED				
339-I	ENROLLMENT ACCEPTED, PBP CHANGED				
345-R	ENROLLMENT REJECTED – CONFIRMED INCARCERATION				
347-I	REENROLLMENT DUE TO CLOSED INCARCERATION PERIOD				
348-R	ENROLLMENT REJECTED – NOT LAWFULLY PRESENT PERIOD				
355-R	ENROLLMENT REJECTED, PLN RO NOT IN POVER FILE				
356-R	ENROLLMENT REJECTED, PLN RO WITHOUT ESC OR ETC				
357-R	ENROLLMENT REJECTED, PLN RO IMPACTS DUAL ENROLL				
367-R	ENROLLMENT REJECTED, INCORRECT ESC OR ETC				
369-R	ENROLLMENT REJECTED, IEP/ICEP ENROLL AVAILABLE				
370-R	ENROLLMENT REJECTED, INVALID PLAN FOR DEM				
373-R	REJECTED, BENE WITHOUT MA ENRL OR ICEP				
374-R	LIS SEP ENROLLMENT REJECTED				
403-F	TRANSACTION FAILED: RESUBMIT				
719-I	UI ENROLLMENT SOURCE CODE ACCEPTED				
	ENROLLMENT CANCELLATION TRC GROUPING				
060-R	TRANSACTION REJECTED, NOT ENROLLED				
285-I	ENROLLMENT CANCELLATION ACCEPTED				
286-R	ENROLLMENT CANCELLATION REJECTED				
287-A	ENROLLMENT REINSTATED				
	ESRD TRC GROUPING				
055-M	ESRD CANCELLATION				
073-M	ESRD STATUS SET				
074-M	ESRD STATUS TERMINIATED				
135-M	BENEFICIARY HAS STARTED DIALYSIS TREATMENTS				
136-M	BENEFICIARY HAS ENDED DIALYSIS TREATMENTS				

Eligibility and Enrollment TRC Grouping					
TRC-Type	TRC Title				
137-M	BENEFICIARY HAS RECEIVED A KIDNEY TRANSPLANT				
268-I	BENEFICIARY HAS DIALYSIS PERIOD				
269-I	BENEFICIARY HAS TRANSPLANT				
	FAILED TRC GROUPING				
257-F	FAILED; BIRTH DATE INVALID FOR DATABASE INSERTION				
258-F	FAILED; EFFECTIVE DATE INVALID FOR DATABASE INSERTION				
259-F	FAILED; END DATE INVALID FOR DATABASE INSERTION				
263-F	APPLICATION DATE INVALID FOR DATABASE INSERTION				
332-F	FAILED, PSDE DATES INVALID FOR DATABASE INSERTION				
	HOSPICE TRC GROUPING				
071-M	HOSPICE STATUS SET				
072-M	HOSPICE STATUS TERMINATED				
	IC MODEL TRC GROUPING				
351-A	IC MODEL PARTICIPATION ACCEPTED				
352-R	IC MODEL PARTICIPATION DUPLICATE TRANSACTION				
353-R	IC MODEL PARTICIPATION DELETE ERROR				
354-R	REJECT, INVALID IC MODEL TYPE INDICATOR				
358-F	FAIL, IC MODEL END DATE HAD AN INVALID FORMAT				
359-R	ICM TRANS START DATE IS INCORRECT				
360-R	REJECT, INVALID IC MODEL U/D				
361-R	REJECT, INVALID IC MODEL END DATE REASON CODE				
362-R	IC MODEL END DATE INCORRECT				
363-R	ICM TRANS DATES OVERLAP AN EXISTING ICM PRD				
365-R	REJECT, INVALID IC MODEL BENEFIT STATUS CODE				
	LIS/AUTO/FACI TRC GROUPING				
117-A	FBD AUTO ENROLLMENT ACCEPTED				
118-A	LIS FACILITATED ENROLLMENT ACCEPTED				
121-M	LOW INCOME PERIOD STATUS				
166-R	PART D FBD AUTO ENROLLMENT OR FACILITATED ENROLLMENT REJECTED				
223-M	LOW INCOME PERIOD CLOSED				
	MEDICAID TRC GROUPING				
077-M	MEDICAID STATUS SET				
078-M	MEDICAID STATUS TERMINATED				
099-M	MEDICAID PERIOD CHANGE/CANCELLATION				
184-R	ENROLLMENT REJECTED, BENEFICIARY IS IN MEDICAID				
366-M	COMMUNITY MEDICAID STATUS				
	MEDICARE SECONDARY PAYER/MSP TRC GROUPING				
245-M	MEMBER HAS MSP PERIOD				
280-M	MEMBER MSP PERIOD HAS ENDED				
368-I	MEMBER MSP PERIOD EXISTS				

	Eligibility and Enrollment TRC Grouping				
TRC-Type	TRC Title				
	PERSONAL INFORMATION TRC GROUPING				
394-R	Rejected; Invalid Personal Information				
395-A	Personal Info Accepted as Submitted				
396-I	Invalid Personal Information Submitted				
	PLAN CHANGES TRC GROUPING				
171-R	RECORD UPDATE REJECTED, INVALID CHG EFFECTIVE DATE				
172-R	CHANGE REJECTED; CREDITABLE COVERAGE//2 DRUG INFO NOT APPLICABLE				
	PART D OPT OUT TRC GROUPING				
130-R	PART D OPT-OUT REJECTED, OPT-OUT FLAG NOT VALID				
131-A	PART D OPT-OUT ACCEPTED				
241-I	NO CHANGE IN PART D OPT OUT FLAG				
	POINT OF SALE (POS) TRC GROUPING				
210-A	These TRCs will no longer be issued as of 1/1/2019 POS ENROLLMENT ACCEPTED				
210-A 220-R	TRANSACTION REJECTED; INVALID POS ENROLL SOURCE CODE				
321-A	POS DRUG EDIT ACCEPTED AS SUBMITTED				
322-I	NEW ENROLLEE POS DRUG EDIT NOTIFICATION				
323-R	POS DRUG EDIT INVALID EROLLMENT				
324-R	POS DRUG EDIT INVALID CONTRACT				
325-R	POS DRUG EDIT STATUS/DATE ERROR				
326-R	POS DRUG EDIT IMPLEMENTATION DATE INCORRECT				
327-R	POS DRUG EDIT TERMINATION DATE INCORRECT				
328-R	POS DRUG EDIT DUPLICATE TRANSACTION				
329-R	POS DRUG EDIT DELETE ERROR				
330-R	POS DRUG EDIT WITHOUT ASSOCIATED RECORDS				
331-R	FUTURE POS DRUG EDIT DATE EXCEEDS CCM PLUS ONE				
333-R	REJECT, INVALID POS DRUG EDIT STATUS				
335-R	REJECT, INVALID POS DRUG EDIT CODE				
336-R	REJECT, INVALID POS DRUG EDIT U/D				
337-A	POS DRUG EDIT EVENT DELETED - PLAN				
342-R	REJECT, MULTIPLE NOTIFICATION				
344-R	REJECT, MORE RESTRICTIVE IMPLEMENTATION				
720-I	CMS AUDIT REVIEW POS DRUG EDIT				
721-A	POS DRUG EDIT ACCEPTED AS SUBMITTED –UI				
722-A	POS DRUG EDIT EVENT DELETED - CMS				
	CARA STATUS TRC GROUPING				
334-R	REJECT, INVALID DRUG CLASS				
343-I	CARA STATUS DRUG CLASS INACTIVE				
375-A	CARA STATUS ACCEPTED AS SUBMITTED				
376-I	NEW ENROLLEE CARA STATUS NOTIFICATION				
377-R	CARA STATUS INVALID ENROLLMENT				

Eligibility and Enrollment TRC Grouping					
TRC-Type	TRC Title				
378-R	CARA STATUS INVALID CONTRACT				
379-R	CARA DATE INVALID				
380-R	CARA STATUS DUPLICATE TRANSACTION				
381-R	CARA LIMITATION OVERLAP				
382-R	INVALID IMPLEMENTATION END				
383-R	LATE IMPLEMENTATION EXTENSION				
384-R	BLANK CARA STATUS				
385-R	CARA POS EDIT STATUS/CODE ERROR				
386-R	INVALID CARA EDIT CODE/LIMITATION				
387-R	CARA STATUS DELETE ERROR				
388-R	FUTURE CARA STATUS START DATE EXCEEDS CCM PLUS ONE				
389-F	FAILED, CARA STATUS DATE INVALID FOR DB INSERTION				
390-R	REJECT, INVALID CARA A/U/D				
391-R	INVALID UPDATE FOR LEGACY RECORD				
723-A	CARA STATUS ACCEPTED AS SUBMITTED – UI				
724-A	CARA STATUS DELETED - CMS				
	RESIDENCE ADDRESS CHANGE TRC GROUPING				
154-M	OUT OF AREA STATUS				
260-R	REJECTED; BAD END DATE, REJECT RESIDENCE ADDRESS CHANGE				
261-R	REJECTED; INCOMPLETE RESIDENCE ADDRESS INFORMATION				
265-A	RESIDENCE ADDRESS CHANGE ACCEPTED, NEW SCC				
266-R	UNABLE TO RESOLVE SSA STATE COUNTY CODES				
282-A	RESIDENCE ADDRESS DELETED				
283-R	RESIDENCE ADDRESS DELETE REJECTED				
	SCC ADDRESS TRC GROUPING				
085-M	STATE AND COUNTY CODE CHANGE				
138-M	BENEFICIARY ADDRESS CHANGE TO OUTSIDE THE U.S.				
305-M	ZIP CODE CHANGE				
	SPECIAL REPLY TRC GROUPING				
	APPEAR ON SPECIAL TRR GENERATED FOR SPECIFIC PURPOSE. WHEN A				
990-995	SPECIAL TRR PRODUCES ONE OF THESE CODES, CMS WILL PROVIDE				
006 1	COMMUNICATIONS TO EXPLAIN THE TRC				
996-I	EOY LOSS OR LOW INCOME SUBSIDY STATUS APPEAR ON SPECIAL TRR GENERATED FOR SPECIFIC PURPOSE. WHEN A				
997-999	SPECIAL TRR PRODUCES ONE OF THESE CODES, CMS WILL PROVIDE				
	COMMUNICATIONS TO EXPLAIN THE TRC				
	SYSTEM NOTIFICATION TRC GROUPING				
048-A	NURSING HOME CERTIFIABLE STATUS SET				
062-R	CORRECTION REJECTED, OVERLAPS OTHER PERIOD				
075-A	INSTITUTIONAL STATUS SET				
079-M	PART A TERMINATION				
080-M	PART A REINSTATEMENT				

Eligibility and Enrollment TRC Grouping				
TRC-Type	TRC Title			
081-M	PART B TERMINIATION			
082-M	PART B REINSTATEMENT			
086-M	BENEFICIARY IDENTIFIER CHANGE			
087-M	NAME CHANGE			
088-M	SEX CODE CHANGE			
089-M	DATE OF BIRTH CHANGE			
091-M	DATE OF DEATH REMOVED			
092-M	DATE OF DEATH CORRECTED			
152-M	RACE CODE CHANGE			
155-M	INCARCERATION NOTIFICATION RECEIVED			
158-M	INSTITUTIONAL PERIOD CHANGE/CANCELLATION			
159-M	NURSING HOME CERT PERIOD CHANGE/CANCELLATION			
161-M	BENEFICIARY RECORD ALERT FROM MBD			
165-R	PROCESSING DELAYED DUE TO MARX SYSTEM PROBLEMS			
197-M	PART D ELIGIBILITY TERMINATION			
198-M	PART D ELIGIBILITY REINSTATEMENT			
270-М	BENEFICIARY TRANSPLANT HAS ENDED			
303-M	TERMINATION DATE CHANGE DUE TO BENEFICIARY MERGE			
350-I	MBI IS AVAILABLE FOR BENEFICIARY			

Table 3-17: Eligibility and Enrollment TRC Values and Definitions

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
001	F	Invalid Transaction Code	BAD TRANS CODE	 A transaction failed because the Transaction Code (field 16) contained an invalid value. Valid Transaction Code values are 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90, 91 and 92. This transaction should be resubmitted with a valid Transaction Code. Note: Transaction Codes 41, 42 and 54 are valid but not submitted by the Plans. This TRC is returned in the Batch Completion Status Summary (BCSS) Report along with the failed record and is not returned in the DTRR. Plan Action: Correct the Transaction Code and resubmit if appropriate. 		

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
002	F	Invalid Correction Action Code	BAD ACTION CODE	 This TRC is returned on a failed transaction (Transaction Code 01) when the supplied action code contains an invalid value. The valid action code values are D, E, F and G. This TRC is returned in the BCSS Report along with the failed record. This TRC is not returned in the DTRR. Plan Action: Correct the Action Code and resubmit if appropriate. 		
003	F	Invalid Contract Number	BAD CONTRACT #	A transaction (Transaction Codes 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90, 91 and 92) failed because CMS did not recognize the contract number. This TRC is returned in the Batch Completion Status Summary (BCSS) Report along with the failed record. This TRC will not be returned in the DTRR. Plan Action: Correct the Contract Number and resubmit if appropriate.		
004	R	Beneficiary Name Required	NEED MEMB NAME	A transaction (Transaction Codes 01, 41, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82,83, 90, 91 and 92) was rejected, because both of the beneficiary name fields (Surname and First Name) were blank. The beneficiary's name must be provided. Plan Action: Populate the Beneficiary Name fields and resubmit if appropriate.		
006	R	Incorrect Birth Date	BAD BIRTH DATE	A transaction (Transaction Codes 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90, 91 and 92) was rejected because the Birth Date, while non-blank and formatted correctly as YYYYMMDD (year, month, and day), is before 1870 or greater than the current year. The system tried to identify the beneficiary with the remaining demographic information but could not. Note: A blank Birth Date does not result in TRC 006 but may affect the ability to identify the appropriate beneficiary. See TRC 009. Plan Action: Correct the Birth Date and resubmit if appropriate.		

		Eligi	bility and Enrollm	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
007	R	Invalid Beneficiary ID	BAD BENE ID FORMAT	 The valid format for a Medicare Beneficiary Identifier (MBI) is as follows: Length of 11 positions. The first character must be numeric and greater than zero. The fourth, seventh, tenth, and eleventh characters must be numeric. The second, fifth, eighth, and ninth characters must contain one of the following letters: 'A', 'C', 'D', 'E', 'F', 'G', 'H', 'J', 'K', 'M', 'N', 'P', 'Q', 'R', 'T', 'U', 'V', 'W', 'X', or 'Y'. The third and sixth characters must be numeric or be one of the letters listed above. Plan Action: Determine the correct MBI for the beneficiary and resubmit the transaction if appropriate.
008	R	Beneficiary Identifier Not Found	BENE ID NOT FOUND	A transaction (Transaction Codes 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90, 91 and 92) was rejected, because a beneficiary with this identifier was not found. The Plan must resubmit the transaction with a valid Beneficiary ID. Plan Action: Determine the correct beneficiary identifier (HICN, RRB, or MBI) and resubmit the transaction if appropriate.
009	R	No beneficiary match	NO BENE MATCH	 A transaction (Transaction Codes 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90 91 and 92) attempted to process but the system was unable to find the beneficiary based on the identifying information submitted in the transaction. A match on beneficiary identifier (HICN, RRB, or MBI) is required, along with a match on 3 of the following 4 fields: surname, first initial, date of birth and sex code. Plan Action: Correct the beneficiary identifying information and resubmit if appropriate.
011	А	Enrollment Accepted as Submitted	ENROLL ACCEPTED	 The new enrollment (Transaction Code 61) has been successfully processed. The effective date of the new enrollment is reported in DTRR field 18. This is the definitive enrollment acceptance record. Other accompanying replies with different TRCs may give additional information about this enrollment. Plan Action: Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.

		Eligit	oility and Enrollmo	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
013	А	Disenrollment Accepted as Submitted	DISENROL ACCEPT	 A disenrollment transaction (Transaction Code 51 or 54) has been successfully processed. The last day of the enrollment is reported in DTRR fields 18 and 24. The disenrollment date is always the last day of the month. Plan Action: Ensure the Plan's system matches the information included in the DTRR record and that the beneficiary's disenrollment date matches the date in field 24. Take the appropriate actions as per CMS enrollment guidance.
014	A	Disenrollment Due to Enrollment in Another Plan	DISNROL- NEW MCO	 This TRC is returned when the system generates a disenrollment date due to a beneficiary's enrollment in another Plan. It is returned on a reply with Transaction Code 51 or 61. The last day of the enrollment is reported in DTRR fields 18 and 24. This date is always last day of the month. For the Transaction Code 51 transaction, the beneficiary has been disenrolled from this Plan because they were successfully enrolled in another Plan The Source ID (field 28) contains the Contract number of the Plan that submitted the new enrollment which caused this disenrollment. For the Transaction Code 61 transaction, the TRC is issued whenever a retroactive enrollment runs into an existing enrollment that prevails according to application date edits. The Source ID (field 28) contains the Contract number of the prevailing Plan. TRC 014 will not be generated if the TC 61 is a result of a PBP change. Plan Action: Update the Plan's records accordingly, ensuring that the beneficiary's information matches the data included in the DTRR record and that the beneficiary's disenrollment date matches the date in field 24. Take the appropriate actions as per CMS enrollment guidance.

	Eligibility and Enrollment Transaction Reply Codes						
Code	Туре	Title	Short Definition	Definition			
015	A	Enrollment Removed	ENROLL REMOVED	 An existing enrollment was removed from the list of the beneficiary's active enrollments. The effective date of the enrollment that was removed is reported in the Effective Date field (18). This TRC is reported on a reply with a Transaction Code 51 or 54. When an enrollment is removed, it means that the enrollment never occurred. A removal may be the result of an action on the part of the beneficiary, CMS, or another Plan. Examples: The beneficiary enrolled in another plan before this enrollment began. The beneficiary died before the enrollment began. An enrollment that was the result of a rollover was removed before it began. This can be due to: The beneficiary disenrolled from the original plan with an effective date before the rollover enrollment began. The plan into which the beneficiary was rolled over removed the enrollment before it began. The enrollment falls completely within a period during which the beneficiary was incarcerated or not lawfully present. Note: This removal is different from enrollment cancellation Transaction Code 80. An Enrollment cancellation attempts to reinstate the beneficiary into the previous plan. When a plan receives a TRC 015 saying the enrollment was removed, no reinstatements in previous plans occur. 			
016	Ι	Enrollment Accepted, Out Of Area	ENROLL-OUT AREA	The beneficiary's residence state and county codes placed the beneficiary outside of the Plan's approved service area. This TRC provides additional information about a new enrollment or PBP change (Transaction Code 61) for which an acceptance was sent in a separate Transaction Reply record with an enrollment acceptance TRC. The Effective Date of the enrollment for which this information is pertinent is reported in DTRR field 18. Plan Action: Investigate the apparent discrepancy and take the appropriate actions as per CMS enrollment			

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
017	Ι	Enrollment Accepted, Payment Default Rate	ENROLL-BAD SCC	 CMS was unable to derive a valid state and county code for the beneficiary who has been successfully enrolled. Part C payment for this beneficiary is at the Plan bid rate with no geographic adjustment. This TRC provides additional information about a new enrollment or PBP change (Transaction Code 61) for which an acceptance was sent in a separate Transaction Reply with an enrollment acceptance TRC. The effective date of the new enrollment for which this information is pertinent is reported in DTRR fields 18 and 24. Plan Action: Contact the MAPD Help Desk for 		
018	A	Automatic Disenrollment	AUTO DISENROLL	 assistance. The beneficiary has been disenrolled from the Plan. The last day of enrollment is reported in DTRR fields 18 and 24. This date is always the last day of the month. The disenrollment may result from an action on the part of the beneficiary, CMS or another Plan. A DTRR reply with this TRC is usually accompanied by one or more replies, which make the reason for automatic disenrollment evident. For example, in the case of a disenrollment due to a beneficiary's death, the reply with TRC 018 is accompanied by a reply with TRC 090 (Date of Death Established). Or in the case of beneficiary loss of entitlement, TRC018 will be accompanied by one of the following benefit termination TRCs – 079 (Part A Term), 081 (Part B Term), 197 (Part D Eligibility Term). Plan Action: Update the Plan's records to reflect the disenrollment using the date in field 24. Take the appropriate actions as per CMS enrollment guidance. 		
019	R	Enrollment Rejected - No Part A & Part B Entitlement	NO ENROLL- NO AB	A submitted enrollment or PBP change transaction (Transaction Code 61) was rejected because the beneficiary does not have Medicare entitlement as of the effective date of the transaction. Plan Action: Take the appropriate actions as per CMS enrollment guidance.		
020	R	Enrollment Rejected - Under 55	NO ENROLL- NOT55	A submitted enrollment or PBP change transaction (Transaction Code 61) for a PACE Plan was rejected because the beneficiary is not yet 55 years of age. Plan Action: Take the appropriate actions as per CMS enrollment guidance.		

		Eligit	oility and Enrollme	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
022	А	Transaction Accepted, Beneficiary ID Change	NEW BENE ID	A transaction (Transaction Codes 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) has been successfully processed. The effective date of the transaction is shown in DTRR field 18. Additionally, the beneficiary identifier has changed. The new beneficiary identifier is in DTRR field 1 and the old beneficiary identifier is reported in field 24. For enrollment acceptance (Transaction Codes 61), TRC 022 is reported in lieu of TRC 011 or TRC 100. Other accompanying replies with different TRCs may give additional information about this enrollment. Plan Action: Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS guidance. Change the beneficiary identifier in the Plan's records. Any future submitted transactions for this beneficiary must use the new beneficiary identifier.
023	А	Transaction Accepted, Name Change	NEW NAME	A transaction (Transaction Codes 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) has been successfully processed. The effective date of the transaction is reported in DTRR field 18. Additionally, the beneficiary's name has changed. The new name is reported in DTRR fields 2, 3 and 4. For enrollment acceptance (Transaction Codes 61), TRC 023 is reported in lieu of TRC 011 or TRC 100. Other accompanying replies with different TRCs may give additional information about this enrollment. Plan Action: Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. Change the beneficiary's name in the Plan's records. To ensure accurate identification of the beneficiary should use the new name.

	Eligibility and Enrollment Transaction Reply Codes				
Code	Туре	Title	Short Definition	Definition	
025	A	Disenrollment Accepted, Beneficiary Identifier Change	DISROL-NEW MBI	 A disenrollment transaction (Transaction Code 51 or 54) submitted by the Plan has been successfully processed. The effective date of the disenrollment is reported in DTRR field 18. The disenrollment date is always the last day of the month. Additionally, the beneficiary identifier has changed. The new beneficiary identifier is in DTRR field 1 and the old beneficiary identifier is reported in field 24. Plan Action: Update the Plan's records to reflect the disenrollment using the date in field 24. Take the appropriate actions as per CMS enrollment guidance. Change the beneficiary identifier in the Plan's records. Future submitted transactions for this beneficiary must use the new beneficiary identifier. 	
026	A	Disenrollment Accepted, Name Change	DISROL-NEW NAME	A disenrollment transaction (Transaction Code 51 or 54) submitted by the Plan has been successfully processed. The effective date of the disenrollment is reported in the DTRR field 18. The disenrollment date is always the last day of the month. Additionally, The beneficiary's name has changed. The new name is reported in DTRR fields 2, 3 and 4 and in the corresponding columns in the printed report. Plan Action: Update the Plan's records to reflect the disenrollment using the date in field 24. Take the appropriate actions as per CMS enrollment guidance. Change the beneficiary's name in the Plan's records. To ensure accurate identification of the beneficiary, future submitted transactions for this beneficiary should use the new name.	
032	R	Transaction Rejected, Beneficiary Not Entitl Part B	MEMB HAS NO B	 This TRC is returned when the system rejects an enrollment (Transaction Code 61) into, or a disenrollment cancellation (Transaction Code 81) from, an MCO (MA, MAPD, HCPP, Cost 1, Cost 2 or Demos) because the beneficiary is not entitled to Part B. TC61 – transaction rejects because the submitted enrollment date is outside the beneficiary's Part B entitlement period. TC81 – transaction rejects because the enrollment reinstatement period is outside the beneficiary's Part B entitlement period. TC81 – transaction rejects because the enrollment reinstatement period. Plan Action: Take the appropriate actions as per CMS enrollment guidance. 	

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
033	R	Transaction Rejected, Beneficiary Not Entitl Part A	MEMB HAS NO A	 This TRC is returned when the system rejects an enrollment (Transaction Code 61) into, or a disenrollment cancellation (Transaction Code 81) from, an MCO (MA, MAPD, HCPP, Cost 1, Cost 2 or Demos) because the beneficiary is not entitled to Part A. TC61 – transaction rejects because the submitted enrollment date is outside the beneficiary's Part A entitlement period. TC81 – transaction rejects because the enrollment reinstatement period is outside the beneficiary's Part A entitlement period. Plan Action: Take the appropriate actions as per CMS enrollment guidance. 		
034	R	Enrollment Rejected, Beneficiary is Not Age 65	MEMB NOT AGE 65	A submitted enrollment or PBP change transaction (Transaction Code 61) was rejected because the beneficiary was not age 65 or older. The age requirement is Plan-specific. Plan Action: Take the appropriate actions as per CMS enrollment guidance.		
035	R	Enrollment Rejected, Beneficiary is in Hospice	MEMB IN HOSPICE	A submitted enrollment or PBP change transaction (Transaction Code 61) was rejected because the beneficiary was in Hospice status. The Hospice requirement is Plan-specific (e.g. applies only to MSA/MA, MSA/Demo, OFM Demo, ESRD I Demo, ESRD II Demo, and PACE National Plans). The attempted enrollment date is reported in DTRR field 18 and 24. Plan Action: Update the Plan records accordingly and take the appropriate actions as per CMS enrollment guidance.		
036	R	Transaction Rejected, Beneficiary is Deceased	MEMB DECEASED	 A submitted enrollment or PBP change transaction (Transaction Code 61) or disenrollment cancellation transaction (Transaction Code 81) enrollment reinstatement was rejected because the beneficiary is deceased. Plan Action: Update the Plan records accordingly and take the appropriate actions as per CMS enrollment guidance. 		

		Eligi	bility and Enrollm	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
037	R	Transaction Rejected, Incorrect Effective Date	BAD ENROLL DATE	 A transaction (Transaction Codes 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) was rejected because the submitted effective date is not appropriate. Inappropriate effective dates include: For all transaction codes, date is not first day of the month For all transaction codes, date is greater than current calendar year plus one, or, date does not meet Current Calendar Month (CCM) constraints For Transaction Code 61, non-EGHP enrollment, date is more than one month prior to CCM or greater than three months after CCM For Transaction Code 61 transaction, EGHP enrollment, date is more than three months after CCM Transaction Code 72 4Rx Record Update transaction with an effective date not equal to the effective date of an existing enrollment period Transaction Code 80 Enrollment Cancellation transaction with an effective date not equal to the effective date of an existing enrollment Transaction Code 81 Disenrollment Transaction Code 81 Disenrollment Transaction Code 82 MMP Enrollment
038	R	Enrollment Rejected, Duplicate Transaction	DUPLICATE	An enrollment transaction (Transaction Code 61) was rejected because it was a duplicate transaction. CMS has already processed another enrollment transaction submitted for the same contract, PBP, application date and effective date.
039	R	Enrollment Rejected, Currently Enrolled in Same Plan	ALREADY ENROLL	Plan Action: None requiredAn enrollment or PBP change transaction (TransactionCode 61) was rejected because the beneficiary is alreadyenrolled in this contract/PBP.Plan Action: None required

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
042	R	Transaction Rejected, Blocked	ENROLL BLOCKED	An enrollment or PBP change transaction (Transaction Code 61) or disenrollment cancellation transaction (Transaction Code 81) [enrollment reinstatement] was rejected because the Plan is currently blocked from enrolling new beneficiaries.		
044	R	Transaction Rejected, Outside Contracted Period	NO CONTRACT	 Plan Action: Check HPMS and contact CMS. This TRC is returned for an enrollment or PBP change transaction (Transaction Code 61), enrollment cancellation transaction (Transaction Code 80), disenrollment cancellation transaction (Transaction Code 81), and MMP enrollment cancellation (Transaction Code 82) [enrollment reinstatement]. TC61 – transaction was rejected because the submitted enrollment date is outside the Plan's contracted period TC80, TC81, and TC82 – transaction was rejected because the enrollment reinstatement period is outside the Plan's contracted period Plan Action: Check HPMS and contact CMS. 		
045	R	Enrollment Rejected, Beneficiary is in ESRD	MEMB HAS ESRD	 An enrollment or PBP change transaction (Transaction Code 61) was rejected because the beneficiary is in ESRD (end-stage renal disease) status. The attempted enrollment effective date is reported in DTRR field 18 and 24. Affected Plans cannot enroll ESRD members unless the individual was previously enrolled in the commercial side of the Plan or the Plan has been previously approved for such enrollments. Plan Action: Review full CMS guidance on enrollment of ESRD beneficiaries in the Medicare Managed Care Manual (MMCM) or PDP Enrollment Guidance. If the Plan has approval to enroll ESRD members, they should resubmit the enrollment with an A in the Prior Commercial Indicator field (position 80). 		
048	A	Nursing Home Certifiable Status Set	NHC ON	A correction transaction (Transaction Code 01) placed the beneficiary in Nursing Home Certifiable (NHC) status. The NHC health status is Plan specific, e.g., applies to SHMO I, Mass. Dual Eligible, MDHO and MSHO Plans. The effective date of the NHC status is reported in DTRR field 18 and 24. Note: This TRC is only applicable for effective dates prior to 1/1/2008.		
050	R	Disenrollment Rejected, Not Enrolled	NOT ENROLLED	Plan Action: Update the Plan records.A disenrollment transaction (Transaction Code 51) was rejected, because the beneficiary was not enrolled in the contract as of the effective date of the disenrollment.Plan Action: Verify the Plan's enrollment information for this beneficiary.		

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
051	R	Disenrollment Rejected, Incorrect Effective Date	BAD DISENR DATE	 A disenrollment transaction (Transaction Code 51) or a disenrollment cancellation transaction (Transaction Code 81) was rejected because the submitted enrollment effective date was either: Not the first day of the month, or More than three months beyond the Current Calendar Month (CCM+3) Note: Transactions with effective dates prior to CCM are returned with TRC 054. Plan Action: Correct the Effective Date and resubmit if appropriate. If this is a retroactive transaction, contact CMS for instructions on submitting retroactive transactions 		
052	R	Disenrollment Rejected, Duplicate Transaction	DUPLICATE	A disenrollment transaction (Transaction Code 51), enrollment cancellation transaction (Transaction Code 80), disenrollment cancellation transaction (Transaction Code 81) or MMP enrollment cancellation (Transaction Code 82) was rejected because it was a duplicate transaction. CMS has already processed another a similar transaction submitted for the same contract with the same effective date. The effective date of the disenrollment is reported in the Effective Date field (18) on the DTRR data file. Plan Action: None required		
054	R	Disenrollment Rejected, Retroactive Effective Date	RETRO DISN DATE	A disenrollment transaction (Transaction Code 51 or 54) was rejected because the submitted effective date was prior to the earliest allowed date for disenrollment transactions. Effective dates for disenrollment transactions (Transaction Code 51) are no earlier than one month prior to the Current Calendar Month (CCM) or two months prior for Transaction Code 54 transactions. The requested disenrollment effective date is reported in the Effective Date field (18) on the DTRR data file. Plan Action: Correct the Effective Date and resubmit if appropriate. If this is a retroactive transaction, contact CMS for instructions on submitting retroactive transactions.		
055	М	ESRD Cancellation	ESRD CANCELED	 This TRC is returned on a reply with Transaction Code 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. This beneficiary was previously in End State Renal Disease (ESRD) status. That status has been cancelled. The effective date of the ESRD status cancellation is reported in DTRR field 18 and 24. Plan Action: Update the Plan records. 		

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
056	R	Demonstration Enrollment Rejected	FAILS DEMO REQ	An enrollment transaction (Transaction Code 61) was rejected because the beneficiary did not meet the Demonstration requirements. For example, the beneficiary is currently known as Working Aged or not known as ESRD. These requirements are Plan specific. The attempted enrollment effective date is reported in DTRR fields 18 and 24. Plan Action: Take the appropriate actions as per CMS enrollment guidance.		
060	R	Transaction Rejected, Not Enrolled	NOT ENROLLED	 A Correction (Transaction Code 01), Enrollment (Transaction 61), Cancellation of Enrollment (Transaction Code 80), Cancellation of Disenrollment (Transaction Code 81), MMP Enrollment Cancellation (Transaction Code 82) or change transaction (Transaction Codes 74, 75, 76, 77, 78, 79, and 83) was rejected because the beneficiary was not enrolled in a Plan as of the submitted effective date. A Personal Information Change Transaction 92 was rejected because the beneficiary was not enrolled in a valid Plan as of the 1st of the current calendar month (the month the transaction was submitted). For NUNCMO Change transactions, Transaction Code 73, either the beneficiary is not enrolled in the Plan submitting this transaction as of the month of the submission, or, the submitted effective date does not fall within a Part D Plan enrollment. Plan Action: Verify the beneficiary identifying information and resubmit the transaction with updated information, if appropriate. 		
062	R	Correction Rejected, Overlaps Other Period	INS-NHC OVERLAP	A Correction (Transaction Code 01) was rejected because this transaction would have resulted in overlapping Institutional and Nursing Home Certifiable (NHC) periods. The beneficiary is not allowed to have both Institutional and NHC status. These two types of periods are mutually exclusive. Note: This TRC is only applicable for effective dates prior to 1/1/2008. Plan Action: Ensure that the Plan's records reflect the correct dates.		

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
071	М	Hospice Status Set	HOSPICE ON	 This TRC is returned on a reply with Transaction Code 01. A notification has been received that this beneficiary is in Hospice status. The date on which Hospice Status became effective is reported in DTRR field 18. The end date for the Hospice Status is reported in DTRR field 24. The effective and end date for Hospice Status is not restricted to the first or last day of the month. It may be any day of the month. This is not a reply to a submitted transaction but is intended to supply the Plan with additional beneficiary information. The hospice provider number is reported on the DTRR field 81. Plan Action: Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance. 		
072	М	Hospice Status Terminated	HOSPICE OFF	 This TRC is returned on a reply with Transaction Code 01. A notification has been received that this beneficiary's Hospice Status has been terminated. The date on which Hospice Status became effective is reported in DTRR field 18. The end date for the Hospice Status is reported in DTRR field 24. The effective and end date for Hospice Status is not restricted to the first or last day of the month. It may be any day of the month. This is not a reply to a submitted transaction but is intended to supply the Plan with additional beneficiary information. The hospice provider number is reported on the DTRR field 81. Plan Action: Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance. 		

		Eligi	bility and Enrollm	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
073	М	ESRD Status Set	ESRD ON	 This TRC is returned on a reply with Transaction Code 01 and occasionally with Transaction Code 61. When returned with Transaction Code 01, the TRC is in response to a change in beneficiary ESRD status. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. In the case of Transaction Code 01, a notification has been received that this beneficiary is in End Stage Renal Disease (ESRD) status. The date on which ESRD Status became effective reported in DTRR fields 18 and 24. When this TRC is returned with Transaction Code 61 the TRC is in response to a retroactive enrollment and is identifying the fact that an enrollment end date has been established due to the beneficiary's ESRD status. The enrollment start date is in DTRR field 18 and the enrollment end date is in field 24. In this circumstance it is accompanied by TRC 018, Automatic Disenrollment, as well. Plan Action: Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.
074	М	ESRD Status Terminated	ESRD OFF	 This TRC is returned on a reply with Transaction Code 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. A notification has been received that this beneficiary's End Stage Renal Disease (ESRD) Status has been terminated. The end date for the ESRD Status is reported in DTRR fields 18 and 24. Plan Action: Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.
075	А	Institutional Status Set	INSTITUTION ON	 A correction transaction (Transaction Code 01) placed the beneficiary in Institutional status. The effective date of the Institutional status is shown in DTRR field 24. Institutional status automatically ends each month; therefore, there is no Institutional Status termination transaction. This TRC is only applicable for application dates prior to 01/01/2008. Plan Action: Update the Plan records. Take the appropriate actions as per CMS enrollment guidance. Note: This TRC is only applicable for effective dates prior to 01/01/2008.

	Eligibility and Enrollment Transaction Reply Codes				
Code	Туре	Title	Short Definition	Definition	
077	М	Medicaid Status Set	MEDICAID ON	 This TRC is returned on a reply with Transaction Code 01. This beneficiary has been identified as having Medicaid. The effective date of the Medicaid Status is reported in field 18 (Effective Date) and field 24. The beneficiary's Medicaid status identification may be the result of any of the following: The Medicaid status was updated for a beneficiary whose payments are calculated using a default factor. The beneficiary's Medicaid status was updated through the UI by CMS. Plan Action: Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance. 	
078	М	Medicaid Status Terminated	MEDICAID OFF	 This TRC is returned on a reply with Transaction Code 01. A period of Medicaid status for this beneficiary has ended. The end date of the Medicaid Status is reported in field 18 (Effective Date) and field 24. The beneficiary's Medicaid status change may be the result of any of the following: The Medicaid status was updated for a beneficiary whose payments are calculated using a default factor. The beneficiary's Medicaid status was updated through the UI by CMS. Plan Action: Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance. 	

Short	
Code Type Title Short Definition	Definition
079MPart A TerminationMEDICARE A OFFIn th A En the to Reput iden Estal TRC079MPart A TerminationMEDICARE A OFFWhen TRC079MPart A TERMINANAMEDICARE A OFFPart TRC	s TRC is returned on a reply with Transaction Code 01 occasionally with Transaction Code 61. When rned with Transaction Code 01, the TRC is in ponse to a change in beneficiary Part A Entitlement. It of a reply to a submitted transaction but is intended to ply the Plan with additional information about the eficiary. If the termination results in a disenrollment, a C 018 will be returned in addition to TRC 079. The case of Transaction Code 01, this beneficiary's Part entitlement has been terminated. The effective date of termination is reported in Daily Transaction Reply bort data file fields 18 and 24. This TRC is returned with Transaction Code 61, the C is in response to a retroactive enrollment and is nutifying the fact that an enrollment end date has been blished due to the beneficiary's termination of Part A. enrollment start date is in Daily Transaction Reply bort data file field 18 and the enrollment end date is in d 24. er : A DTRR record with this reply code is only orted to the Plan in which the beneficiary is actively bled on or after the termination date. If more than one is A Entitlement period has been audited/removed, this C will only be returned for the most recent period. n Action: Update the Plan's records. Take the ropriate actions as per CMS enrollment guidance.

		Eligi	bility and Enrollme	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
080	М	Part A Reinstatement	MEDICARE A ON	 This TRC is returned on a reply with Transaction Code 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional beneficiary information. This beneficiary's Part A Entitlement has been reinstated. If a new entitlement period is added, the start of Part A Entitlement will be reported in the Daily Transaction Reply Report data file fields 18 and 24. If the only change to the entitlement period is the removal of the end date, the reinstatement date will be reported in Daily Transaction Reply Report data file fields 18 and 24. If the start date for the entitlement period also changes, the new start date will be reported in Daily Transaction Reply Report data file fields 18 and 24 as the day immediately following the end date previously reported. If the start date for the entitlement period also changes, the new start date will be reported in Daily Transaction Reply Report data file fields 18 and 24.
				Plan Action: Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.

	Eligibility and Enrollment Transaction Reply Codes				
Code	Туре	Title	Short Definition	Definition	
081	М	Part B Termination	MEDICARE B OFF	This TRC is returned on a reply with Transaction Code 01 and occasionally with Transaction Code 51 and Transaction Code 61. When returned with Transaction Code 01, the TRC is in response to a termination of a beneficiary's Part B Entitlement. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. If the termination results in a disenrollment, a TRC 018 will be returned in addition to TRC 081. In the case of Transaction Code 01, this beneficiary's Part B Entitlement has been terminated. The effective date of the termination is reported in Daily Transaction Reply Report data file fields 18 and 24. When this TRC is returned with Transaction Codes 51 or 61, the TRC is in response to a retroactive enrollment and is identifying the fact that an enrollment end date has been established due to the beneficiary's termination of Part B. The enrollment start date is in Daily Transaction Reply Report data file field 18 and the enrollment end date is in field 24. Note: A DTRR record with this reply code is only reported to the Plan(s) in which the beneficiary is actively enrolled on or after the termination date. If more than one Part B Entitlement period has been audited/removed, this TRC will only be returned for the most recent period. Plan Action: Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.	

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
082	м	Part B Reinstatement	MEDICARE B ON	 This TRC is returned on a reply with Transaction Code 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. This beneficiary's Part B Entitlement has been reinstated. If a new entitlement period is added, the start of Part B Entitlement will be reported in the Daily Transaction Reply Report data file fields 18 and 24. If the only change to the entitlement period is the removal of the end date, the reinstatement date will be reported in Daily Transaction Reply Report data file fields 18 and 24 as the day immediately following the end date previously reported. If the start date for the entitlement period also changes, the new start date will be reported in Daily Transaction Reply Report data file fields 18 and 24. Note: A DTRR record with this reply code is only reported to the Plan(s) in which the beneficiary is actively enrolled on or after the reinstatement date. If, as a result of a loss of Part B entitlement, the beneficiary has been disenrolled, but not re-enrolled, the reply code is not issued. 		
085	М	State and County Code Change	NEW SCC	 This TRC is returned on a reply with Transaction Code 01. It supplies the Plan with additional beneficiary information. This beneficiary's State and County Code (SCC) information has changed. The new SCC information is reported in DTRR fields 9 (state code), 10 (county code), and together in field 24. Plan Action: Update the Plan's records. 		
086	М	Beneficiary Identifier Change	NEW MBI	 This TRC is returned on a reply with Transaction Code 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional beneficiary information. This beneficiary's MBI has changed. The new beneficiary identifier is reported in DTRR field 1 and the old beneficiary identifier is in Field 24. Plan Action: Update the Plan's records. The new beneficiary identifier is used on all future transactions for this beneficiary. 		

	Eligibility and Enrollment Transaction Reply Codes				
Code	Туре	Title	Short Definition	Definition	
087	М	Name Change	NEW NAME	This TRC is returned on a reply with Transaction Code 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional beneficiary information.	
				This beneficiary's name has changed. The new name is reported in the DTRR name fields (2, 3 and 4), SURNAME, FIRST NAME and MI. The effective date field (field 18) reports the date the name change was processed by CMS.	
				Plan Action: Update the Plan's records. To ensure accurate identification of the beneficiary, future submitted transactions for this beneficiary should use the new name.	
088	М	Sex Code Change	NEW SEX CODE	This TRC is returned on a reply with Transaction Code 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional beneficiary information.	
				This beneficiary's sex code has changed. The new sex code is reported in DTRR field 5. The effective date field (field 18) reports the date CMS processed the sex code change.	
				Plan Action: Update the Plan's records. To ensure accurate identification of the beneficiary, future submitted transactions for this beneficiary should use the new sex code.	
089	М	Date of Birth Change	NEW BIRTH DATE	This TRC is returned on a reply with Transaction Code 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.	
				This beneficiary's date of birth has changed. The new date of birth is reported in DTRR field 6 (DOB) and field 24. Field 18 (Effective Date) reports the date the DOB change was processed by CMS.	
				Plan Action: Update the Plan's records. To ensure accurate beneficiary identification, future submitted transactions for this beneficiary should use the new date of birth.	

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
090	М	Date of Death Established	MEMB DECEASED	 This TRC is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. When CMS is notified of a beneficiary's death, the Plan receives multiple replies in their DTRR. Transaction Code 01 with TRC 090 – received by any Plan with an enrollment affected by the beneficiary's death. Transaction Code 51 with TRC 018 or TRC 015 – for any automatic disenrollments or enrollment cancellations triggered as a result of the beneficiary's death. Transaction replies with other TRCs may also accompany these replies. Examples include status terminations and SSA responses. On the Transaction Code 51 transaction with TRC 090, the beneficiary's actual date of death is reported in DTRR fields 18 and 24. On a Transaction Code 51 transaction with TRC 018, fields 18 and 24 report the effective date of the disenrollment resulting from the report of death. This is always on the first of the month following the date of death, if the beneficiary is actively enrolled in a Plan. If the Plan's enrollment is not yet effective, the Plans will receive a Type 51 transaction with TRC 015 and these fields will report the effective date of the enrollment being cancelled. Plan Action: Update the Plan's records with the beneficiary's date of death from the Transaction Code 01 transaction. It is the Transaction Code 51 transaction with TRC 018 are 015 that is processed as the autodisenrollment or cancellation. Take the appropriate actions as per CMS enrollment guidance. 		

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
091	М	Date Of Death Removed	DEATH DATE OFF	 This TRC is returned on a reply with Transaction Code 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. Although the Plan has previously received a transaction reply reporting a date of death for this beneficiary, the date of death has been removed. The beneficiary is still alive. DTRR fields 18 and 24 contain the date of death that was previously reported to the Plan. If the date of death is removed after the auto disenrollment has taken effect, the Plan will not receive this transaction reply. The removal of the Date of Death may initiate the reinstatement of an enrollment. (See TRC 287) Plan Action: Update the Plan's records and restore the beneficiary's enrollment with the original enrollment start and end dates. Take the appropriate actions as per CMS enrollment guidance. 		
092	М	Date of Death Corrected	NEW DEATH DATE	 This TRC is returned on a reply with Transaction Code 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. The date of death for this beneficiary has been corrected. The corrected date of death is reported in DTRR field 24. <i>The correction of the DOD may initiate the reinstatement of an enrollment. (See TRC 287)</i> Plan Action: Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance. 		
099	М	Medicaid Period Change/Cancell ation	MCAID CHANGE	A change has been made to a period of Medicaid status information for the beneficiary. Plan Action: Plan should update beneficiary record.		

	Eligibility and Enrollment Transaction Reply Codes				
Code	Туре	Title	Short Definition	Definition	
100	А	PBP Change Accepted as Submitted	PBP CHANGE OK	 A submitted PBP Change transaction (Transaction Code 61) has been successfully processed. The beneficiary has been moved from the original PBP to the new PBP. The effective date of enrollment in the new PBP is reported in fields 18 and 24 of the DTRR. The effective date is always the first day of the month. This is the definitive PBP Change acceptance record. Other accompanying replies with different TRCs may give additional information about this accepted PBP Change. Field 20 (Plan Benefit Package ID) contains the new PBP identifier. The old PBP is reported in field 29 (Prior Plan Benefit Package ID). Plan Action: Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. 	
102	R	Rejected; Incorrect or Missing Application Date	BAD APP DATE	 If the Application Date on an enrollment transaction (Transaction Code 61) is blank or contains a valid date that is not appropriate for the submitted transaction, TRC 102 is returned in the DTRR record. Examples of inappropriate application dates: Date is blank. Date is later than the submitted Effective Date. Date does not lie within the election period specified on the submitted transaction. Note: Plans should see <i>Chapter 2 of the MMCM or the</i> <i>PDP Guidance on Eligibility, Enrollment and</i> <i>Disenrollment</i> for detailed descriptions of the Election Periods. Plan Action: Correct the Application Date and resubmit if appropriate. 	
103	R	Missing A/B Entitlement Date	NO A/B ENT	 An enrollment transaction (Transaction Code 61) was rejected because the beneficiary does not have entitlement for Part A and/or enrollment in Part B on record (required for enrollment transactions). This TRC will only be returned on enrollment transactions submitted with election type I (Initial Coverage Election Period), E (Initial Enrollment Period for Part D) or J (Default Enrollment Mechanism). Plan Action: Verify the beneficiary's Part A / Part B entitlement / enrollment. Take the appropriate actions as per CMS enrollment guidance. 	

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
104	R	Rejected; Invalid or Missing Election Type	BAD ELECT TYPE	 An enrollment (Transaction Code 61) or disenrollment (Transaction Code 51) was rejected because the submitted Election Type Code is missing, contains an invalid value, or is not appropriate for the plan or for the Transaction Code. The valid Election Type Code values are: 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) J - Default Enrollment Mechanism (DEM) L - LIS SEP (LIS SEP) M - Medicare Advantage Open Enrollment Period (MA-OEP) N - Open Enrollment for Newly Eligible Individuals (OEPNEW) (Valid through 12/31/2010) O - Open Enrollment Period (OEP) (Valid through 3/31/2010) T - Open Enrollment Period for Institutionalized Individuals (OEPI) Special Enrollment Periods C - Plan-submitted rollover enrollments (Enrollment Source Code = N) U - SEP for Loss of Dual Eligibility or for Loss of LIS V - SEP for Changes in Residence 		

		Eligi	bility and Enrollm	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
104 Con't	R	Rejected; Invalid or Missing Election Type	BAD ELECT TYPE	 W – SEP EGHP (Employer/Union Group Health Plan) Y – SEP for CMS Casework Exceptional Conditions X – SEP for Administrative Change <i>Involuntary Disenrollment</i> <i>Premium Payment Option Change</i> <i>Plan-submitted "Canceling" Transaction</i> Z – SEP for: Auto-Enrollment (Enrollment Source Code = A) Facilitated Enrollment (Enrollment Source Code = C) Plan-Submitted Auto-Enrollment (Enrollment Source Code = C) <i>Plan-Submitted Auto-Enrollment (Enrollment Source Code = C)</i> <i>Plan-Submitted Auto-Enrollment (Enrollment Source Code = E) and Transaction Code 61 (PBP Change) and MA or Cost Plan (all conditions must be met)</i> <i>LINET Enrollment (Enrollment Source Code = G)</i> S – Special Enrollment Period (SEP) The value expected in Election Type Code depends on the Plan and transaction code, 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, there are limits on the number of times each election type may be used by the beneficiary. Plan Action: Review the detailed information on Election Periods in <i>Chapter 2 of the Medicare Managed Care Manual or the PDP Guidance on Eligibility, Enrollment and Disenrollment.</i> Determine the appropriate Election Type Code value and resubmit, if
105	R	Rejected; Invalid Effective Date for Election Type	BAD ELECT DATE	 appropriate. An enrollment or disenrollment transaction (Transaction Codes 61, 51) was rejected because the effective date was not appropriate for the election type or for the submitted application date. Examples of inappropriate effective dates: Date is outside of the election period defined by the submitted election type. (ex: Election Type = A and Effective Date = 2/1/2007) Date is not appropriate for the application date (ex: App date = 6/10/2007 & Eff Date = 11/01/2007) Plan Action: Correct the Effective Date or Election Type and resubmit if appropriate. Review <i>Chapter 2 of the MMCM or the PDP Guidance on Eligibility, Enrollment and Disenrollment</i> for detailed descriptions of the Election Periods and corresponding effective dates.

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
106	R	Rejected, Another Trans Rcvd with Later App Date	LATER APPLIC	 An enrollment transaction (Transaction Code 61) was rejected because a previously received enrollment transaction exists with the following criteria: An application date that is more recent or equal to the application date provided on the submitted enrollment transaction; and An effective date that is earlier or equal to the effective date provided on the submitted enrollment transaction. An enrollment transaction (Transaction Code 61) is rejected because a previously received enrollment transaction exists with the following criteria: The submitted enrollment has been overridden by a previously received enrollment in another contract/PBP. When multiple transactions are received for the same beneficiary with different contract/PBP #s, the application date is used to determine which enrollment to accept. If the application dates are different, the system will accept the election containing the most recent date. Plan Action: The beneficiary is not enrolled in the Plan. Update the Plan's records. 		
107	R	Rejected, Invalid or Missing PBP Number	BAD PBP NUMBER	 An enrollment, disenrollment or Record Update transaction (Transaction Codes 51, 61, 72, 73, 74, 75, 77, 78, 79, 80, 81, 82, 83, 91 and 92) was rejected because the PBP # was missing or invalid. The PBP # must be of the correct format and be valid for the contract on the transaction. Note: PBP # is not required on Residence Address (Transaction Code 76) but when submitted it must be valid for the contract number on the transaction. Plan Action: Correct the PBP # and resubmit the transaction if appropriate. 		

		Eligi	bility and Enrollm	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
108	R	Rejected, Election Limits Exceeded	NO MORE ELECTS	 A transaction for which an election type is required (Transaction Codes 51, 61) was rejected because the transaction will exceed the beneficiary's election limits for the submitted election type. The valid Election Type values which have limits are: A – Annual Election Period (AEP) 1 per calendar year E – Initial Enrollment Period for Part D (IEP) 1 per lifetime F – Initial Enrollment Period for Part D (IEP2) 1 per lifetime F – Initial Coverage Election Period (ICEP) 1 per lifetime J – Default Enrollment Mechanism (DEM) 1 per lifetime L – LIS SEP (LIS SEP) 1 per quarter (cannot be used in October, November, or December) M – Medicare Advantage Open Enrollment Period (MA-OEP) 1 per calendar year Plan Action: Review the discussion of election type requirements in <i>Chapter 2 of the Medicare Managed Care Manual or the PDP Guidance on Eligibility, Enrollment and Disenrollment.</i> Correct the election type and resubmit the transaction if appropriate.
109	R	Rejected, Duplicate PBP Number	ALREADY ENROLL	 An enrollment transaction (Transaction Code 61) was rejected because the member is already enrolled in the PBP # on the transaction. The effective date of the requested enrollment is reported in DTRR field 18. Plan Action: If the submitted PBP was correct, no Plan Action is required. If another PBP was intended, correct the PBP # and resubmit if appropriate. A PBP enrollment change transaction (Transaction Code 61) was rejected because the beneficiary lacks Part A and there was no EGHP Part B-only waiver in place.
110	R	Rejected; No Part A and No EGHP Enrollment Waiver	NO PART A/EGHP	 Plans can offer a PBP for EGHP members only, and, if the Plan chooses, it can define such PBPs for individuals who do not have Part A. Plan Action: Review CMS enrollment guidance in <i>Chapter 2 of the MMCM or the PDP Guidance on Eligibility, Enrollment and Disenrollment</i> and notify the beneficiary.

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
114	R	Drug Coverage Change Rejected; not AEP or OEPI	RX NOT AEP/OEPI	 An enrollment change transaction (Transaction Code 61) was rejected because the beneficiary is not allowed to add or drop drug coverage using an O (OEP) or N (OEPNEW) election types. Using O or N, a beneficiary who is in a Plan that includes drug coverage may only move to another Plan with drug coverage. Likewise, if in a Plan without drug coverage, the beneficiary may not enroll in a Plan with drug coverage or a PDP. Occasionally, if a beneficiary is moving from a Plan with drug coverage to a combination of stand-alone MA and PDP Plans, the enrollment transaction in the MA-only Plan may be processed prior to the enrollment transaction in the PDP Plan. Since this appears to CMS as if the beneficiary is trying to drop drug coverage, the enrollment into the MA only Plan will be rejected with TRC 114. Once the enrollment in the PDP is processed, the enrollment in the MA-only may be resubmitted. Plan Action: Review CMS enrollment guidance on the O and N election type limitations in Chapter 2 of the MMCM or the PDP Guidance on Eligibility, Enrollment and Disenrollment. Take the appropriate actions as per CMS enrollment guidance. Note: If TRC 114 is received by an MA-only Plan when using the OEP or OEPNEW, the Plan should determine if the beneficiary is enrolled in an accompanying PDP. Once that enrollment transaction. 		
116	R	Transaction Rejected; Invalid Segmt num	BAD SEGMENT NUM	 This TRC is returned on a segment change transaction (Transaction Code 77) when the transaction is submitted with an invalid segment number, for a PBP that has been segmented OR A disenrollment cancellation transaction (Transaction Code 81) [enrollment reinstatement] is submitted and the enrollment being reinstated has a non-blank segment which is no longer valid for the PBP. Plan Action: Correct the Segment number and resubmit the transaction if appropriate for transaction code 77. Submit enrollment for Transaction Code 81 if appropriate. 		

	Eligibility and Enrollment Transaction Reply Codes				
Code	Туре	Title	Short Definition	Definition	
117	А	FBD Auto Enrollment Accepted	FBD AUTO ENROLL	This new enrollment transaction (Transaction Code 61) was the result of a Plan-submitted or CMS-initiated auto- enrollment of a full-benefit dual-eligible beneficiary into a Part D Plan. The enrollment was accepted. The effective date of the new enrollment is shown in the Effective Date (field 18) of the DTRR data record. Other accompanying replies with different TRCs may give additional information about this new enrollment. Plan Action: Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.	
118	А	LIS Facilitated Enrollment Accepted	LIS FAC ENROLL	 This new enrollment transaction (Transaction Code 61) was the result of a Plan-submitted or CMS-initiated facilitated enrollment of a low income beneficiary into a Part D Plan. The effective date of the new enrollment is shown in the Effective Date (field 18) of the DTRR. Other accompanying replies with different TRCs may give additional information about this new enrollment. Plan Action: Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. 	

			This TRC is returned on a reply with Transaction Code 01, 61, 80, and 81. It supplies the plan with additional information about a beneficiary. TRC 121 reports a period of time during which the
121 M	Low Income Period Status	LIS UPDATE	 beneficiary has specific LIS status. It may represent a period during which the beneficiary is DEEMED or a period as an approved SSA LIS Applicant. The following characteristics of the LIS period are provided: Low-income Subsidy Source Code (Field 67) (Deemed = D or Applicant = A) Low-income Period Effective date (Field 53) is the later of LIS Start Date or Enrollment Effective Date Low-income Period End Date, if applicable (Field 66) If the SSA LIS Applicant period is removed, the Low-income Period End Date will not be populated The end date is either the last day of the PBP enrollment or the last day of the PBP enrollment or the last day of the low income period itself, whichever is earlier Part D Low-income Premium Subsidy Level (Field 51) Low-income Co-Pay Category (Field 52) When a new enrollment is processed, the plan receives one TRC 121 for each of the beneficiary's LIS periods that overlap the new enrollment. The system provides one or many TRC 121 replies to report the beneficiary's full LIS status over time.
			 A set of TRC 121's is also supplied with Transaction Code 01 when the beneficiary has a change to one or more of their LIS periods. The set supplies the beneficiary's full LIS picture, not just a period that changed. Because some of these periods may represent changes affecting previous enrollments in the contract, two fields identify whether the beneficiary is a current, previous, or future enrollee in the plan and provide the Effective date of the enrollment that the LIS period overlaps. Enrollee Type Flag (Field 68) (Current = C, Prospective = P, or Previous = Y) PBP Enrollment Effective Date (Field 18) Note: When reporting an LIS change, TRC 223 may accompany the set of TRC 121s. The TRC 121s identify periods when the beneficiary has LIS. The TRC 223s identify any periods of time during which the beneficiary was previously reported as having LIS but no longer has LIS. LIS TRCs are only sent to MAPD's and PDP's. MA Plans have no need to get LIS TRCs. Plan Action: Update the Plan's records to reflect the given data for the beneficiary's LIS period. Take the
127 R H	Part D Enrollment Rejected;	EMP SUB REJ	An enrollment transaction (Transaction Code 61) was rejected because the beneficiary has employer subsidy periods overlapping with the requested enrollment period.

		Eligit	oility and Enrollmo	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
		Employer Subsidy Status		The requested effective date is reported in DTRR field 18.
				Plan Action: Take the appropriate actions as per CMS enrollment guidance. Contact the beneficiary to explain the potential consequences of this enrollment. If the beneficiary elects to join the Part D Plan anyway, the enrollment should be resubmitted with the Employer Subsidy Override Flag set to Y.
128	R	Part D Enroll Reject; Emplyr Sbsdy set: No Prior Trn	EMP SUB OVR REJ	An enrollment transaction (Transaction Code 61) was rejected because the beneficiary has employer subsidy periods overlapping with the requested enrollment period. Even though this transaction was submitted with the Employer Subsidy Override Flag set to Y, the override is not valid because there is no record that the enrollment was previously submitted and rejected with TRC 127 (Part D Enrollment Rejected; Employer Subsidy Status). CMS enforces this two-step process to ensure that the Plan discusses the potential consequences of the Part D enrollment (i.e. possible loss of employer health coverage) with the beneficiary before CMS accepts the employer subsidy override. Plan Action: Take the appropriate actions as per CMS enrollment guidance. Contact the beneficiary to explain
				the potential consequences of this enrollment. If the beneficiary elects to join the Part D Plan anyway, the enrollment should be resubmitted with the Employer Subsidy Override Flag set. This TRC provides additional information about a new enrollment (Transaction Code 61). The affective data of
129	Ι	Part D Enroll Accept; Emp Sbsdy set; Prior Trn Reject	EMP SUB ACC	 enrollment (Transaction Code 61). The effective date of the enrollment for which this information is pertinent is reported in DTRR field 18. This newly enrolled beneficiary had employer subsidy periods overlapping with the requested enrollment period. A prior enrollment transaction was rejected with TRC 127 or 128. The Plan resubmission of the enrollment transaction with the Employer Subsidy Override Flag set to Y indicates that the Plan has contacted the beneficiary to explain the potential consequences of this enrollment, and that the beneficiary elected to join the Part D Plan anyway.
				Plan Action: No action required. Process the accompanying transaction enrollment acceptance transaction.

		Eligit	oility and Enrollme	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
130	R	Part D Opt-Out Rejected, Opt- Out Flag Not Valid	BAD OPT OUT CD	 An opt-out from CMS, disenrollment, PBP enrollment change, or Plan-Submitted Opt-Out transaction (Transaction Codes 41, 51, 54, 61, 79) was rejected because the Part D Opt-Out Flag field was not correctly populated. The valid values for Part D Opt-Out Flag are: Transaction Codes 41 or 79 transactions - 'Y' or 'N' All other Transaction Codes - 'Y,' 'N,' or space. Plan Action: If submitted by the Plan (Transaction Codes 51, 61, 79), correct the Part D Opt-Out Flag value and resubmit the transaction if appropriate. If submitted by CMS (Transaction Codes 41, 54), no Plan Action is required.
131	A	Part D Opt-Out Accepted	OPT OUT OK	 A transaction (Transaction Codes 51, 54, 79) was received that specified a Part D opt-out flag value or a change to the Part D opt-out flag value. The Part D opt-out flag has been accepted. The new Part D Opt-Out Flag value is reported in DTRR field 38. Plan Action: No action necessary.
133	R	Part D Enroll Rejected; Invalid Secndry Insur Flag	BAD 2 INS FLAG	An enrollment, PBP change transaction or 4Rx record update transaction (Transaction Codes 61, 72) was rejected because the DTRR data file's Secondary Drug Coverage Flag field was not correctly populated. The valid values for Secondary Drug Coverage Flag are Y, N or blank. Plan Action: Correct the Secondary Drug Coverage Flag and resubmit the transaction if appropriate.
134	Ι	Missing Secondary Insurance Information	NO 2 INS INFO	 This TRC is returned on a rejected enrollment or 4Rx record update transaction (Transaction Codes 61or 72) when the submitted Secondary Drug Coverage Flag is invalid No changes to the beneficiary's secondary insurance information are made. This is not a transaction rejection. The submitted transaction is accepted and a reply is provided in the DTRR with an appropriate acceptance TRC. This reply provides additional information about the transaction. The Effective Date of the transaction for which this information is pertinent is reported in DTRR field 18. The Transaction Code reflects the Transaction Code of the submitted transaction. (Transaction Codes 61 or 72). Plan Action: If appropriate, submit a 4Rx Record Update transaction (Transaction Code 72) with the correct Secondary Insurance RxGroup values.

		Eligit	oility and Enrollm	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
135	М	Beneficiary Has Started Dialysis Treatments	DIALYSIS START	 This TRC is returned on a reply with Transaction Code 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has been notified that the beneficiary has ESRD and has begun dialysis treatments. The effective date of the change is reported in DTRR field 18. <u>Note:</u> If a dialysis period is reported retroactively, this TRC will also report the dialysis end date in the Daily Transaction Reply Report data file in field 44, and no TRC 136 will be sent. Plan Action: Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance.
136	М	Beneficiary Has Ended Dialysis Treatments	DIALYSIS END	 This TRC is returned on a reply with Transaction Code 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has been notified that the beneficiary has ESRD and is no longer receiving dialysis treatments. The effective date of the change is reported in DTRR field 18. <u>Note:</u> If a dialysis period is reported retroactively, both the effective date and the end date will be provided with TRC 135. No TRC 136 will be sent. Plan Action: Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance.
137	М	Beneficiary Has Received a Kidney Transplant	TRANSPLANT ADD	 This TRC is returned on a reply with Transaction Code 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has been notified that the beneficiary has ESRD and has received a transplanted kidney. The effective date of the change is reported in DTRR field 18. Plan Action: Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance.

		Eligit	oility and Enrollmo	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
138	М	Beneficiary Address Change to Outside the U.S.	ADDR NOT U.S.	 This TRC is returned on a reply with Transaction Code 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has been notified that the beneficiary's address is now outside of the U.S. The effective date of the change is reported in DTRR field 18. Plan Action: Research the beneficiary's new address and update the Plan's beneficiary records. Take the appropriate actions as per CMS enrollment guidance.
139	A	EGHP Flag Change Accepted	EGHP FLAG CHG	 An EGHP Update transaction (Transaction Code 74) was accepted. This transaction changed the beneficiary's EGHP flag. The EGHP Update transaction may have been submitted by the Plan or initiated by a CMS User. The value in DTRR field 48 on the DTRR record will contain the new EGHP flag. The effective date of the change is reported in field 18 of the DTRR record and in the EFF DATE column on the printed report. All data provided for change other than the EGHP Flag fields has been ignored. Plan Action: Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.
143	А	Secondary Insurance Rx Number Change Accepted	4RX SCD INS CHG	 A 4Rx Record Update transaction (Transaction Code 72) was accepted. This transaction updated the secondary drug insurance information (Secondary RxID, Secondary RxBIN, Secondary Rx Group, Secondary RxPCN) for the beneficiary. The 4Rx Record Update transaction may have been submitted by the Plan or initiated by a CMS User. The values in DTRR fields 46, 47, 60 & 61 on the DTRR record will contain the new secondary drug insurance information. The effective date of the change is reported in field 18. All data provided for change, other than the 4Rx fields, has been ignored. Plan Action: Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.

		Eligil	oility and Enrollme	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
150	Ι	Enrollment accepted, Exceeds Capacity Limit	OVER CAP LIMIT	Although a submitted enrollment or PBP change transaction (Transaction Code 61) was accepted, the resulting enrollment count exceeds the capacity limit for the contract or PBP. This TRC provides additional information about a new enrollment or PBP change (Transaction Code 61) for which an acceptance was sent in a separate DTRR data record with an enrollment acceptance TRC. The effective date of the new enrollment for which this information is pertinent is reported in field 18. Plan Action: Take the appropriate actions as per CMS
152	М	Race Code Change	NEW RACE CODE	 This TRC is returned on a reply with Transaction Code O1. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has been notified that the beneficiary's race code has changed. The New Race code will be reported in the next Monthly Full Enrollment Data File. Plan Action: Update the Plan's records accordingly, ensuring that the beneficiary's information matches the data included in the Monthly full Enrollment Data File.
154	М	Out of Area Status	OUT OF AREA	 This TRC is returned either on a reply with Transaction Code 01 in response to a state and county code change or ZIP Code change. It is intended to supply the Plan with additional information about the beneficiary. In the case of the 01 transaction, CMS has information that the beneficiary is no longer in the Plan's service area. This can be the result of: A change in the Plan's service area and the beneficiary's address is outside the new area A change in the beneficiary's address which places them Out of area Plan Action: Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance.
155	М	Incarceration Notification Received	INCARCERAT ED	 This TRC is returned on a reply with Transaction Code 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has been notified that the beneficiary is incarcerated. The effective date of the change is reported in DTRR field 18. Plan Action: Contact the beneficiary to confirm the incarcerated beneficiaries in the MMCM or PDP Enrollment Guidance and take appropriate actions.

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
156	F	Transaction Rejected, User Not Authrzed for Cntrct	BAD USR FOR PLN	 This TRC is returned on a failed transaction (Transaction Codes 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) when the transaction was submitted by a user who is not authorized to submit transactions for the contract. This TRC will not be returned in the DTRR. Plan Action: Resubmit using the correct submitter if appropriate. 		
157	R	Contract Not Authorized for Transaction Code	UNAUT REQUEST	A transaction (Transaction Codes 41, 51, 54, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, and 83) was rejected because the Plan is not authorized to submit that type of transaction. Plan Action: Correct the Transaction Code and resubmit if appropriate.		
158	М	Institutional Period Change/Cancell ation	INST CHANGE	 This TRC is returned on a reply with Transaction Code 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has changed or cancelled an Institutional period for the beneficiary. Plan Action: Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. 		
159	М	NHC Period Change/Cancell ation	NHC CHANGE	 This TRC is returned on a reply with Transaction Code 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has changed or cancelled a NHC period for the beneficiary. Plan Action: Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. 		
161	М	Beneficiary Record Alert from MBD	MBD ALERT	 This TRC is returned on a Transaction Code 01 and not the result of a Plan submitted transaction. The beneficiary ID had a discrepancy within the CMS systems, which resulted in this Transaction Code being generated. Plan Action: Contact the MAPD Help Desk. CMS will review the beneficiary id and make the appropriate corrections. 		

	Eligibility and Enrollment Transaction Reply Codes						
Code	Туре	Title	Short Definition	Definition			
162	R	Invalid EGHP Flag Value	BAD EGHP FLAG	 An enrollment or EGHP change transaction (Transaction Codes 61, 74) was rejected because the submitted EGHP Flag value was invalid. The valid values for EGHP Flag is Y or blank for enrollment Transaction Code 61. Y or N is accepted for EGHP change Transaction Code 74. Plan Action: Correct the EGHP Flag value and resubmit if appropriate. 			
165	R	Processing delayed due to MARx system problems	SYSTEM DELAY	This TRC does not apply to Plans and is only for internal CMS use. Processing of this transaction has been delayed due to CMS system conditions. No action is required by the user. CMS will process the transaction as soon as possible.			
166	R	Part D FBD Auto Enroll or Facilitated Enroll Reject	PARTD AUTO REJ	Plan Action: None required.This TRC is returned on a rejected Plan-submitted auto or facilitated Part D enrollment when CMS has a record of a Part D 'opt out' option on file for the beneficiary.Plan Action: Update the Plan's records to ensure that the beneficiary is not enrolled in the Plan. Take the appropriate actions as per CMS enrollment guidance.			
169	R	Reinsurance Demonstration Enrollment Rejected	EMP SUBSIDY	An enrollment transaction (Transaction Code 61) placing the beneficiary into a reinsurance demonstration Plan was rejected because the beneficiary has employer subsidy periods overlapping with the requested enrollment period. This TRC is equivalent to TRC 127 except that it applies to Reinsurance Demonstration Plans only. The requested effective date is reported in DTRR field 18. Plan Action: Contact the beneficiary to explain the potential consequences of this enrollment. If the beneficiary elects to join the Part D Plan anyway, the enrollment should be resubmitted with the Employer Subsidy Override Flag set to Y.			
171	R	Record Update Rejected, Invalid Chg Effective Dt	BAD CHG EFF DT	 An EGHP Change, PPO Change, Segment ID Change, or Part C Premium Change (Transaction Codes 74, 75, 77, or 78) was rejected because the submitted transaction effective date was incorrect. The Effective Date on the Transaction Code 75 must be in the CPM to CPM+2 range. The Effective Date on the Transaction Code 78 must be in the CPM-3 to CPM+2 range. The Effective date on the Transaction Codes 74 or 77 must be in the CCM-1 to CCM+3 range. Plan Action: Correct the effective date and resubmit the transaction if appropriate. 			

		Eligit	oility and Enrollme	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
172	R	Change Rejected; Creditable Coverage/2 Drug Info NA	CRED COV/RX NA	 A 4RX or NUNCMO transaction (Transaction Code 72 or 73) was rejected because the information was not applicable to the selected Plan type (MAs and other Plans without drug coverage). Non-drug Plans should not submit drug Plan information. The inappropriate information included on the transaction could be any or all of the following: Creditable Coverage Information (Creditable Coverage Flag and NUNCMO) Primary Drug Insurance Information (Rx ID, Rx GRP, Rx PCN and Rx BIN) Secondary Drug Insurance Information (Secondary Insurance Flag, Rx ID, Rx GRP, Rx PCN and Rx BIN) Plan Action: Verify that the above fields are not populated and resubmit the transaction if appropriate.
176	R	Transaction Rejected, Another Transaction Accepted	TRANS REJ	An enrollment transaction (Transaction II appropriate. An enrollment transaction (Transaction Code 61) was rejected. A transaction enrolling the beneficiary into another contract was previously accepted. That transaction and this submitted one had the same effective and application dates. The beneficiary is not enrolled in the Plan in this newly submitted transaction. Plan Action: Take the appropriate actions as per CMS enrollment guidance.
184	R	Enrollment Rejected, Beneficiary is in Medicaid	MBR IN MEDICAID	An enrollment transaction (Transaction Code 61) was rejected because the beneficiary was in Medicaid status and the Plan is not eligible to enroll Medicaid beneficiaries. This TRC is Plan specific. It only applies to MSA/MA and MSA/Demo Plans. Plan Action: Update the Plan's beneficiary records to reflect the fact that the beneficiary is not enrolled in the Plan. Take the appropriate actions as per CMS enrollment guidance.
189	А	No Change in EGHP Flag	DUP EGHP FLAG	 An EGHP Record Update transaction (Transaction Code 74) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained an EGHP Flag value that matched the EGHP Flag already on record with CMS. This transaction had no effect on the beneficiary's records. Plan Action: None required.

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
190	А	No Change in Secondary Drug Information	DUP SECNDARY RX	 A 4Rx Record Update transaction (Transaction Code 72) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained Secondary Drug Insurance Information (Secondary Drug Insurance flag, Secondary Rx ID, Secondary Rx Group, Secondary Rx BIN, Secondary Rx PCN) that matched the Secondary Drug Insurance values already on record with CMS. This transaction had no effect on the beneficiary's records. Plan Action: None required. 		
196	R	Transaction Rejected, Bene not Eligible for Part D	NO PART D	 An enrollment transaction or PBP change transaction (Transaction Code 61) or disenrollment cancellation transaction (Transaction Code 81) [enrollment reinstatement] was rejected. Part D eligibility is required for Part D Plan enrollment. TC61 – transaction was rejected because the submitted enrollment date is outside the beneficiary's Part D eligibility period. TC81 – transaction was rejected because the enrollment reinstatement period is outside the beneficiary's Part D eligibility period. Plan Action: Take the appropriate actions as per CMS enrollment guidance. 		

Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition	
197	М	Part D Eligibility Termination	PART D OFF	This TRC is returned on a reply with Transaction Code 01 and occasionally with Transaction Code 51 and Transaction Code 61. When returned with Transaction Code 01, the TRC is in response to a change in beneficiary Part D Eligibility. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. If the termination results in a disenrollment, a TRC 018 will be returned in addition to TRC 197. In the case of Transaction Code 01, this beneficiary's Part D eligibility has been terminated. The effective date of the termination is reported in Daily Transaction Reply Report data file fields 18 and 24. When this TRC is returned with Transaction Code 51 or 61, the TRC is in response to a retroactive enrollment and is identifying the fact that an enrollment end date has been established due to the beneficiary's termination of Part D. The enrollment start date is in Daily Transaction Reply Report data file field 18 and the enrollment end date is in field 24. Note: A DTRR record with this reply code is only reported to the Plan in which the beneficiary is actively enrolled on or after the termination date. If more than one Part D Eligibility period has been audited/removed, this TRC will only be returned for the most recent period. Plan Action: Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate	

		Eligi	bility and Enrollmo	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
				This TRC is returned on a reply with Transaction Code 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional beneficiary information.
				This beneficiary's Part D Eligibility has been reinstated.
				• If a new entitlement period is added, the start of Part D Eligibility will be reported in the Daily Transaction Reply Report data file fields 18 and 24.
198	М	Part D Eligibility	PART D ON	• If the only change to the eligibility period is the removal of the end date, the reinstatement date will be reported in Daily Transaction Reply Report data file fields 18 and 24 as the day immediately following the end date previously reported.
		Reinstatement		• If the start date for the eligibility period also changes, the new start date will be reported in Daily Transaction Reply Report data file fields 18 and 24.
				Note: A DTRR record with this reply code is only reported to the Plan in which the beneficiary is actively enrolled on or after the reinstatement date, even if it affects periods of enrollment in other Plans. If, as a result of a loss of Part D Eligibility, the beneficiary is disenrolled, but not re-enrolled, the reply code is not issued. This reply code can also be issued if the Date of Death is updated.
				Plan Action: Update the Plan's beneficiary records. Take
		Rx BIN Blank or Not Valid	BIN BLANK/INVL D	the appropriate actions as per CMS enrollment guidance. An enrollment transaction or 4Rx change transaction (Transaction Codes 61, 72) was rejected because the primary drug insurance Rx BIN field was either blank or did not have a valid value.
200	R			Exception: Rx Bin for primary drug insurance is not a mandatory field for enrollments transactions for PACE National Part D Plans or MMPs.
				Plan Action: Correct the Primary Rx BIN value and resubmit the transaction if appropriate.
		Rx ID Blank or Not Valid	ID BLANK/INVLI D	An enrollment transaction or 4Rx change transaction (Transaction Codes 61, 72) was rejected because the primary drug insurance Rx ID field was either blank or does not have a valid value.
201	R			Exception: Rx ID for primary drug insurance is not a mandatory field for enrollment transactions for PACE National Part D Plans or MMPs.
				Plan Action: Correct the Primary Rx ID value and resubmit the transaction if appropriate.

	Eligibility and Enrollment Transaction Reply Codes						
Code	Туре	Title	Short Definition	Definition			
202	R	Rx Group Not Valid	RX GRP INVALID	An enrollment transaction or 4Rx change transaction (Transaction Codes 61, 72) was rejected because the primary drug insurance Rx GRP field does not have a valid value. Plan Action: Correct the Primary Rx GRP value and			
203	R	Rx PCN Not Valid	RX PCN INVALID	resubmit the transaction if appropriate. An enrollment or 4Rx change transaction (Transaction Codes 61, 72) was rejected because the primary drug insurance Rx PCN field does not have a valid value. Plan Action: Correct the Primary Rx PCN value and resubmit the transaction if appropriate.			
204	A	Record Update for Primary 4Rx Data Successful	4RX CHNG ACPTED	A submitted 4Rx Record Update transaction (Transaction Code 72) included a request to change primary drug insurance 4Rx data. The 4Rx data were successfully changed. Note: At a minimum, values must be provided for both of the mandatory primary 4Rx fields, RX BIN and RX ID Plan Action: No action required.			
205	Ι	Invalid Disenrollment Reason Code	INV DISENRL RSN	A disenrollment transaction (Transaction Code 51) was submitted with a blank or invalid disenrollment reason code. CMS substituted the default value of '99' for the disenrollment reason code. This TRC provides the Plan with additional information on a disenrollment that was processed successfully. It is received in addition to the appropriate disenrollment acceptance TRC. Plan Action: None required.			
209	R	4Rx Change Rejected, Invalid Change Effective Date	NO ENROLL MATCH	 A 4Rx change transaction (Transaction Code 72) for 4Rx information for primary drug insurance was rejected because the beneficiary was not enrolled as of the submitted transaction effective date. Plans may only submit 4Rx data for periods when the beneficiary is enrolled in the Plan. Plan Action: Correct the dates and resubmit the transaction if appropriate. 			
210	А	POS Enrollment Accepted	POS ENROLLMENT	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 DTRR. The date in field 18 will always be the first day of the month. Plan Action: Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.			

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
211	R	Re-Assignment Enrollment Rejected	RE-ASN ENRL REJ	 A reassignment enrollment request transaction (Transaction Code 61) which would move the beneficiary into another Part D Plan was rejected because CMS has record of an "Opt-Out" option on file for the beneficiary. The beneficiary has 'opted out' of auto or facilitated enrollment. Plan Action: Do not move the beneficiary's enrollment to the new Plan. Keep the beneficiary in the Plan in which they are currently enrolled. Take the appropriate actions as per CMS enrollment guidance. 		
212	А	Re-Assignment Enrollment Accepted	REASSIGN ACCEPT	 A reassignment enrollment request transaction (Transaction Code 61) to move the beneficiary into a new Part D Plan has been successfully processed. The beneficiary has been moved from the original contract and PBP to the new contract and PBP. The effective date of enrollment in the new PBP is reported in fields 18 and 24 of the DTRR. Other accompanying replies with different TRCs may give additional information about this accepted reassignment. Field 20 (Plan Benefit Package ID) contains the new PBP identifier and the old PBP is reported in field 29 (Prior Plan Benefit Package ID). Plan Action: Update the Plan's records accordingly with the information in the DTRR record, ensuring that the Plan's beneficiary's information reflects enrollment in the new contract and PBP. 		
220	R	Transaction Rejected; Invalid POS Enroll Source CD	BAD POS SOURCE	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.		

		Eligi	oility and Enrollme	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
223	м	Low Income Period Removed from Enrollment Period	LIS REMOVED	 This TRC is returned on a reply with Transaction Code 01. It supplies the Plan with additional information about the beneficiary. TRC 223 reports a period of time during which the beneficiary was previously reported as having LIS but is no longer LIS for an Applicant status, or when a previously LIS period is completely removed. When the beneficiary's LIS status changes, TRC 223s may accompany the set of TRC 121s that report the beneficiary's new LIS periods. If, as a result of the change, the beneficiary has NO remaining LIS periods, TRC 223 may be reported alone. The following characteristics of the former LIS period are provided: Low-income Subsidy Source Code (Field 67) (Deemed = D or Applicant = A). Low-income Period Effective date (Field 53). Low-income Period Effective date (Field 66). Part D Low-income Premium Subsidy Level (Field 51). Low-income Co-Pay Category (Field 52). Because the periods during which the beneficiary lost LIS may affect previous or future enrollments in the contract, two fields identify whether the beneficiary is a current, previous, or future enrollment that the lost LIS period overlapped. Enrollee Type Flag (Field 68) (Current = C, Prospective = P, or Previous = Y). PBP Enrollment Effective Date (Field 18). Note: TRCs 223 typically are reported for one of the following conditions: An existing LIS period is removed or shortened. An end date is added to an open-ended LIS period (because this signals an end to a period that previously went into the future, the open-ended period after the end date is reported with TRC 223. During an open-ended SSA Applicant LIS period, the beneficiary is Deemed with an end date of 12/31/xxxx. The Applicant period and the period after the end of the period after the end of the period after the end of the period and the period after the end of the period and the period.
223	М	Period Removed from Enrollment	LIS REMOVED	 Low-income Co-Pay Category (Field 52). Because the periods during which the beneficiary lost LI may affect previous or future enrollments in the contract two fields identify whether the beneficiary is a current, previous, or future enrollee in the plan and provide the Effective date of the enrollment that the lost LIS period overlapped. Enrollee Type Flag (Field 68) (Current = C, Prospective = P, or Previous = Y). PBP Enrollment Effective Date (Field 18). Note: TRCs 223 typically are reported for one of the following conditions: An existing LIS period is removed or shortened. An end date is added to an open-ended LIS period (because this signals an end to a period that previously went into the future, the open-ended period after the end date is reported with TRC 223 During an open-ended SSA Applicant LIS period, the beneficiary is Deemed with an end date of 12/31/xxxx. The Applicant period ends one day prior to the Deemed Period and the period after the end of the period after the date is reported with TRC 222 (because this period was previously included in the open-ended Applicant period). Plan Action: Update the Plan's records to reflect the

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
241	Ι	No Change in Part D Opt Out Flag	DUP PTD OPT OUT	A Part D Opt-Out Record Update transaction (Transaction Code 79) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained a Part D Opt Out Flag value that matched the Part D Opt Out Flag already on record with CMS. This transaction had no effect on the beneficiary's records. Plan Action: None required.		
242	Ι	No Change in Primary Drug Information	DUP PRIMARY RX	A 4Rx Record Update transaction (72) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained Primary Drug Insurance Information (Primary Rx ID, Primary Rx Group, Primary Rx BIN, Primary Rx PCN) that matched the Primary Drug Insurance values already on record with CMS. This transaction had no effect on the beneficiary's records. Plan Action: None required.		
245	М	Member has MSP period	MEMBER IS MSP	 This TRC is returned with a transaction code 01. The beneficiary has a change to their MSP (Medicare Secondary Payer) period that impacts payments for one or more of the beneficiary's enrollments in your plan. TRC 245 is sent to the plan(s) that have enrollment(s) that are impacted by the new/changed MSP period. Field 18 will contain the Start Date of the payments impacted by the MSP period Field 24 will contain the actual start date of the MSP period Field 44 will contain the actual end date of the MSP period if available Plan Action: Update the Plan's records accordingly. 		

		Eligit	oility and Enrollme	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
257	F	Failed; Birth Date Invalid for Database Insertion	INVALID DOB	 An Enrollment transaction (Transaction Code 61), change transaction (Transaction Codes 72, 73, 74, 75, 77, 78, 79, 83, and 92), residence address transaction (Transaction Code 76), cancellation transaction (Transaction Codes 80, 81, 82), or a CARA Status transaction (2019 or later) or a POS Drug Edit (2018 or earlier) (Transaction Code 90), or IC Model Participation transaction (Transaction Code 91) failed because the submitted birth date was either Not formatted as YYYYMMDD (e.g., "Aug 1940"). Formatted correctly but contained a nonexistent month or day (e.g., "19400199"). As a result, the beneficiary could not be identified. The transaction record will not appear on the Daily Transaction Reply Report (DTRR) data file but will be returned on the Batch Completion Status Summary (BCSS) data file along with the failed record. Plan Action: Correct the date format and resubmit transaction.
258	F	Failed; Efctv Date Invalid for Database Insertion	INVALID EFF DT	 A disenrollment transaction (Transaction Codes 51, 54), enrollment transaction (Transaction Code 61), change transaction (Transaction Codes 72, 73, 74, 75, 77, 78, 79, 83), residence address transaction (Transaction Code 76) or cancellation transaction (Transaction Codes 80, 81, 82) or IC Model Participation transaction (Transaction Code 91) failed because the submitted effective date was either: Blank. Not formatted as YYYYMMDD (e.g., "Aug 1940"). Formatted correctly but contained a nonexistent month or day (e.g., "19400199"). The transaction record will not appear on the Daily Transaction Reply Report (DTRR) data file but will be returned on the Batch Completion Status Summary (BCSS) data file along with the failed record. Plan Action: Correct the date format and resubmit transaction.
259	F	Failed; End Date Invalid for Database Insertion	INVALID END DT	A residence address transaction (Transaction Code 76) failed because the submitted end date was either not formatted as YYYYMMDD (e.g., "Aug 1940") or was formatted correctly but contained a nonexistent month or day (e.g., "19400199"). The transaction record does not appear on the DTRR data file is returned on the BCSS data file along with the failed record. Plan Action: Correct the date format and resubmit transaction.

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
260	R	Rejected; Bad End Date on Residence Address Change	BAD RES END DT	 A residence address transaction (Transaction Code 76) was rejected because the End Date is not appropriate for one or more of the following reasons: It is earlier than address change start date. It is not the last day of the month. It is not within the contract enrollment period. Plan Action: Correct the End Date and resubmit.		
261	R	Rejected; Incomplete Residence Address Information	BAD RES ADDR	 A residence address transaction (Transaction Code 76) was rejected for one of the following reasons: The residence address information was incomplete – Residence Address Line 1 was empty. Residence City was empty. USPS state code was missing. Residence zip code was missing or non-numeric. The value specified for the Address Update/Delete Flag was blank or not valid. The supplied residence address information could not be resolved in terms of identifiable address components. The address was not a U.S. address. Plan Action: Correct address information and resubmit.		
263	F	Failed; Aplctn Date Invalid for Database Insertion	INVALID APP DT	 date was either not formatted as YYYYMMDD (e.g., "Aug 1940") or was formatted correctly but contained a nonexistent month or day (e.g., "19400199"). The transaction record does not appear on the DTRR data file is returned on the BCSS data file along with the failed record. Plan Action: Correct the date format and resubmit 		
265	A	Residence Address Change Accepted, New SCC	RES ADR SCC	 transaction. A residence address change transaction (Transaction Code 76) was accepted. The submitted residence address overrides the beneficiary's default address for the submitted effective period. The state and county code (SCC) and/or zip code used for enrollment changes and payments may have changed. The SCC and/or zip code in this residence address will be used for the effective period to determine if the beneficiary is out of area for the Plan. SCC values are returned in DTRR fields 9 (state code) and 10 (county code). The residence address period start date is in field 18 and any provided end date is in field 24. This TRC may be accompanied by TRC 154 if the submitted residence address has placed the beneficiary outside the Plan's service area. Plan Action: Update the Plan's records. 		

	Eligibility and Enrollment Transaction Reply Codes						
Code	Туре	Title	Short Definition	Definition			
266	R	Unable to Resolve SSA State County Codes	SCC UNRESOLVED	 A residence address transaction (Transaction Code 76) was rejected because SSA state and county codes (SCC) could not be resolved. The beneficiary's residence address was not changed. Plan Action: Confirm the address specified in the transaction. Update and resubmit the transaction if necessary; otherwise, contact your district office for assistance. 			
268	Ι	Beneficiary Has Dialysis Period	DIALYSIS EXISTS	This TRC is returned on an enrollment. It is intended to supply the Plan with additional information about the beneficiary. Each TRC 268 returns start and end dates for each dialysis period that overlaps the enrollment period. There may be more than one TRC 268 returned. The effective date for the dialysis period is shown in the Effective Date field (field 18). The end date, if one exists, is in the Open Data field (field 24). Plan Action: Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance.			
269	Ι	Beneficiary Has Transplant	TRNSPLNT EXISTS	 This TRC is returned on an enrollment. It is intended to supply the Plan with additional information about the beneficiary. Each TRC 269 returns transplant and failure dates for each kidney transplant that overlaps the enrollment period. There may be more than one TRC 269 returned. The transplant date is shown in the Effective Date field (field 18). The end date, if one exists, is shown in Transplant End Date (field 24). Plan Action: Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. 			
270	М	Beneficiary Transplant Has Ended	TRANSPLANT END	 This TRC is returned on a reply with Transaction Code 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS was notified that the beneficiary's transplant s failed or was an error. The effective date of the failure or removal is reported in field 18 of the DTRR record and in the EFF DATE column on the printed report. Plan Action: Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. 			

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
				This TRC is returned with Transaction Code 01. The beneficiary has an MSP (Medicare Secondary Payer) period that has been ended or updated. The MSP period change impacts payments for one or more of the beneficiary's enrollments in your plan. TRC 280 is sent to the Plan(s) that have enrollment(s) that are impacted by the change in the MSP period.		
280	М	Member MSP Period Ended	MEMBER NOT MSP	 Field 18 will contain the earliest date that the payments are impacted by the MSP period change, based on the MSP new/changed end date. Field 24 will contain the actual start date of the MSP period. Field 44 will contain the end date of the MSP period. 		
				Note: If the MSP period has both start and end dates, plans will receive both TRC 245 and 280.		
				Plan Action: Update the Plan's records accordingly.		
		Residence Address Deleted	RES ADR DELTD	The residence address associated with the DTRR effective date (in field 18) has been deleted and is no longer valid.		
282	А			The address was removed either through "delete" action via the 76 transaction or because an overlapping residence address change was submitted with the same or earlier effective date.		
				Plan Action: None required.		
283	R	Residence Address Delete Rejected	RJCTD ADR DELT	The residence address delete attempted was rejected. No residence address exists for the effective date provided. See DTRR field 18.		
		Rejected		Plan Action: Correct effective date and resubmit.		
				A Disenrollment Cancellation (Transaction Code 81) was rejected. The cancellation action attempted the reinstatement of the enrollment and this reinstatement could not be accomplished.		
284	R	Cancellation Rjctd, Prior Enroll/Disenroll Changed	NO REINSTATE	The reinstatement could not be accomplished because some aspect of the enrollment, or the beneficiary's status during that enrollment, has been changed by the Plan (examples include: 4Rx, Residence Address or Segment ID) prior to their issuance of this current cancellation transaction.		
				Plan Action: Enroll the beneficiary using a Transaction Code 61, Enrollment.		
285	Ι	Enrollment Cancellation Accepted	ACPT ENROLL CAN	An Enrollment Cancellation (Transaction Code 80) transaction was accepted. The identified enrollment is cancelled. The start date of the cancelled enrollment period is reported in the DTRR Effective Date field 18.		
				Plan Action: Update the Plan's records accordingly.		
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	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
286	R	Enrollment Cancellation Rejected	RJCT ENROLL CAN	An Enrollment Cancellation (Transaction Code 80) or an MMP Enrollment Cancellation (Transaction Code 81) transaction was rejected. Rejection occurred for one of the following reasons: The cancellation was submitted more than one month after the enrollment became active, the transaction attempts to cancel a Rollover, Auto or Facilitated Enrollment, or when the transaction attempts to cancel a closed enrollment period. Plan Action: Submit a Disenrollment transaction.		
287	А	Enrollment Reinstated	ENROLL REINSTAT	 The identified enrollment period was reinstated. The start date of the reinstated period is reported in the DTRR Effective Date field 18. The reinstatement occurred for one of the following reasons: For Transaction Code 80, cancellation of another Plan's enrollment. For Transaction Code 81, cancellation of Plan's disenrollment. For Transaction Code 82, cancellation of another Plan's enrollment. For Transaction Code 01, change or removal of a date of death. If the reinstated enrollment has an end date, it is reported in the DTRR field 24. The end date may or may not have existed with the enrollment originally. Plan Action: Update the Plan's records accordingly following CMS guidance for enrollment reinstatement. 		
288	А	Disenrollment Cancellation Accepted	ACPT DISNRL CAN	 A Disenrollment Cancellation (Transaction Code 81) transaction was accepted. The identified disenrollment was cancelled. The start date of the cancelled disenrollment period is reported in the DTRR Effective Date field 18. The Disenrollment Cancellation (Transaction Code 81) may have been submitted by a Plan or the result of a Date of Death Change or Date of Death Rescinded notification that cancels an auto-disenrollment that was created by a Date of Death notification. Plan Action: Update the Plan's records accordingly. 		

		Eligi	bility and Enrollme	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
289	R	Disenrollment Cancellation Rejected	RJCT DISNRL CAN	 A Disenrollment Cancellation (Transaction Code 81) transaction was rejected. Rejection occurred for one of the following reasons: Beneficiary was still enrolled in plan, never disenrolled. Beneficiary was not enrolled in the plan. Disenrollment being cancelled was not submitted by the Plan. Cannot restore prior enrollment due to associated disenrollment reason codes 5, 6, 8, 9, 10, 13, 15, 18, 19, 54, 56, 57, 61. Reinstated enrollment would conflict with another existing enrollment. The beneficiary is ineligible for enrollment due to confirmed Incarceration or Not Lawful Presence. Plan Action: Submit Enrollment transaction.
291	Ι	Enrollment Reinstated, Disenrollment Cancellation	ENROLL REINSTAT	 A Disenrollment Cancellation (Transaction Code 81) transaction cancelled a disenrollment and the enrollment was reinstated. The start date of the reinstated period is reported in the DTRR Effective Date field 18. If the reinstated enrollment has an end date, it is reported in the DTRR field 24. The end date may or may not have existed with the enrollment originally. Plan Action: Update the Plan's records accordingly following CMS guidance for enrollment reinstatement.
292	R	Disenrollment Rejected, Was Cancellation Attempt	NOT CANCELLATN	 A Disenrollment transaction (Transaction Code 51) was rejected. The submitted disenrollment effective date is the same as the enrollment start date. Only Auto or Facilitated enrollments may be cancelled using the Transaction Code 51. Plan Action: Submit an Enrollment Cancellation transaction (Transaction Code 80) if it is desired to cancel the enrollment; otherwise, correct the disenrollment effective date and resubmit.
293	А	Disenroll, Failure to Pay Part D IRMAA	FAIL PAY PTD IRMAA	 A disenrollment transaction (Transaction Code 51) has been successfully processed due to failure to pay Part D IRMAA. The last day of the enrollment is reported in DTRR fields 18 and 24. The disenrollment date is always the last day of the month. Plan Action: Ensure the Plan's system matches the information included in the DTRR record and that the beneficiary's disenrollment date matches the date in field 24. Take the appropriate actions as per CMS enrollment guidance.

		Eligil	oility and Enrollme	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
294	I	No 4Rx Insurance Changed	NO INSUR CHANGE	A 4Rx Change (Transaction Code 72) transaction was received with no primary or secondary insurance information provided on the transaction. No insurance data changes took place for this beneficiary. Plan Action: Resubmit with new 4Rx data as needed.
301	М	Merged Beneficiary Identifier Change	BENE MBI MERGE	 This TRC is returned on a reply with Transaction Code 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. This beneficiary had multiple conflicting beneficiary identifier (MBIs) which were merged under a single MBI. This DTRR reports the VALID MBI in field 1 and the INVALID MBI in field 24. Plan Action: Update the Plan's records to use the VALID MBI from field 1 for this beneficiary. The valid beneficiary identifier must be used on all future transactions for this beneficiary.
302	М	Enrollment Cancelled, Beneficiary Identifier Change	ENRL CNCL MERGE	 This TRC is returned on a reply with Transaction Code 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. This beneficiary had multiple conflicting MBIs, which were merged into one. Plan enrollments for the conflicting MBIs have been combined under a valid MBI. This enrollment conflicted with another existing enrollment. As a result, the conflicting enrollment period was cancelled. The effective date of the enrollment which has been cancelled is reported in the Effective Date field (18). The termination date of the enrollment (if present) is reported in field 24. Plan Action: Because the enrollment period is now cancelled, the enrollment period should be adjusted in the Plan's enrollment records. This change may impact premiums that you collected directly from the beneficiary. Take the appropriate actions as per CMS enrollment guidance.

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
303	М	Termination Date Change due to Beneficiary Merge	TRM DT CHG MERGE	 This TRC is returned on a reply with Transaction Code 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. This beneficiary had multiple conflicting beneficiary identifier (MBIs) which were merged into one. Plan enrollments for the conflicting MBIs have been combined under a valid MBI. This enrollment conflicted with another existing enrollment. Current enrollment rules regarding the application signature date were applied and this enrollment's termination date was changed from the original date. The effective date of the enrollment with the changed termination date is reported in the Effective Date field (18). The new termination date of this enrollment is reported in Field 24. Plan Action: Because the termination date has changed, the enrollment period should be adjusted in the Plan's enrollment records. This change may impact premiums that you collected directly from the beneficiary. Take the 		
305	М	ZIP Code Change	ZIP CODE CHANGE	 appropriate actions as per CMS enrollment guidance. A notification has been received that this beneficiary's zip code has changed. The new zip code is reported in field 24 of the DTRR. The effective date of the change is reported in field 18. Note: A reply with this TRC only reports changes in the Zip Code the beneficiary has on file with SSA/CMS. It does not report changes in a Plan-submitted Residence Address. Plan Action: Update the Plan's beneficiary records with the information in the DTRR. Take the appropriate actions as per CMS enrollment guidance. 		
307	А	MMP Passive Enrollment Accepted	PASSIVE ACCEPT	 This TRC is returned on a successful MMP passive enrollment transaction (TC 61). The effective date of the new enrollment is reported in DTRR field 18. This is the definitive MMP enrollment acceptance record. Other accompanying replies with different TRCs may give additional information about this enrollment. Plan Action: Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. 		

	Eligibility and Enrollment Transaction Reply Codes						
Code	Туре	Title	Short Definition	Definition			
308	R	MMP Passive Enrollment Rejected	PASSIVE REJECT	An MMP passive enrollment transaction (TC 61) was rejected because the beneficiary did not meet the MMP requirements or the beneficiary opted out of passive enrollment. The attempted enrollment effective date is reported in DTRR fields 18 and 24. Plan Action: Take the appropriate actions as per CMS enrollment guidance.			
309	Ι	No Change in MMP Opt-Out Flag	DUP FA OPT OUT	An MMP Opt-Out Record Update transaction (TCs 42, 83) was submitted; however, no data change was made to the beneficiary's record. The submitted transaction contained an MMP Opt-Out Flag value that matched the MMP Opt-Out already on record with CMS. This transaction did not affect the beneficiary's records. Plan Action: None required.			
310	R	MMP Opt-Out Rejected, Invalid Opt-Out Code	BAD FA OPT OUT	 An opt-out from CMS, disenrollment, or Plan submitted Opt-Out transaction (TCs 42, 51, 54, 82, 83) was rejected because the MMP Opt-Out Flag field was incorrectly populated. The valid values for MMP Opt-Out are: TCs 42 or 83 transactions - Y or N. All other TCs - Y, N, or space. Plan Action: If submitted by the Plan (TCs 51, 82, 83), correct the MMP Opt-Out Flag value and resubmit the transaction if appropriate. 			
311	А	MMP Opt-Out Accepted	FA OPT OUT ACPT	A transaction (TCs 42, 51, 54, 82, 83) was received that specified an MMP Opt-Out Flag value or a change to the MMP Opt-Out Flag value. The MMP Opt-Out Flag was accepted. The new MMP Opt-Out Flag value is reported in DTRR field 70. Plan Action: No action necessary.			
312	A	MMP Enrollment Cancellation Accepted	ACPT FA CANCEL	An Enrollment Cancellation (TC 82) was accepted. The identified enrollment was cancelled. The start date of the cancelled enrollment period is reported in DTRR field 18. Plan Action: Update the Plan's records accordingly.			
313	R	MMP Enrollment Cancellation Rejected	RJCT FA CANCEL	An MMP Enrollment Cancellation (TC 82) transaction was rejected because the cancellation was submitted after the enrollment became active. Plan Action: Submit a Disenrollment transaction.			

	Eligibility and Enrollment Transaction Reply Codes						
Code	Туре	Title	Short Definition	Definition			
314	R	Invalid Cancellation TC	BAD CANCEL CODE	 An enrollment cancellation transaction was rejected because the wrong Transaction Code (Field 16) was used. TC 82 can only be used for cancelling MMP enrollments. TC 80 is only used for cancelling non-MMP enrollments. Plan Action: Correct the TC and resubmit if appropriate. 			
315	R	Archived Beneficiary Transaction Rejected	ARCH BENE REJ	 This reply can be returned for all Transaction Codes. The transaction is rejected because it is for an archived beneficiary. A beneficiary is eligible for archiving under the following conditions: Deceased for 15 years with no activity for 2 years. No DOD, 120+ years of age and a BIC of M or T with no activity for 2 years. Plan Action: Double check the beneficiary information and submit a corrected transaction. Contact the MAPD Help Desk for assistance. 			
318	R	Invalid or Missing MMP Demo Enrlmt Source Code	INVALID MMP SRC	A Medicare and Medicaid Plan (MMP) enrollment transaction was rejected because the enrollment source code was missing or invalid. Valid values are J, K, and L. Plan Action: Correct the enrollment source code and resubmit.			
321	A	POS Drug Edit Accepted as Submitted	PSDE ACC	Obsolete as of 1/1/2019 A submitted POS Drug Edit transaction (Transaction Code 90) was successfully processed. The TRC is applicable for both update and delete transactions. The TRC will also be issued when a POS Drug Edit record is submitted via the MARx UI by a Plan User with POS Drug Edit Update Authority. Plan Action: None.			
322	Ι	New Enrollee POS Drug Edit Notification	PSDE ENR NOT	Obsolete as of 1/1/2019 The beneficiary had an active POS Drug Edit associated with the enrollment immediately preceding this enrollment. The contract ID associated with this earlier enrollment is supplied in DTRR data record field 24. This TRC supplies additional information about an accepted enrollment transaction. For a beneficiary with an active POS Drug Edit, the transaction reply with TRC322 is provided in addition to the reply with the enrollment acceptance TRC. Plan Action: Contact the Plan associated with the previous enrollment for pertinent details about the beneficiary's POS Drug Edit and overutilization case file.			

	Eligibility and Enrollment Transaction Reply Codes						
Code	Туре	Title	Short Definition	Definition			
323	R	POS Drug Edit Invalid Enrollment	PSDE INV ENR	 Obsolete as of 1/1/2019 A POS drug edit transaction (Transaction Code 90) was rejected for one of the following reasons: The notification, implementation, or termination date is outside of the contract enrollment period. There is an enrollment gap between two of the dates on the transaction. Plan Action: Correct the date(s) and resubmit the transaction, if appropriate. If the beneficiary re-enrolled in the Contract with a gap between the two enrollments, submit new records using a notification date that is equal to or later than the new enrollment effective date. 			
324	R	POS Drug Edit Invalid Contract	PSDE INV CON	 Obsolete as of 1/1/2019 A POS drug edit transaction (Transaction Code 90) was rejected because the submitting contract is: LiNet Plan. Not a Part D Plan. Plan Action: Correct the contract number and resubmit the POS Drug Edit transaction, if appropriate. 			
325	R	POS Drug Edit Status/Date Error	PSDE DATE ERR	 Obsolete as of 1/1/2019 A POS drug edit transaction (Transaction Code 90) was rejected due to one of the following date errors: POS status of N and: Implementation or Termination date is populated (these must be blank). POS status of I and: Required Implementation date is blank Termination date is populated (this must be blank). POS status of T and: Required Implementation (if exists) and/or Termination dates are blank. PIan Action: Correct the dates and resubmit the POS Drug Edit Transaction, if appropriate. 			
326	R	POS Drug Edit Implementation Date Incorrect	PSDE IMP DT INC	Obsolete as of 1/1/2019 A POS drug edit transaction (Transaction Code 90) with a status of I was rejected because the implementation date is before the notification date. Plan Action: Correct the dates and resubmit the POS			
327	R	POS Drug Edit Termination Date Incorrect	PSDE TERM DT INC	 Drug Edit Transaction, if appropriate. Obsolete as of 1/1/2019 A POS drug edit transaction (Transaction Code 90) with a status of T was rejected because: The termination date is before the implementation date if the latest status is I, or The termination date is before the notification date if the latest status is N. Plan Action: Correct the dates and resubmit the POS Drug Edit Transaction, if appropriate. 			

		Eligi	oility and Enrollm	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
328	R	POS Drug Edit Duplicate Transaction	PSDE DUP	 Obsolete as of 1/1/2019 A POS Drug Edit transaction (Transaction Code 90) was rejected because it is a duplicate. The submitted transaction matched the following values on an existing POS Drug Edit record: Status POS Drug Edit Class POS Drug Edit Code POS Drug Edit dates (notification, implementation and/or termination) This TRC will only be issued for update transactions not deleted.
329	R	POS Drug Edit Delete Error	PSDE DEL ERR	Plan Action: None required.Obsolete as of 1/1/2019A POS Drug Edit transaction (Transaction Code 90) was rejected because the transaction attempted to delete an existing POS Drug Edit but there was no corresponding existing record.Plan Action: Correct the information provided and resubmit the transaction, if appropriate.
330	R	POS Drug Edit Without Associated Records	PSDE WO ASSOC	 Obsolete as of 1/1/2019 A POS Drug Edit transaction (Transaction Code 90) was rejected because it was submitted for a beneficiary without a corresponding POS Drug Edit record. When Status = I - Submitted notification date must match an existing record. When Status = T - Both the submitted notification date and implementation date (if exists) must match an existing record(s). When Status = I or T - POS Drug Edit Class must match an existing notification record with the same notification date. When Status = I or T - POS Drug Edit Code must be the same or less restrictive as the notification record with the same notification date. When Status = T – POS Drug Edit Code must be the same or less restrictive as the notification record with the same implementation date provided. A notification record can only be associated with one implementation and termination record (same POS Drug Edit Class and POS Drug Edit Code). Plan Action: Verify the dates associated with the POS Drug Edit Code and Class were submitted. Correct and resubmit the transaction, if appropriate.

		Eligi	bility and Enrollme	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
331	R	Future POS Drug Edit Date Exceeds CCM Plus One	PSDE DT FUT	Obsolete as of 1/1/2019 A POS Drug Edit transaction (Transaction Code 90) was rejected because a submitted notification, implementation or termination date is later than the end of the month that follows the current calendar month. Plan Action: Correct the date(s) and resubmit the transaction, as appropriate.
332	F	Failed, PSDE Dates Invalid for Database Insertion	F PSDE DT INVAL	 Obsolete as of 1/1/2019 A POS Drug Edit transaction (Transaction Code 90) failed because one of the following dates was either not formatted as YYYYMMDD (e.g., "Aug 1940") or was formatted correctly but contained a nonexistent month or day (e.g., "19400199"): Notification Date. Implementation Date. Termination Date. The failed transaction record is not returned in the DTRR data file. It is returned on the Batch Completion Status Summary (BCSS) data file. Plan Action: Correct the date(s) and resubmit the transaction, as appropriate.
333	R	Reject, Invalid POS Drug Edit Status	PSDE INV STATUS	 Obsolete as of 1/1/2019 A POS Drug Edit transaction (Transaction Code 90) was rejected because the submitted POS Drug Edit Status field was blank or contained an invalid value. Valid values are: N – Notification. I – Implementation. Plan Action: Correct the POS Drug Edit Status and resubmit the transaction, if appropriate.
334	R	Reject, Invalid Drug Class	INV CLASS	 A CARA Status transaction (2019 or later) or a POS Drug Edit (2018 or earlier) (Transaction Code 90) was rejected because: the submitted Drug Class field was blank or contained an invalid value Plan Action: Correct the Drug Class and resubmit the transaction, if appropriate.
335	R	Reject, Invalid POS Drug Edit Code	PSDE INV CODE	Obsolete as of 1/1/2019 A POS Drug Edit transaction (Transaction Code 90) was rejected because the submitted Drug Edit Code field was blank or contained an invalid value. Plan Action: Correct the Drug Edit Code and resubmit the transaction, if appropriate.

		Eligit	oility and Enrollme	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
336	R	Reject, Invalid POS Drug Edit U/D	PSDE INV U/D	 Obsolete as of 1/1/2019 A POS Drug Edit transaction (Transaction Code 90) was rejected because the submitted POS Drug Edit Update/Delete flag was blank or contained an invalid value. Valid values are: U – Update. D – Delete. Plan Action: Correct the POS Drug Edit Update/Delete flag and resubmit the transaction, if appropriate.
337	А	POS Drug Edit Event Deleted - Plan	PSDE EVT DEL P	 Obsolete as of 1/1/2019 A Plan User with POS Drug Edit update Authority deleted a POS Drug Edit event via the MARx UI for this beneficiary. If the latest status was T (Termination), the associated Notification, Implementation (if exists) and Termination POS Drug Edit records were deleted. If the latest status was I (Implementation), the associated Notification and Implementation POS Drug Edit records were deleted. If the latest status was N, the Notification POS Drug Edit record was deleted. If the latest status was N, the Notification POS Drug Edit record was deleted. If the Notification record is associated with a different valid Implementation record the Notification record will not be deleted; it will remain associated with that event.
338	Ι	Enrollment Accepted, PPO Changed	PPO CHG	 CMS has changed the Premium Payment Option specified on the enrollment transaction because the beneficiary is enrolled in a LINET, MMP, or PACE plan. If the beneficiary premiums are zero, the PPO is changed to 'N – No Premium'. If the beneficiary premiums are greater than zero, the PPO is changed to 'D – direct bill'. This TRC may be generated in response to an accepted Enrollment or PBP change (Transaction Code 61). Plan Action: Update the Plan's beneficiary records to reflect the updated premium payment method.

	Eligibility and Enrollment Transaction Reply Codes						
Code	Туре	Title	Short Definition	Definition			
339	Ι	Enrollment Accepted, PBP Changed	PBP CHANGE OK	 A submitted Enrollment transaction (Transaction Code 61) for the Limited Income Newly Eligible Transition (LINET) Plan has been successfully processed. The beneficiary has been moved from the submitted PBP to the PBP that is active for the transaction processing date. Field 20 (Plan Benefit Package ID) contains the new PBP identifier. The submitted PBP is reported in Field 29 (Prior Plan Benefit Package ID). Plan Action: Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. 			
340	А	DISENROLLM ENT DUE TO MMP PASSIVE ENROLLMEN T	DISNROL- NEW MMP	The beneficiary has been automatically disenrolled from the Plan. The last day of enrollment is reported in DTRR fields 18 and 24. This date is always the last day of the month. This disenrollment results from an action by CMS or a state to passively enroll a full benefit dual eligible beneficiary into a Medicare-Medicaid Plan (MMP). Plan Action: Update the Plan's records to reflect the disenrollment using the date in field 24. Take the appropriate actions as per CMS enrollment guidance.			
342	R	Reject, Multiple Notification	PSDE MULT NOT	Obsolete as of 1/1/2019 A POS Drug Edit transaction (Transaction Code 90) was rejected because a valid notification record with the same contract, drug class, and notification date currently exists for this beneficiary. Plan Action: If appropriate, delete the existing			
343	I	CARA Status Drug Class Inactive	CARA CLASS OBS	notification and resubmit the transaction.The Drug Class is no longer valid for reporting CARAStatus records. This beneficiary has a CARA Statusrecord with a notification or implementation start or enddate that is after the end date for the Drug Class.Plan Action: End date or delete the impacted CARAStatus Records, if appropriate.			
344	R	Reject, More Restrictive Implementation OBSOLETE	PSDE RES IMP	Obsolete as of 1/1/2019 A POS Drug Edit transaction was rejected because the Drug Edit Code supplied on the implementation transaction is not less restrictive than a previous implementation associated with the same notification record. Plan Action: If a less restrictive implementation is correct, submit a new implementation transaction with the less restrictive Drug Edit Code. If the more restrictive implementation is correct, the beneficiary must be notified of the more restrictive implementation. Submit a new notification transaction with the more restrictive Drug Edit Code. Then, submit a new implementation transaction with the more restrictive Drug Edit Code.			

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
345	R	Enrollment Rejected – Confirmed Incarceration	CNFRMD INCARC	An enrollment transaction (Transaction Type 61) was rejected because the beneficiary has a Medicare Plan Ineligibility Period due to confirmed incarceration and the enrollment effective date falls within the Medicare Plan Ineligibility Period due to confirmed incarceration. The attempted enrollment effective date is reported in Daily Transaction Reply Report data file field 18 and 24. Plan Action: Update the Plan's records accordingly. Take the appropriate actions as per CMS enrollment guidance.		
346	М	Disenrollment due to Confirmed Incarceration	DISENROL INCARC	The beneficiary has a Medicare Plan Ineligibility Period due to confirmed incarceration. As a result, an existing enrollment that falls within the Medicare Plan Ineligibility Period was either shortened (disenrolled) or removed (cancelled). This TRC provides additional information about the disenrollment (TRC 018) or enrollment removal (TRC 015) which was sent as a separate reply in the same DTRR. The last day of the enrollment is reported in Transaction Reply Report data record field 18. This date will always be the day before the ineligibility start date due to incarceration. Plan Action: Update the Plan's records to reflect the removal of the existing enrollment or the disenrollment using the date in field 18. Take the appropriate actions as per CMS enrollment guidance.		

		Eligi	bility and Enrollm	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
347	I	Reenrollment due to Closed Incarceration Period	REENROLL INCARC	 This TRC provides additional information about an enrollment acceptance (TRC 011) which was sent as a separate reply in the same DTRR. An existing enrollment has been given a new start date because the beneficiary has a Medicare Plan Ineligibility Period due to a confirmed incarceration. The existing enrollment overlapped the end of the Medicare Plan Ineligibility Period and has been changed to begin the first day of the month when the Medicare Plan Ineligibility Period ended. When this occurs, the Plan will see the removal of the original enrollment (TRC 015 and TRC 346) followed by the reenrollment with the new enrollment effective date (TRC 011 and TRC 347). The start date of the reenrollment period is reported in the Daily Transaction Reply Report (DTRR) data record Effective Date field, Field 18. This date will always be the first day of the month that the Medicare Plan Ineligibility Period ended. Plan Action: Update the Plan's records accordingly. Take the appropriate actions as per CMS enrollment guidance.
348	R	Enrollment Rejected – Not Lawfully Present Period	CNFRMD NOTLAWFL	An enrollment transaction (Transaction Code 61) was rejected because the beneficiary's benefits have been suspended due to confirmed Not Lawfully Present period, and the enrollment effective date falls within the Medicare Plan Ineligibility period. Plan Action: Update the Plan's records accordingly. Take the appropriate actions as per CMS enrollment guidance.
349	Ι	Disenrollment Due to Not Lawfully Present Period	DISENRL NOTLAW PRESNT	The benefits for this beneficiary were suspended due to a confirmed Not Lawfully Present period. As a result, an existing enrollment that falls within the suspension period was either shortened (disenrolled) or removed (cancelled). This TRC provides additional information about the disenrollment (TRC 018) or enrollment removal (TRC 015), which was sent as a separate reply in the same DTRR. The last day of the enrollment is reported in Transaction Reply Report data record Field 18. Plan Action: Using the date in Field 18, update the Plan's records to reflect the disenrollment or the removal of the existing enrollment. Take the appropriate actions as per CMS enrollment guidance.

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
350	Ι	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		
351	A	IC Model Participation Accepted	IC MDL PRT ACC	A submitted IC Model Participation transaction (Transaction Code 91) was successfully processed. The TRC is applicable for both update and delete transactions. Plan Action: None		
352	R	IC Model Participation Duplicate Transaction	IC MDL PRT DUP	 An IC Model Participation transaction (Transaction Code 91) was rejected because it is a duplicate. The submitted transaction matched the following values on an existing IC Model Participation record: MBI. Contract and PBP. IC Model Indicator. IC Model Benefit Status Code. IC Model Start Date. IC Model End Date (if exists). IC Model End Date Reason Code. This TRC will only be issued for update transactions not deleted. Plan Action: Two options to correct this error: Edit the previous period so the new period will not overlap (put an end date on previous period record). If intent is to correct the Start Date of a previously submitted period, submit a Delete transaction with the original record data, then submit a new transaction with the new Start Date.		
353	R	IC Model Participation Delete Error	IC MDL DEL ERR	 An IC Model Participation transaction (Transaction Code 91) was rejected because the transaction attempted to delete an existing IC Model Participation entry but there was no corresponding existing record. Plan Action: Correct the information provided and resubmit the transaction, if appropriate. 		

	Eligibility and Enrollment Transaction Reply Codes						
Code	Туре	Title	Short Definition	Definition			
354	R	Reject, Invalid IC Model Type Indicator	NVLD IC MDL IND	 An IC Model Participation transaction (Transaction Code 91) was rejected because of one the following reasons: IC Model Type Indicator code was blank. IC Model Type Indicator code is not valid. IC Model Type Indicator code is not correct for the specified Contract/PBP. Valid values for the IC Model Type Indicator are '01' for VBID and '02' for MTM. Plan Action: Correct the information provided and resubmit the transaction, if appropriate. 			
355	R	Enrollment Rejected, Pln RO not in POVER file	PLN RO NT POVER	 This Plan-Submitted Rollover transaction was rejected because it was not submitted via a POVER file. The transaction was recognized as a 'Plan-Submitted Rollover' because it was submitted with Enrollment Source Code = 'N' (Rollover by Plan Transaction) or Election Type Code = 'C' (- Plan-submitted rollovers). Plan-submitted rollover enrollment transactions must have an Enrollment Source Code = 'N', Election Type Code = 'C', and must be submitted in a POVER special batch file. Plan Action: Correct the file header and resubmit the special batch file. The file header record should say POVER and go through the CMS approval process for a file of Plan-submitted rollover enrollment transactions. 			
356	R	Enrollment Rejected, Pln RO without ESC or ETC	PL RO WO C OR N	 This transaction was rejected because it contained an Enrollment Source Code or Election Type Code that indicated it was a Plan-Submitted Rollover, but only one of these values were submitted. Plan-submitted rollover enrollment transactions must have an Enrollment Source Code = 'N', Election Type Code = 'C', and be submitted in a POVER special batch file. Plan Action: Correct the enrollment source code or election type code and resubmit the special batch file. 			
357	R	Enrollment Rejected, Pln RO Impacts Dual Enroll	PLN RO DUAL ENR	 This Plan-Submitted Rollover transaction was rejected because it would disenroll a dual-enrolled beneficiary from both the MA and PDP plans. For example, a beneficiary is dual-enrolled in both an MA and a PDP Plan. If the MA Plan is rolled over to an MAPD Plan, the beneficiary would be disenrolled from both the MA and PDP plans. Plan Action: Review the beneficiary's enrollment and resubmit the rollover transaction if appropriate. 			

		Eligit	oility and Enrollme	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
358	F	Fail, IC Model End Date had an Invalid format	NVLD IC END DT	An IC Model Participation transaction (Transaction Code 91) failed because the IC Model End Date was either not formatted as YYYYMMDD (e.g., "08312013" or "Aug 2014") or was formatted correctly but contained a nonexistent month or day (e.g., "20170199"). Plan Action: Correct the IC Model End Date and resubmit the transaction, if appropriate.
359	R	ICM Trans Start Date is Incorrect	IC STRT DT ERR	 An IC Model Participation transaction (Transaction Code 91) was rejected because the IC Model Start Date is not within the contract/PBP IC Model period, or is not within the beneficiary's enrollment period for the contract/PBP specified in the transaction. Plan Action: Correct the IC Model Start Date, contract and PBP, and resubmit the transaction, if appropriate.
360	R	Reject, Invalid IC Model U/D	IC MDL INV U/D	 An IC Model Participation transaction (Transaction Code 91) was rejected because the submitted Update/Delete flag was blank or contained an invalid value. Valid values are: U – Update. D – Delete. Plan Action: Correct the Update/Delete flag and resubmit the transaction, if appropriate.
361	R	Reject, Invalid IC Model End Date Reason Code	IC END RSN ERR	 An IC Model Participation transaction (Transaction Code 91) was rejected because the submitted End Date Reason Code field was blank when an End Date is present in the transaction or contained an invalid value. Valid values are: 01 – No Longer Eligible 02 – Opted out of program 03 – Benefit Status Change Plan Action: Correct the End Date Reason Code and resubmit the transaction, if appropriate.
362	R	IC Model End Date Incorrect	IC END DT ERROR	 An IC Model Participation transaction (Transaction Code 91) was rejected because the IC Model End Date: Is earlier than the IC Model Start Date or Is after the Enrollment End Date. Plan Action: Correct the IC Model End Date and resubmit the transaction, if appropriate.
363	R	ICM Trans Dates Overlap an Existing ICM Prd	OVERLAP DATES	 An IC Model Participation update transaction (Transaction Code 91) was rejected because the IC Model Start or End Date overlaps an existing IC Model period for a beneficiary that has the same contract number, PBP, and Transaction Code indicator. Plan Action: Submit a Transaction Code 91 with Delete for the stored IC Model Participation record. Submit a second Transaction Code 91 with Update and the new dates.

	Eligibility and Enrollment Transaction Reply Codes						
Code	Туре	Title	Short Definition	Definition			
365	R	Reject, Invalid IC Model Benefit Status Code	BNFT STUS ERR	 An IC Model Participation transaction (Transaction Code 91) was rejected because the submitted Benefit Status Code field was blank or contained an invalid value when the IC Model Type Indicator is '01' (VBID). Valid values are: 01 – Full Status. 02 – Unearned Status. Plan Action: Correct the Benefit Status Code and resubmit the transaction, if appropriate. 			
366	М	Community Medicaid Status	MEDICAID UPDATE	 This TRC is returned on a reply with Transaction Code 01. An update has been made to the Medicaid status used to determine the Community Risk Adjustment Factor that will impact future payments. The effective date of the change of Medicaid status is reported in Field 18. The new Medicaid status is reported in Field 87: F – Full Dual. P – Partial Dual. N – Non-dual. Plan Action: Update the Plan's records. Take the appropriate actions as per CMS guidance. 			
367	R	Enrollment Rejected, incorrect ESC or ETC	BAD ESC OR ETC	 This enrollment transaction was rejected because it contained an Enrollment Source Code or Election Type Code that indicated it was a default enrollment transaction, but only one of these values was submitted. Plan-submitted default enrollment transactions must have an Enrollment Source Code = 'B' and Election Type Code = 'J'. Plan Action: Correct the enrollment source code or election type code and resubmit the enrollment transaction. 			

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
				This TRC is returned with Transaction Codes 61, 76, 77, 80, 81, or 82. The beneficiary has an existing MSP (Medicare Secondary Payer) period. This TRC accompanies an enrollment acceptance TRC that is included in the same DTRR. It provides additional information related to the beneficiary's accepted enrollment.		
368	Ι	Member MSP Period Exists	MEMBER HAS MSP	One TRC 368 for each MSP period is sent to the plan(s) that have enrollment(s) impacted by the MSP period.		
				 Field 18 contains the Start Date of the payments impacted by the MSP period change. Field 24 contains the actual start date of the MSP period. Field 44 contains the end date of the MSP period. 		
				Plan Action: Update the Plan's records accordingly.		
369	R	Enrollment Rejected, IEP/ICEP enroll available	IEP/ICEP AVAIL	This default enrollment transaction (Transaction Code 61) was rejected because an IEP/ICEP enrollment transaction with the same application date was already accepted.		
507				Plan Action: Update the Plan's records accordingly. Take the appropriate actions as per CMS enrollment guidance.		
370	R	Enrollment Rejected, Invalid Plan for DEM	INVAL DEM PLN	This default enrollment transaction (Transaction Code 61) was rejected because it was submitted for an invalid Plan. Default enrollments are only valid for plans approved by CMS.		
				Plan Action: Update the Plan's records accordingly. Take the appropriate actions as per CMS enrollment guidance.		
373	R	Rejected, Bene without MA Enrl or ICEP	REJECT MAOEP	 This Medicare Advantage Open Enrollment Period (MA-OEP) transaction was rejected because one of the Transaction Codes below was submitted and the beneficiary is not actively enrolled in an MA or MAPD plan with the ICEP Election Type Code (i.e. – the beneficiary is not newly MA-eligible). The enrollment (Transaction Code 61) transaction was submitted with an application date that is outside the regular MA-OEP (i.e. – the application date is not within January 1 – March 31), and within the beneficiary's first three months of entitlement to Part A and Part B, or The disenrollment (Transaction Code 51 or 54) transaction was submitted with an effective date that is outside the regular MA-OEP (i.e. – the effective date is not February 1, March 1, or April 1), and within the beneficiary's first three months of entitlement to Part A and Part B. 		
				Plan Action: Update the Plan's records accordingly. Take the appropriate actions as per CMS enrollment guidance.		

		Eligi	bility and Enrollm	nent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
374	R	LIS SEP Enrollment/ Disenrollment Rejected	LIS SEP REJ	 This TRC will only be returned on enrollment transactions submitted with election type L. This LIS SEP transaction ('L' election type code) was rejected because the beneficiary has a CARA Status and The application date on the enrollment transaction (Transaction Code 61) is after a CARA status notification start date and before the later of a notification or implementation end date. or The effective date on the disenrollment transaction (Transaction Code 51 or 54) is after a CARA status notification start date and before the later of a notification or implementation end date.
375	А	CARA Status Accepted as Submitted	CARA ACC	A submitted CARA Status transaction (TC 90) was successfully processed. The TRC is applicable for add, update and delete transactions. The TRC will also be issued when a CARA Status record is submitted via the MARx UI by a Plan User with CARA Status Update Authority. Plan Action: None
376	Ι	New Enrollee CARA Status Notification	CARA ENR NOT	The beneficiary had an active CARA Status associated with the enrollment immediately preceding this enrollment. The contract ID associated with this earlier enrollment is supplied in DTRR data record field 24. This TRC supplies additional information about an accepted enrollment transaction. For a beneficiary with an active CARA Status, the transaction reply with TRC376 is provided in addition to the reply with the enrollment acceptance TRC. Plan action: Contact the Plan associated with the previous enrollment for pertinent details about the beneficiary's CARA Status Risk Status and overutilization case file.
377	R	CARA Status Invalid Enrollment	CARA INV ENR	 A CARA Status transaction (TC 90) was rejected for one of the following reasons: The notification or implementation start or end date is outside of the contract enrollment period There is an enrollment gap between two of the dates on the transaction Plan Action: Correct the date(s) and resubmit the transaction, if appropriate. If the beneficiary re-enrolled in the Contract with a gap between the two enrollments, submit new records using a notification start date that is equal to or later than the new enrollment effective date.

	Eligibility and Enrollment Transaction Reply Codes						
Code	Туре	Title	Short Definition	Definition			
378	R	CARA Status Invalid Contract	CARA INV CON	 A CARA Status transaction (TC 90) was rejected because the submitting contract is: A LI-Net Plan Not a Part D Plan Plan Action: Correct the contract number and resubmit the CARA Status transaction, if appropriate. 			
379	R	CARA Date Invalid	CARA DT INVAL	 A CARA Status transaction (TC 90) rejected because one of the following occurred: Notification end date prior to notification start date Implementation end date prior to implementation start date Implementation end date without an implementation start date Notification end date more than 60 days from notification start date Implementation start date later than one day after the notification end date Implementation start date is before notification start date 			
380	R	CARA Status Duplicate Transaction	CARA DUP	 A CARA Status transaction (TC 90) was rejected because it is a duplicate. The submitted transaction matched the following values on an existing CARA Status record: Notification start and end dates If the notification end date exists Implementation start and end dates If either exists POS Edit Code (PS1, PS2 or blank) Prescriber Limitation (Yes or No) Pharmacy Limitation (Yes or No) Drug Class Code This TRC will only be issued for add and update transactions, not delete transactions. Plan Action: None required.			
381	R	CARA Limitation Overlap	CARA LMT OVRLP	 A CARA Status transaction (TC 90) was rejected because it caused an overlap with an existing CARA Status record within the same date ranges. An overlap is defined as two records for the same beneficiary, contract, drug class with any of the below simultaneously: POS Edit Codes – either the same or different Prescriber Limitation Pharmacy Limitation Plan Action: Correct the transaction and resubmit the transaction, as appropriate. 			

	Eligibility and Enrollment Transaction Reply Codes						
Code	Туре	Title	Short Definition	Definition			
382	R	Invalid Implementation End	INVL IMPL END	 This CARA Status transaction (TC 90) was rejected because The original implementation end date is one year from the implementation start date OR A subsequent update will cause the implementation end date to be more than two years after the implementation start date. Plan Action: Correct the date(s) and resubmit the transaction, as appropriate. 			
383	R	Late Implementation Extension	LATE IMPL EXTN	 This CARA Status "Update" transaction (TC 90) was rejected because there was an end date extension after: An implementation end date has passed AND The transaction was submitted more than thirteen months from the implementation start date Plan Action: Correct the date(s) and resubmit the transaction, as appropriate. 			
384	R	Blank CARA Transaction	BLANK CARA TRNS	This CARA Status "Add" transaction (TC 90) was rejected because the POS Edit Status Code, Prescriber Limitation, AND Pharmacy Limitation are ALL 'N' (no) or blank This CARA Status "Update" transaction (TC 90) was rejected because as a result of processing the transaction, the POS Edit Status Code, Prescriber Limitation, AND Pharmacy Limitation would ALL be 'N' (no) or blank Plan Action: Correct the transaction and resubmit, as appropriate. An add or update transaction must have a value of 'Y' for at least one of the following fields: POS Edit Status Code, Pharmacy Limitation, or Prescriber Limitation. A delete transaction may be necessary, instead of an add or update transaction.			
385	R	CARA POS Edit Status /Code Error	POS STATUS ERR	 This CARA Status transaction (TC 90) was rejected because the submitted: POS Edit Status field is blank or N and the POS Edit Code field is populated with PS1 or PS2 POS Edit Status field is Y but the POS Edit Code field is blank Plan Action: Correct the POS Edit Code and resubmit the transaction, as appropriate. 			
386	R	Invalid CARA Edit Code/Limitation	INV EDIT/LIMIT	 This CARA Status transaction (TC 90) was rejected because the submitted: Prescriber Limitation Status contains an invalid value OR Pharmacy Limitation Status contains an invalid value OR POS Edit Status contains an invalid value OR POS Edit Code contains an invalid value Plan Action: Correct the Limitation and/or POS Edit and resubmit the transaction, as appropriate. 			

	Eligibility and Enrollment Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
387	R	CARA Status Delete Error	CARA DEL ERR	 A CARA Status transaction (TC 90) was rejected because the transaction attempted to delete an existing CARA Status Record but there is no corresponding existing record. Plan Action: Correct the information provided and resubmit the transaction, if appropriate. 		
388	R	Future CARA Status Start Date Exceeds CCM Plus One	CARA FUT	A CARA Status transaction (TC 90) was rejected because the submitted notification or implementation start date is later than the end of the month that follows the current calendar month. Plan Action: Correct the date(s) and resubmit the transaction, as appropriate.		
389	F	Failed, CARA Status Date Invalid for DB Insertion	F CARA DT INVAL	 A CARA Status transaction (TC 90) failed because one of the following dates is either not formatted as YYYYMMDD (e.g., "Aug 1940") or is formatted correctly but contains a nonexistent month or day (e.g., "19400199"): Notification Start Date A blank notification start date on a transaction (TC 90) Notification End Date Implementation Start Date Implementation End Date The failed transaction record is not returned in the DTRR data file. It is returned on the Batch Completion Status Summary (BCSS) data file. Plan Action: Correct the date(s) and resubmit the		
390	R	Reject, Invalid CARA A/U/D	CARA INV A/ U/D	 transaction, as appropriate. A CARA Status transaction (TC 90) was rejected because the submitted Add/Update/Delete flag is blank or contains an invalid value. Valid values are A (Add), U (Update) or D (Delete). Plan Action: Correct the Add/Update/Delete flag and resubmit the transaction, if appropriate. 		
391	R	INV UPD FOR LEGACY REC OR CARA STRT DT PRIOR 2019	INV LGCY U/STRT	 A CARA Status transaction (TC 90) was rejected because: The CARA notification start date is before 1/1/2019 OR The Legacy POS Edit is inactive Plan Action: Correct the transaction and resubmit the transaction, if appropriate. 		

394	R	Rejected; Invalid Personal Information	BAD PRSNL INFO	 This TRC will be generated in response to invalid data submitted on a Personal Information Change Transaction (Transaction Code 92): Preferred Language Other than English (Must be S, O, X, or Space) S – Spanish O – Other X - Remove current value in MARx and set to Blank (Space) Accessible Format (Must be B, L, A, or Space) B – Braille L – Large Print A – Audio CD X - Remove current value in MARx and set to Blank (Space) Ethnicity (Must be Y or blank for each applicable option. Multiple Y entries are valid unless the Form left blank option is set to Y.) Not of Hispanic, Latino/a or Spanish Origin Puerto Rican Another Hispanic, Latino or Spanish Origin Mexican, Mexican American, Chicano/a Cuban I choose not to answer Form left blank Race (Must be Y or blank for each applicable option. Multiple Y entries are valid unless Form left blank option is set to Y.) White Black or African American, Chicano/a Cuban I choose not to answer Form left blank Race (Must be Y or blank for each applicable option. Multiple Y entries are valid unless Form left blank option is set to Y.) White Black or African American American Indian or Alaska Native Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian Native Hawaiian Samoan Guamanian or Chamorro Other Pacific Islander I choose not to answer Form left blank Plan Action: Resubmit the 92 transaction with the corrected values.
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Eligibility and Enrollment Transaction Reply Codes							
Code	Туре	Title	Short Definition	Definition			
395	А	Info Accepted as Submitted	PRSNL INFO ACPT	This TRC will be generated in response to a Personal Information Change Transaction (Transaction Code 92) or an Enrollment or PBP Change (Transaction Code 61) when ALL the data fields are valid. Plan Action : None Required			
396	I	Invalid Personal Information Submitted	BAD PRSNL INFO	 This TRC will be generated (as an informational TRC) in response to one or more of the following invalid data fields on an Enrollment or PBP Change (Transaction Type 61): Ethnicity (Must be 'Y' or Space) NEW o At least one Ethnicity option or 'I choose not to answer' or 'Form left blank' must be chosen Race (Must be 'Y' or Space) NEW o At least one Race option or 'I choose not to answer' or 'Form left blank' must be chosen Preferred Language Other than English (Must be S, O, X, or Space) S – Spanish O – Other X - Remove current value in MARx and set to Blank (Space) Accessible Format (Must be B, L, A, or Space) B – Braille L – Large Print A – Audio CD X - Remove current value in MARx and set to Blank (Space) Ethnicity (Must be Y or blank for each applicable option. Multiple Y entries are valid unless the Form left blank option is set to Y.) Not of Hispanic, Latino/a or Spanish Origin Mexican, Mexican American, Chicano/a Cuban I choose not to answer Form left blank Race (Must be Y or blank for each applicable option. Multiple Y entries are valid unless the Form left blank option is set to Y.) Not of Hispanic, Latino or Spanish Origin Mexican, Mexican American, Chicano/a Cuban I choose not to answer Form left blank			

		Eligit	oility and Enrollme	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
				○ Filipino
				o Japanese
				o Korean
				• Vietnamese
				• Other Asian
				 Native Hawaiian
				o Samoan
				 Guamanian or Chamorro
				• Other Pacific Islander
				• I choose not to answer
				• Form left blank
				Plan Action: Submit a 92 transactions with the corrected values.
397	R	TRANSACTIO N REJECTED; INVALID SEP REASON CODE	BAD SEP RSN CD	An enrollment (Transaction Code 61), or disenrollment (Transaction Code 51 or 54) with Election Type Code S- Special Election Period (SEP) was rejected because the SEP Reason Code was blank or invalid.
				Plan Action : Resubmit the enrollment or disenrollment with a valid SEP Reason Code or with a different Election Type Code.
399	R	SEP RSN CODE UPDATE REJECTED: INVALID PLAN TYPE	BAD SEPRSN PLAN	A submitted Update Enrollment SEP Reason Code (Transaction Code 93) or Update Disenrollment SEP Reason Code (Transaction Code 94) was rejected because the contract was not a Plan type that can submit this type of update, (i.e., the Plan type is a non-drug-COST, or MMP contract.)
				Plan Action: Since Transaction Code 93 or 94 cannot be used with the Plan Type, the transaction should not be resubmitted.
400	R	SEP RSN CODE UPDATE REJECTED: NO MATCHING	SEP ENR NOT FND	A submitted Update Enrollment SEP Reason Code (Transaction Code 93) or Update Disenrollment SEP Reason Code (Transaction Code 94) was rejected because no enrollment was found that matched the submitted transaction.
		ENRLMT		Plan Action: Verify that the contract, PBP, and effective date are valid for an 'S' election type code enrollment/disenrollment then resubmit with the correct contract, PBP and effective date if appropriate.
401	R	SEP RSN CODE UPDATE REJECTED: INVALID SEP PSN CODE	BAD UPD SEP RSN	A submitted Update Enrollment SEP Reason Code (Transaction Code 93) or Update Disenrollment SEP Reason Code (Transaction Code 94) was rejected because the SEP Reason Code was not valid for the plan type.
		RSN CODE		Plan Action: Resubmit with a valid SEP Reason Code. For a list of valid SEP Reason Codes see the Election Type "S – Special Election Period (SEP)" Reason Code table.

		Eligi	bility and Enrollme	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
402	A	SEP RSN CODE UPDATE ACCEPTED	SEP RSN UPD ACC	A submitted Update Enrollment SEP Reason Code (Transaction Code 93) or Update Disenrollment SEP Reason Code (Transaction Code 94) was accepted. Plan Action: Ensure the Plan's system matches the information included in the DTRR record.
403	F	Sys failure encountered – Resubmit transaction	SYS FAIL: RESUB	 A transaction failed because there was a system failure (e.g., – system/connection issue). This TRC is returned in the Batch Completion Status Summary (BCSS) Report along with the failed record and is not returned in the DTRR. Plan Action: Resubmit the transaction. If the same beneficiary receives multiple TRC403, contact the MAPD Help Desk.
406	Ι	PLAN/SCC SERVICE AREA REDUCTION	SAREA REDUCED	 This TRC is returned for a residence address change transaction (Transaction Code 76), enrollment cancellation transaction (Transaction Code 80), disenrollment cancellation transaction (Transaction Code 81), and MMP enrollment cancellation (Transaction Code 81), and MMP enrollment cancellation (Transaction Code 82) [enrollment reinstatement]. TC76 – A change in the beneficiary's residence address places the beneficiary in a State and County Code (SCC) that is reduced by the Plan. TC80, TC81 and TC82 – the enrollment reinstatement was successful, but the beneficiary's State and County Code (SCC) is located in a service area that is reduced by the Plan. This is not a transaction rejection. The submitted transaction was accepted and a reply was provided in the DTRR with an appropriate acceptance TRC.
701	A	New UI Enrollment (Open Ended)	UI ENROLLMENT	 Plan Action: Take the appropriate action as per CMS enrollment guidance. A CMS User enrolled this beneficiary in this contract under the indicated PBP (if applicable) and segment (if applicable). DTRR data record, field 18 contains the enrollment effective date. This is an open-ended enrollment, which does not have a disenrollment date. The Part C Premium amount may have been populated automatically with the base Part C premium amount. Plan Action: Update the Plan's beneficiary records with the information in the DTRR. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance.

	Eligibility and Enrollment Transaction Reply Codes						
Code	Туре	Title	Short Definition	Definition			
702	A	UI Fill-In Enrollment	UI FILL-IN ENRT	 A CMS User enrolled this beneficiary in this contract under the indicated PBP (if applicable) and segment (if applicable). This enrollment is a Fill-In Enrollment and represents a complete enrollment period that begins on the date in DTRR data record field 18 and ends on the date in field 24. This is a distinct enrollment period and does not affect any existing enrollments. The Part C Premium amount may have been populated automatically with the base Part C premium amount. Plan Action: Update the Plan's records to reflect the beneficiary's enrollment as of the effective date in Daily Transaction Reply Report data record field 18 and ending on the date in field 24. This end date should not affect the beginning of any existent enrollment periods. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance. 			
703	А	UI Enrollment Cancel (Delete)	UI ENROLL CANCL	 A CMS User cancelled the beneficiary's existing enrollment and the beneficiary is disenrolled. When an enrollment is cancelled, it means that the enrollment never occurred. DTRR field 18 contains the effective date (start date) of the cancelled enrollment period. Plan Action: Remove the indicated enrollment from the Plan's records. Take the appropriate actions as per CMS enrollment guidance. 			
704	А	UI Enrollment Cancel PBP Correction	UI CNCL PBP COR	 A CMS User updated the PBP on an existing enrollment. This generates two transaction replies, a Transaction Code 51 with TRC 704 and a Transaction Code 61 with TRC 705. This reply with TRC 704 (Transaction Code 51) represents the cancellation of the enrollment in the original PBP. The effective (start) and disenrollment (end) dates of the enrollment being cancelled are found in DTRR fields 18 & 24, respectively. When an enrollment is cancelled it means that the enrollment never occurred. Plan Action: Remove the indicated enrollment in the original PBP from the Plan's records. Look for the accompanying reply with TRC 705 to determine the replacement enrollment period. Take the appropriate actions as per CMS enrollment guidance. 			

	ent Transaction Reply Codes			
Code	Туре	Title	Short Definition	Definition
705	А	UI Enrollment PBP Correction	UI ENR PBP COR	A CMS User updated the PBP on an existing enrollment. This generates two transaction replies, a Transaction Code 51 with TRC 704 and a Transaction Code 61 with TRC 705. This reply with TRC 705 (Transaction Code 61) represents the enrollment in the new PBP. The effective (start) and disenrollment (end) dates of the enrollment in this new PBP are found in DTRR fields 18 & 24, respectively. This enrollment should replace the enrollment cancelled by the associated Transaction Code 51 transaction (TRC 704). The Part C Premium amount may have been populated
				automatically with the base Part C premium amount. Plan Action: Update the Plan records to reflect the beneficiary's enrollment in the new Contract, PBP. Look for the accompanying reply with TRC 704 to ensure that the original PBP enrollment was cancelled. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as
708	A	UI Assigns End Date	UI ASSGN END DT	 per CMS enrollment guidance. A CMS User assigned an end date to existing open-ended enrollment. The last day of enrollment is in Daily Transaction Reply Report data record field 18. The enrollment effective date (start date) remains unchanged. Plan Action: Update the Plan records to reflect the beneficiary's disenrollment from the Plan. Take the appropriate actions as per CMS enrollment guidance.
709	A	UI Moved Start Date Earlier	UI ERLY STRT DT	A CMS User updated the start date of an existing enrollment to an earlier date. This reply has a Transaction Code of 61. The new start date is reported in DTRR field 18 (Effective Date) and the original start date is reported in field 24. The existing enrollment was changed to begin on the date in DTRR field 18. The end date of the existing enrollment (if it exists) remains unchanged. The Part C Premium amount may have been populated automatically with the base Part C premium amount. Plan Action: Locate the enrollment for this beneficiary that starts on the date in field 24. Update the Plan records for this enrollment to start on the date in field 18. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance.

	Eligibility and Enrollment Transaction Reply Codes						
Code	Туре	Title	Short Definition	Definition			
710	A	UI Moved Start Date Later	UI LATE STRT DT	 A CMS User updated the start date of an existing enrollment to a later date. This reply has a Transaction Code of 51. The new start date is reported in field 18 (effective date) and the original start date is reported in DTRR field 24. The existing enrollment has been reduced to begin on the date in DTRR field 18. The end date of the existing enrollment (if it exists) remains unchanged. Plan Action: Locate the enrollment for this beneficiary that starts on the date in field 24. Update the Plan records for this enrollment to start on the date in field 18. Take 			
711	A	UI Moved End Date Earlier	UI ERLY END DT	 the appropriate actions as per CMS enrollment guidance. A CMS User updated the end date of an existing enrollment to an earlier date. This reply has a Transaction Code of 51. The new end date is reported in field 18 (effective date) and the original end date is reported in Daily Transaction Reply Report data record field 24. The existing enrollment was reduced to end on the date in Daily Transaction Reply Report data record field 18. The start date of the existing enrollment remains unchanged. Plan Action: Locate the enrollment for this beneficiary that ends on the date in field 24. Update the Plan records for this enrollment to end on the date in field 18. Take the appropriate actions as per CMS enrollment guidance. 			
712	А	UI Moved End Date Later	UI LATE END DT	 A CMS User updated the end date of an existing enrollment to a later date. This reply has a Transaction Code of 61. The new end date is reported in field 18 (effective date) and the original end date is reported in DTRR field 24. The existing enrollment was extended to end on the date in DTRR field 18. The start date of the existing enrollment remains unchanged. The Part C Premium amount may have been populated automatically with the base Part C premium amount. Plan Action: Locate the enrollment for this beneficiary that ends on the date in field 24. Update the Plan records for this enrollment to end on the date in field 18. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance. 			

		Eligi	bility and Enrollm	ent Transaction Reply Codes
Code	Туре	Title	Short Definition	Definition
713	A	UI Removed Enrollment End	UI REMVD	A CMS User removed the end date from an existing enrollment. This reply has a Transaction Code of 61. DTRR field 18 (effective date) contains zeroes (00000000) and the original end date is reported in field 24. The existing enrollment was extended to be an open- ended enrollment. The start date of the existing enrollment remains unchanged. The Part C Premium amount may have been populated
/15	Λ	Date	END DT	automatically with the base Part C premium amount. Plan Action: Locate the enrollment for this beneficiary that ends on the date in DTRR field 24. Update the Plan
				records for this enrollment to remove the end date and to extend this enrollment to be an open-ended enrollment. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance.
714	Ι	UI Part D Opt- Out Change Accepted	UI OPT OUT OK	A CMS User added or changed the value of the Part D Opt-Out Flag for this beneficiary. The new Part D Opt- Out Flag is reported in Daily Transaction Reply Report data record field 38 on the DTRR record.
715	М	Medicaid Change Accepted	MCAID CHG ACEPT	Plan Action: Update the Plan's records accordingly.A CMS User changed the beneficiary's Medicaid status.This may or may not have changed the beneficiary'sactual status since multiple sources of Medicaidinformation are used to determine the beneficiary's actualMedicaid status.
				The Plan will see the result of any changes to the beneficiary's actual Medicaid status included in the next scheduled update of Medicaid status.
				Plan Action: Update the Plan's records accordingly.A CMS User updated the beneficiary's Number of
716	Ι	UI changed the Number of Uncovered Months	UI CHGD NUNCMO	Uncovered Months. Plan Action: Update the Plan's records accordingly. Ensure that the Plan is billing the correct amount for the LEP. Take the appropriate actions as per CMS enrollment guidance.
717	Ι	UI changed only the Application Date	UI CHGD APP DT	A CMS User updated only the Application Date of a beneficiary's enrollment, which results in a blank TC on the DTRR, field 16.
718	Ι	UI MMP Opt- Out Change Accepted	UI MMP OPTOUT OK	Plan Action: Update the Plan's records accordingly.A CMS User added or changed the value of the MMPOpt-Out Flag for this beneficiary. The new MMP Opt- Out Flag is reported in DTRR data record field 70.
		- -		Plan Action: Update the Plan's records accordingly.

	Eligibility and Enrollment Transaction Reply Codes						
Code	Туре	Title	Short Definition	Definition			
719	I	UI Enrollment Source Code Accepted	UI ENRL SRC OK	A CMS User updates the Enrollment Source Code on this beneficiary's enrollment record.Plan Action: Update the Plan's records accordingly.			
720	Ι	CMS Audit Review POS Drug Edit	PSDE REVIEW	A CMS User flagged this beneficiary's POS Drug Edit for review. Plan Action: Review the POS Drug Edit transactions for this beneficiary and submit corrections if appropriate. Contact CMS via e-mail at <u>PartDPolicy@cms.hhs.gov</u> with subject "POS Edit Reporting" to discuss the flagged POS Drug Edit information.			
721	А	POS Drug Edit Accepted as submitted –UI	PSDE ACC UI	A CMS User added (updated) or deleted a POS Drug Edit record via the MARx UI for this beneficiary. Plan Action: None.			
722	А	POS Drug Edit Event Deleted - CMS	PSDE EVT DEL C	 A CMS User deleted a POS Drug Edit event via the MARx UI for this beneficiary. If the latest status was T (Termination), the associated Notification, Implementation (if exists) and Termination POS Drug Edit records were deleted. If the latest status was I (Implementation), the associated Notification and Implementation POS Drug Edit records were deleted. If the latest status was N, the Notification POS Drug Edit records were deleted. If the latest status was N, the Notification POS Drug Edit records were deleted. If the latest status was N, the Notification POS Drug Edit records were deleted. 			
723	А	CARA Status Accepted as submitted- UI	CARA ACC UI	A CMS User added or updated a CARA Status record via the MARx UI for this beneficiary. Plan Action: None			
724	А	CARA Status Deleted - CMS	CARA DEL C	A CMS User deleted a CARA Status record via the MARx UI for this beneficiary. Plan Action: None			
725	A	UI SEP RSN CODE UPDATE ACCEPTED	UI SEP RSN UPD	An Enrollment SEP Reason Code or a Disenrollment SEP Reason Code update was submitted from the MARx UI and was accepted. Plan Action: Update the Plan's beneficiary records with the information in the DTRR.			
990 – 995				These codes appear only on special DTRRs that are generated for specific purposes; for example, those generated to communicate Full Enrollment or to report beneficiaries losing low-income deeming. When a special DTRR produces one of these TRCs, CMS will provide the Plans with communications which define the TRC descriptions and Plan Actions (if applicable).			

	Eligibility and Enrollment Transaction Reply Codes					
Code	CodeTypeTitleShort Definition			Definition		
996	Ι	EOY Loss of Low Income Subsidy Status	EOY LOSS SBSDY	Identifies those beneficiaries who are losing their deemed or LIS Applicant status as of December 31st of the current year with no low income status determined for January of the following year.		
997 – 999				Plan Action:Update Plan records accordingly.These codes appear only on special DTRRs that are generated for specific purposes; for example, those generated to communicate Full Enrollment or to report beneficiaries losing low-income deeming. When a special DTRR produces one of these TRCs, CMS will provide the Plans with communications which define the TRC descriptions and Plan Actions (if applicable).		

4 Low Income Subsidy (LIS) Status

To establish the correct premium, cost sharing, and deductible levels with the correct effective dates for current, prior, and prospective enrollees, Part D sponsors should refer to the Daily Transaction Reply Report (DTRR).

The DTRRs provide full replacement LIS profiles to Plans in response to any LIS change that impacts a Part D enrollment period. When there is a new enrollment or a LIS Status change, Part D sponsors will receive a TRC for every LIS period that overlaps the new enrollment (including PBP changes). Therefore, the DTRR is the definitive source of LIS eligibility information. It is important to note that unlike much of the data provided in the DTRR, LIS eligibility information is not based on Current Calendar Month (CCM) reporting.

4.1 Key Changes in LIS Data Reporting

- LIS TRCs independently accompany enrollment and PBP change transaction responses.
- Plans receive full replacement LIS profiles in response to low-income changes that accumulate over the weekly and monthly reporting cycles. Replacement profiles are established using data known to CMS at the end of each reporting cycle. Reported data spans a PBP enrollment.
- TRC 223 now identifies LIS periods that were removed from and are no longer affecting an enrollment.
- An ensemble composed of one or more of the TRCs 121, 194, and 223 represents full replacement LIS profiles. Each profile returns LIS period start and end dates, premium subsidy percentage, co-payment level, enrollee type flag, and LIS source code. Low-Income Premium Subsidy (LIPS) percentage and co-payment level values retain their current definitions. The enrollee type flag identifies a beneficiary as a prior, current, or prospective enrollee. The source code identifies whether the LIS period is the result of CMS deeming or Social Security Administration (SSA) approval.

4.2 Low Income Subsidy Overview

Beneficiaries who receive Medicaid benefits or Supplemental Security Income automatically qualify for the Low Income Subsidy. Other low income beneficiaries can apply for the subsidy through their State's Medicaid program or by application through the Social Security Administration (SSA). Plans should see CMS Guidance for details on the requirements to qualify for LIS.

Beneficiaries are classified as 'Deemed' (those who automatically qualify for LIS) or 'Applicant'. The data associated with a Deemed beneficiary vs. an Applicant beneficiary have different characteristics. States and SSA provide CMS with the information used to categorize the LIS beneficiaries.

4.2.1 Deemed Beneficiaries

Deemed beneficiaries include:

- Medicare beneficiaries who have both Medicare and full Medicaid benefits (Full-benefit Dual Eligibles FBDEs).
- Beneficiaries who receive Supplemental Security Income (SSI) from SSA (even if they do not qualify for their State's Medicaid).
- Beneficiaries who participate in the Medicare Saving Programs (MSP). These include:
 - Qualified Medicare Beneficiaries (QMB).
 - Specified Low Income Medicare Beneficiary (SLMB).
 - Qualified Individuals (QI).

As information is received from States or SSA, CMS deems qualified beneficiaries as often as daily. Deemed periods have the following characteristics:

- Beneficiaries who are deemed based on Medicaid status from the States are deemed for the balance of the calendar year. For example, a beneficiary whose record from the State has an Eligibility Month of January is deemed effective January 1 through the end of the calendar year. A beneficiary whose record has an Eligibility Month of July through December is deemed for the balance of the calendar year and all of the next calendar year. For example, a beneficiary whose State record has an Eligibility Month/Year of July 2016 is deemed from July 2016 through December 2017.
- Beneficiaries are usually deemed retroactively. A new Deemed period may have a begin date that is several years retroactive.
- Deemed LIS periods always have end dates. A new deemed period is assigned an end date of the last day of the year. They are not open-ended.
- Deemed beneficiaries qualify for 100% LIS Premium Subsidy Level, which determines the portion of their premium that is subsidized.
- Deemed beneficiaries are assigned to one of three Copay Categories, which specifies the beneficiary's copay amount at the pharmacy.
- States submit all beneficiaries with Medicaid to CMS each month, so a beneficiary will be included in each month's state file as long as they have Medicaid. Because a beneficiary is deemed through the end of the year, the deemed period may extend beyond the state-reported Medicaid months.

- Beneficiaries may be reported on more than one State's Medicaid file in a given month.
- SSA submits records weekly for beneficiaries who have begun receiving Supplemental Security Income (SSI) benefits. The SSI record from SSA has a start date and an end date within the same calendar year.

4.2.2 Redeeming

CMS reviews and redeems all currently deemed beneficiaries each year in July and August. The Redeeming Process consists of the following activities:

- Qualifying beneficiaries are redeemed for the next year.
- A beneficiary's co-pay level is determined for the next year.
- During the first week in August, SSA submits a file with records for all beneficiaries currently receiving SSI benefits. These records have a start date of January with an end date of December of the next year.
- Communications to beneficiaries inform them if they are deemed for the New Year, along with the new subsidy and co-pay level. The deeming process does not notify beneficiaries if deemed for next year. The process only notifies beneficiaries who have lost deeming for next year.

4.2.3 SSA LIS Applicants

Beneficiaries who do not meet the qualifications to be deemed may apply for LIS through the SSA or their State. These beneficiaries may be granted LIS at several subsidy levels.

- LIS Premium Subsidy Level identifies what percentage of the beneficiary's premium will be subsidized.
 - No subsidy.
 - o 25%.
 - o 50%.
 - o 75%.
 - o 100%.
- Copay Category indicates the amount a beneficiary will pay for their prescriptions at the pharmacy.
 - \circ 1 = High.
 - \circ 2 = Low.
 - \circ 3 = Zero copay.
 - \circ 4 = 15%.

SSA notifies CMS of changes to an applicant's LIS status.

Applicant LIS periods have the following characteristics:

- The applicant LIS period has a begin date but is often open-ended.
- End dates are not originally assigned to applicant periods. They are assigned when SSA changes, terminates, or cancels the LIS award.
- Applicant LIS periods can cross calendar year boundaries.
- An applicant's LIS status can increase, decrease, or terminate at any point during the year.
- If a beneficiary becomes deemed, the applicant LIS period ends or is cancelled.

4.2.4 SSA Re-Determination

Each year SSA reviews beneficiary LIS eligibility:

- SSA selects the beneficiaries for review. Not all beneficiaries are reviewed each year.
- Selected beneficiaries provide requested information to SSA.
- Beneficiaries are notified of any change in or termination of their LIS status.
- Beneficiaries not reviewed have no change in their status.

4.3 Auto Enrollment and Facilitated Enrollment

CMS ensures that all LIS beneficiaries, deemed or applicant, are enrolled in a Prescription Drug Plan (PDP) unless they have current prescription drug coverage or they opt-out of such enrollment. Specific Opt Out transactions (TC 41 or 83) communicates to CMS that the beneficiary is opting out of Part D enrollment. These transactions are submitted by a Plan or by 1-800-Medicare.

Deemed beneficiaries who are not already enrolled in a Part D Plan are auto-enrolled into the Limited Income Newly Eligible Transition (LINET) Plan and subsequently, within 3 months, prospectively enrolled into an eligible PDP. Applicants are prospectively enrolled into an eligible PDP through Facilitated Enrollment.

The prospective Auto and Facilitated enrollments are only into PDPs with premium amount at or below the LIS premium subsidy amount.

For general CMS guidance on the auto/facilitated enrollment process for PDPs, see Section 40.1.4 of the *PDP Eligibility, Enrollment, and Disenrollment Guidance* at the following link: <u>https://www.cms.gov/Medicare/Eligibility-and-</u>

Enrollment/MedicarePresDrugEligEnrol/index.html. In the Download section, click on the PDP_Enrollment_and_Disenrollment_Guidance document.

For general CMS guidance on auto/facilitated enrollment in MA/cost plans, see Section 40.1.5 of Chapter 2 of the *Medicare Managed Care Manual* at the following link: https://www.cms.gov/Medicare/Eligibility-and-

<u>Enrollment/MedicareMangCareEligEnrol/index.html</u>. In the Download section, click on the *MA_Enrollment_and_Disenrollment_Guidance* document.

4.3.1 Auto Enrollment

Auto enrollments have the following characteristics:

- Only deemed beneficiaries who do not have current Part D coverage are auto enrolled.
- The initial enrollment is into the LINET Plan, a Plan that accepts all new retroactive auto enrollments that are submitted during a calendar year, as well as enrollments through a pharmacy. A new LINET Plan may be designated each year.
- The effective date of LINET auto enrollments is retroactive to the start of full dual status. This may be up to several years retroactive.
- Partial Duals and LIS Applicants are not automatically enrolled into the LINET Plan.
- Beneficiaries in the LINET Plan are then auto enrolled into a qualifying PDP with a prospective effective date.
- Auto enrollment is done daily.

4.3.2 Facilitated Enrollment

Facilitated enrollments have the following characteristics:

- Beneficiaries who qualify for LIS but are not deemed are enrolled into qualifying PDPs via Facilitated Enrollment.
- The Facilitated Enrollment has a prospective effective date. This is usually the first day of the second month after CMS identifies the beneficiary as an LIS beneficiary.

4.3.3 Auto Enrollment and Facilitated Enrollment in MARx

When a beneficiary is enrolled in the LINET Plan or a PDP through auto enrollment or facilitated enrollment, an enrollment transaction (TC 61) is generated to be processed by MARx. Once accepted, the Plan receives the Transaction Reply in the DTRR data file:

- TRC 117 FBD Auto Enrollment Accepted.
- TRC 118 LIS Facilitated Enrollment Accepted.

4.3.4 *Reassignments*

At the end of the year, PDPs may also see enrollments that are the result of reassignments. If a beneficiary's enrollment in a Plan was through auto or facilitated enrollment and the premiums of the Plan will become higher than the regional benchmark for the coming year, CMS reassigns the beneficiary to a PDP that has a premium within the benchmark. Beneficiaries who chose their own Plan are not reassigned.

Reassignment is also done for Low Income beneficiaries who are enrolled in a PDP that is terminating or reducing its service area.

4.4 LIS Information in Data Files

Some Medicare beneficiaries are granted LIS to enable them to afford the premiums, deductibles, and copays associated with enrollment in a Medicare Prescription Drug Plan. MARx provides the Plans with data related to these beneficiaries and their subsidies. This section gives an overview of the data files that include information on beneficiary LIS Status.

- **Daily Transaction Reply Report (DTRR)**, provides full replacement LIS profiles to Plans in response to Part D enrollments and Plan Benefit Package (PBP) changes as well as any LIS change that impacts a Part D enrollment period.
- **Beneficiary Eligibility Query (BEQ) Response File,** is provided in response to a Plansubmitted Beneficiary Eligibility Request. It provides beneficiary eligibility status including LIS periods and subsidy levels.
- <u>LIS/Part D Premium File</u>, provides beneficiaries from the premium profile table with a low-income designation. It is provided on a bi-weekly basis and is the reference file used to determine the LIS Match Rate.
- LIS History File (LIS HIST), provides a comprehensive list of a sponsor's current LIS membership. The data on each beneficiary spans through the most recent 36 consecutive months of contract enrollment. This report also informs Plans whether a beneficiary is LIS in the next calendar year.
- Loss of Subsidy File, notifies Plans about the beneficiaries who will lose LIS Deemed status for the following year. It is provided based on CMS Redeeming activities.
- <u>Auto Assignment Address Notification File for AE-FE</u>, provides LIS information and immediate access to full name and address data for these beneficiaries.
- <u>MA Full Dual Auto Assignment Notification Data File</u>, identifies the MA enrollees who are full-benefit dual eligible and therefore eligible for Plan-submitted auto enrollment into one of the contract's Plans that include Part D.
- Monthly Full Enrollment Data File, provides the LIS details that are in effect for the coverage month.
- Monthly Membership Report (MMR), provides a Part D Low Income Indicator and includes LIS values that were considered when calculating the Plan's payment.

4.4.1 LIS/Part D Premium File

The bi-weekly LIS/Part D Premium data file provides beneficiaries from the premium profile table with a low-income designation and is the reference file used to determine the LIS Match Rate.

System	Туре	Frequency	Record Length	LIS/Part D Premium Dataset Naming Conventions
MARx	Data File	Biweekly	278	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.LISPRMD.Dyymmdd.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.LISPRMD.Dyymmdd.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Rxxxxx.LISPRMD.Dyymmdd.Thhmmsst

Layout 4-1: LIS/Part D Premium File Record

	LIS/Part D Premium Record							
Item	Field	Size	Position	Description				
1	Beneficiary ID	12	1-12	 Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. MBI is 11 characters, left-justified with one space at the end 				
2	Contract Number	5	13-17	Contract Identification Number.				
3	PBP Number	3	18-20	Beneficiary's PBP ID, spaces if none.				
4	Segment Number	3	21-23	Beneficiary's Segment Identification Number, spaces if none.				
5	Run Date	8	24-31	Data File Generation Date. CCYYMMDD.				
6	Subsidy Start Date	8	32-39	Beneficiary's Subsidy Start Date. CCYYMMDD.				
7	Subsidy End Date	8	40-47	Beneficiary's Subsidy End Date. CCYYMMDD.				
8	Part D Premium Subsidy Percentage	3	48-50	Beneficiary's LIPS Percent: 100 = 100% Premium Subsidy. 075 = 75% Premium Subsidy. 050 = 50% Premium Subsidy. 025 = 25% Premium Subsidy.				
9	Low-Income Co-Payment Level ID	1	51	Co-Payment Category Definitions: 1=High. 2=Low. 3=\$0. 4=15%.				
10	Beneficiary Enrollment Effective Date	8	52-59	Beneficiary's Enrollment effective date. CCYYMMDD.				
11	Beneficiary Enrollment End Date	8	60-67	Beneficiary's Enrollment End Date. CCYYMMDD, spaces if none.				

	LIS/Part D Premium Record							
Item	Field	Size	Position	Description				
12	Part C Premium Amount	8	68-75	Beneficiary's Part C Premium Amount. (9.99).				
13	Part D Premium Amount	8	76-83	Beneficiary's Part D Premium Amount Net of De Minimis if applicable, (9.99).				
14	Part D Late Enrollment Penalty Amount	8	84-91	Beneficiary's Part D LEP Amount. (9.99).				
15	LIS Subsidy Amount	8	92-99	Beneficiary's LIS Subsidy Amount. (9.99).				
16	LIS Penalty Subsidy Amount	8	100-107	Beneficiary's LIS Penalty Subsidy Amount, (9.99).				
17	Part D Penalty Waived Amount	8	108-115	Beneficiary's Part D Penalty Waived Amount, (9.99).				
18	Total Premium Amount	8	116-123	Total Calculated Premium for Beneficiary (9.99).				
19	De Minimis Differential Amount	8	124-131	Amount by which a Part D De Minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark.				
20	Filler	147	132-278	Spaces.				

4.4.2 LIS History (LISHIST) File

The monthly LISHIST provides the most complete picture of LIS eligibility over a period not to exceed 36 months. This data file includes LIS activity for past, present, and future enrollees.

System	Туре	Frequency	Record Length	LISHIST Dataset Naming Conventions
MARx	Data File	Monthly	165	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.LISHIST.Dyymmdd.Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxxx.LISHIST.Dyymmdd.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Rxxxxx.LISHIST.Dyymmdd.Thhmmsst

Note: The date in the file name defaults to "01" denoting the first day of the CCM.

The following records are included in this file:

- LISHIST Header Record
- LISHIST Detail Record
- LISHIST Trailer Record

Layout 4-2: LISHIST Header Record

	LISHIST Header Record							
Item	Field	Size	Position	Format	Description			
1	Record Type	1	1	CHAR	H = Header Record.			
2	MCO Contract Number	5	2-6	CHAR	Contract ID: 9xxxx, Exxxx, Fxxxx, Hxxxx, Rxxxx, or Sxxxx, where "xxxx" is the contract's numeric designation.			
3	Data file Date	8	7-14	CHAR	Date this data file created. CCYYMMDD.			
4	Calendar Month	6	15-20	CHAR	First six digits contain calendar year and month the report generated. CCYYMM.			
5	Filler	145	21-165	CHAR	Spaces.			

Layout 4-3: LISHIST Detail Record

	LISHIST Detail Record								
Item	Field	Size	Position	Format	Description				
1	Record Type	1	1	CHAR	D = Detail Record.				
2	MCO Contract Number	5	2-6	CHAR	Contract ID: 9xxxx, Exxxx, Fxxxx, Hxxxx, Rxxxx, or Sxxxx, where "xxxx" is the contract's numeric designation.				
3	PBP Number	3	7-9	CHAR	PBP Number, spaces when Beneficiary premium profile is unavailable.				

	LISHIST Detail Record							
Item	Field	Size	Position	Format	Description			
4	Beneficiary ID	12	10-21	CHAR	 Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. MBI is 11 characters, left-justified with one space at the end. 			
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				
9	Date of Birth	8	43-50	CHAR	Date of Birth. CCYYMMDD			
10	Low Income Period Start Date	8	51-58	CHAR	Start date for beneficiary's Low Income Period Amount. CCYYMMDD			
11	Low Income Period End Date	8	59-66	CHAR	End date for beneficiary's Low Income Period Amount. CCYYMMDD			
12	LIPS Percentage	3	67-69	CHAR	Beneficiary's LIPS Percentage. 100 = 100% Premium subsidy. 075 = 75% Premium subsidy. 050 = 50% Premium subsidy. 025 = 25% Premium subsidy.			
13	Premium LIS Amount	8	70-77	CHAR	 The portion of the Part D basic premium paid by the Government on behalf of a low-income individual. A zero dollar amount represents several possibilities: There is no Plan premium and therefore no premium subsidy. Although the Beneficiary is enrolled and LIS eligible, a system error occurred making premium data unavailable. Premium LIS Amount is entered in spaces when data is unavailable. 99999.99 			
14	Low Income Co-pay Level ID	1	78	CHAR	Co-Payment Category Definitions: 1 = High. 2 = Low. 3 = \$0. 4 = 15%. Co-pay level IDs 1 and 2 change each year.			
15	Beneficiary Source of Subsidy Code	1	79	CHAR	Source of beneficiary subsidy. A = Determined Eligible for LIS by the SSA or a State Medicaid Agency. D = Deemed Eligible for LIS.			

	LISHIST Detail Record							
Item	Field	Size	Position	Format	Description			
16	LIS Activity Flag	1	80	CHAR	 N = No change in reported LIS data since last month's 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 occur to low-income information that does not impact the Plan. The changes are not yet separable from variations in which the Plan is interested. Although it is possible that data records are flagged as representing a change, the data of interest to the Plan is unaffected. 			
17	PBP Start Date	8	81-88	CHAR	PBP enrollment effective start date. CCYYMMDD			
18	Net Part D Premium Amount	8	89-96	CHAR	The total Part D premium net of any Part A/B rebates less the Beneficiary's premium subsidy amount. Spaces when the premium record is unavailable. 99999.99			
19	Contract Year	4	97-100	CHAR	Calendar Year associated with the low income premium subsidy amount. CCYY			
20	Institutional Status Indicator	1	101	CHAR	 1 = Institutionalized. 2 = Non-Institutionalized. 3 = Home and Community- Based Services (HCBS). 9 = Not applicable. 			
21	PBP Enrollment Termination Date	8	102-109	CHAR	PBP enrollment termination date. CCYYMMDD			
22	Filler	56	110-165	CHAR	Spaces.			

Layout 4-4: LISHIST Trailer Record

	LISHIST Trailer Record								
Item	Field	Size	Position	Format	Description				
1	Record Type	1	1	CHAR	T = Trailer Record.				
2	MCO Contract Number	5	2-6	CHAR	Contract ID: 9xxxx, Exxxx, Fxxxx, Hxxxx, Rxxxx, or Sxxxx, where "xxxx" is the contract's numeric designation.				
3	Totals	8	7-14	CHAR	Total number of Detail Records.				
4	Filler	151	15-165	CHAR	Spaces.				

4.4.3 Loss of Subsidy File

This is a file sent to notify Plans about Beneficiaries' loss of LIS deemed status for the following calendar year based on CMS' annual re-determination of deemed status or SSA's redetermination of LIS awards. The file is sent to Plans twice per year, once in September and once in December.

The September file is informational only and is used to assist Plans in contacting the affected population and encouraging them to file an application to qualify for the upcoming calendar year.

The December file is for transactions and is used by Plans to determine who has lost the LIS as of January 1st of the coming year. The TRC is 996, which indicates the loss of the LIS. This means the Beneficiary is not LIS eligible as of January 1st of the upcoming year.

System	Туре	Frequency	Record Length	Loss of Subsidy Dataset Naming Conventions
MARx	Data File	Twice Yearly	500	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.EOYLOSD.Dyymmdd.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.EOYLOSD.Dyymmdd.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Rxxxxx.EOYLOSD.Dyymmdd.Thhmmsst

Layout 4-5: Loss of Subsidy Record

	Loss of Subsidy Record								
Item	Field	Size	Position	Description					
1	Beneficiary ID	12	1-12	 Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. MBI is 11 characters, left-justified with one space at the end. 					
2	Surname	12	13-24	Beneficiary Surname.					
3	First Name	7	25-31	Beneficiary Given Name.					
4	Middle Initial	1	32	Beneficiary Middle Initial.					
5	Gender Code	1	33	Beneficiary Gender Identification Code. 0 = Unknown. 1 = Male. 2 = Female.					
6	Date of Birth	8	34-41	CCYYMMDD.					
7	Filler	1	42	Spaces.					
8	Contract Number	5	43-47	Plan Contract Number.					
9	State Code	2	48-49	Beneficiary State Code.					
10	County Code	3	50-52	Beneficiary County Code.					
11	Filler	4	53-56	Spaces.					
12	TRC	3	57-59	996					
13	Transaction Code	2	60-61	01					
14	Filler	1	62	Spaces.					
15	Effective Date	8	63-70	CCYY0101 – January 01 of the next year. Start of Beneficiary's Loss of LIS status.					
16	Filler	1	71	Spaces.					
17	Plan Benefit Package ID	3	72-74	PBP number.					
18	Filler	1	75	Spaces.					
19	Transaction Date	8	76-83	Set to Current Date (CCYYMMDD); run date.					
20	Filler	1	84	Spaces.					
21	Low-Income Subsidy End Date	8	85-92	CCYY1231 – December 31 of the current year. End Date of Beneficiary's LIS Period.					
22	Filler	42	93-134	Spaces.					
23	Segment Number	3	135-137	000 if no segment in PBP.					
24	Filler	97	138-234	Spaces.					
25	Part D Low-Income Premium Subsidy Level	3	235-237	Part D low-income premium subsidy category. 000 = No subsidy.					
26	Low-Income Co- Pay Category	1	238	Co-payment category. 0 = none, not low-income.					
27	Filler	124	239-362	Spaces.					
28	LIS Source Code	1	363	A = Approved SSA Applicant. D = Deemed eligible by CMS.					
29	Filler	137	364-500	Spaces.					

4.4.4 Auto Assignment Address Notification File for AE-FE

CMS enrolls LIS beneficiaries into Drug Plans through AE-FE. The Auto Assignment Address Notification File (aka, PDP Notification File) provides LIS information and immediate access to full name and address data for these beneficiaries. Each October, it also provides information on individuals gained and lost due to reassignment. 1-800-MEDICARE Customer Service Representatives (CSRs) should have access to the data on this file so they can answer beneficiary queries prior to the PDP auto/facilitated enrollments. Also, this file assists Plans in expediting the submission of the 4Rx records for these beneficiaries.

Because CMS performs AE on a daily basis, PDPs may receive this file daily throughout the month. This file only contains assignments, not confirmation that MARx processed AE-FE transactions for beneficiaries. Plans must still check DTRRs to determine whether the assignments were accepted or rejected as actual enrollments into their PDP.

These reports offer two ways for Plans to differentiate between the full and partial dual eligible beneficiaries assigned to them:

- 1. The Auto Assignment Address Notification file and the DTRR:
 - a. Enrollment Source = \mathbf{A} for Auto-enrollment.
 - b. Enrollment Source = \mathbf{C} for Facilitated enrollment.
- 2. The DTRR Transaction Reply Code:
 - a. TRC 117 = Auto-enrollment.
 - b. TRC 118 = Facilitated enrollment.

This file contains monthly addresses of Beneficiaries that are either AE, FE, or reassigned to PDPs.

System	Туре	Frequency	Record Length	Auto Assignment Address Notification File Dataset Naming Conventions
MBD	Data File	Daily	626	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.#APDP4.Dyymmdd.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.#APDP4.Dyymmdd.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Rxxxxx.#APDP4.Dyymmdd.Thhmmsst

The following records are included in this file:

- Auto Assignment Address Notification Header Record
- Auto Assignment Address Notification Detail Record
- Auto Assignment Address Notification Trailer Record

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. Different parts of the address appear only on certain lines, as follows:

• Beneficiary Address Lines 1-6 is limited to Representative Payee Name (if applicable), and street address, and these elements "wrap."

- When a Beneficiary has a Representative Payee, the Beneficiary Representative Payee Name prints on Address Line 1, and may use more Address Lines.
- The actual street address in such cases is printed on the line after the name concludes.
- Address Lines print on fewer than six lines with the remainder of the lines padded with space prior to printing.
- City/State/Zip Code data only appear in the fields labeled as City/State/Zip Code data fields.

	Auto Assignment Address Notification Header Record													
Item	Field	Size	Position	Description										
1	Header Code	9	1-9	MMAAPDPGH Used for file/record identification purposes.										
2	Sending Entity	8	10-17	Identifies the sending entity, 'MBD '(MBD + 5 spaces).										
3	File Creation Date	8	18-25	The date the file was created in CCYYMMDD format.										
4	File Control Number	9	26-34	Unique file identifier created by Sending Entity.										
5	Filler	592	35-626	Spaces.										

Layout 4-6: Auto Assignment Address Notification Header Record

Layout 4-7: Auto Assignment Address Notification Detail Record

	Auto Assign	ment Ado	lress Notific	ation Detail Record						
Item	Field	Size	Position	Description						
1	Beneficiary HICN or RRB Number	12	1-12	 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. 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. When the MBI Transition period ends, the field will contain spaces. 						
2	Beneficiary's Last Name	12	13-24	First twelve characters of the last name of the beneficiary.						
3	Beneficiary's First name	7	25-31	First seven characters of the first name of the beneficiary.						
4	Beneficiary's Middle Initial	1	32	Middle initial of the beneficiary.						
5	Beneficiary's Gender	1	33	Gender of the beneficiary; '0', '1', or '2'.						
6	Beneficiary's DOB	8	34-41	Date of birth of the beneficiary in CCYYMMDD format.						

7Medicaid indicator1 42 $1 = Yes.$ 8Contract Number5 $43-47$ Contract as9State Code2 $48-49$ Beneficiary10County Code3 $50-52$ Beneficiary11Filler7 $53-59$ Spaces.12Transaction Code2 $60-61$ 61 13Filler1 62 Spaces.14Effactiva Data8 63.70 The effectiva	Description the beneficiary's Medicaid eligibility. signed to the beneficiary. ty's state of residency. ty's county of residency.
7Medicaid Indicator1421 = Yes.8Contract Number543-47Contract as9State Code248-49Beneficiary10County Code350-52Beneficiary11Filler753-59Spaces.12Transaction Code260-616113Filler162Spaces.14Effective Date863-70The effecting	signed to the beneficiary.
9State Code248-49Beneficiary10County Code350-52Beneficiary11Filler753-59Spaces.12Transaction Code260-616113Filler162Spaces.14Effective Date863-70The effecti CCYYMM	's state of residency.
10County Code350-52Beneficiary11Filler753-59Spaces.12Transaction Code260-616113Filler162Spaces.14Effective Date863-70The effecti CCYYMM	
11Filler753-59Spaces.12Transaction Code260-616113Filler162Spaces.14Effective Date863-70The effective CCYYMM	's county of residency.
12Transaction Code260-616113Filler162Spaces.14Effective Date863-70The effecti CCYYMM	
13Filler162Spaces.14Effective Date863-70The effective CCYYMM	
14Effective Date863-70The effective CCYYMM	
14 Effective Date 8 03-70 CCYYMM	
15 Filler 1 71 Spaces.	ve date of the assignment in DD format.
16 PBP 3 72-74 PBP of the	auto-assigned contract.
17 Filler 49 75-123 Spaces.	
18Application Date8124-131The date of format.	the application in CCYYMMDD
19 Filler 30 132-161 Spaces.	
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	submitted Rollover. NEW. r SEP. SEP. L /LIS SEP. hanent Change in Residence SEP. HP SEP. inistrative Action SEP. /Case Work SEP. hot applicable.
21Enrollment Source1163A = Auto	he enrollment enrolled by CMS. itated enrolled by CMS.
22Filler1164Spaces.	
23 PPO/Parts C-D 1 165 premiums.	ption for payment of Part C and D
24 Filler 77 166-242 Spaces.	ct self-pay

	Auto Assign	ment Ad	dress Notific	ation Detail Record
Item	Field	Size	Position	Description
25	Part D Subsidy Level	3	243-245	Part D Premium subsidy Level. For monthly, value is always 100. For Facilitated, values are either 100, 075, 050, or 025. 025 = 25% subsidy level. 050 = 50% subsidy level. 075 = 75% subsidy level. 100 = 100% subsidy level.
26	Co-Payment Category	1	246	Co-Payment Category. 1=High. 4=15%.
27	Filler	8	247-254	Spaces
28	Beneficiary Address Line 1	40	255-294	First line in the mailing address.
29	Beneficiary Address Line 2	40	295-334	Second line in the mailing address.
30	Beneficiary Address Line 3	40	335-374	Third line in the mailing address.
31	Beneficiary Address Line 4	40	375-414	Fourth line in the mailing address.
32	Beneficiary Address Line 5	40	415-454	Fifth line in the mailing address.
33	Beneficiary Address Line 6	40	455-494	Sixth line in the mailing address.
34	Beneficiary Address City	40	495-534	The city in the mailing address.
35	Beneficiary Address State	2	535-536	The state in the mailing address.
36	Beneficiary Zip Code	9	537-545	The zip code in the mailing address.
37	Full Last Name	40	546-585	Full last name of the beneficiary.
38	Full First Name	30	586-615	Full first name of the beneficiary.
39	MBI	11	616-626	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

	Auto Assignment Address Notification Trailer Record													
Item	Field	Size	Position	Description										
1	Trailer Code	9	1-9	MMAAPDPGT This field used for file/record identification purposes.										
2	Sending Entity	8	10-17	This field used to identify the sending entity, 'MBD' (MBD + 5 spaces).										
3	File Creation Date	8	18-25	The date the file was created in CCYYMMDD format.										
4	File Control Number	9	26-34	Unique file identifier created by Sending Entity.										
5	Record Count	9	35-43	Number of Detail Records, right justified with leading zeroes.										
6	Filler	583	44-626	Spaces.										

Layout 4-8: Auto Assignment Address Notification Trailer Record

4.4.5 MA Full Dual Auto Assignment Notification File

CMS has directed the following organizations to auto/facilitate enroll (AE-FE) LIS beneficiaries from their MA-only Plan into a MAPD Plan or Cost Plan Part D optional supplemental benefit:

- MA organizations that offer MA-only Plans.
- MA PFFS organizations that offer at least one Plan with a Part D benefit.
- 1876 Cost Plans that offer at least one Plan with a Part D optional supplemental benefit.

The organization must first identify LIS beneficiaries in its MA-only Plan or Cost Plan without Part D, e.g., those beneficiaries identified on the LIS bi-weekly report. The organization must then determine the full-dual eligible subsets, which is accomplished by reviewing the monthly MA Full Dual Auto Assignment Notification File. The MA Full Dual Auto Assignment Notification File identifies those who held full-benefit dual eligibility at any time during the calendar year. The organization must distinguish between the two populations because the effective date is calculated differently for full dual eligible for whom the organization auto-enrolls versus partial dual eligible with LIS for whom the organization facilitates enrollment.

This cumulative monthly file identifies organizations' enrollees who are full-benefit dual eligible.

System	Туре	Frequency	Record Length	MA Full Dual Auto Assignment Notification File Dataset Naming Conventions
MBD	Data File	Monthly	100	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.#ADUA4.Dyymmdd.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.#ADUA4.Dyymmdd.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Rxxxxx.#ADUA4.Dyymmdd.Thhmmsst

The following records are included in this file:

- MA Full Dual Auto Assignment Notification Header Record
- MA Full Dual Auto Assignment Notification Detail Record
- MA Full Dual Auto Assignment Notification Trailer Record

Layout 4-9: MA Full Dual Auto Assignment Notification Header Record

	MA Full Dual Auto Assignment Notification Header Record													
Item	Field	Size	Position	Format	Valid Values	Description								
1	File ID Name	8	1-8	CHAR	MMAADUAH	This field is always set to the value MMAADUAH. This code identifies the record as the Header Record of an Auto Assignment Full Dual Notification File.								
2	Sending Entity: MBD	8	9-16	CHAR	"MBD " (MBD + 5 Spaces)	The value specifically is MBD + 5 following Spaces. This value agrees with the corresponding value in the Trailer Record.								

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		MA	Full Dual A	uto Assign	ment Notification	Header Record
Item	Field	Size	Position	Format	Valid Values	Description
3	File Creation Date	8	17-24	CHAR	CCYYMMDD	The date on which the Full Dual File was created by CMS. This value agrees with the corresponding value in the Trailer Record.
4	File Control Number	9	25-33	CHAR	Assigned by Sending Entity (MBD)	The specific Control Number assigned by CMS to the Full Dual Notification File. CMS utilizes this value to track the Full Dual Notification File through CMS processing and archive. This value agrees with the corresponding value in the Trailer Record.
5	Filler	67	34-100	CHAR	Spaces	

Layout 4-10: MA Full Dual Auto Assignment Notification Detail Record

	MA Full I	Dual Au	to Assignm	ent Notification Detail Record						
Item	Field	Size	Position	Description						
1	Contract Number	5	1-5	Contract assigned to the beneficiary.						
2	Run Date	8	6-13	Creation date of the file in CCYYMMDD format.						
3	Filler	6	14-19	Spaces						
4	Beneficiary's HICN/RRB	12	20-31	 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. After the MBI Transition period ends, the field is filled with spaces. 						
5	Beneficiary's Surname	12	32-43	Last name of the beneficiary.						
6	Initial of Beneficiary's First Name	1	44	Initial of the first name of the beneficiary.						
7	Beneficiary's Gender	1	45	Gender of the beneficiary.						
8	Beneficiary's Date of Birth	8	46-53	This field provides the date of birth of the beneficiary in CCYYMMDD format.						
9	MBI	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						

		MA	Full Dual	Auto Assig	gnment Notificatio	n Trailer Record
Item	Field	Size	Position	Format	Valid Values	Definition
1	File ID Name	8	1- 8	CHAR	MMAADUAT	This code identifies the record as the Trailer Record of an Auto Assignment Full Dual Notification File.
2	Sending Entity MBD	8	9-16	CHAR	"MBD " (MBD + 5 Spaces).	The value specifically is MBD + 5 following Spaces. This value agrees with the corresponding value in the Header Record.
3	File Creation Date	8	17-24	CHAR	CCYYMMDD	The date on which the Full Dual Notification File was created by CMS.
4	File Control Number	9	25-33	CHAR	Assigned by Sending Entity (MBD).	The specific Control Number assigned by CMS to the Full Dual Notification File. CMS utilizes this value to track the Full Dual Notification File through CMS processing and archive. This value agrees with the corresponding value in the Header Record.
5	Record Count	9	34-42	NUM	Numeric value greater than Zero.	The total number of Transactions or Detail Records on the Full Dual Notification File. This value is right justified in the field, with leading zeroes.
6	Filler	58	43-100	CHAR	Spaces.	

Layout 4-11: MA Full Dual Auto Assignment Notification Trailer Record

4.5 LIS Transaction Reply Codes (TRCs)

Plans receive and process the DTRR data file daily. This file provides the responses to transactions submitted by the Plan, as well as replies that communicate CMS-initiated actions, auto disenrollments, health status changes, LIS status changes, and other beneficiary-specific information. In the DTRR, Plans receive timely notification of a beneficiary's current LIS status and any LIS status changes.

4.5.1 *LIS TRCs for New Enrollments and PBP Changes*

When MARx processes a new enrollment or a PBP change, a TRC 011 (Enrollment Accepted) is provided in the Plan's DTRR. If the beneficiary is Low Income, the acceptance TRC is accompanied by one or more other TRCs that together provide the complete picture of the beneficiary's LIS status. In addition to the enrollment acceptance TRC, the Plan receives one TRC 121 (Low Income Period Status) for each LIS period that overlaps the enrollment. This set of LIS periods represents the beneficiary's LIS profile that overlaps the new enrollment or PBP change (prior enrollments are not included).

Each TRC 121 reply includes the following data for one LIS period:

- LIS Start Date
 - The LIS Start Date provided is the later of the LIS Start Date or Enrollment Effective Date.
- LIS End Date
 - For periods when the beneficiary is Deemed, the LIS End Date will always be populated. This date is always the last day of the year.
 - For periods when the beneficiary is an Applicant, the LIS End Date may be blank or populated. Initial applicant periods are open-ended (no end date), but SSA may terminate the period at any time (end date populated).
- Beneficiary Source of Subsidy (Applicant or Deemed)
- Low Income Premium Subsidy Percentage (LIS %)
- Low Income Co-pay Level
- Low Income Subsidy Amount

4.5.2 TRCs for LIS Changes

When there is a change in the beneficiary's LIS Percentage, LIS Co-pay Level, LIS period start date, or LIS period end date, one or more Plans will receive a set of TRC 121 (LIS Period Status) notifications. These notifications define the periods, new or retroactive, that overlap the beneficiary's enrollment in the Plan(s). TRC 223 (Low Income Period Removed) reports any period that was originally part of the beneficiary's LIS picture but is no longer valid. TRC 223 tells the Plan definitively that for a specific span of time, the beneficiary did not have LIS status, even though the period may have been a valid LIS period before. The change may represent the removal of an entire LIS period or an LIS period that is ended on an earlier date. The TRC 223 has two purposes:

• It prevents Plans from assuming that a previously reported LIS period (TRC 121) is still in effect when it has been removed. The Plan should not assume that the period was 'accidentally omitted' in the file.

• When a beneficiary had only one LIS period and it is removed, the beneficiary will no longer have any LIS periods. Without the TRC 223, the Plan will not be aware that the beneficiary's LIS status changed.

4.5.3 Interpreting LIS TRCs

It is important to understand how TRC 121 and 223 may be encountered in a beneficiary's DTRR data. TRC 121 is straightforward. A reply with TRC 121 always represents a distinct LIS period. The Beneficiary Source of Subsidy field tells the Plan whether the beneficiary is Deemed or an Applicant for the period. The end date may be blank for open-ended Applicant periods but will always be populated with 12/31/CCYY for Deemed periods. An enrollment acceptance TRC for a beneficiary with LIS is only accompanied by TRC 121s, not TRC 223.

- TRC 223 is only present when MARx is reporting the full or partial removal of an LIS period.
- A reply with TRC 223 may or may not have an end date.

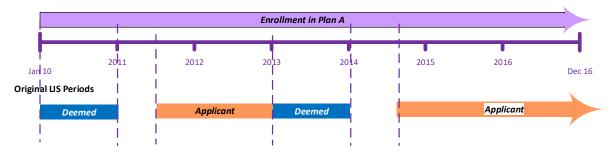
The following examples demonstrate different LIS scenarios for beneficiaries enrolled in multiple Plans over the time period reported. The multiple Plans may be with the same Plan provider or different Plan providers.

4.5.3.1 Example 1: TRCs with Enrollment Acceptance

<u>Original LIS Period:</u> The Beneficiary had the following periods:

- Deemed period from 01/01/2010 to 12/31/2010.
- Applicant period from 06/01/2011 12/31/2012.
- Deemed period from 01/01/2013 12/31/2013.
- Applicant period from 08/01/2014 open-ended.

<u>Changes to LIS Period</u>: A retroactive enrollment with effective date of 01/01/10 and openended is accepted. The beneficiary has four existing LIS periods during the enrollment in Plan A.



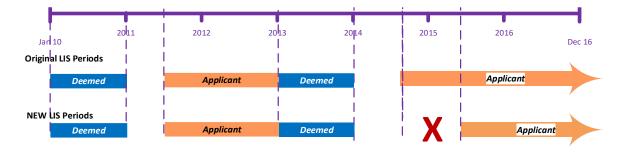
- When the enrollment is accepted, the following LIS TRCs accompany the TRC 011 (Enrollment Accepted):
 - \circ TRC 121 01/01/2010 12/31/2010 (Deemed).
 - o TRC $121 \frac{06}{01}/2011 \frac{12}{31}/2012$ (Applicant).
 - \circ TRC 121 01/01/2013 12/31/2013 (Deemed).
 - \circ TRC 121 08/01/2014 open ended (Applicant).

4.5.3.2 Example 2: TRCs with LIS Change

Original LIS Period: The Beneficiary had the following periods:

- Deemed period from 01/01/2010 to 12/31/2010.
- Applicant period from 06/01/2011 12/31/2012.
- Deemed period from 01/01/2013 12/31/2013.
- Applicant period from 08/01/2014 open ended.

<u>Changes to LIS Period</u>: The applicant period that began 08/01/2014 is corrected to actually begin 06/01/2015. The beneficiary no longer has LIS from 08/01/2014 to 05/31/2015.



- When the LIS changes, the following LIS TRCs are sent to the Plan:
 - \circ TRC 121 01/01/2010 12/31/2010 (Deemed).
 - TRC 121 06/01/2011 12/31/2012 (Applicant).
 - \circ TRC 121 01/01/2013 12/31/2013 (Deemed).
 - TRC 223 08/01/2014 05/31/2015 (Applicant) **LIS Period Removed**.
 - \circ TRC 121 06/01/2015 open ended (Applicant).

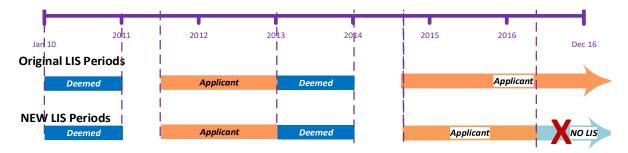
4.5.3.3 Example 3: TRCs with LIS Change – Putting an end date on an open-ended period.

Original LIS Period: The Beneficiary had the following periods:

- Deemed period from 01/01/2010 to 12/31/2010.
- Applicant period from 06/01/2011 12/31/2012.
- Deemed period from 01/01/2013 12/31/2013.
- Applicant period from 08/01/2014 open-ended.

Changes to LIS Period:

• An end date of 03/31/2016 is put on the applicant period that began 08/01/2014. The beneficiary no longer has LIS beginning 04/01/2016 – open-ended.



- When the LIS changes, the following LIS TRCs are sent to the Plan:
 - TRC 121 01/01/2010 12/31/2010 (Deemed).
 - TRC 121 06/01/2011 12/31/2012 (Applicant).
 - TRC 121 01/01/2013 12/31/2013 (Deemed).
 - TRC 121 08/01/2014 03/31/2016 (Applicant).
 - TRC 223 04/01/2016 open-ended (Applicant) LIS Period Removed.

Note: TRC 223 has an open end date. This is because the original period that was shortened had an open end date. The period being removed represents the portion of the original period that is no longer in effect.

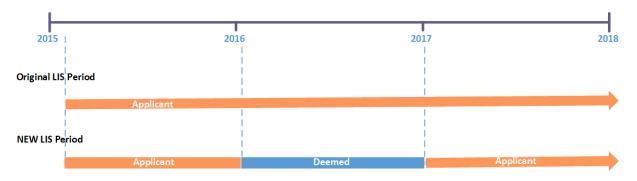
4.5.3.4 Example 4: TRCs with LIS Change – Original LIS Terminated and Reinstated.

Original LIS Period: The Beneficiary had the following period:

• Applicant period from 02/01/2015 – open-ended.

Changes to LIS Period:

- An end date of 01/31/2016 is put on the applicant period that began 02/01/2015.
- A retroactive Deeming period starts on 02/01/2016 and ends 12/31/2016 (deemed).
- The applicant period is reinstated from 01/01/2017 open-ended.



- When the LIS changes, the following LIS TRCs are sent to the Plan:
 - \circ TRC 121 02/01/2015 01/31/2016 (Applicant).
 - \circ TRC 121 02/01/2016 12/31/2016 (Deemed).
 - \circ TRC 121 01/01/2017 open-ended (Applicant.)

4-27

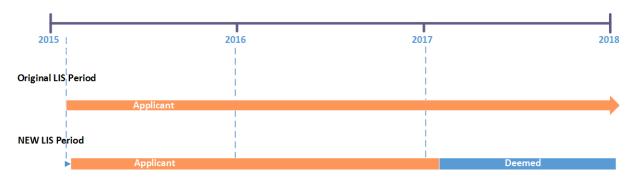
4.5.3.5 Example 5: TRCs with LIS Change – Original LIS Terminated and Not Reinstated.

Original LIS Period: The Beneficiary had the following period:

• Applicant period from 02/01/2015 – open-ended.

Changes to LIS Period:

- An end date of 01/31/2017 is put on the applicant period that began 02/01/2015.
- A retroactive Deeming period starts on 02/01/2017 and ends 12/31/2017 (Deemed).
- No LIS period is reinstated after the Deeming period ends in 2017.



- When the LIS changes, the following LIS TRCs are sent to the Plan:
 - \circ TRC 121 02/01/2015 01/31/2017 (Applicant).
 - \circ TRC 121 02/01/2017 12/31/2017 (Deemed).
 - TRC 223 01/01/2018 open-ended (Applicant) LIS Period Removed.
 - TRC 223 02/01/2017 open-ended (Applicant) LIS Period Removed.

Note: TRC 223 has an open-ended date field. The period being removed represents the portion of the original period that is no longer in effect.

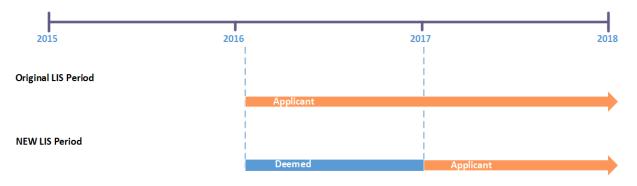
4.5.3.6 Example 6: TRCs with LIS Change – Original LIS Audited and Reinstated.

Original LIS Period: The Beneficiary had the following period:

• Applicant period from 02/01/2016 – open-ended.

Changes to LIS Period:

- The applicant period that began 02/01/2016 open-ended is audited on 4/13/2017 (Applicant).
- A retroactive Deeming period starts on 02/01/2016 and ends 12/31/2016 (Deemed).
- The applicant period from 01/01/2017 open-ended is reinstated.



- When the LIS changes, the following LIS TRCs are sent to the Plan:
 - \circ TRC 121 02/01/2016 12/31/2016 (Deemed).
 - \circ TRC 121 01/01/2017 open-ended (Applicant).

4.5.3.7 Example 7: TRCs with LIS Change – Original LIS Audited and Not Reinstated.

Original LIS Period: The Beneficiary had the following period:

• Applicant period from 02/01/2017 – open-ended.

Changes to LIS Period:

- The applicant period that began 02/01/2017 open-ended is audited on 4/13/2017 (Applicant).
- A retroactive Deeming period starts on 02/01/2017 and ends 12/31/2017 (Deemed).
- No LIS periods are reinstated after 12/31/2017.



- When the LIS changes, the following LIS TRCs are sent to the Plan:
 - TRC 223 01/01/2018 open-ended (Applicant) LIS Period Removed.
 - \circ TRC 121 02/01/2017 12/31/2017 (Deemed).
 - TRC 223 01/01/2018 open-ended (Applicant) LIS Period Removed.

Note: TRC 223 has an open-ended date field. This tells the Plan there are no more LIS periods in 2018.

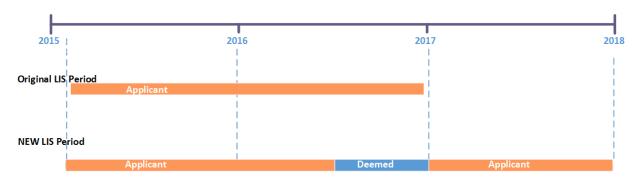
4.5.3.8 Example 8: TRCs with LIS Change – Original LIS with Termination Date Reinstated.

Original LIS Period: The Beneficiary had the following period:

• Applicant period from 02/01/2015 – 01/31/2017.

Changes to LIS Period:

- The applicant period that begins 02/01/2015 is end-dated 05/31/2016 (Applicant).
- A retroactive Deeming period starts on 06/01/2016 and ends 12/31/2016 (Deemed).
- The applicant period for 01/01/2017 to 01/31/2017 is reinstated.



- When the LIS changes, the following LIS TRCs are sent to the Plan:
 - \circ TRC 121 02/01/2015 05/31/2016 (Applicant).
 - TRC 121 06/01/2016 12/31/2016 (Deemed).
 - \circ TRC 121 01/01/2017 01/31/2017 (Applicant).

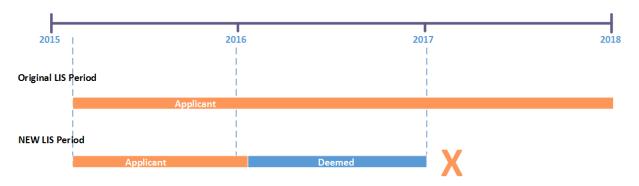
4.5.3.9 Example 9: TRCs with LIS Change – Original LIS with Termination Date Not Reinstated.

Original LIS Period: The Beneficiary had the following period:

• Applicant period from 02/01/2015 – 12/31/2017.

Changes to LIS Period:

- The applicant period that begins 02/01/2015 is end-dated 01/31/2016 (Applicant).
- A retroactive Deeming period starts on 02/01/2016 and ends 12/31/2016 (Deemed).
- No LIS periods are reinstated after 2017.



- When the LIS changes, the following LIS TRCs are sent to the Plan:
 - \circ TRC 121 02/01/2015 01/31/2016 (Applicant).
 - \circ TRC 121 02/01/2016 12/31/2016 (Deemed).
 - $\circ \quad TRC \; 223 01/01/2017 12/31/2017 LIS Period Removed.$

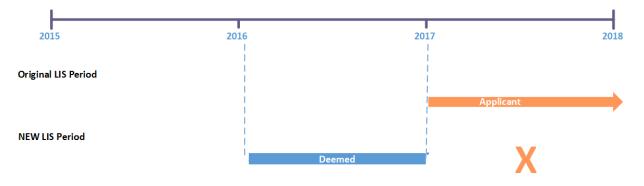
4.5.3.10 Example 10: TRCs with LIS Change – Original LIS Not Reinstated – Part D Termination.

Original LIS Period: The Beneficiary had the following period:

• Applicant period from 02/01/2016 – open ended.

Changes to LIS Period:

- A retroactive Deeming period starts on 02/01/2016 and ends 12/31/2016 (Deemed)
- The Beneficiary's Part D Eligibility Period ended on 12/31/2016. As the beneficiary is no longer eligible for Part D in 2017, no LIS periods can be reinstated or established.



- When the LIS changes, the following LIS TRCs are sent to the Plan:
 - TRC 223 01/01/2017 open-ended (Applicant) LIS Period Removed.
 - \circ TRC 121 02/01/2016 12/31/2016 (Deemed).
 - TRC 223 01/01/2017 open-ended (Applicant) LIS Period Removed.

Note: TRC 223 had an open-end date; however, since the beneficiary lost Part D eligibility effective 01/01/2017, no LIS periods can be established or reinstated.

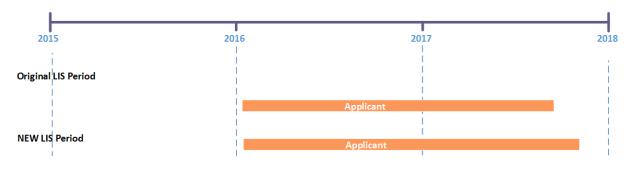
4.5.3.11 Example 11: TRCs with LIS Change – Original LIS End Date Moved to a Future End Date.

<u>Original LIS Period:</u> The Beneficiary had the following period:

• Applicant period from 02/01/2016 – 05/31/2017.

Changes to LIS Period:

• An SSA notice is received to change the end date on the Applicant period to 08/31/2017.



When the LIS period end date changes, the following LIS TRC is sent to the Plan:
 TRC 121 – 02/01/2016 – 08/31/2017 (Applicant).

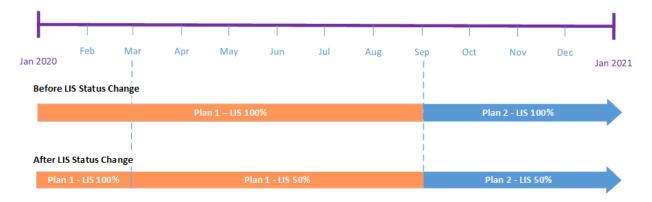
4.5.3.12 Example 12: LIS Change with Two Consecutive Enrollments

<u>Original LIS Period:</u> The Beneficiary was enrolled in two Plans consecutively with LIS Subsidy level 100.

- Plan 1 01/01/2020 08/31/2020 LIS Subsidy level 100
- Plan $2 \frac{09}{01}/2020$ open ended LIS Subsidy level 100

<u>Changes to LIS Period</u>: An LIS Subsidy level change occurs 10/15/2020, effective 3/01/2020. The change reduces the LIS Subsidy level from 100 to 50.

- Plan 1
 - The LIS Period end date will change to 02/29/2020 LIS Subsidy level 100
 - A new LIS Period will be created $\frac{03}{01}/2020 \frac{08}{31}/2020 \text{LIS}$ Subsidy level 50
- Plan 2
 - The LIS Subsidy level for 09/01/2020 open ended will change to 50.



- When the LIS change, the following LIS TRCs are sent to the Plans:
 - TRC 121 to Plan 1 01/01/2020 02/29/2020 LIS Subsidy level 100 (this period not changed)
 - TRC 121 to Plan $1 \frac{03}{01}/20 \frac{08}{31}/2020 LIS$ Subsidy level 50
 - TRC 121 to Plan $2 \frac{09}{01}/2020$ open ended LIS Subsidy level 50

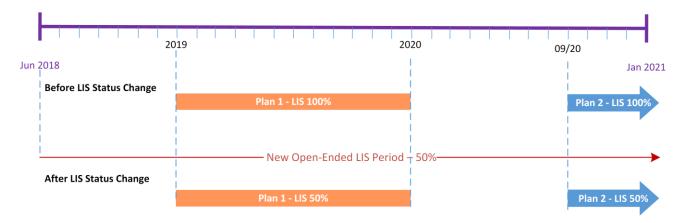
4.5.3.13 Example 13 – LIS Change with Two Non-Consecutive Enrollments

Original LIS Period: The Beneficiary was enrolled in two Plans non-consecutively with LIS Subsidy level 100 for both Plans.

- Plan 1 01/01/2019 12/31/2019 LIS Subsidy level 100
- Plan 2 09/01/2020 Open Ended LIS Subsidy level 100

<u>Changes to LIS Period</u>: An LIS Subsidy level change occurred on 10/15/2020, effective 06/01/2018. The change reduces LIS Subsidy level from 100 to 50.

- Plan 1
 - LIS Subsidy Level will change from 100 to 50.
- Plan 2
 - LIS Subsidy Level will change from 100 to 50



- When the LIS changes, the following LIS TRCs are sent to the Plans:
 - TRC 121 to Plan 1 01/01/2019 12/31/2019 LIS Subsidy level 50
 - \circ TRC 121 to Plan 2 09/01/2020 open ended LIS Subsidy level 50

4.5.3.14 Example 14 – LIS Change Effective in During the First of Two Non-Consecutive Enrollments

Original LIS Period: The Beneficiary was enrolled in two Plans non-consecutively and has LIS Subsidy level of 100 from 01/01/2019 Open Ended.

- Plan 1 01/01/2019 12/31/2019 LIS Subsidy level 100
- Plan 2 09/01/2020 open ended LIS Subsidy level 100

<u>Changes to LIS Period</u>: An LIS Subsidy level change occurs 10/15/2020, effective 06/01/2019. The change reduces the LIS Subsidy level from 100 to 50.

- Plan 1
 - The LIS period end date be changed to 05/31/2019 with LIS Subsidy level 100
 - A new LIS period will be created $\frac{06}{01}/2019 \frac{12}{31}/2019$ with LIS Subsidy level 50
- Plan 2 The LIS Subsidy level will be updated to 50.

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201		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 2020	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2021
Bef	efore LIS Status Change																								
	Plan 1 - LIS 100%																				Plan	2 - LIS	5 100 %	6	
						ļ																			
						 						— N	ew O	pen-	Ende	d LIS	Perio	d – 5	0%—						-
Afte	After LIS Status Change																								
		Pla	in 1 - I	LIS 10	0%			P	lan 1 I	LIS 509	%											Plan	2 - LI	S 50%	

- When the LIS changes, the following LIS TRCs are sent to the Plans:
 - TRC 121 to Plan 1 01/01/2019 05/31/2019 LIS Subsidy level 100
 - TRC 121 to Plan $1 \frac{06}{01}/2019 \frac{12}{31}/2019 LIS$ Subsidy level 50
 - TRC 121 to Plan 2 09/01/2020 open ended LIS Subsidy level 50

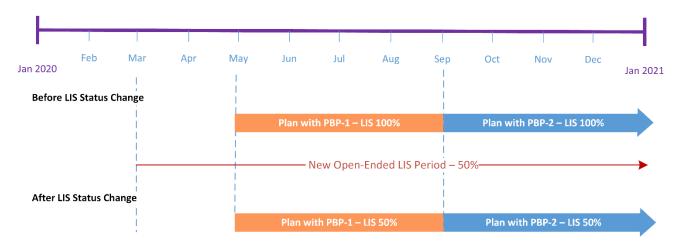
4.5.3.15 Example 15 – LIS Change in Plan with PBP Change

<u>Original LIS Period</u>: The Beneficiary had a new enrollment because of a PBP change. Both enrollments had LIS Subsidy level 100.

- Enrollment with first PBP (PBP1) $\frac{05}{01} \frac{08}{31} \frac{08}{31} \frac{100}{200} \frac{100}{200}$
- Enrollment with second PBP (PBP2) 09/01/2020 open ended LIS Subsidy level 100

<u>Changes to LIS Period</u>: An LIS Subsidy level change occurs 10/15/2020, effective 03/01/2020. The change reduces the LIS Subsidy level from 100 to 50.

- Plan enrollment with first PBP (PBP1) LIS Subsidy level change to 50
- Plan enrollment with second PBP (PBP2) LIS Subsidy level will change to 50



- When the LIS changes, the following LIS TRCs are sent to the Plans:
 - TRC 121 for enrollment PBP-1 05/02/2020 08/31/2020 LIS Subsidy level 50
 - TRC 121 for enrollment PBP-2 09/01/2020 open ended LIS Subsidy level 50

4.6 LIS Periods on the MARx UI

A beneficiary's LIS status, periods, premium subsidies, and copays are displayed on the following MARx UI screens.

- M232 Beneficiary Eligibility.
- M203 Beneficiary Snapshot.
- M231 Premiums View.
- M256 Status Activity.
- M257 Status Detail: Medicaid.

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5 Premium

This section covers the following topics:

- Premium Withhold Process.
- Low-Income Premium Subsidy (LIPS).
- Late Enrollment Penalty (LEP).
- <u>All or Nothing Rule</u>.
- <u>Single Payment Option Rule</u>.
- <u>Retroactive LEP Increase and SSA Benefit Safety Net</u>.
- <u>Premium Reports.</u>
- **Premium Transaction Reply Codes (TRCs) and Definitions.**

5.1 Premium Withhold Process

Beneficiaries may elect to withhold their Part C and Part D premiums from their monthly Social Security Administration (SSA) and Railroad Retirement Board (RRB) benefits if the benefit amount equals or exceeds their premiums.

For Part C premiums, the presence of optional supplemental benefit premiums precludes MARx from identifying the exact amount. Therefore, MARx edits the Part C premium using a range defined by the lowest Part C premium amount, which starts at zero for the PBP, and the highest Part C premium amount, which is the sum of all available optional supplemental premiums for the PBP that the member could elect. As long as the submitted Part C premium falls within this range, it is accepted unchanged. If it is not within this range, MARx changes it to the lowest possible Part C premium for the PBP and notifies the Plan with a Transaction Reply Code (TRC) 182, *Invalid PTC Premium Submitted, Corrected, Accepted*.

If the beneficiary elects the Direct self-pay option (D), the Plan receives payment directly from the member. If the beneficiary elects Deduct from SSA benefits option (S), CMS transmits this information to SSA. Monthly, SSA withholds premiums and sends them to CMS, which verifies the premiums and passes payment to the Plans. If SSA is unable to deduct a beneficiary's premium from their benefit check due to insufficient funds or some type of data issue, CMS notifies the Plan with a TRC 144, *PPO changed to Direct Bill*, which instructs the Plan to bill the member for the premiums.

Note: SSA may reject withholding requests due to insufficient funds even if the premiums are relatively low due to the difference in the timing of the payment cycles between SSA and CMS. This difference often requires SSA to process a withholding request with premiums due for two or three months. Additionally, SSA limits premium withholding to \$300 a month per beneficiary, which can also impact SSA's ability to accept and process premium withholding for a member.

5.1.1 Low-Income Premium Subsidy (LIPS)

If a member is determined eligible for LIPS and elects the Deduct from SSA benefits option (S), SSA withholds the non-subsidized amount, if any, and CMS pays the subsidy to the Plan. If the member elects the Direct self-pay option (D), the Plan bills the non-subsidized amount, if any, to the member and CMS pays the Plan the subsidy. The <u>Monthly Membership Report (MMR)</u> reports the LIPS payments to the Plans.

5.1.2 Late Enrollment Penalty (LEP)

For members assessed an LEP, their premium includes a penalty. If the member elects the Deduct from SSA benefits option (S), SSA withholds the penalty amount and CMS retains it. Plans can view the amounts on the <u>Monthly Premium Withhold Report Data File (MPWRD</u>). If the member elects the Direct self-pay option (D), the Plan bills the premium amount that includes the LEP and CMS deducts the LEP from the Plan payment. Plans can view the amounts on the <u>LEP Report</u>.

5.1.3 All or Nothing Rule

The All or Nothing rule means that the beneficiary may deduct their entire premium amount due, i.e., the sum of Part C and Part D premiums for one Plan, from their monthly SSA benefit. Partial deductions are not allowed. When the benefit amount is insufficient to cover the entire premium amount, SSA rejects the withhold request and notifies CMS. CMS notifies the Plan of the insufficient benefit amount and rejection of the Deduct from SSA benefits option (S), and instructs the Plan to change the member to Direct self-pay option (D), for the full amount of premiums due and for subsequent monthly premiums. CMS notifies the Plan with a modified TRC 213, *Exceed Safety Net Amount*, for transactions rejected due to the \$300 safety net.

5.1.4 Single Payment Option Rule

The single payment option rule requires that both the Part C and Part D premiums are either direct bill or withhold as a beneficiary may only elect one payment option. This rule applies to a single Plan enrollment. For beneficiaries legally enrolled in two different Plans, they may elect two payment options. Examples:

- Beneficiary enrolls in a Medicare Advantage Prescription Drug (MAPD) Plan for Part C and Part D coverage, which results in a single premium; the member must elect one payment option, either withholding or direct bill.
- Beneficiary enrolls in a Private Fee-for-Service (FFS) Plan for Part C coverage and a Prescription Drug Plan (PDP) for Part D coverage, which results in enrollment in two different types of Plans and two different premiums. The member may elect to pay the Part C premium Direct self-pay option (D), and the Part D premium as Deduct from SSA benefits option (S).

5.1.5 Part D Creditable Coverage and Late Enrollment Penalty (LEP)

Medicare-eligible beneficiaries are legally required to have prescription drug coverage, either from a Medicare PDP or a non-Medicare equivalent insurer that provides drug coverage. If a Medicare-eligible beneficiary does not have prescription drug coverage after Part D eligibility is established, an LEP is assessed against the beneficiary. The penalty is added to the Part D premium once the beneficiary is enrolled in a Medicare PDP.

To establish whether or not a beneficiary is assessed an LEP, Plans must determine the number of months in which a Medicare-eligible beneficiary did not have creditable drug coverage for a continuous period of 63 days or more, and report this as the Number of Uncovered Months (NUNCMO) to CMS.

5.1.6 Calculating LEP

CMS calculates the LEP by multiplying a percentage, currently 1 percent, of the national base beneficiary Part D premium for the current coverage year by the total NUNCMO, regardless of the year(s) in which those months occurred. This calculation occurs annually because the percentage and the base beneficiary Part D premium changes each year.

Plans report the NUNCMO to CMS by including it on an enrollment, Transaction Code (TC) 61 or separately on a TC 73 if the determination is made after the enrollment transaction is

submitted. If there are no uncovered months to report, Plans must place a Y in the Creditable Coverage Flag and 000 in the NUNCMO field. If there are uncovered months to report, Plans place an N in the Creditable Coverage Flag and the applicable number in the NUNCMO field.

The table below summarizes the actions Plans should take to submit NUNCMO data:

Table 5-1: Summary of Plan Action to Add, Change, or Remove the NUNCMO for EnrolledBeneficiary

Summary of Plan Action to Add, Change, or Remove the NUNCMO for Enrolled Beneficiary						
Action	Creditable Coverage Flag	NUNCMO Field Value	Effective Date on Transaction Code 73			
Submit a new NUNCMO	Ν	Number greater than 0	Equal to existing enrollment effective date Note: An enrollment TC 61 may also provide this information.			
Change/correct an existing NUNCMO due to Plan error or reconsideration decision	N	Revised existing number to a number greater than 0 – new number of months (>0)	Equal to existing enrollment effective date			
	Y	0 to remove the existing number completely.	Equal to existing enrollment effective date			

5.2 Premium Withhold Transaction Process

Plans may submit multiple transaction files during any CMS business day, Monday through Friday. Plan transactions are processed as received; there is no minimum or maximum limit to the number of files that Plans may submit in a day.

All Plan-submitted files should comply with the record formats and field definitions as described for each file type. Plans should send files in a flat file structure that conform to the Dataset Naming Conventions unique to each file type.

On a daily basis, Plans may submit a *MARx Batch Input Transaction Data File* to CMS to enroll/update information about a beneficiary. This file consists of a header record followed by detail transaction records. The **Transaction Code** (**TC**) in each detail record identifies the type of transaction. Plans may submit any number of detail transaction records for one or more beneficiaries.

Table 5-2: MARx Batch Transaction Codes (Premium)

MARx Batch Transaction Codes (Premium)					
Transaction Code	Transaction Code Description				
73	Number of Uncovered Months Change				
75	Premium Payment Option (PPO) Change Record				
77	Segment ID Change Record				
78	Part C Premium Change Record				

Table 5-3: Allowable Date Range for TC 73, 75, 77, and 78

Allowable Date Range for TC 73, 75, 77, and 78								
Transaction Code	Description	Earliest Date	Latest Date	Other				
73	Number of Uncovered Months Change	No timeliness edits.	The effective date must match the start date of an enrollment.	Current Plan can submit for the current enrollment and all prior enrollment even if the enrollment was with a different Plan. The beneficiary must have enrolled in the submitting Plan as of the CCM that is in the header record. A prior Plan submitting a NUNCMO update for its enrollment must submit via a Retro file that has a header date during the enrollment in the Prior Plan.				

Allowable Date Range for TC 73, 75, 77, and 78								
Transaction Code	Description	cription Earliest Date		Other				
75	Premium Payment Option Change	СРМ	CPM + 2	Notice that this option is based on the CPM. Most options are based on the CCM.				
77	Segment ID Change	CCM – 1 (CCM – 3 for EGHP)	CCM + 3	Normal enrollment transaction range.				
78	Part C Premium Change	CPM – 3	CPM + 2	The effective date must fall within an enrollment period of the submitting Plan.				

5.2.1 TC 73 Number of Uncovered Months Data Change

Layout 5-1: MARx Batch Input Detail Record: NUNCMO Change – TC 73

	MARx Batch Input Detail – NUNCMO Change Transaction – TC 73					
Item	Field	Size	Position	Description		
1	Beneficiary Identifier	12	1-12	 Required Reject the transaction with TRC007 if following criteria is not met during MBI transition: Format must be one of the following: HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number). HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number). MBI is when the 2nd, 5th, 8th and 9th positions are alphas. 2. String must contain NO embedded spaces. 		
2	Surname	12	13-24	beneficiary identifier is not found. Beneficiary's last name. Required.		
3	First Name	7	25-31	Beneficiary's first name. Required.		
4	M. Initial	1	32	Beneficiary's middle initial. Optional.		
5	Gender Code	1	33	Required. 1 = Male. 2 = Female. 0 = Unknown.		
6	Birth Date	8	34-41	CCYYMMDD. Required.		
7	Filler	1	42	Space		
8	PBP #	3	43-45	Three-character Plan Benefit Package (PBP)identifier, 001 – 999 (zero padded).PBP is required for all organizations exceptHCPP and CCIP/FFS demos. For these non-PBP organizations, populate with spaces.		
9	Filler	1	46	Space		

	MARx Batch Input Detail – NUNCMO Change Transaction – TC 73					
Item	Field	Size	Position	Description		
10	Contract #	5	47-51	Contract Number. Required. Hxxxx = Local Plans. Rxxxx = Regional Plans. Sxxxx = PDPs. Fxxxx = Fallback Plans. Exxxx = Employer sponsored MA/MAPD and PDP Plans.		
11	Filler	8	52-59	Spaces		
12	Transaction Code	2	60-61	73		
13	Filler	2	62-63	Spaces		
14	Effective Date	8	64-71	CCYYMMDD. Required. The effective date for the transaction.		
15	Filler	22	72-93	Spaces		
16	Creditable Coverage Flag	1	94	 This indicates whether the beneficiary has creditable drug coverage in the period prior to this enrollment in a Part D Prescription Plan. Y = Beneficiary has creditable coverage. N = Beneficiary does not have creditable coverage. To set a beneficiary's NUNCMO to zero for a particular date, Plans should use Creditable Coverage Flag = Y and NUNCMO = 0. 		
17	NUNCMO	3	95-97	 Required for all Part D Plans; otherwise spaces. The number of months during which the beneficiary did not have creditable coverage in the period prior to this enrollment, as determined by the Plan according to the applicable CMS policy. A NUNCMO may be greater than 0 only if the Creditable Coverage Flag is N. This field is populated with zeroes if the Creditable Coverage Flag is Y. 		
18	Filler	112	98-209	Spaces.		
19	Transaction Tracking ID	15	210-224	Optional value created and used by the Plan to track the replies of the transaction.		
20	Filler	76	225-300	Spaces.		

5.2.2 TC 75 Premium Payment Option Change

The premium withhold process relies on data reported by the Plans and on an interface between the SSA, RRB, and CMS. Processing begins when Plans submit premium information for new members on the Enrollment TC 61 and for current members on the Premium Payment Option (PPO) Change TC 75. On both of these transactions, Plans report the beneficiary Part C and Part D premiums as applicable and the PPO option selected by the member. Current options are:

- D = Direct self-pay.
- S = Deduct from SSA benefits.
- R = Deduct from RRB benefits.
- N = No Premium.

Layout 5-2: PPO Change – TC 75

	PPO Change Transaction – TC 75					
Item	Field	Size	Position	Description		
1	Beneficiary Identifier	12	1-12	 Required Reject the transaction with TRC007 if following criteria is not met during MBI transition: Format must be one of the following: HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number). HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number). MBI is when the 2nd, 5th, 8th and 9th positions are alphas. 2. String must contain NO embedded spaces. Reject the transaction with TRC008 if the beneficiary identifier is not found. 		
2	Surname	12	13-24	Beneficiary's last name. Required.		
3	First Name	7	25-31	Beneficiary's first name. Required.		
4	M. Initial	1	32	Beneficiary's middle initial. Optional.		
5	Gender Code	1	33	Required. 1 = Male. 2 = Female. 0 = Unknown.		
6	Birth Date	8	34-41	CCYYMMDD. Required.		
7	Filler	1	42	Space.		

	PPO Change Transaction – TC 75					
Item	Field	Size	Position	Description		
8	PBP #	3	43-45	 Three-character Plan Benefit Package (PBP) identifier, 001 – 999 (zero padded). PBP is required for all organizations except HCPP and CCIP/FFS demos. For these non-PBP organizations, populate with spaces. 		
9	Filler	1	46	Space.		
10	Contract #	5	47-51	Contract Number. Required. Hxxxx = Local Plans. Rxxxx = Regional Plans. Sxxxx = PDPs. Fxxxx = Fallback Plans. Exxxx = Employer sponsored MA/MAPD and PDP Plans.		
11	Filler	8	52-59	Spaces.		
12	Transaction Code	2	60- 61	75		
13	Filler	2	62-63	Spaces.		
14	Effective Date	8	64-71	CCYYMMDD. Required. The effective date for the transaction.		
15	Filler	9	72-80	Spaces.		
16	PPO/Parts C-D	1	81	Required for all Plan types except: • HCPP • COST 1 without drug • COST 2 without drug • CCIP/FFS demo • MSA/MA • MSA/demo This indicates the PPO requested by the beneficiary on this transaction. D = Direct self-pay. S = Deduct from SSA benefits. R = Deduct from RRB benefits. N = No Premium. The option applies to both Part C and D Premiums.		
17	Filler	128	82-209	Spaces.		
18	Transaction Tracking ID	15	210-224	Optional value created and used by the Plan to track the replies of the transaction.		
19	Filler	76	225-300	Spaces.		

5.2.3 TC 77 Segment ID Change

An MA Plan's service area can be divided into segments composed of one or more counties. Segmenting permits a Plan to offer the same package of benefits, but at different premium rates and cost-sharing levels. Rules requiring uniformity of premiums and cost-sharing levels for all enrollees in the Plan apply to the segment (and not the Plan's entire service area).

Layout 5-3: Segment ID Change – TC 77

	Segment ID Change Transaction – TC 77					
Item	Field	Size	Position	Description		
1	Beneficiary Identifier	12	1-12	 Required Reject the transaction with TRC007 if following criteria is not met during MBI transition: 1. Format must be one of the following: HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number). HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number). MBI is when the 2nd, 5th, 8th and 9th positions are alphas. 2. String must contain NO embedded spaces. Reject the transaction with TRC008 if the beneficiary identifier is not found. 		
2	Surname	12	13-24	Beneficiary's last name. Required.		
3	First Name	7	25-31	Beneficiary's first name. Required.		
4	M. Initial	1	32	Beneficiary's middle initial. Optional.		
5	Gender Code	1	33	Required. 1 = Male. 2 = Female. 0 = Unknown.		
6	Birth Date	8	34-41	CCYYMMDD. Required.		
7	Filler	1	42	Space.		
8	PBP #	3	43-45	Three-character Plan Benefit Package (PBP)identifier, 001 – 999 (zero padded).PBP is required for all organizations exceptHCPP and CCIP/FFS demos. For these non-PBP organizations, populate with spaces.		
9	Filler	1	46	Space		

	Segment ID Change Transaction – TC 77							
Item	Field	Size	Position	Description				
10	Contract #	5	47-51	Contract Number. Required. Hxxxx = Local Plans. Rxxxx = Regional Plans. Sxxxx = PDPs. Fxxxx = Fallback Plans. Exxxx = Employer sponsored MA/MAPD and PDP Plans.				
11	Filler	8	52-59	Spaces.				
12	Transaction Code	2	60-61	77				
13	Filler	2	62-63	Spaces.				
14	Effective Date	8	64-71	CCYYMMDD. Required. The effective date for the transaction.				
15	Segment ID	3	72-74	The three character segment identifier, 001-999 (zero-padded). Only local MA/MAPD Plans (Hxxxx) may have segments.				
16	Filler 135 75-209		Spaces.					
17	Transaction Tracking ID 15 210-224		Optional value created and used by the Plan to track the replies of the transaction.					
18	Filler	76	225-300	Spaces.				

5.2.4 TC 78 Part C Premium

The Part C premium amount reported by the Plan to CMS includes additional premium amounts for any optional supplemental benefits selected by the member. Part C Premium Change, TC 78 is used to submit Part C premium amounts.

Layout 5-4: Part C Premium Change – TC 78

	Part C Premium Change Transaction – TC 78						
Item	Field	Size	Position	Description			
1	Beneficiary Identifier	12	1-12	 Required Reject the transaction with TRC007 if following criteria is not met during MBI transition: 1. Format must be one of the following: HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number). HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number). MBI is when the 2nd, 5th, 8th and 9th positions are alphas. 2. String must contain NO embedded spaces. Reject the transaction with TRC008 if the beneficiary identifier is not found. 			
2	Surname	12	13-24	Beneficiary's last name. Required.			
3	First Name	7	25-31	Beneficiary's first name. Required.			
4	M. Initial	1	32	Beneficiary's middle initial. Optional.			
5	Gender Code	1		Required. 1 = Male. 2 = Female. 0 = Unknown.			
6	Birth Date	8	34-41	CCYYMMDD. Required.			
7	Filler	1 42		Space			
8	PBP #	3	43-45	Three-character Plan Benefit Package (PBP) identifier, 001 – 999 (zero padded). PBP is required for all organizations except HCPP and CCIP/FFS demos. For these non- PBP organizations, populate with spaces.			
9	Filler	1	46	Space			

	Part C Premium Change Transaction – TC 78						
Item	Field	Size	Position	Description			
10	Contract #	5	47-51	Contract Number. Required. Hxxxx = Local Plans. Rxxxx = Regional Plans. Sxxxx = PDPs. Fxxxx = Fallback Plans. Exxxx = Employer sponsored MA/MAPD and PDP Plans.			
11	Filler	8	52-59	Spaces.			
12	Transaction Code	2	60-61	78			
13	Filler	2	62-63	Spaces.			
14	Effective Date	8	64-71	CCYYMMDD. Required. The effective date for the transaction.			
15	Filler	10	72-81	Spaces.			
16	Part C Premium Amount	6	82-87	The amount of the Part C Premium is formatted as six digits with leading zeroes. A decimal point is assumed 2-digits from right; XXXXvXX. Zero is interpreted as an actual value.			
17	Filler 122 88-209		88-209	Spaces.			
18	Transaction Tracking ID 15 210-224		Optional value created and used by the Plan to track the replies of the transaction.				
19	Filler	76	225-300	Spaces.			

5.2.5 Premium Transaction Reply Codes (TRCs) and Definitions

The following tables contain the TRC Grouping information, values, and definition details of the TRCs related to Premium.

Table 5-4: Premium TRC Grouping

	Premium TRC Grouping
TRC-Type	TRC Title
119-A	PREMIUM AMOUNT CHANGE ACCEPTED
120-A	PREMIUM PAYMENT OPTION CHANGE SENT TO W/H AGENCY
122-R	ENROLLMENT/CHANGE REJECTED, INVALID PREM AMT
123-R	ENROLLMENT/CHANGE REJECTED, INVALID PREM PAY OPT CD
124-R	ENROLLMENT/CHANGE REJECTED, INVALID UNCOV MONTHS
126-R	ENROLLMENT/CHANGE REJECTED, INVALID CRED CVRG FLAG
140-A	SEGMENT ID CHANGE ACCEPTED
141-A	UNCOVERED MONTHS CHANGE ACCEPTED
144-M	PREMIUM PAYMENT OPTION CHANGED TO DIRECT BILL
170-I	PREMIUM WITHHOLD OPTION CHANGE TO DIRECT BILL
171-R	RECORD UPDATE REJECTED, INVALID CHG EFFECTIVE DATE
172-R	CHANGE REJECTED; CREDITABLE COVERAGE//2 DRUG INFO NOT APPLICABLE
173-R	CHANGE REJECTED; PREMIUM NOT PREVIOUSLY SET
177-M	CHANGE IN LATE ENROLLMENT PENALTY
178-M	LATE ENROLLMENT PENALTY RESCINDED
179-A	TRANSACTION ACCEPTED- NO CHANGE TO PREMIUM RECORD
182-I	INVALID PTC PREMIUM SUBMITTED, CORRECTED, ACCEPTED
185-M	WITHHOLDING AGENCY ACCEPTED TRANSACTION
186-I	WITHHOLDING AGENCY REJECTED TRANSACTION
187-R	NO CHANGE IN NUMBER OF UNCOVERED MONTHS INFORMATION
188-A	NO CHANGE IN SEGMENT ID
191-R	NO CHANGE IN PREMIUM WITHHOLD OPTION
195-M	SSA UNSOLICITED RESPONSE (SSA WITHHOLD UPDATE)
206-I	PART C PREMIUM HAS BEEN CORRECTED TO ZERO
213-I	PREMIUM WITHHOLD OPTION CHANGE TO DIRECT BILL
215-R	UNCOVERED MONTHS CHANGE REJECTED, INCORRECT EFF DATE
216-I	UNCOVERED MONTHS EXCEEDS MAX POSSIBLE VALUE
217-R	CAN'T CHANGE NUMBER OF UNCOVERED MONTHS
218-M	LEP RESET UNDONE
219-M	LEP RESET ACCEPTED
222-I	BENE EXCLUDED FROM TRANSMISSION TO SSA/RRB
225-I	EXCEEDS SSA BENEFIT & SAFETY NET AMOUNT
235-I	SSA ACCEPTED PART B REDUCTION TRANSACTION
236-I	SSA REJECTED PART B REDUCTION TRANSACTION
237-І	PART B PREMIUM REDUCTION SENT TO SSA

	Premium TRC Grouping					
TRC-Type	TRC Title					
238-I	RRB REJECTED PART B REDUCTION, DELAYED PROCESSING					
239-I	RRB REJECTED PART B REDUCTION, JURISDICTION					
240-A	TRANSACTION RECEIVED, WITHHOLDING PENDING					
243-R	CHANGE TO SSA WITHHOLDING REJECTED DUE TO NO SSN					
252-I	PREM PAYMENT OPTION CHANGED TO DIRECT BILL, NO SSN					
253-M	CHANGED TO DIRECT BILL; NO FUNDS WITHHELD					
254-I	BENEFICIARY SET TO DIRECT BILL; SPANS JURISDICTION					
255-I	PLAN SUBMITTED RRB W/H FOR SSA BENE					
256-I	PLAN SUBMITTED SSA W/H FOR RRB BENE					
262-R	BAD RRB PREMIUM WITHHOLD EFFECTIVE DATE					
267-M	PREMIUM PAYMENT OPTION SET TO "N" DUE TO NO PREMIUM					
290-I	IEP NUNCMO RESET					
295-M	LOW INCOME NUNCMO RESET					
300-R	NUNCMO CHANGE REJECTED, EXCEEDS MAX POSSIBLE VALUE					
306-R	NUNCMO CHANGE REJECTED, NO PART D ELIGIBILITY					
316-I	DEFAULT SEGMENT ID ASSIGNMENT					
317-I	SEGMENT ID REASSIGNED AFTER ADDRESS UPDATE					
319-M	RRB TO SSA BENEFICIARY JURISDICTION CHANGE					
320-M	SSA TO RRB BENEFICIARY JURISDICTION CHANGE					
341-I	MAXIMUM NUNCMO CALCULATION					
371-I	LEP EXCEEDS SSA HARM LIMIT					
372-I	SSA HARM LEP REFUND					
392-M	PPO CHANGED TO DIRECT BILL; BIC OF M OR T					
393-M	PPO CHANGED TO DIRECT BILL; OUT OF AREA					
706-A	UI ENROLLMENT CANCEL SEGMENT CORRECTION					
707-A	UI ENROLLMENT SEGMENT CORRECTION					

Table 5-5: Premium TRC Values and Definitions

	Premium Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
119	А	Premium Amount Change Accepted	PREM AMT CHG	 A Part C Premium Change transaction (Transaction Code 78) was accepted. The Part C premium amount has been updated with the amount submitted on the transaction. The effective date of the new premium will be reported in the Daily Transaction Reply Report data record field 18. The amount of the new Part C premium will be reported in field 34 of the DTRR record. Plan Action: Update the Plan's records accordingly, ensuring that the beneficiary's premium amounts are implemented as of the effective date in field 18. Take the appropriate actions as per CMS enrollment guidance. 		

			Premium Tran	saction Reply Codes
Code	Туре	Title	Short Definition	Definition
120	А	PPO Change Sent to W/H Agency	WHOLD UPDATE	As a result of an accepted Plan-submitted transaction (Transaction Codes 51, 61, 73, 74, 75, 77, 78) or UI update to a beneficiary's records, information has been forwarded to SSA/RRB to update SSA/RRB records and implement any requested premium withholding changes. Any requested change will not take effect until an SSA/RRB acceptance is received. Plans are notified of the SSA/RRB acceptance with a TRC 185 in a future DTRR data file. Plan Action: None required. Take the appropriate actions as per CMS enrollment guidance. Note: The Plan will not see the result of any PPO change
122	R	Enrollment/Change Rejected, Invalid Premium Amount	BAD PREMIUM AMT	 until they have received a TRC 185 on a future DTRR. An enrollment or premium change transaction (Transaction Code 61, or 78) was rejected because the submitted Part C premium amount was non-blank and not numeric. If the Part C premium field is blank on a submitted enrollment transaction (Transaction Code 61), the blank will be converted to zeroes. Any submitted value must be numeric. A blank or invalid Part C premium field is not permitted on the Part C premium change transaction (Transaction Code 78). Plan Action: Correct the Part C premium amounts and resubmit if appropriate.
123	R	Enrollment/Change Rejected, Invalid Prm Pay Opt Cd	BAD W/HOLD OPT	 An Enrollment or PPO Change transaction (Transaction Codes 61, 75) was rejected because the value submitted in the PPO Code field was an invalid value. The valid values include: D - Direct Bill - Self Pay R - Deduct from RRB benefits S - Deduct from SSA benefits N - No premium applicable Plan Action: Correct the PPO code and resubmit if appropriate.

			Premium Tran	saction Reply Codes
Code	Туре	Title	Short Definition	Definition
124	R	Enrollment/Change Rejected; Invalid Uncov Months	BAD UNCOV MNTHS	 An enrollment or NUNCMO change transaction (Transaction Codes 61, 73) was rejected because the NUNCMO field was not correctly populated. This rejection could be the result of the following conditions: The field contained a non-numeric value The field contained a non-numeric value The Uncovered Months field was zero when the Creditable Coverage Switch was set to N For Transaction Code 61, the Uncovered Months field was greater than zero when the Creditable Coverage Switch was set to Y or blank. For Transaction Code 73, the Uncovered Months field was greater than zero when the Creditable Coverage Switch was set to Y. Plan Action: Correct the NUNCMO value and resubmit the transaction if appropriate. Verify that the Creditable Coverage Flag and NUNCMO combination is valid.
126	R	Enrollment/Change Rejected; Invalid Cred Cvrg Flag	BAD CRED COV FL	 An enrollment or NUNCMO change transaction (Transaction Codes 61, 73) was rejected because the Creditable Coverage Flag field was not correctly populated. For Transaction Code 61, the valid values for the Creditable Coverage Flag are Y, N, and blank. For Transaction Code 73, the valid values for the Creditable Coverage Flag are Y and N. Creditable Coverage Flag values of R and U are not available as valid values for Plan submission. Plan Action: Correct the Creditable Coverage Flag value and resubmit the transaction if appropriate. Verify that the Creditable Coverage Flag and NUNCMO combination is valid.
140	А	Segment ID Change Accepted	SEGMENT ID CHG	 A Segment ID Update transaction (Transaction Code 77) was accepted. This transaction changed the Segment ID for the beneficiary. The value in DTRR field 33 contains the new Segment ID. The effective date of the change is reported in field 18 All data provided for change other than the Segment ID field has been ignored. Plan Action: Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.

				saction Reply Codes
Code	Туре	Title	Short Definition	Definition
141	А	Uncovered Months Change Accepted	UNCOV MNTHS CHG	A Number of Uncovered Months Record Update transaction (Transaction Code 73) was accepted. This transaction updated the creditable coverage information (Creditable Coverage Flag and/or Number of Uncovered Months) for the beneficiary. The values in Daily Transaction Reply Report data record fields 40 and 41 on the DTRR record will contain the new creditable coverage values. The effective date of the change is reported in field 18. Total uncovered months are displayed in field 24. All data provided for change, other than the Uncovered Months fields, has been ignored. Please Note: This transaction could have resulted from a Plan/CMS submitted transaction or from a CMS NUNCMO Resynchronization effort.
				Plan Action: Ensure the Plan's system matches the information included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.
144	М	PPO changed to Direct Bill	PREM WH OPT CHG	 CMS has changed the Premium Payment Option specified on the transaction to "D – Direct Bill" for one of the following reasons: Retroactive premium withholding was requested. The beneficiary's retirement system (SSA, RRB or OPM) was unable to withhold the entire premium amount from the beneficiary's monthly check. The beneficiary chose "OPM" as the withhold option. OPM is not withholding premiums at this time. The Plan has submitted a Part C premium amount that exceeds the maximum Part C premium value provided by HPMS. RRB Withholding was requested for an effective date prior to 06/01/2011. The beneficiary's premium withholding period cannot be sent to SSA at this time. This TRC may be generated in response to an accepted enrollment, PBP change, Premium Payment Option Change or Part C Premium Change transaction (Transaction Codes 61, 75, 78) or may be initiated by CMS. Plan Action: Update the Plan's beneficiary records to reflect the direct bill payment method. Take the appropriate actions as per CMS enrollment guidance.

	Premium Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
170	Ι	Premium Withhold Option Changed to Direct Billing	PREM WH OPT CHG	 The beneficiary's PPO was changed to Direct Billing (D) because the beneficiary is a member of an employer group. Retirees who are members of an employer group cannot elect SSA withholding. This TRC provides additional information about an enrollment, PBP change, or PPO Change transaction (Transaction Codes 61, 75) for which an acceptance was sent in a separate Transaction Reply with an enrollment acceptance TRC. The Effective Date of the enrollment for which this information is pertinent is reported in DTRR field 18. Plan Action: Update the Plan's billing method and contact the beneficiary to explain the consequences of this change. 		
171	R	Record Update Rejected, Invalid Chg Effective Dt	BAD CHG EFF DT	 An EGHP Change, PPO Change, Segment ID Change, or Part C Premium Change (Transaction Codes 74, 75, 77, or 78) was rejected because the submitted transaction effective date was incorrect. The Effective Date on the Transaction Code 75 must be in the CPM to CPM+2 range. The Effective Date on the Transaction Code 78 must be in the CPM-3 to CPM+2 range. The Effective date on the Transaction Codes 74 or 77 must be in the CCM-1 to CCM+3 range. Plan Action: Correct the effective date and resubmit the transaction if appropriate. 		
172	R	Change Rejected; Creditable Coverage/2 Drug Info NA	CRED COV/RX NA	 A 4RX or NUNCMO transaction (Transaction Code 72 or 73) was rejected because the information was not applicable to the selected Plan type (MAs and other Plans without drug coverage). Non-drug Plans should not submit drug Plan information. The inappropriate information included on the transaction could be any or all of the following: Creditable Coverage Information (Creditable Coverage Flag and NUNCMO) Primary Drug Insurance Information (Rx ID, Rx GRP, Rx PCN and Rx BIN) Secondary Drug Insurance Information (Secondary Insurance Flag, Rx ID, Rx GRP, Rx PCN and Rx BIN) Plan Action: Verify that the above fields are not 		

			Premium Tran	saction Reply Codes
Code	Туре	Title	Short Definition	Definition
173	R	Change Rejected; Premium Not Previously Set	NO PREMIUM INFO	An Uncovered Months, PPO, or Part C premium amount change transaction (Transaction Codes 73, 75, 78) was rejected because the beneficiary's premium was not established as of the transaction effective date. Plan Action: Review the beneficiary's premium data and resubmit if appropriate.
177	М	Change in Late Enrollment Penalty	NEW PENALTY AMT	 This TRC is intended to supply the Plan with additional information about the beneficiary. The beneficiary's total late enrollment penalty has changed. This may be the result of: A change to the beneficiary's NUNCMO (but there are still uncovered months); A change to the beneficiary's LIS status; A new Initial Election Period (IEP); or The addition, withdrawal, or change in the CMS-granted waiver of penalty. Plan Action: Adjust the beneficiary's payment amount. The new total penalty amount can be determined by subtracting amounts in DTRR fields 55 (waived amount) and 56 (subsidized amount) from field 54 (base penalty). Take the appropriate actions as per CMS enrollment guidance.
178	М	Late Enrollment Penalty Rescinded	PNLTY RESCINDE D	 This TRC is intended to supply the Plan with additional information about the beneficiary. The LEP, reported in field 52 of the DTRR, associated with the specified effective date has been rescinded (set to zero). Plan Action: Adjust the beneficiary's payment amount. Take the appropriate actions as per CMS enrollment guidance.
179	А	Transaction Accepted, No Change to Premium Record	NO CHNG TO PREM	 A Record Update transaction (Transaction Code 73, 77, 78) was accepted. The submitted transaction contained premium data values that matched those already on record with CMS for the specified period. Plan Action: Ensure that the Plan's system reflects the amounts in the DTRR record.

	Premium Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
182	I	Invalid PTC Premium Submitted Corrected, Accepted	PTC PRM OVERIDE	 An Enrollment, Residence Address Change, Segment ID Change, PBP change, Enrollment Cancellation, Disenrollment Cancellation or Part C Premium Record Update transaction (Transaction Codes 61, 76, 77, 78, 80, 81, 82) was accepted but the Part C premium did not agree with the Plan's HPMS contracted Part C premium rate. The premium has been adjusted to reflect the contracted rate. If the submitted Part C premium amount has pennies, the Part C premium amount was rounded to the nearest dime. If the rounded Part C premium amount was less than the HPMS contracted Part C premium minimum amount or greater than the HPMS contracted Part C premium maximum amount for the Plan, MARx has reset the premium to the HPMS contracted Part C premium minimum amount. Note: If any of the HPMS contracted Part C premium amounts contained pennies, the amounts were rounded for these comparisons. The updated Part C premium rate is reported in Daily Transaction Reply Report (DTRR) data record fields 24 and 34. TRC 182 is the acceptance TRC for Transaction Code 78. For the other Transaction Codes, normal acceptance TRCs will be returned along with TRC 182. Plan Action: Update the Plan's beneficiary records with the premium information in the DTRR record. Take the appropriate actions as per CMS enrollment guidance. 		
185	М	Withholding Agency Accepted Transaction	ACCEPTED	 CMS submitted information on a beneficiary to SSA/RRB (See TRC 120). TRC 185 is sent to the Plan when SSA/RRB acknowledges that they have accepted and processed the beneficiary data. If the submittal to SSA/RRB was the result of a requested premium withholding change, TRC 185 informs the Plan that SSA/RRB has accepted and processed the change. The beneficiary's PPO is reported in DTRR field 39. The effective date of the PPO change is reported in field 18. Note: The reported new PPO may be the same as the existing PPO. Plans will not see the results of any requested premium withholding changes until TRC 185 is received. Plan Action: Ensure the Plan's system matches the information, primarily the PPO, included in the DTRR. 		

	Premium Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
186	Ι	Withholding Agency Rejected Transaction	REJECTED	 CMS submitted information on a beneficiary to SSA/RRB (See TRC 120). This data transmittal was rejected by SSA/RRB. This is exclusive to the communication between CMS and SSA/RRB. CMS will continue to interface with SSA/RRB to resolve the rejection. If CMS is unable to resolve this rejection and the Beneficiary-requested Premium Payment Option is changed, the Plan may receive TRC 144. A reason code (based on the rejection code received from the agency) will be provided in Field 24. Plan Action: No action required. 		
187	R	No Change in Number of Uncovered Mths Information	DUP NO UNCV MTH	 A NUNCMO Record Change transaction (Transaction Code 73) was rejected. No data change was made to the beneficiary's record. The submitted transaction contained NUNCMO Information that matched those already on record with CMS. This transaction had no effect on the beneficiary's records. Plan Action: None required. 		
188	А	No Change in Segment ID	DUP SEGMENT ID	A Segment ID Update transaction (Transaction Code 77) was accepted, however, no data change was made to the beneficiary's record. The submitted transaction contained a Segment ID value that matched the Segment ID already on record with CMS. This transaction had no effect on the beneficiary's records. Plan Action: None required.		

	Premium Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
191	R	No Change in Premium Withhold Option	DUP PRM WH OPTN	 A Premium Payment Option Change transaction (Transaction Code 75) was rejected and no data change was made to the beneficiary's record for one of the following reasons: 1. The submitted transaction contained a Premium Payment Option value that matched the Premium Payment Option already on record with CMS. 2. Beneficiary has a premium. Setting the Premium Payment Option to "no premium" (N), is not acceptable. Beneficiary premium may be due wholly or in part to a late enrollment penalty. 3. Beneficiary premiums are zero. Withholding cannot be established. 4. A Premium Payment Option request of 'Deduct from SSA (S)' or 'Deduct from RRB (R)' was submitted on a Premium Payment Option Change transaction (Transaction Code 75) when the beneficiary has 'No Premiums'. The Premium Payment Option was set to 'N', which matches the Premium Payment Option already on record with CMS. 5. SSA or RRB Withholding was requested for a LINET, MMP or PACE Plan. This transaction had no effect on the beneficiary's records. Plan Action: None required. 		
195	М	SSA Unsolicited Response	SSA WHOLD UPDT	Plan Action: None required. An unsolicited response has been received from SSA. The PPO for this beneficiary is set to Direct Bill. This action is not in response to a Plan-initiated transaction. The effective change date change is reported in DTRR field 18. Plan Action: Change the beneficiary to direct bill as of the effective date in field 18. Take the appropriate actions as per CMS enrollment guidance.		

	Premium Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
206	Ι	Part C Premium has been corrected to zero	PTC PREM ZEROED	An enrollment, PBP change or Part C Premium Update transaction (Transaction Codes 61, 78) was submitted and accepted for a Part D only Plan. This transaction contained an amount other than zero in the Part C premium field. Since a Part C premium does not apply to a Part D only Plan, the Part C premium has been corrected to be zero. This TRC provides additional information about an enrollment, PBP change, or Part C Premium Update transaction (Transaction Codes 61, 78) for which an acceptance was sent in a separate Transaction Reply with an acceptance TRC. The effective date of the enrollment for which this information is pertinent is reported in DTRR field 18. Plan Action: Update the Plan's records accordingly, ensuring that the beneficiary's information matches zero Part C premium amount included in the DTRR record.		
213	Ι	Premium Withhold Exceeds Safety Net Amount	EXCEED SNET AMT	CMS has changed the PPO specified on the transaction to "D – Direct Bill" because the transaction would result in SSA withholding exceeding the Safety Net amount from the beneficiary's check in one month. This TRC may be generated in response to an accepted enrollment or PBP change (Transaction Code 61), NUNCMO Record Update (Transaction Code 73), Part C Premium Update (Transaction Code 78), PPO Change (Transaction Code 75), or may be initiated by CMS. Plan Action: Change the beneficiary to Direct Bill and contact them to explain the consequences of the PPO change. Take the appropriate actions as per CMS enrollment guidance.		
215	R	Uncovered Months Chng Rejected, Incorrect Eff Date	BAD NUNCMO EFF	 A NUNCMO Change (Transaction Code 73) transaction was rejected because the submitted effective date is incorrect. The date may have been incorrect for one of the following reasons: The submitted effective date is prior to August 1, 2006. The submitted effective date is after the Current Calendar Month (CCM) plus 3. The submitted effective date falls within a Part D Plan enrollment but does not match the contract enrollment start date. Plan Action: Correct the effective date and resubmit the transaction. If the Plan still does not get a successful transaction, please contact the MAPD Help desk. 		

			Premium Tran	saction Reply Codes
Code	Туре	Title	Short Definition	Definition
216	I	Uncovered months exceeds max possible value	NUNCMO EXDS MAX	 This TRC is returned on an accepted enrollment transaction (Transaction Code 61) when the submitted incremental NUNCMO value exceeds the maximum possible value. This does NOT cause the rejection of the enrollment transaction but zero uncovered months (000) is associated with the effective date of the enrollment. This informational TRC may accompany the enrollment transaction's acceptance TRC. Field 24 (Maximum Number of Uncovered Months) reports the maximum incremental NUNCMO value that could be associated with the enrollment effective date submitted. Field 40 (Cumulative Number of Uncovered Months) reports the total uncovered months as of the effective date. Field 45 (Submitted Number of Uncovered Months) reports the incremental NUNCMO value submitted by the Plan. Plan Action: Update the Plan's records. If the NUNCMO should be another value, review CMS enrollment guidance and correct the NUNCMO value using a new NUNCMO Record Update (Transaction Code 73) transaction.
217	R	Can't Change number of uncovered months	CANT CHG NUNCMO	An uncovered months change transaction (Transaction Code 73) was rejected because the submitted transaction attempted to change the number of uncovered months for an effective date corresponding to a "Late Enrollment Penalty (LEP) Reset" transaction in the CMS database that disallows an uncovered months change transaction. LEP Resets include: 'A' – Aged 'L' – LIS 'T' – US Territory 'R' – Reset Plan Action: Take the appropriate actions as per CMS enrollment guidance.
218	М	LEP Reset Undone	LEP RESET UNDNE	CMS has re-established the beneficiary's late enrollment penalty (LEP). The previous LEP RESET was removed. Plan Action: Update the Plan's records accordingly, ensuring that the beneficiary's LEP information matches the data included in the Daily Transaction Reply Report (DTRR) record. Take the appropriate actions as per CMS enrollment guidance.

	Premium Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
219	М	LEP Reset Accepted	LEP RESET	CMS has reset the beneficiary's NUNCMO to zero. The Late Enrollment Penalty (LEP) amount is now zero. Plan Action: Update the Plan's records accordingly, ensuring that the beneficiary's LEP information matches the data included in the DTRR record. Take the appropriate actions as per CMS enrollment guidance.		
222	Ι	Bene Excluded from Transmission to SSA/RRB	BENE EXCLUSIO N	 This TRC can be returned on a reply with various Transaction Codes (51, 61, 73, 78) and the maintenance Transaction Code (01). It is intended to supply the Plan with additional information about the beneficiary. CMS has excluded beneficiary from transmission to SSA/RRB. Plan Action: None required. 		
225	I	Exceeds SSA Benefit & Safety Net Amount	Insuf fund&snet	 CMS has changed the PPO specified on the transaction to "D – Direct Bill" because the transaction would result in the SSA benefit being insufficient to cover the withholding and the withholding would exceed the Safety Net amount. This TRC may be generated in response to an accepted enrollment or PBP change (Transaction Code 61), NUNCMO Record Update (Transaction Code 73), Part C Premium Update (Transaction Code 78), PPO Change (Transaction Code 75), or may be initiated by CMS. Plan Action: Change the beneficiary to direct bill and contact them to explain the consequences of the PPO change. Take the appropriate actions as per CMS enrollment guidance. 		
235	I	SSA Accepted Part B Reduction Transaction	SSA PT B ACCEPT	 CMS submitted Part B Reduction information on a beneficiary to SSA (See TRC 237). TRC 235 is sent to the Plan when SSA acknowledges that they have accepted and processed the beneficiary data. If the submittal to SSA was the result of a requested Part B Reduction change, TRC 235 informs the Plan that SSA has accepted and processed the change. Plans will not see the results of any requested Part B Reduction change until TRC 235 is received and SSA has processed the request. This may take as long as 60 days. Plan Action: No action required. 		

	Premium Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
236	Ι	SSA Rejected Part B Reduction Transaction	SSA PT B REJECT	 CMS submitted Part B Reduction information on a beneficiary to SSA (See TRC 237). This data transmittal was rejected by SSA. This is exclusive to the communication between CMS and SSA. CMS will continue to interface with SSA to resolve the rejection. Plan Action: No action required. 		
237	Ι	Part B Premium Reduction Sent to SSA	PT B RED UPDATE	 As a result of an accepted Plan-submitted transaction (Transaction Codes 51, 61, 72, 73, 75, 78) or UI update to a beneficiary's records, information has been forwarded to SSA/RRB to update SSA/RRB records and implement any requested Part B premium reduction changes. Any requested change will not take effect until an SSA/RRB acceptance is received. Plans are notified of the SSA/RRB acceptance with a TRC 235 on a future DTRR. Plan Action: None required. Take the appropriate actions as per CMS enrollment guidance. Note: The Plan will not see the result of any Part B Reduction change until they have received a TRC 235 or 236 on a future DTRR. 		
238	Ι	RRB Rejected Part B Reduction, Delayed Processing	DELAY RRB PROC	CMS submitted Part B Reduction information for a beneficiary to RRB (See TRC 237). This data transmittal was rejected by RRB because they are unable to process the data at this time.CMS continues to interface with RRB to resolve the rejection.Plan Action: No action required.		
239	Ι	RRB Rejected Part B Reduction, Jurisdiction	NOT RRB JRSDCTN	 CMS submitted Part B Reduction information for a beneficiary to the RRB (See TRC 237). This data transmittal was rejected by the RRB. The beneficiary no longer falls under the RRB jurisdiction. Plan Action: The beneficiary jurisdiction must be assessed and aligned between agencies to successfully process the data. 		

	Premium Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
240	А	Transaction Received, Withholding Pending	WHOLD UPDATE	As a result of an accepted Plan-submitted transaction to update a beneficiary's PPO (Transaction Code 75) or a UI update of same, a request will soon be forwarded to SSA. Plans will receive TRC 120 when this request is forwarded to SSA. Plans are notified of the subsequent SSA acceptance or rejection of the PPO change with a TRC 185 or 186, respectively, on a future DTRR. All data provided for change other than the PPO field was ignored. Plan Action: Take the appropriate actions as per CMS enrollment guidance. Note: The Plan will not see the result of any PPO change until they have received a TRC 185 on a future DTRR.		
243	R	Change to SSA Withholding rejected due to no SSN	NO SSN AT CMS	 A PPO Change transaction (Transaction Code 75) was submitted to change the beneficiary's PPO to SSA withholding, however, there is no Social Security Number (SSN) on file at CMS. The beneficiary's PPO is not changed to SSA withholding. The beneficiary's records were unchanged. Plan Action: Update the Plan's beneficiary record accordingly. Take the appropriate action with member as per CMS enrollment guidance. 		
252	Ι	Prem Payment Option Changed to Direct Bill; No SSN	W/O CHG;NO SSN	 CMS has changed the PPO specified on the transaction to "D – Direct Bill" because the beneficiary does not have a Social Security number on file at CMS. This TRC may be generated in response to an accepted Enrollment, PBP change or PPO Change transaction (Transaction Codes 61 or, 75) or may be initiated by CMS. Plan Action: Update the Plan's beneficiary records to reflect the direct bill payment method. Take the appropriate actions with member as per CMS enrollment guidance. 		
253	М	Changed to Direct Bill; no Funds Withheld	W/O CHG;NO W/H	CMS has changed the PPO to "D-Direct Bill" because no funds have been withheld by the withholding agency in the two months since withholding was accepted.Plan Action: Update the Plan's beneficiary records to reflect the direct bill payment method. Take the appropriate actions with member as per CMS enrollment guidance.		

	Premium Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
254	Ι	Beneficiary set to Direct Bill, spans jurisdiction	DIR BIL JRSDCTN	 CMS has changed the PPO to "D-Direct Bill" because the withholding request spans two different withholding agency jurisdictional periods. This could occur for one of the following reasons: SSA is the beneficiary's current withholding agency but the withholding request contains one or more periods from when RRB was the beneficiary's withholding agency. RRB is the beneficiary's current withholding agency but the withholding request contains one or more periods from when SSA was the beneficiary's withholding agency. Plan Action: Update the Plan's beneficiary records to prior the prior of t		
				reflect the Direct Bill payment method. Take the appropriate actions with member as per CMS enrollment guidance. CMS has changed the PPO to "S-SSA Withhold" because		
255	Ι	Plan Submitted RRB W/H for SSA Beneficiary	RRB WHOLD 4 SSA	SSA is the correct withholding agency for this beneficiary.		
256	Ι	Plan Submitted SSA W/H for RRB Beneficiary	SSA WHOLD 4 RRB	Plan Action: None required. CMS has changed the PPO to "R-RRB Withhold" because RRB is the correct withholding agency for this beneficiary.		
262	R	Bad RRB Premium Withhold Effective Date	INVALID EFF DTE	Plan Action: None required. A PPO Change Transaction (Transaction Code 75) was rejected because request for RRB withholding is NOT allowed for effective date prior to 6/1/2011.		
267	М	PPO set to N due to No Premium	PPO SET TO N	 Plan Action: Correct the Effective date and resubmit. The beneficiary's PPO was set to N because their premium is \$0. This occurs as part of an end-of-year process based on the Plan's basic Part C premium for the upcoming year. Plan Action: Submit a transaction to reset the Part C premium and to renew a request for withholding status if appropriate 		
290	Ι	IEP NUNCMO Reset	NUNCMO RSET IEP	 appropriate. This TRC was the result of an automatic system reset, or zeroing, of the cumulative uncovered months for the identified beneficiary. This reset occurred for one of the following reasons: Disabled beneficiary became age-qualified for Medicare. An aged beneficiary had a retroactive NUNCMO transaction with an effective date prior to aged qualification at the beginning of the IEP period. Reset effective date is in DTRR field 18. Plan Action: Update Plan records accordingly. 		

	Premium Transaction Reply Codes					
Code	Туре	Title	Short Definition	Definition		
295	М	Low Income NUNCMO RESET	NUNCMO RSET LIS	 This TRC is the result of an automatic system reset, or zeroing, of the cumulative uncovered months for the identified beneficiary. This reset occurred because of one of the following conditions: The beneficiary has been identified as having the Part D low- income subsidy. The beneficiary has been identified as being enrolled in an US Territory Part D plan (the Plan resides in the US Territory) and maintains a Medicaid (full or partial) status. The Reset effective date is in the Daily Transaction Reply Report (DTRR) data record, field 18. Plan Action: Update plan records accordingly. 		
300	R	NUNCMO Change Rejected, Exceeds Max Possible Value	NM CHG EXDS MAX	 A NUNCMO Record Update transaction (73) was rejected because the submitted incremental NUNCMO exceeds the maximum possible value. The original (existing) incremental NUNCMO associated with this effective date has been retained. Field 24 (Maximum Number of Uncovered Months) reports the maximum incremental NUNCMO value that could be associated with the enrollment effective date submitted. Field 40 (Cumulative Number of Uncovered Months) reports the total uncovered months as of the effective date. Field 45 (Submitted Number of Uncovered Months) reports the incremental NUNCMO value submitted by the Plan. Plan Action: Review the incremental NUNCMO submitted, the maximum incremental NUNCMO calculated by the system, and/or the effective date submitted. If the NUNCMO and/or the effective date should be another value, review CMS enrollment guidance, and correct the NUNCMO value using a new NUNCMO Record Update (73) transaction. 		
306	R	NUNCMO Change Rejected, No Part D Eligibility	NUNCMO, NO PTD	A NUNCMO Change transaction (Transaction Code 73) was rejected because beneficiary does not have Part D Eligibility as of the submitted effective date. Plan Action: Verify the beneficiary identifying information and resubmit the transaction with updated information, if appropriate.		

	Premium Transaction Reply Codes						
Code	Туре	Title	Short Definition	Definition			
316	Ι	Default Segment ID Assignment	DEFAULT SEG ID	A default Segment ID is assigned because the beneficiary is Out-of-Area for the Contract/PBP. For enrollments with effective dates prior to 2014, the default Segment is the Segment with the lowest valid Segment ID for the Contract/PBP. For years 2014 and later, the default Segment is the Segment with the lowest premiums. Plan Action: Verify the beneficiary's address is correct. Submit a Residence Address Change if appropriate.			
317	I	Segment ID Reassigned after Address Update	SEG ID REASSIGN	 A Segment ID reassigns because updated address information is received. The updated address information either results from a Plan-submitted Residence Address Change (Transaction Code 76) or an SCC change notification. This TRC is returned when a Segment ID reassigns for one of the following reasons: Updated address information is received. The updated address information is either a result of a Plansubmitted Residence Address Change (Transaction Code 76) or a State and County Code change notification. An Enrollment Transaction (Transaction Code 61) or Segment ID Change (Transaction Code 77) is received for a segmented Plan where part of the enrollment has a terminated Segment ID. Examples include: A retroactive enrollment that spans more than one year and the Segment ID is not valid for both years. An Enrollment Transaction (Transaction Code 61) is received with an invalid Segment ID. The effective date of the reassignment is reported in field 18. 			
319	М	RRB to SSA Beneficiary Jurisdiction Change	RRB - SSA Jur	A beneficiary undergoes a jurisdiction change from RRB to SSA. CMS attempts to establish premium withholding with SSA, which may take up to two months. If the transfer is successful, a TRC 185 is issued. If it is unsuccessful, TRCs 186 and 144 are issued. This action is not in response to a Plan-initiated transaction. Plan Action: None required at this time.			

			Premium Tran	saction Reply Codes
Code	Туре	Title	Short Definition	Definition
320	М	SSA to RRB Beneficiary Jurisdiction Change	SSA - RRB Jur	A beneficiary undergoes a jurisdiction change from SSA to RRB. CMS attempts to establish premium withholding with RRB, which may take up to two months. If the transfer is successful, a TRC 185 is issued. If it is unsuccessful, TRCs 186 and 144 are issued. This action is not in response to a Plan-initiated transaction. Plan Action: None required at this time.
341	Ι	Maximum NUNCMO Calculation	MAX NUNCMO CALC	 This TRC provides additional information about an accepted enrollment, disenrollment, enrollment cancellation, or NUNCMO record update transaction (Transaction Codes 61, 51, 54, 73, 80, 81, 82) for which an acceptance was sent in a separate Transaction Reply. This reply informs the plan of the maximum incremental NUNCMO value that could be associated with the enrollment effective date. Field 24 (Maximum Number of Uncovered Months) reports the maximum incremental NUNCMO value as of the effective date. Field 40 (Cumulative Number of Uncovered Months) reports the total uncovered months as of the effective date. Field 45 (Existing or Submitted Number of Uncovered Months) reports the incremental NUNCMO value submitted on the transaction or the existing incremental NUNCMO. Note: TRC 341 may be issued due to a change to a prior Plan's NUNCMO. In this case, field 45 will contain the existing incremental NUNCMO when issued to subsequent Plan(s). Plan Action: Review the incremental NUNCMO and the maximum incremental NUNCMO aclculated by the system. If the NUNCMO should be another value, review CMS enrollment guidance and correct the NUNCMO value using a new NUNCMO Record Update (73) transaction.

Premium Transaction Reply Codes				
Code	Туре	Title	Short Definition	Definition
371	I	LEP Exceeds SSA Harm Limit	LEP HARM	A NUNCMO Change transaction (Transaction Code 73) was processed for a period of SSA withholding. The sum of the current premium amount and additional retroactive LEP amounts to be collected exceeds the SSA Harm Limit of \$300.00 per month. The additional LEP amount for retroactive months will be directly collected from the beneficiary by the plan. The amount to be directly collected will be reported as a Harm Detail Record on the LEP Data File.
				Plan Action: Update the Plan's records accordingly and collect amounts reported as Harm Detail Records from the beneficiary. LEP amounts previously collected by the withholding agency will remain with CMS.
372	I	SSA Harm LEP Refund	HRM LEP RFND	There is a subsequent change to retroactive LEP, and the beneficiary is due a partial or full refund of the amount that was previously collected based on the TRC 371. Harm Detail Records on the LEP Data File will report the negative LEP amounts to be refunded to the beneficiary.
				Plan Action: Update the Plan's records accordingly and refund amounts reported as Harm Detail Records to the beneficiary.
392	М	PPO changed to Direct Bill; BIC of M or T	BIC M or T	CMS has set the Premium Payment Option specified on the transaction to "D – Direct Bill" because the beneficiary has a BIC of M or T and chose "SSA" as the withhold option. SSA cannot withhold premiums for these beneficiaries (there is no benefit check to withhold from).
				This TRC may be generated in response to an accepted:
				• Enrollment or PBP Change (Transaction Code 61) submitted with a PPO of 'S' (SSA Withholding)
				• Premium Payment Option Change (Transaction Code 75) submitted with a PPO of 'S' (SSA Withholding)
				The value in Daily Transaction Reply Report data record field 39 will contain the new PPO value. The effective date of the change is reported in field 18.
				Plan Action: Update the Plan's beneficiary records to reflect the direct bill payment method. Take the appropriate actions as per CMS enrollment guidance.

	Premium Transaction Reply Codes						
Code	Туре	Title	Short Definition	Definition			
393	М	PPO changed to Direct Bill; Out of Area	Out of Area	CMS has set the Premium Payment Option specified on the transaction to "D – Direct Bill" because CMS has information that the beneficiary is no longer in the service area for a segmented plan and the Plan chose "SSA" as the withhold option. SSA cannot withhold premiums for these beneficiaries.			
				This TRC may be generated in response to an accepted:			
				• Enrollment or PBP Change (Transaction Code 61) submitted with a PPO of 'S' (SSA Withholding)			
				• Premium Payment Option Change (Transaction Code 75) submitted with a PPO of 'S' (SSA Withholding)			
				The value in Daily Transaction Reply Report data record field 39 will contain the new PPO value. The effective date of the change is reported in field 18.			
				Plan Action : Update the Plan's beneficiary records to reflect the direct bill payment method. Take the appropriate actions as per CMS enrollment guidance.			
706	А	UI Enrollment Cancel Segment Correction	UI CNCL SEG COR	A CMS User updated the Segment on an existing enrollment. This generates two transaction replies, a Transaction Code 51 with TRC 706 and a Transaction Code 61 with TRC 707. This reply (Transaction Code 51) represents the cancellation of the enrollment in the original Segment. When an enrollment is cancelled it means that the enrollment never occurred. The effective (start) and disenrollment (end) dates of the enrollment being cancelled are found in DTRR fields 18 & 24, respectively. Plan Action: Remove the indicated enrollment in the			
				original Segment from the Plan's records. Look for the accompanying reply with TRC 707 to determine the replacement enrollment period. Take the appropriate actions as per CMS enrollment guidance.			

	Premium Transaction Reply Codes							
Code	Туре	Title	Short Definition	Definition				
707	А	UI Enrollment Segment Correction	UI ENR SEG COR	A CMS User updated the Segment on an existing enrollment. This generates two transaction replies, a Transaction Code 51 with TRC 706 and a Transaction Code 61 with TRC 707. This reply (Transaction Code 61) represents the enrollment in the new Segment. The effective (start) and disenrollment (end) dates of the enrollment in this new Segment are found in DTRR fields 18 & 24, respectively. This enrollment should replace the enrollment cancelled by the associated Transaction Code 51 transaction (TRC 706). The Part C Premium amount may have been populated automatically with the base Part C premium amount. Plan Action: Update the Plan records to reflect the beneficiary's enrollment in the new Contract, PBP. Segment. Look for the accompanying reply with TRC 706 to ensure that the original Segment enrollment was cancelled. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance.				

5.2.6 SSA and RRB Rejection Codes and Descriptions

The tables below contain the SSA and RRB Rejection Codes and Descriptions received from the withholding agency in <u>DTRR</u> Field 24 (ff) (*Withholding Agency Rejection Code*) of the TRC 186 record.

Table 5-6: SSA Rejection Codes and Descriptions

SSA Rejection Codes and Descriptions						
SSA Rejection Reason Code Populated on DTRR Field 24	SSA Reason Code Description					
V001	Premium Withhold Request Rejected because the beneficiary's Social Security Number on the CMS transaction does not match a Claimant's Own Social Security Number on the SSA Medicare Database					
V002	Premium Withhold Request Rejected because the HIC/RRB (SSN/BIC or RRB number) on the CMS transaction does not match the HIC/RRB on the SSA Medicare Database under the matching Claimant's Own Social Security Number					
V003	Premium Withhold Request Rejected because the Beneficiary's Date of Birth does not match SSA's Medicare Database.					
D0002	Premium Withholding Request Rejected Due to Deferral					
E0002	Premium Withholding Request Rejected - Reason Not Specifically Related to the CMS Enrollment Change					
10002	Premium Withholding Request Rejected Due to Insufficient Funds					
S0002	Premium Withholding Request Rejected Due to Suspension of Benefits					

SSA Rejection Codes and Descriptions						
SSA Rejection Reason Code Populated on DTRR Field 24	SSA Reason Code Description					
T0002	Premium Withholding Request Rejected Due to Termination of Benefits					
E0003	Premium Withholding Request Rejected Due to Invalid Payment Status					
E0004	Premium Withholding Request Rejected Due to Dual Entitlement					
E0005	Premium Withholding Request Rejected - RRB Jurisdiction					

Table 5-7: RRB Rejection Codes and Descriptions

RRB Rejection Codes and Descriptions						
RRB Rejection Reason Code Populated on DTRR Field 24	RRB Reason Code Description					
S100	Withholding/Refund at RRB unable to occur because the beneficiary is in suspense					
T100	Withholding/Refund at RRB unable to occur because the beneficiary's benefits are terminated					
C100	Withholding at RRB unable to occur because the beneficiary has changed jurisdiction to SSA					
I100	Withholding at RRB unable to occur because of insufficient funds					
D100	Withholding/Refund at RRB unable to occur because beneficiary is deceased					
M100	Withholding/Refund at RRB unable to occur because of a reject in the RRB Check Writing process					
W100	Withholding/Refund at RRB unable to occur because RRB systems are out of sync					
E999	Withholding/Refund at RRB unable to occur because of an unforeseen error condition					
E300	SSN and Date of Birth for RRB number on CMS Premium Request File do not match SSN and Date of Birth on RRB database.					
E310	HICN on CMS Premium Request File does not match a HICN on RRB database.					

5.3 Retroactive LEP Increase and SSA Benefit Safety Net

When NUNCMO is increased retroactively, it results in a larger LEP amount and will be transmitted to the withholding agency if the beneficiary elected for premium withholding during that time period. If the LEP amounts to be collected for prior periods combined with the current month's premium exceeds SSA's current safety net limit, the following will happen:

- Identify beneficiaries exceeding the safety net limit due to a retroactive LEP increase and prevent transmission of increased LEP to SSA.
- If the beneficiary's prospective monthly premium amount remains below \$300.00, the beneficiary's PPO will remain set to SSA Withhold.
- If the beneficiary's prospective premium is above \$300.00 the PPO will be changed to direct bill.
- The Plan bills the additional LEP amounts to be collected for prior periods and CMS deducts the LEP from the Plan payment. Plans can view the amounts on the LEP Data File, record type 'HD' (Harm Detail Record).

	PROSPECTIVE PREMIUM STAYS <u>BELOW</u> SSA HARM LIMIT (TRC 371)
#	Condition	Value
Premiur	n	
a)	Beneficiary's PPO is currently set to SSA Withhold	TRUE
b)	Current monthly premium amount	\$245.00
	Current monthly LEP amount	\$5.00
	Current monthly premium amount:	\$250.00
c)	Increase of monthly LEP amount (per month)	\$15.10
	New prospective premium amount total:	\$265.00
d)	LEP increase is due for 10 retroactive months (\$15.10 * 10 months)	\$150.00
	Total premium amount owed (for 1 month):	\$415.10
	(New monthly premium amount + 10 mo. LEP increase due	e)
MARx A	Action	
a)	Beneficiary's PPO remains set to SSA Withhold	TRUE
b)	DTRR will display TRC 371 (SSA LEP Exceeds Harm Limit)	TRUE
	LEP increase for 10 retroactive months is Direct Billed by Plan	
	Direct Billed by Plan:	\$150.00
c)	New prospective monthly premium amount	
	Withheld by SSA:	\$265.00
d)	Total premium amount owed (for 1 month)	\$415.10

Table 5-8: Example Calculations for TRCs 371 and 372

PROSPECTIVE PREMIUM <u>EXCEEDS</u> SSA HARM LIMIT (TRC 371)						
#	# Condition Value					
Premium						
a) Beneficiary's PPO is currently set to SSA Withhold TRUE						

	~	** (=
b)	Current monthly premium amount	\$245.00 \$40.00
	Current monthly LEP amount Current monthly premium amount:	\$40.00 \$285.00
c)	Increase of monthly LEP amount (per month)	\$20.00
()	New prospective premium amount total:	\$305.00
d)	LEP increase is due for 10 retroactive months (\$20.00 * 10 months)	\$200.00
	Total premium amount owed (for 1 month):	\$505.00
	(New monthly premium amount + 10 mo. LEP increase due)	
MARx A	Action	
a)	Beneficiary's PPO will change to Direct Bill	TRUE
b)	DTRR will display TRC 371 (SSA LEP Exceeds Harm Limit)	TRUE
	LEP increase for 10 retroactive months is Direct Billed by Plan	
	Direct Billed by Plan:	\$200.00
c)	DTRR will display TRC 144 (PPO Changed to Direct Bill)	
	New prospective premium amount	
	Direct Billed by Plan:	\$305.00
d)	Total premium amount owed (for 1 month)	\$505.00
PRO	SPECTIVE MONTHLY PREMIUM STAYS <u>BELOW</u> SSA HARM LIMIT (TR	AC 372)
#	Condition	Value
Premiur	n	
a)	Beneficiary's PPO is currently set to SSA Withhold	TRUE
b)	Current monthly premium amount	\$245.00
	Current monthly LEP amount	\$5.00
	Current monthly premium amount:	\$250.00
c)	Increase of monthly LEP amount (per month)	\$15.10
	New prospective monthly premium amount total:	\$265.00
d)	LEP increase is due for 10 retroactive months (\$15.10 * 10 months)	\$150.00
	Total premium amount owed (for 1 month):	\$415.10
	(New monthly premium amount + 10 mo. LEP increase due)	
MARX A	Action	
a)	Beneficiary's PPO remains set to SSA Withhold	TRUE
b)	DTRR will display TRC 371 (SSA LEP Exceeds Harm Limit)	TRUE
	LEP increase for 10 retroactive months is Direct Billed by Plan	
	Direct Billed by Plan:	\$150.00
c)	New prospective monthly premium amount	h c c s s s
	Withheld by SSA:	\$265.00
d)	Total premium amount owed (for 1 month)	\$415.10
Subsequ	ent Premium Conditions	
a)	Beneficiary's PPO is currently set to SSA Withhold	TRUE
b)	Current monthly premium amount	\$245.00
	Current monthly LEP amount	\$20.00
	Current monthly premium amount :	\$265.00
c)	Decrease of monthly LEP amount (per month)	(\$15.10)
	New prospective monthly premium amount total:	\$250.00

d)	LEP decrease should be refunded for 10 retroactive months (\$15.10 * 10 months)					
MARX A	Action					
a)	Beneficiary's PPO remains set to SSA Withhold	TRUE				
b)	DTRR will display TRC 372 (SSA Harm Limit Refund)	TRUE				
	LEP decrease for 10 retroactive months is refunded by Plan					
	Refunded by Plan:	(\$150.00)				
c)	New monthly premium amount					
	Withheld by SSA:	\$250.00				

5.4 Premium Data Files

The following Premium Reports are covered in this section:

- Late Enrollment Penalty (LEP) Data File
- Monthly Premium Withholding Report (MPWRD) Data File
- No Premium Due Data File

5.4.1 Late Enrollment Penalty (LEP) Data File

The LEP file provides information on direct-billed beneficiaries with late enrollment penalties. CMS retains the LEP obtained from these members electing premium withhold prior to passing these premiums to the Plans. CMS offsets the LEP for directly billed members from the Plans' monthly payments.

System	Туре	Frequency	Record Length	LEP Dataset Naming Convention
MARx	Data File	Monthly	165	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.LEPD.Dyymm01.Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxxx.LEPD.Dyymm01.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Rxxxxx.LEPD.Dyymm01.Thhmmsst

The file includes the following records:

- LEP Header Record
- LEP Detail Record
- LEP Trailer Record

Layout 5-5: LEP Header Record

	LEP Header Record					
Item	Field	Size	Position	Description		
1	Record Type	3	1-3	H = Header Record.		
2	Contract Number	5	4-8	Contract Number.		
3	Payment/Payment Adjustment Date	8	9-16	CCYYMMDD		
4	Data file Date	8	17-24	Date this data file was created. CCYYMMDD		
5	Filler	141	25-165	Spaces.		

Layout 5-6: LEP Detail Record

	LEP Detail Record							
Item	Field	Size	Position	Description				
1	Record Type	3	1-3	PD = Prospective Detail Record "Prospective" means Premium Period equals Payment Month reflected in Header Record AD = Adjustment Detail Record "Adjustment" means all Premium Periods other than Prospective HD = Harm Detail Record "Harm" means the retroactive premium amount exceeds the allowed collection limitation established by the withholding agency but the beneficiary remains in withholding.				
2	Contract Number	5	4-8	Contract Number.				
3	PBP Number	3	9-11	PBP Number.				
4	Plan Segment Number	3	12-14	Plan Segment Number.				
5	Beneficiary ID	12	15-26	 Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. MBI is 11 characters, left-justified with one space at the end 				
6	Surname	7	27-33	Beneficiary's last name.				
7	First Initial	1	34	First initial of the beneficiary's first name				
8	Sex	1	35	M = Male. F = Female.				
9	DOB	8	36-43	Beneficiary's data of birth. CCYYMMDD				
10	Filler	1	44	Space.				
11	Premium/Adjustment/Harm Period Start Date	8	45-52	PD: current processing start date.AD: adjustment period start date.HD: harm adjustment period start date.CCYYMMDD				
12	Premium/Adjustment/Harm Period End Date	8	53-60	PD: current processing end date.AD: adjustment period end date.HD: harm adjustment period end date.CCYYMMDD				
13	Number of Months in Premium/Adjustment Period	2	61-62	Number of Months between the Premium/Adjustment Period Start and End Date.				
14	Number of Uncovered Months (NUNCMO)	3	63-65	The number of months during which the beneficiary did not have creditable coverage.				

	LEP Detail Record							
Item	Field	Size	Position	Description				
15	LEP Amount for Direct Billed Members	8	66-73	 PD: Prospective LEP Amount owed by the Direct Bill Beneficiary for the premium period. AD: Computed adjustment for each month in the (affected) payment period (if the payment was already made). HD: Computed adjustment for each month in the (affected) payment period (if retroactive LEP amounts cause the premium to exceed the collection limitation established by the withholding agency). Format: -9999.99 Note: A refund will be reported as a negative amount. A charge will be reported as a positive amount. 				
16	Cleanup ID	10	74-83	If LEP adjustment is the result of a cleanup = XXXXXXXXXXX. All other records will = Spaces.				
17	Filler	82	84-165	Spaces.				

Layout 5-7: LEP Trailer Record

	LEP Trailer Record							
Item	Field	Size	Position	Description				
1	Record Type	3	1-3	Trailer Record PT1 = Prospective total for contract/PBP/segment. AT1 = Adjustment total for contract/PBP/segment. HT1 = Harm total for contract/PBP/segment. CT1 = Total for contract/PBP/segment. PT2 = Prospective total for contract/PBP. AT2 = Adjustment total for contract/PBP. HT2 = Harm total for contract/PBP. CT2 = Total for contract/PBP. PT3 = Prospective total for contract. AT3 = Adjustment total for contract. HT3 = Harm total for contract. CT3 = Total for contract.				
2	Contract Number	5	4-8	Contract Number.				
3	PBP Number	3	9-11	PBP Number.				
4	Segment Number	3	12-14	Segment Number.				
5	Total LEP Amount	14	15-28	Total LEP Amount. Format: -9999999999999999				
6	Record Count	14	29-42	Count of records on the data file for combination of contract/PBP/segments.				
7	Filler	123	43-165	Spaces.				

5.4.2 Monthly Premium Withholding Report (MPWRD) Data File

The MPWRD is a monthly data file containing beneficiaries that have premiums withheld from SSA or RRB benefits. It includes Part C and Part D premiums and any Part D Late Enrollment Penalties (LEPs).

System	Туре	Frequency	Record Length	MPWRD Dataset Naming Conventions
PWS (MARx)	Data File	Monthly	165	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.MPWRD.Dyymm01.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.MPWRD.Dyymm01.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Rxxxxx.MPWRD.Dyymm01.Thhmmsst

The file includes the following records:

- MPWRD Header Record
- MPWRD Detail Record
- MPWRD Trailer Record

Layout 5-8: MPWRD Header Record

	MPWRD Header Record						
Item	Field	Size	Position	Description			
1	Record Type	2	1-2	H = Header Record.			
2	MCO Contract Number	5	3-7	MCO Contract Number.			
3	Payment Date	8	8-15	CCYYMMDD First 6 digits contain payment month.			
4	Report Date	8	16-23	CCYYMMDD Date this report created.			
5	Filler	142	24-165	Spaces.			

Layout 5-9: MPWRD Detail Record

MPWRD Detail Record							
Item	Field	Size	Position	Description			
1	Record Type	2	1-2	D = Detail Record.			
2	MCO Contract Number	5	3-7	MCO Contract Number.			
3	Plan Benefit Package Id	3	8-10	Plan Benefit Package ID.			
4	Plan Segment Id	3	11-13				
5	Beneficiary ID	12	14-25	 Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. MBI is 11 characters, left-justified with one space at the end. 			
6	Surname	7	26-32	First seven characters of beneficiary's last name.			
7	First Initial	1	33	First character of beneficiary's first name.			
8	Sex	1	34	M = Male. F = Female.			
9	Date of Birth	8	35-42	CCYYMMDD			
10	РРО	3	43-45	PPO in effect for this Pay Month. SSA = Withholding by SSA. RRB = Withholding by RRB.			
11	Filler	1	46	Space.			
12	Premium Period Start Date	8	47-54	Starting Date of Period Premium Payment Covers. CCYYMMDD			
13	Premium Period End Date	8	55-62	Ending Date of Period Premium Payment Covers. CCYYMMDD			
14	Number of Months in Premium Period	2	63-64				
15	Part C Premiums Collected	8	65-72	Part C Premiums Collected for this Beneficiary, Plan, and premium period. A negative amount indicates a refund by withholding agency to Beneficiary of premiums paid in a prior premium period.			
16	Part D Premiums Collected	8	73-80	Part D Premiums Collected (excluding LEP) for this Beneficiary, Plan, and premium period. A negative amount indicates a refund by withholding agency to Beneficiary of premiums paid in a prior premium period.			
17	Part D Late Enrollment Penalties Collected	8	81-88	Part D Late Enrollment Penalties Collected for this Beneficiary, Plan, and premium period. A negative amount indicates a refund by withholding agency to Beneficiary of penalties paid in a prior premium period.			
18	Cleanup ID	10	89-98	If collected premium is the result of a cleanup = XXXXXXXXXXX. All other records will = Spaces.			
19	Filler	67	99-165	Spaces.			

Layout 5-10: MPWRD Trailer Record

MPWRD Trailer Record							
Item	Field	Size	Position	Description			
1	Record Type	2	1-2	 T1 = Trailer Record, withheld totals at segment level. T2 = Trailer Record, withheld totals at PBP level. T3 = Trailer record, withheld totals at contract level. 			
2	MCO Contract Number	5	3-7	MCO contract number.			
3	Plan Benefit Package (PBP) ID	3	8-10	PBP ID, not populated on T3 records.			
4	Plan Segment Id	3	11-13	Not populated on T2 or T3 records.			
5	Total Part C Premiums Collected	14	14-27	Total withholding collections as specified by Trailer Record type, Field 1.			
6	Total Part D Premiums Collected	14	28-41	Total withholding collections as specified by Trailer Record type, Field 1.			
7	Total Part D LEPs Collected	14	42-55	Total withholding collections as specified by Trailer Record type, Field 1.			
8	Total Premiums Collected	14	56-69	Total Premiums Collected = + Total Part C Premiums Collected + Total Part D Premiums Collected + Total Part D Penalties Collected.			
9	Filler	96	70-165	Spaces.			

5.4.3 No Premium Due Data File

In mid-November, and as part of the end of year processing, MARx begins preparing the premium records for the next year. MARx cannot anticipate if optional supplemental benefits are chosen by the beneficiary to charge a premium, although the beneficiary who has chosen an optional supplemental benefit may have their premium withheld by SSA/RRB, even when they do not owe a Part C premium for the next year (No Premium Due).

Plans should use the No Premium Due Data File to identify enrollees in a "No Premium Due" status for the next year. To set beneficiaries to withhold status, Plans should review the report and submit a Part C Premium Change (TC 78) to update the Part C premium amount, and a PPO Change (TC 75) to request SSA Withholding Status for those enrollees who are renewing both elections for the next year.

System	Туре	Frequency	Record Length	No Premium Due Dataset Naming Conventions
MARx	Data File	Yearly	500	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.SPCLPEX.Dyymmdd.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.SPCLPEX.Dyymmdd.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Rxxxxx.SPCLPEX.Dyymmdd.Thhmmsst

Lavout 5-11.	No Premium	Due Record
Layout 5-11.		Due Recora

	No Premium Due Record								
Item	Field	Size	Position	Description					
1	Beneficiary ID	12	1-12	 Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. MBI is 11 characters, left-justified with one space at the end. 					
2	Surname	12	13-24	Beneficiary Surname.					
3	First Name	7	25-31	Beneficiary Given Name.					
4	Middle Initial	1	32	Beneficiary Middle Initial.					
5	Gender Code	1	33	Beneficiary Gender Identification Code 0 = Unknown. 1 = Male. 2 = Female.					
6	Date of Birth	8	34-41	CCYYMMDD					
7	Filler	1	42	Space.					
8	Contract Number	5	43-47	Plan Contract Number.					
9	State Code	2	48-49	Spaces.					
10	County Code	3	50-52	Spaces.					
11	Disability Indicator	1	53	Space.					
12	Hospice Indicator	1	54	Space.					

	No Premium Due Record							
Item	Field	Size	Position	Description				
13	Institutional/NHC Indicator	1	55	Space.				
14	ESRD Indicator	1	56	Space.				
15	TRC	3	57-59	TRC defaulted to 267.				
16	Transaction Code	2	60-61	TC Defaulted to 01 for special reports.				
17	Entitlement Type Code	1	62	Space.				
18	Effective Date	8	63-70	CCYYMMDD Example: 20180101 (set to first of January of the upcoming year).				
19	WA Indicator	1	71	Space.				
20	PBP ID	3	72-74	PBP number.				
21	Filler	1	75	Space.				
22	Transaction Date	8	76-83	CCYYMMDD Set to the report generation date.				
23	UI Initiated Change Flag	1	84	Space.				
24	FILLER	12	85-96	Spaces.				
25	District Office Code	3	97-99	Spaces.				
26	Previous Part D Contract/PBP for TrOOP Transfer.	8	100-107	Spaces.				
27	End Date	8	108-115	Spaces.				
28	Source ID	5	116-120	Spaces.				
29	Prior PBP ID	3	121-123	Spaces.				
30	Application Date	8	124-131	Spaces.				
31	UI User Organization Designation	2	132-133	Spaces.				
32	Out of Area Flag	1	134	Space.				
33	Segment Number	3	135-137	Further definition of PBP by geographic boundaries; Default to '000' when blank.				
34	Part C Beneficiary Premium	8	138-145	Part C Premium Amount: Since this report is only reporting on Beneficiaries that have No Premium Due, by definition, this amount is zero.				
35	Part D Beneficiary Premium	8	146-153	Part D Premium Amount: Since this report is only reporting on Beneficiaries that have No Premium Due, by definition, this amount is zero.				
36	Election Type	1	154	Space.				
37	Enrollment Source	1	155	Space.				
38	Part D Opt-Out Flag	1	156	Space.				
39	Premium Withhold Option/Parts C-D	1	157	N = No premium applicable.				
40	Number of Uncovered Months	3	158-160	Spaces.				
41	Creditable Coverage Flag	1	161	Space.				
42	Employer Subsidy Override Flag	1	162	Space.				
43	Processing Timestamp	15	163-177	The report generation time. Format: HH.MM.SS.SSSSSS				

	No Premium Due Record							
Item	Field	Size	Position	Description				
44	Filler	20	178-197	Spaces.				
45	Secondary Drug Insurance Flag	1	198	Space.				
46	Secondary Rx ID	20	199-218	Spaces.				
47	Secondary Rx Group	15	219-233	Spaces.				
48	EGHP	1	234	Space.				
49	Part D LIPS Level	3	235-237	Spaces.				
50	Low-Income Co-Pay Category	1	238	Space.				
51	Low-Income Period Effective Date	8	239-246	Spaces.				
52	Part D LEP Amount	8	247-254	Spaces.				
53	Part D LEP Waived Amount	8	255-262	Spaces.				
54	Part D LEP Subsidy Amount	8	263-270	Spaces.				
55	Low-Income Part D Premium Subsidy Amount	8	271-278	Spaces.				
56	Part D Rx BIN	6	279-284	Spaces.				
57	Part D Rx PCN	10	285-294	Spaces.				
58	Part D Rx Group	15	295-309	Spaces.				
59	Part D Rx ID	20	310-329	Spaces.				
60	Secondary Rx BIN	6	330-335	Spaces.				
61	Secondary Rx PCN	10	336-345	Spaces.				
62	De Minimis Differential Amount	8	346-353	Spaces.				
63	MSP Status Flag	1	354	Space.				
64	Low Income Period End Date	8	355-362	Spaces.				
65	LIS Source Code	1	363	Space.				
66	Enrollee Type Flag, PBP Level	1	364	Space.				
67	Application Date Indicator	1	365	Space.				
68	Filler	135	366-500	Spaces.				

6 Payment

This section covers the following topics:

- <u>Arrange for Payments</u>.
- Part C Payment Calculation.
- <u>Part D Payment Calculation</u>.
- <u>Coverage Gap Discount Program Payments</u>
- Reconciliation of Plan Data with CMS Data
- Payment Data Files.

The capitation payments provided to Medicare Advantage (MA) and Medicare Advantage Prescription Drug (MAPD) sponsors are calculated and paid on a monthly basis. The estimated payments are based on system information at the time monthly payments are made. Part C payments are finalized annually with the final reconciliation of risk adjustment (RA) data. Part D payments are finalized annually with the final reconciliation of Prescription Drug Event (PDE) data.

Current Payment Month

On the weekend that Plan Data Cut Off is scheduled (refer to the MARx Monthly Calendar for dates), MARx calculates a Plan-level total sum payment to be disbursed on the first day of the upcoming month. This payment calculation process is referred to as the Current Payment Month (CPM).

The Plan-level payment can include payment amounts that are prospective and retroactive, so the timing for when a plan submits payment and premium related transactions determines if it will be accepted, rejected, or included in the upcoming month's payment.

How to determine the CPM, example:

- Current calendar month is January
- Plan Data Cut Off is January 8
- CPM is February
- Payment/Premium transactions submitted "prior" to January 8 will process for CPM of February, transactions should contain an effective date of February, and payment will be calculated for February disbursement.
- Payment/Premium transactions submitted "subsequent" to January 8 will process for CPM of March, transactions should contain an effective date of March, and payment will be calculated for March disbursement.

MARx uses the CPM to determine an Allowable Date Range for some payment/premium transactions, allowing the plan to submit transactions with an effective date retroactively or further prospectively (TC 78 Part C Premium Change, CPM-3 to CPM+2).

As changes to beneficiary or Plan data are received, adjustments are made to monthly payments. Changes will cause a recalculation of one or more payment components. The adjustments are processed retroactively to the change effective date and reported to the Plans on the monthly payment reports.

Note: Prior to January 1, 2015, policy dictated that the actual payment adjustments are generally limited to the three-year period preceding the CPM. Effective January 1, 2015, MARx will begin to retroactively calculate payment adjustments, both positive and negative, going back seven full payment years prior to the current payment year. This limitation is known as the Payment Adjustment Period (PAP).

6.1 Arrange for Payments

The Automated Plan Payment System (APPS) calculates the final monthly payment to the Plans, prepares the electronic transmittal, and sends to the U.S. Treasury for payment.

When the contract/Plan Benefit Package (PBP) is activated, the Plan must submit banking information and other identifying information to CMS using the **Payment Information Form**, on the following page.

CMS enters the data in APPS to identify the financial institution where the funds are deposited on the payment date. Additionally, CMS must have the Employee Identification Number/Tax Identification Number (EIN/TIN), and the associated name as registered with the IRS, for income reporting purposes to each Plan.

To ensure timely payments, Plans are required to submit the following to the attention of the Payment Administrator in DPO by e-mail to <u>DPO_Payment_Administrator@cms.hhs.gov</u>.

- Completed Payment Information Form.
- Copy of a voided check or a letter from their bank confirming the account information.
- Copy of their W-9 form.

It is the Plan's responsibility to provide CMS with updates to the banking information by submitting changes on a new Payment Information Form.

Figure 6-1: CMS Payment Information Form

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

INSTRUCTIONS FOR COMPLETING THE PAYMENT INFORMATION FORM

PART I: ACCOUNT HOLDER INFORMATION

- Enter the name of the payee / vendor legal business name, as reported to the Internal Revenue Service (IRS).
- Enter the Doing Business As (DBA) name if different from the legal business name.
- Enter the account holder's street address. (1099 tax form mailing address)
- Enter the account holder's city, state, and zip code.
- · Enter the tax identification number as reported to the IRS.
- Enter the five-character contract number used to identify the health plan organization (ex. H1234). Enter only one contract per payment information form.
- Enter the contract's contact name and telephone number. This will be used if there are any questions regarding the information entered on this form.

PART II: FINANCIAL INSTITUTION INFORMATION

- Enter your Financial Institution's name (this is the name of the bank or qualifying depository that will receive the funds).
- Enter the financial institution's street address.
- Enter the financial institution's city, state, and zip code.
- Enter the financial institution's nine-digit routing number.
- Enter your financial institution's deposit account number including all zeros and select the type of account (checking or savings).

PART III: SIGNATURE & TITLE OF CONTRACT'S AUTHORIZED REPRESENTATIVE

- · Enter the name of the contract's authorized representative (Print).
- Enter the title of the contract's authorized representative.
- Enter the telephone number of the contract's authorized representative.
- Enter the digital signature of the contract's authorized representative by selecting the signature box. Follow the prompt to sign electronically or configure new digital ID.

CMS Pag	yment Inforr	nation Form
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6.2 Part C Payment Calculation

This section provides an overview of Part C payment calculation. Part C payments are paid to a Plan in exchange for providing Medicare Part A and/or B coverage to Medicare beneficiaries enrolled in the Plan.

An overview of the methodologies that CMS employs to reimburse all types of Medicare Advantage (MA) Plans is available at the *Medicare Managed Care Manual (MMCM):* <u>https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019326.html?DLPage=2&DLSort=0&DLSortDir=ascending;</u> then click on Chapter 8 in the Downloads section.

Before the payment process begins, the beneficiary submits the enrollment application to the Plan, and the Plan checks the eligibility of the beneficiary and transmits an enrollment transaction to CMS. If the enrollment transaction is accepted, CMS calculates the Part C payment. If CMS rejects the enrollment, the Plan is notified. If possible, the Plan must correct the rejected information and resubmit the transaction.

The calculation of Part C payments varies and is separately described in the following sections:

- <u>Beneficiaries electing Hospice Coverage</u>.
- <u>Beneficiaries with End Stage Renal Disease (ESRD)</u>.
- Aged or Disabled Beneficiaries enrolled in an MA Plan.
- <u>Aged or Disabled Beneficiaries enrolled in a Program for All-Inclusive Care for the Elderly (PACE) Plan</u>.
- <u>When Medicare Secondary Payer (MSP) Status applies</u>.

The following table lists the fields in the Monthly Membership Detail Data File that are used to calculate Part C Payments.

Note: This section does not describe Part C payment for beneficiaries enrolled in Cost Plans, Healthcare Prepayment Plans (HCPP), Chronic Care Demonstrations, and Medical Savings Account (MSA) Plans.

	Monthly Membership Detail Data File Fields used for Part C Payment Calculations					
Item	Field	Size	Position	Description		
24	Risk Adjustment Factor A	7	72-78	Part A Risk Adjustment Factor used for the Payment Calculation.		
25	Risk Adjustment Factor B	7	79-85	Part B Risk Factor used for the Payment Calculation.		
33	Monthly Payment/Adjustment Amount Rate A	9	126-134	Part A portion of the payment or adjustment dollars. For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA		

Table 6-1: Part C Payment Calculation Fields

	Monthly Membership Detail Data File Fields used for Part C Payment Calculations						
Item	Field	Size	Position	Description			
34	Monthly Payment/Adjustment Amount Rate B	9	135-143	Part B portion of the payment or adjustment dollars. For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA monthly deposit amount as a negative term.			
53	Part C Basic Premium – Part A Amount	8	199-206	The premium amount for determining the MA payment attributable to Part A. It is subtracted from the MA plan payment for plans that bid above the benchmark.			
54	Part C Basic Premium – Part B Amount	8	207-214	The premium amount for determining the MA payment attributable to Part B. It is subtracted from the MA plan payment for plans that bid above the benchmark.			
55	Rebate for Part A Cost Sharing Reduction	8	215-222	The amount of the rebate allocated to reducing the member's Part A cost-sharing. This amount is added to the MA plan payment for plans that bid below the benchmark.			
56	Rebate for Part B Cost Sharing Reduction	8	223-230	The amount of the rebate allocated to reducing the member's Part B cost-sharing. This amount is added to the MA plan payment for plans that bid below the benchmark.			
57	Rebate for Other Part A Mandatory Supplemental Benefits	8	231-238	The amount of the rebate allocated to providing Part A supplemental benefits. This amount is added to the MA plan payment for plans that bid below the benchmark.			
58	Rebate for Other Part B Mandatory Supplemental Benefits	8	239-246	The amount of the rebate allocated to providing Part B supplemental benefits. This amount is added to the MA plan payment for plans that bid below the benchmark.			
59	Rebate for Part B Premium Reduction – Part A Amount	8	247-254	The Part A amount of the rebate allocated to reducing the member's Part B premium. This amount is retained by CMS for non ESRD members and it is subtracted from ESRD member's payments.			
60	Rebate for Part B Premium Reduction – Part B Amount	8	255-262	The Part B amount of the rebate allocated to reducing the member's Part B premium. This amount is retained by CMS for non ESRD members and it is subtracted from ESRD member's payments.			
61	Rebate for Part D Supplemental Benefits – Part A Amount	8	263–270	Part A Amount of the rebate allocated to providing Part D supplemental benefits.			
62	Rebate for Part D Supplemental Benefits – Part B Amount	8	271–278	Part B Amount of the rebate allocated to providing Part D supplemental benefits.			
63	Total Part A MA Payment	10	279–288	The total Part A MA payment.			
64	Total Part B MA Payment	10	289–298	The total Part B MA payment.			
65	Total MA Payment Amount	11	299-309	The total MA A/B payment including MMA adjustments. This also includes the Rebate Amount for Part D Supplemental Benefits.			

	Monthly Membership Detail Data File Fields used for Part C Payment Calculations					
Item	Field	Size	Position	Description		
80	Part C Frailty Score Factor	7	412-418	Part C frailty score factor used in this payment or adjustment calculation.		
81	MSP Factor	7	419-425	MSP secondary payer reduction factor used in this payment or adjustment calculation.		
82	MSP Reduction/Reduction Adjustment Amount – Part A	10	426-435	Net MSP reduction or reduction adjustment dollar amount– Part A.		
83	MSP Reduction/Reduction Adjustment Amount – Part B	10	436-445	Net MSP reduction or reduction adjustment dollar amount – Part B.		
88	Part A Risk Adjusted Monthly Rate Amount for Payment/Adjustment	9	459-467	The Part A Risk Adjusted amount used in the payment or adjustment calculation. Payments = Rate amount in effect for payment period. Adjustments = Rate amount in effect for adjustment period.		
89	Part B Risk Adjusted Monthly Rate Amount for Payment/Adjustment	9	468-476	The Part B Risk Adjusted amount used in the payment or adjustment calculation. Payments = Rate amount in effect for payment period. Adjustments = Rate amount in effect for adjustment period.		

6.2.1 Hospice Payment Calculation

Traditional Medicare Fee-for-Service (FFS) provides Medicare Part A and B benefits for a beneficiary electing Hospice Coverage. If the beneficiary is already enrolled in an MA Plan at the time of election, the Part C payment to the MA Plan is only for extra benefits provided by the Plan that are not provided by FFS.

The Part C payment is equal to the MA rebate, excluding any MA rebates for Part B premium reduction and Part D basic premium reduction. Otherwise, it equals zero. See the table below for calculation details.

Table 6-2: Hospice Payment Calculation

Part C Payment for Beneficiaries Electing Hospice Coverage				
Total	Calculation using these fields			
Total MA Payment Part A (#63) =	+ MA Rebate Part A Cost Sharing Reduction (#55)			
	+ MA Rebate Part A Other Mandatory Supplemental Benefits (#57)			
	+ MA Rebate Part A Part D Supplemental Benefits (#61).			
	+ MA Rebate Part B Cost Sharing Reduction (#56)			
Total MA Payment Part B (#64) =	+ MA Rebate Part B Other Mandatory Supplemental Benefits (#58)			
	+ MA Rebate Part B Part D Supplemental Benefits (#62).			
	+ Total MA Payment Part A (#63)			
Total MA Payment (#65) =	+ Total MA Payment Part B (#64).			

6.2.2 ESRD Payment Calculation

Prospective payments are made based on the ESRD health status. The process of passing the information through the various databases may take as long as four months from the time the beneficiary is identified by the physician as having ESRD. Therefore, the Plan may not begin receiving the ESRD capitation rate of pay for the beneficiary for at least four months.

When the health status is included in the capitation/risk adjustment (RA) rate for the beneficiary already in Medicare, MARx automatically calculates retroactively to include the first month of ESRD health status within the PAP. However, if the beneficiary is entitled to Medicare as a result of ESRD, there is a three-month waiting period before Medicare entitlement begins.

The Renal Management Information System (REMIS) automatically adjusts for the three-month waiting period and updates the Enrollment Database (EDB) system and MARx, resulting in Plans receiving payment at the ESRD capitation/RA rate of pay. The health status is based on the first date of dialysis as indicated on the ESRD Medical Evidence Report Medicare Entitlement and/or Patient Registration, Form CMS-2728-U3. In addition, the physician's clearly legible signature and signature date are necessary before the ESRD facility can enter any information in the Standard Information Management System (SIMS).

The managed care staff at the Retro-Processing Contractor, the regional office, or central office cannot enter ESRD status changes and corrections into MARx. The managed care staff can synchronize MBD to the Enrollment Database if these systems' data do not match. This process may result in a change in the ESRD status and the associated positive or negative payment. The ESRD facilities enter the data from the CMS-2728-U3, which is transmitted to the CMS CROWN Web system through an automated process. The CMS-2728-U3 is the key source of documentation to ensure that a beneficiary is identified with ESRD health status indicator. The ESRD facility must complete the CMS-2728-U3 within 45-days of beginning a regular course of dialysis or receiving a kidney transplant, which was prescribed by a physician.

- The ESRD facility forwards a copy of the CMS 2728-U3 to its local SSA Field Office
- For individuals diagnosed with ESRD, the SSA determines eligibility for the Medicare ESRD entitlement based on CMS-2728-U3 under the ESRD provisions of the law.
- The ESRD facility inputs the information into the CMS CROWN Web data system.
- CMS updates the information in REMIS, the CMS central repository for beneficiaries with ESRD.
- Daily, REMIS updates the EDB with ESRD health status start and/or end dates for the Plan member. MARx is the source of information used in computing the monthly capitation rates that the Plan receives.

Plans may contact the appropriate Facility or Renal Network to verify specific discrepancy data by visiting: <u>https://esrdncc.org/en/ESRD-network-map/</u>. The ESRD facility will only supply the following information:

- The first date of dialysis or date of transplant.
- Date the beneficiary's CMS-2728-U3 was submitted to DMS by the ESRD facility.
- Current Renal Status.

Note: This information is not required for a retroactive adjustment.

Medicare Part A and B benefits for beneficiaries with ESRD are provided by their Plans. The applicable monthly payment rates are set by CMS and remain outside the bidding process. Beneficiaries in Dialysis or Transplant statuses are paid State rates. Beneficiaries in Functioning Graft Status receive payment using CMS benchmark county rates.

Beneficiaries with ESRD who are enrolled in an MA Plan where an MA Rebate for Part B Premium Reduction or MA Rebate for Part D Basic Premium Reduction is applicable receive these rebate benefits through their enrollment in the Plan, despite the fact that the Part C riskadjusted payment is not based upon the Plan's bid. The risk-adjusted portion of the Part C payment is therefore reduced by the MA Rebate premium reduction benefits to make room to provide the required rebate benefits. See table below for calculation details.

For beneficiaries with ESRD who are enrolled in a PACE Plan, the Part C Payment calculations are exactly the same as if enrolled in an MA Plan, except MA Rebates are not applicable.

Part C Payment for Beneficiaries with ESRD				
Total	Calculation using these fields			
PA Devenent Dert A (#22)	Part A Monthly Payment Rate (#88)			
RA Payment Part A (#33)	* RA Factor A (#24).			
	+ RA Payment Part A (#33)			
Total MA Payment Part A (#63) =	- MA Rebate Part A for Part B Premium Reduction (#59)			
	- MA Rebate Part D Basic Premium Reduction (Part A portion) (#71).			
DA December 4 Decet D (#24)	Part B Monthly Payment Rate (#89)			
RA Payment Part B (#34) =	* RA Factor B (#25).			
	+ RA Payment Part B (#34)			
Total MA Payment Part B (#64) =	- MA Rebate Part B for Part B Premium Reduction (#60)			
	- MA Rebate Part D Basic Premium Reduction (Part B portion) (#71).			
	+ Total MA Payment Part A (#63)			
Total MA Payment (#65) =	+ Total MA Payment Part B (#64).			

Table 6-3: ESRD Payment Calculation

6.2.3 Aged or Disabled Payment Calculation

Calculation of Part C Payments for Aged/Disabled Beneficiaries in an MA Plan depends upon the relationship of the Plan's A/B Bid to the applicable CMS Benchmark. The following tables show the Part C Payment calculation when the Plan A/B bid equals, is less than, and is greater than the CMS Benchmark.

Table 6-4: Part C Payment for Aged or Disabled enrolled in MA Plan: Plan A/B Bid Equal toCMS Benchmark

Part C Payment for Aged or Disabled enrolled in MA Plan: Plan Bid Equal Benchmark				
Total	Calculation using these fields			
DA Doursont Dout A (#22)	Part A Monthly Payment Rate (#88)			
RA Payment Part A (#33)	* RA Factor A (#24).			
Total MA Payment Part A (#63) =	RA Payment Part A (#33)			
$\mathbf{P}\mathbf{A}$ Deviment Dent $\mathbf{P}(\#24)$ –	Part B Monthly Payment Rate (#89)			
RA Payment Part B (#34) =	* RA Factor B (#25).			
Total MA Payment Part B (#64) =	RA Payment Part B (#34)			
	+ Total MA Payment Part A (#63)			
Total MA Payment (#65) =	+ Total MA Payment Part B (#64).			

Table 6-5: Part C Payment for Aged or Disabled enrolled in MA Plan: Plan A/B Bid Lessthan CMS Benchmark

Part C Payment for Aged or Disabled enrolled in MA Plan: Plan Bid Less than Benchmark					
Total	Calculation using these fields				
PA Devenent Dert A (#22)	Part A Monthly Payment Rate (#88)				
RA Payment Part A (#33)	* RA Factor A (#24).				
	+ RA Payment Part A (#33)				
Total MA Daymont Dart A (#62) -	+ MA Rebate Part A Cost Sharing Reduction (#55)				
Total MA Payment Part A (#63) =	+ MA Rebate Part A Other Mandatory Supplemental Benefits (#57)				
	+ MA Rebate Part A Part D Supplemental Benefits (#61).				
DA Doumont Don't D (#24) -	Part B Monthly Payment Rate (#89)				
RA Payment Part B (#34) =	* RA Factor B (#25).				
	+ RA Payment Part B (#34)				
Total MA Dayment Dort D (#64) -	+ MA Rebate Part B Cost Sharing Reduction (#56)				
Total MA Payment Part B (#64) =	+ MA Rebate Part B Other Mandatory Supplemental Benefits (#58)				
	+ MA Rebate Part B Part D Supplemental Benefits (#62)				
Total MA Daymont (#65) -	+ Total MA Payment Part A (#63)				
Total MA Payment (#65) =	+ Total MA Payment Part B (#64).				

Table 6-6: Part C Payment for Aged or Disabled enrolled in MA Plan: Plan A/B Bid Greaterthan CMS Benchmark

Part C Payment for Aged or Disabled enrolled in MA Plan: Plan Bid Greater than Benchmark				
Total	Calculation using these fields			
RA Payment Part A (#33)	Part A Monthly Payment Rate (#88)			
KA Fayment Fait A (#55)	* RA Factor A (#24).			
Tetal MA Desire and Dest A (#(2))	+ RA Payment Part A (#33).			
Total MA Payment Part A (#63) =	- Part C Basic Premium Amount Part A (#53).			
$\mathbf{D} \wedge \mathbf{D} = (\mathbf{D} \wedge \mathbf{D} \wedge \mathbf{D})$	Part B Monthly Payment Rate (#89)			
RA Payment Part B (#34) =	* RA Factor B (#25).			
Total MA Downant Dort D (#64) -	+ RA Payment Part B (#34).			
Total MA Payment Part B (#64) =	- Part C Basic Premium Amount Part B (#54).			
Total MA Daymont (#65) -	+ Total MA Payment Part A (#63)			
Total MA Payment (#65) =	+ Total MA Payment Part B (#64).			

6.2.4 PACE Plan Payment Calculation

Part C Payment calculations for Aged/Disabled Beneficiaries in a PACE Plan are based upon monthly payment rates set by CMS which, like ESRD, remain outside the bidding process. MA Rebates and Part C Basic premiums are components of bid-based payments and do not apply.

Aged/Disabled Beneficiaries enrolled in a PACE Plan who reside in a community setting also receive a Frailty Factor Adjustment in addition to the normal Risk Adjustment. See the following table for calculation details.

Table 6-7: Part C Payment for a PACE Plan

Part C Payment for Aged or Disabled enrolled in PACE Plan				
Total	Calculation using these fields			
DA Doumont Dont A (#22)	Part A Monthly Payment Rate (#88)			
RA Payment Part A (#33)	* (RA Factor A (#24) + Part C Frailty Score (#80)).			
Total MA Payment Part A (#63) =	RA Payment Part A (#33).			
DA Desure and David D (#24)	Part B Monthly Payment Rate (#89)			
RA Payment Part B (#34) =	* (RA Factor B (#25) + Part C Frailty Score (#80)).			
Total MA Payment Part B (#64) =	RA Payment Part B (#34).			
	+ Total MA Payment Part A (#63)			
Total MA Payment (#65) =	+ Total MA Payment Part B (#64).			

6.2.5 Medicare Secondary Payer (MSP) Payment Calculation

Medicare is a secondary payer for Aged or Disabled beneficiaries with employer-provided health insurance, or for beneficiaries with ESRD, during the coordination of benefits period. When MSP Status applies, the risk-adjusted portion of the Part C Payment is reduced to account for the coverage that the employer provides for Working Aged or Working Disabled beneficiaries, or that the health Plan provides for beneficiaries with ESRD.

The MSP Reduction Amount is an additional Part C payment adjustment that is applied after all other calculations described in the previous sections are completed.

For Part C Payments involving an MA Rebate, the Rebate is ignored in computing the MSP Reduction Amounts. See the table below for calculation details.

Table 6-8: Part C Payment when MSP Status Applies and involves an MA Rebate

Part C Payment when MSP Status Applies and involves an MA Rebate				
Total	Calculation using these fields			
MSD Deduction Amount Dort A (#92) -	RA Payment Part A (#33)			
MSP Reduction Amount Part A (#82) =	* (1 - MSP Factor (#81)).			
Total MA Daymont Don't A (#62) -	Total MA Payment Part A (#63)			
Total MA Payment Part A (#63) =	- MSP Reduction Amount Part A (#82).			
MSD Deduction Amount Dort D (#92) -	RA Payment Part B (#34)			
MSP Reduction Amount Part B (#83) =	* (1 - MSP Factor (#81)).			
Total MA Daymont Dant D (#64) -	Total MA Payment Part B (#64)			
Total MA Payment Part B (#64) =	- MSP Reduction Amount Part B (#83).			
Total MA Daymont (#65) -	+ Total MA Payment Part A (#63)			
Total MA Payment (#65) =	+ Total MA Payment Part B (#64).			

For Part C Payments involving a Part C Basic Premium, the Premium is subtracted from the RA Payment before computing the MSP Reduction Amounts. See the table below for calculation details.

Part C Payment when MSP Status Applies and involves Part C Basic Premium				
Total	Calculation using these fields			
	RA Payment Part A (#33)			
MSP Reduction Amount Part A (#82) =	- Part C Basic Premium Amount Part A (#53)			
	* (1 - MSP Factor (#81).			
Total MA Daymont Dort A (#62) -	MA Part A Payment/Adjustment (#33)			
Total MA Payment Part A (#63) =	- MSP Reduction Amount Part A (#82).			
	RA Payment Part B (#34)			
MSP Reduction Amount Part B (#83) =	- Part C Basic Premium Amount Part B (#54)			
	* (1 - MSP Factor (#81).			

Part C Payment when MSP Status Applies and involves Part C Basic Premium				
Total Calculation using these fields				
Total MA Payment Part B (#64) =	MA Part B Payment/Adjustment (#34)			
	- MSP Reduction Amount Part B (#83).			
Tetal MA Decement (#65)	+ Total MA Payment Part A (#63)			
Total MA Payment (#65) =	+ Total MA Payment Part B (#64).			

6.3 Part D Payment Calculation

Plans receive Part D payments in exchange for providing Medicare Part D coverage to Medicare beneficiaries.

Before the payment process begins, the beneficiary submits the enrollment application, and the Plan checks the beneficiary's eligibility and transmits an enrollment transaction to CMS. If the enrollment transaction is accepted, CMS finalizes the accepted enrollment and notifies the Plan, which then notifies the beneficiary. If CMS rejects the enrollment, the Plan is notified and must correct the rejection reason. With an accepted enrollment transaction, CMS calculates the Part D payment.

Several Part D Payment components are estimated amounts subject to a cost-based annual Part D payment reconciliation; these results are reflected on the Plan Payment Report (PPR), and not on the Monthly Membership Report (MMR). The estimated payments are:

- Part D Low-Income Cost-Sharing (LICS) Subsidy.
- Part D Reinsurance Subsidy.
- Part D Coverage Gap Discount Amount¹

The following table lists the fields in the Monthly Membership Detail Data File that are used to calculate Part D Payments.

	Monthly Membership Detail Data File Field Names for Part D Payment Calculations						
Item	Field	Size	Position	Description			
35	Part D Low-Income Premium Subsidy (LIPS) Amount	8	144-151	Format -9999.99			
37	Medication Therapy Management (MTM) Add- On	10	153-162	Format -999999.99			
66	Part D RA Factor	7	310-316	Format NN.DDDD			
71	MA Rebate Part D Basic Premium Reduction	8	333-340	Format -9999.99			
72	Part D Basic Premium Amount	8	341-348	Format -9999.99			
73	Part D Direct Subsidy Amount	10	349-358	Format -999999.99			
74	Part D Reinsurance Subsidy Amount	10	359-368	Format -999999.99			
75	Part D LICS Subsidy	10	369-378	Format -999999.99			
76	Total Part D Payment	11	379-389	Format -99999999.99			
78	PACE Part D Premium Add-on	10	392-401	Format -999999.99			
79	PACE Part D Cost Sharing Add-on	10	402-411	Format -999999.99			
85	Part D Coverage Gap Discount Amount		448-455	Format -9999.99			
90	Part D Monthly Payment Rate	9	477-485	Format -99999.99			

Table 6-10: Part D Payment Calculation Fields

¹ The Coverage Gap Discount is not a subsidy, but an advance to provide cash flow. Offsets against the Plan's total payment are periodically taken when the discount payments are made by drug manufacturers, and again during the Annual Part D Reconciliation.

6.3.1 Calculation of the Part D Direct Subsidy

The Plan's Part D bid is reported on the MMR and shown below as the Part D Monthly Payment Rate. The Part D Basic Premium Amount reported on the MMR, and included in the formula below, is not necessarily the same as the premium paid by the beneficiary but an amount specifically calculated for use in this payment formula. See the table below for calculation details.

Note: It is possible for the Part D Direct Subsidy calculation to result in a negative amount for an individual beneficiary.

Table 6-11: Part D Direct Subsidy

Part D Direct Subsidy			
Total Calculation using these fields			
Part D Direct Subsidy Amount (#73) =	(Part D Monthly Payment Rate (#90)		
	* Part D RA Factor (#66))		
	- Part D Basic Premium Amount (#72).		

6.3.2 Calculation of the Total Part D Payment

The Total Part D Payment (#76) for a beneficiary is the sum of the following amounts; no individual payment includes all components:

Item	Field			
35	Part D Low-Income Premium Subsidy (LIPS) Amount			
37	Medication Therapy Management (MTM) Add-On			
71	MA Rebate Part D Basic Premium Reduction			
73	Part D Direct Subsidy Amount			
74	Part D Reinsurance Subsidy Amount			
75	Part D LICS Subsidy			
78	PACE Part D Premium Add-on			
79	PACE Part D Cost Sharing Add-on			
85	Part D Coverage Gap Discount Amount			
76	Total Part D Payment			

6.4 Coverage Gap Discount Program

The Coverage Gap Discount Program (CGDP) provides manufacturer discounts to eligible Medicare beneficiaries receiving covered Part D drugs while in the coverage gap (i.e., the "donut hole"). Eligible Medicare beneficiaries in the program consist of non-low income subsidy eligible (non-LIS) beneficiaries who are not enrolled in an Employer Group Waiver Plan (EGWP) or a Program of the All Inclusive Care for the Elderly (PACE) organization. Part D sponsors must provide the discounts for applicable drugs in the coverage gap at point-of-sale (POS). CMS coordinates the collection of discount payments from manufacturers and payment to Part D sponsors that provided the discount.

6.4.1 *Prospective Payments*

CMS provides a monthly prospective CGDP payment that is calculated on the projection in each Part D Plan's bid and their current enrollment. These prospective payments provide cash flow to Part D sponsors for advancing the gap discounts at the POS.

Prospective CGDP payments for a contract year begin with the January monthly payment for the contract year and end with the December monthly payment. Adjustments for a contract year continue until January 31 of the following year. For example, the first prospective payment for a benefit year is in the January monthly payment and the last payment containing adjustments is in the following January monthly payment. The prospective CGDP payment amounts will be found on the Monthly Membership Report (MMR).

6.4.2 Manufacturers Offset

On a quarterly basis, CMS will invoice manufacturers for discounts provided by Part D sponsors. Manufacturers will remit payments for invoiced amounts directly to Part D sponsors. The prospective payments made to Part D sponsors will be reduced by the discount amounts invoiced to manufacturers. These offsets will ensure that Part D sponsors do not receive duplicate payments for discounts made available to their enrollees.

On a quarterly basis following the invoicing cycle, CMS offsets monthly prospective CGDP payments for discount amounts invoiced to manufacturers. The offset amount will appear as a negative adjustment to the next monthly prospective payment processed through Automated Plan Payment System (APPS). When the APPS offset exceed the prospective CGDP payment for that month, CMS will apply the offset to the Part D sponsor's total payment.

6.4.3 CGDP Reconciliation

After the end of the contract year, CMS will conduct a cost-based reconciliation for the CGDP. Prospective payments are an estimate and Part D sponsors may experience actual CGDP costs greater than or less than the prospective payments. The actual manufacturer discount amounts will be determined based on the manufacturer discount amounts reported by Part D sponsors on the Prescription Drug Event (PDE) records. Active Plans during the reconciliation benefit year will receive a set of management reports from the Payment Reconciliation System (PRS) detailing the inputs and results of the CGDP reconciliation should be directed to the Reconciliation Support Contractor at: PartDPaymentSupport@acumenllc.com.

6.5 Reconciliation of Plan Data with CMS Data

Plans are responsible for providing CMS with timely and accurate information regarding the beneficiaries' enrollment, disenrollments, special membership status, and State and County Code changes. CMS is responsible for providing Plans with timely and accurate reports to verify membership and payment information.

During their monthly reconciliation process, Plans should verify their membership and payment information. To ensure a complete and accurate reconciliation, Plans must understand and review all CMS-provided reports. This User Guide contains all provided reports, data files, and record layouts. It is required that all Plans are familiar with all of these reports and data files and their impact on the accuracy of beneficiaries' information.

CMS also provides reports to Plans for information verification. Some reports have very specialized data, with limited use in the overall reconciliation effort. Plans should use the Daily Transaction Reply Report (DTRR) to reconcile their beneficiary records with the Monthly Membership Report (MMR), which is beneficiary specific.

The Plan Payment Report (PPR) includes contract/PBP payment information and contract/PBP payment adjustment information. Therefore, when reconciling report data, Plans must compare the beneficiary level payment on the MMR with the contract level payment information on the PPR. Plans can refer to the Part C/D Reference Table & Section 6.2, Payment Calculations, for more information.

To complete the final month-end reconciliation, Plans should reconcile the DTRRs with the MMR, PPR, Monthly Premium Withholding Report (MPWRD) Data File, and LIS and LEP Reports. Plans must submit certification of enrollment monthly, to attest to the completion of reconciliation of membership and payment reports. The certification due dates are listed on the HPMS website. Plans with specific reconciliation questions should contact the Division of Payment Operations (DPO) Central Office (CO) contact person.

6.6 Payment Data Files and Reports

CMS reports contain Plan Medicare membership and payment information as indicated in CMS systems for the Current Payment Month (CPM). In general, these data files allow Plans to compare Medicare membership and payment information with the Plan's internal records to assist Plans in identifying and correcting any discrepancies.

This section contains the following Payment Data Files and reports:

- Monthly Membership Report (MMR)
- Monthly Membership Summary Data Report (MMSR)
- Monthly Membership Summary Data File (MMSD)
- <u>Plan Payment Report (PPR)</u>
- Interim Plan Payment Report (IPPR)
- <u>Plan Payment Report/Interim Payment Data File (IPPR)</u>
- <u>820 Format Payment Advice Data File</u>
- Failed Plan Payment Report (FPRR)
- MSA Deposit Recovery Data File
- Payment Records Report

6.6.1 Monthly Membership Report (MMR) Data File

The Monthly Membership Detail data file (MMR) is the basic accounting file of beneficiary level payments and adjustments for Medicare Advantage and Part D organizations. MARx receives information from other systems, and calculates beneficiary-level payment based on the information received. If the information is not received by MARx and the Plan cut-off date, payment/adjustments will not appear on the MMR. MARx then produces the MMR, which contains beneficiary-level demographics and payment/adjustment related information. The payment reported on the MMR is the capitated payment for each beneficiary enrolled in the Plan. The report continues to display some beneficiary-level status and also includes information about the risk adjustment factor and payment rate. ****NOTE: This this NOT an enrollment file****

System	Туре	Frequency	Record Length	Monthly Membership Detail Report Dataset Naming Conventions
MARx	Data File	Monthly	495	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.MONMEMD.Dyymm01.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.MONMEMD.Dyymm01.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Rxxxxx.MONMEMD.Dyymm01.Thhmmsst

Layout 6-1: Monthly Membership Detail Report

	Monthly Membership Detail Report						
Item	Field	Size	Position	Description			
1	Contract Number	5	1 - 5	Plan Contract Number			
2	Run Date	8	6 - 13	Date the file was produced (YYYYMMDD)			
3	Payment Date	6	14 - 19	Payment month for the report (YYYYMM)			
4	Beneficiary ID	12	20 - 31	 Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. MBI is 11 characters, left-justified with one space at the end 			
5	Surname	7	32 - 38	Beneficiary last name			
6	First Initial	1	39	First initial of the beneficiary first name			
7	Gender Code	1	40	Beneficiary's Gender Code M = Male F = Female			
8	Date of Birth	8	41 - 48	Beneficiary date of birth (YYYYMMDD)			
9	Filler	4	49 - 52	Spaces			
10	State & County Code	5	53 - 57	Beneficiary State and County Code			

Monthly Membership Detail Report						
Item	Field	Size	Position	Description		
11	Out of Area Indicator	1	58	Indicator that the beneficiary is Out of Area for the Plan Y = Out of Plan-level service area Space = Not out of area Always Space on Adjustment rows		
12	Part A Entitlement	1	59	Indicator that the beneficiary is entitled to Part A Y = Entitled to Part A Space = Not entitled to Part A		
13	Part B Entitlement	1	60	Indicator that the beneficiary is entitled to Part B Y = Entitled to Part B Space = Not entitled to Part B		
14	Hospice	1	61	Indicator that the beneficiary is in Hospice status Y = Hospice Space = Not in Hospice status		
15	ESRD	1	62	Indicator that the beneficiary has ESRD Y = ESRD Space = Not ESRD		
16	Aged/Disabled MSP	1	63	Indicator that Medicare is Secondary Payer Y = aged/disabled factor applicable to beneficiary N = aged/disabled factor not applicable to beneficiary		
17	Filler	1	64	Spaces		
18	Filler	1	65	Spaces		
	New Medicare Beneficiary Medicaid Status Flag	1	66	Beneficiary Medicaid Status used for the month being paid or adjusted.		
19				Y = Medicaid and a default risk factor was used N = Not Medicaid and a default risk factor was used Space = No default risk factor or beneficiary is Part D only		
20	LTI Flag	1	67	Indicator that beneficiary has Part C Long Term Institutional Status Y = Part C Long Term Institutional Space = Not LTI		
	Medicaid Add-on Factor Indicator	1	68	Indicator that the Medicaid Add-on factor was used for this payment or adjustment for a beneficiary:		
				 Before 2023 –This field indicates when the Medicaid Add-on factor was used for: PACE, ESRD, or LTI risk scores. 		
21				 After 2023 – this field indicates when the Medicaid Add-on factor was used for: PACE ESRD, or Any beneficiary who is in LTI status, enrolled in any plan. 		
				Y = A RASS supplied Medicaid add-on factor is used in the payment		
				Space = No Medicaid Add-on was used		
22	Filler	2	69-70	Spaces		

	Monthly Membership Detail Report						
Item	Field	Size	Position	Description			
23	Default Risk Factor Code	1	71	 Indicator that a Default Risk Adjustment Factor (RAF) was used for calculating this payment or adjustment. A Default Risk Adjustment Factor (score) is used only if the RASS system did not provide MARx risk scores for this beneficiary. In these cases MARx assigns a default score based upon "demographics" of the beneficiary. 1 = Default Enrollee- Aged/Disabled. 2 = Default Enrollee- ESRD dialysis. 3 = Default Enrollee- ESRD Kidney Transplant- Month 1. 4 = Default Enrollee- ESRD Kidney Transplant - Months 2-3. 5 = Default Enrollee- ESRD Post Graft - Months 4-9. 6 = Default Enrollee- ESRD Post Graft - 10+ Months. 7 = Default Enrollee Chronic Care SNP. Space = The beneficiary is not a default enrollee. 			
24	Risk Adjustment Factor A	7	72-78	Part A Risk Adjustment Factor used for the Payment Calculation (NN.DDDD)			
25	Risk Adjustment Factor B	7	79-85	Part B Risk Factor used for the Payment Calculation (NN.DDDD)			
26	Number of Payment/Adjustment Months Part A	2	86-87	Number of months included in this payment or adjustment for Part A			
27	Number of Payment/Adjustment Months Part B	2	88-89	Number of months included in this payment or adjustment for Part B			
28	Adjustment Reason Code (ARC)	2	90-91	Code that indicates the reason for this adjustment Spaces = prospective payment			
29	Payment/Adjustment Start Date	8	92-99	Earliest date covered by this payment or adjustment (YYYYMMDD)			
30	Payment/Adjustment End Date	8	100-107	Latest date covered by this payment or adjustment (YYYYMMDD)			
31	Filler	9	108-116	Spaces			
32	Filler	9	117-125	Spaces			
33	Monthly Risk Adjusted Amount Part A	9	126-134	Monthly Part A portion of the payment or adjustment dollars. (-99999.99)			
34	Monthly Risk Adjusted Amount Part B	9	135-143	Monthly Part B portion of the payment or adjustment dollars. (-99999.99)			
35	LIS Premium Subsidy	8	144-151	Low Income Premium Subsidy Amount for the beneficiary (-9999.99)			
36	ESRD MSP Flag	1	152	Indicator that Medicare is a Secondary Payer due to ESRD. As of January 2011: T = MSP due to Transplant/Dialysis P = MSP due to Post Graft Space = ESRD MSP not applicable			

	Monthly Membership Detail Report						
Item	Field	Size Position		Description			
37	Medication Therapy Management (MTM) Add On	10	153-162	The total Medication Therapy Management (MTM) Add- On for the beneficiary (999999.99)			
38	Filler	8	163-170	Spaces			
39	Medicaid Full/Partial/Non- dual 171		171	 The Medicaid status that is in effect for the month used to determine the appropriate: Non-ESRD community (enrollees in MAOs or PACE organizations) or ESRD risk factor for a beneficiary (MAOs only; not applicable for beneficiaries enrolled in a PACE organization with ESRD status). (Medicaid status = Current Payment Month (CPM) minus 3 months) For all other risk factors, this field is informational. 1 = Beneficiary is determined to be full or partial Medicaid (F or P) 0 = Beneficiary is not Medicaid (N) Space = This is a retroactive adjustment for a month prior to January 2017. 			
40	Risk Adjustment Age Group (RAAG)		172-175	The Risk Adjustment Age Group for the beneficiary (BBEE). In general it is based upon the age as of February 1 of payment year. BB = Beginning Age EE = Ending Age Note: This field should be used for all payments after 2007 (and not Item #9).			
41			Spaces				
42	Filler	1	183	Spaces			
43	Filler	1	184	Spaces			
44	Plan Benefit Package ID	3	185-187	PBP Number			
45	Filler	1	188	Spaces			

	Monthly Membership Detail Report					
Item	Field	Size	Position	Description		
46	Risk Adjustment Factor Type Code	2	189-190	The type of Part C Risk Adjustment Factor used to calculate this payment or adjustment. C = Community (Adjustments before 2017; PACE only beginning 1/2017 and ending 12/2019) C1 = Community Post Graft 4-9 (ESRD) Full Dual C4 = Community Post Graft 4-9 (ESRD) Partial Dual C5 = Community Post Graft 4-9 (ESRD) Non-Dual C2 = Community Post Graft 10+ (ESRD) Non-Dual C2 = Community Post Graft 10+ (ESRD) Full Dual C7 = Community Post Graft 10+ (ESRD) Partial Dual C7 = Community Post Graft 10+ (ESRD) Partial Dual C7 = Community Post Graft 10+ (ESRD) Non-Dual C8 = Community Post Graft 10+ (ESRD) Non-Dual C9 = Community Post Graft 10+ (ESRD) Non-Dual C9 = Community Post Graft 10+ (ESRD) Non-Dual C9 = Community Non-Dual D = Dialysis (ESRD) Full Dual D = Dialysis (ESRD) Full Dual D = Dialysis (ESRD) Partial Dual or Non-dual E = New Enrollee ED = New Enrollee Post Graft 4-9 (ESRD) E1 = New Enrollee Post Graft 10+ (ESRD) G1 = Graft I (ESRD) G2 = Graft II (ESRD) G2 = Graft II (ESRD) G3 = Institutional Dialysis (ESRD) Full Dual I4 = Institutional Dialysis (ESRD) Full Dual I3 = Institutional Dialysis (ESRD) Partial or Non-Dual I1 = Institutional Dialysis (ESRD) Full Dual I4 = Institutional Post Graft 4-9 (ESRD) (Adjustments before 2023) I5 = Institutional Post Graft 4-9 (ESRD) Partial Dual I7 = Institutional Post Graft 10+ (ESRD) Non-Dual I2 = Institutional Post Graft 10+ (ESRD) Non-Dual I3 = Institutional Post Graft 10+ (ESRD) Partial Dual I7 = Institutional Post Graft 10+ (ESRD) Partial Dual I7 = Institutional Post Graft 10+ (ESRD) Non-Dual I2 = Institutional Post Graft 10+ (ESRD) Partial Dual IA = Ins		

	Monthly Membership Detail Report						
Item	Field	Size	Position	Description			
	Frailty Indicator (PACE/FIDE SNP only)	1	191	Indicator that a Plan-level Frailty Factor was included in the calculation of the payment or adjustment			
47				Y = Frailty Factor Included			
				N = No Frailty Factor			
	Original Reason for Entitlement Code (OREC)	1	192	The original reason that the beneficiary was entitled to Medicare			
				0 = Beneficiary insured due to age			
48				1 = Beneficiary insured due to disability			
				2 = Beneficiary insured due to ESRD			
				3 = Beneficiary insured due to disability and current ESRD			
				9 = None of the above			
49	Filler	1	193	Spaces			
50	Segment Number	3	194-196	Segment number for the beneficiary enrollment. 000 = Plan with no segments.			
51	Filler	1	197	Spaces			
52	EGHP Flag	1	198	Indicator that the Plan is an Employer Group Health Plan Y = Employer Group Health Plan N = Not an Employer Group Health Plan			
53	Part C Basic Premium – Part A Amount	8	199-206	The premium amount for determining the MA payment attributable to Part A (-9999.99)			
54	Part C Basic Premium – Part B Amount	8	207-214	The premium amount for determining the MA payment attributable to Part B (-9999.99)			
55	Rebate for Part A Cost Sharing Reduction	8	215-222	The amount of the rebate allocated to reducing the beneficiary Part A cost-sharing. (-9999.99)			
56	Rebate for Part B Cost Sharing Reduction	8	223-230	The amount of the rebate allocated to reducing the beneficiary Part B cost-sharing. (-9999.99)			
57	Rebate for Other Part A Mandatory Supplemental Benefits	8	231-238	The amount of the rebate allocated to providing Part A supplemental benefits. (-9999.99)			
58	Rebate for Other Part B Mandatory Supplemental Benefits	8	239-246	The amount of the rebate allocated to providing Part B supplemental benefits. (-9999.99)			
59	Rebate for Part B Premium Reduction – Part A Amount	8	247-254	 The Part A amount of the rebate that is allocated to reducing the beneficiary Part B premium. (-9999.99) This amount is subtracted from payments for one of two reasons. 1. The beneficiary has ESRD status. 2. The beneficiary is enrolled in an Employer Group Plan and is neither Hospice nor ESRD. (Effective 01/01/2020) For all other beneficiaries, this field is informational. 			

	Monthly Membership Detail Report						
Item	Field	Size	Position	Description			
60	Rebate for Part B Premium Reduction – Part B Amount			 The Part B amount of the rebate that is allocated to reducing the beneficiary Part B premium. (-9999.99) This amount is subtracted from payments for one of two reasons. 1. The beneficiary has ESRD status. 2. The beneficiary is enrolled in an Employer Group Plan and is neither Hospice nor ESRD. (Effective 01/01/2020) For all other beneficiaries, this field is informational. 			
61	Rebate for Part D Supplemental Benefits – Part A Amount	8	263–270	Part A Amount of the rebate allocated to providing Part D supplemental benefits. (-9999.99)			
62	Rebate for Part D Supplemental Benefits – Part B Amount	8	271–278	Part B Amount of the rebate allocated to providing Part D supplemental benefits. (-9999.99)			
63	Total MA Payment or Adjustment Part A	10	279–288	The total Part A portion of the MA payment. (- 999999.99)			
64	Total MA Payment or Adjustment Part B	10	289–298	The total Part B portion of the MA payment. (- 999999.99)			
65	Total MA Part C Payment or Adjustment	11	299-309	The total MA Part C A/B payment. (-99999999.99)			
66	Risk Adjustment Factor D	7	310-316	Part D Risk Adjustment Factor used for the Payment Calculation (NN.DDDD)			
67	Part D Low-Income Indicator	1	317	Indicator of beneficiary's Low Income status for the Part D payment or adjustment. Calculations for a Low Income beneficiary include a Part D Low-Income multiplier. Y = beneficiary is Low Income N = beneficiary is not Low Income Spaces = Not applicable			
68	Part D Low-Income 7 318-324 The Part D low-income		The Part D low-income multiplier used in the calculation of the payment or adjustment (NN.DDDD)				
69	Part D Long Term Institutional Indicator	1	325	Indicator of beneficiary Long Term Institutional (LTI) status for the Part D payment or adjustment. A = LTI (aged) D = LTI (disabled) Space = No LTI			
70	Part D Long Term Institutional Multiplier	7	326-332	Part D LTI multiplier used in the calculation of the payment or adjustment (NN.DDDD)			
71	Rebate for Part D Basic Premium Reduction	8	333-340	Amount of the rebate allocated to reducing the beneficiary basic Part D premium. (-9999.99)			
72	Part D Basic Premium Amount	8	341-348	Plan's Part D premium amount. (-9999.99)			
73	Part D Direct Subsidy Amount	10	349-358	Total Part D Direct subsidy amount for the beneficiary. (- 999999.99)			
74	Reinsurance Subsidy Amount	10	359-368	The amount of reinsurance subsidy included in the payment (-999999.99)			
75	Low-Income Subsidy Cost- Sharing Amount	10	369-378	The low-income subsidy cost-sharing amount included in the payment. (-999999.99)			
76	Total Part D Payment or Adjustment	11	379-389	The total Part D payment or adjustment for the beneficiary (-9999999.99)			

	Monthly Membership Detail Report						
Item	Field	Field Size Position		Description			
77	77 Number of Payment/Adjustment Months Part D		390-391	Number of months included in this payment or adjustment.			
78	PACE Premium Add On	10	392-401	Total Part D Pace Premium Add-on amount (-9999999.99)			
79	PACE Cost Sharing Add-on	10	402-411	Total Part D Pace Cost Sharing Add-on amount (-999999.99)			
	Part C Frailty Factor	7	412-418	Part C Frailty Factor used in this payment or adjustment calculation.			
80				Spaces = Not applicable Used for PACE, FIDE SNPs, and some MMPs			
81	MSP Reduction Factor	7	419-425	MSP secondary payer reduction factor used in this payment or adjustment calculation (NN.DDDD) Spaces = Not applicable			
82	82 MSP Reduction Amount Part A		426-435	MSP reduction amount Part A. (9999999.99) Reported as a POSITIVE AMT, is actually a NEGATIVE AMT.			
83	MSP Reduction Amount Part B	10	436-445	MSP reduction amount Part B. (9999999.99) Reported as a POSITIVE AMT, is actually a NEGATIVE AMT.			

	Monthly Membership Detail Report						
Item	Field	Size	Position	Description			
84	Medicaid Dual Status Code	2	446-447	 This field reports the Medicaid dual status code that is in effect for the month used to determine the appropriate: Non-ESRD community (enrollees in MAOs or PACE organizations) or ESRD risk score (MAOs only; not applicable for beneficiaries enrolled in a PACE organization with ESRD status). Otherwise, the field is informational. Entitlement status for the dual eligible beneficiary for the month used when determining Medicaid Status. When Field 39 = 1 or Field 19 = Y: 01 = Eligible - entitled to Medicare- QMB only (Partial Dual) 02 = Eligible - entitled to Medicare- QMB only (Partial Dual) 03 = Eligible - entitled to Medicare- SLMB only (Partial Dual) 04 = Eligible - entitled to Medicare- QDWI (Partial Dual) 05 = Eligible - entitled to Medicare- QDWI (Partial Dual) 06 = Eligible - entitled to Medicare- QUalifying individuals (Partial Dual) 08 = Eligible - entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB, QDWI or QI) with Medicaid coverage (Full Dual) 09 = Eligible - entitled to Medicare – Other Dual Eligibles but without Medicaid coverage (Non-Dual) 10 = Other Full Dual 99 = Unknown When Field 39 = 0: 00 = No Medicaid Status When Field 39 = 0: Spaces 			
85	Part D Coverage Gap Discount Amount	8	448-455	Amount of the Coverage Gap Discount Amount included in the payment (-9999.99)			

	Monthly Membership Detail Report					
Item	Field	Size	Position	Description		
86	Part D Risk Adjustment Factor Type	2	456-457	 Beginning with January 2011 payments, the type of Part D Risk Adjustment Factor used to calculate this payment or adjustment. D1 = Community Non-Low Income Continuing Enrollee, D2 = Community Low Income Continuing Enrollee, D3 = Institutional Continuing Enrollee, D4 = New Enrollee Community Non-Low Income Non- ESRD, D5 = New Enrollee Community Non-Low Income Non- ESRD, D6 = New Enrollee Community Low Income Non- ESRD, D7 = New Enrollee Community Low Income ESRD, D8 = New Enrollee Institutional Non-ESRD, D9 = New Enrollee Institutional ESRD, P1 = PACE New Enrollee Community Low Income Non- ESRD P2 = PACE New Enrollee Community Non- Low Income Non-ESRD P3 = PACE New Enrollee Institutional ESRD P4 = PACE New Enrollee Institutional ESRD P5 = PACE New Enrollee Institutional ESRD P4 = PACE New Enrollee Institutional ESRD P5 = PACE New Enrollee Community Low Income Non-ESRD P3 = PACE New Enrollee Institutional Non-ESRD P4 = PACE New Enrollee Community Low Income Non-ESRD P6 = PACE New Enrollee Community Non- Low Income P6 = PACE New Enrollee Community Non- Low Income P7 = PACE Community Non- Low Income P8 = PACE Community Non- Low Income P9 = PACE Institutional Continuing Enrollee P9 = PACE Institutional Continuing Enrollee P9 = PACE Institutional Continuing Enrollee Spaces = Not applicable. Note: The value of the Part D RAF is found in field 67. 		
87	Part D Default Risk Factor Code	1	458	The code that indicates the type of Part D Default Risk Factor for beneficiaries with less than 12 months of Medicare Part A entitlement: 1 = Not ESRD, Not Low Income, Not Originally Disabled 2 = Not ESRD, Not Low Income, Originally Disabled 3 = Not ESRD, Low Income, Not Originally Disabled 4 = Not ESRD, Low Income, Originally Disabled 5 = ESRD, Not Low Income, Not Originally Disabled 6 = ESRD, Low Income, Not Originally Disabled 7 = ESRD, Low Income, Originally Disabled 8 = ESRD, Low Income, Originally Disabled 8 = ESRD, Low Income, Originally Disabled Spaces = Not applicable		
88	Part A Monthly Rate for Payment or Adjustment	9	459-467	The Part A State and County Rate used in the payment or adjustment calculation. (-99999.99) Payments = Rate in effect for payment period Adjustments = Rate in effect for adjustment period i.e. the updated rate in effect for the adjustment period.		
89	Part B Monthly Rate for Payment or Adjustment	9	468-476	The Part B State and County Rate used in the payment or adjustment calculation. (-99999.99) Payments = Rate in effect for payment period Adjustments = Rate in effect for adjustment period, i.e. the updated rate in effect for the adjustment period.		

	Monthly Membership Detail Report						
Item	Field	Size	Position	Description			
	Part D Monthly Rate for Payment or Adjustment	9	477-485	The Part D rate used in the payment or adjustment calculation. (-99999.99)			
90				Payments = Rate amount in effect for payment period			
				Adjustments = Rate amount in effect for adjustment period			
91	Cleanup ID	10	486-495	The Cleanup ID field is used in the event of a cleanup or a RAS overpayment run. It is used to uniquely identify the cleanup with which the record is associated. It is usually the Ticket number for the cleanup or overpayment run.			
				RAS overpayment runs are associated with an ARC 60 or ARC 61 in Field 28.			
				ARC 94 in Field 28 is used to identify clean-ups when no other ARC codes apply.			
				The field will be blank when the record reports:A prospective paymentA non-cleanup adjustmentAny payment or adjustment prior to August 2011			

6.6.2 MMR Adjustment Reason Codes (ARC)

The table below lists the MMR Adjustment Reason Codes and descriptions that are used in the following files:

- Monthly Membership Detail Record, Field 28.
- Monthly Membership Summary Report Data File Record, Field 4.
- PPR/IPPR Capitated Payment Current Activity Record, Field 4.

Table 6-12: MMR Adjustment Reason Codes (ARC)

	MMR Adjustment Reason Codes						
Code	Description						
00	Prospective Payment Components						
01	Notification of Death of Beneficiary						
02	Retroactive Enrollment						
03	Retroactive Disenrollment						
04	Correction to Enrollment Date						
05	Correction to Disenrollment Date						
06	Correction to Part A Entitlement						
07	Retroactive Hospice Status						
08	Retroactive ESRD Status						
09	Retroactive Institutional Status						
10	Retroactive Medicaid Status						
11	Retroactive Change to State County Code						
12	Date of Death Correction						
13	Date of Birth Correction						
14	Correction to Sex Code						
15	Obsolete						
16	Obsolete						
17	For APPS use only						
18	Part C Rate Change						
19	Correction to Part B Entitlement						
20	Retroactive Working Aged Status						
21	Retroactive NHC Status						
22	Disenrolled Due to Prior ESRD						
23	Demo Factor Adjustment						
24	Obsolete						
25	Part C Risk Adjustment Factor Change/Recon						
26	Mid-year Part C Risk Adjustment Factor Change						
27	Retroactive Change to Congestive Heart Failure (CHF) Payment						
28	Retroactive Change to BIPA Part B Premium Reduction Amount						
29	Retroactive Change to Hospice Rate						
30	Retroactive Change to Basic Part D Premium						
31	Retroactive Change to Part D Low Income Status						

	MMR Adjustment Reason Codes							
Code	Description							
32	Retroactive Change to Estimated Cost-Sharing Amount							
33	Retroactive Change to Estimated Reinsurance Amount							
34	Retroactive Change Basic Part C Premium							
35	Retroactive Change to Rebate Amount							
36	Part D Rate Change							
37	Part D Risk Adjustment Factor Change							
38	Part C Segment ID Change							
41	Part D Risk Adjustment Factor Change (ongoing)							
42	Retroactive MSP Status							
44	Retroactive correction of previously failed Payment (affects Part C and D)							
45	Disenroll for Failure to Pay Part D IRMAA Premium – Reported for Pt C and Pt D							
46	Correction of Part D Eligibility – Reported for Pt D							
50	Payment adjustment due to Beneficiary Merge							
60	Part C Payment Adjustments created as a result of the RAS overpayment file processing							
61	Part D Payment Adjustments created as a result of the RAS overpayment file processing							
65	Confirmed Incarceration – Reported for Pt C and Pt D							
66	Not Lawfully Present							
90	System of Record History Alignment							
94	Special Payment Adjustment Due to Cleanup							

6.6.3 Monthly Membership Summary Report (MMSR)

The MMSR summarizes the Plan payment for the month, including a summary for each payment Adjustment Reason Code (ARC).

When the report automatically generates as part of month-end processing, it contains the full monthly payment summary for an individual contract.

System	Туре	Frequency	Record Length	MMSR Dataset Naming Conventions
MARx	Data File	Monthly	220	Gentran Mailbox/TIBCO MFT Internet Server: P.Fxxxxx.MONMEMSD.Dyymm01.Thhmmsst P.Rxxxxx.MONMEMSD.Dyymm01.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Fxxxxx.MONMEMSD.Dyymm01.Thhmmsst zzzzzzzz.Rxxxxx.MONMEMSD.Dyymm01.Thhmmsst [directory]Fxxxxx.MONMEMSD.Dyymm01.Thhmmsst [directory]Rxxxx.MONMEMSD.Dyymm01.Thhmmsst

Report 6-1: Monthly Membership Summary Report (MMSR)

RUN DATE:20170813 PAYMENT MONTH:201709 CURRENT PAYMENTS			N: HXXXXX	PBP(XXX) SEG		rovider-Here			
WA INST	S ' 0 0 0 0	\$0 \$0 \$0 \$0 \$0	.00 H0 .00 ES .00 WA .00 IN	SPICE RD ST	0	TOTAL MONEY \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	PART D	COUNTS	- TOTAL MONEY
		\$0	.00 MC	AID	0	60.00	DIR SUBSDY	0	\$0.00
PART C PREMIUM A/B COST SHR	0	\$0 \$0	.00 PA	RT C PREMIUM	0	\$0.00 \$0.00	LIS COST SHR ESTIMATD REINS	0	\$0.00 \$0.00
A/B MAN SUP BN	ŏ	ŝõ	.00 Å/	B MAN SUP BN	ŏ	\$0.00	PACE PRM ADDON	ŏ	\$0.00
D BAS PRM REDU	0	\$0	.00 D	BAS PRM REDU	0	\$0.00	ESTIMATD REINS PACE PRM ADDON PACE CSR ADDON COV GAP DISC MTM ADDON	0	\$0.00
D SUPP BENFITS B BAS PRM REDU	0	\$0	.00 D .00 В	SUPP BENFITS	0	\$0.00 \$0.00	COV GAP DISC	8	\$0.00 \$0.00
A/D MSP REDU	ŏ		.00 Å/	D MSP REDU	ŏ	\$0.00	LIPS	ŏ	\$0.00
B BAS PRM REDU A/D MSP REDU ESRD MSP REDU	0	\$0	.00 ES	RD MSP REDU	0	\$0.00		0	£0.00
MCAID PART C PREMIUM A/B COST SHR A/B MAN SUP BN D BAS PRM REDU D SUPP BENFITS B BAS PRM REDU A/D MSP REDU ESRD MSP REDU MEMBERS MONTHS	ő	20	.00 ME	NTHS	ő	\$0.00	MEMBERS MONTHS	ő	\$0.00
AVERAGE		\$0	.00 AV	ERAGE	000000000000000000000000000000000000000	\$0.00	AVERAGE	-	\$0.00
OUT OF AREA B PRM REDU - A	0	\$0	00 P			\$0.00			
B PRM REDU - D		\$0	.00 B	PRM REDU - A PRM REDU - D		\$0,00			
RUN DATE:20170813 PAYMENT MONTH:201709 ADJUSTMENT PAYMENTS			MONTH	LY MEMBERSHIP	SUMMARY REPORT (XXX) Name-of-P	(PAGE 2 OF 2	:)		
ADJ REA ADJUSTMENT CDE DESCRIPTION	NUMBER OF ADJS	MONTHS	MONTHS	MONTHS D	PART A	ADJ PAR	USTMENT AMOUNT	PART D	TOTAL
01 DEATH					\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		\$0.00	\$0.00	\$0.00
02 RETRO ENROLL	000000000000000000000000000000000000000	ŏ	ŏ	ŏ	\$0.00		\$0.00	\$0.00 \$0.00 \$0.00	\$0.00
03 RETRO DISENR	0	0	0	0	\$0.00		\$0.00	\$0.00	\$0.00
04 CORR ENROLL 05 CORR DISENRO	0	0		ő	\$0.00		\$0.00	\$0.00 \$0.00	\$0.00
06 CORR PARTA E	ŏ	ŏ	ŏ	ŏ	\$0.00		\$0.00	\$0.00	\$0.00
07 HOSPIC 08 ESRD	0	0	0	0	\$0.00		\$0.00	\$0.00	\$0.00 \$0.00
09 INST	0	ő	č	ŏ	\$0.00		\$0.00	\$0.00 \$0.00	\$0.00
10 MCAID	0	ō	C	0	\$0.00		\$0.00	\$0.00	\$0.00
11 RETRO SCC CH 12 CORR DEATH	0		0	8	\$0.00 \$0.00		\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
13 CORR BIRTH	0 0		ŏ	0	\$0.00		\$0.00	\$0.00	\$0.00
14 CORR SEX	0	0	0	0	\$0.00		\$0.00	\$0.00	\$0.00
18 PTC RATE 19 CORR PARTE E	ő			8	\$0.00 \$0.00		\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
20 WKAGE	0	0	0	0	\$0.00		\$0.00	\$0.00	\$0.00
21 NHC 22 DISENROLL PR	0		0		\$0.00 \$0.00		\$0.00 \$0.00	\$0.00 \$0.00	\$0.00
23 DEMO FACTOR	ō	0	0	0 Ū	\$0.00		\$0.00	\$0.00	\$0.00
25 PTC RSK ADJF	Ő	Ő	0		\$0.00		\$0.00	\$0.00	\$0.00
26 RISK ADJ FAC 27 RETRO CHF	ő	0	0	0	\$0.00 \$0.00		\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
29 HOSPICE RATE	ŏ	Ő	õ	0	\$0.00		\$0.00	\$0.00	\$0.00
30 RTRO PTD PM 31 RTRO PTD LIP	0	0	0	0	\$0.00 \$0.00		\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
32 RTRO CST SHR	ő	ő	ŏ	0	\$0.00		\$0.00	\$0.00	\$0.00
33 RTRO EST REI	0		0	0	\$0.00		\$0.00	\$0.00	\$0.00
34 RTRO PTC PM 35 RTRO REBATE	0	0		0	\$0.00 \$0.00		\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
36 PTD RATE CHG	0	ō	c c	0	\$0.00		\$0.00	\$0.00	\$0.00
37 PTD RAF CHG 38 SEG ID CHG	0	0	0	8	\$0.00 \$0.00		\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
41 PTD RAF ONGO	ŏ	ŏ	ŏ	ŏ	\$0.00		\$0.00	\$0.00	\$0.00
42 RETRO MSP	1	12		8	\$760.44	\$7	28.40	\$0.00	\$1,488.84
43 PLN SUB PREM 44 PYMT CORR	0	0	6	8	\$0.00 \$0.00		\$0.00 \$0.00	\$0.00 \$0.00	\$0.00
45 FAIL IRMAA D	ŏ	ŏ	ò	0	\$0.00		\$0.00	\$0.00	\$0.00
46 CORR PARTD E 50 XRF MRG	000	0	0	8	\$0.00 \$0.00		\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
60 PTC OVRPYMT	0	0	0	0	\$0.00		\$0.00	\$0.00	\$0.00
61 PTD OVRPYMT	0	0	0	0	\$0.00		\$0.00		
65 PRSN DISENRL 66 NTLWFL PRSNT	0	0	9	8	\$0.00 \$0.00		\$0.00 \$0.00		
90 HIST ALIGNMT	ŏ	ŏ	0000	ő	\$0.00		\$0.00		
94 CLNUP ADJ	ō	Ō	c) Ö	\$0.00		\$0.00		
TOTAL ADJUSTMENT	HSA:				PART A AMOUNT		\$760.44		
PONT	THS A : THS B : THS D :	12			PART & AMOUNT PART & AMOUNT PART D AMOUNT	1	\$728.40		
MONT	THS D :	0			PART D AMOUNT TOTAL AMOUNT	÷	\$760.44 \$728.40 \$0.00 \$1,488.84		
MONT	CAUTE -								
NUMBER OF ADJUSTM NUMBER OF ADJUSTM TOTAL PYMT AMT A	IENTS :	760.44			TOTAL ANOUNT		31,400.04		
MONT MONT NUMBER OF ADJUSTM TOTAL PYMT AMT A TOTAL PYMT AMT B	IENTS : S	760.44 728.40			TOTAL AROUNT	•	31,400.04		
TOTAL PYMT AMT A	S	760.44 728.40 \$0.00 488.84			TOTAL APOUNT		31,400.04		

6.6.4 Monthly Membership Summary Report (MMSD) Data File

This report is a data file version of the Monthly Membership Summary Report, which summarizes the Plan payment for the month, including a summary for each payment Adjustment Reason Code (ARC).

	MMSR Data File Record									
Item	Field	Size	Position	Description						
1	MCO Contract Number	5	1-5	MCO Contract Number.						
2	Run Date of the File	8	6-13	CCYYMMDD						
3	Payment Date	6	14-19	ССҮҮММ						
4	Adjustment Reason Code (ARC)	2	20-21	This is populated with a valid ARC for adjustments. For prospective payment components, it is populated with 00.						
5	Record Description	10	22-31	This field is populated with a short description of the type of data reported in the record.						
6	Payment Adjustment Count	7	32-38	Beneficiary Count.						
7	Month count	7	39-45	Payment Record: 1 for each member on the record. Adjustment record: Spaces.						
8	Part A Member count	7	46-52	Payment Record: Beneficiary count for Part A. Adjustment record: Spaces.						
9	Part A Month count	7	53-59	Payment Record: 1 for each member with Part A. Adjustment record: The number of months adjusted for Part A.						
10	Part B Member count	7	60-66	Payment Record: Beneficiary count for Part B. Adjustment record: Spaces.						
11	Part B Month count	7	67-73	Payment Record: 1 for each member with Part B. Adjustment record: The number of months adjusted for Part B.						
12	Part A Payment/Adjustment Amount	15	74-88	Part A Amount.						
13	Part B Payment/Adjustment Amount	15	89-103	Part B Amount.						
14	Total Amount	15	104-118	Total Payment/Adjustment Amount.						
15	Part A Average	9	119-127	Average Part A Amount per Part A Member.						
16	Part B Average	9	128-136	Average Part B Amount per Part B Member.						
17	Payment/Adjustment Indicator	1	137-137	P = Payment. A = Adjustment.						
18	PBP Number	3	138-140	Plan Benefit Package Number. PBP = Contract Level summarization.						
19	Segment Number	3	141-143	Segment Number. 000 = PBP Level summarization. SEG = Contract Level summarization.						
20	Part D Member Count	7	144-150	Payment Record: Beneficiary count for Part D. Adjustment record: Spaces.						

Layout 6-2: Monthly Membership Summary Report (MMSR) Data File Record

	MMSR Data File Record										
Item	Field	Size	Position	Description							
21	Part D Month Count	7	151-157	Payment Record: 1 for each member with Part D. Adjustment record: The number of months adjusted for Part D.							
22	Part D Amount	15	158-172	Part D Amount.							
23	Part D Average	9	173-181	Average Part D Amount per Part D Member.							
24	LIS Band 25% member count	7	182-188	Count of Beneficiaries in the 25% LIS band.							
25	LIS Band 50% member count	7	189-195	Count of Beneficiaries in the 50% LIS band.							
26	LIS Band 75% member count	7	196-202	Count of Beneficiaries in the 75% LIS band.							
27	LIS Band 100% member count	7	203-209	Count of Beneficiaries in the 100% LIS band.							
28	Filler	11	210-220	Spaces.							

6.6.5 Plan Payment Report (PPR) – APPS Payment Letter

This report itemizes the final monthly payment to the Plan. This report is produced by the APPS system after the final monthly Plan payment is calculated based on payment data inputs from MARx and other systems. The PPR includes Part C and Part D contract-level capitated payments, premiums, fees and adjustments, the National Medicare Education Campaign (NMEC), and COB User Fees and premium settlement information. The PPR displays the net payment amount that corresponds to the amount deposited by the US Treasury to the Plan's bank accounts each month.

System	Туре	Frequency	Record Length	PPR/IPPR Dataset Naming Conventions
APPS	Data File	As needed	250	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.PPRID.Dyymmdd.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.PPRID.Dyymmdd.Thhmmsst Connect:Direct (Non-Mainframe): [directory].Rxxxxx.PPRID.Dyymmdd.Thhmmsst

Report 6-2: Plan Payment Report (PPR)

		CMS MO	NTHLY PLAN PAYME	NT REPORT		
PLAN N						PAGE: 1/5
PLAN N						
PAYMEN	NT MONTH : 09/2017					
RUN DA						
	<pre>SECTION: CAPITATED PAYMENT -</pre>	CURRENT ACTIVITY				
	NUMBER : 1					
ARC	PAYMENT TYPE		ART A	PART B	PART D	NET PAYMENT
	PROSPECTIVE PART A PAYMENT	104	108,431.15			108,431.15
	PROSPECTIVE PART B PAYMENT	102		128,011.33		128,011.33
	PROSPECTIVE PART D PAYMENT	106			82,610.45	82,610.45
(01)	DEATH OF BENEFICIARY	1	-1,101.62	-1,301.55	-895.28	-3,298.45
(02)	RETROACTIVE ENROLLMENT	1	607.42	717.66	848.83	2,173.91
(03)	RETROACTIVE DISENROLLMENT	2	-3,792.36	-4,480.63	-2,191.65	-10,464.64
(06)	CORRECT PART A ENT	0	0.00	0.00	0.00	0.00
(07)	RETRO HOSPICE STATUS	0	0.00	0.00	0.00	0.00
(08)	RETRO ESRD STATUS	Ō	0.00	0.00	0.00	0.00
(09)	RETRO INST STATUS	0	0.00	0.00	0.00	0.00
(10)	RETRO MEDICAID STATUS	0	0.00	0.00	0.00	0.00
(11)	RETRO STATE COUNTY CHANGE	Ō	0.00	0.00	0.00	0.00
(12)	DATE OF DEATH CORRECTION	0	0.00	0.00	0.00	0.00
(13)	DATE OF BIRTH CORRECTION	0	0.00	0.00	0.00	0.00
(14) (18)	SEX CODE CORRECTION	0	0.00	0.00	0.00	0.00
(18)	PART C RATE CHANGE	0	0.00	0.00	0.00	0.00
(19)	CORRECT PART B ENT	0	0.00	0.00	0.00	0.00
(20)	RETRO WORKING AGED STATUS	0	0.00	0.00	0.00	0.00
(21)	RETRO NHC STATUS	0	0.00	0.00	0.00	0.00
(19) (20) (21) (22) (23) (25) (26) (27) (31)	DISENROLL FOR PRIOR ESRD	0	0.00	0.00	0.00	0.00
(23)	DEMO FACTOR ADJUSTMENT	0	0.00	0.00	0.00	0.00
(25)	RETRO RA RECON ANNUAL	0	0.00	0.00	0.00	0.00
(26)	RETRO RA RECON MID-YEAR	0	0.00	0.00	0.00	0.00
(27)	RETRO CHF	Q	0.00	0.00	0.00	0.00
(31)	RETRO LIS STATUS	0	0.00	0.00	0.00	0.00
(36)	PART D RATE CHANGE	0	0.00	0.00	0.00	0.00
(37)	PART D RA RECON ANNUAL	0	0.00	0.00	0.00	0.00
(38)	RETRO SEGMENT ID CHANGE	0	0.00	0.00	0.00	0.00
(41)	PART D RA RECON MID-YEAR	0	0.00	0.00	0.00	0.00
(42)	RETRO MSP FACTOR CHG	0	0.00	0.00	0.00	0.00
(44)	RETRO CORRECT FAILD PAY	0	0.00	0.00	0.00	0.00
(45)	DISENR FAIL PAY IRMAA PREM	0	0.00	0.00	0.00	0.00
(46)	RETRO CORRECT D ELIGIBILIT	0	0.00	0.00	0.00	0.00
(50)	BENE MERGE ADJUSTMNT	0	0.00	0.00	0.00	0.00
(60)	PT. C RISK ADJUST OVERPAY	0	0.00	0.00	0.00	0.00
(61)	PT. D RISK ADJUST OVERPAY	0	0.00	0.00	0.00	0.00
(65)	CONFIRMED INCARCERATION	0	0.00	0.00	0.00	0.00
(66)	NOT LAWFULLY PRESENT	0	0.00	0.00	0.00	0.00
(94)	PMT ADJ DUE TO CLEANUP	0	0.00	0.00	0.00	0.00
TOTAL		316	104,144.59	122,946.81	80,372.35	307,463.75
	TOTAL PART D INCLUDES COVERA					
	SPECTIVE =	0.00				
AD1	USTMENT =	0.00				
	TOTAL =	0.00				
		* CHC CENCTETUE T			- *	
		" CMS SENSITIVE I	NFORMATION - REQ	UIRES SPECIAL HANDLING	3	

6.6.6 Interim Plan Payment Report (IPPR)

This report itemizes interim payment to the Plan. It is produced by APPS when interim payments are calculated. CMS computes interim payments on an as-needed basis. When this occurs, the IPPR is pushed to the involved Plan(s). The APPS IPPR is provided when a Plan is approved for an interim payment outside of the normal monthly process. The IPPR includes Part C and Part D contract-level capitated payments, premiums, fees and adjustments, the National Medicare Education Campaign (NMEC), and COB User Fees and premium settlement information. The report contains the net payment amount and reason for the interim payment to the Plan. The IPPR displays the net payment amount that corresponds to the amount deposited by the US Treasury to the Plan's bank accounts for the month.

Report 6-3: Interim Plan Payment Report (IPPR)

	CMS I	NTERIM PLAN PAYME	NT REPORT		
LAN NUMBER : HXXXX LAN NAME : PLAN NAME					PAGE: 1/5
AYMENT MONTH : 04/2016					
IN DATE : 04/27/2016					
PORT SECTION: CAPITATED PAYMENT -	CURRENT ACTIVITY				
BLE NUMBER : 1	CORRENT ACTIVITY				
C PAYMENT TYPE	COUNT	PART A	PART B	PART D	NET PAYMENT
PROSPECTIVE PART A PAYMENT	0	0.00	in a constant and a constant	i Auci B	0.00
PROSPECTIVE PART B PAYMENT	ŏ	0.00	0.00		0.00
PROSPECTIVE PART D PAYMENT	ŏ			0.00	0.00
 DEATH OF BENEFICIARY 	ō	0.00	0.00	0.00	0.00
2) RETROACTIVE ENROLLMENT	Ō	0.00	0.00	0.00	0.00
3) RETROACTIVE DISENROLLMENT	0	0.00	0.00	0.00	0.00
6) CORRECT PART A ENT	0	0.00	0.00	0.00	0.00
RETRO HOSPICE STATUS	0	0.00	0.00	0.00	0.00
RETRO ESRD STATUS	0	0.00	0.00	0.00	0.00
9) RETRO INST STATUS	0	0.00	0.00	0.00	0.00
RETRO MEDICAID STATUS	0	0.00	0.00	0.00	0.00
 RETRO STATE COUNTY CHANGE 	0	0.00	0.00	0.00	0.00
DATE OF DEATH CORRECTION	0	0.00	0.00	0.00	0.00
 DATE OF BIRTH CORRECTION 	0	0.00	0.00	0.00	0.00
4) SEX CODE CORRECTION	0	0.00	0.00	0.00	0.00
8) PART C RATE CHANGE	0	0.00	0.00	0.00	0.00
9) CORRECT PART B ENT 0) RETRO WORKING AGED STATUS	0	0.00	0.00	0.00	0.00
0) RETRO WORKING AGED STATUS 1) RETRO NHC STATUS	ő	0.00	0.00	0.00	0.00
2) DISENROLL FOR PRIOR ESRD	ŏ	0.00	0.00	0.00	0.00
3) DEMO FACTOR ADJUSTMENT	ŏ	0.00	0.00	0.00	0.00
5) RETRO RA RECON ANNUAL	ŏ	0.00	0.00	0.00	0.00
6) RETRO RA RECON MID-YEAR	ŏ	0.00	0.00	0.00	0.00
7) RETRO CHF	ŏ	0.00	0.00	0.00	0.00
1) RETRO LIS STATUS	ŏ	0.00	0.00	0.00	0.00
6) PART D RATE CHANGE	0	0.00	0.00	0.00	0.00
7) PART D RA RECON ANNUAL	0	0.00	0.00	0.00	0.00
RETRO SEGMENT ID CHANGE	0	0.00	0.00	0.00	0.00
 PART D RA RECON MID-YEAR 	0	0.00	0.00	0.00	0.00
RETRO MSP FACTOR CHG	0	0.00	0.00	0.00	0.00
 RETRO CORRECT FAILD PAY 	0	0.00	0.00	0.00	0.00
 DISENR FAIL PAY IRMAA PREM 	0	0.00	0.00	0.00	0.00
RETRO CORRECT D ELIGIBILIT	0	0.00	0.00	0.00	0.00
0) BENE MERGE ADJUSTMNT	0	0.00	0.00	0.00	0.00
0) PT. C RISK ADJUST OVERPAY 1) PT. D RISK ADJUST OVERPAY	0	0.00	0.00	0.00	0.00
1) PT. D RISK ADJUST OVERPAY 5) CONFIRMED INCARCERATION	0	0.00	0.00	0.00	0.00
6) NOT LAWFULLY PRESENT	0	0.00	0.00	0.00	0.00
4) PMT ADJ DUE TO CLEANUP	0	0.00	0.00	0.00	0.00
TAL	ő	0.00	0.00	0.00	0.00
THE TOTAL PART D INCLUDES COVERAG			0.00	0.00	0.00
PROSPECTIVE =	0.00	•			
ADJUSTMENT =	0.00				
TOTAL =	0.00				
	*********	******	******	**	
	* CMS SENSITIVE	INFORMATION - REQ	UIRES SPECIAL HANDLIN	G *	
	****	************	******	***	

6.6.7 Plan Payment Report (PPR)/Interim Plan Payment Report (IPPR) Data File

This file is the "data file" version of the PPR or IPPR that itemizes the final monthly payment to the Plan. This file is produced by the APPS system after the final monthly Plan payment is calculated based on payment data inputs from MARx and other systems. The file includes Part C and Part D contract-level capitated payments, premiums, fees and adjustments, the National Medicare Education Campaign (NMEC), and COB User Fees and premium settlement information. The file displays the net payment amount that corresponds to the amount deposited by the US Treasury to the Plan's bank account for the month.

The following records are included in this file:

- PPR/IPPR Header Record.
- PPR/IPPR Capitated Payment Current Activity Record.
- PPR/IPPR Premium Settlement Record.
- PPR/IPPR Fees Record.
- PPR/IPPR Special Adjustments Record.
- PPR/IPPR Previous Cycle Balance Summary Record.
- PPR/IPPR Payment Balance Carried Forward Record.
- PPR/IPPR Payment Summary Record.

Layout 6-3: PPR/IPPR Header Record

	PPR/IPPR Header Record										
Item	Field	Size	Position	Format	Definition						
1	Contract Number	5	1-5	CHAR	Contract Number.						
2	Record Identification Code	1	6	CHAR	Record Type Identifier. H = Header Record.						
3	Contract Name	50	7-56	CHAR	Name of the Contract.						
4	Payment Cycle Date	6	57-62	CHAR	Identified the month and year of payment. CCYYMM						
5	Run Date	8	63-70	CHAR	Identifies the date file was created. CCYYMMDD						
6	Filler	180	71-250	CHAR	Spaces.						

Layout 6-4: PPR/IPPR Capitated Payment – Current Activity Record

	PPR/IPPR Capitated Payment – Current Activity Record										
Item	Field	Size	Position	Format	Description						
1	Contract Number	5	1-5	CHAR	Contract Number.						
2	Record Identification Code	1	6	CHAR	Record Type Identifier. C = Capitated Payment						
3	Table ID Number	1	7	CHAR	1.						
4	Adjustment Reason Code	2	8-9	CHAR	Blank = for prospective pay.						
5	Part A Total Members	9	10-18	NUM	Number of beneficiaries for whom Part A payments is being made prospectively. For adjustment records this will hold the total number of transactions. ZZZZZZZZ						
6	Part B Total Members	9	19-27	NUM	Number of beneficiaries for whom Part B payments is being made prospectively. Spaces for adjustment records. ZZZZZZZ29						
7	Part D Total Members	9	28-36	NUM	Number of beneficiaries for whom Part D payments is being made prospectively. Spaces for Adjustment records. ZZZZZZZ2						
8	Part A Payment Amount	15	37-51	NUM	Total Part A Amount. SSSSSSSSSS9.99						
9	Part B Payment Amount	15	52-66	NUM	Total Part B Amount. SSSSSSSSSS9.99						
10	Part D Payment Amount	15	67-81	NUM	Total Part D Amount. SSSSSSSSSS9.99						
11	Coverage Gap Discount Amount	15	82-96	NUM	The Coverage Gap Discount Amount included in Part D Payment. SSSSSSSSSSS9.99						
12	Total Payment	15	97-111	NUM	Total Payment. SSSSSSSSSS9.99						
13	Filler	139	112 - 250	CHAR	Spaces.						

	PPR/IPPR Premium Settlement Record										
Item	Field	Size	Position	Format	Description						
1	Contract Number	5	1-5	CHAR	Contract Number.						
2	Record Identification Code	1	6	CHAR	Record Type Identifier. P = Premium Settlement.						
3	Table ID Number	1	7	CHAR	2						
4	Part C Premium Withholding Amount	15	8-22	NUM	Total Part C Premium Amount. SSSSSSSSSS9.99						
5	Part D Premium Withholding Amount	15	23 - 37	NUM	Total Part D Premium Amount. SSSSSSSSSS9.99						
6	Part D Low Income Premium Subsidy	15	38 - 52	NUM	Total Low Income Premium Subsidy. SSSSSSSSSS9.99						
7	Part D Late Enrollment Penalty	15	53 - 67	NUM	Total Late Enrollment Penalty. SSSSSSSSSS9.99						
8	Total Premium Settlement Amount	15	68 - 82	NUM	Total Premium Settlement. SSSSSSSSSS9.99						
9	Filler	168	83 - 250	CHAR	Spaces.						

Layout 6-5: PPR/IPPR Premium Settlement Record

Layout 6-6: PPR/IPPR Fees Record

	PPR/IPPR Fees Record										
Item	Field	Size	Position	Format	Description						
1	Contract Number	5	1 – 5	CHAR	Contract Number.						
2	Record Identification Code	1	6	CHAR	Record Type Identifier. F = Fees.						
3	Table ID Number	1	7	CHAR	3.						
4	NMEC Part A Subject to Fee	15	8-22	NUM	Part A amount subject to National Medicare Educational Campaign fees. ZZZZZZZZZ29.99						
5	NMEC Part A Rate	7	23 – 29	NUM	Rate used to calculate the fees for Part A. 0.99999						
6	Part A Fee Amount	15	30-44	NUM	Fee Assessed for Part A. SSSSSSSSSS9.99						
7	NMEC Part B Subject to Fee	15	45 – 59	NUM	Part B amount subject to National Medicare Educational Campaign fees. ZZZZZZZZZ29.99						
8	NMEC Part B Rate	7	60 - 66	NUM	Rate used to calculate the fees for Part B. 0.99999						
9	Part B Fee Amount	15	67 – 81	NUM	Fee Assessed for Part B. SSSSSSSSSS9.99						
10	NMEC Part D Subject to Fee	15	82 - 96	NUM	Part D amount subject to National Medicare Educational Campaign fees. ZZZZZZZZZ29.99						
11	NMEC Part D Rate	7	97 – 103	NUM	Rate used to calculate the fees for Part D. 0.99999						
12	Part D Fee Amount	15	104 - 118	NUM	Fee Assessed for Part D. SSSSSSSSSSS9.99						

	PPR/IPPR Fees Record										
Item	Field	Size	Position	Format	Description						
13	Total NMEC Fee Assessed	15	119 – 133	NUM	Total NMEC Fee Assessed for Part A, B and D. SSSSSSSSSSS9.99						
14	Total Prospective Part D Members	9	134 - 142	NUM	Total members for Part D. ZZZZZZZ9						
15	Rate for COB Fees	4	143 - 146	NUM	Rate used to calculate the COB fees. 0.99						
16	Amount of COB Fees	15	147 – 161	NUM	COB Fees SSSSSSSSSS9.99						
17	Total of Assessed Fees	15	162 – 176	NUM	Total of all Fees Assessments. SSSSSSSSSS9.99						
18	Filler	74	177 - 250	CHAR	Spaces.						

Layout 6-7: PPR/IPPR Special Adjustments Record

	PPR/IPPR Special Adjustments Record									
Item	Field	Size	Position	Format	Description					
1	Contract Number	5	1-5	CHAR	Contract Number.					
2	Record Identification Code	1	6	CHAR	Record Type Identifier. S = Special Adjustments.					
3	Table ID Number	1	7	CHAR	4.					
4	Document ID	8	8-15	NUM	The document ID for identifying the adjustment.					
5	Source	5	16 - 20	CHAR	The CMS division responsible for initiating the adjustments.					
6	Description	50	21 - 70	CHAR	The reason the adjustment was made.					
7	Adjustment Type	3	71 – 73	CHAR	The payment component the adjustment is for. CMP = Civil Monetary Penalty. CST = Cost Plan Adjustment. PRS = Annual Part D Reconciliation. RSK = Risk Adjustment. CGD = Coverage Gap Invoice. OTH = Other – default non-specific group.					
8	Adjustment to Part A	15	74 - 88	NUM	Adjustment amount for Part A. SSSSSSSSSS9.99					
9	Adjustment to Part B	15	89 - 103	NUM	Adjustment amount for Part B. SSSSSSSSSS9.99					
10	Adjustment to Part D	15	104 - 118	NUM	Adjustment amount for Part D. SSSSSSSSSS9.99					
11	Premium C Withholding Part A	15	119 – 133	NUM	Adjustment amount for Premium Withholding Part A. SSSSSSSSSS9.99					
12	Premium C Withholding Part B	15	134 - 148	NUM	Adjustment amount for Premium Withholding Part B. SSSSSSSSSS9.99					
13	Premium D Withholding	15	149 – 163	NUM	Adjustment amount for Premium D Withholding. SSSSSSSSSS9.99					
14	Part D Low Income Premium Subsidy	15	164 - 178	NUM	Adjustment amount for Low Income Subsidy. SSSSSSSSSS9.99					
15	Total Adjustment Amount	15	179 – 193	NUM	Total Adjustments. SSSSSSSSSS9.99					

	PPR/IPPR Special Adjustments Record							
Item	Field	Size	Position	Format	Description			
16	Filler	57	194 - 250	CHAR	Spaces.			

Layout 6-8: PPR/IPPR Previous Cycle Balance Summary Record

	PPR/IPPR Previous Cycle Balance Summary Record								
Item	Field	Size	Position	Format	Description				
1	Contract Number	5	1 – 5	CHAR	Contract Number.				
2	Record Identification Code	1	6	CHAR	Record Type Identifier. L = Last Period Carry Over Amounts carried over to this month from previous months.				
3	Table ID Number	1	7	CHAR	5.				
4	Part A Carry Over Amount	15	8-22	NUM	Part A Carry Over Amount - Previous Balance Column. SSSSSSSSSS9.99				
5	Part B Carry Over Amount	15	23 - 37	NUM	Part B Carry Over Amount - Previous Balance Column. SSSSSSSSSS9.99				
6	Part D Carry Over Amount	15	38 - 52	NUM	Part D Carry Over Amount - Previous Balance Column. SSSSSSSSSS9.99				
7	Part C Premium Withholding Carry Over Amount	15	53 - 67	NUM	Part C Premium Withholding Carry Over Amount - Previous Balance Column. SSSSSSSSSS9.99				
8	Part D Premium Withholding Carry Over Amount	15	68 - 82	NUM	Part D Premium Withholding Carry Over Amount - Previous Balance Column. SSSSSSSSSS9.99				
9	Part D Low Income Premium Subsidy Carry Over Amount	15	83 – 97	NUM	Part D Low Income Premium Subsidy Carry Over Amount - Previous Balance Column. SSSSSSSSSS9.99				
10	Part D Late Enrollment Penalty Carry Over Amount	15	98 – 112	NUM	Part D Late Enrollment Penalty Carry Over Amount - Previous Balance Column. SSSSSSSSSS9.99				
11	Education User Fee Carry Over Amount	15	113 – 127	NUM	Education User Fee Carry Over Amount - Previous Balance Column. SSSSSSSSSS9.99				
12	Part D COB User Fee Carry Over Amount	15	128 - 142	NUM	Part D COB User Fee Carry Over Amount - Previous Balance Column. SSSSSSSSSSS9.99				
13	CMS Special Adjustments Carry Over Amount	15	143 – 157	NUM	CMS Special Adjustments Carry Over Amount - Previous Balance Column. SSSSSSSSSS9.99				
14	Total Carry Over Amount	15	158 - 172	NUM	Sum of amounts in Previous Balance Column. SSSSSSSSSS9.99				
15	Filler	78	173 - 250	CHAR	Spaces.				

Layout 6-9: PPR/IPPR Payment Balance Carried Forward Record

	PPR/IPPR Payment Balance Carried Forward Record								
Item	Field	Size	Position	Format	Description				
1	Contract Number	5	1 – 5	CHAR	Contract Number.				
2	Record Identification Code	1	6	CHAR	Record Type Identifier. N = Balance Carried Forward to Next Cycle. Amounts carried forward (and not paid) to next month from this month				
3	Table ID Number	1	7	CHAR	5.				
4	Part A Amount Carry Forward	15	8 - 22	NUM	Part A Amount Carry Forward - Balance Forward Column. SSSSSSSSSS9.99				
5	Part B Amount Carry Forward	15	23 - 37	NUM	Part B Amount Carry Forward - Balance Forward Column. SSSSSSSSSS9.99				
6	Part D Amount Carry Forward	15	38 - 52	NUM	Part D Amount Carry Forward - Balance Forward Column. SSSSSSSSSS9.99				
7	Part C Premium Withholding Amount Carry Forward	15	53 – 67	NUM	Part C Premium Withholding Amount Carry Forward - Balance Forward Column. SSSSSSSSSSS9.99				
8	Part D Premium Withholding Amount Carry Forward	15	68 - 82	NUM	Part D Premium Withholding Amount Carry Forward - Balance Forward Column. SSSSSSSSSSS9.99				
9	Part D Low Income Premium Subsidy Amount Carry Forward	15	83 – 97	NUM	Part D Low Income Subsidy Amount Carry Forward - Balance Forward Column. SSSSSSSSSSS9.99				
10	Part D Late Enrollment Penalty Amount Carry Forward	15	98 – 112	NUM	Part D Late Enrollment Penalty Amount Carry Forward - Balance Forward Column. SSSSSSSSSS9.99				
11	Education User Fee Amount Carry Forward	15	113 – 127	NUM	Education User Fee Amount Carry Forward - Balance Forward Column. SSSSSSSSSS9.99				
12	Part D COB User Fee Amount Carry Forward	15	128 - 142	NUM	Part D COB User Fee Amount Carry Forward - Balance Forward Column. SSSSSSSSSSS9.99				
13	CMS Special Adjustments Amount Carry Forward	15	143 – 157	NUM	CMS Special Adjustments Amount Carry Forward - Balance Forward Column. SSSSSSSSSSS9.99				
14	Total Carry Forward Amount	15	158 - 172	NUM	Sum of amounts in Balance Forward Column. SSSSSSSSSS9.99				
15	Filler	78	173 - 250	CHAR	Spaces.				

PPR/IPPR Payment Summary Record Item Field Size Position Format Description Contract Number 5 1 - 5CHAR Contract Number. 1 Record Type Identifier. A = Payment Summary Record 2 Amounts included in this month's payment from 1 6 CHAR Identification Code Tables 1 thru 4 plus Carry Over (from Previous Balance Column). 3 Table ID Number 1 7 CHAR 5. Part A amount - Net Payment Column. 4 8 - 22Part A Amount 15 NUM ZZZZZZZZZZ29.99 Part B amount - Net Payment Column. 5 Part B Amount 15 23 - 37NUM ZZZZZZZZZZ9.99 Part D amount - Net Payment Column. 38 - 52NUM 6 Part D Amount 15 ZZZZZZZZZZ9.99 Part C Premium Withholding Amount - Net Part C Premium 7 Withholding 15 53 - 67NUM Payment Column. ZZZZZZZZZZ9.99 Amount Part D Premium Withholding Amount - Net Part D Premium 8 Withholding 15 68 - 82NUM Payment Column. Amount ZZZZZZZZZZ29.99 Part D Low Income Part D Low Income Subsidy Amount - Net 9 Premium Subsidy 15 83 - 97 NUM Payment Column. ZZZZZZZZZZ29.99 Amount Part D Late Enrollment Penalty Amount - Net Part D Late 10 **Enrollment Penalty** 15 98 - 112NUM Payment Column. SSSSSSSSSSSS9.99 Amount Education User Fee Amount -Net Payment Education User Fee 11 15 113 - 127NUM Column. Amount SSSSSSSSSSS9.99 Part D COB User Fee Amount - Net Payment Part D COB User 12 15 128 - 142NUM Column. Fee Amount SSSSSSSSSSS9.99 CMS Special Adjustments Amount - Net Payment CMS Special 13 Adjustments 15 143 - 157NUM Column. SSSSSSSSSSS9.99 Amount Sum of amounts in Net Payment Column. This is the Plan's Net Payment Amount for this month. If 14 **Total Net Payment** 15 158 - 172NUM the amount is negative, the payment will be carried forward. SSSSSSSSSSS9.99

Layout 6-10: PPR/IPPR Payment Summary Record

78

173 - 250

15

Filler

CHAR

Spaces.

6.6.8 820 Format Payment Advice Data File

The 820 Format Payment Advice data file is a Health Insurance Portability & Accountability Act (HIPAA)-compliant version of the Plan Payment Report, which is also known as the APPS Payment Letter. The data file itemizes the final monthly payment to the Plan. It is produced by APPS when final payments are calculated, and is available to Plans as part of the month-end processing. This file is not available through MARx UI.

The table below lists the order of the segments in the 820 Format Payment Advice.

	Order of 820 Format Payment Advice Segments						
Required Order Segment Code		Description					
1	ST	820 Header					
2	BPR Financial Information						
3	3 TRN Re-association Key						
4	DTM	Coverage Period					
5	N1	Premium Receiver's Name					
6	N1	Premium Payer's Name					
7	RMR	Organization Summary Remittance Detail					
8	IT1	Summary Line Item					
9	SLN	Member Count					
10	ADX	Organization Summary Remittance Level Adjustment					
11	SE	820 Trailer					

 Table 6-13: Order of 820 Format Payment Advice Segments

The physical layout of a segment is:

- Segment Identifier, an alphanumeric code, followed by
- Each selected field preceded by a data element separator ("*")
- And terminated by a segment terminator ("~").

Fields are mostly variable in length and do not contain leading/trailing spaces. If fields are empty, they are skipped by inserting contiguous data element separators ("*") unless they are at the end of the segment. Fields that are not selected are represented in the same way as fields that are selected, but as this particular iteration of the transaction set contain no data, they are skipped.

For example, in fictitious segment XXX, fields 2, 3, and 5 (the last field) are skipped:

XXX*field 1 content***field 4 content~

BALANCING REQUIREMENTS²

Following are two balancing rules:

1. BPR02 = total of all RMR04

² See pp.16 in National EDI Transaction Set Implementation Guide for 820, ASCX12N, 820 (004010X061), dated May 2000

2. RMR04 = RMR05 + ADX01

To comply with balancing rules, BPR02 and RMR04 are set equal to Net Payment (paid amount), RMR05 is set equal to Gross/Calculated Payment (billed amount), and ADX01 is set equal to Adjustment amount.

On Cost/Health Care Prepayment Plan (HCPP) contracts, Plans should enter the actual dollars billed, rather than the "risk equivalent" dollar amounts, into RMR05.

System	Туре	Frequency	Dataset Naming Conventions
APPS	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.PLAN820D.Dyymm01.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.PLAN820D.Dyymm01.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Rxxxxx.PLAN820D.Dyymm01.Thhmmsst

Note: The date in the file name defaults to "01" denoting the first day of the CCM.

The following records are included in this file:

- 820 Header Record (segments 1-6 below)
- 820 Detail Record (segments 7-10 below)
- 820 Summary Record (segment 11 below)

Layout 6-11: 820 Header Record

	820 Header Record							
Item	Segment	nent Data Description		Size	Туре	Contents		
1	820 Header	Segment II	0	2	AN	ST		
2		ST01	Transaction Set ID Code	3/3	ID	820		
3		ST02	Transaction Set Control Number	4/9	AN	Begin with 00001 Increment each Run.		
4 Beginning Segment For Payment Order/ Remittance Advice				3	AN	BPR		
5	BPR	BPR01	Transaction Handling Code	1/2	ID	I = Remittance Information Only.		
6	BPR	BPR02	Total Premium Payment Amount	1/18	R	Payment Letter – Net Payment. See discussion on Balancing.		
7	BPR	BPR03	Credit/Debit Flag Code	1/1	ID	C = Credit.		
8	BPR	BPR04	Payment Method Code	3/3	ID	BOP Financial Institution Option.		
9	BPR	BPR16	Check Issue or EFT Effective Date	8/8	DT	Payment Letter – Payment Date. CCYYMMDD		
10	Re-Associa	tion Key		3	AN	TRN		

	820 Header Record							
Item	Segment	Data Element	Description	Size	Туре	Contents		
11	TRN	TRN01	Trace Type Code	1/2	ID	3 = Financial Re- association Trace Number.		
12	TRN	TRN02	Check or EFT Trace Number	1/30	AN	USTREASURY		
13	Coverage F	Period		3	AN	DTM		
14	DTM	DTM01	Date/Time Qualifier	3/3	ID	582 (Report Period)		
15	DTM	DTM05	Date/Time Period Format Qualifier	2/3	ID	RD8 (Range of dates expressed in format CCYYMMDD – CCYYMMDD)		
16	DTM	DTM06	Date/Time Period	1/35	AN	Range of Dates for Payment Month. See DTM05.		
17	Premium R	leceiver's N	ame	2	AN	N1		
18	1000A	N101	Entity Identifier Code	2/3	ID	PE = Payee.		
19	1000A	N102	Name	1/60	AN	Contract Name.		
20	1000A	N103	Identification Code Qualifier	1/2	ID	EQ Insurance Company Assigned ID Number.		
21	1000A	N104	Identification Code	2/80	AN	Contract Number.		
22	Premium P	ayer's Nam	e	2	AN	N1		
23	1000B	N101	Entity Identifier Code	2/3	ID	PR = Payer.		
24	1000B	N102	Name	1/60	AN	СМ		
25	1000B	N103	Identification Code Qualifier	1/2	ID	EQ Insurance Company Assigned ID Number		
26	1000B	N104	Identification Code	2/80	AN	CMS		

Layout 6-12: 820 Detail Record

	820 Detail Record								
Item	Segment	Data Element	Description		Туре	Contents			
1	Organizati	on Summary	Remittance Detail	3	AN	RMR			
2	2300A	RMR01 Reference Identification Oualifier		2/3	ID	СТ			
3	2300A	RMR02	Contract Number	1/30	AN	Payment Letter – Contract Number.			
4	2300A	RMR04	Detail Premium Payment Amount	1/18	R	Payment Letter – Net Payment. See discussion on Balancing.			
5	2300A	RMR05	Billed Premium Amount	1/18	R	Payment Letter – Capitated Payment. See discussion on Balancing.			
6	Summary 1	Line Item		3	AN	IT1			

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	820 Detail Record								
Item	Segment	Data Element	Description	Size	Туре	Contents			
7	2310A	IT101	Line Item Control Number	1/20	AN	1 Assigned for uniqueness.			
8	Member C	ount		3	AN	SLN			
9	2315A	SLN01	Line Item Control Number	1/20	AN	1 Assigned for uniqueness.			
10	2315A	SLN03	Information Only Indicator	1/1	ID	O = Information only.			
11	2315A	SLN04	Head Count	1/15	R	Payment Letter – Total Members			
12	2315A	SLN05- 1	Unit or Basis for Measurement Code	2/2	ID	IE - used to identify that the value of SLN04 represents the number of contract holders with individual coverage.			
13	Organiza	tion Summa	ary Remittance Level Adjustment	3	AN	ADX			
14	2320A	ADX01	Adjustment Amount	1/18	R	Payment Letter – Total Adjustments is the difference between Capitated Payment and Net Payment. See discussion on Balancing.			
15	2320A	ADX02	Adjustment Reason Code	2/2	ID	H1 - Information forthcoming – detailed information related to the adjustment is provided through a separate mechanism.			

Layout 6-13: 820 Trailer Record

	820 Trailer Record								
Item	Segment	Data Description		Size	Туре	Contents			
1	820 Trailer	•		3	AN	"SE"			
2		SE01	Number of Included Segments	1/10	N0	"11"			
3		SE02	Transaction Set Control Number	4/9	AN	Use control number, same as in 820 Header.			

6.6.9 Failed Payment Reply Report (FPRR) Data File

Along with the other monthly payment reports, MARx generates the FPRR. If a payment calculation for a beneficiary cannot be completed, MARx identifies the beneficiary and time period for which the payment calculation is not performed. The FPRR references the number of missing payments not yet completed and correction to previously failed payment.

System	Туре	Frequency	Record Length	Failed Payment Reply Report Dataset Naming Conventions
MARx	Data File	Monthly Payment Cycle	500	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.FPRRD.Dyymm01.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx FPRRD.Dyymm01.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Rxxxxx. FPRRD.Dyymm01.Thhmmsst

Layout 6-14: Failed Payment Reply Report

	Failed Payment Reply Report Record									
Item	Field	Size	Position	Description						
1	Beneficiary ID	12	1-12	 Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. MBI is 11 characters, left-justified with one space at the end 						
2	Surname	12	13-24	Beneficiary's last name, included with PRC 264.						
3	First Name	7	25-31	Beneficiary's given name, included with PRC 264.						
4	Middle Name	1	32	First initial of beneficiary's middle name, included with PRC 264.						
5	Gender Code	1	33	Beneficiary's gender identification code, included with PRC 264. 0 = Unknown. 1 = Male. 2 = Female.						
6	Date of Birth	8	34-41	Beneficiary's birth date, included with PRC 264. CCYYMMDD						
7	Filler	1	42	Spaces.						
8	Contract Number	5	43-47	Plan Contract Number, included with PRC 000 and PRC 264.						
9	State Code	2	48-49	Beneficiary's residence SSA state code, included with PRC 264; otherwise, spaces if not available.						
10	County Code	3	50-52	Beneficiary's residence SSA county code, included with PRC 264; otherwise, spaces if not available.						
11	Filler	4	53-56	Spaces.						
12	Payment Reply Code	3	57-59	000 = No missing payments.264 = Payment not yet completed.299 = Correction to previously failed payment.						
13	Filler	3	60-62	Spaces.						

	Failed Payment Reply Report Record										
Item	Field	Size	Position	Description							
14	Effective Date	8	63-70	Enrollment effective date, included with PRC 264. CCYYMMDD							
15	Filler	1	71	Spaces.							
16	PBP ID	3	72-74	PBP number, included with both PRC 000 and PRC 264.							
17	Filler	1	75	Spaces.							
18	Transaction Date	8	76-83	Report generation date, included with both PRC 000 and PRC 264. CCYYMMDD							
19	Filler	1	84	Spaces.							
20	Current Payment Month	6	85-90	For PRC-264 and PRC-299, this date is formatted YYYYMM. It is either the last month of a retroactive enrollment period or the Current Payment Month (CPM) of a current enrollment. This date, together with the Effective Date, positions 63 – 70, specifies the period over which no payment exists.							
				For PRC-000, this field is spaces.							
21	Filler	44	91-134	Spaces.							
22	Segment Number	3	135-137	Segment in PBP, included with PRC 264.							
23	Filler	25	138-162	Spaces.							
24	Processing Timestamp	15	163-177	Report generation time, included with both PRC 000 and PRC 264. HH.MM.SS.SSSSSS							
25	Filler	188	178-365	Spaces.							
26	PRC Short Name	15	366-380	PRC short name. PRC 000 is NO REPORT. PRC 264 is NO PAYMENT. PRC 299 is RESTORED PYMT. Text is left justified with following spaces completing the field.							
27	Filler	94	381-474	Spaces.							
28	System Assigned Transaction Tracking ID	11	475-485	System assigned transaction tracking ID.							
29	Plan Assigned Transaction Tracking ID	15	486-500	Plan submitted batch input transaction tracking ID.							

Table 6-14: Payment Reply Codes – PRC

	Payment Reply Codes – PRC								
Code-Type	Title	Short Definition	Definition						
000-I	No Data to Report	NO REPORT	 This TRC can appear on both the DTRR and the Failed Payment Reply Report (FPRR) data files. On the DTRR it indicates that none of the following occurred during the reporting period for the given contract/PBP: Beneficiary status change. MARx UI activity. CMS or Plan transaction processing. The reporting period is the span between the previous DTRR and the current DTRR. On the FPRR it indicates the presence of all prospective payments for the Plan (contract/PBP), none are missing. Plan Action: None. 						
264-I	Payment Not Yet Completed	NO PAYMENT	A transaction was accepted requiring a payment calculation. The calculation has not been completed. Plan Action: None.						
299-I	Correction to Previously Failed Payment	RESTORED PYMT	A previously incomplete payment calculation is now completed. Plan Action: None.						

6.6.10 Medical Savings Account (MSA) Deposit-Recovery Data File

The MSA Deposit-Recovery Data File includes MSA lump sum deposit and recovery amounts for the Current Payment Month (CPM) at the beneficiary level. This standard monthly generated report provides an account of the MSA deposits made by the Plans for each contract/Plan Benefit Package (PBP). The data file provides subtotals at the PBP and Contract level. The file is used by MSA participating Plans to reconcile and identify MSA deposit amounts.

System	Туре	Frequency	Record Length	MSA Deposit Recovery Dataset Naming Convention
MARx	Data File	Monthly	165	Gentran Mailbox/TIBCO MFT Internet Server: P.Fxxxxx.MSA.Dyymm01.Thhmmsst P.Rxxxxx.MSA.Dyymm01.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Fxxxxx.MSA.Dyymm01.Thhmmsst zzzzzzzz.Rxxxxx.MSA.Dyymm01.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Fxxxxx.MSA.Dyymm01.Thhmmsst [directory]Rxxxxx.MSA.Dyymm01.Thhmmsst

There are three types of records contained in this file:

- MSA Deposit Recovery Header Record:
 - Record ID = HDR, provides Contract number and pertinent dates for the file.
- MSA Deposit Recovery Detail Record:
 - Record ID = DPT, provides beneficiary level information on the Lump-Sum Deposits.
 - Record ID = RCV, provides beneficiary level information on Lump-Sum Deposit amounts to be recovered from the Plan.
- MSA Deposit Recovery Trailer Record:
 - Record ID= TR1, provides a total of Deposit amounts at the Contract/Plan Benefit Package (PBP) level.
 - \circ Record ID = TR2, provides a total of Deposit amounts at the contract level.

All detail records for a single PBP are grouped together. Each group is followed by a TR1 Trailer that provides totals for the PBP. A TR2 Trailer is the last record in the file. It provides the totals at the Contract level (i.e. all PBPs).

	Ν	ASA Depo	osit Recovery	y Header Record
Item	Field	Size	Position	Description
1	Record ID	3	1-3	HDR = Header Record.
2	MCO Contract Number	5	4-8	MCO Contract Number.
3	Run Date of the file	8	9-16	Date this data file was created. CCYYMMDD
4	Payment Date	6	17-22	ССҮҮММ
5	Filler	143	23-165	Spaces.

Layout 6-15: MSA Deposit Recovery Header Record

Layout 6-16: MSA Deposit Recovery Detail Record

	MSA Deposit Recovery Detail Record									
Item	Field	Size	Position	Description						
1	Record ID	3	1-3	DPT = MSA Deposit Record. RCV = MSA Recovery Record.						
2	MCO Contract Number	5	4-8	MCO Contract Number.						
3	Plan Benefit Package ID	3	9-11	Plan Benefit Package ID.						
4	Beneficiary ID	12	12-23	 Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. MBI is 11 characters, left-justified with one space at the end. 						
5	Surname	7	24-30	Surname.						

MSA Deposit Recovery Detail Record										
Item	Field	Size	Position	Description						
6	First Initial	1	31	First Initial.						
7	Sex	1	32							
8	Date of Birth	8	33-40	CCYYMMDD						
9	Filler	1	41	Space.						
10	Disenrollment Reason Code	2	42-43	Disenrollment Reason Code associated with the Recovery. Spaces for a Deposit record.						
11	MSA Deposit or Recovery Start Date	8	44-51	Start Date for Deposit or Recovery entry. CCYYMMDD						
12	MSA Deposit or Recovery End Date	8	52-59	End Date for Deposit or Recovery entry. CCYYMMDD						
13	Number of Months in MSA Lump-sum Deposit or Recovery	2	60-61	Indicates Number of Months used to compute Lump-Sum or Recovery Payments.						
14	Part A Monthly Deposit Rate	7	62-68	The Medicare Part A dollar amount that is deposited monthly into the beneficiaries MSA Account. 9999.99						
15	Part B Monthly Deposit Rate	7	69-75	The Medicare Part B dollar amount that is deposited monthly into the beneficiaries MSA Account. 9999.99						
16	Lump-Sum MSA Deposit or Recovery Part A amount	9	76-84	Part A Lump Sum Amount provided to Plan for beneficiary's MSA enrollment. For disenrollment, Part A Lump Sum amount to be recovered from Plan -99999.99 Note: A Recovery will be reported as a negative amount. A Deposit will be reported as a positive amount.						
17	Lump-Sum MSA Deposit or Recovery Part B amount	9	85-93	Part B Lump Sum Amount provided to Plan for beneficiary's MSA enrollment. For disenrollment, Part A Lump Sum amount to be recovered from Plan. -99999.99 Note: A Recovery will be reported as a negative amount. A Deposit will be reported as a positive amount						
18	Filler	72	94-165	Spaces.						

	MSA Deposit Recovery Trailer Record										
Item	Field	Size	Position	Description							
1	Record ID	3	1-3	Trailer Record. TR1 – Trailer for Contract/PBP level. TR2 – Trailer for Contract level.							
2	Contract Number	5	4-8	Contract Number.							
3	PBP Number	3	9-11	PBP Number on TR1. Space on TR2.							
4	Beneficiary Count	7	12-18	TR1 - Distinct count of beneficiaries based on beneficiary IDs reported this month for the PBP. TR2 – Sum of beneficiaries reported TR1 records. 9999999							
5	Detail Record Count	7	19-25	Count of Deposit and Recovery records for the PBP (TR1) or all PBPs (TR2). 9999999							
6	PBP Count	4	26-29	Space on TR1. Count of TR1 records for the contract. 9999							
7	Filler	2	30-31	Spaces.							
8	Part A Total Deposit Amount	13	32-44	Total Part A Lump-Sum MSA Deposit amount. 99999999999.99							
9	Part B Total Deposit Amount	13	45-57	Total Part B Lump-Sum MSA Deposit amount. 99999999999.99							
10	Part A Total Recovery Amount	14	59-71	Total Part A Lump-Sum MSA Recovery amount. -99999999999.99							
11	Part B Total Recovery Amount	14	72-85	Total Part B Lump-Sum MSA Recovery amount. -99999999999.99							
12	Total Amount	15	86-100	Sum of all amounts on record -9999999999999999							
13	Filler	69	101-165	Spaces.							

Layout 6-17: MSA Deposit Recovery Trailer Record

6.6.11 Payment Records Report

This report lists the Part B physician and supplier claims that were processed under Medicare fee-for-service for beneficiaries enrolled in the contract. ****Informational Only to Medicare Advantage Plans****

Report 6-4: Payment Records Report

			PART B CLAIMS		DSTED IN JUL HMO HXXXX * * *	2017 * * *					PAGE	1
BENE ID NAME	EXPENSE FIRST	DATES LAST	ALLOWED TOTAL CHARGES	REIMB AMT	COINSURANCE AMT	DED APP	PHYS SUPP ID	PAY IND	CARRIER NUMBER		INFORMATION CONTROL NUMB	
123456789A NAME 987654321A NAMEA 987654321A NAMEA 123456789D NAMEC 123456789D NAMEC 123456789D NAMEC 123456789D NAMEC 123456789D NAMEC	20160918 20170703 20170705 20170202 20170214 20170302 20170316 20170328	20170703 20170705 20170202 20170214 20170302 20170316	102.65 78.67- 180.96- 145.29 69.29 69.29 119.52 91.71	80.48 .00 68.48- 111.62 53.23 53.23 114.79 70.46	22.17 .00 8.15- 33.67 16.06 16.06 4.73 21.25		HY068Z H0000BDGPH H0000BFCZS H56410 H56410 H56410 H56410 H56410		09102 01212 01212 01212 01212 01212 01212 01212 01212	20170710 20170712 20170711 20170710 20170710 20170710 20170713	591017174021 33217187070 33217188084 33217179001 33217179001 33217179001 332217179001 332217179001	480 510 320 340 500 520

7 Outbound Files and Miscellaneous

This section contains the following Outbound Files and Miscellaneous Information.

- Part C Risk Adjustment Model Output Data File.
- <u>Risk Adjustment System (RAS) Prescription Drug Hierarchical Condition Category</u> (<u>RxHCC</u>) <u>Model Output Data File.</u>
- <u>RAS RxHCC Model Output Report.</u>
- <u>Medicare Advantage Organization (MAO) 004 Report Encounter Data Diagnosis</u> <u>Eligible for Risk Adjustment.</u>
- Part B Claims Data File.
- Monthly Medicare Secondary Payer (MSP) Information File.
- Medicare Advantage Medicaid Status Data File.
- HICN to Medicare Beneficiary Identifier (MBI) Crosswalk File.
- <u>Other.</u>
- <u>All Transmission Overview.</u>

7.1 Part C Risk Adjustment Model Output Data File

This is the data file version of the Part C Risk Adjustment Model Output Report, which shows the Hierarchical Condition Codes (HCCs) used by RAS to calculate Part C risk adjustment factors for each Beneficiary. RAS produces the report, and MARx forwards it to Plans as part of the month-end processing.

System	Туре	Frequency	Record Length	Part C Risk Adjustment Model Output Data File Dataset Naming Conventions					
RAS (MARx)	Data File	Monthly	200	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.HCCMODD.Dyymm01.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.HCCMODD.Dyymm01.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Rxxxxx.HCCMODD.Dyymm01.Thhmmsst					

The following records are included in this file:

- Part C RA Model Output Header Record.
- Part C RA Model Output Detail Record Type B (PY2012 through PY2025), G (PY2012 through PY2022) and E (PY2012 through 2021).
- Part C RA Model Output Detail Record Type C and F (PY2014 through PY2016).
- Part C RA Model Output Detail Record Type D (PY2017 through PY2021)
- Part C RA Model Output Detail Record Type I (PY2019).
- Part C RA Model Output Detail Record Type J (PY2020 through PY2025).
- Part C RA Model Output Detail Record Type K (PY2020 through PY2025).
- Part C RA Model Output Detail Record Type L (PY2023 through PY2025).
- Part C RA Model Output Detail Record Type M (PY2025).
- Part C RA Model Output Trailer Record.

	Part C RA Model Output Header Record										
Item	Field	Size	Position	Format	Description						
1	Record Type Code	1	1	CHAR	1 = Header.						
2	Contract Number	5	2-6	CHAR	Unique identification for a Medicare Advantage Contract						
3	Run Date	8	7-14	CHAR	The run date when this file was created. CCYYMMDD						
4	Payment Year and Month	6	15-20	CHAR	This identifies the risk adjustment payment year and month for the model run. CCYYMMDD						
5	Filler	180	21-200	CHAR	Spaces.						

Layout 7-1: Part C RA Model Output Header Record

Layout 7-2: Part C RA Model Output Detail Record Type E (PY2012 through PY2021) G (PY2012 through PY2022), and B (PY2012 through PY2025)

Each Detail/Beneficiary Record contains information for an HCC beneficiary in a Medicare Advantage contract/plan, as of the last RAS model run for the current calendar/payment year. The beneficiary is reported on a detail record Type B, E, and G dependent on the enrollment and ESRD status.

The Detail Record Type E is used to report on ESRD beneficiaries between PY2012 through PY2021. The Detail Record Type G is used to report on ESRD beneficiaries in PY2012 through 2022 and B is used to report on ESRD beneficiaries in PY2012 through 2025.

	Part C RA Model Output Detail Record Type E (PY2012 – 2021), G (PY2012 – PY2022), and B (PY2012 – PY2025)										
Item	Field	Size	Position	Format	Description						
1	Record Type Code	1	1	CHAR	Set to "B", "E", or "G" B = Details for V21 PTC MOR (PACE ESRD only) (RAPS, FFS, and Encounter data) E = Details for V21 PTC MOR (ESRD) (RAPS and FFS) G = Details for V21 PTC MOR (ESRD) (Encounter and FFS)						
2	Medicare Beneficiary Identifier (MBI)	11	2-12	CHAR	Medicare Beneficiary Identifier.						
3	Filler	1	13	CHAR	Spaces.						
4	Beneficiary Last Name	12	14-25	CHAR	First 12 characters of the Beneficiary's Last Name.						
5	Beneficiary First Name	7	26-32	CHAR	First 7 characters of the Beneficiary's First Name.						
6	Beneficiary Initial	1	33	CHAR	Beneficiary Middle Initial.						
7	Date of Birth	8	34-41	CHAR	The date of birth of the Medicare Beneficiary. CCYYMMDD						
8	Sex	1	42	CHAR	Represents the sex of the Medicare Beneficiary. 0=Unknown. 1=Male. 2=Female.						
9	Filler	9	43-51	CHAR	Spaces.						
10	RAS ESRD Indicator Switch	1	52	CHAR	The beneficiary's ESRD status as of the model run. Also indicates if the beneficiary was processed by the ESRD models in the model run. Y = ESRD. N = not ESRD.						

	Part C RA Model Output Detail Record Type E (PY2012 – 2021), G (PY2012 – PY2022), and B (PY2012 – PY2025)							
Item	Field	Size	Position	Format	Description			
11	Age Group Female 0_34	1	53	CHAR	The sex and age group for the beneficiary based on a given as of date: female between ages 0 and 34, inclusive. 1 = If applicable. 0 = Otherwise.			
12	Age Group Female 35_44	1	54	CHAR	The sex and age group for the beneficiary based on a given as of date: female between ages 35 and 44, inclusive. 1 = If applicable. 0 = Otherwise.			
13	Age Group Female 45_54	1	55	CHAR	The sex and age group for the beneficiary based on a given as of date: female between ages 45 and 54, inclusive. 1 = If applicable. 0 = Otherwise.			
14	Age Group Female 55_59	1	56	CHAR	The sex and age group for the beneficiary based on a given as of date: female between ages 55 and 59, inclusive. 1 = If applicable. 0 = Otherwise.			
15	Age Group Female 60_64	1	57	CHAR	The sex and age group for the beneficiary based on a given as of date: female between ages 60 and 64, inclusive. 1 = If applicable. 0 = Otherwise.			
16	Age Group Female 65_69	1	58	CHAR	The sex and age group for the beneficiary based on a given as of date: female between ages 65 and 69, inclusive. 1 = If applicable. 0 = Otherwise.			
17	Age Group Female 70_74	1	59	CHAR	The sex and age group for the beneficiary based on a given as of date: female between ages 70 and 74, inclusive. 1 = If applicable. 0 = Otherwise.			
18	Age Group Female 75_79	1	60	CHAR	The sex and age group for the beneficiary based on a given as of date: female between ages 75 and 79, inclusive. 1 = If applicable. 0 = Otherwise.			
19	Age Group Female 80_84	1	61	CHAR	The sex and age group for the beneficiary based on a given as of date: female between ages of 80 and 84, inclusive. 1 = If applicable. 0 = Otherwise.			
20	Age Group Female 85_89	1	62	CHAR	The sex and age group for the beneficiary based on a given as of date: female between ages of 85 and 89, inclusive. 1 = If applicable. 0 = Otherwise.			

	Part C RA Model Output Detail Record Type E (PY2012 – 2021), G (PY2012 – PY2022), and B (PY2012 – PY2025)							
Item	Field	Size	Position	Format	Description			
21	Age Group Female 90_94	1	63	CHAR	The sex and age group for the beneficiary based on a given as of date: female between ages of 90 and 94, inclusive. 1 = If applicable. 0 = Otherwise.			
22	Age Group Female 95_GT	1	64	CHAR	The sex and age group for the beneficiary based on a given as of date: female, age 95 or greater. 1 = If applicable. 0 = Otherwise.			
23	Age Group Male 0_34	1	65	CHAR	The sex and age group for the beneficiary based on a given as of date: male between ages of 0 and 34, inclusive. 1 = If applicable. 0 = Otherwise.			
24	Age Group Male 35_44	1	66	CHAR	The sex and age group for the beneficiary based on a given as of date: male between ages of 35 and 44, inclusive. 1 = If applicable. 0 = Otherwise.			
25	Age Group Male 45_54	1	67	CHAR	The sex and age group for the beneficiary based on a given as of date: male between ages of 45 and 54, inclusive. 1 = If applicable. 0 = Otherwise.			
26	Age Group Male 55_59	1	68	CHAR	The sex and age group for the beneficiary based on a given as of date: male between ages of 55 and 59, inclusive. 1 = If applicable. 0 = Otherwise.			
27	Age Group Male 60_64	1	69	CHAR	The sex and age group for the beneficiary based on a given as of date: male between ages of 60 and 64, inclusive. 1 = If applicable. 0 = Otherwise.			
28	Age Group Male 65_69	1	70	CHAR	The sex and age group for the beneficiary based on a given as of date: male between ages of 65 and 69, inclusive. 1 = If applicable. 0 = Otherwise.			
29	Age Group Male 70_74	1	71	CHAR	The sex and age group for the beneficiary based on a given as of date: male between ages of 70 and 74, inclusive. 1 = If applicable. 0 = Otherwise.			
30	Age Group Male 75_79	1	72	CHAR	The sex and age group for the beneficiary based on a given as of date: male between ages of 75 and 79, inclusive. 1 = If applicable. 0 = Otherwise.			

	Part C RA Model Output Detail Record Type E (PY2012 – 2021), G (PY2012 – PY2022), and B (PY2012 – PY2025)						
Item	Field	Size	Position	Format	Description		
31	Age Group Male 80_84	1	73	CHAR	The sex and age group for the beneficiary based on a given as of date: male between ages of 80 and 84, inclusive. 1 = If applicable. 0 = Otherwise.		
32	Age Group Male 85_89	1	74	CHAR	The sex and age group for the beneficiary based on a given as of date: male between ages of 85 and 89, inclusive. 1 = If applicable. 0 = Otherwise.		
33	Age Group Male 90_94	1	75	CHAR	The sex and age group for the beneficiary based on a given as of date: male between ages of 90 and 94, inclusive. 1 = If applicable. 0 = Otherwise.		
34	Age Group Male95_GT	1	76	CHAR	The sex and age group for the beneficiary based on a given as of date: male, age 95 or greater. 1 = If applicable. 0 = Otherwise.		
35	Medicaid Female Disabled	1	77	CHAR	Beneficiary is a female disabled and also entitled to Medicaid. 1 = If applicable. 0 = Otherwise.		
36	Medicaid Female Aged	1	78	CHAR	Beneficiary is a female aged (> 64) and also entitled to Medicaid. 1 = If applicable. 0 = Otherwise.		
37	Medicaid Male Disabled	1	79	CHAR	Beneficiary is a male disabled and also entitled to Medicaid. 1 = If applicable. 0 = Otherwise.		
38	Medicaid Male Aged	1	80	CHAR	Beneficiary is a male aged (> 64) and also entitled to Medicaid. 1 = If applicable. 0 = Otherwise.		
39	Originally Disabled Female	1	81	CHAR	Beneficiary is a female and original Medicare entitlement was due to disability. 1 = If applicable. 0 = Otherwise.		
40	Originally Disabled Male	1	82	CHAR	Beneficiary is a male and original Medicare entitlement was due to disability. 1 = If applicable. 0 = Otherwise.		
41	HCC001	1	83	CHAR	HIV/AIDS. 1 = If applicable. 0 = Otherwise.		
42	HCC002	1	84	CHAR	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock. 1 = If applicable. 0 = Otherwise.		

	Part C RA Model Output Detail Record Type E (PY2012 – 2021), G (PY2012 – PY2022), and B (PY2012 – PY2025)							
Item	Field	Size	Position	Format	Description			
43	HCC006	1	85	CHAR	Opportunistic Infections. 1 = If applicable. 0 = Otherwise.			
44	HCC008	1	86	CHAR	Metastatic Cancer and Acute Leukemia. 1 = If applicable. 0 = Otherwise.			
45	HCC009	1	87	CHAR	Lung and Other Severe Cancers. 1 = If applicable. 0 = Otherwise.			
46	HCC010	1	88	CHAR	Lymphoma and Other Cancers. 1 = If applicable. 0 = Otherwise.			
47	HCC011	1	89	CHAR	Colorectal, Bladder, and Other Cancers. 1 = If applicable. 0 = Otherwise.			
48	HCC012	1	90	CHAR	Breast, Prostate, and Other Cancers and Tumors. 1 = If applicable. 0 = Otherwise.			
49	HCC017	1	91	CHAR	Diabetes with Acute Complications. 1 = If applicable. 0 = Otherwise.			
50	HCC018	1	92	CHAR	Diabetes with Chronic Complications. 1 = If applicable. 0 = Otherwise.			
51	HCC019	1	93	CHAR	Diabetes without Complication. 1 = If applicable. 0 = Otherwise.			
52	HCC021	1	94	CHAR	Protein-Calorie Malnutrition. 1 = If applicable. 0 = Otherwise.			
53	HCC022	1	95	CHAR	Morbid Obesity. 1 = If applicable. 0 = Otherwise.			
54	HCC023	1	96	CHAR	Other Significant Endocrine and Metabolic Disorders. 1 = If applicable. 0 = Otherwise.			
55	HCC027	1	97	CHAR	End-Stage Liver Disease. 1 = If applicable. 0 = Otherwise.			
56	HCC028	1	98	CHAR	Cirrhosis of Liver. 1 = If applicable. 0 = Otherwise.			
57	НСС029	1	99	CHAR	Chronic Hepatitis. 1 = If applicable. 0 = Otherwise.			
58	HCC033	1	100	CHAR	Intestinal Obstruction/Perforation. 1 = If applicable. 0 = Otherwise.			
59	HCC034	1	101	CHAR	Chronic Pancreatitis. 1 = If applicable. 0 = Otherwise.			

	Part C RA Model Output Detail Record Type E (PY2012 – 2021), G (PY2012 – PY2022), and B (PY2012 – PY2025)							
Item	Field	Size	Position	Format	Description			
60	HCC035	1	102	CHAR	Inflammatory Bowel Disease. 1 = If applicable. 0 = Otherwise.			
61	НСС039	1	103	CHAR	Bone/Joint/Muscle Infections/Necrosis. 1 = If applicable. 0 = Otherwise.			
62	HCC040	1	104	CHAR	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease. 1 = If applicable. 0 = Otherwise.			
63	HCC046	1	105	CHAR	Severe Hematological Disorders. 1 = If applicable. 0 = Otherwise.			
64	HCC047	1	106	CHAR	Disorders of Immunity. 1 = If applicable. 0 = Otherwise.			
65	HCC048	1	107	CHAR	Coagulation Defects and Other Specified Hematological Disorders. 1 = If applicable. 0 = Otherwise.			
66	HCC051	1	108	CHAR	Dementia With Complications. 1 = If applicable. 0 = Otherwise.			
67	HCC052	1	109	CHAR	Dementia Without Complication. 1 = If applicable. 0 = Otherwise.			
68	HCC054	1	110	CHAR	Drug/Alcohol Psychosis. 1 = If applicable. 0 = Otherwise.			
69	HCC055	1	111	CHAR	Drug/Alcohol Dependence. 1 = If applicable. 0 = Otherwise.			
70	HCC057	1	112	CHAR	Schizophrenia. 1 = If applicable. 0 = Otherwise.			
71	HCC058	1	113	CHAR	Major Depressive, Bipolar, and Paranoid Disorders. 1 = If applicable. 0 = Otherwise.			
72	HCC070	1	114	CHAR	Quadriplegia. 1 = If applicable. 0 = Otherwise.			
73	HCC071	1	115	CHAR	Paraplegia. 1 = If applicable. 0 = Otherwise.			
74	HCC072	1	116	CHAR	Spinal Cord Disorders/Injuries. 1 = If applicable. 0 = Otherwise.			
75	HCC073	1	117	CHAR	Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease. 1 = If applicable. 0 = Otherwise.			

	Part C RA Model Output Detail Record Type E (PY2012 – 2021), G (PY2012 – PY2022), and B (PY2012 – PY2025)							
Item	Field	Size	Position	Format	Description			
76	HCC074	1	118	CHAR	Cerebral Palsy. 1 = If applicable. 0 = Otherwise.			
77	HCC075	1	119	CHAR	Polyneuropathy. 1 = If applicable. 0 = Otherwise.			
78	HCC076	1	120	CHAR	Muscular Dystrophy. 1 = If applicable. 0 = Otherwise.			
79	HCC077	1	121	CHAR	Multiple Sclerosis. 1 = If applicable. 0 = Otherwise.			
80	HCC078	1	122	CHAR	Parkinson's and Huntington's Diseases. 1 = If applicable. 0 = Otherwise.			
81	HCC079	1	123	CHAR	Seizure Disorders and Convulsions. 1 = If applicable. 0 = Otherwise.			
82	HCC080	1	124	CHAR	Coma, Brain Compression/Anoxic Damage. 1 = If applicable. 0 = Otherwise.			
83	HCC082	1	125	CHAR	Respirator Dependence/Tracheostomy Status. 1 = If applicable. 0 = Otherwise.			
84	HCC083	1	126	CHAR	Respiratory Arrest. 1 = If applicable. 0 = Otherwise.			
85	HCC084	1	127	CHAR	Cardio-Respiratory Failure and Shock. 1 = If applicable. 0 = Otherwise.			
86	HCC085	1	128	CHAR	Congestive Heart Failure. 1 = If applicable. 0 = Otherwise.			
87	HCC086	1	129	CHAR	Acute Myocardial Infarction. 1 = If applicable. 0 = Otherwise.			
88	HCC087	1	130	CHAR	Unstable Angina and Other Acute Ischemic Heart Disease. 1 = If applicable. 0 = Otherwise.			
89	HCC088	1	131	CHAR	Angina Pectoris. 1 = If applicable. 0 = Otherwise.			
90	HCC096	1	132	CHAR	Specified Heart Arrhythmias. 1 = If applicable. 0 = Otherwise.			
91	НСС099	1	133	CHAR	Cerebral Hemorrhage. 1 = If applicable. 0 = Otherwise.			
92	HCC100	1	134	CHAR	Ischemic or Unspecified Stroke. 1 = If applicable. 0 = Otherwise.			

	Part C RA Model Output Detail Record Type E (PY2012 – 2021), G (PY2012 – PY2022), and B (PY2012 – PY2025)							
Item	Field	Size	Position	Format	Description			
93	HCC103	1	135	CHAR	Hemiplegia/Hemiparesis. 1 = If applicable. 0 = Otherwise.			
94	HCC104	1	136	CHAR	Monoplegia, Other Paralytic Syndromes. 1 = If applicable. 0 = Otherwise.			
95	HCC106	1	137	CHAR	Atherosclerosis of the Extremities with Ulceration or Gangrene. 1 = If applicable. 0 = Otherwise.			
96	HCC107	1	138	CHAR	Vascular Disease with Complications. 1 = If applicable. 0 = Otherwise.			
97	HCC108	1	139	CHAR	Vascular Disease. 1 = If applicable. 0 = Otherwise.			
98	HCC110	1	140	CHAR	Cystic Fibrosis. 1 = If applicable. 0 = Otherwise.			
99	HCC111	1	141	CHAR	Chronic Obstructive Pulmonary Disease. 1 = If applicable. 0 = Otherwise.			
100	HCC112	1	142	CHAR	Fibrosis of Lung and Other Chronic Lung Disorders. 1 = If applicable. 0 = Otherwise.			
101	HCC114	1	143	CHAR	Aspiration and Specified Bacterial Pneumonias. 1 = If applicable. 0 = Otherwise.			
102	HCC115	1	144	CHAR	Pneumococcal Pneumonia, Empyema, Lung Abscess. 1 = If applicable. 0 = Otherwise.			
103	HCC122	1	145	CHAR	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage. 1 = If applicable. 0 = Otherwise.			
104	HCC124	1	146	CHAR	Exudative Macular Degeneration. 1 = If applicable. 0 = Otherwise.			
105	HCC134	1	147	CHAR	Dialysis Status. 1 = If applicable. 0 = Otherwise.			
106	HCC135	1	148	CHAR	Acute Renal Failure. 1 = If applicable. 0 = Otherwise.			
107	HCC136	1	149	CHAR	Chronic Kidney Disease, Stage 5. 1 = If applicable. 0 = Otherwise.			
108	HCC137	1	150	CHAR	Chronic Kidney Disease, Severe (Stage 4). 1 = If applicable. 0 = Otherwise.			

	Part C RA Model Output Detail Record Type E (PY2012 – 2021), G (PY2012 – PY2022), and B (PY2012 – PY2025)							
Item	Field	Size	Position	Format	Description			
109	HCC138	1	151	CHAR	Chronic Kidney Disease, Moderate (Stage 3). 1 = If applicable. 0 = Otherwise.			
110	HCC139	1	152	CHAR	Chronic Kidney Disease, Mild or Unspecified (Stages 1-2 or Unspecified). 1 = If applicable. 0 = Otherwise.			
111	HCC140	1	153	CHAR	Unspecified Renal Failure. 1 = If applicable. 0 = Otherwise.			
112	HCC141	1	154	CHAR	Nephritis. 1 = If applicable. 0 = Otherwise.			
113	HCC157	1	155	CHAR	Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone. 1 = If applicable. 0 = Otherwise.			
114	HCC158	1	156	CHAR	Pressure Ulcer of Skin with Full Thickness Skin Loss. 1 = If applicable. 0 = Otherwise.			
115	HCC159	1	157	CHAR	Pressure Ulcer of Skin with Partial Thickness Skin Loss. 1 = If applicable. 0 = Otherwise.			
116	HCC160	1	158	CHAR	Pressure Pre-Ulcer Skin Changes or Unspecified Stage. 1 = If applicable. 0 = Otherwise.			
117	HCC161	1	159	CHAR	Chronic Ulcer of Skin, Except Pressure. 1 = If applicable. 0 = Otherwise.			
118	HCC162	1	160	CHAR	Severe Skin Burn or Condition. 1 = If applicable. 0 = Otherwise.			
119	HCC166	1	161	CHAR	Severe Head Injury. 1 = If applicable. 0 = Otherwise.			
120	HCC167	1	162	CHAR	Major Head Injury. 1 = If applicable. 0 = Otherwise.			
121	HCC169	1	163	CHAR	Vertebral Fractures without Spinal Cord Injury. 1 = If applicable. 0 = Otherwise.			
122	HCC170	1	164	CHAR	Hip Fracture/Dislocation. 1 = If applicable. 0 = Otherwise.			
123	HCC173	1	165	CHAR	Traumatic Amputations and Complications. 1 = If applicable. 0 = Otherwise.			

	Part C RA Model Output Detail Record Type E (PY2012 – 2021), G (PY2012 – PY2022), and B (PY2012 – PY2025)							
Item	Field	Size	Position	Format	Description			
124	HCC176	1	166	CHAR	Complications of Specified Implanted Device or Graft. 1 = If applicable. 0 = Otherwise.			
125	HCC186	1	167	CHAR	Major Organ Transplant or Replacement Status. 1 = If applicable. 0 = Otherwise.			
126	HCC188	1	168	CHAR	Artificial Openings for Feeding or Elimination. 1 = If applicable. 0 = Otherwise.			
127	HCC189	1	169	CHAR	Amputation Status, Lower Limb/Amputation Complications. 1 = If applicable. 0 = Otherwise.			
128	Disabled Disease HCC006	1	170	CHAR	Disabled (Age<65) and CMS V21 HCC 006 Opportunistic Infections. 1 = If applicable. 0 = Otherwise.			
129	Disabled Disease HCC034	1	171	CHAR	Disabled (Age<65) and CMS V21 HCC 034 Chronic Pancreatitis. 1 = If applicable. 0 = Otherwise.			
130	Disabled Disease HCC046	1	172	CHAR	Disabled (Age<65) and CMS V21 HCC 046 Severe Hematological Disorders. 1 = If applicable. 0 = Otherwise.			
131	Disabled Disease HCC054	1	173	CHAR	Disabled (Age<65) and CMS V21 HCC 054 Drug/Alcohol Psychosis. 1 = If applicable. 0 = Otherwise.			
132	Disabled Disease HCC055	1	174	CHAR	Disabled (Age<65) and CMS V21 HCC 055 Drug/Alcohol Dependence. 1 = If applicable. 0 = Otherwise.			
133	Disabled Disease HCC110	1	175	CHAR	Disabled (Age<65) and CMS V21 HCC 110 Cystic Fibrosis. 1 = If applicable. 0 = Otherwise.			
134	Disabled Disease HCC176	1	176	CHAR	Disabled (Age<65) and CMS V21 HCC 176 Complications of Specified Implanted Device or Graft. 1 = If applicable. 0 = Otherwise.			
135	CANCER_ IMMUNE	1	177	CHAR	CANCER_IMMUNE. 1 = If applicable. 0 = Otherwise.			
136	CHF_COPD	1	178	CHAR	CHF_COPD. 1 = If applicable. 0 = Otherwise.			

	Part C RA Model Output Detail Record Type E (PY2012 – 2021), G (PY2012 – PY2022), and B (PY2012 – PY2025)									
Item	Field	Size	Position	Format	Description					
137	CHF_RENAL	1	179	CHAR	CHF_RENAL. 1 = If applicable. 0 = Otherwise.					
138	COPD_CARD _RESP_FAIL	1	180	CHAR	COPD_CARD_RESP_FAIL. 1 = If applicable. 0 = Otherwise.					
139	DIABETES_ CHF	1	181	CHAR	DIABETES_CHF. 1 = If applicable. 0 = Otherwise.					
140	SEPSIS_ CARD_RESP_ FAIL	1	182	CHAR	SEPSIS_CARD_RESP_FAIL. 1 = If applicable. 0 = Otherwise.					
141	Medicaid	1	183	CHAR	Beneficiary is entitled to Medicaid. 1 = If applicable. 0 = Otherwise.					
142	Originally Disabled	1	184	CHAR	Beneficiary original Medicare entitlement was due to disability. 1 = If applicable. 0 = Otherwise.					
143	Disabled Disease HCC039	1	185	CHAR	Disabled (Age<65) and CMS V21 HCC 039 Bone/Joint/Muscle Infections/Necrosis. 1 = If applicable. 0 = Otherwise.					
144	Disabled Disease HCC077	1	186	CHAR	Disabled (Age<65) and CMS V21 HCC 077 Multiple Sclerosis. 1 = If applicable. 0 = Otherwise.					
145	Disabled Disease HCC085	1	187	CHAR	Disabled (Age<65) and CMS V21 HCC 085 Congestive Heart Failure. 1 = If applicable. 0 = Otherwise.					
146	Disabled Disease HCC161	1	188	CHAR	Disabled (Age<65) and CMS V21 HCC 161 Chronic Ulcer of Skin, Except Pressure 1 = If applicable. 0 = Otherwise.					
147	ART_ OPENINGS_ PRESSURE_ ULCER	1	189	CHAR	ART_OPENINGS_PRESSURE_ULCER. 1 = If applicable. 0 = Otherwise.					
148	ASP_SPEC_ BACT_ PNEUM_ PRES_ULC	1	190	CHAR	ASP_SPEC_BACT_PNEUM_PRES_ULC. 1 = If applicable. 0 = Otherwise.					
149	COPD_ASP_ SPEC_BACT_ PNEUM	1	191	CHAR	COPD_ASP_SPEC_BACT_PNEUM. 1 = If applicable. 0 = Otherwise.					
150	DISABLED_ PRESSURE_ ULCER	1	192	CHAR	DISABLED_PRESSURE_ULCER. 1 = If applicable. 0 = Otherwise.					
151	SCHIZO- PHRENIA_ CHF	1	193	CHAR	SCHIZOPHRENIA_CHF. 1 = If applicable. 0 = Otherwise.					

	Part C RA Model Output Detail Record Type E (PY2012 – 2021), G (PY2012 – PY2022), and B (PY2012 – PY2025)										
Item	Field	Size	Position	Format	Description						
152	SCHIZO- PHRENIA_ COPD	1	194	CHAR	SCHIZOPHRENIA_COPD. 1 = If applicable. 0 = Otherwise.						
153	SCHIZO- PHRENIA_ SEIZURES	1	195	CHAR	SCHIZOPHRENIA_SEIZURES. 1 = If applicable. 0 = Otherwise.						
154	SEPSIS_ ARTIF_ OPENINGS	1	196	CHAR	SEPSIS_ARTIF_OPENINGS. 1 = If applicable. 0 = Otherwise.						
155	SEPSIS_ ASP_SPEC_ BACT_ PNEUM	1	197	CHAR	SEPSIS_ASP_SPEC_BACT_PNEUM 1 = If applicable. 0 = Otherwise.						
156	SEPSIS_ PRESSURE_ ULCER	1	198	CHAR	SEPSIS_PRESSURE_ULCER. 1 = If applicable. 0 = Otherwise.						
157	Filler	2	199-200	CHAR	Spaces.						

The total length of this record is 200 characters.

Note: Fields 143-156 are associated with the ESRD Institutional Score only.

	Part C RA Model Output Detail Record Type C and F (PY2014 – PY2016)									
Item	Field	Size	Position	Format	Description					
1	Record Type Code	1	1	CHAR	C = Details for V22 PTC MOR (RAPS and FFS) - non-PACE and non-ESRD F = Details for V22 PTC MOR (Encounter Data and FFS) - non-PACE and non- ESRD					
2	Medicare Beneficiary Identifier (MBI)	11	2-12	CHAR	Medicare Beneficiary Identifier.					
3	Filler	1	13	CHAR	Spaces					
4	Beneficiary Last Name	12	14-25	CHAR	First 12 characters of the beneficiary's last name.					
5	Beneficiary First Name	7	26-32	CHAR	First seven characters of the beneficiary's first name.					
6	Beneficiary Initial	1	33	CHAR	Beneficiary middle initial.					
7	Date of Birth	8	34-41	CHAR	The date of birth of the beneficiary. CCYYMMDD					
8	Gender code	1	42	CHAR	Represents the sex of the beneficiary. 0=unknown. 1=male. 2=female.					
9	Filler	9	43-51	CHAR	Spaces.					
		Bene	ficiary Dem	ographic Inc	dicators:					
10	Age Group Female0_34	1	52	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 0 and 34, inclusive. 1 = If applicable. 0 = otherwise.					
11	Age Group Female35_44	1	53	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 35 and 44, inclusive. 1 = If applicable. 0 = otherwise.					
12	Age Group Female45_54	1	54	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 45 and 54, inclusive. 1 = If applicable. 0 = otherwise.					
13	Age Group Female55_59	1	55	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 55 and 59, inclusive. 1 = If applicable. 0 = otherwise.					

Layout 7-3: Part C RA Model Output Detail Record Type C and F (PY2014 through PY2016)

	Part C RA Model Output Detail Record Type C and F (PY2014 – PY2016)									
Item	Field	Size	Position	Format	Description					
14	Age Group Female60_64	1	56	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 60 and 64, inclusive. 1 = If applicable. 0 = otherwise.					
15	Age Group Female65_69	1	57	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 65 and 69, inclusive. 1 = If applicable. 0 = otherwise.					
16	Age Group Female70_74	1	58	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 70 and 74, inclusive. 1 = If applicable. 0 = otherwise.					
17	Age Group Female75_79	1	59	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 75 and 79, inclusive. 1 = If applicable. 0 = otherwise.					
18	Age Group Female80_84	1	60	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 80 and 84, inclusive. 1 = If applicable. 0 = otherwise.					
19	Age Group Female85_89	1	61	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 85 and 89, inclusive. 1 = If applicable. 0 = otherwise.					
20	Age Group Female90_94	1	62	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 90 and 94, inclusive. 1 = If applicable. 0 = otherwise.					
21	Age Group Female95_GT	1	63	CHAR	The sex and age group for the beneficiary based on a given as of date. Female, age 95 or greater. 1 = If applicable. 0 = otherwise.					
22	Age Group Male0_34	1	64	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 0 and 34, inclusive. 1 = If applicable. 0 = otherwise.					
23	Age Group Male35_44	1	65	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 35 and 44, inclusive. 1 = If applicable. 0 = otherwise.					

	Part C RA Model Output Detail Record Type C and F (PY2014 – PY2016)									
Item	Field	Size	Position	Format	Description					
24	Age Group Male45_54	1	66	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 45 and 54, inclusive. 1 = If applicable. 0 = otherwise.					
25	Age Group Male55_59	1	67	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 55 and 59, inclusive. 1 = If applicable. 0 = otherwise.					
26	Age Group Male60_64	1	68	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 60 and 64, inclusive. 1 = If applicable. 0 = otherwise.					
27	Age Group Male65_69	1	69	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 65 and 69, inclusive. 1 = If applicable. 0 = otherwise.					
28	Age Group Male70_74	1	70	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 70 and 74, inclusive. 1 = If applicable. 0 = otherwise.					
29	Age Group Male75_79	1	71	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 and 79, inclusive. 1 = If applicable. 0 = otherwise.					
30	Age Group Male80_84	1	72	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 and 84, inclusive. 1 = If applicable. 0 = otherwise.					
31	Age Group Male85_89	1	73	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 and 89, inclusive. 1 = If applicable. 0 = otherwise.					
32	Age Group Male90_94	1	74	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 and 94, inclusive. 1 = If applicable. 0 = otherwise.					
33	Age Group Male95_GT	1	75	CHAR	The sex and age group for the beneficiary based on a given as of date. Male, age 95 or greater. 1 = If applicable. 0 = otherwise.					

	Part C RA Mod	el Outp	ut Detail Re	cord Type C	C and F (PY2014 – PY2016)
Item	Field	Size	Position	Format	Description
34	Medicaid Female Disabled	1	76	CHAR	Beneficiary is a female disabled and also entitled to Medicaid. 1 = If applicable. 0 = otherwise.
35	Medicaid Female Aged	1	77	CHAR	Beneficiary is a female aged (> 64) and also entitled to Medicaid. 1 = If applicable. 0 = otherwise.
36	Medicaid Male Disabled	1	78	CHAR	Beneficiary is a male disabled and also entitled to Medicaid. 1 = If applicable. 0 = otherwise.
37	Medicaid Male Aged	1	79	CHAR	Beneficiary is a male aged (> 64) and also entitled to Medicaid. 1 = If applicable. 0 = otherwise.
38	Originally Disabled Female	1	80	CHAR	Beneficiary is a female and original Medicare entitlement was due to disability. 1 = If applicable. 0 = otherwise.
39	Originally Disabled Male	1	81	CHAR	Beneficiary is a male and original Medicare entitlement was due to disability. 1 = If applicable. 0 = otherwise.
	·		HCCI	Indicators:	
40	HCC001	1	82	CHAR	HIV/AIDS. 1 = If applicable. 0 = otherwise.
41	HCC002	1	83	CHAR	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock. 1 = If applicable. 0 = otherwise.
42	HCC006	1	84	CHAR	Opportunistic Infections. 1 = If applicable. 0 = otherwise.
43	HCC008	1	85	CHAR	Metastatic Cancer and Acute Leukemia. 1 = If applicable. 0 = otherwise.
44	HCC009	1	86	CHAR	Lung and Other Severe Cancers. 1 = If applicable. 0 = otherwise.
45	HCC010	1	87	CHAR	Lymphoma and Other Cancers. 1 = If applicable. 0 = otherwise.
46	HCC011	1	88	CHAR	Colorectal, Bladder, and Other Cancers. 1 = If applicable. 0 = otherwise.
47	HCC012	1	89	CHAR	Breast, Prostate, and Other Cancers and Tumors. 1 = If applicable. 0 = otherwise.

	Part C RA Model Output Detail Record Type C and F (PY2014 – PY2016)									
Item	Field	Size	Position	Format	Description					
48	HCC017	1	90	CHAR	Diabetes with Acute Complications. 1 = If applicable. 0 = otherwise.					
49	HCC018	1	91	CHAR	Diabetes with Chronic Complications. 1 = If applicable. 0 = otherwise.					
50	HCC019	1	92	CHAR	Diabetes without Complication. 1 = If applicable. 0 = otherwise.					
51	HCC021	1	93	CHAR	Protein-Calorie Malnutrition. 1 = If applicable. 0 = otherwise.					
52	HCC022	1	94	CHAR	Morbid Obesity. 1 = If applicable. 0 = otherwise.					
53	HCC023	1	95	CHAR	Other Significant Endocrine and Metabolic Disorders. 1 = If applicable. 0 = otherwise.					
54	HCC027	1	96	CHAR	End-Stage Liver Disease. 1 = If applicable. 0 = otherwise.					
55	HCC028	1	97	CHAR	Cirrhosis of Liver. 1 = If applicable. 0 = otherwise.					
56	НСС029	1	98	CHAR	Chronic Hepatitis. 1 = If applicable. 0 = otherwise.					
57	НСС033	1	99	CHAR	Intestinal Obstruction/Perforation. 1 = If applicable. 0 = otherwise.					
58	HCC034	1	100	CHAR	Chronic Pancreatitis. 1 = If applicable. 0 = otherwise.					
59	НСС035	1	101	CHAR	Inflammatory Bowel Disease. 1 = If applicable. 0 = otherwise.					
60	НСС039	1	102	CHAR	Bone/Joint/Muscle Infections/Necrosis. 1 = If applicable. 0 = otherwise.					
61	HCC040	1	103	CHAR	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease. 1 = If applicable. 0 = otherwise.					
62	HCC046	1	104	CHAR	Severe Hematological Disorders. 1 = If applicable. 0 = otherwise.					
63	HCC047	1	105	CHAR	Disorders of Immunity. 1 = If applicable. 0 = otherwise.					

	Part C RA Model Output Detail Record Type C and F (PY2014 – PY2016)									
Item	Field	Size	Position	Format	Description					
64	HCC048	1	106	CHAR	Coagulation Defects and Other Specified Hematological Disorders. 1 = If applicable. 0 = otherwise.					
65	HCC054	1	107	CHAR	Drug/Alcohol Psychosis. 1 = If applicable. 0 = otherwise.					
66	НСС055	1	108	CHAR	Drug/Alcohol Dependence. 1 = If applicable. 0 = otherwise.					
67	HCC057	1	109	CHAR	Schizophrenia. 1 = If applicable. 0 = otherwise.					
68	HCC058	1	110	CHAR	Major Depressive, Bipolar, and Paranoid Disorders. 1 = If applicable. 0 = otherwise.					
69	НСС070	1	111	CHAR	Quadriplegia. 1 = If applicable. 0 = otherwise.					
70	HCC071	1	112	CHAR	Paraplegia. 1 = If applicable. 0 = otherwise.					
71	HCC072	1	113	CHAR	Spinal Cord Disorders/Injuries. 1 = If applicable. 0 = otherwise.					
72	НСС073	1	114	CHAR	Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease. 1 = If applicable. 0 = otherwise.					
73	HCC074	1	115	CHAR	Cerebral Palsy. 1 = If applicable. 0 = otherwise.					
74	НСС075	1	116	CHAR	Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy. 1 = If applicable. 0 = otherwise.					
75	HCC076	1	117	CHAR	Muscular Dystrophy. 1 = If applicable. 0 = otherwise.					
76	HCC077	1	118	CHAR	Multiple Sclerosis. 1 = If applicable. 0 = otherwise.					
77	HCC078	1	119	CHAR	Parkinson's and Huntington's Diseases. 1 = If applicable. 0 = otherwise.					
78	НСС079	1	120	CHAR	Seizure Disorders and Convulsions. 1 = If applicable. 0 = otherwise.					

	Part C RA Model Output Detail Record Type C and F (PY2014 – PY2016)									
Item	Field	Size	Position	Format	Description					
79	HCC080	1	121	CHAR	Coma, Brain Compression/Anoxic Damage. 1 = If applicable. 0 = otherwise.					
80	HCC082	1	122	CHAR	Respirator Dependence/Tracheostomy Status. 1 = If applicable. 0 = otherwise.					
81	HCC083	1	123	CHAR	Respiratory Arrest. 1 = If applicable. 0 = otherwise.					
82	HCC084	1	124	CHAR	Cardio-Respiratory Failure and Shock. 1 = If applicable. 0 = otherwise.					
83	HCC085	1	125	CHAR	Congestive Heart Failure. 1 = If applicable. 0 = otherwise.					
84	HCC086	1	126	CHAR	Acute Myocardial Infarction. 1 = If applicable. 0 = otherwise.					
85	HCC087	1	127	CHAR	Unstable Angina and Other Acute Ischemic Heart Disease. 1 = If applicable. 0 = otherwise.					
86	HCC088	1	128	CHAR	Angina Pectoris, 1 = If applicable. 0 = otherwise.					
87	НСС096	1	129	CHAR	Specified Heart Arrhythmias. 1 = If applicable. 0 = otherwise.					
88	НСС099	1	130	CHAR	Cerebral Hemorrhage. 1 = If applicable. 0 = otherwise.					
89	HCC100	1	131	CHAR	Ischemic or Unspecified Stroke. 1 = If applicable. 0 = otherwise.					
90	HCC103	1	132	CHAR	Hemiplegia/Hemiparesis. 1 = If applicable. 0 = otherwise.					
91	HCC104	1	133	CHAR	Monoplegia, Other Paralytic Syndromes. 1 = If applicable. 0 = otherwise.					
92	HCC106	1	134	CHAR	Atherosclerosis of the Extremities with Ulceration or Gangrene. 1 = If applicable. 0 = otherwise.					
93	HCC107	1	135	CHAR	Vascular Disease with Complications. 1 = If applicable. 0 = otherwise.					
94	HCC108	1	136	CHAR	Vascular Disease. 1 = If applicable. 0 = otherwise.					

	Part C RA Model Output Detail Record Type C and F (PY2014 – PY2016)									
Item	Field	Size	Position	Format	Description					
95	НСС110	1	137	CHAR	Cystic Fibrosis. 1 = If applicable. 0 = otherwise.					
96	HCC111	1	138	CHAR	Chronic Obstructive Pulmonary Disease. 1 = If applicable. 0 = otherwise.					
97	HCC112	1	139	CHAR	Fibrosis of Lung and Other Chronic Lung Disorders. 1 = If applicable. 0 = otherwise.					
98	HCC114	1	140	CHAR	Aspiration and Specified Bacterial Pneumonias. 1 = If applicable. 0 = otherwise.					
99	HCC115	1	141	CHAR	Pneumococcal Pneumonia, Empyema, Lung Abscess. 1 = If applicable. 0 = otherwise.					
100	HCC122	1	142	CHAR	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage. 1 = If applicable. 0 = otherwise.					
101	HCC124	1	143	CHAR	Exudative Macular Degeneration. 1 = If applicable. 0 = otherwise.					
102	HCC134	1	144	CHAR	Dialysis Status. 1 = If applicable. 0 = otherwise.					
103	HCC135	1	145	CHAR	Acute Renal Failure. 1 = If applicable. 0 = otherwise.					
104	HCC136	1	146	CHAR	Chronic Kidney Disease, Stage 5. 1 = If applicable. 0 = otherwise.					
105	НСС137	1	147	CHAR	Chronic Kidney Disease, Severe, Stage 4. 1 = If applicable. 0 = otherwise.					
106	HCC157	1	148	CHAR	Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone. 1 = If applicable. 0 = otherwise.					
107	HCC158	1	149	CHAR	Pressure Ulcer of Skin with Full Thickness Skin Loss. 1 = If applicable. 0 = otherwise.					
108	HCC161	1	150	CHAR	Chronic Ulcer of Skin, Except Pressure. 1 = If applicable. 0 = otherwise.					
109	HCC162	1	151	CHAR	Severe Skin Burn or Condition. 1 = If applicable. 0 = otherwise.					

	Part C RA Model Output Detail Record Type C and F (PY2014 – PY2016)									
Item	Field	Size	Position	Format	Description					
110	HCC166	1	152	CHAR	Severe Head Injury. 1 = If applicable. 0 = otherwise.					
111	HCC167	1	153	CHAR	Major Head Injury. 1 = If applicable. 0 = otherwise.					
112	HCC169	1	154	CHAR	Vertebral Fractures without Spinal Cord Injury. 1 = If applicable. 0 = otherwise.					
113	HCC170	1	155	CHAR	Hip Fracture/Dislocation. 1 = If applicable. 0 = otherwise.					
114	HCC173	1	156	CHAR	Traumatic Amputations and Complications. 1 = If applicable. 0 = otherwise.					
115	HCC176	1	157	CHAR	Complications of Specified Implanted Device or Graft. 1 = If applicable. 0 = otherwise.					
116	HCC186	1	158	CHAR	Major Organ Transplant or Replacement Status. 1 = If applicable. 0 = otherwise.					
117	HCC188	1	159	CHAR	Artificial Openings for Feeding or Elimination. 1 = If applicable. 0 = otherwise.					
118	HCC189	1	160	CHAR	Amputation Status, Lower Limb/Amputation Complications. 1 = If applicable. 0 = otherwise.					
			Disab	led HCCs						
119	Disabled Disease HCC006	1	161	CHAR	Disabled (Age<65) and CMS Ver 021 HCC 006 Opportunistic Infections. 1 = If applicable. 0 = otherwise.					
120	Disabled Disease HCC034	1	162	CHAR	Disabled (Age<65) and CMS Ver 021 HCC 034 Chronic Pancreatitis. 1 = If applicable. 0 = otherwise.					
121	Disabled Disease HCC046	1	163	CHAR	Disabled (Age<65) and CMS Ver 021 HCC 046 Severe Hematological Disorders. 1 = If applicable. 0 = otherwise.					

	Part C RA Model Output Detail Record Type C and F (PY2014 – PY2016)									
Item	Field	Size	Position	Format	Description					
122	Disabled Disease HCC054	1	164	CHAR	Disabled (Age<65) and CMS Ver 021 HCC 054 Drug/Alcohol Psychosis. 1 = If applicable. 0 = otherwise.					
123	Disabled Disease HCC055	1	165	CHAR	Disabled (Age<65) and CMS Ver 021 HCC 055 Drug/Alcohol Dependence. 1 = If applicable. 0 = otherwise.					
124	Disabled Disease HCC110	1	166	CHAR	Disabled (Age<65) and CMS Ver 021 HCC 110 Cystic Fibrosis. 1 = If applicable. 0 = otherwise.					
125	Disabled Disease HCC176	1	167	CHAR	Disabled (Age<65) and CMS Ver 021 HCC 176 Complications of Specified Implanted Device or Graft. 1 = If applicable. 0 = otherwise.					
		•	Disabl	led HCCs:						
126	CANCER_ IMMUNE	1	168	CHAR	CANCER_IMMUNE. 1 = If applicable. 0 = otherwise.					
127	CHF_COPD	1	169	CHAR	CHF_COPD. 1 = If applicable. 0 = otherwise.					
128	CHF_RENAL	1	170	CHAR	CHF_RENAL. 1 = If applicable. 0 = otherwise.					
129	COPD_CARD _RESP_FAIL	1	171	CHAR	COPD_CARD_RESP_FAIL. 1 = If applicable. 0 = otherwise.					
130	DIABETES_ CHF	1	172	CHAR	DIABETES_CHF. 1 = If applicable. 0 = otherwise.					
131	SEPSIS_CARD _RESP_FAIL	1	173	CHAR	SEPSIS_CARD_RESP_FAIL. 1 = If applicable. 0 = otherwise.					
		Add	itional Insti	tutional Coe	fficients					
132	Medicaid	1	174	CHAR	Beneficiary is entitled to Medicaid. 1 = If applicable. 0 = otherwise.					
133	Originally Disabled	1	175	CHAR	Beneficiary original Medicare entitlement was due to disability. 1 = If applicable. 0 = otherwise.					
134	Disabled Disease HCC039	1	176	CHAR	Disabled (Age<65) and CMS Ver 021 HCC 039 Bone/Joint/Muscle Infections/Necrosis. 1 = If applicable. 0 = otherwise.					

	Part C RA Mod	el Outp	ut Detail Re	cord Type C	c and F (PY2014 – PY2016)
Item	Field	Size	Position	Format	Description
135	Disabled Disease HCC077	1	177	CHAR	Disabled (Age<65) and CMS Ver 021 HCC 077 Multiple Sclerosis. 1 = If applicable. 0 = otherwise.
136	Disabled Disease HCC085	1	178	CHAR	Disabled (Age<65) and CMS Ver 021 HCC 085 Congestive Heart Failure. 1 = If applicable. 0 = otherwise.
137	Disabled Disease HCC161	1	179	CHAR	Disabled (Age<65) and CMS Ver 021 HCC 161 Chronic Ulcer of Skin, Except Pressure. 1 = If applicable. 0 = otherwise.
138	DISABLED_PRESSU RE_ULCER	1	180	CHAR	DISABLED_PRESSURE_ULCER. 1 = If applicable. 0 = otherwise.
139	ART_OPENINGS_ PRESSURE_ULCER	1	181	CHAR	ART_OPENINGS_PRESSURE_ULCER. 1 = If applicable.
140	ASP_SPEC_BACT_ PNEUM_PRES_ULC	1	182	CHAR	ASP_SPEC_BACT_PNEUM_PRES_ULC. 1 = If applicable.
141	COPD_ASP_SPEC_B ACT_PNEUM	1	183	CHAR	COPD_ASP_SPEC_BACT_PNEUM. 1 = If applicable.
142	SCHIZO-PHRENIA_ CHF	1	184	CHAR	SCHIZO-PHRENIA_CHF. 1 = If applicable.
143	SCHIZO-PHRENIA_ COPD	1	185	CHAR	SCHIZO-PHRENIA_COPD. 1 = If applicable.
144	SCHIZO-PHRENIA_ SEIZURES	1	186	CHAR	SCHIZO-PHRENIA_SEIZURES. 1 = If applicable.
145	SEPSIS_ARTIF_ OPENINGS	1	187	CHAR	SEPSIS_ARTIF_OPENINGS. 1 = If applicable.
146	SEPSIS_ASP_SPEC_B ACT_ PNEUM	1	188	CHAR	SEPSIS_ASP_SPEC_BACT_PNEUM. 1 = If applicable.
147	SEPSIS_PRESSURE_ ULCER	1	189	CHAR	SEPSIS_PRESSURE_ULCER. 1 = If applicable.
148	Filler	11	190-200	CHAR	Spaces.

	Part C RA	Model O	Output Detai	l Record Ty	pe D (PY2017 – PY2021)
Item	Field	Size	Position	Format	Description
1	Record Type Code	1	1	CHAR	Set to "D" D = Details for V22 PTC model MOR (RAPS and FFS) - non-PACE and non- ESRD
2	Medicare Beneficiary (MBI)	11	2-12	CHAR	Medicare Beneficiary Identifier.
3	Filler	1	13	CHAR	Spaces.
4	Beneficiary Last Name	12	14-25	CHAR	First 12 characters of the beneficiary's last name.
5	Beneficiary First Name	7	26-32	CHAR	First seven characters of the beneficiary's first name.
6	Beneficiary Initial	1	33	CHAR	Beneficiary middle initial.
7	Date of Birth	8	34-41	CHAR	The date of birth of the beneficiary.
8	Sex	1	42	CHAR	Represents the sex of the beneficiary.
9	Filler	9	43-51	CHAR	Spaces.
	·	Ben	eficiary Den	nographic Ir	ndicators:
10	Age Group Female0_34	1	52	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 0 and 34, inclusive. 1 = If applicable. 0 = otherwise.
11	Age Group Female35_44	1	53	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 35 and 44, inclusive. 1 = If applicable. 0 = otherwise.
12	Age Group Female45_54	1	54	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 45 and 54, inclusive. 1 = If applicable. 0 = otherwise.
13	Age Group Female55_59	1	55	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 55 and 59, inclusive. 1 = If applicable. 0 = otherwise.
14	Age Group Female60_64	1	56	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 60 and 64, inclusive. 1 = If applicable. 0 = otherwise.
15	Age Group Female65_69	1	57	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 65 and 69, inclusive. 1 = If applicable. 0 = otherwise.

Layout 7-4: Part C RA Model Output Detail Record Type D (PY2017 through PY2021)

	Part C RA	Model O	utput Detai	l Record Ty	pe D (PY2017 – PY2021)
Item	Field	Size	Position	Format	Description
16	Age Group Female70_74	1	58	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 70 and 74, inclusive. 1 = If applicable. 0 = otherwise.
17	Age Group Female75_79	1	59	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 75 and 79, inclusive. 1 = If applicable. 0 = otherwise.
18	Age Group Female80_84	1	60	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 80 and 84, inclusive. 1 = If applicable. 0 = otherwise.
19	Age Group Female85_89	1	61	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 85 and 89, inclusive. 1 = If applicable. 0 = otherwise.
20	Age Group Female90_94	1	62	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 90 and 94, inclusive. 1 = If applicable. 0 = otherwise.
21	Age Group Female95_GT	1	63	CHAR	The sex and age group for the beneficiary based on a given as of date. Female, age 95 or greater. 1 = If applicable. 0 = otherwise.
22	Age Group Male0_34	1	64	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 0 and 34, inclusive. 1 = If applicable. 0 = otherwise.
23	Age Group Male35_44	1	65	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 35 and 44, inclusive. 1 = If applicable. 0 = otherwise.
24	Age Group Male45_54	1	66	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 45 and 54, inclusive. 1 = If applicable. 0 = otherwise.
25	Age Group Male55_59	1	67	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 55 and 59, inclusive. 1 = If applicable. 0 = otherwise.

	Part C RA	Model O	utput Detai	l Record Ty	pe D (PY2017 – PY2021)
Item	Field	Size	Position	Format	Description
26	Age Group Male60_64	1	68	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 60 and 64, inclusive. 1 = If applicable. 0 = otherwise.
27	Age Group Male65_69	1	69	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 65 and 69, inclusive. 1 = If applicable. 0 = otherwise.
28	Age Group Male70_74	1	70	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 70 and 74, inclusive. 1 = If applicable. 0 = otherwise.
29	Age Group Male75_79	1	71	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 and 79, inclusive. 1 = If applicable. 0 = otherwise.
30	Age Group Male80_84	1	72	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 and 84, inclusive. 1 = If applicable. 0 = otherwise.
31	Age Group Male85_89	1	73	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 and 89, inclusive. 1 = If applicable. 0 = otherwise.
32	Age Group Male90_94	1	74	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 and 94, inclusive. 1 = If applicable. 0 = otherwise.
33	Age Group Male95_GT	1	75	CHAR	The sex and age group for the beneficiary based on a given as of date. Male, age 95 or greater. 1 = If applicable. 0 = otherwise.
34	Originally Disabled Female	1	76	CHAR	Beneficiary is a female and original Medicare entitlement is due to disability. 1 = If applicable. 0 = otherwise.
35	Originally Disabled Male	1	77	CHAR	Beneficiary is a male and original Medicare entitlement is due to disability. 1 = If applicable. 0 = otherwise.
			HCC	Indicators:	
36	HCC001	1	78	CHAR	HIV/AIDS 1 = If applicable. 0 = otherwise.

	Part C RA I	Model O	utput Detai	l Record Ty	pe D (PY2017 – PY2021)
Item	Field	Size	Position	Format	Description
37	HCC002	1	79	CHAR	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock 1 = If applicable. 0 = otherwise.
38	HCC006	1	80	CHAR	Opportunistic Infections 1 = If applicable. 0 = otherwise.
39	HCC008	1	81	CHAR	Metastatic Cancer and Acute Leukemia 1 = If applicable. 0 = otherwise.
40	НСС009	1	82	CHAR	Lung and Other Severe Cancers 1 = If applicable. 0 = otherwise.
41	HCC010	1	83	CHAR	Lymphoma and Other Cancers 1 = If applicable. 0 = otherwise.
42	HCC011	1	84	CHAR	Colorectal, Bladder, and Other Cancers 1 = If applicable. 0 = otherwise.
43	HCC012	1	85	CHAR	Breast, Prostate, and Other Cancers and Tumors 1 = If applicable. 0 = otherwise.
44	HCC017	1	86	CHAR	Diabetes with Acute Complications 1 = If applicable. 0 = otherwise.
45	HCC018	1	87	CHAR	Diabetes with Chronic Complications 1 = If applicable. 0 = otherwise.
46	НСС019	1	88	CHAR	Diabetes without Complication 1 = If applicable. 0 = otherwise.
47	HCC021	1	89	CHAR	Protein-Calorie Malnutrition 1 = If applicable. 0 = otherwise.
48	HCC022	1	90	CHAR	Morbid Obesity 1 = If applicable. 0 = otherwise.
49	HCC023	1	91	CHAR	Other Significant Endocrine and Metabolic Disorders 1 = If applicable. 0 = otherwise.
50	НСС027	1	92	CHAR	End-Stage Liver Disease 1 = If applicable. 0 = otherwise.
51	HCC028	1	93	CHAR	Cirrhosis of Liver 1 = If applicable. 0 = otherwise.
52	НСС029	1	94	CHAR	Chronic Hepatitis 1 = If applicable. 0 = otherwise.

	Part C RA M	Model O	output Detai	l Record Ty	pe D (PY2017 – PY2021)
Item	Field	Size	Position	Format	Description
53	HCC033	1	95	CHAR	Intestinal Obstruction/Perforation 1 = If applicable. 0 = otherwise.
54	HCC034	1	96	CHAR	Chronic Pancreatitis 1 = If applicable. 0 = otherwise.
55	НСС035	1	97	CHAR	Inflammatory Bowel Disease 1 = If applicable. 0 = otherwise.
56	НСС039	1	98	CHAR	Bone/Joint/Muscle Infections/Necrosis 1 = If applicable. 0 = otherwise.
57	HCC040	1	99	CHAR	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease 1 = If applicable. 0 = otherwise.
58	HCC046	1	100	CHAR	Severe Hematological Disorders 1 = If applicable. 0 = otherwise.
59	HCC047	1	101	CHAR	Disorders of Immunity 1 = If applicable. 0 = otherwise.
60	HCC048	1	102	CHAR	Coagulation Defects and Other Specified Hematological Disorders 1 = If applicable. 0 = otherwise.
61	HCC054	1	103	CHAR	Drug/Alcohol Psychosis 1 = If applicable. 0 = otherwise.
62	НСС055	1	104	CHAR	Drug/Alcohol Dependence 1 = If applicable. 0 = otherwise.
63	НСС057	1	105	CHAR	Schizophrenia 1 = If applicable. 0 = otherwise.
64	HCC058	1	106	CHAR	Major Depressive, Bipolar, and Paranoid Disorders 1 = If applicable. 0 = otherwise.
65	HCC070	1	107	CHAR	Quadriplegia 1 = If applicable. 0 = otherwise.
66	HCC071	1	108	CHAR	Paraplegia 1 = If applicable. 0 = otherwise.
67	HCC072	1	109	CHAR	Spinal Cord Disorders/Injuries 1 = If applicable. 0 = otherwise.
68	HCC073	1	110	CHAR	Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease 1 = If applicable. 0 = otherwise.

	Part C RA	Model O	output Detai	l Record Ty	pe D (PY2017 – PY2021)
Item	Field	Size	Position	Format	Description
69	HCC074	1	111	CHAR	Cerebral Palsy 1 = If applicable. 0 = otherwise.
70	HCC075	1	112	CHAR	Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy 1 = If applicable. 0 = otherwise.
71	НСС076	1	113	CHAR	Muscular Dystrophy 1 = If applicable. 0 = otherwise.
72	HCC077	1	114	CHAR	Multiple Sclerosis 1 = If applicable. 0 = otherwise.
73	HCC078	1	115	CHAR	Parkinson's and Huntington's Diseases 1 = If applicable. 0 = otherwise.
74	НСС079	1	116	CHAR	Seizure Disorders and Convulsions 1 = If applicable. 0 = otherwise.
75	HCC080	1	117	CHAR	Coma, Brain Compression/Anoxic Damage 1 = If applicable. 0 = otherwise.
76	HCC082	1	118	CHAR	Respirator Dependence/Tracheostomy Status 1 = If applicable. 0 = otherwise.
77	HCC083	1	119	CHAR	Respiratory Arrest 1 = If applicable. 0 = otherwise.
78	HCC084	1	120	CHAR	Cardio-Respiratory Failure and Shock 1 = If applicable. 0 = otherwise.
79	HCC085	1	121	CHAR	Congestive Heart Failure 1 = If applicable. 0 = otherwise.
80	HCC086	1	122	CHAR	Acute Myocardial Infarction 1 = If applicable. 0 = otherwise.
81	HCC087	1	123	CHAR	Unstable Angina and Other Acute Ischemic Heart Disease 1 = If applicable. 0 = otherwise.
82	HCC088	1	124	CHAR	Angina Pectoris 1 = If applicable. 0 = otherwise.
83	НСС096	1	125	CHAR	Specified Heart Arrhythmias 1 = If applicable. 0 = otherwise.
84	НСС099	1	126	CHAR	Cerebral Hemorrhage 1 = If applicable. 0 = otherwise.

	Part C RA	Model O	Output Detai	l Record Ty	pe D (PY2017 – PY2021)
Item	Field	Size	Position	Format	Description
85	HCC100	1	127	CHAR	Ischemic or Unspecified Stroke 1 = If applicable. 0 = otherwise.
86	HCC103	1	128	CHAR	Hemiplegia/Hemiparesis 1 = If applicable. 0 = otherwise.
87	HCC104	1	129	CHAR	Monoplegia, Other Paralytic Syndromes 1 = If applicable. 0 = otherwise.
88	HCC106	1	130	CHAR	Atherosclerosis of the Extremities with Ulceration or Gangrene 1 = If applicable. 0 = otherwise.
89	HCC107	1	131	CHAR	Vascular Disease with Complications 1 = If applicable. 0 = otherwise.
90	HCC108	1	132	CHAR	Vascular Disease 1 = If applicable. 0 = otherwise.
91	HCC110	1	133	CHAR	Cystic Fibrosis 1 = If applicable. 0 = otherwise.
92	HCC111	1	134	CHAR	Chronic Obstructive Pulmonary Disease 1 = If applicable. 0 = otherwise.
93	HCC112	1	135	CHAR	Fibrosis of Lung and Other Chronic Lung Disorders 1 = If applicable. 0 = otherwise.
94	HCC114	1	136	CHAR	Aspiration and Specified Bacterial Pneumonias 1 = If applicable. 0 = otherwise.
95	HCC115	1	137	CHAR	Pneumococcal Pneumonia, Empyema, Lung Abscess 1 = If applicable. 0 = otherwise.
96	HCC122	1	138	CHAR	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage 1 = If applicable. 0 = otherwise.
97	HCC124	1	139	CHAR	Exudative Macular Degeneration 1 = If applicable. 0 = otherwise.
98	НСС134	1	140	CHAR	Dialysis Status 1 = If applicable. 0 = otherwise.
99	HCC135	1	141	CHAR	Acute Renal Failure 1 = If applicable. 0 = otherwise.
100	HCC136	1	142	CHAR	Chronic Kidney Disease, Stage 5 1 = If applicable. 0 = otherwise.

	Part C RA Model Output Detail Record Type D (PY2017 – PY2021)									
Item	Field	Size	Position	Format	Description					
101	HCC137	1	143	CHAR	Chronic Kidney Disease, Severe, Stage 4 1 = If applicable. 0 = otherwise.					
102	HCC157	1	144	CHAR	Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone 1 = If applicable. 0 = otherwise.					
103	HCC158	1	145	CHAR	Pressure Ulcer of Skin with Full Thickness Skin Loss 1 = If applicable. 0 = otherwise.					
104	HCC161	1	146	CHAR	Chronic Ulcer of Skin, Except Pressure 1 = If applicable. 0 = otherwise.					
105	HCC162	1	147	CHAR	Severe Skin Burn or Condition 1 = If applicable. 0 = otherwise.					
106	HCC166	1	148	CHAR	Severe Head Injury 1 = If applicable. 0 = otherwise.					
107	HCC167	1	149	CHAR	Major Head Injury 1 = If applicable. 0 = otherwise.					
108	HCC169	1	150	CHAR	Vertebral Fractures without Spinal Cord Injury 1 = If applicable. 0 = otherwise.					
109	HCC170	1	151	CHAR	Hip Fracture/Dislocation 1 = If applicable. 0 = otherwise.					
110	HCC173	1	152	CHAR	Traumatic Amputations and Complications 1 = If applicable. 0 = otherwise.					
111	HCC176	1	153	CHAR	Complications of Specified Implanted Device or Graft 1 = If applicable. 0 = otherwise.					
112	HCC186	1	154	CHAR	Major Organ Transplant or Replacement Status 1 = If applicable. 0 = otherwise.					
113	HCC188	1	155	CHAR	Artificial Openings for Feeding or Elimination 1 = If applicable. 0 = otherwise.					
114	HCC189	1	156	CHAR	Amputation Status, Lower Limb/Amputation Complications 1 = If applicable. 0 = otherwise.					
			Disal	oled HCCs						

	Part C RA	Model O	utput Detai	l Record Ty	pe D (PY2017 – PY2021)
Item	Field	Size	Position	Format	Description
115	Disabled Disease HCC6	1	157	CHAR	Disabled, Opportunistic Infections 1 = If applicable. 0 = otherwise.
116	Filler	1	158	CHAR	Spaces
117	Filler	1	159	CHAR	Spaces
118	Filler	1	160	CHAR	Spaces
			Disease	Interaction	s
119	Disease Interactions HCC47_gCancer	1	161	CHAR	Immune Disorders and Cancer Group 1 = If applicable. 0 = otherwise.
120	Disease Interactions HCC85_gDiabetesM ellit	1	162	CHAR	Congestive Heart Failure and Diabetes Group 1 = If applicable. 0 = otherwise.
121	Disease Interactions HCC85_gCopdCF	1	163	CHAR	Congestive Heart Failure and Chronic Obstructive Pulmonary Disease Group 1 = If applicable. 0 = otherwise.
122	Disease Interactions HCC85_gRenal	1	164	CHAR	Congestive Heart Failure and Renal Group 1 = If applicable. 0 = otherwise.
123	Disease Interactions HCC85_HCC96	1	165	CHAR	Congestive Heart Failure*Specified Heart Arrhythmias 1 = If applicable. 0 = otherwise.
124	Disease Interactions gRespDepandArre_g CopdCF	1	166	CHAR	Cardiorespiratory Failure Group and Chronic Obstructive Pulmonary Disease Group 1 = If applicable. 0 = otherwise.
125	Disease Interactions gSubstanceAbuse_g Psychiatric	1	167	CHAR	Substance Abuse Group and Psychiatric Group 1 = If applicable. 0 = otherwise.
		Add	litional Inst	itutional Co	efficients
126	Medicaid	1	168	CHAR	Beneficiary is entitled to Medicaid 1 = If applicable. 0 = otherwise.
127	Originally Disabled	1	169	CHAR	Beneficiary original Medicare entitlement is due to disability
		1	Disal	bled HCCs	
128	Disabled Disease DISABLED_HCC39	1	170	CHAR	Disabled, Bone/Joint Muscle Infections/Necrosis 1 = If applicable. 0 = otherwise.
129	Disabled Disease DISABLED_HCC77	1	171	CHAR	Disabled, Multiple Sclerosis 1 = If applicable. 0 = otherwise.

	Part C RA Model Output Detail Record Type D (PY2017 – PY2021)									
Item	Field	Size	Position	Format	Description					
130	Disabled Disease DISABLED_HCC85	1	172	CHAR	Disabled, Congestive Heart Failure 1 = If applicable. 0 = otherwise.					
131	Disabled Disease HCC161	1	173	CHAR	Disabled, Chronic Ulcer of the Skin, Except Pressure Ulcer 1 = If applicable. 0 = otherwise.					
132	Disabled Disease - DISABLED_PRESS URE_ULCER	1	174	CHAR	Disabled and Pressure Ulcer 1 = If applicable. 0 = otherwise.					
			Disease	Interactions	5					
134	Disease Interactions ART_OPENINGS_PR ESSURE_ULCER	1	175	CHAR	Artificial Openings for Feeding or Eliminating and Pressure Ulcer 1 = If applicable. 0 = otherwise.					
134	Disease Interactions ASP_SPEC_BACT PNEUM_PRES_ULC	1	176	CHAR	Aspiration and Specified Bacterial Pneumonias and Pressure Ulcer 1 = If applicable. 0 = otherwise.					
135	Disease Interactions gCopdCF_ASP_SPE C_BACT_PNEUM	1	177	CHAR	Chronic Obstructive Pulmonary Disease and Aspiration and Specified Bacterial Pneumonias 1 = If applicable. 0 = otherwise.					
136	Disease Interactions SCHIZOPHRENIA_ CHF	1	178	CHAR	Schizophrenia and Congestive Heart Failure 1 = If applicable. 0 = otherwise.					
137	Disease Interactions SCHIZOPHRENIA_g CopdCF	1	179	CHAR	Schizophrenia and Chronic Obstructive Pulmonary Disease 1 = If applicable. 0 = otherwise.					
138	Disease Interactions SCHIZOPHRENIA_S EIZURES	1	180	CHAR	Schizophrenia and Seizure Disorders and Convulsions 1 = If applicable. 0 = otherwise.					
139	Disease Interactions SEPSIS_ARTIF_OP ENINGS	1	181	CHAR	Sepsis and Artificial Openings for Feeding or Elimination 1 = If applicable. 0 = otherwise.					
140	Disease Interactions SEPSIS_ASP_SPEC BACT_PNEUM	1	182	CHAR	Sepsis and Aspiration and Specified Bacterial Pneumonias 1 = If applicable. 0 = otherwise.					
141	Disease Interactions SEPSIS_PRESSUR E_ULCER	1	183	CHAR	Sepsis and Pressure Ulcers 1 = If applicable. 0 = otherwise.					
142	Filler	17	184 - 200	CHAR	Spaces					

The total length of this record is 200 characters.

NOTE: Fields 128 -141 are associated with the V22 Continuing Enrollee Institutional Score only.

Layout 7-5: Part C RA Model Output Detail Record Type I (PY2019)

The Detail Record Type I is used to report V23 non-PACE, non-ESRD beneficiaries.

	Part C RA Model Output Detail Record Type I (PY2019)									
Item	Field	Size	Position	Format	Description					
1	Record Type	1	1	CHAR	Alphanumeric					
	Code				Set to "I" for Details for V23 PTC MOR - non- PACE and non-ESRD benes					
2	Medicare	11	2-12	CHAR	Alphanumeric					
	Beneficiary Identifier (MBI)				Medicare Beneficiary Identifier					
3	Filler	1	13	CHAR	Spaces.					
4	Beneficiary Last	1	14-25	CHAR	Alphanumeric					
	Name				First 12 bytes of the Bene Last Name					
					Beneficiary Last Name					
5	Beneficiary First	7	26-32	CHAR	Alphanumeric					
	Name				First 7 bytes of the bene First Name					
					Beneficiary First Name					
6	Beneficiary	1	33	CHAR	Alphanumeric					
	Initial				1-byte Initial					
					Beneficiary Middle Initial					
7	Date of Birth	8	34-41	CHAR	Alphanumeric					
					Formatted as yyyymmdd					
					The date of birth of the Medicare Beneficiary					
8	Sex	1	42	CHAR	Alphanumeric					
					0=unknown, 1=male, 2=female					
					Represents the sex of the Medicare Beneficiary. Examples include Male and Female.					
9	Filler	9	43-51	CHAR	Spaces.					
10	Age Group	1	52	CHAR	Alphanumeric					
	Female 0_34				Set to "1" if applicable, otherwise "0"					
					The sex and age group for the beneficiary based on a given as of date. Female between ages 0 and 34, inclusive.					
11	Age Group	1	53	CHAR	Alphanumeric					
	Female 35_44				Set to "1" if applicable, otherwise "0"					
					The sex and age group for the beneficiary based on a given as of date. Female between ages 35 and 44, inclusive.					

		Part C	RA Model (Output Det	ail Record Type I (PY2019)
Item	Field	Size	Position	Format	Description
12	Age Group	1	54	CHAR	Alphanumeric
	Female 45_54				Set to "1" if applicable, otherwise "0"
					The sex and age group for the beneficiary based on a given as of date. Female between ages 45 and 54, inclusive.
13	Age Group	1	55	CHAR	Alphanumeric
	Female 55_59				Set to "1" if applicable, otherwise "0"
					The sex and age group for the beneficiary based on a given as of date. Female between ages 55 and 59, inclusive.
14	Age Group	1	56	CHAR	Alphanumeric
	Female 60_64				Set to "1" if applicable, otherwise "0"
					The sex and age group for the beneficiary based on a given as of date. Female between ages 60 and 64, inclusive.
15	Age Group	1	57	CHAR	Alphanumeric
	Female 65_69				Set to "1" if applicable, otherwise "0"
					The sex and age group for the beneficiary based on a given as of date. Female between ages 65 and 69, inclusive.
16	Age Group	1	58	CHAR	Alphanumeric
	Female 70_74				Set to "1" if applicable, otherwise "0"
					The sex and age group for the beneficiary based on a given as of date. Female between ages 70 and 74, inclusive.
17	Age Group	1	59	CHAR	Alphanumeric
	Female 75_79				Set to "1" if applicable, otherwise "0"
					The sex and age group for the beneficiary based on a given as of date. Female between ages 75 and 79, inclusive.
18	Age Group	1	60	CHAR	Alphanumeric
	Female 80_84				Set to "1" if applicable, otherwise "0"
					The sex and age group for the beneficiary based on a given as of date. Female between ages of 80 and 84, inclusive.
19	Age Group	1	61	CHAR	Alphanumeric
	Female 85_89				Set to "1" if applicable, otherwise "0"
					The sex and age group for the beneficiary based on a given as of date. Female between ages of 85 and 89, inclusive.

		Part C	RA Model (ail Record Type I (PY2019)	
Item	Field	Size	Position	Format	Description
20	Age Group	1	62	CHAR	Alphanumeric
	Female 90_94				Set to "1" if applicable, otherwise "0"
					The sex and age group for the beneficiary based on a given as of date. Female between ages of 90 and 94, inclusive.
21	Age Group	1	63	CHAR	Alphanumeric
	Female 95_GT				Set to "1" if applicable, otherwise "0"
					The sex and age group for the beneficiary based on a given as of date. Female, age 95 or greater.
22	Age Group Male	1	64	CHAR	Alphanumeric
	0_34				Set to "1" if applicable, otherwise "0"
					The sex and age group for the beneficiary based on a given as of date. Male between ages of 0 and 34, inclusive.
23	Age Group Male	1	65	CHAR	Alphanumeric
	35_44				Set to "1" if applicable, otherwise "0"
					The sex and age group for the beneficiary based on a given as of date. Male between ages of 35 and 44, inclusive.
24	Age Group Male	1	66	CHAR	Alphanumeric
	45_54				Set to "1" if applicable, otherwise "0"
					The sex and age group for the beneficiary based on a given as of date. Male between ages of 45 and 54, inclusive.
25	Age Group Male	1	67	CHAR	Alphanumeric
	55_59				Set to "1" if applicable, otherwise "0"
					The sex and age group for the beneficiary based on a given as of date. Male between ages of 55 and 59, inclusive.
26	Age Group Male	1	68	CHAR	Alphanumeric
	60_64				Set to "1" if applicable, otherwise "0"
					The sex and age group for the beneficiary based on a given as of date. Male between ages of 60 and 64, inclusive.
27	Age Group Male	1	69	CHAR	Alphanumeric
	65_69				Set to "1" if applicable, otherwise "0"
					The sex and age group for the beneficiary based on a given as of date. Male between ages of 65 and 69, inclusive.

	ail Record Type I (PY2019)				
Item	Field	Size	Position	Format	Description
28	Age Group Male	1	70	CHAR	Alphanumeric
	70_74				Set to "1" if applicable, otherwise "0"
					The sex and age group for the beneficiary based on a given as of date. Male between ages of 70 and 74, inclusive.
29	Age Group Male	1	71	CHAR	Alphanumeric
	75_79				Set to "1" if applicable, otherwise "0"
					The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 and 79, inclusive.
30	Age Group Male	1	72	CHAR	Alphanumeric
	80_84				Set to "1" if applicable, otherwise "0"
					The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 and 84, inclusive.
31	Age Group Male	1	73	CHAR	Alphanumeric
	85_89				Set to "1" if applicable, otherwise "0"
					The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 and 89, inclusive.
32	Age Group Male	1	74	CHAR	Alphanumeric
	90_94				Set to "1" if applicable, otherwise "0"
					The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 and 94, inclusive.
33	Age Group Male	1	75	CHAR	Alphanumeric
	95_GT				Set to "1" if applicable, otherwise "0"
					The sex and age group for the beneficiary based on a given as of date. Male, age 95 or greater.
34	Originally	1	76	CHAR	Alphanumeric
	Disabled Female				Set to "1" if applicable, otherwise "0"
					Beneficiary is a female and original Medicare entitlement is due to disability.
35	Originally Dischlad Mala	1	77	CHAR	Alphanumeric
	Disabled Male				Set to "1" if applicable, otherwise "0"
					Beneficiary is a male and original Medicare entitlement is due to disability.

ItemFieldSizePositioFormatDescription36Disease Coefficients HCC001178CHAR 78Alphanumeric Set to "1" if applicable, otherwise "0" HIV/ADS37Disease Coefficients HCC002179CHAR 79Alphanumeric Set to "1" if applicable, otherwise "0" Set to "1" if applicable, otherwise "0" Opportunistic Infections38Disease Coefficients HCC006180CHAR 81Alphanumeric Set to "1" if applicable, otherwise "0" Opportunistic Infections39Disease Coefficients HCC008181CHAR 81Alphanumeric Set to "1" if applicable, otherwise "0" Metastatic Cancer and Acute Leukemia40Disease Coefficients HCC010182CHAR 81Alphanumeric Set to "1" if applicable, otherwise "0" Lung and Other Severe Cancers41Disease Coefficients HCC011183CHAR 81Alphanumeric Set to "1" if applicable, otherwise "0" Lung and Other Severe Cancers43Disease Coefficients HCC011184CHAR 84Alphanumeric Set to "1" if applicable, otherwise "0" Colorectal, Bladder, and Other Cancers44Disease Coefficients HCC017186CHAR 84Alphanumeric Set to "1" if applicable, otherwise "0" Disease HPICON145Disease Coefficients HCC017187CHAR 84Alphanumeric Set to "1" if applicable, otherwise "0"			Part C	RA Model (ail Record Type I (PY2019)	
Coefficients HCC001ISetSet to "1" if applicable, otherwise "0" HIV/AIDS37Disease Coefficients HCC002179CHARAlphanumeric Set to "1" if applicable, otherwise "0" Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock38Disease Coefficients HCC006180CHARAlphanumeric Set to "1" if applicable, otherwise "0" Opportunistic Infections39Disease Coefficients HCC008181CHARAlphanumeric Set to "1" if applicable, otherwise "0" Metastatic Cancer and Acute Leukemia40Disease Coefficients HCC009182CHARAlphanumeric Set to "1" if applicable, otherwise "0" Lung and Other Severe Cancers41Disease Coefficients HCC010183CHARAlphanumeric Set to "1" if applicable, otherwise "0" Lung and Other Cancers42Disease Coefficients HCC011184CHARAlphanumeric Set to "1" if applicable, otherwise "0" Lung and Other Cancers43Disease Coefficients HCC017185CHARAlphanumeric Set to "1" if applicable, otherwise "0" Disease, coefficients HCC01744Disease Coefficients HCC018186CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications45Disease Coefficients HCC018187CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications46Disease Coefficients HCC018188CHARAlpha	Item	Field	Size	Position	Format	Description
HCC001Image: Constraint of the set of the	36		1	78	CHAR	Alphanumeric
37Disease Coefficients HCC002179CHARAlphanumeric Set to "1" if applicable, otherwise "0" Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock38Disease COC06180CHARAlphanumeric Set to "1" if applicable, otherwise "0" Opportunistic Infections39Disease Coefficients HCC008181CHARAlphanumeric Set to "1" if applicable, otherwise "0" Metastatic Cancer and Acute Leukemia40Disease Coefficients HCC009182CHARAlphanumeric Set to "1" if applicable, otherwise "0" Metastatic Cancer and Acute Leukemia41Disease Coefficients HCC010183CHARAlphanumeric Set to "1" if applicable, otherwise "0" Lung and Other Severe Cancers42Disease Coefficients HCC011184CHARAlphanumeric Set to "1" if applicable, otherwise "0" Lymphoma and Other Cancers43Disease Coefficients HCC017184CHARAlphanumeric Set to "1" if applicable, otherwise "0" Colorectal, Bladder, and Other Cancers44Disease Coefficients HCC017186CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications45Disease Coefficients HCC018187CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications46Disease Coefficients HCC018188CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications						Set to "1" if applicable, otherwise "0"
Coefficients HCC002IISet or "1" if applicable, otherwise "0" Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock38Disease Coefficients HCC006180CHARAlphanumeric Set to "1" if applicable, otherwise "0" Opportunistic Infections39Disease Coefficients HCC008181CHARAlphanumeric Set to "1" if applicable, otherwise "0" Metastatic Cancer and Acute Leukemia40Disease Coefficients HCC009182CHARAlphanumeric Set to "1" if applicable, otherwise "0" Lung and Other Severe Cancers41Disease Coefficients HCC011183CHARAlphanumeric Set to "1" if applicable, otherwise "0" Lung and Other Cancers42Disease Coefficients HCC012184CHARAlphanumeric Set to "1" if applicable, otherwise "0" Lymphoma and Other Cancers43Disease Coefficients HCC017185CHARAlphanumeric Set to "1" if applicable, otherwise "0" Colorectal, Bladder, and Other Cancers44Disease Coefficients HCC017186CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications45Disease Coefficients HCC018187CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications46Disease Coefficients HCC018188CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications47Disease Coefficients HCC0181						HIV/AIDS
HCC002HCC002Set to "1" if applicable, otherwise "0" Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock38Disease Coefficients HCC006180CHARAlphanumeric Set to "1" if applicable, otherwise "0" Opportunistic Infections39Disease Coefficients HCC008181CHARAlphanumeric Set to "1" if applicable, otherwise "0" Metastatic Cancer and Acute Leukemia40Disease Coefficients HCC009182CHARAlphanumeric Set to "1" if applicable, otherwise "0" Lung and Other Severe Cancers41Disease Coefficients HCC010183CHARAlphanumeric Set to "1" if applicable, otherwise "0" Lung and Other Severe Cancers42Disease Coefficients HCC012184CHAR Phice Phice Phice Phice Phice Phice Phice Phice Phice Set to "1" if applicable, otherwise "0" Long and Other Cancers43Disease Coefficients HCC017185CHAR Phice Phice Phice Phice Phice Phice Set to "1" if applicable, otherwise "0" Disease Coefficients HCC012186CHAR Phice Phice Phice Phice Phice Phice Set to "1" if applicable, otherwise "0" Disease Set to "1" if applicable, otherwise "0" Disease Coefficients HCC017186CHAR Phice Phice Phice Phice Phice Phice Set to "1" if applicable, otherwise "0" Disease Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications44Disease Coefficients HCC018187CHAR Phice Phice Phice Phice Phice Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications<	37		1	79	CHAR	Alphanumeric
Image: series of the series						Set to "1" if applicable, otherwise "0"
Coefficients HCC006IISet ISet to "1" if applicable, otherwise "0" Opportunistic Infections39Disease Coefficients HCC008181CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Metastatic Cancer and Acute Leukemia40Disease Coefficients HCC009182CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Lung and Other Severe Cancers41Disease Coefficients HCC010183CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Lung and Other Cancers42Disease Coefficients HCC011184CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Lymphoma and Other Cancers43Disease Coefficients HCC012185CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Colorectal, Bladder, and Other Cancers44Disease HCC017186CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications45Disease HCC017187CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications46Disease Coefficients HCC019188CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications						
HCC006HCC006Image: Set to "1" if applicable, otherwise "0" Opportunistic Infections39Disease Coefficients HCC009181CHAR Set to "1" if applicable, otherwise "0" Metastatic Cancer and Acute Leukemia40Disease Coefficients HCC009182CHAR Set to "1" if applicable, otherwise "0" Lung and Other Severe Cancers41Disease Coefficients HCC010183CHAR Set to "1" if applicable, otherwise "0" Lung and Other Severe Cancers42Disease Coefficients HCC011184CHAR Set to "1" if applicable, otherwise "0" Lymphoma and Other Cancers43Disease Coefficients HCC012185CHAR Set to "1" if applicable, otherwise "0" Breast, Prostate, and Other Cancers and Tumors44Disease Coefficients HCC017186CHAR Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications45Disease Coefficients HCC018187CHAR Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications46Disease Coefficients HCC018187CHAR Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications	38		1	80	CHAR	Alphanumeric
Image: searce coefficientsImage: searce coefficients						Set to "1" if applicable, otherwise "0"
Coefficients HCC008IISetI'' if applicable, otherwise '0'' Metastatic Cancer and Acute Leukemia40Disease Coefficients HCC009182CHARAlphanumeric Set to ''I' if applicable, otherwise '0'' Lung and Other Severe Cancers41Disease Coefficients HCC010183CHARAlphanumeric Set to ''I' if applicable, otherwise ''O'' Lung and Other Cancers42Disease Coefficients HCC011184CHARAlphanumeric Set to ''I' if applicable, otherwise ''O'' Lymphoma and Other Cancers43Disease Coefficients HCC012185CHARAlphanumeric Set to ''I' if applicable, otherwise ''O'' Colorectal, Bladder, and Other Cancers44Disease Coefficients HCC017185CHARAlphanumeric Set to ''I' if applicable, otherwise ''O'' Breast, Prostate, and Other Cancers and Tumors45Disease Coefficients HCC018187CHARAlphanumeric Set to ''I' if applicable, otherwise ''O'' Diabetes with Acute Complications46Disease Coefficients HCC019188CHARAlphanumeric Set to ''I' if applicable, otherwise ''O'' Diabetes with Chronic Complications						Opportunistic Infections
HCC008Image: Set to "1" if applicable, otherwise "0" Metastatic Cancer and Acute Leukemia40Disease Coefficients HCC009182CHAR Set to "1" if applicable, otherwise "0" Lung and Other Severe Cancers41Disease Coefficients HCC010183CHAR Set to "1" if applicable, otherwise "0" Lung and Other Severe Cancers42Disease Coefficients HCC011184CHAR Set to "1" if applicable, otherwise "0" Lymphoma and Other Cancers43Disease Coefficients HCC012185CHAR Set to "1" if applicable, otherwise "0" Colorectal, Bladder, and Other Cancers44Disease Coefficients HCC017186CHAR Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications45Disease Coefficients HCC018187CHAR Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications46Disease Coefficients HCC019188CHAR Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications	39		1	81	CHAR	Alphanumeric
Image: series of the series						Set to "1" if applicable, otherwise "0"
Coefficients HCC009I8CHARAlphanumeric Set to "1" if applicable, otherwise "0" Lung and Other Severe Cancers41Disease Coefficients HCC010183CHARAlphanumeric Set to "1" if applicable, otherwise "0" Lymphoma and Other Cancers42Disease Coefficients HCC011184CHARAlphanumeric Set to "1" if applicable, otherwise "0" Lymphoma and Other Cancers43Disease Coefficients HCC012185CHARAlphanumeric Set to "1" if applicable, otherwise "0" Colorectal, Bladder, and Other Cancers44Disease Coefficients HCC017186CHARAlphanumeric Set to "1" if applicable, otherwise "0" Disease Coefficients HCC01745Disease Coefficients HCC018187CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications46Disease Coefficients HCC019188CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications						Metastatic Cancer and Acute Leukemia
HCC009HCC009Image: Set to "1" if applicable, otherwise "0" Lung and Other Severe Cancers41Disease Coefficients HCC010183CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Lymphoma and Other Cancers42Disease Coefficients HCC011184CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Colorectal, Bladder, and Other Cancers43Disease Coefficients HCC012185CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Breast, Prostate, and Other Cancers and Tumors44Disease Coefficients HCC017186CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications45Disease Coefficients HCC018187CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications46Disease Coefficients HCC019188CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications	40		1	82	CHAR	Alphanumeric
Image: constraint of the constra						Set to "1" if applicable, otherwise "0"
Coefficients HCC010I84CHARAlphanumeric Set to "1" if applicable, otherwise "0" Lymphoma and Other Cancers42Disease Coefficients HCC011184CHARAlphanumeric Set to "1" if applicable, otherwise "0" Colorectal, Bladder, and Other Cancers43Disease Coefficients HCC012185CHARAlphanumeric Set to "1" if applicable, otherwise "0" Breast, Prostate, and Other Cancers and Tumors44Disease Coefficients HCC017186CHARAlphanumeric Set to "1" if applicable, otherwise "0" Breast, Prostate, and Other Cancers and Tumors45Disease Coefficients HCC018187CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications46Disease Coefficients HCC019188CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications						Lung and Other Severe Cancers
HCC010Image: Set to "1" if applicable, otherwise "0" Lymphoma and Other Cancers42Disease Coefficients HCC011184CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Colorectal, Bladder, and Other Cancers43Disease Coefficients HCC012185CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Breast, Prostate, and Other Cancers and Tumors44Disease Coefficients HCC017186CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications45Disease Coefficients HCC018187CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications46Disease Coefficients HCC019188CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications	41		1	83	CHAR	Alphanumeric
Image: sease coefficients HCC011Image: sease coefficients HCC011Image: sease coefficients HCC011Image: sease coefficients HCC012Image: sease coefficients HCC017Image: sease coefficients HCC017Image: sease coefficients HCC018Image: sease coefficients HCC019Image: sease coeffici						Set to "1" if applicable, otherwise "0"
Coefficients HCC011ISetSet to "1" if applicable, otherwise "0" Colorectal, Bladder, and Other Cancers43Disease Coefficients HCC012185CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Breast, Prostate, and Other Cancers and Tumors44Disease Coefficients HCC017186CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications45Disease Coefficients HCC018187CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications46Disease Coefficients HCC019188CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications						Lymphoma and Other Cancers
HCC011HCC011Set to "1" if applicable, otherwise "0" Colorectal, Bladder, and Other Cancers43Disease Coefficients HCC012185CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Breast, Prostate, and Other Cancers and Tumors44Disease Coefficients HCC017186CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications45Disease Coefficients HCC018187CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications46Disease Coefficients HCC019188CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications	42		1	84	CHAR	Alphanumeric
43Disease Coefficients HCC012185CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Breast, Prostate, and Other Cancers and Tumors44Disease Coefficients HCC017186CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications45Disease Coefficients HCC018187CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications46Disease Coefficients HCC019188CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications						Set to "1" if applicable, otherwise "0"
Coefficients HCC012IISetISet to "1" if applicable, otherwise "0" Breast, Prostate, and Other Cancers and Tumors44Disease Coefficients HCC017186CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications45Disease Coefficients HCC018187CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications46Disease Coefficients HCC019188CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications						Colorectal, Bladder, and Other Cancers
HCC012Image: Set to "1" if applicable, otherwise "0" Breast, Prostate, and Other Cancers and Tumors44Disease Coefficients HCC017186CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications45Disease Coefficients HCC018187CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications46Disease Coefficients HCC019188CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications	43		1	85	CHAR	Alphanumeric
44Disease Coefficients HCC017186CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications45Disease Coefficients HCC018187CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications46Disease Coefficients HCC019188CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications						Set to "1" if applicable, otherwise "0"
Coefficients HCC017ISetISet to "1" if applicable, otherwise "0" Diabetes with Acute Complications45Disease Coefficients HCC018187CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications46Disease Coefficients HCC019188CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications						Breast, Prostate, and Other Cancers and Tumors
HCC017Image: Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications45Disease Coefficients HCC018187CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications46Disease Coefficients HCC019188CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications	44		1	86	CHAR	Alphanumeric
45Disease Coefficients HCC018187CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications46Disease Coefficients HCC019188CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications						Set to "1" if applicable, otherwise "0"
Coefficients HCC018IIISet of "1" if applicable, otherwise "0" Diabetes with Chronic Complications46Disease Coefficients HCC019188CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0"						Diabetes with Acute Complications
HCC018 Image: Set to "1" if applicable, otherwise "0" 46 Disease Coefficients HCC019 1 88 CHAR Alphanumeric Set to "1" if applicable, otherwise "0"	45		1	87	CHAR	Alphanumeric
46Disease Coefficients HCC019188CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0"						Set to "1" if applicable, otherwise "0"
Coefficients HCC019 Set to "1" if applicable, otherwise "0"						Diabetes with Chronic Complications
HCC019 Set to "1" if applicable, otherwise "0"	46		1	88	CHAR	Alphanumeric
						Set to "1" if applicable, otherwise "0"
						Diabetes without Complication

		Part C	RA Model	Output Det	ail Record Type I (PY2019)
Item	Field	Size	Position	Format	Description
47	Disease Coefficients HCC021	1	89	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Protein-Calorie Malnutrition
48	Disease Coefficients HCC022	1	90	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Morbid Obesity
49	Disease Coefficients HCC023	1	91	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Other Significant Endocrine and Metabolic Disorders
50	Disease Coefficients HCC027	1	92	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" End-Stage Liver Disease
51	Disease Coefficients HCC028	1	93	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Cirrhosis of Liver
52	Disease Coefficients HCC029	1	94	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Hepatitis
53	Disease Coefficients HCC033	1	95	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Intestinal Obstruction/Perforation
54	Disease Coefficients HCC034	1	96	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Pancreatitis
55	Disease Coefficients HCC035	1	97	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Inflammatory Bowel Disease
56	Disease Coefficients HCC039	1	98	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Bone/Joint/Muscle Infections/Necrosis
57	Disease Coefficients HCC040	1	99	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Rheumatoid Arthritis and Inflammatory Connective Tissue Disease

		Part C	RA Model (Output Deta	ail Record Type I (PY2019)
Item	Field	Size	Position	Format	Description
58	Disease	1	100	CHAR	Alphanumeric
	Coefficients HCC046				Set to "1" if applicable, otherwise "0"
					Severe Hematological Disorders
59	Disease	1	101	CHAR	Alphanumeric
	Coefficients HCC047				Set to "1" if applicable, otherwise "0"
					Disorders of Immunity
60	Disease	1	102	CHAR	Alphanumeric
	Coefficients HCC048				Set to "1" if applicable, otherwise "0"
					Coagulation Defects and Other Specified Hematological Disorders
61	Disease	1	103	CHAR	Alphanumeric
	Coefficients HCC054				Set to "1" if applicable, otherwise "0"
					Substance Use with Psychotic Complications
62	Disease	1	104	CHAR	Alphanumeric
	Coefficients HCC055				Set to "1" if applicable, otherwise "0"
					Substance Use Disorder, Moderate/Severe, or Substance Use with Complications
63	Disease	1	105	CHAR	Alphanumeric
	Coefficients HCC056				Set to "1" if applicable, otherwise "0"
					Substance Use Disorder, Mild, Except Alcohol and Cannabis
64	Disease	1	106	CHAR	Alphanumeric
	Coefficients HCC057				Set to "1" if applicable, otherwise "0"
					Schizophrenia
65	Disease	1	107	CHAR	Alphanumeric
	Coefficients HCC058				Set to "1" if applicable, otherwise "0"
					Reactive and Unspecified Psychosis
66	Disease	1	108	CHAR	Alphanumeric
	Coefficients HCC059				Set to "1" if applicable, otherwise "0"
					Major Depressive, Bipolar, and Paranoid Disorders
67	Disease	1	109	CHAR	Alphanumeric
	Coefficients HCC060				Set to "1" if applicable, otherwise "0"
					Personality Disorders

		Part C	RA Model (Output Deta	ail Record Type I (PY2019)
Item	Field	Size	Position	Format	Description
68	Disease	1	110	CHAR	Alphanumeric
	Coefficients HCC070				Set to "1" if applicable, otherwise "0"
					Quadriplegia
69	Disease	1	111	CHAR	Alphanumeric
	Coefficients HCC071				Set to "1" if applicable, otherwise "0"
					Paraplegia
70	Disease	1	112	CHAR	Alphanumeric
	Coefficients HCC072				Set to "1" if applicable, otherwise "0"
					Spinal Cord Disorders/Injuries
71	Disease	1	113	CHAR	Alphanumeric
	Coefficients HCC073				Set to "1" if applicable, otherwise "0"
					Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease
72	Disease	1	114	CHAR	Alphanumeric
	Coefficients HCC074				Set to "1" if applicable, otherwise "0"
					Cerebral Palsy
73	Disease	1	115	CHAR	Alphanumeric
	Coefficients HCC075				Set to "1" if applicable, otherwise "0"
					Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy
74	Disease	1	116	CHAR	Alphanumeric
	Coefficients HCC076				Set to "1" if applicable, otherwise "0"
					Muscular Dystrophy
75	Disease	1	117	CHAR	Alphanumeric
	Coefficients HCC077				Set to "1" if applicable, otherwise "0"
					Multiple Sclerosis
76	Disease	1	118	CHAR	Alphanumeric
	Coefficients HCC078				Set to "1" if applicable, otherwise "0"
					Parkinson's and Huntington's Diseases
77	Disease	1	119	CHAR	Alphanumeric
	Coefficients HCC079				Set to "1" if applicable, otherwise "0"
					Seizure Disorders and Convulsions

ItemFieldSizePositionFormatDescription78Disease Coefficients HCC0801120CHARAlphanumeric Set to "1" if applicable, otherwise "0" Coma, Brain Compression/Anoxic Damage79Disease Coefficients HCC0821121CHARAlphanumeric Set to "1" if applicable, otherwise "0" Respirator Dependence/Trachcostomy Status80Disease Coefficients HCC0831122CHARAlphanumeric Set to "1" if applicable, otherwise "0" Respirator Dependence/Trachcostomy Status81Disease Coefficients HCC0841123CHARAlphanumeric Set to "1" if applicable, otherwise "0" Cardio-Respiratory Failure and Shock82Disease Coefficients HCC0841124CHARAlphanumeric Set to "1" if applicable, otherwise "0" Congestive Heart Failure83Disease Coefficients HCC0861125CHARAlphanumeric Set to "1" if applicable, otherwise "0" Congestive Heart Failure84Disease Coefficients HCC0861126CHARAlphanumeric Set to "1" if applicable, otherwise "0" Unstable Angina and Other Acute Ischemic Heart Disease85Disease Coefficients HCC0861127CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction84Disease Coefficients HCC0861128CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction85Disease Coefficients HCC0961128CHARAlp			Part C	RA Model (Output Det	ail Record Type I (PY2019)
Coefficients HCC0801121Set to "1" if applicable, otherwise "0" Coma, Brain Compression/Anoxic Damage79Disease Coefficients HCC0821121CHARAlphanumeric Set to "1" if applicable, otherwise "0" Respirator Dependence/Tracheostomy Status80Disease Coefficients HCC0831122CHARAlphanumeric Set to "1" if applicable, otherwise "0" Respiratory Arrest81Disease Coefficients HCC0841123CHARAlphanumeric Set to "1" if applicable, otherwise "0" Cardio-Respiratory Failure and Shock82Disease Coefficients HCC0851124CHARAlphanumeric Set to "1" if applicable, otherwise "0" Cardio-Respiratory Failure and Shock83Disease Coefficients HCC0861125CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction84Disease Coefficients HCC0861126CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction85Disease Coefficients HCC0861127CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris86Disease Coefficients HCC0961128CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris87Disease Coefficients HCC0961128CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris88Disease Coefficients HCC0991128CHARAlphanumeric Set to "1" if appli	Item	Field	Size	Position	Format	Description
HCC080Image: Set 6 "1" if applicable, otherwise "0" Coma, Brain Compression/Anoxic Damage79Disease Coefficients HCC0821121CHARAlphanumeric Set to "1" if applicable, otherwise "0" Respirator Dependence/Tracheostomy Status80Disease Coefficients HCC0831122CHARAlphanumeric Set to "1" if applicable, otherwise "0" Respiratory Arrest81Disease Coefficients HCC0841123CHARAlphanumeric Set to "1" if applicable, otherwise "0" Cardio-Respiratory Arrest82Disease Coefficients HCC0851124CHARAlphanumeric Set to "1" if applicable, otherwise "0" Cardio-Respiratory Failure and Shock83Disease Coefficients HCC0861125CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction84Disease Coefficients HCC0871126CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction85Disease Coefficients HCC0861127CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction86Disease Coefficients HCC0961128CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction87Disease Coefficients HCC0961128CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction88Disease Coefficients HCC0961128CHARAlphanumeric Set to "1" if applicable, o	78		1	120	CHAR	•
79Disease Coefficients HCC0821121CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Respirator Dependence/Tracheostomy Status80Disease Coefficients HCC0831122CHARAlphanumeric Set to "1" if applicable, otherwise "0" Respiratory Arrest81Disease Coefficients HCC0841123CHARAlphanumeric Set to "1" if applicable, otherwise "0" Cardio-Respiratory Failure and Shock82Disease Coefficients HCC0851124CHARAlphanumeric Set to "1" if applicable, otherwise "0" Congestive Heart Failure83Disease Coefficients HCC0861125CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction84Disease Coefficients HCC0871126CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction85Disease Coefficients HCC0861127CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction86Disease Coefficients HCC0861128CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris87Disease Coefficients HCC0961128CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris88Disease Coefficients HCC0961128CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage88Disease Coefficients HCC0961129C						
Coefficients HCC082II22CHARAlphanumeric Set to "1" if applicable, otherwise "0" Respirator Dependence/Tracheostomy Status80Disease Coefficients HCC0831122CHARAlphanumeric Set to "1" if applicable, otherwise "0" Respiratory Arrest81Disease Coefficients HCC0841123CHARAlphanumeric Set to "1" if applicable, otherwise "0" Cardio-Respiratory Failure and Shock82Disease Coefficients HCC0851124CHARAlphanumeric Set to "1" if applicable, otherwise "0" Congestive Heart Failure83Disease Coefficients HCC0861125CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction84Disease Coefficients HCC0881126CHARAlphanumeric Set to "1" if applicable, otherwise "0" Unstable Angina and Other Acute Ischemic Heart Disease85Disease Coefficients HCC0881127CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris86Disease Coefficients HCC0961128CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris87Disease Coefficients HCC0991129CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage88Disease Coefficients HCC0991120CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage						
HCC082NetworkSet to "1" it applicable, otherwise "0" Respirator Dependence/Tracheostomy Status80Disease Coefficients HCC0831122CHAR Set to "1" if applicable, otherwise "0" Respiratory Arrest81Disease Coefficients HCC0841123CHAR Set to "1" if applicable, otherwise "0" Cardio-Respiratory Failure and Shock82Disease Coefficients HCC0851124CHAR Set to "1" if applicable, otherwise "0" Cardio-Respiratory Failure and Shock83Disease Coefficients HCC0861125CHAR Set to "1" if applicable, otherwise "0" Congestive Heart Failure84Disease Coefficients HCC0871126CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction84Disease Coefficients HCC0861126CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Unstable Angina and Other Acute Ischemic Heart Disease85Disease Coefficients HCC0961127CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris86Disease Coefficients HCC0961128CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris87Disease Coefficients HCC0961129CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage88Disease Coefficients1129CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial	79		1	121	CHAR	-
80 Disease Coefficients HCC083 1 122 CHAR Alphanumeric Set to "1" if applicable, otherwise "0" Respiratory Arrest 81 Disease Coefficients HCC084 1 123 CHAR Alphanumeric Set to "1" if applicable, otherwise "0" Cardio-Respiratory Failure and Shock 82 Disease Coefficients HCC085 1 124 CHAR Alphanumeric Set to "1" if applicable, otherwise "0" Congestive Heart Failure 83 Disease Coefficients HCC086 1 125 CHAR Alphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction 84 Disease Coefficients HCC087 1 126 CHAR Alphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction 85 Disease Coefficients HCC088 1 126 CHAR Alphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction 86 Disease Coefficients HCC096 1 127 CHAR Alphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris 87 Disease Coefficients HCC099 1 128 CHAR Alphanumeric Set to "1" if applicable, otherwise "0" Angina Piccoris 88 Disease Coefficients HCC099 1 129 CHAR Alphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hem						**
Coefficients HCC0831123CHARAlphanumeric Set to "1" if applicable, otherwise "0" Respiratory Arrest81Disease Coefficients HCC0841123CHARAlphanumeric Set to "1" if applicable, otherwise "0" Cardio-Respiratory Failure and Shock82Disease Coefficients HCC0851124CHARAlphanumeric Set to "1" if applicable, otherwise "0" Congestive Heart Failure83Disease Coefficients HCC0861125CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction84Disease Coefficients HCC0871126CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction85Disease Coefficients HCC0881127CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction86Disease Coefficients HCC0961128CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris87Disease Coefficients HCC0991129CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage88Disease Coefficients HCC0991120CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage						
HCC083HCC083IIIIIRespiratory Arest81Disease Coefficients HCC0841123CHARAlphanumeric Set to "1" if applicable, otherwise "0" 	80		1	122	CHAR	
81Disease Coefficients HCC0841123CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Cardio-Respiratory Failure and Shock82Disease Coefficients HCC0851124CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Congestive Heart Failure83Disease Coefficients HCC0861125CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction84Disease Coefficients HCC0871126CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Unstable Angina and Other Acute Ischemic Heart Disease85Disease Coefficients HCC0881127CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Unstable Angina and Other Acute Ischemic Heart Disease86Disease Coefficients HCC0961128CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris87Disease Coefficients HCC0991129CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage88Disease Coefficients HCC0991130CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage						
Coefficients HCC084IIISet to "1" if applicable, otherwise "0" Cardio-Respiratory Failure and Shock82Disease Coefficients HCC0851124CHARAlphanumeric Set to "1" if applicable, otherwise "0" Congestive Heart Failure83Disease Coefficients HCC0861125CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction84Disease Coefficients HCC0871126CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction85Disease Coefficients HCC0881126CHARAlphanumeric Set to "1" if applicable, otherwise "0" Unstable Angina and Other Acute Ischemic Heart Disease86Disease Coefficients HCC0881127CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris87Disease Coefficients HCC0991128CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris88Disease Coefficients HCC0991130CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage						Respiratory Arrest
HCC084HCC084Image: Set to "1" if applicable, otherwise "0" Cardio-Respiratory Failure and Shock82Disease Coefficients HCC0851124CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Congestive Heart Failure83Disease Coefficients HCC0861125CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction84Disease Coefficients HCC0871126CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction85Disease Coefficients HCC0871126CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Unstable Angina and Other Acute Ischemic Heart Disease86Disease Coefficients HCC0881127CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris86Disease Coefficients HCC0991128CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Specified Heart Arrhythmias87Disease Coefficients HCC0991129CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage88Disease Coefficients HCC0991130CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage	81		1	123	CHAR	Alphanumeric
82Disease Coefficients HCC0851124CHARAlphanumeric Set to "1" if applicable, otherwise "0" Congestive Heart Failure83Disease Coefficients HCC0861125CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction84Disease Coefficients HCC0871126CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction85Disease Coefficients HCC0881127CHARAlphanumeric Set to "1" if applicable, otherwise "0" Unstable Angina and Other Acute Ischemic Heart Disease86Disease Coefficients HCC0961128CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris87Disease Coefficients HCC0991129CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage88Disease Coefficients1130CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage						Set to "1" if applicable, otherwise "0"
Coefficients HCC0851125CHARAlphanumeric Set to "1" if applicable, otherwise "0" Congestive Heart Failure83Disease Coefficients HCC0861125CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction84Disease Coefficients HCC0871126CHARAlphanumeric Set to "1" if applicable, otherwise "0" Unstable Angina and Other Acute Ischemic Heart Disease85Disease Coefficients HCC0881127CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris86Disease Coefficients HCC0961128CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris87Disease Coefficients HCC0991129CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage88Disease Coefficients HCC0991130CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage						Cardio-Respiratory Failure and Shock
HCC085Image: Set to "1" if applicable, otherwise "0" Congestive Heart Failure83Disease Coefficients HCC0861125CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction84Disease Coefficients HCC0871126CHARAlphanumeric Set to "1" if applicable, otherwise "0" Unstable Angina and Other Acute Ischemic Heart Disease85Disease Coefficients HCC0881127CHARAlphanumeric Set to "1" if applicable, otherwise "0" Unstable Angina and Other Acute Ischemic Heart Disease86Disease Coefficients HCC0961128CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris87Disease Coefficients HCC0991129CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage88Disease Coefficients HCC0961130CHARAlphanumeric Set to "1" if applicable, otherwise "0" Set to "1" if applicable, otherwise "0"	82		1	124	CHAR	Alphanumeric
83Disease Coefficients HCC0861125CHARAlphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction84Disease Coefficients HCC0871126CHARAlphanumeric Set to "1" if applicable, otherwise "0" Unstable Angina and Other Acute Ischemic Heart Disease85Disease Coefficients HCC0881127CHARAlphanumeric Set to "1" if applicable, otherwise "0" Unstable Angina and Other Acute Ischemic Heart Disease86Disease Coefficients HCC0961128CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris87Disease Coefficients HCC0991129CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage88Disease Coefficients1130CHARAlphanumeric Set to "1" if applicable, otherwise "0" Specified Heart Arrhythmias						Set to "1" if applicable, otherwise "0"
Coefficients HCC0861126CHARSet to "1" if applicable, otherwise "0" Acute Myocardial Infarction84Disease Coefficients HCC0871126CHARAlphanumeric Set to "1" if applicable, otherwise "0" Unstable Angina and Other Acute Ischemic Heart Disease85Disease Coefficients HCC0881127CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris86Disease Coefficients HCC0961128CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris87Disease Coefficients HCC0991129CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage88Disease Coefficients1130CHARAlphanumeric Set to "1" if applicable, otherwise "0" Set to "1" if applicable, otherwise "0"						Congestive Heart Failure
HCC086Image: Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction84Disease Coefficients HCC0871126CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Unstable Angina and Other Acute Ischemic Heart Disease85Disease Coefficients HCC0881127CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris86Disease Coefficients HCC0961128CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris87Disease Coefficients HCC0991129CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage88Disease Coefficients HCC0991130CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage	83		1	125	CHAR	Alphanumeric
84Disease Coefficients HCC0871126CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Unstable Angina and Other Acute Ischemic Heart Disease85Disease1127CHAR COefficients HCC088Alphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris86Disease Coefficients HCC0961128CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris87Disease Coefficients HCC0991129CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Specified Heart Arrhythmias88Disease Coefficients1130CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage						Set to "1" if applicable, otherwise "0"
Coefficients HCC0871127CHARAlphanumeric Set to "1" if applicable, otherwise "0" Unstable Angina and Other Acute Ischemic Heart Disease85Disease Coefficients HCC0881127CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris86Disease Coefficients HCC0961128CHARAlphanumeric Set to "1" if applicable, otherwise "0" Specified Heart Arrhythmias87Disease Coefficients HCC0991129CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage88Disease Coefficients1130CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage						Acute Myocardial Infarction
HCC087Set to "1" if applicable, otherwise "0"85Disease1127CHARAlphanumeric85Disease1127CHARAlphanumeric86Disease1128CHARAlphanumeric86Disease1128CHARAlphanumeric86Disease1128CHARAlphanumeric86Set sease1128CHARAlphanumeric87Disease1129CHARAlphanumeric87Disease1129CHARAlphanumeric88Disease1130CHARAlphanumeric88Disease1130CHARAlphanumeric88Disease1130CHARAlphanumeric88Disease1130CHARAlphanumeric88Disease1130CHARAlphanumeric88Disease1130CHARAlphanumeric88Disease1130CHARAlphanumeric88Disease1130CHARAlphanumeric88Disease1130CHARAlphanumeric88Disease1130CHARAlphanumeric	84		1	126	CHAR	Alphanumeric
85Disease Coefficients HCC0981127CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris86Disease Coefficients HCC0961128CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Specified Heart Arrhythmias87Disease Coefficients HCC0991129CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Specified Heart Arrhythmias88Disease Coefficients HCC0991130CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage						Set to "1" if applicable, otherwise "0"
Coefficients HCC088IISet to "1" if applicable, otherwise "0" Angina Pectoris86Disease Coefficients HCC0961128CHARAlphanumeric Set to "1" if applicable, otherwise "0" Specified Heart Arrhythmias87Disease Coefficients HCC0991129CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage88Disease Coefficients1130CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage						
HCC088HCC088Set to "1" if applicable, otherwise "0" Angina Pectoris86Disease Coefficients HCC0961128CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Specified Heart Arrhythmias87Disease Coefficients HCC0991129CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage88Disease Coefficients1130CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage	85		1	127	CHAR	Alphanumeric
Image: Section of the section of th						Set to "1" if applicable, otherwise "0"
Coefficients HCC096ISet to "1" if applicable, otherwise "0" Specified Heart Arrhythmias87Disease Coefficients HCC0991129CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage88Disease Coefficients1130CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage						Angina Pectoris
HCC096Set to "1" if applicable, otherwise "0"87Disease Coefficients HCC0991129CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage88Disease Coefficients1130CHAR CHARAlphanumeric Set to "1" if applicable, otherwise "0" Set to "1" if applicable, otherwise "0"	86		1	128	CHAR	Alphanumeric
87 Disease Coefficients HCC099 1 129 CHAR Alphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage 88 Disease Coefficients 1 130 CHAR Alphanumeric Set to "1" if applicable, otherwise "0" 88 Disease Coefficients 1 130 CHAR Alphanumeric Set to "1" if applicable, otherwise "0"						Set to "1" if applicable, otherwise "0"
Coefficients HCC099 Image: Coefficients Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage 88 Disease Coefficients 1 130 CHAR Alphanumeric Set to "1" if applicable, otherwise "0"						Specified Heart Arrhythmias
HCC099 Set to "1" if applicable, otherwise "0" 88 Disease 1 130 CHAR Alphanumeric Coefficients Set to "1" if applicable, otherwise "0"	87		1	129	CHAR	Alphanumeric
88 Disease 1 130 CHAR Alphanumeric Coefficients Set to "1" if applicable, otherwise "0"						Set to "1" if applicable, otherwise "0"
Coefficients						Intracranial Hemorrhage
Net to "1" it applicable otherwise "1"	88		1	130	CHAR	Alphanumeric
						Set to "1" if applicable, otherwise "0"
Ischemic or Unspecified Stroke						Ischemic or Unspecified Stroke

		Part C	RA Model	Output Det	ail Record Type I (PY2019)
Item	Field	Size	Position	Format	Description
89	Disease Coefficients	1	131	CHAR	Alphanumeric
	HCC103				Set to "1" if applicable, otherwise "0"
					Hemiplegia/Hemiparesis
90	Disease Coefficients	1	132	CHAR	Alphanumeric
	HCC104				Set to "1" if applicable, otherwise "0"
					Monoplegia, Other Paralytic Syndromes
91	Disease	1	133	CHAR	Alphanumeric
	Coefficients HCC106				Set to "1" if applicable, otherwise "0"
					Atherosclerosis of the Extremities with Ulceration or Gangrene
92	Disease	1	134	CHAR	Alphanumeric
	Coefficients HCC107				Set to "1" if applicable, otherwise "0"
					Vascular Disease with Complications
93	Disease	1	135	CHAR	Alphanumeric
	Coefficients HCC108				Set to "1" if applicable, otherwise "0"
					Vascular Disease
94	Disease	1	136	CHAR	Alphanumeric
	Coefficients HCC110				Set to "1" if applicable, otherwise "0"
					Cystic Fibrosis
95	Disease	1	137	CHAR	Alphanumeric
	Coefficients HCC111				Set to "1" if applicable, otherwise "0"
					Chronic Obstructive Pulmonary Disease
96	Disease	1	138	CHAR	Alphanumeric
	Coefficients HCC112				Set to "1" if applicable, otherwise "0"
					Fibrosis of Lung and Other Chronic Lung Disorders
97	Disease	1	139	CHAR	Alphanumeric
	Coefficients HCC114				Set to "1" if applicable, otherwise "0"
					Aspiration and Specified Bacterial Pneumonias
98	Disease	1	140	CHAR	Alphanumeric
	Coefficients HCC115				Set to "1" if applicable, otherwise "0"
					Pneumococcal Pneumonia, Empyema, Lung Abscess
99	Disease	1	141	CHAR	Alphanumeric
	Coefficients HCC122				Set to "1" if applicable, otherwise "0"
					Proliferative Diabetic Retinopathy and Vitreous Hemorrhage

100 Disease 1 142 C	Format	
		Description
	CHAR	Alphanumeric
Coefficients HCC124		Set to "1" if applicable, otherwise "0"
		Exudative Macular Degeneration
	CHAR	Alphanumeric
Coefficients HCC134		Set to "1" if applicable, otherwise "0"
		Dialysis Status
	CHAR	Alphanumeric
Coefficients HCC135		Set to "1" if applicable, otherwise "0"
		Acute Renal Failure
	CHAR	Alphanumeric
Coefficients HCC136		Set to "1" if applicable, otherwise "0"
		Chronic Kidney Disease, Stage 5
	CHAR	Alphanumeric
Coefficients HCC137		Set to "1" if applicable, otherwise "0"
		Chronic Kidney Disease, Severe (Stage 4)
	CHAR	Alphanumeric
Coefficients HCC138		Set to "1" if applicable, otherwise "0"
		Chronic Kidney Disease, Moderate (Stage 3)
	CHAR	Alphanumeric
Coefficients HCC157		Set to "1" if applicable, otherwise "0"
		Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone
	CHAR	Alphanumeric
Coefficients HCC158		Set to "1" if applicable, otherwise "0"
		Pressure Ulcer of Skin with Full Thickness Skin Loss
	CHAR	Alphanumeric
Coefficients HCC161		Set to "1" if applicable, otherwise "0"
		Chronic Ulcer of Skin, Except Pressure
	CHAR	Alphanumeric
Coefficients HCC162		Set to "1" if applicable, otherwise "0"
		Severe Skin Burn or Condition
	CHAR	Alphanumeric
Coefficients HCC166		Set to "1" if applicable, otherwise "0"
		Severe Head Injury

		Part C	RA Model (Output Det	ail Record Type I (PY2019)
Item	Field	Size	Position	Format	Description
111	Disease	1	153	CHAR	Alphanumeric
	Coefficients HCC167				Set to "1" if applicable, otherwise "0"
					Major Head Injury
112	Disease	1	154	CHAR	Alphanumeric
	Coefficients HCC169				Set to "1" if applicable, otherwise "0"
					Vertebral Fractures without Spinal Cord Injury
113	Disease	1	155	CHAR	Alphanumeric
	Coefficients HCC170				Set to "1" if applicable, otherwise "0"
					Hip Fracture/Dislocation
114	Disease	1	156	CHAR	Alphanumeric
	Coefficients HCC173				Set to "1" if applicable, otherwise "0"
					Traumatic Amputations and Complications
115	Disease	1	157	CHAR	Alphanumeric
	Coefficients HCC176				Set to "1" if applicable, otherwise "0"
					Complications of Specified Implanted Device or Graft
116	Disease	1	158	CHAR	Alphanumeric
	Coefficients HCC186				Set to "1" if applicable, otherwise "0"
					Major Organ Transplant or Replacement Status
117	Disease	1	159	CHAR	Alphanumeric
	Coefficients HCC188				Set to "1" if applicable, otherwise "0"
					Artificial Openings for Feeding or Elimination
118	Disease	1	160	CHAR	Alphanumeric
	Coefficients HCC189				Set to "1" if applicable, otherwise "0"
					Amputation Status, Lower Limb/Amputation Complications
119	Disabled Disease	1	161	CHAR	Alphanumeric
	- DISABLED_HC				Set to "1" if applicable, otherwise "0"
	C6				Disabled, Opportunistic Infections
120	Filler	1	162	CHAR	Spaces.
121	Filler	1	163	CHAR	Spaces.
122	Filler	1	164	CHAR	Spaces.
123	Disease	1	165	CHAR	Alphanumeric
	Interactions - HCC47_gCancer				Set to "1" if applicable, otherwise "0"
					Immune Disorders and Cancer Group

	Part C RA Model Output Detail Record Type I (PY2019)								
Item	Field	Size	Position	Format	Description				
124	Disease	1	166	CHAR	Alphanumeric				
	Interactions - HCC85_gDiabete				Set to "1" if applicable, otherwise "0"				
	sMellit				Congestive Heart Failure and Diabetes Group				
125	Disease	1	167	CHAR	Alphanumeric				
	Interactions - HCC85_gCopdC				Set to "1" if applicable, otherwise "0"				
	F				Congestive Heart Failure and Chronic Obstructive Pulmonary Disease Group				
126	Disease	1	168	CHAR	Alphanumeric				
	Interactions - HCC85_gRenal				Set to "1" if applicable, otherwise "0"				
					Congestive Heart Failure and Renal Group				
127	Disease	1	169	CHAR	Alphanumeric				
	Interactions - HCC85_HCC96				Set to "1" if applicable, otherwise "0"				
					Congestive Heart Failure*Specified Heart Arrhythmias				
128	Disease	1	170	CHAR	Alphanumeric				
	Interactions - gRespDepandArr				Set to "1" if applicable, otherwise "0"				
	e_gCopdCF				Cardiorespiratory Failure Group and Chronic Obstructive Pulmonary Disease Group				
129	Disease	1	171	CHAR	Alphanumeric				
	Interactions - gSubstanceAbuse				Set to "1" if applicable, otherwise "0"				
	_gPsychiatric				Substance Use Disorder Group and Psychiatric Group				
130	Medicaid	1	172	CHAR	Alphanumeric				
					Set to "1" if applicable, otherwise "0"				
					Beneficiary is entitled to Medicaid				
131	Originally	1	173	CHAR	Alphanumeric				
	Disabled				Set to "1" if applicable, otherwise "0"				
					Beneficiary original Medicare entitlement is due to disability				
132	Disabled Disease	1	174	CHAR	Alphanumeric				
	- DISABLED_HC				Set to "1" if applicable, otherwise "0"				
	C39				Disabled, Bone/Joint Muscle Infections/Necrosis				
133	Disabled Disease	1	175	CHAR	Alphanumeric				
	- DISABLED_HC				Set to "1" if applicable, otherwise "0"				
	C77				Disabled, Multiple Sclerosis				

	Part C RA Model Output Detail Record Type I (PY2019)										
Item	Field	Size	Position	Format	Description						
134	Disabled Disease	1	176	CHAR	Alphanumeric						
	- DISABLED_HC				Set to "1" if applicable, otherwise "0"						
	C85 -				Disabled, Congestive Heart Failure						
135	Disabled Disease	1	177	CHAR	Alphanumeric						
	- DISABLED_HC				Set to "1" if applicable, otherwise "0"						
	C161				Disabled, Chronic Ulcer of the Skin, Except Pressure Ulcer						
136	Disabled	1	178	CHAR	Alphanumeric						
	Disease- DISABLED_PR				Set to "1" if applicable, otherwise "0"						
	ESSURE_ULCE R				Disabled and Pressure Ulcer						
137	Disease	1	179	CHAR	Alphanumeric						
	Interactions - ART_OPENING				Set to "1" if applicable, otherwise "0"						
	S_PRESSURE_ ULCER				Artificial Openings for Feeding or Elimination and Pressure Ulcer						
138	Disease	1	180	CHAR	Alphanumeric						
	Interactions - ASP_SPEC_BA				Set to "1" if applicable, otherwise "0"						
	CT_PNEUM_PR ES_ULC				Aspiration and Specified Bacterial Pneumonias and Pressure Ulcer						
139	Disease	1	181	CHAR	Alphanumeric						
	Interactions - gCopdCF_ASP_				Set to "1" if applicable, otherwise "0"						
	SPEC_BACT_P NEUM				Chronic Obstructive Pulmonary Disease and Aspiration and Specified Bacterial Pneumonias						
140	Disease	1	182	CHAR	Alphanumeric						
	Interactions - SCHIZOPHREN				Set to "1" if applicable, otherwise "0"						
	IA_CHF				Schizophrenia and Congestive Heart Failure						
141	Disease	1	183	CHAR	Alphanumeric						
	Interactions - SCHIZOPHREN				Set to "1" if applicable, otherwise "0"						
	IA_gCopdCF				Schizophrenia and Chronic Obstructive Pulmonary Disease						
142	Disease	1	184	CHAR	Alphanumeric						
	Interactions - SCHIZOPHREN				Set to "1" if applicable, otherwise "0"						
	IA_SEIZURES				Schizophrenia and Seizure Disorders and Convulsions						

	Part C RA Model Output Detail Record Type I (PY2019)											
Item	Field	Size	Position	Format	Description							
143	Disease Interactions - SEPSIS_ARTIF_ OPENINGS	1	185	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Sepsis and Artificial Openings for Feeding or Elimination							
144	Disease Interactions - SEPSIS_ASP_SP EC_BACT_PNE UM	1	186	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Sepsis and Aspiration and Specified Bacterial Pneumonias							
145	Disease Interactions - SEPSIS_PRESS URE_ULCER	1	187	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Sepsis and Pressure Ulcers Associated with the CMS HCC V22 Institutional Score only							
146	Filler	13	188-200	CHAR	Spaces.							

NOTE: Fields 132 -145 are associated with the V23 HCC Continuing Enrollee Institutional Score only.

Layout 7-6: Part C RA Model Output Detail Record Type J (PY2020 through PY2025)

The Detail Record Type J is used to report V24 non-PACE, non-ESRD beneficiaries.

	Part C RA Model Output Detail Record Type J (PY2020 – PY2025)									
Item	Field	Size	Position	Format	Description					
1	Record Type Code	1	1	CHAR	Set to "J" for Details for V24 PTC MOR - non-PACE and non-ESRD benes					
2	Medicare Beneficiary Identifier (MBI)	11	2-12	CHAR	Medicare Beneficiary Identifier.					
3	Beneficiary Last Name	12	13-24	CHAR	First 12 bytes of the Bene Last Name Beneficiary Last Name					
4	Beneficiary First Name	7	25-31	CHAR	First 7 bytes of the bene First Name Beneficiary First Name					
5	Beneficiary Initial	1	32	CHAR	Beneficiary Middle Initial					
6	Date of Birth	8	33-40	CHAR	The date of birth of the Medicare Beneficiary					

	Part C RA Model Output Detail Record Type J (PY2020 – PY2025)									
Item	Field	Size	Position	Format	Description					
7	Sex	1	41	CHAR	Represents the sex of the Medicare Beneficiary. Examples include Male and Female. 0=Unknown. 1=Male.					
8	Age Group Female 0_34	1	42	CHAR	2=Female The sex and age group for the beneficiary based on a given as of date. Female between ages 0 and 34, inclusive. 1 = If applicable. 0 = Otherwise.					
9	Age Group Female 35_44	1	43	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 35 and 44, inclusive. 1 = If applicable. 0 = Otherwise.					
10	Age Group Female 45_54	1	44	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 45 and 54, inclusive. 1 = If applicable. 0 = Otherwise.					
11	Age Group Female 55_59	1	45	CHAR	Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date. Female between ages 55 and 59, inclusive. 1 = If applicable. 0 = Otherwise.					
12	Age Group Female 60_64	1	46	CHAR	Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date. Female between ages 60 and 64, inclusive. 1 = If applicable. 0 = Otherwise.					
13	Age Group Female 65_69	1	47	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 65 and 69, inclusive. 1 = If applicable. 0 = Otherwise.					
14	Age Group Female 70_74	1	48	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 70 and 74, inclusive. 1 = If applicable. 0 = Otherwise.					
15	Age Group Female 75_79	1	49	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 75 and 79, inclusive. 1 = If applicable. 0 = Otherwise.					
16	Age Group Female 80_84	1	50	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 80 and 84, inclusive. 1 = If applicable. 0 = Otherwise.					

	Part C RA Model Output Detail Record Type J (PY2020 – PY2025)									
Item	Field	Size	Position	Format	Description					
17	Age Group Female 85_89	1	51	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 85 and 89, inclusive. 1 = If applicable. 0 = Otherwise.					
18	Age Group Female 90_94	1	52	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 90 and 94, inclusive. 1 = If applicable. 0 = Otherwise.					
19	Age Group Female 95_GT	1	53	CHAR	The sex and age group for the beneficiary based on a given as of date. Female, age 95 or greater. 1 = If applicable. 0 = Otherwise.					
20	Age Group Male 0_34	1	54	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 0 and 34, inclusive. 1 = If applicable. 0 = Otherwise.					
21	Age Group Male 35_44	1	55	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 35 and 44, inclusive. 1 = If applicable. 0 = Otherwise.					
22	Age Group Male 45_54	1	56	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 45 and 54, inclusive. 1 = If applicable. 0 = Otherwise.					
23	Age Group Male 55_59	1	57	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 55 and 59, inclusive. 1 = If applicable. 0 = Otherwise.					
24	Age Group Male 60_64	1	58	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 60 and 64, inclusive. 1 = If applicable. 0 = Otherwise.					
25	Age Group Male 65_69	1	59	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 65 and 69, inclusive. 1 = If applicable. 0 = Otherwise.					
26	Age Group Male 70_74	1	60	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 70 and 74, inclusive. 1 = If applicable. 0 = Otherwise.					

	Part C RA Model Output Detail Record Type J (PY2020 – PY2025)									
Item	Field	Size	Position	Format	Description					
27	Age Group Male 75_79	1	61	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 and 79, inclusive. 1 = If applicable. 0 = Otherwise.					
28	Age Group Male 80_84	1	62	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 and 84, inclusive. 1 = If applicable. 0 = Otherwise.					
29	Age Group Male 85_89	1	63	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 and 89, inclusive. 1 = If applicable. 0 = Otherwise.					
30	Age Group Male 90_94	1	64	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 and 94, inclusive. 1 = If applicable. 0 = Otherwise.					
31	Age Group Male 95_GT	1	65	CHAR	The sex and age group for the beneficiary based on a given as of date. Male, age 95 or greater. 1 = If applicable. 0 = Otherwise.					
32	Medicaid	1	66	CHAR	Beneficiary is entitled to Medicaid Associated with Institutional Score only 1 = If applicable. 0 = Otherwise.					
33	Originally Disabled Female	1	67	CHAR	Beneficiary is a female and original Medicare entitlement is due to disability. 1 = If applicable. 0 = Otherwise.					
34	Originally Disabled Male	1	68	CHAR	Beneficiary is a male and original Medicare entitlement is due to disability. 1 = If applicable. 0 = Otherwise.					
35	Disease Coefficients HCC001	1	69	CHAR	HIV/AIDS 1 = If applicable. 0 = Otherwise.					
36	Disease Coefficients HCC002	1	70	CHAR	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock 1 = If applicable. 0 = Otherwise.					
37	Disease Coefficients HCC006	1	71	CHAR	Opportunistic Infections 1 = If applicable. 0 = Otherwise.					
38	Disease Coefficients HCC008	1	72	CHAR	Metastatic Cancer and Acute Leukemia 1 = If applicable. 0 = Otherwise.					

	Part C RA Model Output Detail Record Type J (PY2020 – PY2025)									
Item	Field	Size	Position	Format	Description					
39	Disease Coefficients HCC009	1	73	CHAR	Lung and Other Severe Cancers 1 = If applicable. 0 = Otherwise.					
40	Disease Coefficients HCC010	1	74	CHAR	Lymphoma and Other Cancers 1 = If applicable. 0 = Otherwise.					
41	Disease Coefficients HCC011	1	75	CHAR	Colorectal, Bladder, and Other Cancers 1 = If applicable. 0 = Otherwise.					
42	Disease Coefficients HCC012	1	76	CHAR	Breast, Prostate, and Other Cancers and Tumors 1 = If applicable. 0 = Otherwise.					
43	Disease Coefficients HCC017	1	77	CHAR	Diabetes with Acute Complications 1 = If applicable. 0 = Otherwise.					
44	Disease Coefficients HCC018	1	78	CHAR	Diabetes with Chronic Complications 1 = If applicable. 0 = Otherwise.					
45	Disease Coefficients HCC019	1	79	CHAR	Diabetes without Complication 1 = If applicable. 0 = Otherwise.					
46	Disease Coefficients HCC021	1	80	CHAR	Protein-Calorie Malnutrition 1 = If applicable. 0 = Otherwise.					
47	Disease Coefficients HCC022	1	81	CHAR	Morbid Obesity 1 = If applicable. 0 = Otherwise.					
48	Disease Coefficients HCC023	1	82	CHAR	Other Significant Endocrine and Metabolic Disorders 1 = If applicable. 0 = Otherwise.					
49	Disease Coefficients HCC027	1	83	CHAR	End-Stage Liver Disease 1 = If applicable. 0 = Otherwise.					
50	Disease Coefficients HCC028	1	84	CHAR	Cirrhosis of Liver 1 = If applicable. 0 = Otherwise.					
51	Disease Coefficients HCC029	1	85	CHAR	Chronic Hepatitis 1 = If applicable. 0 = Otherwise.					
52	Disease Coefficients HCC033	1	86	CHAR	Intestinal Obstruction/Perforation 1 = If applicable. 0 = Otherwise.					

	Part C RA Model Output Detail Record Type J (PY2020 – PY2025)									
Item	Field	Size	Position	Format	Description					
53	Disease Coefficients HCC034	1	87	CHAR	Chronic Pancreatitis 1 = If applicable. 0 = Otherwise.					
54	Disease Coefficients HCC035	1	88	CHAR	Inflammatory Bowel Disease 1 = If applicable. 0 = Otherwise.					
55	Disease Coefficients HCC039	1	89	CHAR	Bone/Joint/Muscle Infections/Necrosis 1 = If applicable. 0 = Otherwise.					
56	Disease Coefficients HCC040	1	90	CHAR	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease 1 = If applicable. 0 = Otherwise.					
57	Disease Coefficients HCC046	1	91	CHAR	Severe Hematological Disorders 1 = If applicable. 0 = Otherwise.					
58	Disease Coefficients HCC047	1	92	CHAR	Disorders of Immunity 1 = If applicable. 0 = Otherwise.					
59	Disease Coefficients HCC048	1	93	CHAR	Coagulation Defects and Other Specified Hematological Disorders 1 = If applicable. 0 = Otherwise.					
60	Disease Coefficients HCC051	1	94	CHAR	Dementia With Complications 1 = If applicable. 0 = Otherwise.					
61	Disease Coefficients HCC52	1	95	CHAR	Dementia Without Complication 1 = If applicable. 0 = Otherwise.					
62	Disease Coefficients HCC054	1	96	CHAR	Substance Use with Psychotic Complications 1 = If applicable. 0 = Otherwise.					
63	Disease Coefficients HCC055	1	97	CHAR	Substance Use Disorder, Moderate/Severe, or Substance Use with Complications 1 = If applicable. 0 = Otherwise.					
64	Disease Coefficients HCC056	1	98	CHAR	Substance Use Disorder, Mild, Except Alcohol and Cannabis 1 = If applicable. 0 = Otherwise.					
65	Disease Coefficients HCC057	1	99	CHAR	Schizophrenia 1 = If applicable. 0 = Otherwise.					
66	Disease Coefficients HCC058	1	100	CHAR	Reactive and Unspecified Psychosis 1 = If applicable. 0 = Otherwise.					

	Part C RA Model Output Detail Record Type J (PY2020 – PY2025)									
Item	Field	Size	Position	Format	Description					
67	Disease Coefficients HCC059	1	101	CHAR	Major Depressive, Bipolar, and Paranoid Disorders 1 = If applicable. 0 = Otherwise.					
68	Disease Coefficients HCC060	1	102	CHAR	Personality Disorders 1 = If applicable. 0 = Otherwise.					
69	Disease Coefficients HCC070	1	103	CHAR	Quadriplegia 1 = If applicable. 0 = Otherwise.					
70	Disease Coefficients HCC071	1	104	CHAR	Paraplegia 1 = If applicable. 0 = Otherwise.					
71	Disease Coefficients HCC072	1	105	CHAR	Spinal Cord Disorders/Injuries 1 = If applicable. 0 = Otherwise.					
72	Disease Coefficients HCC073	1	106	CHAR	Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease 1 = If applicable. 0 = Otherwise.					
73	Disease Coefficients HCC074	1	107	CHAR	Cerebral Palsy 1 = If applicable. 0 = Otherwise.					
74	Disease Coefficients HCC075	1	108	CHAR	Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy 1 = If applicable. 0 = Otherwise.					
75	Disease Coefficients HCC076	1	109	CHAR	Muscular Dystrophy 1 = If applicable. 0 = Otherwise.					
76	Disease Coefficients HCC077	1	110	CHAR	Multiple Sclerosis 1 = If applicable. 0 = Otherwise.					
77	Disease Coefficients HCC078	1	111	CHAR	Parkinson's and Huntington's Diseases 1 = If applicable. 0 = Otherwise.					
78	Disease Coefficients HCC079	1	112	CHAR	Seizure Disorders and Convulsions 1 = If applicable. 0 = Otherwise.					
79	Disease Coefficients HCC080	1	113	CHAR	Coma, Brain Compression/Anoxic Damage 1 = If applicable. 0 = Otherwise.					
80	Disease Coefficients HCC082	1	114	CHAR	Respirator Dependence/Tracheostomy Status 1 = If applicable. 0 = Otherwise.					

	Part C RA Model Output Detail Record Type J (PY2020 – PY2025)									
Item	Field	Size	Position	Format	Description					
81	Disease Coefficients HCC083	1	115	CHAR	Respiratory Arrest 1 = If applicable. 0 = Otherwise.					
82	Disease Coefficients HCC084	1	116	CHAR	Cardio-Respiratory Failure and Shock 1 = If applicable. 0 = Otherwise.					
83	Disease Coefficients HCC085	1	117	CHAR	Congestive Heart Failure 1 = If applicable. 0 = Otherwise.					
84	Disease Coefficients HCC086	1	118	CHAR	Acute Myocardial Infarction 1 = If applicable. 0 = Otherwise.					
85	Disease Coefficients HCC087	1	119	CHAR	Unstable Angina and Other Acute Ischemic Heart Disease 1 = If applicable. 0 = Otherwise.					
86	Disease Coefficients HCC088	1	120	CHAR	Angina Pectoris 1 = If applicable. 0 = Otherwise.					
87	Disease Coefficients HCC096	1	121	CHAR	Specified Heart Arrhythmias 1 = If applicable. 0 = Otherwise.					
88	Disease Coefficients HCC099	1	122	CHAR	Intracranial Hemorrhage 1 = If applicable. 0 = Otherwise.					
89	Disease Coefficients HCC100	1	123	CHAR	Ischemic or Unspecified Stroke 1 = If applicable. 0 = Otherwise.					
90	Disease Coefficients HCC103	1	124	CHAR	Hemiplegia/Hemiparesis 1 = If applicable. 0 = Otherwise.					
91	Disease Coefficients HCC104	1	125	CHAR	Monoplegia, Other Paralytic Syndromes 1 = If applicable. 0 = Otherwise.					
92	Disease Coefficients HCC106	1	126	CHAR	Atherosclerosis of the Extremities with Ulceration or Gangrene 1 = If applicable. 0 = Otherwise.					
93	Disease Coefficients HCC107	1	127	CHAR	Vascular Disease with Complications 1 = If applicable. 0 = Otherwise.					
94	Disease Coefficients HCC108	1	128	CHAR	Vascular Disease 1 = If applicable. 0 = Otherwise.					

	Part C RA Model Output Detail Record Type J (PY2020 – PY2025)									
Item	Field	Size	Position	Format	Description					
95	Disease Coefficients HCC110	1	129	CHAR	Cystic Fibrosis 1 = If applicable. 0 = Otherwise.					
96	Disease Coefficients HCC111	1	130	CHAR	Chronic Obstructive Pulmonary Disease 1 = If applicable. 0 = Otherwise.					
97	Disease Coefficients HCC112	1	131	CHAR	Fibrosis of Lung and Other Chronic Lung Disorders 1 = If applicable. 0 = Otherwise.					
98	Disease Coefficients HCC114	1	132	CHAR	Aspiration and Specified Bacterial Pneumonias 1 = If applicable. 0 = Otherwise.					
99	Disease Coefficients HCC115	1	133	CHAR	Pneumococcal Pneumonia, Empyema, Lung Abscess 1 = If applicable. 0 = Otherwise.					
100	Disease Coefficients HCC122	1	134	CHAR	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage 1 = If applicable. 0 = Otherwise.					
101	Disease Coefficients HCC124	1	135	CHAR	Exudative Macular Degeneration 1 = If applicable. 0 = Otherwise.					
102	Disease Coefficients HCC134	1	136	CHAR	Dialysis Status 1 = If applicable. 0 = Otherwise.					
103	Disease Coefficients HCC135	1	137	CHAR	Acute Renal Failure 1 = If applicable. 0 = Otherwise.					
104	Disease Coefficients HCC136	1	138	CHAR	Chronic Kidney Disease, Stage 5 1 = If applicable. 0 = Otherwise.					
105	Disease Coefficients HCC137	1	139	CHAR	Chronic Kidney Disease, Severe (Stage 4) 1 = If applicable. 0 = Otherwise.					
106	Disease Coefficients HCC138	1	140	CHAR	Chronic Kidney Disease, Moderate (Stage 3) 1 = If applicable. 0 = Otherwise.					
107	Disease Coefficients HCC157	1	141	CHAR	Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone 1 = If applicable. 0 = Otherwise.					
108	Disease Coefficients HCC158	1	142	CHAR	Pressure Ulcer of Skin with Full Thickness Skin Loss 1 = If applicable. 0 = Otherwise.					

	Part C RA Model Output Detail Record Type J (PY2020 – PY2025)									
Item	Field	Size	Position	Format	Description					
109	Disease Coefficients HCC159	1	143	CHAR	Pressure Ulcer of Skin with Partial Thickness Skin Loss 1 = If applicable. 0 = Otherwise.					
110	Disease Coefficients HCC161	1	144	CHAR	Chronic Ulcer of Skin, Except Pressure 1 = If applicable. 0 = Otherwise.					
111	Disease Coefficients HCC162	1	145	CHAR	Severe Skin Burn or Condition 1 = If applicable. 0 = Otherwise.					
112	Disease Coefficients HCC166	1	146	CHAR	Severe Head Injury 1 = If applicable. 0 = Otherwise.					
113	Disease Coefficients HCC167	1	147	CHAR	Major Head Injury 1 = If applicable. 0 = Otherwise.					
114	Disease Coefficients HCC169	1	148	CHAR	Vertebral Fractures without Spinal Cord Injury 1 = If applicable. 0 = Otherwise.					
115	Disease Coefficients HCC170	1	149	CHAR	Hip Fracture/Dislocation 1 = If applicable. 0 = Otherwise.					
116	Disease Coefficients HCC173	1	150	CHAR	Traumatic Amputations and Complications 1 = If applicable. 0 = Otherwise.					
117	Disease Coefficients HCC176	1	151	CHAR	Complications of Specified Implanted Device or Graft 1 = If applicable. 0 = Otherwise.					
118	Disease Coefficients HCC186	1	152	CHAR	Major Organ Transplant or Replacement Status 1 = If applicable. 0 = Otherwise.					
119	Disease Coefficients HCC188	1	153	CHAR	Artificial Openings for Feeding or Elimination 1 = If applicable. 0 = Otherwise.					
120	Disease Coefficients HCC189	1	154	CHAR	Amputation Status, Lower Limb/Amputation Complications 1 = If applicable. 0 = Otherwise.					
121	Disease Interactions - HCC47_gCancer	1	155	CHAR	Immune Disorders and Cancer Group 1 = If applicable. 0 = Otherwise.					
122	Disease Interactions - Diabetes_CHF	1	156	CHAR	Congestive Heart Failure and Diabetes Group 1 = If applicable. 0 = Otherwise.					

	Part C R	A Model (Output Deta	il Record T	ype J (PY2020 – PY2025)
Item	Field	Size	Position	Format	Description
123	Disease Interactions - CHF_gCopdCF	1	157	CHAR	Congestive Heart Failure and Chronic Obstructive Pulmonary Disease Group 1 = If applicable. 0 = Otherwise.
124	Disease Interactions - HCC85_gRenal_v2 4	1	158	CHAR	Congestive Heart Failure and Renal Group 1 = If applicable. 0 = Otherwise.
125	Disease Interactions - gCopdCF_CARD_ RESP_FAIL	1	159	CHAR	Cardiorespiratory Failure Group and Chronic Obstructive Pulmonary Disease Group 1 = If applicable. 0 = Otherwise.
126	Disease Interactions - HCC85_HCC96	1	160	CHAR	Congestive Heart Failure*Specified Heart Arrhythmias 1 = If applicable. 0 = Otherwise.
127	Disease Interactions - gSubstanceUseDiso rder_gPsych	1	161	CHAR	Substance Use Disorder and Psychiatric Group 1 = If applicable. 0 = Otherwise.
128	Disease Interactions - SEPSIS_PRESSUR E_ULCER	1	162	CHAR	Sepsis and Pressure Ulcer 1 = If applicable. 0 = Otherwise.
129	Disease Interactions - SEPSIS_ARTIF_O PENINGS	1	163	CHAR	Sepsis and Artificial Openings for Feeding or Elimination 1 = If applicable. 0 = Otherwise.
130	Disease Interactions - ART_OPENINGS_ PRESSURE_ULCE R	1	164	CHAR	Artificial Openings for Feeding or Elimination and Pressure Ulcer 1 = If applicable. 0 = Otherwise.
131	Disease Interactions - gCopdCF_ASP_SP EC_BACT_PNEU M	1	165	CHAR	Chronic Obstructive Pulmonary Disease and Aspiration and Specified Bacterial Pneumonias 1 = If applicable. 0 = Otherwise.
132	Disease Interactions - ASP_SPEC_BACT _PNEUM_PRES_U LC	1	166	CHAR	Aspiration and Specified Bacterial Pneumonias and Pressure Ulcer 1 = If applicable. 0 = Otherwise.
133	Disease Interactions - SEPSIS_ASP_SPE C_BACT_PNEUM	1	167	CHAR	Sepsis and Aspiration and Specified Bacterial Pneumonias 1 = If applicable. 0 = Otherwise.

	Part C R	A Model C	Output Deta	il Record T	ype J (PY2020 – PY2025)
Item	Field	Size	Position	Format	Description
134	Disease Interactions - SCHIZOPHRENIA _gCopdCF	1	168	CHAR	Schizophrenia and Chronic Obstructive Pulmonary Disease 1 = If applicable. 0 = Otherwise.
135	Disease Interactions - SCHIZOPHRENIA _CHF	1	169	CHAR	Schizophrenia and Congestive Heart Failure 1 = If applicable. 0 = Otherwise.
136	Disease Interactions - SCHIZOPHRENIA _SEIZURES	1	170	CHAR	Schizophrenia and Seizure Disorders and Convulsions 1 = If applicable. 0 = Otherwise.
137	Disabled Disease - DISABLED_HCC8 5	1	171	CHAR	Disabled, Congestive Heart Failure 1 = If applicable. 0 = Otherwise.
138	Disabled Disease e- DISABLED_PRES SURE_ULCER	1	172	CHAR	Disabled and Pressure Ulcer 1 = If applicable. 0 = Otherwise.
139	Disabled Disease - DISABLED_HCC1 61	1	173	CHAR	Disabled, Chronic Ulcer of the Skin, Except Pressure Ulcer 1 = If applicable. 0 = Otherwise.
140	Disabled Disease - DISABLED_HCC3 9	1	174	CHAR	Disabled, Bone/Joint Muscle Infections/Necrosis 1 = If applicable. 0 = Otherwise.
141	Disabled Disease - DISABLED_HCC7 7	1	175	CHAR	Disabled, Multiple Sclerosis 1 = If applicable. 0 = Otherwise.
142	Disabled Disease - DISABLED_HCC6	1	176	CHAR	Disabled, Opportunistic Infections 1 = If applicable. 0 = Otherwise.
143	Payment HCC Count	2	177-178	CHAR	Set to values between '00' and '10' depending on the count of payment HCCs. '00' if no HCCs and '10 for 10 or more payment HCCs
144	Filler	22	179-200	CHAR	Spaces

NOTE: Fields 128-142 are associated with the V24 HCC Continuing Enrollee Institutional Score only.

Layout 7-7: Part C RA Model Output Detail Record Type K (PY2020 through PY2025)

The Detail Record Type K is used to report v22 PACE non-ESRD beneficiaries.

	Part C RA Model Output Detail Record Type K (PY2020 – PY2025)									
Item	Field	Size	Position	Format	Description					
1	Record Type Code	1	1	CHAR	Set to "K" for V22 PTC MOR – PACE non-ESRD beneficiaries					
2	Medicare Beneficiary Identifier (MBI)	11	2-12	CHAR	Medicare Beneficiary Identifier.					
3	Beneficiary Last Name	2	13-24	CHAR	First 12 bytes of the Bene Last Name					
4	Beneficiary First Name	7	25-31	CHAR	Beneficiary Last Name First 7 bytes of the bene First Name					
5	Danafician Initial	1	32	CHAR	Beneficiary First Name					
5	Beneficiary Initial Date of Birth	1 8	32 33-40	CHAR	Beneficiary Middle Initial					
0	Date of Birth	8	55-40	CHAK	The date of birth of the Medicare Beneficiary					
7	Sex	1	41	CHAR	Represents the sex of the Medicare Beneficiary. 0=Unknown. 1=Male. 2=Female					
8	Age Group Female0_34	1	42	CHAR	The sex and age group for the beneficiary based on a given as of date: female between ages 0 and 34, inclusive. 1 = If applicable. 0 = Otherwise.					
9	Age Group Female35_44	1	43	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 35 and 44, inclusive. 1 = If applicable. 0 = Otherwise.					
10	Age Group Female45_54	1	44	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 45 and 54, inclusive. 1 = If applicable. 0 = Otherwise.					
11	Age Group Female55_59	1	45	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 55 and 59, inclusive. 1 = If applicable. 0 = Otherwise.					
12	Age Group Female60_64	1	46	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 60 and 64, inclusive. 1 = If applicable. 0 = Otherwise.					

	Part C RA Model Output Detail Record Type K (PY2020 – PY2025)									
Item	Field	Size	Position	Format	Description					
13	Age Group Female65_69	1	47	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 65 and 69, inclusive. 1 = If applicable. 0 = Otherwise.					
14	Age Group Female70_74	1	48	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 70 and 74, inclusive. 1 = If applicable. 0 = Otherwise.					
15	Age Group Female75_79	1	49	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages 75 and 79, inclusive. 1 = If applicable. 0 = Otherwise.					
16	Age Group Female80_84	1	50	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 80 and 84, inclusive. 1 = If applicable. 0 = Otherwise.					
17	Age Group Female85_89	1	51	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 85 and 89, inclusive. 1 = If applicable. 0 = Otherwise.					
18	Age Group Female90_94	1	52	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 90 and 94, inclusive. 1 = If applicable. 0 = Otherwise.					
19	Age Group Female95_GT	1	53	CHAR	The sex and age group for the beneficiary based on a given as of date. Female, age 95 or greater 1 = If applicable. 0 = Otherwise.					
20	Age Group Male0_34	1	54	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 0 and 34, inclusive. 1 = If applicable. 0 = Otherwise.					
21	Age Group Male35_44	1	55	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 35 and 44, inclusive. 1 = If applicable. 0 = Otherwise.					
22	Age Group Male45_54	1	56	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 45 and 54, inclusive 1 = If applicable. 0 = Otherwise.					

	Part C RA Model Output Detail Record Type K (PY2020 – PY2025)									
Item	Field	Size	Position	Format	Description					
23	Age Group Male55_59	1	57	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 55 and 59, inclusive.					
					1 = If applicable. 0 = Otherwise.					
24	Age Group Male60_64	1	58	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 60 and 64, inclusive. 1 = If applicable. 0 = Otherwise.					
25	Age Group Male65_69	1	59	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 65 and 69, inclusive. 1 = If applicable. 0 = Otherwise.					
26	Age Group Male70_74	1	60	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 70 and 74, inclusive. 1 = If applicable. 0 = Otherwise.					
27	Age Group Male75_79	1	61	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 and 79, inclusive. 1 = If applicable. 0 = Otherwise.					
28	Age Group Male80_84	1	62	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 and 84, inclusive. 1 = If applicable. 0 = Otherwise.					
29	Age Group Male85_89	1	63	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 and 89, inclusive. 1 = If applicable. 0 = Otherwise.					
30	Age Group Male90_94	1	64	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 and 94, inclusive. 1 = If applicable. 0 = Otherwise.					
31	Age Group Male95_GT	1	65	CHAR	The sex and age group for the beneficiary based on a given as of date. Male, age 95 or greater. 1 = If applicable. 0 = Otherwise.					
32	Medicaid	1	66	CHAR	Beneficiary is entitled to Medicaid 1 = If applicable. 0 = Otherwise.					
33	Originally Disabled Female	1	67	CHAR	Beneficiary is a female and original Medicare entitlement is due to disability. 1 = If applicable. 0 = Otherwise.					

	Part C RA Model Output Detail Record Type K (PY2020 – PY2025)									
Item	Field	Size	Position	Format	Description					
34	Originally Disabled Male	1	68	CHAR	Beneficiary is a male and original Medicare entitlement is due to disability. 1 = If applicable. 0 = Otherwise.					
35	Disease Coefficients HCC001	1	69	CHAR	HIV/AIDS 1 = If applicable. 0 = Otherwise.					
36	Disease Coefficients HCC002	1	70	CHAR	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock. 1 = If applicable. 0 = Otherwise.					
37	Disease Coefficients HCC006	1	71	CHAR	Opportunistic Infections 1 = If applicable. 0 = Otherwise.					
38	Disease Coefficients HCC008	1	72	CHAR	Metastatic Cancer and Acute Leukemia. 1 = If applicable. 0 = Otherwise.					
39	Disease Coefficients HCC009	1	73	CHAR	Lung and Other Severe Cancers 1 = If applicable. 0 = Otherwise.					
40	Disease Coefficients HCC010	1	74	CHAR	Lymphoma and Other Cancers. 1 = If applicable. 0 = Otherwise.					
41	Disease Coefficients HCC011	1	75	CHAR	Colorectal, Bladder, and Other Cancers. 1 = If applicable. 0 = Otherwise.					
42	Disease Coefficients HCC012	1	76	CHAR	Breast, Prostate, and Other Cancers and Tumors. 1 = If applicable. 0 = Otherwise.					
43	Disease Coefficients HCC017	1	77	CHAR	Diabetes with Acute Complications 1 = If applicable. 0 = Otherwise.					
44	Disease Coefficients HCC018	1	78	CHAR	Diabetes with Chronic Complications. 1 = If applicable. 0 = Otherwise.					
45	Disease Coefficients HCC019	1	79	CHAR	Diabetes without Complication. 1 = If applicable. 0 = Otherwise.					
46	Disease Coefficients HCC021	1	80	CHAR	Protein-Calorie Malnutrition. 1 = If applicable. 0 = Otherwise.					
47	Disease Coefficients HCC022	1	81	CHAR	Morbid Obesity. 1 = If applicable. 0 = Otherwise.					
48	Disease Coefficients HCC023	1	82	CHAR	Other Significant Endocrine and Metabolic Disorders. 1 = If applicable. 0 = Otherwise.					
49	Disease Coefficients HCC027	1	83	CHAR	End-Stage Liver Disease. 1 = If applicable. 0 = Otherwise.					

	Part C RA Model Output Detail Record Type K (PY2020 – PY2025)									
Item	Field	Size	Position	Format	Description					
50	Disease Coefficients HCC028	1	84	CHAR	Cirrhosis of Liver. 1 = If applicable. 0 = Otherwise.					
51	Disease Coefficients HCC029	1	85	CHAR	Chronic Hepatitis. 1 = If applicable. 0 = Otherwise.					
52	Disease Coefficients HCC033	1	86	CHAR	Intestinal Obstruction/Perforation 1 = If applicable. 0 = Otherwise.					
53	Disease Coefficients HCC034	1	87	CHAR	Chronic Pancreatitis 1 = If applicable. 0 = Otherwise.					
54	Disease Coefficients HCC035	1	88	CHAR	Inflammatory Bowel Disease 1 = If applicable. 0 = Otherwise.					
55	Disease Coefficients HCC039	1	89	CHAR	Bone/Joint/Muscle Infections/Necrosis 1 = If applicable. 0 = Otherwise.					
56	Disease Coefficients HCC040	1	90	CHAR	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease 1 = If applicable. 0 = Otherwise.					
57	Disease Coefficients HCC046	1	91	CHAR	Severe Hematological Disorders 1 = If applicable. 0 = Otherwise.					
58	Disease Coefficients HCC047	1	92	CHAR	Disorders of Immunity 1 = If applicable. 0 = Otherwise.					
59	Disease Coefficients HCC048	1	93	CHAR	Coagulation Defects and Other Specified Hematological Disorders 1 = If applicable. 0 = Otherwise.					
60	Disease Coefficients HCC054	1	94	CHAR	Drug/Alcohol Psychosis 1 = If applicable. 0 = Otherwise.					
61	Disease Coefficients HCC055	1	95	CHAR	Drug/Alcohol Dependence 1 = If applicable. 0 = Otherwise.					
62	Disease Coefficients HCC057	1	96	CHAR	Schizophrenia 1 = If applicable. 0 = Otherwise.					
63	Disease Coefficients HCC058	1	97	CHAR	Major Depressive, Bipolar, and Paranoid Disorders 1 = If applicable. 0 = Otherwise.					
64	Disease Coefficients HCC070	1	98	CHAR	Quadriplegia 1 = If applicable. 0 = Otherwise.					
65	Disease Coefficients HCC071	1	99	CHAR	Paraplegia 1 = If applicable. 0 = Otherwise.					

	Part C RA Model Output Detail Record Type K (PY2020 – PY2025)									
Item	Field	Size	Position	Format	Description					
66	Disease Coefficients HCC072	1	100	CHAR	Spinal Cord Disorders/Injuries 1 = If applicable. 0 = Otherwise.					
67	Disease Coefficients HCC073	1	101	CHAR	Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease 1 = If applicable. 0 = Otherwise.					
68	Disease Coefficients HCC074	1	102	CHAR	Cerebral Palsy 1 = If applicable. 0 = Otherwise.					
69	Disease Coefficients HCC075	1	103	CHAR	Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy 1 = If applicable. 0 = Otherwise.					
70	Disease Coefficients HCC076	1	104	CHAR	Muscular Dystrophy 1 = If applicable. 0 = Otherwise.					
71	Disease Coefficients HCC077	1	105	CHAR	Multiple Sclerosis 1 = If applicable. 0 = Otherwise.					
72	Disease Coefficients HCC078	1	106	CHAR	Parkinson's and Huntington's Diseases 1 = If applicable. 0 = Otherwise.					
73	Disease Coefficients HCC079	1	107	CHAR	Seizure Disorders and Convulsions 1 = If applicable. 0 = Otherwise.					
74	Disease Coefficients HCC080	1	108	CHAR	Coma, Brain Compression/Anoxic Damage 1 = If applicable. 0 = Otherwise.					
75	Disease Coefficients HCC082	1	109	CHAR	Respirator Dependence/Tracheostomy Status 1 = If applicable. 0 = Otherwise.					
76	Disease Coefficients HCC083	1	110	CHAR	Respiratory Arrest 1 = If applicable. 0 = Otherwise.					
77	Disease Coefficients HCC084	1	111	CHAR	Cardio-Respiratory Failure and Shock. 1 = If applicable. 0 = Otherwise.					
78	Disease Coefficients HCC085	1	112	CHAR	Congestive Heart Failure 1 = If applicable. 0 = Otherwise.					
79	Disease Coefficients HCC086	1	113	CHAR	Acute Myocardial Infarction 1 = If applicable. 0 = Otherwise.					
80	Disease Coefficients HCC087	1	114	CHAR	Unstable Angina and Other Acute Ischemic Heart Disease. 1 = If applicable. 0 = Otherwise.					

	Part C RA Model Output Detail Record Type K (PY2020 – PY2025)									
Item	Field	Size	Position	Format	Description					
81	Disease Coefficients HCC088	1	115	CHAR	Angina Pectoris. 1 = If applicable. 0 = Otherwise.					
82	Disease Coefficients HCC096	1	116	CHAR	Specified Heart Arrhythmias. 1 = If applicable. 0 = Otherwise.					
83	Disease Coefficients HCC099	1	117	CHAR	Cerebral Hemorrhage 1 = If applicable. 0 = Otherwise.					
84	Disease Coefficients HCC100	1	118	CHAR	Ischemic or Unspecified Stroke. 1 = If applicable. 0 = Otherwise.					
85	Disease Coefficients HCC103	1	119	CHAR	Hemiplegia/Hemiparesis. 1 = If applicable. 0 = Otherwise.					
86	Disease Coefficients HCC104	1	120	CHAR	Monoplegia, Other Paralytic Syndromes. 1 = If applicable. 0 = Otherwise.					
87	Disease Coefficients HCC106	1	121	CHAR	Atherosclerosis of the Extremities with Ulceration or Gangrene. 1 = If applicable. 0 = Otherwise.					
88	Disease Coefficients HCC107	1	122	CHAR	Vascular Disease with Complications. 1 = If applicable. 0 = Otherwise.					
89	Disease Coefficients HCC108	1	123	CHAR	Vascular Disease. 1 = If applicable. 0 = Otherwise.					
90	Disease Coefficients HCC110	1	124	CHAR	Cystic Fibrosis. 1 = If applicable. 0 = Otherwise.					
91	Disease Coefficients HCC111	1	125	CHAR	Chronic Obstructive Pulmonary Disease. 1 = If applicable. 0 = Otherwise.					
92	Disease Coefficients HCC112	1	126	CHAR	Fibrosis of Lung and Other Chronic Lung Disorders. 1 = If applicable. 0 = Otherwise.					
93	Disease Coefficients HCC114	1	127	CHAR	Aspiration and Specified Bacterial Pneumonias. 1 = If applicable. 0 = Otherwise.					
94	Disease Coefficients HCC115	1	128	CHAR	Pneumococcal Pneumonia, Empyema, Lung Abscess. 1 = If applicable. 0 = Otherwise.					
95	Disease Coefficients HCC122	1	129	CHAR	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage. 1 = If applicable. 0 = Otherwise.					
96	Disease Coefficients HCC124	1	130	CHAR	Exudative Macular Degeneration. 1 = If applicable. 0 = Otherwise.					

	Part C RA M	Iodel O	utput Detail	Record Typ	be K (PY2020 – PY2025)
Item	Field	Size	Position	Format	Description
97	Disease Coefficients HCC134	1	131	CHAR	Dialysis Status. 1 = If applicable. 0 = Otherwise.
98	Disease Coefficients HCC135	1	132	CHAR	Acute Renal Failure. 1 = If applicable. 0 = Otherwise.
99	Disease Coefficients HCC136	1	133	CHAR	Chronic Kidney Disease, Stage 5. 1 = If applicable. 0 = Otherwise.
100	Disease Coefficients HCC137	1	134	CHAR	Chronic Kidney Disease, Severe (Stage 4). 1 = If applicable. 0 = Otherwise.
101	Disease Coefficients HCC157	1	135	CHAR	Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone. 1 = If applicable. 0 = Otherwise.
102	Disease Coefficients HCC158	1	136	CHAR	Pressure Ulcer of Skin with Full Thickness Skin Loss. 1 = If applicable. 0 = Otherwise.
103	Disease Coefficients HCC161	1	137	CHAR	Chronic Ulcer of Skin, Except Pressure. 1 = If applicable. 0 = Otherwise.
104	Disease Coefficients HCC162	1	138	CHAR	Severe Skin Burn or Condition. 1 = If applicable. 0 = Otherwise.
105	Disease Coefficients HCC166	1	139	CHAR	Severe Head Injury. 1 = If applicable. 0 = Otherwise.
106	Disease Coefficients HCC167	1	140	CHAR	Major Head Injury. 1 = If applicable. 0 = Otherwise.
107	Disease Coefficients HCC169	1	141	CHAR	Vertebral Fractures without Spinal Cord Injury. 1 = If applicable. 0 = Otherwise.
108	Disease Coefficients HCC170	1	142	CHAR	Hip Fracture/Dislocation. 1 = If applicable. 0 = Otherwise.
109	Disease Coefficients HCC173	1	143	CHAR	Traumatic Amputations and Complications. 1 = If applicable. 0 = Otherwise.
110	Disease Coefficients HCC176	1	144	CHAR	Complications of Specified Implanted Device or Graft. 1 = If applicable. 0 = Otherwise.
111	Disease Coefficients HCC186	1	145	CHAR	Major Organ Transplant or Replacement Status. 1 = If applicable. 0 = Otherwise.

	Part C RA M	lodel O	utput Detail	Record Typ	e K (PY2020 – PY2025)
Item	Field	Size	Position	Format	Description
112	Disease Coefficients HCC188	1	146	CHAR	Artificial Openings for Feeding or Elimination. 1 = If applicable. 0 = Otherwise.
113	Disease Coefficients HCC189	1	147	CHAR	Amputation Status, Lower Limb/Amputation Complications. 1 = If applicable. 0 = Otherwise.
114	Disease Interactions - HCC47_gCancer	1	148	CHAR	Immune Disorders and Cancer Group. 1 = If applicable. 0 = Otherwise.
115	Disease Interactions - HCC85_gDiabetesMell it	1	149	CHAR	Congestive Heart Failure and Diabetes Group. 1 = If applicable. 0 = Otherwise.
116	Disease Interactions - HCC85_gCopdCF	1	150	CHAR	Congestive Heart Failure and Chronic Obstructive Pulmonary Disease Group. 1 = If applicable. 0 = Otherwise.
117	Disease Interactions - HCC85_gRenal	1	151	CHAR	Congestive Heart Failure and Renal Group. 1 = If applicable. 0 = Otherwise.
118	Disease Interactions - gRespDepandArre_gCo pdCF	1	152	CHAR	Cardiorespiratory Failure Group and Chronic Obstructive Pulmonary Disease Group. 1 = If applicable. 0 = Otherwise.
119	Disease Interactions - HCC85_HCC96	1	153	CHAR	Congestive Heart Failure*Specified Heart Arrhythmias. 1 = If applicable. 0 = Otherwise.
120	Disease Interactions - gSubstanceAbuse_gPsy chiatric	1	154	CHAR	Substance Abuse and Psychiatric Group. 1 = If applicable. 0 = Otherwise.
121	Disease Interactions - SEPSIS_PRESSURE_ ULCER	1	155	CHAR	Sepsis and Pressure Ulcer. 1 = If applicable. 0 = Otherwise.
122	Disease Interactions - SEPSIS_ARTIF_OPE NINGS	1	156	CHAR	Sepsis and Artificial Openings for Feeding or Elimination. 1 = If applicable. 0 = Otherwise.
123	Disease Interactions - ART_OPENINGS_PR ESSURE_ULCER	1	157	CHAR	Artificial Openings for Feeding or Elimination and Pressure Ulcer. 1 = If applicable. 0 = Otherwise.
124	Disease Interactions - gCopdCF_ASP_SPEC_ BACT_PNEUM	1	158	CHAR	Chronic Obstructive Pulmonary Disease and Aspiration and Specified Bacterial Pneumonias. 1 = If applicable. 0 = Otherwise.

	Part C RA Model Output Detail Record Type K (PY2020 – PY2025)								
Item	Field	Size	Position	Format	Description				
125	Disease Interactions - ASP_SPEC_BACT_P NEUM_PRES_ULC	1	159	CHAR	Aspiration and Specified Bacterial Pneumonias and Pressure Ulcer. 1 = If applicable. 0 = Otherwise.				
126	Disease Interactions - SEPSIS_ASP_SPEC_B ACT_PNEUM	1	160	CHAR	Sepsis and Aspiration and Specified Bacterial Pneumonias. 1 = If applicable. 0 = Otherwise.				
127	Disease Interactions - SCHIZOPHRENIA_gC opdCF	1	161	CHAR	Schizophrenia and Chronic Obstructive Pulmonary Disease. 1 = If applicable. 0 = Otherwise.				
128	Disease Interactions - SCHIZOPHRENIA_C HF	1	162	CHAR	Schizophrenia and Congestive Heart Failure. 1 = If applicable. 0 = Otherwise.				
129	Disease Interactions - SCHIZOPHRENIA_SE IZURES	1	163	CHAR	Schizophrenia and Seizure Disorders and Convulsions. 1 = If applicable. 0 = Otherwise.				
130	Disabled Disease - DISABLED_HCC85	1	164	CHAR	Disabled, Congestive Heart Failure. 1 = If applicable. 0 = Otherwise.				
131	Disabled Disease e- DISABLED_PRESSU RE_ULCER	1	165	CHAR	Disabled and Pressure Ulcer. 1 = If applicable. 0 = Otherwise.				
132	Disabled Disease - DISABLED_HCC161	1	166	CHAR	Disabled, Chronic Ulcer of the Skin, Except Pressure Ulcer. 1 = If applicable. 0 = Otherwise.				
133	Disabled Disease - DISABLED_HCC39	1	167	CHAR	Disabled, Bone/Joint Muscle Infections/Necrosis. 1 = If applicable. 0 = Otherwise.				
134	Disabled Disease - DISABLED_HCC77	1	168	CHAR	Disabled, Multiple Sclerosis. 1 = If applicable. 0 = Otherwise.				
135	Disabled Disease - DISABLED_HCC6	1	169	CHAR	Disabled, Opportunistic Infections. 1 = If applicable. 0 = Otherwise.				
136	Filler	31	170-200	CHAR	Spaces				

NOTE: Fields 121-135 are associated with the PACE Non-ESRD Continuing Enrollee Institutional Score only.

Layout 7-8: Part C RA Model Output Detail Record Type L (PY2023 through PY2025)

The Detail Record Type L is used to report V24 non-PACE ESRD beneficiaries.

	Part C RA Model Output Detail Record Type L (PY2023 through PY2025)								
Item	Field	Size	Position	Format	Description				
1	Record Type Code	1	1	CHAR	Alphanumeric Set to "L" for V24 PTC ESRD beneficiaries (Encounter and FFS)				
2	Medicare Beneficiary Identifier (MBI)	11	2-12	CHAR	Alphanumeric Medicare Beneficiary Identifier.				
3	Beneficiary Last Name	12	13-24	CHAR	Alphanumeric First 12 bytes of the Bene Last Name Beneficiary Last Name				
4	Beneficiary First Name	7	25-31	CHAR	Alphanumeric First 7 bytes of the bene First Name Beneficiary First Name				
5	Beneficiary Initial	1	32	CHAR	Alphanumeric 1-byte Initial Beneficiary Middle Initial				
6	Date of Birth	8	33-40	CHAR	Alphanumeric Formatted as yyyymmdd The date of birth of the Medicare Beneficiary				
7	Sex	1	41	CHAR	Alphanumeric 0=unknown, 1=male, 2=female Represents the sex of the Medicare Beneficiary. Examples include Male and Female.				
8	Age Group Female 0_34	1	42	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female between ages 0 and 34, inclusive				
9	Age Group Female 35_44	1	43	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female between ages 35 and 44, inclusive				
10	Age Group Female 45_54	1	44	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female between ages 45 and 54, inclusive				
11	Age Group Female 55_59	1	45	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female between ages 55 and 59, inclusive				

	Part C RA Model Output Detail Record Type L (PY2023 through PY2025)								
Item	Field	Size	Position	Format	Description				
12	Age Group Female 60_64	1	46	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female between ages 60 and 64, inclusive				
13	Age Group Female 65_69	1	47	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female between ages 65 and 69, inclusive				
14	Age Group Female 70_74	1	48	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female between ages 70 and 74, inclusive				
15	Age Group Female 75_79	1	49	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female between ages 75 and 79, inclusive				
16	Age Group Female 80_84	1	50	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female between ages of 80 and 84, inclusive				
17	Age Group Female 85_89	1	51	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female between ages of 85 and 89, inclusive				
18	Age Group Female 90_94	1	52	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female between ages of 90 and 94, inclusive				
19	Age Group Female 95_GT	1	53	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female, age 95 or greater				
20	Age Group Male 0_34	1	54	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male between ages of 0 and 34, inclusive				
21	Age Group Male 35_44	1	55	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male between ages of 35 and 44, inclusive				

	Part C RA Mode	el Outpu	t Detail Rec	ord Type I	L (PY2023 through PY2025)
Item	Field	Size	Position	Format	Description
22	Age Group Male 45_54	1	56	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male between ages of 45 and 54, inclusive
23	Age Group Male 55_59	1	57	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male between ages of 55 and 59, inclusive
24	Age Group Male 60_64	1	58	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male between ages of 60 and 64, inclusive
25	Age Group Male 65_69	1	59	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male between ages of 65 and 69, inclusive
26	Age Group Male 70_74	1	60	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male between ages of 70 and 74, inclusive
27	Age Group Male 75_79	1	61	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male between ages of 75 and 79, inclusive
28	Age Group Male 80_84	1	62	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male between ages of 80 and 84, inclusive
29	Age Group Male 85_89	1	63	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male between ages of 85 and 89, inclusive
30	Age Group Male 90_94	1	64	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male between ages of 90 and 94, inclusive
31	Age Group Male 95_GT	1	65	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male, age 95 or greater

	Part C RA Model Output Detail Record Type L (PY2023 through PY2025)									
Item	Field	Size	Position	Format	Description					
32	Originally Disabled Female	1	66	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Beneficiary is a female and original Medicare entitlement is due to disability.					
33	Originally Disabled Male	1	67	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Beneficiary is a male and original Medicare entitlement is due to disability.					
34	Originally ESRD Female	1	68	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Beneficiary is a female originally ESRD					
35	Originally ESRD Male	1	69	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Beneficiary is a male originally ESRD					
36	Disease Coefficients HCC001	1	70	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" HIV/AIDS					
37	Disease Coefficients HCC002	1	71	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock					
38	Disease Coefficients HCC006	1	72	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Opportunistic Infections					
39	Disease Coefficients HCC008	1	73	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Metastatic Cancer and Acute Leukemia					
40	Disease Coefficients HCC009	1	74	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Lung and Other Severe Cancers					
41	Disease Coefficients HCC010	1	75	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Lymphoma and Other Cancers					
42	Disease Coefficients HCC011	1	76	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Colorectal, Bladder, and Other Cancers					
43	Disease Coefficients HCC012	1	77	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Breast, Prostate, and Other Cancers and Tumors					
44	Disease Coefficients HCC017	1	78	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Acute Complications					

	Part C RA Model Output Detail Record Type L (PY2023 through PY2025)									
Item	Field	Size	Position	Format	Description					
45	Disease Coefficients HCC018	1	79	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications					
46	Disease Coefficients HCC019	1	80	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Diabetes without Complication					
47	Disease Coefficients HCC021	1	81	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Protein-Calorie Malnutrition					
48	Disease Coefficients HCC022	1	82	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Morbid Obesity					
49	Disease Coefficients HCC023	1	83	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Other Significant Endocrine and Metabolic Disorders					
50	Disease Coefficients HCC027	1	84	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" End-Stage Liver Disease					
51	Disease Coefficients HCC028	1	85	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Cirrhosis of Liver					
52	Disease Coefficients HCC029	1	86	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Hepatitis					
53	Disease Coefficients HCC033	1	87	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Intestinal Obstruction/Perforation					
54	Disease Coefficients HCC034	1	88	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Pancreatitis					
55	Disease Coefficients HCC035	1	89	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Inflammatory Bowel Disease					
56	Disease Coefficients HCC039	1	90	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Bone/Joint/Muscle Infections/Necrosis					
57	Disease Coefficients HCC040	1	91	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Rheumatoid Arthritis and Inflammatory Connective Tissue Disease					

	Part C RA Model Output Detail Record Type L (PY2023 through PY2025)									
Item	Field	Size	Position	Format	Description					
58	Disease Coefficients HCC046	1	92	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Severe Hematological Disorders					
59	Disease Coefficients HCC047	1	93	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Disorders of Immunity					
60	Disease Coefficients HCC048	1	94	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Coagulation Defects and Other Specified Hematological Disorders					
61	Disease Coefficients HCC051	1	95	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Dementia with Complications					
62	Disease Coefficients HCC052	1	96	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Dementia Without Complication					
63	Disease Coefficients HCC054	1	97	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Drug/Alcohol Psychosis					
64	Disease Coefficients HCC055	1	98	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Drug/Alcohol Use Disorder, Moderate/Severe, or Substance Use with Complications					
65	Disease Coefficients HCC056	1	99	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Substance Use Disorder, Mild, Except Alcohol and Cannabis					
66	Disease Coefficients HCC057	1	100	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Schizophrenia					
67	Disease Coefficients HCC058	1	101	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Reactive and Unspecified Psychosis					
68	Disease Coefficients HCC059	1	102	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Major Depressive, Bipolar, and Paranoid Disorders					
69	Disease Coefficients HCC060	1	103	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Personality Disorders					
70	Disease Coefficients HCC070	1	104	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Quadriplegia					

	Part C RA Model Output Detail Record Type L (PY2023 through PY2025)									
Item	Field	Size	Position	Format	Description					
71	Disease Coefficients HCC071	1	105	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Paraplegia					
72	Disease Coefficients HCC072	1	106	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Spinal Cord Disorders/Injuries					
73	Disease Coefficients HCC073	1	107	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease					
74	Disease Coefficients HCC074	1	108	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Cerebral Palsy					
75	Disease Coefficients HCC075	1	109	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy					
76	Disease Coefficients HCC076	1	110	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Muscular Dystrophy					
77	Disease Coefficients HCC077	1	111	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Multiple Sclerosis					
78	Disease Coefficients HCC078	1	112	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Parkinson's and Huntington's Diseases					
79	Disease Coefficients HCC079	1	113	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Seizure Disorders and Convulsions					
80	Disease Coefficients HCC080	1	114	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Coma, Brain Compression/Anoxic Damage					
81	Disease Coefficients HCC082	1	115	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Respirator Dependence/Tracheostomy Status					
82	Disease Coefficients HCC083	1	116	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Respiratory Arrest					
83	Disease Coefficients HCC084	1	117	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Cardio-Respiratory Failure and Shock					

	Part C RA Model Output Detail Record Type L (PY2023 through PY2025)									
Item	Field	Size	Position	Format	Description					
84	Disease Coefficients HCC085	1	118	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Congestive Heart Failure					
85	Disease Coefficients HCC086	1	119	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction					
86	Disease Coefficients HCC087	1	120	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Unstable Angina and Other Acute Ischemic Heart Disease					
87	Disease Coefficients HCC088	1	121	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Angina Pectoris					
88	Disease Coefficients HCC096	1	122	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Specified Heart Arrhythmias					
89	Disease Coefficients HCC099	1	123	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage					
90	Disease Coefficients HCC100	1	124	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Ischemic or Unspecified Stroke					
91	Disease Coefficients HCC103	1	125	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Hemiplegia/Hemiparesis					
92	Disease Coefficients HCC104	1	126	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Monoplegia, Other Paralytic Syndromes					
93	Disease Coefficients HCC106	1	127	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Atherosclerosis of the Extremities with Ulceration or Gangrene					
94	Disease Coefficients HCC107	1	128	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Vascular Disease with Complications					
95	Disease Coefficients HCC108	1	129	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Vascular Disease					
96	Disease Coefficients HCC110	1	130	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Cystic Fibrosis					

	Part C RA Model Output Detail Record Type L (PY2023 through PY2025)								
Item	Field	Size	Position	Format	Description				
97	Disease Coefficients HCC111	1	131	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Obstructive Pulmonary Disease				
98	Disease Coefficients HCC112	1	132	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Fibrosis of Lung and Other Chronic Lung Disorders				
99	Disease Coefficients HCC114	1	133	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Aspiration and Specified Bacterial Pneumonias				
100	Disease Coefficients HCC115	1	134	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Pneumococcal Pneumonia, Empyema, Lung Abscess				
101	Disease Coefficients HCC122	1	135	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Proliferative Diabetic Retinopathy and Vitreous Hemorrhage				
102	Disease Coefficients HCC124	1	136	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Exudative Macular Degeneration				
103	Disease Coefficients HCC134	1	137	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Dialysis Status				
104	Disease Coefficients HCC135	1	138	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Acute Renal Failure				
105	Disease Coefficients HCC136	1	139	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Kidney Disease, Stage 5				
106	Disease Coefficients HCC137	1	140	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Kidney Disease, Severe (Stage 4)				
107	Disease Coefficients HCC138	1	141	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Kidney Disease, Moderate (Stage 3)				
108	Disease Coefficients HCC157	1	142	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone				
109	Disease Coefficients HCC158	1	143	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Pressure Ulcer of Skin with Full Thickness Skin Loss				

	Part C RA Model Output Detail Record Type L (PY2023 through PY2025)								
Item	Field	Size	Position	Format	Description				
110	Disease Coefficients HCC159	1	144	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Pressure Ulcer of Skin with Partial Thickness Skin Loss				
111	Disease Coefficients HCC161	1	145	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Ulcer of Skin, Except Pressure				
112	Disease Coefficients HCC162	1	146	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Severe Skin Burn or Condition				
113	Disease Coefficients HCC166	1	147	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Severe Head Injury				
114	Disease Coefficients HCC167	1	148	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Major Head Injury				
115	Disease Coefficients HCC169	1	149	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Vertebral Fractures without Spinal Cord Injury				
116	Disease Coefficients HCC170	1	150	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Hip Fracture/Dislocation				
117	Disease Coefficients HCC173	1	151	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Traumatic Amputations and Complications				
118	Disease Coefficients HCC176	1	152	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Complications of Specified Implanted Device or Graft				
119	Disease Coefficients HCC186	1	153	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Major Organ Transplant or Replacement Status				
120	Disease Coefficients HCC188	1	154	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Artificial Openings for Feeding or Elimination				
121	Disease Coefficients HCC189	1	155	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Amputation Status, Lower Limb/Amputation Complications				
122	Disease Interactions - HCC47_gCancer	1	156	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Immune Disorders*Cancer				

	Part C RA Mode	el Output	t Detail Rec	ord Type I	L (PY2023 through PY2025)
Item	Field	Size	Position	Format	Description
123	Disease Interactions - Diabetes CHF	1	157	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Congestive Heart Failure*Diabetes
124	Disease Interactions - CHF_gCopdCF	1	158	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Congestive Heart Failure*Chronic Obstructive Pulmonary Disease
125	Disease Interactions - HCC85_gRenal_v24	1	159	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Congestive Heart Failure*Renal
126	Disease Interactions - gCopdCF_CARD_RESP _FAIL	1	160	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Cardiorespiratory Failure*Chronic Obstructive Pulmonary Disease
127	Disease Interactions - HCC85_HCC96	1	161	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Congestive Heart Failure*Specified Heart Arrhythmias
128	Disease Interactions - NONAGED_gSubstance _UseDs_gPsych	1	162	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" NonAged, Substance Use*Psychiatric
129	Disease Interactions - gSubstanceUseDisorder_ gPsych_V24	1	163	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Substance Use*Psychiatric
130	Disease Interactions - SEPSIS_PRESSURE_U LCER_V24	1	164	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Sepsis*Pressure Ulcer
131	Disease Interactions - SEPSIS_ARTIF_OPENI NGS	1	165	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Sepsis*Artificial Openings for Feeding or Elimination
132	Disease Interactions - ART_OPENINGS_PRE SS_ULCER_V24	1	166	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Artificial Openings for Feeding or Elimination*Pressure Ulcer
133	Disease Interactions - gCopdCF_ASP_SPEC_ B_PNEUM	1	167	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Obstructive Pulmonary Disease*Aspiration and Specified Bacterial Pneumonias
134	Disease Interactions - ASP_SPEC_B_PNEUM _PRES_ULC_V24	1	168	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Aspiration and Specified Bacterial Pneumonias*Pressure Ulcer
135	Disease Interactions - SEPSIS_ASP_SPEC_ BACT_PNEUM	1	169	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Sepsis*Aspiration and Specified Bacterial Pneumonias

	Part C RA Model Output Detail Record Type L (PY2023 through PY2025)								
Item	Field	Size	Position	Format	Description				
136	Disease Interactions - SCHIZOPHRENIA_gCo pdCF	1	170	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Schizophrenia*Chronic Obstructive Pulmonary Disease				
137	Disease Interactions - SCHIZOPHRENIA_CH F	1	171	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Schizophrenia*Congestive Heart Failure				
138	Disease Interactions - SCHIZOPHRENIA_SEI ZURES	1	172	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Schizophrenia*Seizure Disorders and Convulsions				
139	Disabled Disease - NONAGED_HCC6	1	173	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" NonAged, Opportunistic Infections				
140	Disabled Disease - NONAGED_HCC34	1	174	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" NonAged, Chronic Pancreatitis				
141	Disabled Disease - NONAGED_HCC46	1	175	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" NonAged, Severe Hematological Disorders				
142	Disabled Disease - NONAGED_HCC110	1	176	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" NonAged, Cystic Fibrosis				
143	Disabled Disease - NONAGED_HCC176	1	177	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" NonAged, Complications of Specified Implanted Device or Graft				
144	Disabled Disease - NONAGED_HCC85	1	178	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" NonAged, Congestive Heart Failure				
145	Disabled Disease - NONAGED_PRESSUR E_ULCER_V24	1	179	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" NonAged, Pressure Ulcer				
146	Disabled Disease - NONAGED_HCC161	1	180	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" NonAged, Chronic Ulcer of the Skin, Except Pressure Ulcer				
147	Disabled Disease - NONAGED_HCC39	1	181	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" NonAged, Bone/Joint Muscle Infections/Necrosis				

Part C RA Model Output Detail Record Type L (PY2023 through PY2025)									
Item	Field	Size	Position	Format	Description				
148	Disabled Disease - NONAGED_HCC77	1	182	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" NonAged, Multiple Sclerosis				
149	Filler	18	183-200	CHAR	Spaces n/a Filler				

NOTE: Fields 143-156 are associated with the ESRD Institutional Score only.

Layout 7-9: Part C RA Model Output Detail Record Type M (PY2025)

The Detail Record Type M is used to report V28 non-Pace non-ESRD beneficiaries.

Part C RA Model Output Detail Record Type M (PY2025)								
Item	Field	Size	Position	Format	Description			
1	Record Type Code	1	1	CHAR	Alphanumeric Set to "M" for Details for new V28 MOR - non-PACE and non-ESRD beneficiaries.			
2	Medicare Beneficiary Identifier (MBI)	11	2-12	CHAR	Alphanumeric Medicare Beneficiary Identifier.			
3	Beneficiary Last Name	12	13-24	CHAR	Alphanumeric First 12 bytes of the Bene Last Name Beneficiary Last Name			
4	Beneficiary First Name	7	25-31	CHAR	Alphanumeric First 7 bytes of the bene First Name Beneficiary First Name			
5	Beneficiary Initial	1	32	CHAR	Alphanumeric 1-byte Initial Beneficiary Middle Initial			
6	Date of Birth	8	33-40	CHAR	Alphanumeric Formatted as yyyymmdd The date of birth of the Medicare Beneficiary			
7	Sex	1	41	CHAR	Alphanumeric 0=unknown, 1=male, 2=female Represents the sex of the Medicare Beneficiary. Examples include Male and Female.			
8	Age Group Female 0_34	1	42	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0"			

	Part C RA Model Output Detail Record Type M (PY2025)								
Item	Field	Size	Position	Format	Description				
					The sex and age group for the beneficiary based on a given as of date: female between ages 0 and 34, inclusive				
9	Age Group Female 35_44	1	43	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female between ages 35 and 44, inclusive				
10	Age Group Female 45_54	1	44	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female between ages 45 and 54, inclusive				
11	Age Group Female 55_59	1	45	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female between ages 55 and 59, inclusive				
12	Age Group Female 60_64	1	46	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female between ages 60 and 64, inclusive				
13	Age Group Female 65_69	1	47	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female between ages 65 and 69, inclusive				
14	Age Group Female 70_74	1	48	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female between ages 70 and 74, inclusive				
15	Age Group Female 75_79	1	49	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female between ages 75 and 79, inclusive				
16	Age Group Female 80_84	1	50	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female between ages of 80 and 84, inclusive				
17	Age Group Female 85_89	1	51	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female between ages of 85 and 89, inclusive				
18	Age Group Female 90_94	1	52	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female between ages of 90 and 94, inclusive				

	Part C RA Model Output Detail Record Type M (PY2025)									
Item	Field	Size	Position	Format	Description					
19	Age Group Female 95_GT	1	53	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: female, age 95 or greater					
20	Age Group Male 0_34	1	54	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male between ages of 0 and 34, inclusive					
21	Age Group Male 35_44	1	55	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male between ages of 35 and 44, inclusive					
22	Age Group Male 45_54	1	56	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male between ages of 45 and 54, inclusive					
23	Age Group Male 55_59	1	57	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male between ages of 55 and 59, inclusive					
24	Age Group Male 60_64	1	58	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male between ages of 60 and 64, inclusive					
25	Age Group Male 65_69	1	59	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male between ages of 65 and 69, inclusive					
26	Age Group Male 70_74	1	60	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male between ages of 70 and 74, inclusive					
27	Age Group Male 75_79	1	61	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male between ages of 75 and 79, inclusive					
28	Age Group Male 80_84	1	62	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male between ages of 80 and 84, inclusive					
29	Age Group Male 85_89	1	63	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0The sex and age group for the beneficiary based on a					

	Part C RA Model Output Detail Record Type M (PY2025)								
Item	Field	Size	Position	Format	Description				
					given as of date: male between ages of 85 and 89, inclusive				
30	Age Group Male 90_94	1	64	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male between ages of 90 and 94, inclusive				
31	Age Group Male 95_GT	1	65	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date: male, age 95 or greater				
32	Medicaid	1	66	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Beneficiary is entitled to Medicaid Associated with Institutional Score only				
33	Originally Disabled Female	1	67	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Beneficiary is a female and original Medicare entitlement is due to disability.				
34	Originally Disabled Male	1	68	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Beneficiary is a male and original Medicare entitlement is due to disability.				
35	Disease Coefficients HCC001	1	69	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" HIV/AIDS				
36	Disease Coefficients HCC002	1	70	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock				
37	Disease Coefficients HCC006	1	71	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Opportunistic Infections				
38	Disease Coefficients HCC017	1	72	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Cancer Metastatic to Lung, Liver, Brain, and Other Organs; Acute Myeloid Leukemia Except Promyelocytic				
39	Disease Coefficients HCC018	1	73	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Cancer Metastatic to Bone, Other and Unspecified Metastatic Cancer; Acute Leukemia Except Myeloid				
40	Disease Coefficients HCC019	1	74	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Myelodysplastic Syndromes, Multiple Myeloma, and Other Cancers				

	Part C RA Model Output Detail Record Type M (PY2025)									
Item	Field	Size	Position	Format	Description					
41	Disease Coefficients HCC020	1	75	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Lung and Other Severe Cancers					
42	Disease Coefficients HCC021	1	76	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Lymphoma and Other Cancers					
43	Disease Coefficients HCC022	1	77	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Bladder, Colorectal, and Other Cancers					
44	Disease Coefficients HCC023	1	78	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Prostate, Breast, and Other Cancers and Tumors					
45	Disease Coefficients HCC035	1	79	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Pancreas Transplant Status					
46	Disease Coefficients HCC036	1	80	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Severe Acute Complications					
47	Disease Coefficients HCC037	1	81	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Chronic Complications					
48	Disease Coefficients HCC038	1	82	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Glycemic, Unspecified, or No Complications					
49	Disease Coefficients HCC048	1	83	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Morbid Obesity					
50	Disease Coefficients HCC049	1	84	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Specified Lysosomal Storage Disorders					
51	Disease Coefficients HCC050	1	85	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Amyloidosis, Porphyria, and Other Specified Metabolic Disorders					
52	Disease Coefficients HCC051	1	86	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Addison's and Cushing's Diseases, Acromegaly, and Other Specified Endocrine Disorders					
53	Disease Coefficients HCC062	1	87	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Liver Transplant Status/Complications					

	Part C	RA Mode	l Output D	etail Record	Туре М (РУ2025)
Item	Field	Size	Position	Format	Description
54	Disease Coefficients HCC063	1	88	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Liver Failure/End-Stage Liver Disorders
55	Disease Coefficients HCC064	1	89	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Cirrhosis of Liver
56	Disease Coefficients HCC065	1	90	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Hepatitis
57	Disease Coefficients HCC068	1	91	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Cholangitis and Obstruction of Bile Duct Without Gallstones
58	Disease Coefficients HCC077	1	92	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Intestine Transplant Status/Complications
59	Disease Coefficients HCC078	1	93	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Intestinal Obstruction/Perforation
60	Disease Coefficients HCC079	1	94	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Pancreatitis
61	Disease Coefficients HCC080	1	95	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Crohn's Disease (Regional Enteritis)
62	Disease Coefficients HCC081	1	96	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Ulcerative Colitis
63	Disease Coefficients HCC092	1	97	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Bone/Joint/Muscle/Severe Soft Tissue Infections/Necrosis
64	Disease Coefficients HCC093	1	98	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Rheumatoid Arthritis and Other Specified Inflammatory Rheumatic Disorders
65	Disease Coefficients HCC094	1	99	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Systemic Lupus Erythematosus and Other Specified Systemic Connective Tissue Disorders
66	Disease Coefficients HCC107	1	100	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Sickle Cell Anemia (Hb-SS) and Thalassemia Beta Zero

	Part C RA Model Output Detail Record Type M (PY2025)								
Item	Field	Size	Position	Format	Description				
67	Disease Coefficients HCC108	1	101	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Sickle Cell Disorders, Except Sickle Cell Anemia (Hb-SS) and Thalassemia Beta Zero; Beta Thalassemia Major				
68	Disease Coefficients HCC109	1	102	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Acquired Hemolytic, Aplastic, and Sideroblastic Anemias				
69	Disease Coefficients HCC111	1	103	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Hemophilia, Male				
70	Disease Coefficients HCC112	1	104	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Immune Thrombocytopenia and Specified Coagulation Defects and Hemorrhagic Conditions				
71	Disease Coefficients HCC114	1	105	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Common Variable and Combined Immunodeficiencies				
72	Disease Coefficients HCC115	1	106	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Specified Immunodeficiencies and White Blood Cell Disorders				
73	Disease Coefficients HCC125	1	107	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Dementia, Severe				
74	Disease Coefficients HCC126	1	108	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Dementia, Moderate				
75	Disease Coefficients HCC127	1	109	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Dementia, Mild or Unspecified				
76	Disease Coefficients HCC135	1	110	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Drug Use with Psychotic Complications				
77	Disease Coefficients HCC136	1	111	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Alcohol Use with Psychotic Complications				
78	Disease Coefficients HCC137	1	112	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Drug Use Disorder, Moderate/Severe, or Drug Use with Non-Psychotic Complications				
79	Disease Coefficients HCC138	1	113	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Drug Use Disorder, Mild, Uncomplicated, Except Cannabis				

	Part C RA Model Output Detail Record Type M (PY2025)									
Item	Field	Size	Position	Format	Description					
80	Disease Coefficients HCC139	1	114	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Alcohol Use Disorder, Moderate/Severe, or Alcohol Use with Specified Non-Psychotic Complications					
81	Disease Coefficients HCC151	1	115	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Schizophrenia					
82	Disease Coefficients HCC152	1	116	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Psychosis, Except Schizophrenia					
83	Disease Coefficients HCC153	1	117	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Personality Disorders; Anorexia/Bulimia Nervosa					
84	Disease Coefficients HCC154	1	118	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Bipolar Disorders without Psychosis					
85	Disease Coefficients HCC155	1	119	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Major Depression, Moderate or Severe, without Psychosis					
86	Disease Coefficients HCC180	1	120	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Quadriplegia					
87	Disease Coefficients HCC181	1	121	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Paraplegia					
88	Disease Coefficients HCC182	1	122	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Spinal Cord Disorders/Injuries					
89	Disease Coefficients HCC190	1	123	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease, Spinal Muscular Atrophy					
90	Disease Coefficients HCC191	1	124	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Quadriplegic Cerebral Palsy					
91	Disease Coefficients HCC192	1	125	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Cerebral Palsy, Except Quadriplegic					
92	Disease Coefficients HCC193	1	126	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Inflammatory Demyelinating Polyneuritis and Multifocal Motor Neuropathy					

	Part C RA Model Output Detail Record Type M (PY2025)									
Item	Field	Size	Position	Format	Description					
93	Disease Coefficients HCC195	1	127	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Myasthenia Gravis with (Acute) Exacerbation					
94	Disease Coefficients HCC196	1	128	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Myasthenia Gravis without (Acute) Exacerbation and Other Myoneural Disorders					
95	Disease Coefficients HCC197	1	129	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Muscular Dystrophy					
96	Disease Coefficients HCC198	1	130	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Multiple Sclerosis					
97	Disease Coefficients HCC199	1	131	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Parkinson and Other Degenerative Disease of Basal Ganglia					
98	Disease Coefficients HCC200	1	132	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Friedreich and Other Hereditary Ataxias; Huntington Disease					
99	Disease Coefficients HCC201	1	133	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Seizure Disorders and Convulsions					
100	Disease Coefficients HCC202	1	134	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Coma, Brain Compression/Anoxic Damage					
101	Disease Coefficients HCC211	1	135	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Respirator Dependence/Tracheostomy Status/Complications					
102	Disease Coefficients HCC212	1	136	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Respiratory Arrest					
103	Disease Coefficients HCC213	1	137	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Cardio-Respiratory Failure and Shock					
104	Disease Coefficients HCC221	1	138	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Heart Transplant Status/Complications					
105	Disease Coefficients HCC222	1	139	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" End-Stage Heart Failure					
106	Disease Coefficients HCC223	1	140	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Heart Failure with Heart Assist Device/Artificial Heart					

	Part C RA Model Output Detail Record Type M (PY2025)									
Item	Field	Size	Position	Format	Description					
107	Disease Coefficients HCC224	1	141	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Acute on Chronic Heart Failure					
108	Disease Coefficients HCC225	1	142	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Acute Heart Failure (Excludes Acute on Chronic)					
109	Disease Coefficients HCC226	1	143	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Heart Failure, Except End Stage and Acute					
110	Disease Coefficients HCC227	1	144	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Cardiomyopathy/Myocarditis					
111	Disease Coefficients HCC228	1	145	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Acute Myocardial Infarction					
112	Disease Coefficients HCC229	1	146	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Unstable Angina and Other Acute Ischemic Heart Disease					
113	Disease Coefficients HCC238	1	147	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Specified Heart Arrhythmias					
114	Disease Coefficients HCC248	1	148	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Intracranial Hemorrhage					
115	Disease Coefficients HCC249	1	149	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Ischemic or Unspecified Stroke					
116	Disease Coefficients HCC253	1	150	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Hemiplegia/Hemiparesis					
117	Disease Coefficients HCC254	1	151	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Monoplegia, Other Paralytic Syndromes					
118	Disease Coefficients HCC263	1	152	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Atherosclerosis of Arteries of the Extremities with Ulceration or Gangrene					
119	Disease Coefficients HCC264	1	153	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Vascular Disease with Complications					
120	Disease Coefficients HCC267	1	154	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Deep Vein Thrombosis and Pulmonary Embolism					

	Part C RA Model Output Detail Record Type M (PY2025)									
Item	Field	Size	Position	Format	Description					
121	Disease Coefficients HCC276	1	155	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Lung Transplant Status/Complications					
122	Disease Coefficients HCC277	1	156	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Cystic Fibrosis					
123	Disease Coefficients HCC278	1	157	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Idiopathic Pulmonary Fibrosis and Lung Involvement in Systemic Sclerosis					
124	Disease Coefficients HCC279	1	158	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Severe Persistent Asthma					
125	Disease Coefficients HCC280	1	159	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Obstructive Pulmonary Disease, Interstitial Lung Disorders, and Other Chronic Lung Disorders					
126	Disease Coefficients HCC282	1	160	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Aspiration and Specified Bacterial Pneumonias					
127	Disease Coefficients HCC283	1	161	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Empyema, Lung Abscess					
128	Disease Coefficients HCC298	1	162	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Severe Diabetic Eye Disease, Retinal Vein Occlusion, and Vitreous Hemorrhage					
129	Disease Coefficients HCC300	1	163	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Exudative Macular Degeneration					
130	Disease Coefficients HCC326	1	164	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Kidney Disease, Stage 5					
131	Disease Coefficients HCC327	1	165	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Kidney Disease, Severe (Stage 4)					
132	Disease Coefficients HCC328	1	166	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Kidney Disease, Moderate (Stage 3B)					
133	Disease Coefficients HCC329	1	167	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Kidney Disease, Moderate (Stage 3, Except 3B)					
134	Disease Coefficients HCC379	1	168	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone					

	Part C RA Model Output Detail Record Type M (PY2025)									
Item	Field	Size	Position	Format	Description					
135	Disease Coefficients HCC380	1	169	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Ulcer of Skin, Except Pressure, Through to Bone or Muscle					
136	Disease Coefficients HCC381	1	170	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Pressure Ulcer of Skin with Full Thickness Skin Loss					
137	Disease Coefficients HCC382	1	171	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Pressure Ulcer of Skin with Partial Thickness Skin Loss					
138	Disease Coefficients HCC383	1	172	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Ulcer of Skin, Except Pressure, Not Specified as Through to Bone or Muscle					
139	Disease Coefficients HCC385	1	173	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Severe Skin Burn					
140	Disease Coefficients HCC387	1	174	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Pemphigus, Pemphigoid, and Other Specified Autoimmune Skin Disorders					
141	Disease Coefficients HCC397	1	175	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Major Head Injury with Loss of Consciousness > 1 Hour					
142	Disease Coefficients HCC398	1	176	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Major Head Injury with Loss of Consciousness < 1 Hour or Unspecified					
143	Disease Coefficients HCC399	1	177	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Major Head Injury without Loss of Consciousness					
144	Disease Coefficients HCC401	1	178	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Vertebral Fractures without Spinal Cord Injury					
145	Disease Coefficients HCC402	1	179	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Hip Fracture/Dislocation					
146	Disease Coefficients HCC405	1	180	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Traumatic Amputations and Complications					
147	Disease Coefficients HCC409	1	181	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Amputation Status, Lower Limb/Amputation Complications					

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	Part C RA Model Output Detail Record Type M (PY2025)									
Item	Field	Size	Position	Format	Description					
148	Disease Coefficients HCC454	1	182	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Stem Cell, Including Bone Marrow, Transplant Status/Complications					
149	Disease Coefficients HCC463	1	183	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Artificial Openings for Feeding or Elimination					
150	Disease Interactions DIABETES_HF	1	184	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Diabetes*Heart Failure					
151	Disease Interactions HF_CHR_LUNG	1	185	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Heart Failure*Chronic Lung Disorder					
152	Disease Interactions HF_KIDNEY	1	186	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Heart Failure*Kidney					
153	Disease Interactions CHR_LUNG_CARD_R ESP_FAIL	1	187	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Lung Disorder*Cardiorespiratory Failure					
154	Disease Interactions HF_HCC238	1	188	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Heart Failure*Specified Heart Arrhythmias					
155	Disease Interactions gSubUseDisorder_gPsyc h	1	189	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Substance Use Disorder*Psychiatric					
156	Disabled/Disease Interactions DISABLED_HF	1	190	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Disabled, Heart Failure					
157	Disabled/Disease Interactions DISABLED_ULCER	1	191	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Disabled, Skin Ulcer					
158	Disabled/Disease Interactions DISABLED_CANCER	1	192	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Disabled, Cancer					
159	Disabled/Disease Interactions DISABLED_NEURO	1	193	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Disabled, Neurological					
160	Disabled/Disease Interactions DISABLED_CHR_ LUNG	1	194	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Disabled, Chronic Lung Disorder					
161	Payment HCC Count	2	195-196	CHAR	Alphanumeric Set to values between '00' and '10' depending on the count of payment HCCs. '00' if no HCCs and '10 for 10 or more payment HCCs					

	Part C RA Model Output Detail Record Type M (PY2025)								
Item	Field	Size	Position	Format	Description				
162	Filler	4	197-200	CHAR	Spaces				

The total length of this record is 200 characters.

Layout 7-10: Part C RA Model Output Trailer Record

	Part C RA Model Output Trailer Record									
Item	Field	Size	Position	Format	Description					
1	Record Type Code	1	1	CHAR	3 = Trailer.					
2	Contract Number	5	2-6	CHAR	Unique identification for a Plan to provide coverage to eligible beneficiaries.					
3	Total Record Count	9	7-15	CHAR	Record count in display format.					
4	Filler	185	16-200	CHAR	Spaces.					

7.2 Risk Adjustment System (RAS) Prescription Drug Hierarchical Condition Category (RxHCC) Model Output Data File – PY2016

This file is also known as Part D RA Model Output Data File.

System	Туре	Frequency	Record Length	Part D RA Model Output Dataset Naming Conventions
RAS (MARx)	Data File	Monthly	168	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.PTDMODD.Dyymm01.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.PTDMODD.Dyymm01.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Rxxxxx.PTDMODD.Dyymm01.Thhmmsst

The following records are included in this file:

- Part D RA Model Output Header Record PY2016.
- Part D RA Model Output Detail/Beneficiary Record PY2016.
- Part D RA Model Output Trailer Record PY2016.

Layout 7-11: Part D RA Model Output Header Record – PY2016

The Contract Header Record signals the beginning of the Detail/Beneficiary records for a Medicare Advantage or stand-alone PDP contract.

	Part D RA Model Output Header Record – PY2016										
Item	Field	Size	Position	Format	Description						
1	Record Type Code	1	1	CHAR	1 = Header.						
2	Contract Number	5	2-6	CHAR	Unique identification for a Plan to provide coverage to eligible beneficiaries.						
3	Run Date	8	7-14	CHAR	The run date when this file was created. CCYYMMDD						
4	Payment Year and Month	6	15-20	CHAR	This identifies the risk adjustment payment year and month for the model run. CCYYMM						
5	Filler	148	21-168	CHAR	Spaces.						

Layout 7-12: Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2016

Each Detail/Beneficiary Record contains information for an HCC beneficiary in a Medicare Prescription Drug Contract/Plan, as of the last RAS model run for Payment Year 2016.

	Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2016								
Item	Field	Size	Position	Format	Description				
1	Record Type Code	1	1	CHAR	Set to "2," "4," or "5 2 = V05 PTD MOR (RAPS and FFS) 4 = V05 PTD MOR (Encounter and FFS) 5 = V05 PTD MOR (PACE) (RAPS, FFS, and Encounter)				
2	Medicare Beneficiary Identifier (MBI)	12	2-12	CHAR	Medicare Beneficiary Identifier.				
3	Filler	1	13	CHAR	Spaces.				
4	Beneficiary Last Name	12	14-25	CHAR	First 12 characters of the Beneficiary's Last Name.				
5	Beneficiary First Name	7	26-32	CHAR	First 7 characters of the Beneficiary's First Name.				
6	Beneficiary Initial	1	33	CHAR	Beneficiary Middle Initial.				
7	Date of Birth	8	34-41	CHAR	The date of birth of the Medicare Beneficiary. CCYYMMDD				
8	Sex	1	42	CHAR	Represents the sex of the Medicare Beneficiary. 0=Unknown. 1=Male. 2=Female.				
9	Filler	9	43-51	CHAR	Spaces.				
10	Age Group Female 0-34	1	52	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 0 and 34. 1 = If applicable. 0 = Otherwise.				
11	Age Group Female35_44	1	53	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 35 and 44, inclusive. 1 = If applicable. 0 = Otherwise.				
12	Age Group Female45_54	1	54	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 45 and 54, inclusive. 1 = If applicable. 0 = Otherwise.				

	Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2016								
Item	Field	Size	Position	Format	Description				
13	Age Group Female55_59	1	55	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 55 and 59, inclusive. 1 = If applicable. 0 = Otherwise.				
14	Age Group Female60_64	1	56	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 60 and 64, inclusive. 1 = If applicable. 0 = Otherwise.				
15	Age Group Female65_69	1	57	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 65 and 69, inclusive. 1 = If applicable. 0 = Otherwise.				
16	Age Group Female70_74	1	58	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 70 and 74, inclusive. 1 = If applicable. 0 = Otherwise.				
17	Age Group Female75_79	1	59	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 75 and 79, inclusive. 1 = If applicable. 0 = Otherwise.				
18	Age Group Female80_84	1	60	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 80 and 84, inclusive. 1 = If applicable. 0 = Otherwise.				
19	Age Group Female85_89	1	61	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 85 and 89, inclusive. 1 = If applicable. 0 = Otherwise.				
20	Age Group Female90_94	1	62	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 90 and 94, inclusive. 1 = If applicable. 0 = Otherwise.				
21	Age Group Female95_GT	1	63	CHAR	The sex and age group for the beneficiary based on a given as of date. Female, age 95 and greater. 1 = If applicable. 0 = Otherwise.				
22	Age Group Male0_34	1	64	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 0 and 34, inclusive. 1 = If applicable. 0 = Otherwise.				

	Part D RA	Model (Output Deta	ail/Benefic	iary Record Types 2, 4, and 5 – PY2016
Item	Field	Size	Position	Format	Description
23	Age Group Male35_44	1	65	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 35 and 44, inclusive. 1 = If applicable. 0 = Otherwise.
24	Age Group Male45_54	1	66	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 45 and 54, inclusive. 1 = If applicable. 0 = Otherwise.
25	Age Group Male55_59	1	67	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 55 and 59, inclusive. 1 = If applicable. 0 = Otherwise.
26	Age Group Male60_64	1	68	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 60 and 64, inclusive. 1 = If applicable. 0 = Otherwise.
27	Age Group Male65_69	1	69	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 65 and 69, inclusive. 1 = If applicable. 0 = Otherwise.
28	Age Group Male70_74	1	70	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 70 and 74, inclusive. 1 = If applicable. 0 = Otherwise.
29	Age Group Male75_79	1	71	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 and 79, inclusive. 1 = If applicable. 0 = Otherwise.
30	Age Group Male80_84	1	72	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 and 84, inclusive. 1 = If applicable. 0 = Otherwise.
31	Age Group Male85_89	1	73	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 and 89, inclusive. 1 = If applicable. 0 = Otherwise.
32	Age Group Male90_94	1	74	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 and 94, inclusive. 1 = If applicable. 0 = Otherwise.

	Part D RA	Model	Output Deta	ail/Benefic	iary Record Types 2, 4, and 5 – PY2016
Item	Field	Size	Position	Format	Description
33	Age Group Male95_GT	1	75	CHAR	The sex and age group for the beneficiary based on a given as of date. Male, age 95 and greater. 1 = If applicable. 0 = Otherwise.
34	Originally Disabled Female	1	76	CHAR	Beneficiary is a female and original Medicare entitlement was due to disability. 1 = If applicable. 0 = Otherwise.
35	Originally Disabled Male	1	77	CHAR	Beneficiary is a male and original Medicare entitlement was due to disability. 1 = If applicable. 0 = Otherwise.
36	Disease Coefficients RXHCC1	1	78	CHAR	HIV/AIDS. 1 = If applicable. 0 = Otherwise.
37	Disease Coefficients RXHCC5	1	79	CHAR	Opportunistic Infections. 1 = If applicable. 0 = Otherwise.
38	Disease Coefficients RXHCC15	1	80	CHAR	Chronic Myeloid Leukemia. 1 = If applicable. 0 = Otherwise.
39	Disease Coefficients RXHCC16	1	81	CHAR	Multiple Myeloma and Other Neoplastic Disorders. 1 = If applicable. 0 = Otherwise.
40	Disease Coefficients RXHCC17	1	82	CHAR	Secondary Cancers of Bone, Lung, Brain, and Other Specified Sites; Liver Cancer. 1 = If applicable. 0 = Otherwise.
41	Disease Coefficients RXHCC18	1	83	CHAR	Lung, Kidney, and Other Cancers. 1 = If applicable. 0 = Otherwise.
42	Disease Coefficients RXHCC19	1	84	CHAR	Breast and Other Cancers and Tumors. 1 = If applicable. 0 = Otherwise.
43	Disease Coefficients RXHCC30	1	85	CHAR	Diabetes with Complications. 1 = If applicable. 0 = Otherwise.
44	Disease Coefficients RXHCC31	1	86	CHAR	Diabetes without Complication. 1 = If applicable. 0 = Otherwise.
45	Disease Coefficients RXHCC40	1	87	CHAR	Specified Hereditary Metabolic/Immune Disorders. 1 = If applicable. 0 = Otherwise.
46	Disease Coefficients RXHCC41	1	88	CHAR	Pituitary, Adrenal Gland, and Other Endocrine and Metabolic Disorders. 1 = If applicable. 0 = Otherwise.
47	Disease Coefficients RXHCC42	1	89	CHAR	Thyroid Disorders. 1 = If applicable. 0 = Otherwise.
48	Disease Coefficients RXHCC43	1	90	CHAR	Morbid Obesity. 1 = If applicable. 0 = Otherwise.

	Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2016									
Item	Field	Size	Position	Format	Description					
49	Disease Coefficients RXHCC45	1	91	CHAR	Disorders of Lipoid Metabolism. 1 = If applicable. 0 = Otherwise.					
50	Disease Coefficients RXHCC54	1	92	CHAR	Chronic Viral Hepatitis C. 1 = If applicable. 0 = Otherwise.					
51	Disease Coefficients RXHCC55	1	93	CHAR	Chronic Viral Hepatitis, Except Hepatitis C. 1 = If applicable. 0 = Otherwise.					
52	Disease Coefficients RXHCC65	1	94	CHAR	Chronic Pancreatitis. 1 = If applicable. 0 = Otherwise.					
53	Disease Coefficients RXHCC66	1	95	CHAR	Pancreatic Disorders and Intestinal Malabsorption, Except Pancreatitis. 1 = If applicable. 0 = Otherwise.					
54	Disease Coefficients RXHCC67	1	96	CHAR	Inflammatory Bowel Disease. 1 = If applicable. 0 = Otherwise.					
55	Disease Coefficients RXHCC68	1	97	CHAR	Esophageal Reflux and Other Disorders of Esophagus. 1 = If applicable. 0 = Otherwise.					
56	Disease Coefficients RXHCC80	1	98	CHAR	Aseptic Necrosis of Bone. 1 = If applicable. 0 = Otherwise.					
57	Disease Coefficients RXHCC82	1	99	CHAR	Psoriatic Arthropathy and Systemic Sclerosis. 1 = If applicable. 0 = Otherwise.					
58	Disease Coefficients RXHCC83	1	100	CHAR	Rheumatoid Arthritis and Other Inflammatory Polyarthropathy. 1 = If applicable. 0 = Otherwise.					
59	Disease Coefficients RXHCC84	1	101	CHAR	Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies. 1 = If applicable. 0 = Otherwise.					
60	Disease Coefficients RXHCC87	1	102	CHAR	Osteoporosis, Vertebral and Pathological Fractures. 1 = If applicable. 0 = Otherwise.					
61	Disease Coefficients RXHCC95	1	103	CHAR	Sickle Cell Anemia. 1 = If applicable. 0 = Otherwise.					
62	Disease Coefficients RXHCC96	1	104	CHAR	Myelodysplastic Syndromes and Myelofibrosis. 1 = If applicable. 0 = Otherwise.					
63	Disease Coefficients RXHCC97	1	105	CHAR	Immune Disorders. 1 = If applicable. 0 = Otherwise.					
64	Disease Coefficients RXHCC98	1	106	CHAR	Aplastic Anemia and Other Significant Blood Disorders. 1 = If applicable. 0 = Otherwise.					

	Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2016									
Item	Field	Size	Position	Format	Description					
65	Disease Coefficients RXHCC111	1	107	CHAR	Alzheimer's Disease. 1 = If applicable. 0 = Otherwise.					
66	Disease Coefficients RXHCC112	1	108	CHAR	Dementia, Except Alzheimer's Disease. 1 = If applicable. 0 = Otherwise.					
67	Disease Coefficients RXHCC130	1	109	CHAR	Schizophrenia. 1 = If applicable. 0 = Otherwise.					
68	Disease Coefficients RXHCC131	1	110	CHAR	Bipolar Disorders. 1 = If applicable. 0 = Otherwise.					
69	Disease Coefficients RXHCC132	1	111	CHAR	Major Depression. 1 = If applicable. 0 = Otherwise.					
70	Disease Coefficients RXHCC133	1	112	CHAR	Specified Anxiety, Personality, and Behavior Disorders. 1 = If applicable. 0 = Otherwise.					
71	Disease Coefficients RXHCC134	1	113	CHAR	Depression. 1 = If applicable. 0 = Otherwise.					
72	Disease Coefficients RXHCC135	1	114	CHAR	Anxiety Disorders. 1 = If applicable. 0 = Otherwise.					
73	Disease Coefficients RXHCC145	1	115	CHAR	Autism. 1 = If applicable. 0 = Otherwise.					
74	Disease Coefficients RXHCC146	1	116	CHAR	Profound or Severe Intellectual Disability/Developmental Disorder. 1 = If applicable. 0 = Otherwise.					
75	Disease Coefficients RXHCC147	1	117	CHAR	Moderate Intellectual Disability/Developmental Disorder. 1 = If applicable. 0 = Otherwise.					
76	Disease Coefficients RXHCC148	1	118	CHAR	Mild or Unspecified Intellectual Disability/Developmental Disorder. 1 = If applicable. 0 = Otherwise.					
77	Disease Coefficients RXHCC156	1	119	CHAR	Myasthenia Gravis, Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease. 1 = If applicable. 0 = Otherwise.					
78	Disease Coefficients RXHCC157	1	120	CHAR	Spinal Cord Disorders. 1 = If applicable. 0 = Otherwise.					
79	Disease Coefficients RXHCC159	1	121	CHAR	Inflammatory and Toxic Neuropathy. 1 = If applicable. 0 = Otherwise.					
80	Disease Coefficients RXHCC160	1	122	CHAR	Multiple Sclerosis. 1 = If applicable. 0 = Otherwise.					

	Part D RA	Model	Output Deta	ail/Benefic	iary Record Types 2, 4, and 5 – PY2016
Item	Field	Size	Position	Format	Description
81	Disease Coefficients RXHCC161	1	123	CHAR	Parkinson's and Huntington's Diseases. 1 = If applicable. 0 = Otherwise.
82	Disease Coefficients RXHCC163	1	124	CHAR	Intractable Epilepsy. 1 = If applicable. 0 = Otherwise.
83	Disease Coefficients RXHCC164	1	125	CHAR	Epilepsy and Other Seizure Disorders, Except Intractable Epilepsy. 1 = If applicable. 0 = Otherwise.
84	Disease Coefficients RXHCC165	1	126	CHAR	Convulsions. 1 = If applicable. 0 = Otherwise.
85	Disease Coefficients RXHCC166	1	127	CHAR	Migraine Headaches. 1 = If applicable. 0 = Otherwise.
86	Disease Coefficients RXHCC168	1	128	CHAR	Trigeminal and Postherpetic Neuralgia. 1 = If applicable. 0 = Otherwise.
87	Disease Coefficients RXHCC185	1	129	CHAR	Primary Pulmonary Hypertension. 1 = If applicable. 0 = Otherwise.
88	Disease Coefficients RXHCC186	1	130	CHAR	Congestive Heart Failure. 1 = If applicable. 0 = Otherwise.
89	Disease Coefficients RXHCC187	1	131	CHAR	Hypertension. 1 = If applicable. 0 = Otherwise.
90	Disease Coefficients RXHCC188	1	132	CHAR	Coronary Artery Disease. 1 = If applicable. 0 = Otherwise.
91	Disease Coefficients RXHCC193	1	133	CHAR	Atrial Arrhythmias. 1 = If applicable. 0 = Otherwise.
92	Disease Coefficients RXHCC206	1	134	CHAR	Cerebrovascular Disease, Except Hemorrhage or Aneurysm. 1 = If applicable. 0 = Otherwise.
93	Disease Coefficients RXHCC207	1	135	CHAR	Spastic Hemiplegia. 1 = If applicable. 0 = Otherwise.
94	Disease Coefficients RXHCC215	1	136	CHAR	Venous Thromboembolism. 1 = If applicable. 0 = Otherwise.
95	Disease Coefficients RXHCC216	1	137	CHAR	Peripheral Vascular Disease. 1 = If applicable. 0 = Otherwise.
96	Disease Coefficients RXHCC225	1	138	CHAR	Cystic Fibrosis. 1 = If applicable. 0 = Otherwise.
97	Disease Coefficients RXHCC226	1	139	CHAR	Chronic Obstructive Pulmonary Disease and Asthma. 1 = If applicable. 0 = Otherwise.

	Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2016									
Item	Field	Size	Position	Format	Description					
98	Disease Coefficients RXHCC227	1	140	CHAR	Pulmonary Fibrosis and Other Chronic Lung Disorders. 1 = If applicable. 0 = Otherwise.					
99	Disease Coefficients RXHCC241	1	141	CHAR	Diabetic Retinopathy. 1 = If applicable. 0 = Otherwise.					
100	Disease Coefficients RXHCC243	1	142	CHAR	Open-Angle Glaucoma. 1 = If applicable. 0 = Otherwise.					
101	Disease Coefficients RXHCC260	1	143	CHAR	Kidney Transplant Status. 1 = If applicable. 0 = Otherwise.					
102	Disease Coefficients RXHCC261	1	144	CHAR	Dialysis Status. 1 = If applicable. 0 = Otherwise.					
103	Disease Coefficients RXHCC262	1	145	CHAR	Chronic Kidney Disease Stage 5. 1 = If applicable. 0 = Otherwise.					
104	Disease Coefficients RXHCC263	1	146	CHAR	Chronic Kidney Disease Stage 4. 1 = If applicable. 0 = Otherwise.					
105	Disease Coefficients RXHCC311	1	147	CHAR	Chronic Ulcer of Skin, Except Pressure. 1 = If applicable. 0 = Otherwise.					
106	Disease Coefficients RXHCC314	1	148	CHAR	Pemphigus. 1 = If applicable. 0 = Otherwise.					
107	Disease Coefficients RXHCC316	1	149	CHAR	Psoriasis, Except with Arthropathy. 1 = If applicable. 0 = Otherwise.					
108	Disease Coefficients RXHCC355	1	150	CHAR	Narcolepsy and Cataplexy. 1 = If applicable. 0 = Otherwise.					
109	Disease Coefficients RXHCC395	1	151	CHAR	Lung Transplant Status. 1 = If applicable. 0 = Otherwise.					
110	Disease Coefficients RXHCC396	1	152	CHAR	Major Organ Transplant Status, Except Lung, Kidney, and Pancreas. 1 = If applicable. 0 = Otherwise.					
111	Disease Coefficients RXHCC397	1	153	CHAR	Pancreas Transplant Status. 1 = If applicable. 0 = Otherwise.					
112	Originally Disabled	1	154	CHAR	The original reason for Medicare entitlement was due to disability. 1 = If applicable. 0 = Otherwise.					
113	NONAGED RXHCC1	1	155	CHAR	Non-Aged and HIV/AIDS. 1 = If applicable. 0 = Otherwise.					

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	Part D RA Model Output Detail/Beneficiary Record Types 2, 4, and 5 – PY2016									
Item	Field	Size	Position	Format	Description					
114	NONAGED RXHCC130	1	156	CHAR	Non-Aged and Schizophrenia. 1 = If applicable. 0 = Otherwise.					
115	NONAGED RXHCC131	1	157	CHAR	Non-Aged and Bipolar Disorders. 1 = If applicable. 0 = Otherwise.					
116	NONAGED RXHCC132	1	158	CHAR	Non-Aged and Major Depression. 1 = If applicable. 0 = Otherwise.					
117	NONAGED RXHCC133	1	159	CHAR	Non-Aged and Specified Anxiety, Personality, and Behavior Disorders. 1 = If applicable. 0 = Otherwise.					
118	NONAGED RXHCC134	1	160	CHAR	Non-Aged and Depression. 1 = If applicable. 0 = Otherwise.					
119	NONAGED RXHCC135	1	161	CHAR	Non-Aged and Anxiety Disorders. 1 = If applicable. 0 = Otherwise.					
120	NONAGED RXHCC160	1	162	CHAR	Non-Aged and Autism. 1 = If applicable. 0 = Otherwise.					
121	NONAGED RXHCC163	1	163	CHAR	Non-Aged and Multiple Sclerosis. 1 = If applicable. 0 = Otherwise.					
122	Filler	5	164-168	CHAR	Spaces.					

Note: Fields 111-120 are associated with the Rx HCC Continuing Enrollee Institutional Score only.

Layout 7-13:Part D RA Model Output Trailer Record – PY2016

The Contract Trailer Record signals the end of the Detail/Beneficiary records for a MA or standalone PDP contract.

	Part D RA Model Output Trailer Record – PY2016										
Item	Field	Size	Position	Format	Description						
1	Record Type Code	1	1	CHAR	3 = Trailer.						
2	Contract Number	5	2-6	CHAR	Unique identification for a Plan to provide coverage to eligible beneficiaries.						
3	Total Record Count	9	7-15	CHAR	Record count, inclusive of all header and trailer records.						
4	Filler	153	16-168	CHAR	Spaces.						

7.3 Risk Adjustment System (RAS) Prescription Drug Hierarchical Condition Category (RxHCC) Model Output Data File – PY2017 through PY2025

This file is also known as Part D RA Model Output Data File.

System	Туре	Frequency	Record Length	Part D RA Model Output Dataset Naming Conventions
RAS (MARx)	Data File	Monthly		Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.PTDMODD.Dyymm01.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.PTDMODD.Dyymm01.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Rxxxxx.PTDMODD.Dyymm01.Thhmmsst

The following records are included in this file:

- Part D RA Model Output Header Record PY2017 through PY2025.
- Part D RA Model Output Detail/Beneficiary Record 2 (PY2017 through PY 2021), 4 (PY2017 through PY2022), and 5 (PY2017 through PY2024).
- Part D RA Model Output Detail/Beneficiary Record 6 (PY2023 through PY2025).
- Part D RA Model Output Detail/Beneficiary Record 7 (PY2024)
- Part D RA Model Output Trailer Record PY2017 through PY2025.

The Contract Header Record signals the beginning of the Detail/Beneficiary records for a Medicare Advantage or stand-alone PDP contract.

Layout 7-14: Part D RA Model Output Header Record – PY2017 through PY2025

	Part D RA Model Output Detail/Beneficiary Record – 2 (PY2017 – PY 2021) 4 (PY2017 – PY2022) and 5 (PY2017 – PY2024) 6 (PY2023 – PY 2025) and 7 (PY2025)									
Item	Field	Size	Position	Format	Description					
1	Record Type Code	1	1	CHAR	1 = Header					
2	Contract Number	5	2-6	CHAR	Unique identification for a Plan to provide coverage to eligible beneficiaries.					
3	Run Date	8	7-14	CHAR	The run date when this file was created. CCYYMMDD					
4	Payment Year and Month	6	15-20	CHAR	This identifies the risk adjustment payment year and month for the model run. CCYYMM					
5	Filler	160	21-180	CHAR	Spaces.					

The total length of this record is 180 characters.

Layout 7-15: Part D RA Model Output Detail/Beneficiary Record Types 2 (PY2017 through PY2021), 4 (PY2017 through PY2022), and 5 (PY2017 through PY2024)

Each Detail/Beneficiary Record contains information for an HCC beneficiary in a Medicare Prescription Drug Contract/Plan, as of the last RAS model run for Payment Year 2017 through 2022. The Detail Record Type 2 is used to report an RxHCC beneficiary between PY2017 through PY2021, Record Type 4 is used to report an RxHHC beneficiary between PY2017 through PY2022 and Record Type 5 is used to report an RxHHC beneficiary between PY2017 through PY2024.

Part	Part D RA Model Output Detail/Beneficiary Record – 2 (PY2017 – PY 2021), 4 (PY2017 – PY2022) and (PY2017 – PY2024)									
Item	Field	Size	Position	Format	Description					
1	Record Type Code	1	1	CHAR	Set to "2," "4," or "5 "2" = V05 PTD MOR (RAPS and FFS) "4" = V05 PTD MOR (Encounter and FFS) "5" = V05 PTD MOR (PACE) (RAPS, FFS, and Encounter)					
2	Medicare Beneficiary Identifier (MBI)	11	2-12	CHAR	Medicare Beneficiary Identifier.					
3	Filler	1	13	CHAR	Spaces.					
4	Beneficiary Last Name	12	14-25	CHAR	First 12 characters of the Beneficiary's Last Name.					
5	Beneficiary First Name	7	26-32	CHAR	First 7 characters of the Beneficiary's First Name.					
6	Beneficiary Initial	1	33	CHAR	Beneficiary Middle Initial.					
7	Date of Birth	8	34-41	CHAR	The date of birth of the Medicare Beneficiary. CCYYMMDD					
8	Sex	1	42	CHAR	Represents the sex of the Medicare Beneficiary. 0=Unknown. 1=Male. 2=Female.					
9	Filler	9	43-51	CHAR	Spaces.					
10	Age Group Female 0-34	1	52	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 0 and 34. 1 = If applicable. 0 = Otherwise.					
11	Age Group Female35_44	1	53	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 35 and 44, inclusive. 1 = If applicable. 0 = Otherwise.					
12	Age Group Female45_54	1	54	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 45 and 54, inclusive. 1 = If applicable. 0 = Otherwise.					

Part	Part D RA Model Output Detail/Beneficiary Record – 2 (PY2017 – PY 2021), 4 (PY2017 – PY2022) and 5 (PY2017 – PY2024)								
Item	Field	Size	Position	Format	Description				
13	Age Group Female55_59	1	55	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 55 and 59, inclusive. 1 = If applicable. 0 = Otherwise.				
14	Age Group Female60_64	1	56	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 60 and 64, inclusive. 1 = If applicable. 0 = Otherwise.				
15	Age Group Female65_69	1	57	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 65 and 69, inclusive. 1 = If applicable. 0 = Otherwise.				
16	Age Group Female70_74	1	58	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 70 and 74, inclusive. 1 = If applicable. 0 = Otherwise.				
17	Age Group Female75_79	1	59	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 75 and 79, inclusive. 1 = If applicable. 0 = Otherwise.				
18	Age Group Female80_84	1	60	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 80 and 84, inclusive. 1 = If applicable. 0 = Otherwise.				
19	Age Group Female85_89	1	61	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 85 and 89, inclusive. 1 = If applicable. 0 = Otherwise.				
20	Age Group Female90_94	1	62	CHAR	The sex and age group for the beneficiary based on a given as of date. Female between ages of 90 and 94, inclusive. 1 = If applicable. 0 = Otherwise.				
21	Age Group Female95_GT	1	63	CHAR	The sex and age group for the beneficiary based on a given as of date. Female, age 95 and greater. 1 = If applicable. 0 = Otherwise.				
22	Age Group Male0_34	1	64	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 0 and 34, inclusive. 1 = If applicable. 0 = Otherwise.				

Part	Part D RA Model Output Detail/Beneficiary Record – 2 (PY2017 – PY 2021), 4 (PY2017 – PY2022) and 5 (PY2017 – PY2024)								
Item	Field	Size	Position	Format	Description				
23	Age Group Male35_44	1	65	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 35 and 44, inclusive. 1 = If applicable. 0 = Otherwise.				
24	Age Group Male45_54	1	66	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 45 and 54, inclusive. 1 = If applicable. 0 = Otherwise.				
25	Age Group Male55_59	1	67	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 55 and 59, inclusive. 1 = If applicable. 0 = Otherwise.				
26	Age Group Male60_64	1	68	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 60 and 64, inclusive. 1 = If applicable. 0 = Otherwise.				
27	Age Group Male65_69	1	69	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 65 and 69, inclusive. 1 = If applicable. 0 = Otherwise.				
28	Age Group Male70_74	1	70	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 70 and 74, inclusive. 1 = If applicable. 0 = Otherwise.				
29	Age Group Male75_79	1	71	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 and 79, inclusive. 1 = If applicable. 0 = Otherwise.				
30	Age Group Male80_84	1	72	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 and 84, inclusive. 1 = If applicable. 0 = Otherwise.				
31	Age Group Male85_89	1	73	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 and 89, inclusive. 1 = If applicable. 0 = Otherwise.				
32	Age Group Male90_94	1	74	CHAR	The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 and 94, inclusive. 1 = If applicable. 0 = Otherwise.				

Part	Part D RA Model Output Detail/Beneficiary Record – 2 (PY2017 – PY 2021), 4 (PY2017 – PY2022) and 5 (PY2017 – PY2024)								
Item	Field	Size	Position	Format	Description				
33	Age Group Male95_GT	1	75	CHAR	The sex and age group for the beneficiary based on a given as of date. Male, age 95 and greater. 1 = If applicable. 0 = Otherwise.				
34	Originally Disabled Female	1	76	CHAR	Beneficiary is a female and original Medicare entitlement was due to disability. 1 = If applicable. 0 = Otherwise.				
35	Originally Disabled Male	1	77	CHAR	Beneficiary is a male and original Medicare entitlement was due to disability. 1 = If applicable. 0 = Otherwise.				
36	Disease Coefficients RXHCC1	1	78	CHAR	HIV/AIDS. 1 = If applicable. 0 = Otherwise.				
37	Disease Coefficients RXHCC5	1	79	CHAR	Opportunistic Infections. 1 = If applicable. 0 = Otherwise.				
38	Disease Coefficients RXHCC15	1	80	CHAR	Chronic Myeloid Leukemia. 1 = If applicable. 0 = Otherwise.				
39	Disease Coefficients RXHCC16	1	81	CHAR	Multiple Myeloma and Other Neoplastic Disorders. 1 = If applicable. 0 = Otherwise.				
40	Disease Coefficients RXHCC17	1	82	CHAR	Secondary Cancers of Bone, Lung, Brain, and Other Specified Sites; Liver Cancer. 1 = If applicable. 0 = Otherwise.				
41	Disease Coefficients RXHCC18	1	83	CHAR	Lung, Kidney, and Other Cancers. 1 = If applicable. 0 = Otherwise.				
42	Disease Coefficients RXHCC19	1	84	CHAR	Breast and Other Cancers and Tumors. 1 = If applicable. 0 = Otherwise.				
43	Disease Coefficients RXHCC30	1	85	CHAR	Diabetes with Complications. 1 = If applicable. 0 = Otherwise.				
44	Disease Coefficients RXHCC31	1	86	CHAR	Diabetes without Complication. 1 = If applicable. 0 = Otherwise.				
45	Disease Coefficients RXHCC40	1	87	CHAR	Specified Hereditary Metabolic/Immune Disorders. 1 = If applicable. 0 = Otherwise.				
46	Disease Coefficients RXHCC41	1	88	CHAR	Pituitary, Adrenal Gland, and Other Endocrine and Metabolic Disorders. 1 = If applicable. 0 = Otherwise.				
47	Disease Coefficients RXHCC42	1	89	CHAR	Thyroid Disorders. 1 = If applicable. 0 = Otherwise.				
48	Disease Coefficients RXHCC43	1	90	CHAR	Morbid Obesity. 1 = If applicable. 0 = Otherwise.				

Part	Part D RA Model Output Detail/Beneficiary Record – 2 (PY2017 – PY 2021), 4 (PY2017 – PY2022) and (PY2017 – PY2024)								
Item	Field	Size	Position	Format	Description				
49	Disease Coefficients RXHCC45	1	91	CHAR	Disorders of Lipoid Metabolism. 1 = If applicable. 0 = Otherwise.				
50	Disease Coefficients RXHCC54	1	92	CHAR	Chronic Viral Hepatitis C. 1 = If applicable. 0 = Otherwise.				
51	Disease Coefficients RXHCC55	1	93	CHAR	Chronic Viral Hepatitis, Except Hepatitis C. 1 = If applicable. 0 = Otherwise.				
52	Disease Coefficients RXHCC65	1	94	CHAR	Chronic Pancreatitis. 1 = If applicable. 0 = Otherwise.				
53	Disease Coefficients RXHCC66	1	95	CHAR	Pancreatic Disorders and Intestinal Malabsorption, Except Pancreatitis. 1 = If applicable. 0 = Otherwise.				
54	Disease Coefficients RXHCC67	1	96	CHAR	Inflammatory Bowel Disease. 1 = If applicable. 0 = Otherwise.				
55	Disease Coefficients RXHCC68	1	97	CHAR	Esophageal Reflux and Other Disorders of Esophagus. 1 = If applicable. 0 = Otherwise.				
56	Disease Coefficients RXHCC80	1	98	CHAR	Aseptic Necrosis of Bone. 1 = If applicable. 0 = Otherwise.				
57	Disease Coefficients RXHCC82	1	99	CHAR	Psoriatic Arthropathy and Systemic Sclerosis. 1 = If applicable. 0 = Otherwise.				
58	Disease Coefficients RXHCC83	1	100	CHAR	Rheumatoid Arthritis and Other Inflammatory Polyarthropathy. 1 = If applicable. 0 = Otherwise.				
59	Disease Coefficients RXHCC84	1	101	CHAR	Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies. 1 = If applicable. 0 = Otherwise.				
60	Disease Coefficients RXHCC87	1	102	CHAR	Osteoporosis, Vertebral and Pathological Fractures. 1 = If applicable. 0 = Otherwise.				
61	Disease Coefficients RXHCC95	1	103	CHAR	Sickle Cell Anemia. 1 = If applicable. 0 = Otherwise.				
62	Disease Coefficients RXHCC96	1	104	CHAR	Myelodysplastic Syndromes and Myelofibrosis. 1 = If applicable. 0 = Otherwise.				
63	Disease Coefficients RXHCC97	1	105	CHAR	Immune Disorders. 1 = If applicable. 0 = Otherwise.				
64	Disease Coefficients RXHCC98	1	106	CHAR	Aplastic Anemia and Other Significant Blood Disorders. 1 = If applicable. 0 = Otherwise.				

Part	Part D RA Model Output Detail/Beneficiary Record – 2 (PY2017 – PY 2021), 4 (PY2017 – PY2022) and 5 (PY2017 – PY2024)								
Item	Field	Size	Position	Format	Description				
65	Disease Coefficients RXHCC111	1	107	CHAR	Alzheimer's Disease. 1 = If applicable. 0 = Otherwise.				
66	Disease Coefficients RXHCC112	1	108	CHAR	Dementia, Except Alzheimer's Disease. 1 = If applicable. 0 = Otherwise.				
67	Disease Coefficients RXHCC130	1	109	CHAR	Schizophrenia. 1 = If applicable. 0 = Otherwise.				
68	Disease Coefficients RXHCC131	1	110	CHAR	Bipolar Disorders. 1 = If applicable. 0 = Otherwise.				
69	Disease Coefficients RXHCC132	1	111	CHAR	Major Depression. 1 = If applicable. 0 = Otherwise.				
70	Disease Coefficients RXHCC133	1	112	CHAR	Specified Anxiety, Personality, and Behavior Disorders. 1 = If applicable. 0 = Otherwise.				
71	Disease Coefficients RXHCC134	1	113	CHAR	Depression. 1 = If applicable. 0 = Otherwise.				
72	Disease Coefficients RXHCC135	1	114	CHAR	Anxiety Disorders. 1 = If applicable. 0 = Otherwise.				
73	Disease Coefficients RXHCC145	1	115	CHAR	Autism. 1 = If applicable. 0 = Otherwise.				
74	Disease Coefficients RXHCC146	1	116	CHAR	Profound or Severe Intellectual Disability/Developmental Disorder. 1 = If applicable. 0 = Otherwise.				
75	Disease Coefficients RXHCC147	1	117	CHAR	Moderate Intellectual Disability/Developmental Disorder. 1 = If applicable. 0 = Otherwise.				
76	Disease Coefficients RXHCC148	1	118	CHAR	Mild or Unspecified Intellectual Disability/Developmental Disorder. 1 = If applicable. 0 = Otherwise.				
77	Disease Coefficients RXHCC156	1	119	CHAR	Myasthenia Gravis, Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease. 1 = If applicable. 0 = Otherwise.				
78	Disease Coefficients RXHCC157	1	120	CHAR	Spinal Cord Disorders. 1 = If applicable. 0 = Otherwise.				
79	Disease Coefficients RXHCC159	1	121	CHAR	Inflammatory and Toxic Neuropathy. 1 = If applicable. 0 = Otherwise.				
80	Disease Coefficients RXHCC160	1	122	CHAR	Multiple Sclerosis. 1 = If applicable. 0 = Otherwise.				

Part	Part D RA Model Output Detail/Beneficiary Record – 2 (PY2017 – PY 2021), 4 (PY2017 – PY2022) and (PY2017 – PY2024)								
Item	Field	Size	Position	Format	Description				
81	Disease Coefficients RXHCC161	1	123	CHAR	Parkinson's and Huntington's Diseases. 1 = If applicable. 0 = Otherwise.				
82	Disease Coefficients RXHCC163	1	124	CHAR	Intractable Epilepsy. 1 = If applicable. 0 = Otherwise.				
83	Disease Coefficients RXHCC164	1	125	CHAR	Epilepsy and Other Seizure Disorders, Except Intractable Epilepsy. 1 = If applicable. 0 = Otherwise.				
84	Disease Coefficients RXHCC165	1	126	CHAR	Convulsions. 1 = If applicable. 0 = Otherwise.				
85	Disease Coefficients RXHCC166	1	127	CHAR	Migraine Headaches. 1 = If applicable. 0 = Otherwise.				
86	Disease Coefficients RXHCC168	1	128	CHAR	Trigeminal and Postherpetic Neuralgia. 1 = If applicable. 0 = Otherwise.				
87	Disease Coefficients RXHCC185	1	129	CHAR	Primary Pulmonary Hypertension. 1 = If applicable. 0 = Otherwise.				
88	Disease Coefficients RXHCC186	1	130	CHAR	Congestive Heart Failure. 1 = If applicable. 0 = Otherwise.				
89	Disease Coefficients RXHCC187	1	131	CHAR	Hypertension. 1 = If applicable. 0 = Otherwise.				
90	Disease Coefficients RXHCC188	1	132	CHAR	Coronary Artery Disease. 1 = If applicable. 0 = Otherwise.				
91	Disease Coefficients RXHCC193	1	133	CHAR	Atrial Arrhythmias. 1 = If applicable. 0 = Otherwise.				
92	Disease Coefficients RXHCC206	1	134	CHAR	Cerebrovascular Disease, Except Hemorrhage or Aneurysm. 1 = If applicable. 0 = Otherwise.				
93	Disease Coefficients RXHCC207	1	135	CHAR	Spastic Hemiplegia. 1 = If applicable. 0 = Otherwise.				
94	Disease Coefficients RXHCC215	1	136	CHAR	Venous Thromboembolism. 1 = If applicable. 0 = Otherwise.				
95	Disease Coefficients RXHCC216	1	137	CHAR	Peripheral Vascular Disease. 1 = If applicable. 0 = Otherwise.				
96	Disease Coefficients RXHCC225	1	138	CHAR	Cystic Fibrosis. 1 = If applicable. 0 = Otherwise.				
97	Disease Coefficients RXHCC226	1	139	CHAR	Chronic Obstructive Pulmonary Disease and Asthma. 1 = If applicable. 0 = Otherwise.				

Part	Part D RA Model Output Detail/Beneficiary Record – 2 (PY2017 – PY 2021), 4 (PY2017 – PY2022) and 5 (PY2017 – PY2024)								
Item	Field	Size	Position	Format	Description				
98	Disease Coefficients RXHCC227	1	140	CHAR	Pulmonary Fibrosis and Other Chronic Lung Disorders. 1 = If applicable. 0 = Otherwise.				
99	Disease Coefficients RXHCC241	1	141	CHAR	Diabetic Retinopathy. 1 = If applicable. 0 = Otherwise.				
100	Disease Coefficients RXHCC243	1	142	CHAR	Open-Angle Glaucoma. 1 = If applicable. 0 = Otherwise.				
101	Disease Coefficients RXHCC260	1	143	CHAR	Kidney Transplant Status. 1 = If applicable. 0 = Otherwise.				
102	Disease Coefficients RXHCC261	1	144	CHAR	Dialysis Status. 1 = If applicable. 0 = Otherwise.				
103	Disease Coefficients RXHCC262	1	145	CHAR	Chronic Kidney Disease Stage 5. 1 = If applicable. 0 = Otherwise.				
104	Disease Coefficients RXHCC263	1	146	CHAR	Chronic Kidney Disease Stage 4. 1 = If applicable. 0 = Otherwise.				
105	Disease Coefficients RXHCC311	1	147	CHAR	Chronic Ulcer of Skin, Except Pressure. 1 = If applicable. 0 = Otherwise.				
106	Disease Coefficients RXHCC314	1	148	CHAR	Pemphigus. 1 = If applicable. 0 = Otherwise.				
107	Disease Coefficients RXHCC316	1	149	CHAR	Psoriasis, Except with Arthropathy. 1 = If applicable. 0 = Otherwise.				
108	Disease Coefficients RXHCC355	1	150	CHAR	Narcolepsy and Cataplexy. 1 = If applicable. 0 = Otherwise.				
109	Disease Coefficients RXHCC395	1	151	CHAR	Lung Transplant Status. 1 = If applicable. 0 = Otherwise.				
110	Disease Coefficients RXHCC396	1	152	CHAR	Major Organ Transplant Status, Except Lung, Kidney, and Pancreas. 1 = If applicable. 0 = Otherwise.				
111	Disease Coefficients RXHCC397	1	153	CHAR	Pancreas Transplant Status. 1 = If applicable. 0 = Otherwise.				
112	Originally Disabled	1	154	CHAR	The original reason for Medicare entitlement was due to disability. 1 = If applicable. 0 = Otherwise.				
113	NONAGED RXHCC1	1	155	CHAR	Non-Aged and HIV/AIDS. 1 = If applicable. 0 = Otherwise.				

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Part D RA Model Output Detail/Beneficiary Record – 2 (PY2017 – PY 2021), 4 (PY2017 – PY2022) and 5 (PY2017 – PY2024)						
Item	Field	Size	Position	Format	Description	
114	NONAGED RXHCC130	1	156	CHAR	Non-Aged and Schizophrenia. 1 = If applicable. 0 = Otherwise.	
115	NONAGED RXHCC131	1	157	CHAR	Non-Aged and Bipolar Disorders. 1 = If applicable. 0 = Otherwise.	
116	NONAGED RXHCC132	1	158	CHAR	Non-Aged and Major Depression. 1 = If applicable. 0 = Otherwise.	
117	NONAGED RXHCC133	1	159	CHAR	Non-Aged and Specified Anxiety, Personality, and Behavior Disorders. 1 = If applicable. 0 = Otherwise.	
118	NONAGED RXHCC134	1	160	CHAR	Non-Aged and Depression. 1 = If applicable. 0 = Otherwise.	
119	NONAGED RXHCC135	1	161	CHAR	Non-Aged and Anxiety Disorders. 1 = If applicable. 0 = Otherwise.	
120	NONAGED RXHCC160	1	162	CHAR	Non-Aged and Multiple Sclerosis. 1 = If applicable. 0 = Otherwise.	
121	NONAGED RXHCC163	1	163	CHAR	Non-Aged and Intractable Epilepsy. 1 = If applicable. 0 = Otherwise.	
122	NONAGED RXHCC145	1	164	CHAR	Non-Aged and Autism. 1 = If applicable. 0 = Otherwise.	
123	NONAGED RXHCC164	1	165	CHAR	Non-Aged and Epilepsy and Other Seizure Disorders, Except Intractable Epilepsy. 1 = If applicable. 0 = Otherwise.	
124	NONAGED RXHCC165	1	166	CHAR	Non-Aged and Convulsions. 1 = If applicable. 0 = Otherwise.	
125	Filler	14	167-180	CHAR	Spaces.	

The total length of this record is 180 characters.

NOTE: Fields 113-124 are associated with the Rx HCC Continuing Enrollee Institutional Score only.

Layout 7-16: Part D RA Model Output Detail/Beneficiary Record Type 6 (PY2023 through PY2025)

The Detail Record Type 6 is used to report a Non-Pace RxHCC beneficiary.

	Part D RA Model Output Detail/Beneficiary Record Type 6 (PY2023 through PY2025)						
Item	Field	Size	Position	Format	Description		
1	Record Type Code	1	1	CHAR	Alphanumeric Set to "6" for Non PACE Beneficiaries		
2	Medicare Beneficiary Identifier (MBI)	11	2-12	CHAR	Alphanumeric Medicare Beneficiary Identifier.		
3	Beneficiary Last Name	12	13-24	CHAR	Alphanumeric First 12 bytes of the Bene Last Name Beneficiary Last Name		
4	Beneficiary First Name	7	25-31	CHAR	Alphanumeric First 7 bytes of the bene First Name Beneficiary First Name		
5	Beneficiary Initial	1	32	CHAR	Alphanumeric 1 byte Initial Beneficiary Initial		
6	Date of Birth	8	33-40	CHAR	Alphanumeric Formatted as yyyymmdd The date of birth of the Medicare Beneficiary		
7	Sex	1	41	CHAR	Alphanumeric 0=unknown, 1=male, 2=female Represents the sex of the Medicare Beneficiary		
8	Age Group Female 0_34	1	42	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female between ages of 0 and 34		
9	Age Group Female 35_44	1	43	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female between ages of 35 and 44, inclusive		

	Part D RA Model Output Detail/Beneficiary Record Type 6 (PY2023 through PY2025)							
Item	Field	Size	Position	Format	Description			
10	Age Group Female 45_54	1	44	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female between ages of 45 and 54, inclusive			
11	Age Group Female 55_59	1	45	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female between ages of 55 and 59, inclusive			
12	Age Group Female 60_64	1	46	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female between ages of 60 and 64, inclusive			
13	Age Group Female 65_69	1	47	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female between ages of 65 and 69, inclusive			
14	Age Group Female 70_74	1	48	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female between ages of 70 and 74, inclusive			
15	Age Group Female 75_79	1	49	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female between ages of 75 and 79, inclusive			
16	Age Group Female 80_84	1	50	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female between ages of 80 and 84, inclusive			
17	Age Group Female 85_89	1	51	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female between ages of 85 and 89, inclusive			
18	Age Group Female 90_94	1	52	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female between ages of 90 and 94, inclusive			

	Part D RA Model Outp	put Det	ail/Benefic	iary Record	d Type 6 (PY2023 through PY2025)
Item	Field	Size	Position	Format	Description
19	Age Group Female 95_GT	1	53	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female, age 95 and greater
20	Age Group Male 0_34	1	54	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male between ages of 0 and 34, inclusive
21	Age Group Male 35_44	1	55	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male between ages of 35 and 44, inclusive
22	Age Group Male 45_54	1	56	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male between ages of 45 and 54, inclusive
23	Age Group Male 55_59	1	57	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male between ages of 55 and 59, inclusive
24	Age Group Male 60_64	1	58	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male between ages of 60 and 64, inclusive
25	Age Group Male 65_69	1	59	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male between ages of 65 and 69, inclusive
26	Age Group Male 70_74	1	60	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male between ages of 70 and 74, inclusive
27	Age Group Male 75_79	1	61	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male between ages of 75 and 79, inclusive

Part D RA Model Output Detail/Beneficiary Record Type 6 (PY2023 through PY2025)										
Item	Field	Size	Position	Format	Description					
28	Age Group Male 80_84	1	62	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male between ages of 80 and 84, inclusive					
29	Age Group Male 85_89	1	63	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male between ages of 85 and 89, inclusive					
30	Age Group Male 90_94	1	64	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male between ages of 90 and 94, inclusive					
31	Age Group Male 95_GT	1	65	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male, age 95 and greater.					
32	Originally Disabled Female	1	66	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Beneficiary is a female and original Medicare entitlement is due to disability.					
33	Originally Disabled Male	1	67	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Beneficiary is a male and original Medicare entitlement is due to disability.					
34	Disease Coefficients RXHCC1	1	68	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" HIV/AIDS					
35	Disease Coefficients RXHCC5	1	69	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Opportunistic Infections					
36	Disease Coefficients RXHCC15	1	70	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Myeloid Leukemia					
37	Disease Coefficients RXHCC16	1	71	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Multiple Myeloma and Other Hematologic Cancers					
38	Disease Coefficients RXHCC17	1	72	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Secondary Cancer of Bone and Kidney					

Part D RA Model Output Detail/Beneficiary Record Type 6 (PY2023 through PY2025)									
Item	Field	Size	Position	Format	Description				
39	Disease Coefficients RXHCC18	1	73	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Secondary Cancer of Lung, Liver, Brain, and Other Sites				
40	Disease Coefficients RXHCC19	1	74	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Leukemias and Other Hematologic Cancers				
41	Disease Coefficients RXHCC20	1	75	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Lung, Kidney, and Other Cancers; Secondary Cancer of Lymph Nodes and Other Sites				
42	Disease Coefficients RXHCC21	1	76	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Lymphomas and Other Hematologic Cancers				
43	Disease Coefficients RXHCC22	1	77	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Prostate, Breast, Bladder, and Other Cancers and Tumors				
44	Disease Coefficients RXHCC30	1	78	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Complications				
45	Disease Coefficients RXHCC31	1	79	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Diabetes without Complication				
46	Disease Coefficients RXHCC40	1	80	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Alpha-1-Antitrypsin Deficiency				
47	Disease Coefficients RXHCC41	1	81	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Lysosomal Storage Disorders				
48	Disease Coefficients RXHCC42	1	82	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Acromegaly and Other Endocrine and Metabolic Disorders				
49	Disease Coefficients RXHCC43	1	83	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Pituitary, Adrenal Gland, and Other Endocrine and Metabolic Disorders				
50	Disease Coefficients RXHCC44	1	84	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Thyroid Disorders				

	Part D RA Model Out	put Det	ail/Benefic	iary Recor	d Type 6 (PY2023 through PY2025)
Item	Field	Size	Position	Format	Description
51	Disease Coefficients RXHCC47	1	85	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Disorders of Lipoid Metabolism
52	Disease Coefficients RXHCC54	1	86	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Viral Hepatitis C
53	Disease Coefficients RXHCC55	1	87	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Acute or Unspecified Viral Hepatitis C
54	Disease Coefficients RXHCC56	1	88	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Viral Hepatitis B and Other Specified Chronic Viral Hepatitis
55	Disease Coefficients RXHCC59	1	89	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Primary Biliary Cirrhosis
56	Disease Coefficients RXHCC65	1	90	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Pancreatitis
57	Disease Coefficients RXHCC66	1	91	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Pancreatic Disorders and Intestinal Malabsorption, Except Pancreatitis
58	Disease Coefficients RXHCC67	1	92	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Inflammatory Bowel Disease
59	Disease Coefficients RXHCC80	1	93	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Aseptic Necrosis of Bone
60	Disease Coefficients RXHCC81	1	94	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Psoriatic Arthropathy
61	Disease Coefficients RXHCC82	1	95	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Systemic Sclerosis
62	Disease Coefficients RXHCC83	1	96	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Rheumatoid Arthritis and Other Inflammatory Polyarthropathy

	Part D RA Model Out	put Det	ail/Benefic	iary Record	d Type 6 (PY2023 through PY2025)
Item	Field	Size	Position	Format	Description
63	Disease Coefficients RXHCC84	1	97	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Systemic Lupus Erythematosus and Other Systemic Connective Tissue Disorders
64	Disease Coefficients RXHCC87	1	98	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Osteoporosis, Vertebral and Pathological Fractures
65	Disease Coefficients RXHCC95	1	99	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Sickle Cell Anemia
66	Disease Coefficients RXHCC96	1	100	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Acquired Hemolytic, Aplastic, and Sideroblastic Anemias
67	Disease Coefficients RXHCC98	1	101	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Hereditary Angioedema and Other Defects in the Complement System
68	Disease Coefficients RXHCC99	1	102	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Immune Disorders
69	Disease Coefficients RXHCC100	1	103	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Immune Thrombocytopenic Purpura
70	Disease Coefficients RXHCC111	1	104	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Alzheimer's Disease
71	Disease Coefficients RXHCC112	1	105	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Dementia, Except Alzheimer's Disease
72	Disease Coefficients RXHCC130	1	106	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Schizophrenia and Other Psychosis
73	Disease Coefficients RXHCC131	1	107	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Bipolar Disorders
74	Disease Coefficients RXHCC132	1	108	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Depression

	Part D RA Model Out	put Det	ail/Benefic	iary Record	d Type 6 (PY2023 through PY2025)
Item	Field	Size	Position	Format	Description
75	Disease Coefficients RXHCC133	1	109	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Anxiety and Other Psychiatric Disorders
76	Disease Coefficients RXHCC146	1	110	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Profound or Severe Intellectual Disability/Developmental Disorder
77	Disease Coefficients RXHCC147	1	111	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Moderate Intellectual Disability/Developmental Disorder
78	Disease Coefficients RXHCC148	1	112	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Mild or Unspecified Intellectual Disability/Developmental Disorder
79	Disease Coefficients RXHCC153	1	113	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Myasthenia Gravis and Other Myoneural Disorders
80	Disease Coefficients RXHCC154	1	114	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease
81	Disease Coefficients RXHCC155	1	115	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Spinal Cord Disorders
82	Disease Coefficients RXHCC157	1	116	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Inflammatory Demyelinating Polyneuritis
83	Disease Coefficients RXHCC158	1	117	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Inflammatory and Toxic Neuropathy
84	Disease Coefficients RXHCC159	1	118	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Multiple Sclerosis
85	Disease Coefficients RXHCC160	1	119	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Huntington Disease
86	Disease Coefficients RXHCC161	1	120	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Parkinson Disease

	Part D RA Model Out	put Det	ail/Benefic	iary Recore	d Type 6 (PY2023 through PY2025)
Item	Field	Size	Position	Format	Description
87	Disease Coefficients RXHCC163	1	121	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Intractable Epilepsy
88	Disease Coefficients RXHCC164	1	122	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Epilepsy and Other Seizure Disorders, Except Intractable Epilepsy
89	Disease Coefficients RXHCC166	1	123	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Migraine Headaches
90	Disease Coefficients RXHCC168	1	124	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Trigeminal and Postherpetic Neuralgia
91	Disease Coefficients RXHCC183	1	125	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Pulmonary Arterial Hypertension
92	Disease Coefficients RXHCC184	1	126	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Pulmonary Hypertension, Except Arterial, and Other Pulmonary Heart Disease
93	Disease Coefficients RXHCC186	1	127	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Heart Failure
94	Disease Coefficients RXHCC187	1	128	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Hypertension
95	Disease Coefficients RXHCC188	1	129	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Coronary Artery Disease
96	Disease Coefficients RXHCC191	1	130	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Ventricular Septal Defect and Major Congenital Heart Disorders
97	Disease Coefficients RXHCC193	1	131	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Atrial Arrhythmias
98	Disease Coefficients RXHCC207	1	132	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Spastic Hemiplegia
99	Disease Coefficients RXHCC215	1	133	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Venous Thromboembolism

	Part D RA Model Out	tput Det	ail/Benefic	iary Record	d Type 6 (PY2023 through PY2025)
Item	Field	Size	Position	Format	Description
100	Disease Coefficients RXHCC225	1	134	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Cystic Fibrosis
101	Disease Coefficients RXHCC226	1	135	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Idiopathic Pulmonary Fibrosis and Systemic Sclerosis with Lung Involvement
102	Disease Coefficients RXHCC227	1	136	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Pulmonary Fibrosis, Except Idiopathic
103	Disease Coefficients RXHCC228	1	137	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Severe Persistent Asthma
104	Disease Coefficients RXHCC229	1	138	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Obstructive Pulmonary Disease, Bronchiectasis, and Other Asthma
105	Disease Coefficients RXHCC243	1	139	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Glaucoma, Open-Angle or Moderate/Severe Stage
106	Disease Coefficients RXHCC244	1	140	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Other Non-Acute Glaucoma
107	Disease Coefficients RXHCC260	1	141	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Kidney Transplant Status
108	Disease Coefficients RXHCC261	1	142	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Dialysis Status, Including End Stage Renal Disease
109	Disease Coefficients RXHCC262	1	143	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Kidney Disease Stage 5
110	Disease Coefficients RXHCC263	1	144	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Kidney Disease Stage 4
111	Disease Coefficients RXHCC311	1	145	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Ulcer of Skin, Except Pressure
112	Disease Coefficients RXHCC314	1	146	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Pemphigus, Pemphigoid, and Other Bullous Skin Disorders

	Part D RA Model Output Detail/Beneficiary Record Type 6 (PY2023 through PY2025)									
Item	Field	Size	Position	Format	Description					
113	Disease Coefficients RXHCC316	1	147	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Psoriasis, Except with Arthropathy					
114	Disease Coefficients RXHCC317	1	148	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Discoid Lupus Erythematosus					
115	Disease Coefficients RXHCC355	1	149	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Narcolepsy and Cataplexy					
116	Disease Coefficients RXHCC395	1	150	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Stem Cell, Including Bone Marrow, Transplant Status/Complications					
117	Disease Coefficients RXHCC396	1	151	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Heart, Lung, Liver, Intestine, or Pancreas Transplant Status					
118	NONAGED RXHCC1	1	152	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Non-Aged and HIV/AIDS					
119	NONAGED RXHCC130	1	153	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Non-Aged and Schizophrenia and Other Psychosis					
120	NONAGED RXHCC131	1	154	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Non-Aged and Bipolar Disorders					
121	NONAGED RXHCC132	1	155	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Non-Aged and Depression					
122	NONAGED RXHCC133	1	156	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Non-Aged and Anxiety and Other Psychiatric Disorders					
123	NONAGED RXHCC159	1	157	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Non-Aged and Multiple Sclerosis					
124	NONAGED RXHCC163	1	158	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Non-Aged and Intractable Epilepsy					
125	FILLER	22	159-180	CHAR	Spaces					

The total length of this record is 180 characters.

Layout 7-17: Part D RA Model Output Detail/Beneficiary Record Type 7 (PY2025)

			•		ciary Record Type 7 (PY2025)
Item	Field	Size	Position	Format	Description
1	Record Type Code	1	1	CHAR	Alphanumeric Set to "7" for PACE Beneficiaries
2	Medicare Beneficiary Identifier (MBI)	11	2-12	CHAR	Alphanumeric Medicare Beneficiary Identifier.
3	Beneficiary Last Name	12	13-24	CHAR	Alphanumeric First 12 bytes of the Bene Last Name Beneficiary Last Name
4	Beneficiary First Name	7	25-31	CHAR	Alphanumeric First 7 bytes of the bene First Name Beneficiary First Name
5	Beneficiary Initial	1	32	CHAR	Alphanumeric 1 byte Initial Beneficiary Initial
6	Date of Birth	8	33-40	CHAR	Alphanumeric Formatted as yyyymmdd The date of birth of the Medicare Beneficiary
7	Sex	1	41	CHAR	Alphanumeric 0=unknown, 1=male, 2=female Represents the sex of the Medicare Beneficiary
8	Age Group Female 0_34	1	42	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female between ages of 0 and 34
9	Age Group Female 35_44	1	43	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female between ages of 35 and 44, inclusive
10	Age Group Female 45_54	1	44	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female between ages of 45 and 54, inclusive
11	Age Group Female 55_59	1	45	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female between ages of 55 and 59, inclusive
12	Age Group Female 60_64	1	46	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female between ages of 60 and 64, inclusive
13	Age Group Female 65_69	1	47	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0"

The detail Record Type 7 is used to report a Pace RxHCC beneficiary.

	Part D R	A Mode	l Output Do	etail/Benefi	iciary Record Type 7 (PY2025)
Item	Field	Size	Position	Format	Description
					The sex and age group for the beneficiary based on a given as of date; female between ages of 65 and 69, inclusive
14	Age Group Female 70_74	1	48	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female between ages of 70 and 74, inclusive
15	Age Group Female 75_79	1	49	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female between ages of 75 and 79, inclusive
16	Age Group Female 80_84	1	50	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female between ages of 80 and 84, inclusive
17	Age Group Female 85_89	1	51	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female between ages of 85 and 89, inclusive
18	Age Group Female 90_94	1	52	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female between ages of 90 and 94, inclusive
19	Age Group Female 95_GT	1	53	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; female, age 95 and greater
20	Age Group Male 0_34	1	54	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male between ages of 0 and 34, inclusive
21	Age Group Male 35_44	1	55	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male between ages of 35 and 44, inclusive
22	Age Group Male 45_54	1	56	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male between ages of 45 and 54, inclusive
23	Age Group Male 55_59	1	57	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male between ages of 55 and 59, inclusive

	Part D R	A Mode	el Output Do	etail/Benefi	iciary Record Type 7 (PY2025)
Item	Field	Size	Position	Format	Description
24	Age Group Male 60_64	1	58	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male between ages of 60 and 64, inclusive
25	Age Group Male 65_69	1	59	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male between ages of 65 and 69, inclusive
26	Age Group Male 70_74	1	60	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male between ages of 70 and 74, inclusive
27	Age Group Male 75_79	1	61	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male between ages of 75 and 79, inclusive
28	Age Group Male 80_84	1	62	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male between ages of 80 and 84, inclusive
29	Age Group Male 85_89	1	63	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male between ages of 85 and 89, inclusive
30	Age Group Male 90_94	1	64	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male between ages of 90 and 94, inclusive
31	Age Group Male 95_GT	1	65	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" The sex and age group for the beneficiary based on a given as of date; male, age 95 and greater.
32	Originally Disabled Female	1	66	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Beneficiary is a female and original Medicare entitlement is due to disability.
33	Originally Disabled Male	1	67	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Beneficiary is a male and original Medicare entitlement is due to disability.
34	Disease Coefficients RXHCC1	1	68	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" HIV/AIDS
35	Disease Coefficients RXHCC5	1	69	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Opportunistic Infections

	Part D R	A Mode	el Output Do	etail/Benefi	iciary Record Type 7 (PY2025)
Item	Field	Size	Position	Format	Description
36	Disease Coefficients RXHCC15	1	70	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Myeloid Leukemia
37	Disease Coefficients RXHCC16	1	71	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Multiple Myeloma and Other Hematologic Cancers
38	Disease Coefficients RXHCC17	1	72	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Secondary Cancer of Bone and Kidney
39	Disease Coefficients RXHCC18	1	73	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Secondary Cancer of Lung, Liver, Brain, and Other Sites
40	Disease Coefficients RXHCC19	1	74	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Leukemias and Other Hematologic Cancers
41	Disease Coefficients RXHCC20	1	75	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Lung, Kidney, and Other Cancers; Secondary Cancer of Lymph Nodes and Other Sites
42	Disease Coefficients RXHCC21	1	76	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Lymphomas and Other Hematologic Cancers
43	Disease Coefficients RXHCC22	1	77	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Prostate, Breast, Bladder, and Other Cancers and Tumors
44	Disease Coefficients RXHCC30	1	78	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Diabetes with Complications
45	Disease Coefficients RXHCC31	1	79	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Diabetes without Complication
46	Disease Coefficients RXHCC40	1	80	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Alpha-1-Antitrypsin Deficiency
47	Disease Coefficients RXHCC41	1	81	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Lysosomal Storage Disorders
48	Disease Coefficients RXHCC42	1	82	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Acromegaly and Other Endocrine and Metabolic Disorders
49	Disease Coefficients RXHCC43	1	83	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Pituitary, Adrenal Gland, and Other Endocrine and Metabolic Disorders
50	Disease Coefficients RXHCC44	1	84	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Thyroid Disorders
51	Disease Coefficients RXHCC47	1	85	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Disorders of Lipoid Metabolism

	Part D R	A Mode	el Output Do	etail/Benef	iciary Record Type 7 (PY2025)
Item	Field	Size	Position	Format	Description
52	Disease Coefficients RXHCC54	1	86	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Viral Hepatitis C
53	Disease Coefficients RXHCC55	1	87	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Acute or Unspecified Viral Hepatitis C
54	Disease Coefficients RXHCC56	1	88	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Viral Hepatitis B and Other Specified Chronic Viral Hepatitis
55	Disease Coefficients RXHCC59	1	89	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Primary Biliary Cirrhosis
56	Disease Coefficients RXHCC65	1	90	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Pancreatitis
57	Disease Coefficients RXHCC66	1	91	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Pancreatic Disorders and Intestinal Malabsorption, Except Pancreatitis
58	Disease Coefficients RXHCC67	1	92	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Inflammatory Bowel Disease
59	Disease Coefficients RXHCC80	1	93	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Aseptic Necrosis of Bone
60	Disease Coefficients RXHCC81	1	94	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Psoriatic Arthropathy
61	Disease Coefficients RXHCC82	1	95	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Systemic Sclerosis
62	Disease Coefficients RXHCC83	1	96	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Rheumatoid Arthritis and Other Inflammatory Polyarthropathy
63	Disease Coefficients RXHCC84	1	97	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Systemic Lupus Erythematosus and Other Systemic Connective Tissue Disorders
64	Disease Coefficients RXHCC87	1	98	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Osteoporosis, Vertebral and Pathological Fractures
65	Disease Coefficients RXHCC95	1	99	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Sickle Cell Anemia
66	Disease Coefficients RXHCC96	1	100	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Acquired Hemolytic, Aplastic, and Sideroblastic Anemias
67	Disease Coefficients RXHCC98	1	101	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0"

	Part D R	A Mode	el Output Do	iciary Record Type 7 (PY2025)	
Item	Field	Size	Position	Format	Description
					Hereditary Angioedema and Other Defects in the Complement System
68	Disease Coefficients RXHCC99	1	102	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Immune Disorders
68	Disease Coefficients RXHCC100	1	103	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Immune Thrombocytopenic Purpura
70	Disease Coefficients RXHCC111	1	104	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Alzheimer's Disease
71	Disease Coefficients RXHCC112	1	105	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Dementia, Except Alzheimer's Disease
72	Disease Coefficients RXHCC130	1	106	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Schizophrenia and Other Psychosis
73	Disease Coefficients RXHCC131	1	107	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Bipolar Disorders
74	Disease Coefficients RXHCC132	1	108	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Depression
75	Disease Coefficients RXHCC133	1	109	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Anxiety and Other Psychiatric Disorders
76	Disease Coefficients RXHCC146	1	110	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Profound or Severe Intellectual Disability/Developmental Disorder
77	Disease Coefficients RXHCC147	1	111	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Moderate Intellectual Disability / Developmental Disorder
78	Disease Coefficients RXHCC148	1	112	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Mild or Unspecified Intellectual Disability/Developmental Disorder
79	Disease Coefficients RXHCC153	1	113	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Myasthenia Gravis and Other Myoneural Disorders
80	Disease Coefficients RXHCC154	1	114	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease
81	Disease Coefficients RXHCC155	1	115	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Spinal Cord Disorders
82	Disease Coefficients RXHCC157	1	116	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Inflammatory Demyelinating Polyneuritis

Part D RA Model Output Detail/Beneficiary Record Type 7 (PY2025)								
Item	Field	Size	Position	Format	Description			
83	Disease Coefficients RXHCC158	1	117	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Inflammatory and Toxic Neuropathy			
84	Disease Coefficients RXHCC159	1	118	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Multiple Sclerosis			
85	Disease Coefficients RXHCC160	1	119	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Huntington Disease			
86	Disease Coefficients RXHCC161	1	120	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Parkinson Disease			
87	Disease Coefficients RXHCC163	1	121	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Intractable Epilepsy			
88	Disease Coefficients RXHCC164	1	122	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Epilepsy and Other Seizure Disorders, Except Intractable Epilepsy			
89	Disease Coefficients RXHCC166	1	123	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Migraine Headaches			
90	Disease Coefficients RXHCC168	1	124	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Trigeminal and Postherpetic Neuralgia			
91	Disease Coefficients RXHCC183	1	125	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Pulmonary Arterial Hypertension			
92	Disease Coefficients RXHCC184	1	126	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Pulmonary Hypertension, Except Arterial, and Other Pulmonary Heart Disease			
93	Disease Coefficients RXHCC186	1	127	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Heart Failure			
94	Disease Coefficients RXHCC187	1	128	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Hypertension			
95	Disease Coefficients RXHCC188	1	129	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Coronary Artery Disease			
96	Disease Coefficients RXHCC191	1	130	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Ventricular Septal Defect and Major Congenital Heart Disorders			
97	Disease Coefficients RXHCC193	1	131	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Atrial Arrhythmias			
98	Disease Coefficients RXHCC207	1	132	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Spastic Hemiplegia			
99	Disease Coefficients RXHCC215	1	133	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Venous Thromboembolism			

	Part D RA Model Output Detail/Beneficiary Record Type 7 (PY2025)								
Item	Field	Size	Position	Format	Description				
100	Disease Coefficients RXHCC225	1	134	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Cystic Fibrosis				
101	Disease Coefficients RXHCC226	1	135	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Idiopathic Pulmonary Fibrosis and Systemic Sclerosis with Lung Involvement				
102	Disease Coefficients RXHCC227	1	136	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Pulmonary Fibrosis, Except Idiopathic				
103	Disease Coefficients RXHCC228	1	137	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Severe Persistent Asthma				
104	Disease Coefficients RXHCC229	1	138	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Obstructive Pulmonary Disease, Bronchiectasis, and Other Asthma				
105	Disease Coefficients RXHCC243	1	139	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Glaucoma, Open-Angle or Moderate/Severe Stage				
106	Disease Coefficients RXHCC244	1	140	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Other Non-Acute Glaucoma				
107	Disease Coefficients RXHCC260	1	141	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Kidney Transplant Status				
108	Disease Coefficients RXHCC261	1	142	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Dialysis Status, Including End Stage Renal Disease				
109	Disease Coefficients RXHCC262	1	143	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Kidney Disease Stage 5				
110	Disease Coefficients RXHCC263	1	144	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Kidney Disease Stage 4				
111	Disease Coefficients RXHCC311	1	145	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Chronic Ulcer of Skin, Except Pressure				
112	Disease Coefficients RXHCC314	1	146	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Pemphigus, Pemphigoid, and Other Bullous Skin Disorders				
113	Disease Coefficients RXHCC316	1	147	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Psoriasis, Except with Arthropathy				
114	Disease Coefficients RXHCC317	1	148	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Discoid Lupus Erythematosus				
115	Disease Coefficients RXHCC355	1	149	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Narcolepsy and Cataplexy				

	Part D RA Model Output Detail/Beneficiary Record Type 7 (PY2025)									
Item	Field	Size	Position	Format	Description					
116	Disease Coefficients RXHCC395	1	150	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Stem Cell, Including Bone Marrow, Transplant Status/Complications					
117	Disease Coefficients RXHCC396	1	151	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Heart, Lung, Liver, Intestine, or Pancreas Transplant Status					
118	NONAGED RXHCC1	1	152	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Non-Aged and HIV/AIDS					
119	NONAGED RXHCC130	1	153	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Non-Aged and Schizophrenia and Other Psychosis					
120	NONAGED RXHCC131	1	154	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Non-Aged and Bipolar Disorders					
121	NONAGED RXHCC132	1	155	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Non-Aged and Depression					
122	NONAGED RXHCC133	1	156	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Non-Aged and Anxiety and Other Psychiatric Disorders					
123	NONAGED RXHCC159	1	157	CHAR	Alphanumeric Set to "1" if applicable, otherwise "0" Non-Aged and Multiple Sclerosis					
124	NONAGED RXHCC163	1	158	CHAR	 Alphanumeric Set to "1" if applicable, otherwise "0" Non-Aged and Intractable Epilepsy 					
125	FILLER	22	159-180	CHAR	• Spaces					

The total length of this record is 180 characters.

Layout 7-18: Part D RA Model Output Trailer Record – PY2017 through PY2025

The Contract Trailer Record signals the end of the detail/beneficiary records for a Medicare Advantage contract/pan or a standalone Prescription Drug Plan.

	Part D RA Model Output Trailer Record – PY2017 – PY2025								
Item	Field	Size	Position	Format	Description				
1	Record Type Code	1	1	CHAR	3 = Trailer.				
2	Contract Number	5	2-6	CHAR	Unique identification for a Plan to provide coverage to eligible beneficiaries.				
3	Total Record Count	9	7-15	CHAR	Record count, inclusive of all header and trailer records.				
4	Filler	165	16-180	CHAR	Spaces.				

The total length of this record is 180 characters.

7.4 Medicare Advantage Organization (MAO) 004 Report – Encounter Data Diagnosis Eligible for Risk Adjustment – Phase IV, Version 0 (Phase 4.0)

Beginning with Payment Year (PY) 2015, diagnoses from Encounter Data Records (EDRs) and Chart Review Records (CRRs) with 2014 dates of service that are eligible for risk adjustment were added as another source of data when calculating risk scores, in addition to diagnoses from the Risk Adjustment Processing System (RAPS) and from fee-for-service (FFS) claims. In December 2015, CMS created the MAO-004 report, a 500-byte flat file, to inform Medicare Advantage Organizations (MAOs) of the risk adjustment eligibility of diagnosis data submitted on accepted EDRs and CRRs. The MAO-004 reports are produced on a monthly basis from data submitted by contracts to CMS in the immediately preceding month. For example, the MAO-004 reports sent to MAOs in August 2017 were based on EDRs submitted to and accepted by the CMS' Encounter Data Processing System (EDPS) in July 2017.

This report is distributed to MAOs by Contract Identification Number on a monthly basis via MARx and Plans' EFT mailboxes.

If you have any questions about the report, please email

<u>RiskAdjustmentOperations@cms.hhs.gov</u> with the subject line of "MAO-004 report, Contract XXXX.

Accessing the Phase 4.0 Reports

CMS will distribute the Phase 4.0 MAO-004 reports with the file naming convention as follows:

System	Туре	Frequency	Record Length	MAO-004 Report Dataset Naming Conventions
EFT Mailbox	Data File	Monthly	500	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.MAO004PV.Dyymmdd.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.MAO004PV.Dyymmdd.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Rxxxxx.MAO004PV.Dyymmdd.Thhmmsst
MARx UI	Data File	Monthly	500	P#MMA.@BDG5050.PLNxxxxx.Ryyyymm.Ddd.MAO004PV

Where:

- zzzzzzz is the Plan sponsor-provided high-evel qualifier.
- xxxxx is the contract number, representing the contract that the MAO-004 report is for.
- P = Phase: The Phase can be 1 to 9 or A to Z ('4' for this Phase).
- V= Version: The version can be 1 to 9 or A to Z ('0' for this Version).
- yy is the two digit year when the file was sent (four-digit year for the MARx UI).
- mm is the two digit month when the file was sent (the last day of the month the file corresponds to for the MARx UI).
- dd is the two digit day when the file was sent.

• thhmmsst is the timestamp, representing the time the file was sent.

Active contracts may also access and download archived MAO-004 Reports through MARx UI:

- 1. Go to the "Reports" menu
- 2. Select "monthly" frequency
- 3. Select "Start Month/Year"
- 4. Select "End Month/Year"
- 5. On the "Report/Data File" dropdown select "Risk Adjustment Eligible Diagnosis Report"
- 6. Add your "Contract ID"
- 7. Press "Find." The archived reports will populate and become available for download after 10-15 minutes after the user has logged out and has logged back into the UI.

The file includes the following records:

- MAO-004 Header Record
- MAO-004 Detail Record
- MAO-004 Trailer Record

	MAO-004 Header Record – Phase IV, Version 0							
Item	Field	Size	Position	Description				
1	Record Type	1	1	Numeric, no commas and/or decimals 0=Header.				
2	Delimiter	1	2	Alphanumeric Uses the * character.				
3	Report ID	7	3-9	Alphanumeric Value is MAO-004.				
4	Delimiter	1	10	Alphanumeric Uses the * character.				
5	Medicare Advantage Contract ID	5	11-15	Alphanumeric Medicare Contract ID assigned to the submitting contract.				
6	Delimiter	1	16	Alphanumeric Uses the * character.				
7	Report Date	8	17-24	Numeric CCYYMMDD The last date of the submission month.				
8	Delimiter	1	25	Alphanumeric Uses the * character.				
9	Report Description	53	26-78	Alphanumeric, Left justify, blank fill Value is "Encounter Data Diagnosis Eligible for Risk Adjustment."				
10	Delimiter	1	79	Alphanumeric Uses the * character.				
11	Filler	30	80-109	Spaces.				
12	Delimiter	1	110	Alphanumeric Uses the * character				
13	Submission File Type	4	111-114	Alphanumeric Value of 'PROD,' for production and 'TEST' for test files				

Layout 7-199: MAO-004 Header Record – Phase IV, Version 0

	MAO-004 Header Record – Phase IV, Version 0							
Item	Field	Size	Position	Description				
14	Delimiter	1	115	Alphanumeric Uses the * character.				
15	Phase	1	116	Alphanumeric This field designates the Phase layout of the MAO-004 report (In this case "4")				
16	Delimiter	1	117	Alphanumeric Uses the * character.				
17	Version	1	118	Alphanumeric This field will designate the Version within the phase of the MAO-004 report (In this case "0").				
18	Delimiter	1	119	Alphanumeric Uses the * character.				
19	Filler	381	120-500	Spaces/				

Layout 7-20: MAO-004 Detail Record – Phase IV, Version 0

	MAO-004 Detail Record – Phase IV, Version 0							
Item	Field	Size	Position	Format and Comments				
1	Record Type	1	1	Numeric 1=Detail.				
2	Delimiter	1	2	Alphanumeric Uses the * character.				
3	Report ID	7	3-9	Alphanumeric Value is MAO-004.				
4	Delimiter	1	10	Alphanumeric Uses the * character.				
5	Medicare Advantage Contract ID	5	11-15	Alphanumeric Medicare Contract ID assigned to the submitting contract.				
6	Delimiter	1	16	Alphanumeric Uses the * character.				
7	Beneficiary Identifier	12	17-28	Alphanumeric Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI).				
8	Delimiter	1	29	Alphanumeric Uses the * character.				
9	Encounter ICN	20	30-49	Numeric Encounter Data System (EDS) Internal Control Number. In encounter data, only 13 spaces represent the ICN; however, there are 20 spaces on the records to allow enhancement of the ICN.				
10	Delimiter	1	50	Alphanumeric Uses the * character.				

	MAO-00	4 Detail Rec	ord – Phas	e IV, Version 0
Item	Field	Size	Position	Format and Comments
11	Encounter Type Switch	1	51	 Alpha Numeric This field can take on 9 different values: 1 = Encounter. 2 = Void to an Encounter. 3= Replacement to an Encounter. 4 = Chart Review Add. 5 = Void to a Chart Review. 6 = Replacement to a Chart Review. 7 = Chart Review Delete. 8 = Void to a chart review Delete. 9 = Replacement to a chart review Delete.
12	Delimiter	1	52	Alphanumeric Uses the * character.
13	ICN of Encounter Linked To	20	53-72	Alphanumeric EDS ICN. This field reports the ICN submitted and referenced on replacement, void, and linked CRRs. It will be blank for original encounters data records and unlinked CRRs.
14	Delimiter	1	73	Alphanumeric Uses the * character.
15	Allowed/ Disallowed Status of Encounter Linked To	1	74	 Alphanumeric This field indicates if the diagnoses on the encounter data record or chart review record that is referenced in Field 13 were allowed or disallowed for risk adjustment. A = Diagnoses on previous record were allowed. D = Diagnoses on previous record were disallowed. Space = (1) If the current record is an original encounter data record. (2) If the current record is an unlinked chart review record and no record is referenced in Field 13. (3) If the record is a linked chart review with an invalid ICN in Field 13. (4) If the diagnoses on the record whose ICN is in Field 13 did not pass the filtering logic and were not previously reported on a MAO-004 report. (5) if the record points to another record which the allowed/disallowed was not set and reported before
16	Delimiter	1	75	Alphanumeric Uses the * character.
17	Encounter Submission Date	8	76-83	Numeric Identifies the date the MAO submitted the encounter. CCYYMMDD

	MAO-004 Detail Record – Phase IV, Version 0								
Item	Field	Size	Position	Format and Comments					
18	Delimiter	1	84	Alphanumeric Uses the * character.					
19	"From" Date of Service	8	85-92	Numeric The start date for a provided service. CCYYMMDD					
20	Delimiter	1	93	Alphanumeric Uses the * character.					
21	"Through" Date of Service	8	94-101	Numeric The end date for a provided service. CCYYMMDD					
22	Delimiter	1	102	Alphanumeric Uses the * character.					
23	Service Type	1	103	Alphanumeric Type of Claim: P = Professional. I = Inpatient. O = Outpatient. D = DME. N = (All Others) Not Applicable.					
24	Delimiter	1	104	Alphanumeric Uses the * character.					
25	Allowed/ Disallowed flag	1	105	 Alphanumeric This field indicates if diagnoses on the current encounter data record (Field 9) are allowed or disallowed for risk adjustment. A = Diagnoses are allowed for risk adjustment. D = Diagnoses are disallowed for risk adjustment. Blank: Voids and Chart Review Deletes that have an EDS submission dates prior to the risk adjustment deadline. N = Diagnoses are not applicable for risk adjustment. 					
26	Delimiter	1	106	Alphanumeric Uses the * character.					

	MAO-00	4 Detail Rec	ord – Phas	e IV, Version 0
Item	Field	Size	Position	Format and Comments
27	Allowed/ Disallowed Reason Code	1	107	 Alphanumeric If applicable, this field will indicate why the current record and its associated diagnoses are Disallowed for risk adjustment; or will indicate that diagnoses which were previously disallowed for risk adjustment are now allowed for risk adjustment based on an updated quarterly CPT/HCPCS list. "H": The current record and its associated diagnoses are Disallowed for risk adjustment due to CPT/HCPCS. This value is applicable to only Service Types "O", "P" and "D". "T": The current record and its associated diagnoses are Disallowed for risk adjustment due to Type of Bill. This value is applicable to only Service Types "O". "D": The current record and its associated diagnoses are Disallowed due to the final yearspecific risk-adjustment payment deadline If the current record and its associated diagnoses are Disallowed for both Type of Bill and CPT/HCPCS code, reason code "T" will be reported. This is only applicable to Service Types "O". "Q": The current record and its associated diagnoses are now Allowed due to CPT/HCPCS quarterly update. This value is only applicable to reprocessed Service Types "O", "P" and "D". Blank: The current record and its associated diagnoses are not applicable for risk adjustment. "N": The current record and its associated diagnoses are not applicable for risk adjustment. "N": The current record and its associated diagnoses are not applicable for risk adjustment.
28	Delimiter	1	108	Alphanumeric Uses the * character.

	MAO-004 Detail Record – Phase IV, Version 0						
Item	Field	Size	Position	Format and Comments			
29	Diagnoses ICD	1	109	Alphanumeric ICD code for all the diagnoses. 9 = ICD-9. 0=ICD-10.			
30	Delimiter	1	110	Alphanumeric Uses the * character.			
31	Diagnosis Codes	7	111-117	Alphanumeric ICD-9 codes will be accepted prior to the ICD- 10 implementation date. Only ICD-10 codes will be accepted starting with ICD-10 implementation date.			
32	Delimiter	1	118	Alphanumeric Uses the * character.			
33	Add or Delete flag	1	119	Alphanumeric Alpha Numeric This will flag a diagnosis code as: A = Add. D = Delete. Space = diagnosis has been reported before in the encounter family. N = Diagnoses that are not applicable for adding and/or deleting.			
34	Delimiter	1	120	Alphanumeric Uses the * character.			
35	Diagnosis Codes & Delimiters & Add/Delete flags for 37 diagnoses	370	121-490	Alphanumeric This field represents up to 37 subsequent diagnoses, for a total of 38 diagnoses and add/delete flags per ICN. Any diagnoses beyond 38 will wrap around in the next line of the report with repeated detail lines except the diagnoses.			
36	Filler	10	491-500	Spaces.			

	MAO-004 Trailer Record – Phase IV, Version 0						
Item	Field	Size	Position	Format and Comments			
1	Record Type	1	1	Numeric 9=Trailer.			
2	Delimiter	1	2	Alphanumeric Uses the * character.			
3	Report ID	7	3-9	Alphanumeric Value is MAO-004			
4	Delimiter	1	10	Alphanumeric Uses the * character.			
5	Medicare Advantage Contract ID	5	11-15	Alphanumeric Medicare Contract ID assigned to the submitting contract.			
6	Delimiter	1	16	Alphanumeric Uses the * character.			
7	Total Number of Records	18	17-34	Numeric Count of detail records on this report.			
8	Delimiter	1	35	Alphanumeric Uses the * character.			
9	Filler	465	36-500	Alphanumeric Spaces.			

Layout 7-21: MAO-004 Trailer Record – Phase IV, Version 0

7.5 Part B Claims Data File

The Part B Claims Data File lists the Part B physician and supplier claims, and Part B home health claims that were processed under Medicare fee-for-service for beneficiaries enrolled in the contract.

System	Туре	Frequency	Record Length	Part B Claims Data File Dataset Naming Conventions
MARx	Data File	Monthly	187	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.CLAIMDAT.Dyymm01.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.CLAIMDAT.Dyymm01.Thhmmsst [directory]Rxxxxx.CLAIMDAT.Dyymm01.Thhmmsst

The file includes the following records:

- Part B Claims Record Type 1
- Part B Claims Record Type 2

Layout 7-22: Part B Claims Record Type 1

	Part B Claims Data File Record Type 1							
Item	Field	Size	Position	Description				
1	Contract Number	5	1-5	Plan contract number				
2	Record Type	1	6	6 = Physician/Supplier. 7 = Durable Medical Equipment.				
3	Beneficiary ID	12	7-18	 Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. MBI is 11 characters, left- justified with one space at the end. 				
4	Period From	8	19-26	Start Date. CCYYMMDD				
5	Period To	8	27-34	End Date. CCYYMMDD				
6	Date of Birth	8	35-42	Beneficiary's Date of Birth. CCYYMMDD				
7	Surname	6	43-48	First six positions of Beneficiary's surname.				
8	First Name	1	49	First letter of Beneficiary's first name.				
9	Middle Initial	1	50	First letter of Beneficiary's middle name.				
10	Reimbursement Amount	11	51-61	Reimbursement amount for claim.				
11	Total Allowed Charges	11	62-72	Total allowed charges for claim.				

	Part B Claims Data File Record Type 1							
Item	Field	Size	Position	Description				
12	Report Date	6	73-78	Claims processed through date. CCYYMM. Assigned by the system as it produces this file. This is the cut-off date for including a claim in this file.				
13	Contractor identification number	5	79-83	Identification number of the contractor that processed claim.				
14	Provider identification number	10	84-93	Provider's identification number.				
15	Internal Control Number	15	94-108	Internal control number assigned by the Medicare contractor to claim.				
16	Provider Payment Amount	11	109-119	Total amount paid to provider for this claim.				
17	Beneficiary Payment Amount	11	120-130	Total amount paid to Beneficiary for this claim.				
18	Filler	57	131-187	Spaces.				

Layout 7-233: Part B Claims Record Type 2

Part B Claims Data File Record Type 2							
Item	Field	Size	Position	Description			
1	Contract Number	5	1-5	Plan contract number.			
2	Record Type	1	б	5 = Home Health Agency.			
3	Beneficiary ID	12	7-18	 Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. MBI is 11 characters, left- justified with one space at the end. 			
4	Period From	8	19-26	Start Date. CCYYMMDD			
5	Period To	8	27-34	End Date. CCYYMMDD			
6	Date of Birth	8	35-42	Beneficiary's Date of Birth. CCYYMMDD			
7	Surname	6	43-48	First six positions of Beneficiary's surname.			
8	First Name	1	49	First letter of Beneficiary's first name.			
9	Middle Name	1	50	First letter of Beneficiary's middle name.			
10	Reimbursement Amount	11	51-61	Reimbursement amount for claim.			
11	Total Charges	11	62-72	Total charges on the claim.			

	Part B Claims Data File Record Type 2							
Item	Field	Size	Position	Description				
12	Report Date	6	73-78	Claims processed through date. CCYYMM Assigned by the system when processing claims. This is the cut-off date for including a claim in this file.				
13	Contractor identification number	5	79-83	Identification number of the contractor that processed the claim.				
14	Provider identification number	6	84-89	Provider's identification number.				
15	Filler	98	90-187	Spaces.				

7.6 Monthly Medicare Secondary Payer (MSP) Information Data File (Part C Only)

A Medicare Secondary Payment (MSP) file is sent each month to the Plans. The data on this file reflects beneficiaries that have Medicare as their secondary payer sometime during their Medicare enrollment periods in Part A/B. It contains demographic information on the beneficiary as well as information on their primary insurance.

The file has four record types:

- MSP Header Record
- MSP Primary Record
- MSP Detail Record.
- MSP Trailer Record

The Primary (PRM) record identifies and provides information about the beneficiary. The PRM record has a Detail Count field that identifies how many detail records will follow the primary record. Each Detail (DET##) record contains the details on a specific MSP period for the beneficiary identified in the PRM record.

The Trailer Record contains a total count of Primary records and a total count of combined Primary and Detail records.

System	Туре	Frequency	Record Length	MSP File Record Naming Conventions
MARx	Data File	Monthly	700	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.MSPCOBMA.Dyymmdd.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.MSPCOBMA.Dyymmdd.Thhmmsst Connect:Direct (Non-Mainframe): [directory].Rxxxxx.MSPCOBMA.Dyymmdd.Thhmmsst

Layout 7-244: MSP Header Record

	MSP Header Record						
Item	Field	Size	Position	Description			
1	Header Code	8	1-8	Value = CMSMSPDH.			
2	Sending Entity	4	9-12	Value = MARX.			
3	File Creation Date	8	13-20	CCYYMMDD			
4	Filler	680	21-700	Spaces.			

Layout 7-255: MSP Primary Record

	MSP Primary Record						
Item	Field	Size	Position	Description			
1	Record Type	3	1-3	Value = PRM.			
2	Beneficiary ID	12	4-15	 Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. MBI is 11 characters, left-justified with one space at the end. 			
3	Detail Count	2	16-17	This is the count of MSP DET records for each beneficiary.			
4	Date of Birth	8	18-25	CCYYMMDD			
5	Gender Code	1	26	0 = Unknown 1 = Male 2 = Female			
6	Contract	5	27-31	Contract Number.			
7	PBP	3	32-34	Plan Benefit Package.			
	This I	oegins the N	ISP Factor f	ields for the Prospective Payment.			
8	MSP Factor	7	35-41	Layout (00.0000)			
9	Part A RD Amount Sign	1	42	"-" = Negative. Space = Positive.			
10	Part A RD Amount	9	43-51	Layout (999999.99)			
11	Part B RD Amount Sign	1	52	"-" = Negative. Space = Positive.			
12	Part B RD Amount	9	53-61	Layout (999999.99)			
13	Paid Flag	1	62	Y = Yes, it was paid. N = No, it was not paid.			
		ends the M	SP Factor fi	elds for the Prospective Payment.			
14	MSP Factor Adjustment 1	7	63-69	Layout (00.0000)			
15	Part A RD Amount Sign Adjustment 1	1	70	"-" = Negative. Space = Positive.			
16	Part A RD Amount Adjustment 1	9	71-79	Layout (999999.99)			
17	Part B RD Amount Sign Adjustment 1	1	80	"-" = Negative. Space = Positive.			
18	Part B RD Amount Adjustment 1	9	81-89	Layout (999999.99)			
19	Paid Flag Adjustment 1	1	90	Y = Yes, it was paid. N = No, it was not paid.			
20	MSP Factor Adjustment 2	7	91-97	Layout (00.0000)			
21	Part A RD Amount Sign Adjustment 2	1	98	"-" = Negative. Space = Positive.			

	MSP Primary Record						
Item	Field	Size	Position	Description			
22	Part A RD Amount Adjustment 2	9	99-107	Layout (999999.99)			
23	Part B RD Amount Sign Adjustment 2	1	108	"-" = Negative. Space = Positive.			
24	Part B RD Amount Adjustment 2	9	109-117	Layout (999999.99)			
25	Paid Flag Adjustment 2	1	118	Y = Yes, it was paid. N = No, it was not paid.			
26	MSP Factor Adjustment 3	7	119-125	Layout (00.0000)			
27	Part A RD Amount Sign Adjustment 3	1	126	"-" = Negative. Space = Positive.			
28	Part A RD Amount Adjustment 3	9	127-135	Layout (999999.99)			
29	Part B RD Amount Sign Adjustment 3	1	136	"-" = Negative. Space = Positive.			
30	Part B RD Amount Adjustment 3	9	137-145	Layout (999999.99)			
31	Paid Flag Adjustment 3	1	146	Y = Yes, it was paid. N = No, it was not paid			
32	MSP Factor Adjustment 4	7	147-153	Layout (00.0000)			
33	Part A RD Amount Sign Adjustment 4	1	154	"-" = Negative. Space = Positive.			
34	Part A RD Amount Adjustment 4	9	155-163	Layout (999999.99)			
35	Part B RD Amount Sign Adjustment 4	1	164	"-" = Negative Space = Positive			
36	Part B RD Amount Adjustment 4	9	165-173	Layout (999999.99)			
37	Paid Flag Adjustment 4	1	174	Y = Yes, it was paid. N = No, it was not paid			
38	Filler	526	175-700	Spaces			

Layout 7-266: MSP Detail Record

	MSP Detail Record				
Item	Field	Size	Position	Description	
1	Record Type	5	1-5	Value = DET## Where ## = number of the MSP occurrence; 01 through 17.	
2	Beneficiary ID	12	6-17	 Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then MBI during and after MBI transition. MBI is 11 characters, left-justified with one space at the end. 	
3	Delete Indicator	1	18	D = occurrence to be deleted or audited.	
4	Validity Indicator	1	19	I = FI/Carrier added occurrence. N = Beneficiary does not have MSP coverage. Y = BCRC added.	
5	MSP Code	1	20	The field value is cross-walked. All values: 12 = Working Aged (A). 13 = ESRD (B). 14 = No Fault (D). 15 = Worker Comp (E). 16 = Federal (Public Health) (F). 41 = Black Lung (H). 42 = Veterans (I). 43 = Disabled (G). 47 = Liability (L).	
6	COB Contractor Number	5	21-25	N/A	
7	Date Entry Added	8	26-33	CCYYMMDD	
8	Update Contractor Number	5	34-38	N/A	
9	Maintenance Date	8	39-46	CCYYMMDD Date the data was updated by MSP updating contractor.	
10	CWF Occurrence	2	47-48	2 digit numeric value. Spaces if no value present on table.	
11	Filler	4	49-52	Spaces.	

	MSP Detail Record					
Item	Field	Size	Position	Description		
12	Insurer Type	1	53	 A = Insurance or indemnity. B = HMP. C = Preferred provider organization. D = Third party administrator arrangement under an administrative service only contract without stop loss from any entity. E = Third party administrator arrangement with stop loss insurance issued from any entity. F = Self-insured/self-administered. G = Collectively-bargained health and welfare. H = Multiple employer health plan with at least one employer who has more than 100 full and/or part-time employees. J = Hospitalization only plan which covers only Inpatient services. K = Medicare services only plan which covers only non-inpatient services. M = Medicare supplemental plan: Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan. Spaces = unknown. 		
13	Insurer Name	32	54-85	The name of the group coverage plan in which the beneficiary is enrolled.		
14	Insurer Address 1	32	86-117	Insurer's street address line 1.		
15	Insurer Address 2	32	118-149	Insurer's street address line 2.		
16	Insurer City	15	150-164	The name of Insurer's city.		
17	Insurer State Code	2	165-166	Insurer's state code.		
18	Insurer Zip Code	9	167-175	Insurer's zip code.		
19	Policy Number	17	176-192	The identifier for the group coverage plan in which the beneficiary is enrolled.		
20	MSP Effective Date	8	193-200	CCYYMMDD		
21	MSP Termination Date	8	201-208	CCYYMMDD		

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MSP Detail Record					
Item	Field	Size	Position	Description	
22	Patient Relationship Code	2	209-210	 01 = Patient is Insured. 02 = Spouse. 03 = Natural Child, Insured has Financial Responsibility. 04 = Natural Child, Insured does not have Financial Responsibility. 05 = Step Child. 06 = Foster Child. 07 = Ward of the Court. 08 = Employee. 09 = Unknown. 10 = Handicapped Dependent. 11 = Organ Donor. 12 = Cadaver Donor. 13 = Grandchild. 14 = Niece/Nephew. 15 = Injured Plaintiff. 16 = Sponsored Dependent. 17 = Minor Dependent of a Minor Dependent. 18 = Parent. 19 = Grandparent dependent. 20 = Life Partner. 	
23	Subscriber First Name	9	211-219	First name of policyholder.	
24	Subscriber Last Name	16	220-235	Last name of policyholder.	
25	Employee ID Number	12	236-247	Employee ID number assigned by employer.	

	MSP Detail Record				
Item	Field	Size	Position	Description	
26	Source Code	2	248-249	 A = Claim Processing. B = IRS/SSA/CMS Data Match. C = First Claim Development. D = IRS/SSA/CMS Data Match II. E = Black Lung (DOL). F = Veterans (VA). G = Other Data Matches. H = Worker's Compensation. I = Notified by Beneficiary. J = Notified by Beneficiary. J = Notified by Insurer. L = Notified by Imployer. M = Notified by Group Health Plan/Primary Payer. O = Initial Enrollment Questionnaire. P = HMP Rate Cell Adjustment. Q = Voluntary Insurer Reporting. S = Miscellaneous Reporting. T = IRS/SSA/CMS Data Match II. U = IRS/SSA/CMS Data Match V. W = IRS/SSA/CMS Data Match V. Z = Self reports. Y = 411.25. Spaces = Unknown. 0 = COB Contractor. 1 = Initial Enrollment questionnaire. 2 = IRS/SSA/CMS/data match. 3 = HMP Rate cell. 4 = Litigation Settlement. 5 = Employer Voluntary Reporting. 6 = Insurer Voluntary Reporting. 7 = First Claim Development. 8 = Trauma Code Development. 9 = Secondary Claims Investigation. 10 = Self Reports. 11 = 411.25. 12 = BC/BS Voluntary Agreements. 13 = Office of Personnel Management (OPM). 14 = Workmen's Compensation (WC) Data match. 25 = Recovery Audit Contractor (California). 26 = Recovery Audit Contractor (Florida). 	
27	Employee INFO Data	1	250	P = Patient. S = Spouse. M = Mother. F = Father.	
28	Employer Name	32	251-282	The name of the employer providing coverage.	
29	Employer Address	32	283-314	Employer's street address line 1.	
30	Employer Address 2	32	315-346	Employer's street address line 2.	
31	Employer City	15	347-361	The name of employer's city.	
32	Employer State	2	362-363	Employer's state code.	

MSP Detail Record					
Item	Field	Size	Position	Description	
33	Employer Zip Cd	9	364-372	Employer's zip code.	
34	Insurer Group Number	20	373-392	Group number assigned by primary payer.	
35	Insurer Group Name	17	393-409	The name of the insurance group.	
36	Prepaid Health Plan Date	8	410-417	CCYYMMDD; Date beneficiary was notified that the Medicare is secondary payer for services performed outside the prepaid Health Plan when they could have been performed by a prepaid Health Plan provider.	
37	Remarks Code 1	2	418-419	Remarks Code 1.	
38	Remarks Code 2	2	420-421	Remarks Code 2.	
39	Remarks Code 3	2	422-423	Remarks Code 3.	
40	Payer ID	10	424-433	The identifier of the primary payer.	
41	Diagnosis Code Ind 1	1	434	$0 = ICD \ 10.$ 9 = ICD 9.	
42	Diagnosis Code 1	7	435-441	Diagnosis Code 1.	
43	Diagnosis Code Ind 2	1	442	0 = ICD 10. 9 = ICD 9.	
44	Diagnosis Code 2	7	443-449	Diagnosis Code 2.	
45	Diagnosis Code Ind 3	1	450	0 = ICD 10. 9 = ICD 9.	
46	Diagnosis Code 3	7	451-457	Diagnosis Code 3.	
47	Diagnosis Code Ind 4	1	458	0 = ICD 10. 9 = ICD 9.	
48	Diagnosis Code 4	7	459-465	Diagnosis Code 4.	
49	Diagnosis Code Ind 5	1	466	0 = ICD 10. 9 = ICD 9.	
50.	Diagnosis Code 5	7	467-473	Diagnosis Code 5.	
51	Diagnosis Code Ind 6	1	474	0 = ICD 10. 9 = ICD 9.	
52	Diagnosis Code 6	7	475-481	Diagnosis Code 6.	
53	Diagnosis Code Ind 7	1	482	$0 = ICD \ 10.$ 9 = ICD 9.	
54	Diagnosis Code 7	7	483-489	Diagnosis Code 7.	
55	Diagnosis Code Ind 8	1	490	$0 = ICD \ 10.$ $9 = ICD \ 9.$	
56	Diagnosis Code 8	7	491-497	Diagnosis Code 8.	
57	Diagnosis Code Ind 9	1	498	0 = ICD 10. 9 = ICD 9.	
58	Diagnosis Code 9	7	499-505	Diagnosis Code 9.	
59	Diagnosis Code Ind 10	1	506	$0 = ICD \ 10.$ 9 = ICD 9.	
60	Diagnosis Code 10	7	507-513	Diagnosis Code 10.	
61	Diagnosis Code Ind 11	1	514	$0 = ICD \ 10.$ 9 = ICD 9.	
62	Diagnosis Code 11	7	515-521	Diagnosis Code 11.	
63	Diagnosis Code Ind 12	1	522	0 = ICD 10. 9 = ICD 9.	

			MSP I	Detail Record
Item	Field	Size	Position	Description
64	Diagnosis Code 12	7	523-529	Diagnosis Code 12.
65	Diagnosis Code Ind 13	1	530	$0 = ICD \ 10.$ 9 = ICD 9.
66	Diagnosis Code 13	7	531-537	Diagnosis Code 13.
67	Diagnosis Code Ind 14	1	538	$0 = ICD \ 10.$ 9 = ICD 9.
6	Diagnosis Code 14	7	539-545	Diagnosis Code 14.
69	Diagnosis Code Ind 15	1	546	$0 = ICD \ 10.$ 9 = ICD 9.
70	Diagnosis Code 15	7	547-553	Diagnosis Code 15.
71	Diagnosis Code Ind 16	1	554	$0 = ICD \ 10.$ 9 = ICD 9.
72	Diagnosis Code 16	7	555-561	Diagnosis Code 16.
73	Diagnosis Code Ind 17	1	562	$0 = ICD \ 10.$ 9 = ICD 9.
74	Diagnosis Code 17	7	563-569	Diagnosis Code 17.
75	Diagnosis Code Ind 18	1	570	$0 = ICD \ 10.$ $9 = ICD \ 9.$
76	Diagnosis Code 18	7	571-577	Diagnosis Code 18.
77	Diagnosis Code Ind 19	1	578	$0 = ICD \ 10.$ 9 = ICD 9.
78	Diagnosis Code 19	7	579-585	Diagnosis Code 19.
79	Diagnosis Code Ind 20	1	586	$0 = ICD \ 10.$ 9 = ICD 9.
80	Diagnosis Code 20	7	587-593	Diagnosis Code 20.
81	Diagnosis Code Ind 21	1	594	$0 = ICD \ 10.$ 9 = ICD 9.
82	Diagnosis Code 21	7	595-601	Diagnosis Code 21.
83	Diagnosis Code Ind 22	1	602	$0 = ICD \ 10.$ 9 = ICD 9.
84	Diagnosis Code 22	7	603-609	Diagnosis Code 22.
85	Diagnosis Code Ind 23	1	610	$0 = ICD \ 10.$ 9 = ICD 9.
86	Diagnosis Code 23	7	611-617	Diagnosis Code 23.
87	Diagnosis Code Ind 24	1	618	$0 = ICD \ 10.$ 9 = ICD 9.
88	Diagnosis Code 24	7	619-625	Diagnosis Code 24.
89	Diagnosis Code Ind 25	1	626	$0 = ICD \ 10.$ $9 = ICD \ 9.$
90	Diagnosis Code 25	7	627-633	Diagnosis Code 25.
91	Filler	67	634-700	Spaces

Layout 7-277: MSP Trailer Record

	MSP Trailer Record												
Item	Field	Size	Position	Description									
1	Trailer Code	8	1-8	Value = CMSMSPDT.									
2	Sending Entity	4 9-12		Value = MARX.									
3	File Creation Date	8	13-20	CCYYMMDD									
4	Total PRM Count	8	21-28	Total count of primary beneficiary records.									
5	Total Records Count	8	29-36	Total count of all records (minus the Header and Trailer).									
6	Filler	664	37-700	Spaces.									

7.7 Medicare Advantage Medicaid Status Data File

CMS will send a monthly report to Plans that provides the monthly dual statuses and corresponding dual status codes for their beneficiaries who are full or partial duals. Plans will receive a Medicare Advantage Medicaid Status data file to assist in predicting future revenue impacts under the CMS-HCC risk adjustment model, and to assist in benefit coordination. Each report will provide the most recent Medicaid information on plan enrollees, back to the beginning of the payment.

System	Туре	Frequency	Record Length	Medicare Advantage Medicaid Status Data File Dataset Naming Conventions
MARx	Data File	Monthly	75	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.MCMD.Dyymm01.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.MCMD.Dyymm01.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Rxxxxx.MCMD.Dyymm01.Thhmmsst

The file includes the following records:

- Medicare Advantage Medicaid Status Header Record.
- Medicare Advantage Medicaid Status Beneficiary Identification Record.
- Medicare Advantage Medicaid Status Beneficiary Detail Record.
- Medicare Advantage Medicaid Status Trailer Record.

Layout 7-28: Medicare Advantage Medicaid Status Header Record

	Medicare Advantage Medicaid Status Header Record										
Item	Field Size		Position	Description							
1	Record Type	1	1	1 = File Header.							
2	Contract Number	5	2-6	Contract identification.							
3	Start Year	4	7-10	Earliest year associated with the data.							
4	End Year	4	11-14	Latest year associated with the data.							
5	File Generation Date	8	15-22	Date the file was generated. CCYYMMDD							
6	Filler	53	23-75	Spaces.							

	Medicare A	Advantage N	Iedicaid Stat	tus Beneficiary Identification Record
Item	Field	ield Size Position		Description
1	Record Type	1	1	2 = Beneficiary Identification Record.
2	Contract Number	5	2-6	Contract Identification.
3	Beneficiary ID	12	7-18	Beneficiary Identifier.
4	Last Name	12	19-30	Beneficiary Surname.
5	First Name	7	31-37	Beneficiary First Name.
6	Middle Initial	1	38	Beneficiary Middle Initial.
7	DOB	8	39-46	Beneficiary Birth Date. CCYYMMDD
8	Gender	1	47	Beneficiary Gender Identification Code 0 = Unknown 1 = Male 2 = Female
9	Filler	28	48-75	Spaces.

Layout 7-299: Medicare Advantage Medicaid Status Beneficiary Identification Record

Layout 7-30: Medicare Advantage Medicaid Status Beneficiary Detail Record

	Medicare Advantage Medicaid Status Beneficiary Detail Record										
Item	Item Field Size		Position	Description							
1	Record Type	1	1	3 = Beneficiary Detail Record(s).							
2	Contract Number	5	2-6	Contract Identification.							
3	Medicaid Start Date	8	7-14	YYYYMMDD Format.							
4	Medicaid End Date	8	15-22	YYYYMMDD Format Spaces if there is no end date.							
5	Medicaid Full/Partial/Non-dual	1	23	F = Full $P = Partial$							

	Medica	re Advanta	ge Medicaid	Status Beneficiary Detail Record
Item	Field	Size	Position	Description
6	Dual Status Code	2	24-25	Dual Status Code Start Date. 01 = Eligible - entitled to Medicare- QMB only (Partial Dual) 02 = Eligible - entitled to Medicare- QMB AND Medicaid coverage (Full Dual) 03 = Eligible - entitled to Medicare- SLMB only (Partial Dual) 04 = Eligible - entitled to Medicare- SLMB AND Medicaid coverage (Full Dual) 05 = Eligible - entitled to Medicare- QDWI (Partial Dual) 06 = Eligible - entitled to Medicare- Qualifying individuals (Partial Dual) 08 = Eligible - entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB, QDWI or QI) with Medicaid coverage (Full Dual) 09 = Eligible - entitled to Medicare - Other Dual Eligibles but without Medicaid coverage (Non-Dual) 10 = Other Full Dual
7	Record Add Timestamp	12	26-37	Record Add Timestamp for Dual Status Code YYYYMMDDHHMM format.
8	Record Update Timestamp	12	38-49	Record Update Timestamp for Dual Status Code YYYYMMDDHHMM Format.
9	Medicaid Record Type	1	50	Medicaid Record Type: V = Valid A = Audited
10	Filler	25	51-75	Spaces.

Layout 7-31: Medicare Advantage Medicaid Status Trailer Record

	Medicare Advantage Medicaid Status Trailer Record											
Item	Field	Size	Position	Description								
1	Record Type	1	1	4 = File Trailer.								
2	Contract Number	5	2-6	Contract Identification.								
3	Record Count	7	7-13	Number of records on the data file (count of Type 1, Type 2, Type 3, and Type 4 records). Left padded with zeroes.								
4	Beneficiary Record Count	7	14-20	Number of beneficiary records (Type 2) on the data file. Left padded with zeroes.								
5	Filler	55	21-75	Spaces.								

7.8 HICN to Medicare Beneficiary Identifier (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.

- In March 2018, Plans will receive an "initial" (one-time only) HICN to MBI Crosswalk File. The initial file will include all beneficiaries who have had valid enrollments in the Contract at any point from 2006 to present.
- After the initial Crosswalk file, a monthly file will be sent to Plans to include any new enrollment changes.

System	Туре	Frequency	Record Length	HICN to MBI Crosswalk File Dataset Naming Conventions
				Gentran Mailbox/TIBCO MFT Internet Server:
				P.Rxxxxx.CROSSWLK.Dyymm01.Thhmmsst
			10.6	Connect:Direct (Mainframe):
MARx	Data File	Monthly	106	zzzzzzzz.Rxxxxx.CROSSWLK.Dyymm01.Thhmmsst
				Connect:Direct (Non-Mainframe):
				[directory]Rxxxxx.CROSSWLK.Dyymm01.Thhmmsst

Layout 7-322: HICN to MBI Crosswalk File

		HICN	to MBI Cr	osswalk File
Item	Field Size		Position	Description
1	Contract	5	1-5	Plan Contract Number.
2	РВР	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	CCYYMMDD
8	Date of Death	8	82 - 89	CCYYMMDD
9	Gender	1	90	Beneficiary Gender Identification Code. 0 = Unknown. 1 = Male. 2 = Female.
10	Recent Enrollment Date	8	91 – 98	CCYYMMDD The effective date of the beneficiary's most recent enrollment in the contract.
11	Recent Disenrollment Date	8	99 – 106	CCYYMMDD The disenrollment date (if present) for the beneficiary's most recent enrollment in the contract.

7.9 Other

This section provides a description and sample snapshot of other reports sent to Plans. Note that the examples provided for the reports do not identify any person living or dead; all Beneficiary, contract, and user information is fictional.

The <u>All Transmission Overview</u> lists the naming conventions for all reports. A user will need the dataset name to request a report through the MAPD Help Desk.

The following reports are included in this section:

- HMO Bill Itemization Report
- Part C Risk Adjustment Model Output Report
- RAS RxHCC Model Output Report

7.9.1 HMO Bill Itemization Report

This report lists the Part A bills processed under Medicare fee-for-service for beneficiaries enrolled in the contract.

Report 7-1: HMO Bill Itemization Report

						A BILLS				017 *						PAGE	1
BILL TYPE:	INPAT	IENT									DANGE	TOTAL	5000		601/		_
BENE ID	NAME	PROV	INTER PI	D ADM D DATE		NON-COV CHARGES					AMOUNT	TOTAL DEDUCT	FROM DATE	THRU DATE		REIM N AMT C	
123456789 23456789A 23456789B 23456789C 23456789C	NAMEB	280040 120014 120004 160079 160079	01211 1 01211 05101	20170614 20170226 20170704 20170515 20170614	20810 21036 32624 162354 99918	0 0 0 0	0 0 0 0	00000	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0	20170612 20170225 20170704 20170515 20170614	20170228 20170707 20170608	8 2 7 3 8 24	101 0 878 282 244	
						A BILLS										PAGE	2
BILL TYPE:	SKILL	ED NURS															
BENE ID	NAME	PROV	HMC INTER PI	D ADM D DATE		NON-COV CHARGES					AMOUNT	TOTAL DEDUCT	FROM DATE	THRU DATE		REIM N AMT C	P D CR
123456789D 123456789D 987654321A 987654321B 987654321C	NAMEC NAMED NAMEE	125042 165601 165575	01211 1 12301 1 12301 1	20170203 20170203 20170310 20170613 20170427	20458 4033 23126 6848 3786	0 0 0 0	0 0 0 0	000000000000000000000000000000000000000	31 8 2 0 0	0 0 0 0	0 0 0 0	0 0 0	20170301 20170401 20170310 20170613 20170501	20170409 20170331 2017062	9 8 L 22 3 10	0 0 0 0	
						A BILLS										PAGE	3
BILL TYPE:	HOSPI	CE															_
BENE ID	NAME	PROV	HMC INTER PI	D ADM D DATE		NON-COV CHARGES					AMOUNT	TOTAL DEDUCT	FROM DATE	THRU DATE		REIM N AMT C	
987654321D 987654321E 123456789F 123456789H 123456789H 987654321G	NAMEH NAMEI NAMEJ	121504 121509 121501 121509 281502	06014 06014 06014	20170403 20170331 20170419 20170328 20170620	5614 5944 6124 5967 3359	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0	20170601 20170601 20170601 20170601 20170601 20170620	20170630 2017061 2017063	0 3 0 0 0 0	4611 5083 2307 5083 1993	
						A BILLS										PAGE	4
BILL TYPE:	OUTPA			D TYP DATE		TE OF		BLOOD	c	CASH	COI		TOTAL	РМТ (PMT DIS	т
BENE ID	NAME	PROV :	INTER PD	SER 1ST S	ER LAST	r ser	D	EDUCT	DED	DUCT	AMT		CHARGES	PROVI	DER	PATIENT	
987654321A1 987654321A1 123456789E 123456789E 123456789E 123456789E 123456789E 123456789F	NAMEL NAMEM NAMEM NAMEM NAMEM	160058 160058	05101 05101 05101 05101 05101	0 2017 0 2017 0 2017 0 2017 0 2017 0 2017	0530 201 0307 201	L70508 L70307 L70530 L70307 L70307		.00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00		.58 .28 .60	8041.00 2449.09 24588.60 25983.08 25218.60 630.00 1111.25	319 8142 8330 8142	5.91 9.73 2.14 0.76 2.14 .00 L.29	. 0 . 0 . 0 . 0 . 0	0 0 0 0 0
						A BILLS										PAGE	5
BILL TYPE:	HOME	HEALTH															
BENE ID	NAME	PROV		MO DATE CA PD STARTE) DTE SERV		VISI		TOTAL CHARGES		IMB OUNT	VERIF DEDUC			
11111111A 222222222A 333333333 123456789G 123456789G 123456789G 123456789G	NAMEQ NAMER NAMES NAMEP NAMEP NAMEP	677922 16729 167012 167012	3 15004 2 11004 5 15004 2 15004 2 15004 2 15004 2 15004	2017062 2016030 2011010 2011010	7 201603 1 201704	524 201 307 201 404 201 502 201	70714 70624 60307 70428 70630 70530	в	1 1 1	L	.00 .00 536.01 783.01 783.01		.00 .00 .00 .00 .00 .00	. 00 . 00 . 00 . 00 . 00			

7.9.2 Part C Risk Adjustment Model Output Report

This report shows the Hierarchical Condition Codes (HCCs) used by RAS to calculate risk adjustment factors for each beneficiary.

Report 7-2: Part C Risk Adjustment Model Output Report

RUN DATE: 20170813 PAYMENT MONTH: 201709	RISK ADJUSTMENT MODEL OUTPUT REPORT PLAN: HXXXX PLAN NAME		PAGE: RAPMOSE
LAST	FIRST	DATE OF	5500
HIC NAME	NAME I	BIRTH SEX & AGE GROUP	ESRD
123456789A DOE V22 HCC DISEASE GROUPS:	JANE HCCO18 Diabetes with Chronic Complications HCCO21 Protein-Calorie Malnutrition HCCO58 Major Depressive, Bipolar, and Paranoid Disorders HCC108 Vascular Disease	19200627 Female95-GT	Ν
987654321A DOE V22 HCC DISEASE GROUPS:	JOHN E HCC021 Protein-Calorie Malnutrition HCC022 Morbid Obesity HCC058 Major Depressive, Bipolar, and Paranoid Disorders HCC084 Cardio-Respiratory Failure and Shock HCC085 Congestive Heart Failure HCC108 Vascular Disease HCC108 Vascular Disease HCC169 Vertebral Fractures without Spinal Cord Injury	19390917 Male75-79	Ν
111111111A DOEA V22 HCC DISEASE GROUPS: V22 INTERACTIONS:	JOHN M HCC018 Diabetes with Chronic Complications HCC033 Intestinal Obstruction/Perforation HCC084 Cardio-Respiratory Failure and Shock HCC085 Congestive Heart Failure HCC108 Vascular Disease HCC137 Chronic Kidney Disease, Severe (Stage 4) HCC188 Amputation Status, Lower Limb/Amputation Complications INTI28 HCC85 and Diabetes Mellitus	19350422 маle80-84 s	Ν
	JON L HCC010 Lymphoma and other Cancers HCC019 Diabetes without Complication HCC085 Congestive Heart Failure HCC108 Vascular Disease HCC111 Chronic Obstructive Pulmonary Disease	19270923 Male85-89	Ν
	INTI26 HCC85 and Diabetes Mellitus ´ INTI27 HCC85 and Chronic Obstructive Pulmonary Disease		
333333333 DOEC originally Disabled Fema originally Disabled Agev V22 HCC DISEASE GROUPS:	JANEA L ale Aged (Age>=65) d (Age>=65) HCC058 Major Depressive, Bipolar, and Paranoid Disorders HCC077 Multiple Sclerosis HCC108 Vascular Disease	19390921 Female75-79	Ν
44444444A DOED Originally Disabled Fema Originally Disabled Age V22 HCC DISEASE GROUPS:	JANEB M ale Aged (Age>=65) d (Age>=65) HCCO18 Diabetes with Chronic Complications HCCO79 Seizure Disorders and Convulsions	19351126 Female80-84	N

7.9.3 RAS RxHCC Model Output Report

This report shows the Rx Hierarchical Condition Codes (HCCs) used by RAS to calculate risk adjustment factors for each beneficiary.

Report 7-3: RAS RxHCC Model Output Report

RUN DATE: 20170813 PAYMENT MONTH: 201709	RISK ADJUSTMENT MODEL OUTPUT REPORT PLAN: HXXXX PLAN NAME		PAGE: 1 RAPMODEA
LAST HIC NAME	FIRST NAME	DATE OF I BIRTH SEX & AGE GROUP	
NAME	NAMIE	I BIRTH SEX & AGE GROOP	
123456789A DOE RXHCC DISEASE GROUPS:	JANE RXHCC216 Peripheral Vascular Disease	J 19300920 Female85-89	
123456789B DOE RXHCC DISEASE GROUPS:	JANEA RXHCC042 Thyroid Disorders RXHCC045 Disorders of Lipoid Metabolism RXHCC087 Osteoporosis, Vertebral and Pathological Fractures	19380227 Female75-79	
987654321A DOE originally Disabled Fem originally Disabled Age RXHCC DISEASE GROUPS:	JANEB (d (Age>=65) RXHCC068 Esophageal Reflux and Other Disorders of Esophagus RXHCC127 Major Depression RXHCC187 Hypertension	E 19421014 Female70-74	
987654321C DOE Originally Disabled Mal Originally Disabled Age RXHCC DISEASE GROUPS:	JOHN e Aged (Age>=65) d (Age>=65) RXHCC042 Thyroid Disorders RXHCC045 Disorders of Lipoid Metabolism RXHCC068 Esophageal Reflux and Other Disorders of Esophagus RXHCC186 Congestive Heart Failure RXHCC186 Coronary Artery Disease RXHCC216 Peripheral Vascular Disease	19440925 маle70-74	
123456789C DOE RXHCC DISEASE GROUPS:	JON RXHCC042 Thyroid Disorders RXHCC045 Disorders of Lipoid Metabolism RXHCC068 Esophageal Reflux and Other Disorders of Esophagus RXHCC187 Hypertension	E 19410429 Male75-79	

7.10 All Transmission Overview

Provided in this section is a comprehensive list of file and report information exchanged between CMS and the Plans. Provided in the following tables is a list with the Dataset Naming Convention Key, and a list of the Transmission information for all reports and files, some of which are not explicitly covered in this User Guide.

Dataset Naming Convention Key							
Code	Definition						
[GUID]	IDM User ID.						
Р	Production Data.						
[.ZIP]	Appended if the file is compressed.						
[directory]	Optional directory specification from non-mainframe C:D 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.						
PN	Processing number of varying length assigned to the file by Gentran.						
CCCCC or XXXXX	Contract number.						
PCCCCC	Plan Contract Number for C:D.						
CCYYMMDD	Year, month, and day.						
YYMMDD	Two digit year, month, and day.						
ZZZZZZZ	Plan-provided high level qualifier.						
EEEE	Year for which final yearly RAS file was produced.						
VVVVV	Sequence counter for final yearly RAS files.						
ANNNNN & BNNNNN	MARx batch transaction ID.						
NNNNNNNN	Split into two nodes, A and B, with leading zeroes as necessary to complete ten-character batch ID.						
ННММ	Hour and minute.						
SSSSSS	Sequentially assigned number.						
MMCCYY	Month and year.						
HLQ	High Level Qualifier or Directory per VSAM File.						
FREQ	Frequency code of file.						

Table 7-2: File Transmission Details

		File Transmis	ssion Deta	ils		
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions
		Plan Submit	tals to CM	IS	•	
1	MARx Batch Input Transaction Data File Header Record Correction (01) Disenrollment (51/54) Enrollment (61) 4Rx Data Change (72) NUNCMO (73) EGHP (74) PPO (75) Residence Address (76) Segment ID (77) Part C Premium (78) Part D Opt-Out (79) Cancellation of Enrollment (80) Cancellation of Disenrollment (81) MMP Enrollment Cancellation (82) MMP Opt-Out (83) CARA Status Record (90) IC Model Participation (91)	Plan Transaction file to CMS MARx system requesting new enrollment, disenrollment, changes, etc.	MARx	Data File	Daily PRN	Gentran Mailbox/TIBCO MFT Internet Server: [GUID].CMS.MARX.D.RX XXXX.PLANTRAN.[P/T][. ZIP] Note: XXXXX is the user's plan contract mailbox. Connect:Direct (Mainframe): P#EFT.ON.MARXTR.RXX XXX.DYYMMDD.THHMM SST Notes: XXXXX is the user's plan contract mailbox. DYYMMDD.THHMMSST must be coded as shown, as it is a literal
2	Batch Eligibility Query (BEQ) Request File Header Record Detail Record Trailer Record	File of transactions submitted by Plans to request eligibility information for prospective Plan enrollees.	MBD	Data File	PRN (Plans can send multiple files in a day)	Gentran Mailbox/TIBCO MFT Internet Server: [GUID].[RACFID].MBD.D. xxxxx.BEQ.[P/T][.ZIP] Connect:Direct (Mainframe): P#EFT.IN.PLxxxxx.BEQ4R X.DYYMMDD.THHMMSS T Note: DYYMMDD.THHMMSST must be coded as shown, as it is a literal
3	Electronic Correspondence Referral System (ECRS) Batch Submittal File	File used by Plans to submit other healthcare information (OHI) to CMS (<i>rather</i> <i>than submittal</i> <i>through the ECRS</i> <i>online system</i>)	ECRS	Data File	Daily	Gentran Mailbox/TIBCO MFT Internet Server: [GUID].[RACFID].ECRS.D. ccccc.FUTURE.[P/T] [.ZIP] Connect:Direct: TRANSMITTED TO GHI

	File Transmission Details								
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions			
4	Prescription Drug Event (PDE) Submittal File	File of transactions submitted by the Plans with Prescription Drug Events.	PDE	Data File	Can be Daily	Gentran Mailbox/TIBCO MFT Internet Server: [GUID].[RACFID].PDE.D.c cccc.FUTURE.[P/T] [.ZIP] Connect:Direct: TRANSMITTED TO PALMETTO			
5	RAPS Submittal File	File of transactions submitted by the Plans with diagnoses for FFS Beneficiaries.	RAPS	Data File	Daily	Gentran Mailbox/TIBCO MFT Internet Server: [GUID].[RACFID].RAPS.D. ccccc.FUTURE.[P/T] [.ZIP] Connect:Direct: TRANSMITTED TO PALMETTO			
6	Encounter Data Services (EDS) Submittal File	File of transactions submitted by the Plans with EDS.	EDS	Data File	Daily	Gentran Mailbox/TIBCO MFT Internet Server: [GUID].[RACF].EDS.D.xxx xx.FUTURE.[P/T][.ZIP] Connect:Direct: TRANSMITTED TO PALMETTO			

	File Transmission Details							
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions		
		CMS Transmitt	als to the]	Plans				
7	Batch Completion Status Summary (BCSS) Data File Summary Record Failed Records	Data file sent to the submitter once a batch of submitted transactions has been processed. Provides a count of all transactions within the batch and details the number of rejected and accepted transactions. It provides an image of the rejected and accepted transactions.	MARx	Data File	Once batch is processed	Gentran Mailbox/TIBCO MFT Internet Server: P.RXXXXX.BCSS.Annnnn.B nnnnn.Thhmmss Connect:Direct (Mainframe): zzzzzzz.RXXXX.BCSS.An nnnn.Bnnnnn.Thhmmss Connect:Direct (Non- Mainframe): [directory]RXXXXX.BCSS.A nnnnn.Bnnnnn.Thhmmss		
8	Coordination of Benefits (COB) – Validated Other Insurer Information (OHI) Data File Detail Record Primary Record Supplemental Record	File containing members' primary and secondary drug 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 OHI for drugs and those Plan enrollees with changes to their OHI.	MBD (MARx)	Data File	As Needed (can be daily)	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.MARXCOB.Dyym mdd.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxx.MARXCOB. Dyymmdd.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.MARXCO B.Dyymmdd.Thhmmsst		

	File Transmission Details								
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions			
	<u>Annual</u> Coordination of Benefits (COB) – Validated Other Insurer Information (OHI) Full Replacement Data File Detail Record Primary Record Supplemental Record	File containing a full replacement of members' primary and secondary drug coverage that has been validated through COB processing. MARx forwards this report annually. The enrollees included on the report are those enrolled who have known OHI for drugs.	MBD (MARx)	Data File	Annually	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.MARXCOBA.Dyy mmdd.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxx.MARXCOB A.Dyymmdd.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.MARXCO BA.Dyymmdd.Thhmmsst			
	Coordination of Benefits (COB) – Validated Other Insurer Information (OHI) Annual Summary Data File	File containing a summary of the <u>Annual COB-</u> <u>OHI Full</u> <u>Replacement File</u> Names CMS provided to the Plans that contained annual Beneficiary Details'.	MARx	Data File	Annually	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxx.MARXCOBS.Dyy mmdd.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxx.MARXCOB S.Dyymmdd.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.MARXCO BS.Dyymmdd.Thhmmsst			
11	MA Full Dual Auto Assignment Notification File Header Record Detail Record Trailer Record	Monthly file of Full Dual Beneficiaries in an existing Plan.	MBD	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxx.#ADUA4.Dyymmd d.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxx.#ADUA4.D yymmdd.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxx.#ADUA4. Dyymmdd.Thhmmsst			

	File Transmission Details							
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions		
12	Auto Assignment Address Notification File Header Record Detail Record(s) Trailer Record	Monthly file of addresses of Beneficiaries who have been either Auto Assigned or Facilitated Assigned to PDPs.	MBD	Data File	Daily	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.#APDP4.Dyymmdd .Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxx.#APDP4.Dy ymmdd.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.#APDP4.D yymmdd.Thhmmsst		
13	NoRx File Header Record Detail Record Trailer Record	File containing records identifying those enrollees that do not currently have 4Rx information stored in CMS files.	MBD	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.#NORX.Dyymmdd. Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.#NORX.Dyy mmdd.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.#NORX.Dy ymmdd.Thhmmsst		
14	Batch Eligibility Query (BEQ) Request File Pass and Fail Acknowledgment	MBD will determine if a BEQ Request File is Accepted or Rejected. MBD will issue an e- mail acknowledgment of receipt and status to the Sending Entity.	MBD	E-mail	Response to BEQ	Email to submitter.		

	File Transmission Details								
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions			
15	Batch Eligibility Query (BEQ) Response File Header Record Detail Record (Transaction) Trailer Record	File containing records produced as a result of processing the transactions of accepted BEQ Request files.	MBD	Data File	Response to BEQ	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.#BQN4.Dyymmdd. Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxx.#BQN4.Dyy mmdd.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.#BQN4.Dy ymmdd.Thhmmsst			
16	ECRS Data File	File containing errors and statuses of ECRS submissions.	ECRS	Data File	Daily	Gentran Mailbox/TIBCO MFT Internet Server: PCOB.BA.ECRS.ccccc.RESP ONSE.ssssss Connect:Direct: TRANSMITTED FROM GHI			
17	Prescription Drug Event (PDE) PDFS Response Data File	File containing responses if files are accepted or rejected.	PDE	Data File	Daily	Gentran Mailbox/TIBCO MFT Internet Server: RSP.PDFS_RESP_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO			
18	Prescription Drug Event (PDE) Drug Data Processing System (DDPS) Return Data File	File provides feedback on every record processed in a batch. Up to 10 specific errors are reported for each PDE in the file.	PDE	Data File	Daily	Gentran Mailbox/TIBCO MFT Internet Server: RPT.DDPS_TRANS_VALID ATION_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO			

	File Transmission Details								
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions			
19	Prescription Drug Event (PDE) DDPS Transaction Error Summary Data File	File provides frequency of occurrence for each error code encountered during the processing of a PDE file. The percentage to the total errors is also computed and displayed for each error code.	PDE	Data File	Daily	Gentran Mailbox/TIBCO MFT Internet Server: RPT.DDPS_ERROR_SUMM ARY_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO			
20	Front-End Risk Adjustment System (FERAS) Response Reports	Report indicates that the file was accepted or rejected by the Front-End Risk Adjustment System.	FERAS	Report	Daily	Gentran Mailbox/TIBCO MFT Internet Server: RSP.FERAS_RESP_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO			
21	Front-End Risk Adjustment System (FERAS) Response Data Files	File contains all of the submitted transactions whether or not the file contains errors.	FERAS	Data File	Daily	Gentran Mailbox/TIBCO MFT Internet Server: RPT.RAPS_RETURN_FLAT _ssssss Connect:Direct: TRANSMITTED FROM PALMETTO			
22	Front-End Risk Adjustment System (FERAS) Response Reports Transaction Error Report	Report lists the transactions that contained errors and identifies the errors found.	FERAS	Report	Daily	Gentran Mailbox/TIBCO MFT Internet Server: RPT.RAPS_ERRORRPT_ssss ss Connect:Direct: TRANSMITTED FROM PALMETTO			
23	Front-End Risk Adjustment System (FERAS) Response Reports Transaction Summary Report	Report contains all of the transactions submitted, whether accepted or rejected.	FERAS	Report	Daily	Gentran Mailbox/TIBCO MFT Internet Server: RPT.RAPS_SUMMARY_ssss ss Connect:Direct: TRANSMITTED FROM PALMETTO			

	File Transmission Details								
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions			
24	Front-End Risk Adjustment System (FERAS) Response Reports Duplicate Diagnosis Cluster Report	Report identifies diagnosis clusters with 502 error message, clusters accepted, but not stored.	FERAS	Report	Daily	Gentran Mailbox/TIBCO MFT Internet Server: RPT.RAPS_DUPDX_RPT_ss ssss <u>Connect:Direct:</u> TRANSMITTED FROM PALMETTO			
25	Daily Transaction Reply Report (DTRR) Detail Record Verbatim Plan Submitted Transaction	Report identifies whether a beneficiary submission was accepted or rejected and provides additional information about Plan membership.	MARx	Data File	Daily	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.DTRRD.Dyymmdd. Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxxx.DTRRD.Dy ymmdd.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.DTRRD.D yymmdd.Thhmmsst			
26	Encounter Data Services (EDS) Response Data File	File containing responses if files are accepted or rejected.	EDS	Data File	Daily	Gentran Mailbox/TIBCO MFT Internet Server: P.xxxxx.EDS_RESPONSE Connect:Direct: TRANSMITTED FROM PALMETTO			
27	Encounter Data Services (EDS) Reject IC ISAIEA Data File	File containing responses if files are accepted or rejected.	EDS	Data File	Daily	Gentran Mailbox/TIBCO MFT Internet Server: P.xxxxx.EDS_REJT_IC_ISAI EA.pn Connect:Direct: TRANSMITTED FROM PALMETTO			
28	Encounter Data Services (EDS) Reject Function Transaction Data File	File containing responses if files are accepted or rejected.	EDS	Data File	Daily	Gentran Mailbox/TIBCO MFT Internet Server: P.xxxxx.EDS_REJT_FUNCT_ TRANS Connect:Direct: TRANSMITTED FROM PALMETTO			

	File Transmission Details							
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions		
29	Encounter Data Services (EDS) Accept Function Transaction Data File	File containing responses if files are accepted or rejected.	EDS	Data File	Daily	Gentran Mailbox/TIBCO MFT Internet Server: P.xxxxx.EDS_ACCPT_FUNC T_TRANS Connect:Direct: TRANSMITTED FROM PALMETTO		
30	Encounter Data Services (EDS) Response Claim Number Data File	File containing responses if files are accepted or rejected.	EDS	Data File	Daily	Gentran Mailbox/TIBCO MFT Internet Server: P.xxxxx.EDS_RESP_CLAIM _NUM Connect:Direct: TRANSMITTED FROM PALMETTO		
		Weekly Tra	ansmittals	5				
31	LIS/Part D Premium Data File	The data in the report reflects LIS info, premium subsidy levels, Low-income co-pay levels, etc. for all beneficiaries who have a low-income designation enrolled in a Plan. It is not automatically transmitted to the Plans. Through the MARx UI Plans can request or reorder this data file.	MARx	Data File	Biweekly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.LISPRMD.Dyymm dd.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.LISPRMD.D yymmdd.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.LISPRMD. Dyymmdd.Thhmmsst		

	File Transmission Details								
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions			
	Monthly Transmittals								
32	Monthly Membership Report (MMR) Data File	Data file version of the Monthly Membership Detail Reports. This file contains the data for both Part C and Part D members.	MARx	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Fxxxxx.MONMEMD.Dyym m01.Thhmmsst P.Rxxxxx.MONMEMD.Dyym m01.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Fxxxxx.MONMEM D.Dyymm01.Thhmmsst zzzzzzz.Rxxxx.MONMEM D.Dyymm01.Thhmmsst [directory]Fxxxxx.MONMEM D.Dyymm01.Thhmmsst [directory]Rxxxxx.MONMEM D.Dyymm01.Thhmmsst			
33	Monthly Membership Summary Report (MMSR)	Report summarizing payments to a Plan for the month, in several categories, and adjustments, by all adjustment categories. This report contains data for both Part C and Part D members.	MARx	Report	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Fxxxxx.MONMEMSR.Dyy mm01.Thhmmsst P.Rxxxx.MONMEMSR.Dyy mm01.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Fxxxxx.MONMEMS R.Dyymm01.Thhmmsst zzzzzzzz.Rxxxx.MONMEMS R.Dyymm01.Thhmmsst [directory]Fxxxxx.MONMEM SR.Dyymm01.Thhmmsst [directory]Rxxxxx.MONMEM SR.Dyymm01.Thhmmsst			

		File Transmis	ssion Deta	ils		
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions
34	Monthly Membership Summary Report (MMSR) Data File	Data file version of the Monthly Membership Summary Report for both Part C and Part D members.	MARx	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Fxxxxx.MONMEMSD.Dyy mm01.Thhmmsst P.Rxxxxx.MONMEMSD.Dyy mm01.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Fxxxxx.MONMEMS D.Dyymm01.Thhmmsst zzzzzzzz.Rxxxxx.MONMEMS D.Dyymm01.Thhmmsst [directory]Fxxxxx.MONMEM SD.Dyymm01.Thhmmsst [directory]Rxxxxx.MONMEM SD.Dyymm01.Thhmmsst
35	RAS RxHCC Model Output Report AKA: Part D Risk Adjustment Model Output Report	Report showing the Part D risk adjustment factors for each beneficiary. MARx forwards this report that is produced by RAS to Plans as part of the month-end processing.	RAS (MARx)	Report	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.PTDMODR.Dyym m01.Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxxx.PTDMODR. Dyymm01.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.PTDMOD R.Dyymm01.Thhmmsst
36	RAS RxHCC Model Output Data File – PY2016 AKA: Part D Risk Adjustment Model Output Data File Header Record Detail / Beneficiary Record Trailer Record	Data file version of the RAS RxHCC Model Output Report. MARx forwards this report that is produced by RAS to Plans as part of the month-end processing.	RAS (MARx)	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxx.PTDMODD.Dyym m01.Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxx.PTDMODD. Dyymm01.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.PTDMOD D.Dyymm01.Thhmmsst

		File Transmis	ssion Deta	ils		
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions
37	RAS RxHCC Model Output Data File – PY2017 and PY2018 AKA: Part D Risk Adjustment Model Output Data File Header Record Detail / Beneficiary Record Trailer Record	Data file version of the RAS RxHCC Model Output Report. MARx forwards this report that is produced by RAS to Plans as part of the month-end processing.	RAS (MARx)	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.PTDMODD.Dyym m01.Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxxx.PTDMODD. Dyymm01.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.PTDMOD D.Dyymm01.Thhmmsst
38	Part C Risk Adjustment Model Output Report	Report showing the Hierarchical Condition Codes (HCCs) used by the Risk Adjustment System (RAS) to calculate Part C risk adjustment factors for each beneficiary. MARx forwards this report that is produced by RAS to Plans as part of the month-end processing.	RAS (MARx)	Report	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.HCCMODR.Dyym m01.Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxxx.HCCMODR. Dyymm01.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.HCCMOD R.Dyymm01.Thhmmsst
39	Part C Risk Adjustment Model Output Data File Header Record. Detail Record Type B, E, and G (PY2012 through PY2018). Detail Record Type C and F (PY2014 through PY2016). Detail Record Type D (PY2017 through PY2018). Trailer Record.	Data file version of the Risk Adjustment Model Output Report.	RAS (MARx)	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.HCCMODD.Dyym m01.Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxx.HCCMODD .Dyymm01.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.HCCMOD D.Dyymm01.Thhmmsst

		File Transmis	ssion Deta	ils		
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions
40	Monthly Summary of Bills Report	Report summarizing all Medicare fee- for-service activity, both Part A and Part B, for Beneficiaries enrolled in the contract.	MARx	Report	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.SUMBILLS.Dyym m01.Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxxx.SUMBILLS. Dyymm01.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.SUMBILL S.Dyymm01.Thhmmsst
41	HMO Bill Itemization Report	Report listing the Part A bills that were processed under Medicare fee- for-service for Beneficiaries enrolled in the contract.	MARx	Report	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.BILLITEM.Dyymm 01.Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxxx.BILLITEM. Dyymm01.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.BILLITEM .Dyymm01.Thhmmsst
42	Part B Claims Data File Record Type 1 Record Type 2	Data file listing the Part B physician and supplier claims and Part B home health claims that were processed under Medicare fee- for-service for Beneficiaries enrolled in the contract.	MARx	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.CLAIMDAT.Dyym m01.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.CLAIMDAT .Dyymm01.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.CLAIMDA T.Dyymm01.Thhmmsst

	File Transmission Details								
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions			
43	Payment Record Report	Report listing the Part B physician and supplier claims that were processed under Medicare fee- for-service for Beneficiaries enrolled in the contract.	MARx	Report	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.PAYRECDS.Dyym m01.Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxx.PAYRECDS .Dyymm01.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.PAYRECD S.Dyymm01.Thhmmsst			
44	Trailer - T2 - Total at PBP level	Monthly reconciliation file of premiums withheld from SSA or RRB checks. Includes Part C and Part D premiums and any Part D Late Enrollment Penalties. This file is produced by the Premium Withhold System (PWS). MARx makes this report available to Plans as part of the month-end processing.	PWS (MARx)	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.MPWRD.Dyymm0 1.Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxxx.MPWRD.Dy ymm01.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.MPWRD.D yymm01.Thhmmsst			
45	Failed Payment Reply Report (FPRR) Data File Detail Record	Data file reporting payment actions which failed to complete.	MARx	Data File	Monthly Payment Cycle	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxx.FPRRD.Dyymm01. Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxx FPRRD.Dyymm01.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx. FPRRD.Dyymm01.Thhmmsst			

	File Transmission Details								
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions			
46	Plan Payment Report (PPR) – APPS Payment Letter	Report itemizing the final monthly payment to the Plan. This report is produced by the APPS when final payments are calculated. CMS makes this report available to Plans as part of the month- end processing.	APPS	Report	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Fxxxx.PLANPAY.Dyymm 01.Thhmmsst P.Rxxxx.PLANPAY.Dyymm 01.Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Fxxxxx.PLANPAY. Dyymm01.Thhmmsst zzzzzzz.Rxxxx.PLANPAY. Dyymm01.Thhmmsst [directory]Fxxxxx.PLANPAY. Dyymm01.Thhmmsst [directory]Rxxxxx.PLANPAY.			
47	Plan Payment Report (PPR)/Interim Plan Payment Report (IPPR) Data FileHeader Record Capitated Payment – Current Activity Record Premium Settlement Record Fees Record Special Adjustments Record Previous Cycle Balance Summary Record Payment Balance Carried Forward Record Payment Summary Record	This data file itemizes the final monthly payment to the MCO. This data file and subsequent report are produced by the APPS when final payments are calculated. CMS makes this report available to MCO's as part of month- end processing.	APPS	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.PPRD.Dyymm01.T hhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxxx.PPRD.Dyym m01.Thhmmsst Connect:Direct (Non- Mainframe): [directory].Rxxxxx.PPRD.Dyy mm01.Thhmmsst			

	File Transmission Details								
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions			
48	Interim Plan Payment Report (IPPR)	When a Plan is approved for an interim payment outside of the normal monthly process, an interim Plan Payment Report is distributed to that Plan. The report contains the amount and reason for the interim payment. Plans can also request these reports via the MARx user interface under the weekly report section of the menu.	APPS	Report	As needed	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.PLNPAYI.Dyymm0 1.Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxxx.PLNPAYI.D yymm01.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.PLNPAYI. Dyymm01.Thhmmsst			
49		The Interim APPS Plan Payment Data File and Report is provided when a Plan is approved for an interim payment outside of the normal monthly process. The data file / report contains the amount and reason for the interim payment to the Plan.	APPS	Data File	As needed	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxx.PPRID.Dyymmdd.T hhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxx.PPRID.Dyy mmdd.Thhmmsst Connect:Direct (Non- Mainframe): [directory].Rxxxxx.PPRID.Dy ymmdd.Thhmmsst			
50	820 Format Payment Advice Data File Header Record Detail Record Trailer Record	HIPAA-Compliant version of the Plan Payment Report. This data file itemizes the final monthly payment to the Plan. This data file is not available through MARx.	APPS	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.PLAN820D.Dyym m01.Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxx.PLAN820D. Dyymm01.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.PLAN820 D.Dyymm01.Thhmmsst			

	File Transmission Details								
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions			
51	Full Enrollment Data File	File includes all active Plan membership on the date the file is run. This file is considered a definitive statement of current Plan enrollment. The file is distributed <u>on or</u> <u>about</u> the first of the month.	MARx	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxx.FEFD.Dyymm01.T hhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxxx.FEFD.Dyym m01.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.FEFD.Dyy mm01.Thhmmsst			
52	Prescription Drug Event (PDE) DBC Cumulative Beneficiary Summary Report	File includes summary for the beneficiary of accumulated overall totals in PDE amount fields with accumulated totals for covered drugs.	PDE	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: RPT.DDPS.CUM_BENE_AC T_COV_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO			
53	Prescription Drug Event (PDE) DBC Cumulative Beneficiary Summary Report	File includes summary for the beneficiary of accumulated overall totals in PDE amount fields with accumulated totals for enhanced drugs.	PDE	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: RPT.DDPS_CUM_BENE_AC T_ENH_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO			
54	Prescription Drug Event (PDE) DBC Cumulative Beneficiary Summary Report	File includes summary for the beneficiary of accumulated overall totals in PDE amount fields with accumulated totals for over-the-counter drugs.	PDE	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: RPT.DDPS_CUM_BENE_AC T_OTC_ssssss Connect:Direct: TRANSMITTED FROM PALMETTO			
55	Front-End Risk Adjustment System (FERAS) Response Reports Monthly Plan Activity Report	Report provides monthly summary of the status of submissions by submitter and Plan number.	FERAS	Report	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: RPT.RAPS_MONTHLY_SSSS SS Connect:Direct: TRANSMITTED FROM PALMETTO			

		File Transmis	sion Deta	ails		
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions
56	Front-End Risk Adjustment System (FERAS) Response Reports Cumulative Plan Activity Report	Report provides cumulative summary of the status of submissions by Submitter ID and Plan number.	FERAS	Report	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: RPT.RAPS_CUMULATIVE_ ssssss Connect:Direct: TRANSMITTED FROM PALMETTO
57	Front-End Risk Adjustment System (FERAS) Response Reports Frequency Report Monthly Report	Report provides monthly summary of all errors on all file submissions within the month.	FERAS	Report	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: RAPS_ERRORFREQ_MNTH _ssssss Connect:Direct: TRANSMITTED FROM PALMETTO
58	Late Enrollment Penalty (LEP) Data File Header Record Detail Record Trailer Record	This data file provides information on low- income subsidized Beneficiaries and on direct-billed Beneficiaries with late enrollment penalties.	MARx	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Fxxxx.LEPD.Dyymm01.Th hmmsst P.Rxxxxx.LEPD.Dyymm01.T hhmmsst Connect:Direct (Mainframe): zzzzzzz.Fxxxxx.LEPD.Dyym m01.Thhmmsst zzzzzzz.Rxxxx.LEPD.Dyym m01.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Fxxxxx.LEPD.Dyy mm01.Thhmmsst [directory]Rxxxxx.LEPD.Dyy mm01.Thhmmsst
59	LIS History Data File (LISHIST) Header Record Detail Record Trailer Record	This data file supplements existing files that provide LIS notifications. It provides a complete picture of a beneficiary's LIS eligibility over a period of time not to exceed 36 months.	MARx	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.LISHIST.Dyymmdd .Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxxx.LISHIST.Dy ymmdd.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.LISHIST.D yymmdd.Thhmmsst

	File Transmission Details								
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions			
60	Agent Broker Compensation Data File Detail Record Trailer Record	This data file provides the broker compensation cycle- year counts. Data is sent to Plans 1) when a beneficiary enrolls, 2) each January when the cycle-year count increments and 3) as necessary when retroactive change affects the compensation cycle. Plans may re-order the Broker Compensation Report Data File via the MARx UI.	MARx	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rnnnnn.COMPRPT.Dyymm dd.Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rnnnnn.COMPRPT. Dyymmdd.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rnnnnn.COMPRPT .Dyymmdd.Thhmmsst			
61	Monthly Medicare Secondary Payer (MSP) Information Data File Header Record Primary Record Detail Record Trailer Record	This data file is sent directly to Part C Plans on the first Monday after the MARx month-end processing completes. This file contains MSP details for all Part beneficiaries in the Part C Plan. It covers MSP periods for the previous 48 months.	MARx	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.MSPCOBMA.Dyy mmdd.Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxxx.MSPCOBM A.Dyymmdd.Thhmmsst Connect:Direct (Non- Mainframe): [directory].Rxxxxx.MSPCOB MA.Dyymmdd.Thhmmsst			
62	Medicare Advantage Organization (MAO) 004 Report Header Record Detail Record Trailer Record	This report contains the diagnoses that meet the risk adjustment rules and are, therefore, eligible for risk adjustment.	RAS (MARx)	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.MAO004PV.Dyym mdd.Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxx.MAO004PV .Dyymmdd.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.MAO004P V.Dyymmdd.Thhmmsst			

	File Transmission Details								
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions			
63	Medicare Advantage Medicaid Status Data File Header Record. Beneficiary Identification Record. Beneficiary Detail Record. Trailer Record.	This data file provides the monthly dual statuses and corresponding dual status codes for their beneficiaries who are full or partial duals.	MARx	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.MCMD.Dyymm01. Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxx.MCMD.Dyy mm01.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.MCMD.Dy ymm01.Thhmmsst			
64	MSA Deposit-Recovery Data File Header Record Detail Record Trailer Record	The data file includes MSA lump sum deposit and recovery amounts for the CPM at the beneficiary level. The file is used by MSA participating Plans to reconcile and identify MSA deposit amounts.	MARx	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Fxxxxx.MSA.Dyymm01.Th hmmsst P.Rxxxxx.MSA.Dyymm01.Th hmmsst Connect:Direct (Mainframe): zzzzzzz.Fxxxxx.MSA.Dyym m01.Thhmmsst zzzzzzz.Rxxxxx.MSA.Dyym m01.Thhmsst Connect:Direct (Non- Mainframe): [directory]Fxxxxx.MSA.Dyym m01.Thhmsst [directory]Rxxxxx.MSA.Dyym m01.Thhmsst			
65	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.		Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Fxxxxx.CROSSWLK.Dyym m01.Thhmmsst P.Rxxxxx.CROSSWLK.Dyym m01.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Fxxxxx.CROSSWL K.Dyymm01.Thhmmsst zzzzzzzz.Rxxxxx.CROSSWL K.Dyymm01.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Fxxxxx.CROSSWL K.Dyymm01.Thhmmsst [directory]Rxxxxx.CROSSWL K.Dyymm01.Thhmmsst			

	File Transmission Details								
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions			
		Quarterly	y Report						
66	Front-End Risk Adjustment System (FERAS) Response Reports Frequency Report Quarterly Report	Report provides quarterly summary of all errors on all file submissions within the three- month quarter.	FERAS	Report	Quarterly	Gentran Mailbox/TIBCO MFT Internet Server: RAPS_ERRORFREQ_QTR_s sssss Connect:Direct: TRANSMITTED FROM PALMETTO			
		Yearly I	Reports						
67	RAS Final Yearly Model Output Report, Part D	Report indicates the year-end Part D risk adjustment factors for each beneficiary. MARx forwards this report, produced by RAS, to Plans as part of the month- end processing.	RAS (MARx)	Report (.pdf)	Yearly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxx.PTDMOFR.Yeeee. CYMMDD.Thhmmss Connect:Direct (Mainframe): zzzzzzz.Rxxxx.PTDMOFR. Yeeee.CYMMDD.Thhmmss Connect:Direct (Non- Mainframe): [directory]Rxxxxx.PTDMOFR . Yeeee.CYMMDD.Thhmmss			
68	RAS Final Yearly Model Output Data File, Part D	Data file version of the year end Part D RAS Model Output Report. MARx forwards this report, produced by RAS, to Plans as part of the month-end processing.	RAS (MARx)	Data File	Yearly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.PTDMOFD.Yeeee. CYMMDD.Thhmmss Connect:Direct (Mainframe): zzzzzzz.Rxxxxx.PTDMOFD. Yeeee.CYMMDD.Thhmmss Connect:Direct (Non- Mainframe): [directory]Rxxxxx.PTDMOFD .Yeeee.CYMMDD.Thhmmss			

File Transmission Details							
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions	
69	RAS Final Yearly Model Output Report, Part C	Report indicates the year end Part C risk adjustment factors for each beneficiary. MARx forwards this report, produced by RAS, to Plans as part of the month- end processing.	RAS (MARx)	Report (.pdf)	Yearly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxx.HCCMOFR.Yeeee. CYMMDD.Thhmmss Connect:Direct (Mainframe): zzzzzzz.Rxxxx.HCCMOFR. Yeeee.CYMMDD.Thhmmss Connect:Direct (Non- Mainframe): [directory]Rxxxxx.HCCMOF R.Yeeee.CYMMDD.Thhmmss	
70	RAS Final Yearly Model Output Data File, Part C	Data file version of the year end Part C RAS Model Output Report. MARx forwards this report, produced by RAS, to Plans as part of the month-end processing.	RAS (MARx)	Data File	Yearly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxx.HCCMOFD.Yeeee. CYMMDD.Thhmmss Connect:Direct (Mainframe): zzzzzzz.Rxxxx.HCCMOFD. Yeeee.CYMMDD.Thhmmss Connect:Direct (Non- Mainframe): [directory]Rxxxxx.HCCMOF D.Yeeee.CYMMDD.Thhmms s	

File Transmission Details							
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions	
71	Loss of Subsidy Data File	The first file is sent in September and identifies members receiving a joint CMS and SSA letter informing them they will not have Deemed status for the following year. The second file is sent in December and is an updated version of the September file, indicating those Beneficiaries who still do not have Deemed status for the following year. TRC 996 indicates the loss of Deeming which means the Beneficiary will not be redeemed for the upcoming period.	MARx	Data File	Twice Yearly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.EOYLOSD.Dyymm dd.Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxxx.EOYLOSD. Dyymmdd.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.EOYLOSD .Dyymmdd.Thhmmsst	
72	PDP Loss Data File	This file provides a preliminary listing of LIS-eligible beneficiaries whom CMS reassigns to a new PDP or to a new PBP within the same Plan sponsor effective January 1, 2008. The Loss file notifies PDPs of the members they will lose as a result of reassignment to other Plans. These members are classified as losing members.	MBD	Data File	Yearly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.APDP5.LOSS.Dyy mmdd.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.APDP5.LOS S.Dyymmdd.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.APDP5.LO SS.Dyymmdd.Thhmmsst	

File Transmission Details							
Item	Transmittal	Description	System	Туре	Freq.	Dataset Naming Conventions	
73	PDP Gain Data File	This file provides a preliminary listing of LIS-eligible beneficiaries whom CMS reassigns to a new PDP or to a new PBP within the same Plan sponsor effective January 1, 2008. The Gain file notifies PDPs of members they will gain as a result of the yearly reassignment. These members are classified as gaining members.	MBD	Data File	Yearly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.APDP5.GAIN.Dyy mmdd.Thhmmsst Connect:Direct (Mainframe): zzzzzzz.Rxxxxx.APDP5.GAI N.Dyymmdd.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.APDP5.GA IN.Dyymmdd.Thhmmsst	
74	No Premium Due Data File	This data file reports members that had a Part C premium, but will no longer have the Part C premium in the upcoming year. This data file is produced during MARx end of year processing.	MARx	Data File	Yearly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.SPCLPEX.Dyymm dd.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.SPCLPEX.D yymmdd.Thhmmsst Connect:Direct (Non- Mainframe): [directory]Rxxxxx.SPCLPEX. Dyymmdd.Thhmmsst	

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8 Medicare Advantage Prescription Drug User Interface – MARx UI

The Medicare Advantage Prescription Drug (MARx) System User Interface (UI) enables access to enrollment, eligibility, payment, premium withhold, and 4Rx information for beneficiaries.

The MARx UI accommodates online and batch processing. Online capabilities enable viewing of beneficiary or contract information. Batch capabilities allow submission of data, such as enrollment and disenrollment transactions.

This section covers the following topics:

- <u>Getting Started.</u>
- <u>Navigating and Using the System</u>.
- MCO Representative Role.
- MCO Representative with Update Role.
- MCO Submitter Role.
- <u>Request Reports</u>.
- Reporting Beneficiaries Identified within a Drug Management Program.

Information is available for enrollments from the start of the program.

All of the beneficiary, contract, and user information in the screen snapshots in this document are fictional. The names and beneficiary IDs do not identify any person living or dead.

On certain screens, if no end date displays for the subsidy period, this does not mean the beneficiary's status terminated; rather a blank Subsidy End date means that the status rolled over to the current year.

8.1 Getting Started

This section provides some basic information necessary to conduct online operations:

- <u>Workstation Requirements</u>.
- <u>Logging into the MARx UI</u>.
- Viewing the MARx Operational Calendar.
- Logging out of the MARx UI.

8.1.1 Workstation Requirements

MARx UI users must have the following software installed on their workstation:

- Windows XP or higher.
- Microsoft Internet Explorer with Web browser, Version 5.5 or higher.
- Adobe Acrobat Reader, Version 4 or higher, for report viewing and display of online help. If the user does not have Adobe Acrobat Reader Version 4 or higher, the user can download a free version at (www.adobe.com).

Also, the user must:

- Enable JavaScript in the browser.
- Allow pop-ups from the UI site.
- Disable script debugging in the Internet Explorer's Internet Options under the Advanced tab.

8.1.2 Logging into the MARx UI

The MARx UI is accessed via the CMS Enterprise Portal URL: <u>https://portal.cms.gov</u>. The user is presented with the Enterprise Portal login page where they will enter their User ID, Password, click the *Agree to our <u>Terms and Conditions</u>* option, and click the *Login* button. Next, the user will see the **My Portal** screen. Select the **MARx UI** tile and then select the **MARx UI** *Application* link.

The User Security Role Selection (M002) screen displays the role(s) available to the user. Typically, a user has only one role available. If the user has more than one role available, the user may change from the default to another role. The selected role shows on the title line of subsequent screens. Once a role is selected, the user clicks on the [Logon with Selected Role] button.

Figure 8-1: Security Role Selection (M002) Screen



Table 8-1: User Security Role Selection (M002) Screen Field Descriptions

User Security Role Section (M002) Screen Field Descriptions								
Item	Input/Output	Description						
Role selection	Required radio button	Click on one of the buttons to indicate under which role the user will log on.						
[Log on with Selected Role]	Button	Click on this button to complete the logon with the selected role.						

MARx UI only allows a one active session. If a user attempts to login with a 2nd session, the first session will be automatically terminated and the new session will be the only active session. If the system is up and logon is unsuccessful, the *Logon Error (M009)* screen displays an error message describing why logon failed.

Figure 8-2: Logon Error (M009) Screen

CMS	Medicare Advantage Prescription Drug (MARx)
The following error has occ MARx-UI application again.	urred during the logon process. Close or exit the current window and go to the Portal window and click on the

After a role is selected, the *Welcome* (M101) screen appears. Broadcast messages display for all users and provide information about system-wide events, such as the start or completion of month-end processing. These messages expire without any user action.

Figure 8-3: Welcome (M101) Screen

Medicare Advantage Prescription Drug (MARx) Welcome Beneficiaries Payments									
Welcome (M101)		Role: MCO REPRESENTATIVE Date: 1/31/2023	Print	Help					
MAPD Help Desk	User ID	SALY	-						
The Medicare Advantage Prescription Drug (MAPD) Help Desk offers technical and functional support for the Medicare	Broadcast Messages	THE CALENDAR HAS BEEN ADVANCED (2023-01-01-00.41.33.632790	-						
Advantage Health Prescription Drug Coverage (Parts C and D) Programs URL: MAPD Help Desk	Current Payment Month	THE CALENDAR HAS BEEN ADVANCED (2023-01-08-08.06.55.626593	-						
Phone: 1-800-927-8069 E-mail: MAPDHelp@cms.hhs.gov Hours of Operation: Monday-Friday 8:00	Current Calendar Month	CCM: 01/2023	-						
AM to 6:00 PM ET.	Session Timeout	Your session will timeout after 30 minutes of inactivity	-						
PCUG Link MARx User Guide:	MARx Version	- Region: Production (PROD)	-						
User Guide Link	MARx Calendar	Release: MMA AWS 2023.01.08	-						

Special note: Users with MCO Representative w/ Update role will also see "User Messages" below the Broadcast Messages section, with a number indicating the number of unread messages. This number is a selectable hyperlink and will open the User Messages (M102) screen.

Table 8-2: Welcome (M101) Screen Field Descriptions

Welcome (M101) Field Descriptions								
Item	Input/Output	Description						
MAPD Help Desk	Output/Link	Provides contact information and a link for the MAPD Help Desk.						
Plan Communication User Guide	Link	Provides information to Medicare Advantage Plans and Prescription Drug Sponsors for participation in the MAPD Program, use of the Medicare Advantage Prescription Drug (MARx) User Interface (UI) System, and the exchange of data files and reports between Plans and CMS.						
MARx User Guide	Link	Provides detailed information for using the MARx UI.						
Broadcast Messages	Output	Provides general information about the system's actions, e.g. month-end processing started. The list of messages refreshes every time the user returns to the screen.						
Current Payment Month (CPM)	Output	The month/year currently in process by the system.						
MARx Version	Link	The region and release information of the MARx UI display.						
MARx Calendar	Link	Provides general information about what is happening in the system, e.g. month-end processing started. The list of messages refreshes every time the user returns to the screen.						

8.1.3 Viewing the MARx Operational Calendar

The user may click on the MARx Calendar link to display the Calendar (M105) screen.

The top part of the screen shows a pictorial calendar for one month. When the screen first displays, the current month shows with the current day highlighted in blue. The bottom part of the screen, i.e., the operational calendar, shows the calendar events scheduled for that month, with the date and description of each event.

To view a different month, select a different month and/or year in the pictorial calendar. The calendar for the new month is then displayed. To view the operational calendar for the newly selected month, click on the [Re-display] button in the bottom part of the screen.

Figure 8-4: MARx Calendar (M105) Screen

CMS.gov My Enterprise Portal	i≣ My Apps					0	•	🕜 Help	🕩 L	og Out		
CMS	Medicare Advantage Prescription Drug (MARx) Welcome Beneficiaries Payments											
MARx Calendar (M105)	Role:	MCO	REPR	ESEN	ΤΑΤΙ\	/E c	Date: 1/	/31/2020			Print	Help
Attention: No schedule events found fo	r 01/202	0						-				
		Januar	у `	~	2	020	~					
	Sun	Mon	Tue	Wed	Thu	Fri	Sat					
				1	2	3	4					
	5	6	7	8	9	10	11					
	12	13	14	15	16	17	18					
	19	20	21	22	23	24	25					
	26	27	28	29	30	31						
MAD: 0	tional Cala	ndarf	or la-		020			De diaulau				
MARx Opera	uonai Cale	nual li	Jan	iuary z	020			Re-display				

Table 8-3: MARx Calendar (M105) Field Descriptions

MARx Calendar (M105) Field Descriptions								
Item	Input/Output	Description						
Above Line								
Month	Required dropdown list	Defaults to current calendar month. When this changes, the pictorial calendar automatically updates to the selected month and year.						
Year	Required dropdown list	Defaults to current calendar year. When this changes, the pictorial calendar automatically updates to the selected month and year.						
Calendar	Output	Pictorial calendar for selected month and year. When in the current month, the current day is highlighted in blue.						

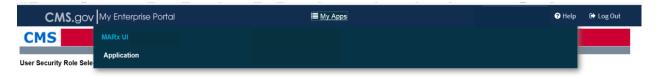
MARx Calendar (M105) Field Descriptions							
Item	Input/Output	Description					
Below Line							
MARx Operational Calendar	Output	List of events scheduled for the selected month and year.					
[Re-display]	Button	After changing the month or year, the user clicks on this button to display the operational calendar for the newly selected month.					

8.1.4 Logging out of the MARx UI

When the user is finished with all activities, the user should log out. If the user does not log completely out, the session eventually times out; however, logging out as soon as the user is finished with the system is a more secure process to follow and is therefore recommended.

To log out, the user will select the **Log Out** option in the top right corner of the Enterprise Portal banner.

Figure 8-5: Logging out of the MARx UI



8.2 Navigating and Using the System

8.2.1 How Do I Find Specific Information?

The MARx UI uses the drill-down system. This means that the user starts at a very high level, and drills down to more specific detailed information. The menus and submenus all work in the same way, as follows: the first screen of the MARx UI main menu appears with the |Welcome| menu item highlighted on the screen.

Figure 8-6: Main Menu with Welcome Selected



When the user selects an item from the MARx UI main menu by clicking on the general area, e.g., the |Beneficiaries| menu item, the screen changes.

- The selected menu item is highlighted in yellow on the screen.
- The associated submenu is displayed just below the main menu; the first item in the submenu is selected and highlighted in yellow.
- To view any of the other selections, click the menu or submenu item, e.g. the |Payment| menu item, to see the associated screen.

Figure 8-7: Example of Main Menu Selection

CMS.gov My Enterprise I	Portal	i ≣ My Apps	0	-	? Help	🕩 Lo	og Out
CMS	Medi	icare Advantage Prescription Welcome Beneficiaries Payr		k)			
		Find Eligibility					
Beneficiaries: Find (M201)		Role: MCO REPRESENTATIVE Da	ite: 1/31/2020			Print	Help
	Enter the Beneficiary *Indicates required to *Beneficiary ID 14004004A00 Find Reset	y ID of the beneficiary and select "Find." field					

The first level screen names are comprised of the names of the Menu: Submenu selection. This assists with navigating to a particular screen.

After accessing a screen, the user may conduct a search to find information about a particular beneficiary or month. After narrowing the search to this more specific level, the user may find even more detail by clicking on links and/or buttons that lead to additional screens.

8.2.1.1 Access Beneficiaries: Find (M201) Screen

Consider a scenario where the user wants to determine the reason a specific beneficiary has a particular adjustment. Starting at the top level on the MARx main menu, the user selects their general area of interest, in this case, the [Beneficiaries] menu item. *The Beneficiaries: Find* (M201) screen is displayed. The Beneficiaries: Find (M201) screen also will allow a user to find information about a beneficiary who is enrolled in a contract; either currently, in the past, or in the future.

8.2.1.2 Use the Beneficiaries: Find (M201) Screen

To find a specific beneficiary, the user will enter the Medicare Beneficiary ID (MBI) and click on the [Find] button.

0 Help 🕩 Log Out CMS.gov My Enterprise Portal 🔳 My Apps -Medicare Advantage Prescription Drug (MARx) CMS Welcome Beneficiaries Payments Find Eligibility Beneficiaries: Find (M201) Role: MCO REPRESENTATIVE Date: 1/31/2020 Print Help... Enter the Beneficiary ID of the beneficiary and select "Find." *Indicates required field *Beneficiary ID 1A00A00AA00 Find Reset

Figure 8-8: Beneficiaries: Find (M201) Screen

Table 8-4: Beneficiaries: Find (M201) Field Descriptions

Beneficiaries: Find (M201) Field Descriptions							
Item	Input/Output	Description					
Beneficiary ID	Required data entry field	The user finds beneficiaries with the beneficiary ID.					
[Find]	Button	After entering a beneficiary ID, the user clicks on this button to initiate the search for beneficiaries.					

8.2.2 View Beneficiary Summary Information

Beneficiaries meeting search criteria display on the Beneficiaries: Search Results (M202) screen.

8.2.2.1 Use the Beneficiaries: Search Results (M202) Screen

If the search is successful, the *Beneficiaries: Search Results (M202)* screen is displayed. Any error associated with the search would display on the *Beneficiaries: Find (M201)* screen. If a user enters an inactive Beneficiary ID for the beneficiary, a message displays to that effect.

•

Figure 8-9: Beneficiaries: Search Results (M202) Screen

CMS		Medicare Advantage Prescription Drug (MARx) Wetcone Beneficiaries Payments									
	Tricking (statistical program)										
Beneficiaries	: Search Results (M202)			U	ser: Role: MCC	0 REPP	ESENTA	TIVE W/ UPDATE	Date: 1/23/201	8	
	Select the Beneficiary ID link to view Beneficiary Enrollment Details. Select the Update Enrollment link to Update Beneficary Enrollment/Institutional/NHC/POS Drug Edit. Search Criteria. Beneficiary ID = X000000004 Beneficiaries										
		Beneficiary ID	Name	Birth Date	Date of Death	Sex	State	County	Status	Action	
		1A00A00AA00	JANE DOE	07/06/1931		F	NH	STRAFFORD	ACTIVE	Update Enrollment	

Table 8-5: Beneficiaries: Search Results (M202) Field Descriptions

Beneficiaries: Search Results (M202) Field Descriptions							
Item	Input/Output	Description					
Beneficiary ID column heading	Sorter	Sorts the results by claim numbers.					
Beneficiary ID in the Beneficiary ID column	Link	The user clicks on a <u>Beneficiary ID</u> link to display the <i>Beneficiary Detail: Snapshot (M203)</i> screen.					
Name column heading	Sorter	Sorts the results by beneficiary name.					
Birth Date column	Output	DOB of each beneficiary.					
Date of Death column	Output	DOD, if applicable, of each beneficiary.					
Sex column	Output	Sex of each beneficiary.					
State column	Output	State of residence of each beneficiary.					
County column	Output	County of residence of each beneficiary.					
Status column	Output	Status of the searched beneficiary.					
Action column	Link	Action that can be taken for the searched beneficiary.					

Tip: Returning to the previous screen to add other selection criteria may narrow search results.

From this screen, the user sees summary information about each beneficiary that meets the search criteria. The user can sort the list by beneficiary ID or by name by clicking on the column heading. To see more details about any particular beneficiary in this list, the user clicks on a beneficiary ID link in the *Beneficiary ID* column. This displays the *Beneficiary Detail: Snapshot (M203)* screen in a pop-up window with a menu to get to various screens. Each screen provides specific details about the beneficiary's enrollment or payment history. These screens are described in more detail later in this section.

8.2.3 View Beneficiary Detailed Information

The user finds the beneficiary on the *Beneficiaries: Search Results (M202)* screen and drills down for more information.

8.2.3.1 View Detailed Information for a Beneficiary

To see detailed information about any of the beneficiaries listed in the *Beneficiaries: Search Results (M202)* screen, the user clicks on the associated beneficiary ID.

Note: Instead of seeing a screen in the same area as previously displayed, a new window with a new screen and new header appears. This is a pop-up window, with its own header information specific to the selected beneficiary. The beneficiary's latest mailing address is displayed, along with the current State and County Code (SCC). The header, by itself, is shown below.

Figure 8-10: Sample Header for the Beneficiary Detail Screens

	DOB:	DOD:
ARCHIVED WILLIAMSTOWN, MO 63473	State: MC	Age: Sex:) (26) County: LEWIS (541)
WILLIAMSTOWN, NO 03473	State. MC	(20) County: ELWIS (341)

To improve system performance, CMS began archiving inactive beneficiaries as of February 2013. By reducing the volume of data in the operational databases, the overall performance of the systems is enhanced.

Beneficiaries that meet both of the following criteria are selected for archiving:

- Are deceased for at least 15 years or, are at least 120 years old with a BIC of M or T.
- Have had no activity for at least two years.

However, the business owners may decide to exclude moving a population of beneficiaries to the archived database.

All beneficiaries, whether in the active or the archived database, are available for view.

To identify whether a beneficiary is archived, the MARx UI displays either an "Active" or "Archived" status on the Banner appearing at the top of the screen. Update capability is only available for beneficiary records in the active database.

Archiving of data for the selected beneficiaries crosses all MAPD systems. CMS has the capability to recall beneficiaries from the archived database into the active database. If a Plan wishes to recall an archived beneficiary, the Plan should discuss it with CMS. In addition, just below the header is a set of menu items, described in the table below. The user can switch back and forth among the different screens by clicking the menu items. Each screen pertains to the beneficiary selected from the *Beneficiaries: Search Results (M202)* screen.

	Menu Items for V	iewing Beneficiary Detail Information
Menu Item	Screen Name	Description
Snapshot	Beneficiary Detail: Snapshot (M203)	Displays an overall summary of payment information for the beneficiary as of the date specified. If the beneficiary is not currently enrolled, the summary of last available payments and adjustments information displays. When the screen first displays, the date defaults to the current date.
Enrollment	Beneficiary Detail: Enrollment (M204)	Displays a summary list of enrollment information, by contract, for the enrollments to which the user has access. It also provides links to drill down to more detailed payment, adjustment, and enrollment information for the beneficiary on a selected contract.
Status	Beneficiary Detail: Status (M205)	Displays a summary list of enrollment and health status, by contract, for the enrollments to which the user has access.
Payments	Beneficiary Detail: Payments (M206)	Displays a list, ordered by month as of the specified payment date, of payment and adjustment information, broken down by Part A, Part B, and Part D. The payment date defaults to the current month. It also provides links to drill down to more detailed payment and adjustment information for the beneficiary on a selected contract.
Adjustments	Beneficiary Detail: Adjustments (M207)	Displays a list, ordered by adjustment month as of the specified payment month, of adjustment information, broken down by Part A, Part B, and Part D, for months up through a specified date. The payment month defaults to the current month. It also provides links to drill down to more detailed payment and adjustment information for the beneficiary on a selected contract.
Premiums	Beneficiary Detail: Premiums (M231)	Displays a list of premium information for the specified month. The payment month defaults to the current month.
Premium Withhold	Beneficiary Detail: Premium Withhold Transactions (M237)	Displays a list of premium withhold transaction information for the beneficiary. The initial display defaults to the information for Current Processing Month
Factors	Beneficiary Detail: Factors (M220)	Displays the factors, beneficiary-specific or default, used in payment calculation.
Utilization	Beneficiary Detail: Utilization (M233)	Displays information on the beneficiary's use of Medicare services.
MSA	Beneficiary Detail: MSA Lump Sum (M235)	Displays Medical Savings Account Lump Sum information for a beneficiary for which the user has access.

Table 8-6: Menu Items for Viewing Beneficiary Detail Information

To view information for other beneficiaries, the user can either select another beneficiary from the *Beneficiaries: Search Results (M202)* screen or perform a new search on the *Beneficiaries: Find (M201)* screen.

Figure 8-11: Example of a Find Screen

CMS.gov My Enterprise	Portal	i ≣ My Apps	0	•	? Help	🕩 Log Out			
CMS	Medicare Advantage Prescription Drug (MARx) Welcome Beneficiaries Payments								
		Find Eligibility							
Beneficiaries: Find (M201)		Role: MCO REPRESENTATIVE D	ate: 1/31/2020			Print Help			
	Enter the Beneficiary *Indicates required f *Beneficiary ID 1400A00AA00 Find Reset	/ ID of the beneficiary and select "Find." field							

The *Beneficiaries: Search Results (M202)* screen is displayed. In this example, there is only one beneficiary who meets the selection criteria; however, it is possible to have more than one beneficiary who meets the selection criteria.

Figure 8-12: Example of Search Results Screen

CMS.g	OV My Enterprise Portal		I ≣ My A	pps			0	•	? Help	🕩 Lo	og Out
CMS		Medicare A		Prescriptions Prescription Pres			(MARx)				
			Fi	nd Eligibility							
Beneficiaries	: Search Results (M202)		Role: MC		ΓΑΤΙνΙ	E Date	: 1/31/2020			Print	Help
		<mark>e Beneficiary ID link to</mark> riteria: Beneficiary ID =			Details	5.					
	Beneficiary ID	Name	Birth Date	Date of Death	Sex	State	County	Status			
	1AA1AA1AA11	JAMES H. WATSON	10/08/1923		М	MS	JACKSON	ACTIVE			

From here, the user can view beneficiary summary information or drill down to find more detailed information about the selected beneficiary. To view adjustment information, click on the linked Beneficiary ID associated with the beneficiary, **1AA1AA1AA11**. The *Beneficiary Detail: Snapshot (M203)* screen is displayed. This is a secondary screen which has a different header with the Beneficiary's name, MBI, DOB, street address, age, sex, state, and county. Because this is a pop-up window, there is a [Close] button in the upper right-hand corner of the body of the window.

Figure 8-13: Example of Drill Down from Search Results

#:1AA1AA1AA11												B: 10/0
FICIARY ADDRESS	-8690				ACTIVE					State:	Age: 96 S MS (25) County: JA	
hot Enrollment Paymer	ts Adjustments	Premiums L	.EP SSA -	RRB Utilizat	ion MSA Resi	dence Address Rx Ins	urance Status Ac	ctivity				
iciary Snapshot (M20	3)				Role: MCO	REPRESENTATIVE	Date: 1/31/2020				Close Print	: F
								To re-dis	play Beneficiar	y details, change	date and select "fin	id"
									•□	etails As Of: 01/3	1/2020 🛗 Find	
Plan Information	Contract H123	4 - MEDICA	RE PLAN									
		PBP Number:								e: MS (25) County: J	JACKSON (290)	
	emonstration Type								Status Flags: /ment Flags:			
Enro	Iment Source Code Special	/Description: I Needs Type:	A - AUTO-I	ENROLLED				Low Inco	End	sidy Start: 01/01/202 12/31/2020	,	
	Bonus Payment Por ographic Blend Por									emium Subsidy Leve p-payment Level: 3	el: 100%	
	Resid	dency Status:	In Area						IC Model: Mod	el Type Indicator: efit Status Code:		
Pa	rt B Premium Redu	ction Benefit:	\$0.00				Orig	ginal Reason for	Entitlement: 0			
									MSP Factor: 0.00 MSP Factor: 0.00			
Entitlement					ligibility				Enrollment			٦.
Part	Start Date	End Date	Option		Part	Start Date	End Date		Contract	Start Date	End Date	
Part A: Part B:	03/01/1989 07/01/1990		E Y		Part D:	01/01/2006			H1234	11/01/2019	02/29/2020	_
Premiums				_								
					Premium Paym Part C/D Premi			NO F	REMIUM			
					C Premium (from e	nrollment):			\$0.00			
				F	art D Premium (fr ا	om HPMS): De minimis:			\$0.00 \$0.00			
					Part D Net of I				\$0.00			
					Low Incon Late Enrollme	e Subsidy:			\$0.00 \$0.00			
					nent Penalty Waive	ed Amount:			\$0.00			
					Enrollment Penal ciary's Total Part I				\$0.00			
					remium (paid by b				\$0.00			
									\$0.00			
				Total C+D P								
Payments for Pay	ment Date 01/0	1/2020		Total C+D P								5

To view adjustment information, the user selects the |Adjustments| menu item, located just below the header.

Figure 8-14: Example of Using Secondary Screen Menu

NBI #: 1AA1AA1AA11 JOHN DOE SENEFICIARY ADDRESS ACTIVE OCEAN SPRINGS, MS 39564-8690 Status Activity Snapshot Enrollment Payments] Adjustments Premiums LEP SSA - RRB Utilization MSA Residence Address Rx Insurance Status Activity										DOB: 10/08/1923 Age: 96 Sex: MALE State: MS (25) County: JACKSON (290)				
yments Viev	v (M206)				Role: M	CO REPRE	SENTATIVE Date	a: 1/31/2020	I			Clo	Print	Help
owing 1 to 11 yments (Sele	of 11 entries ct a payment date to view	/ details)				-						P		1 Nex
Payment Date	Contract	PBP#	Seg#	Part A	Part B	Payments Part D	Total Pay	Part A	Part B	ustments Part D	Total Adj	Total	Part B Premium Reduction	Regiona MA BSF
	Contract													
12/2020	H1234	020	000	\$0.00	\$0.00	\$284.27	\$284.27	\$0.00	\$0.00	\$0.00	\$0.00	\$284.27	-	\$0
11/2020	H1234	020	000	\$0.00	\$0.00	\$284.27	\$284.27	\$0.00	\$0.00	\$0.00	\$0.00	\$284.27	-	\$0
10/2020	H1234	020	000	\$0.00	\$0.00	\$284.27	\$284.27	\$0.00	\$0.00	\$0.00	\$0.00	\$284.27	-	\$0
09/2020	H1234	020	000	\$0.00	\$0.00	\$284.27	\$284.27	\$0.00	\$0.00	\$0.00	\$0.00	\$284.27	-	\$0
08/2020	H1234	020	000	\$0.00	\$0.00	\$284.27	\$284.27	\$0.00	\$0.00	\$0.00	\$0.00	\$284.27	-	\$0
07/2020	H1234	020	000	\$0.00	\$0.00	\$284.27	\$284.27	\$0.00	\$0.00	\$0.00	\$0.00	\$284.27	-	\$0
06/2020	H1234	020	000	\$0.00	\$0.00	\$284.27	\$284.27	\$0.00	\$0.00	\$0.00	\$0.00	\$284.27	-	\$0
05/2020	H1234	020	000	\$0.00	\$0.00	\$284.27	\$284.27	\$0.00	\$0.00	\$0.00	\$0.00	\$284.27	-	\$0
03/2020	H1234	020	000	\$0.00	\$0.00	\$284.27	\$284.27	\$0.00	\$0.00	\$0.00	\$0.00	\$284.27	-	\$0
04/2020							\$0.00	\$0.00	\$0.00	\$1.087.20	\$1.087.20	\$1.087.20		\$0
	H1234	010	000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	00.00	01,001.20	01,001.20	01,001.20	-	

To view details of an Adjustment Date, the user selects a particular adjustment by clicking on the month/year link in the Adjustment Date column, in this case, 04/2011.

At this point, a display-only screen appears.

Again, the drill-down method enables the user to navigate from very general information to very specific information just by following a path of menu and submenu items, links, and searches.

Figure 8-15: Example of Drilling into a List of Items

ENEFICIARY ADDRESS CEAN SPRINGS, MS 39				ACTIVE				:	State: MS (25		6 Sex: M. JACKSON
/ment/Adjustment De	tail (M21	5)					С	lose	Print		
Export to Excel Payments/Adjustme	nt Table	- Contract# H1234									
1 State 1 Stat	nt Table	- Contract# H1234				Payment/A	Adjustmen	ts			_
1 State 1 Stat		- Contract# H1234 Description	Туре	Adjustment Code	Part A	Payment/A Part B	Adjustmen Part D	ts Total	Paid for Month	Paid Flag	Cleanup ID
Payments/Adjustme			Type ADJUSTMENT -	•	Part A \$0.00	Part B	1	Total	Month	Paid Flag	
Payments/Adjustme Payment Date	TC	Description		•		Part B	Part D	Total 0 \$1,087.2	Month 20	Elan Cle	

8.2.4 Validation Messages

The table below lists validation messages that appear directly on the screen during data entry/processing in the status line just below the title line, as shown below.

Figure 8-16: Validation Message Placement on Screen



These are common validation messages, not specific to a single screen but related to the fields that appear on many screens. Note that screen/function-specific messages appear in the section related to the specific function and are associated with the specific screen.

Table 8-7: Validation Messages

Validatio	n Messages
Error Messages	Suggested Action
User must enter <kind date="" of=""></kind>	Enter the field specified by the message.
A contract number must start with an 'E', 'H', 'R', 'S', 'X,' or '9', followed by four characters	Re-enter the field and follow the format indicated in the message.
Invalid Contract/PBP combination	Check the combination and re-enter.
Invalid Contract/PBP/segment combination	Check the combination and re-enter.
<kind-of-date> is invalid. Must have format (M)M/(D)D/CCYY</kind-of-date>	Re-enter the field and follow the format indicated in the message.

Validatio	n Messages						
Error Messages	Suggested Action						
PBP number must have three alphanumeric characters	Re-enter the field and follow the format indicated in the message.						
Please enter at least one of the required fields	Make sure to enter all the required fields.						
Segment number must have three digits	Re-enter the field and follow the format indicated in the message.						
The beneficiary ID is not a valid SSA or RRB number, or CMS Internal number	Re-enter the field in SSA, RRB, or CMS Internal format.						
The last name contains invalid characters	Re-enter the field using only letters, apostrophes, hyphens, or blanks.						
You do not have access rights to this contract	First, make sure that the Contract # is entered correctly. If not, re-enter it. If the user did, he/she should have rights to this contract; see the MARx System Administrator who can update the user profile for these rights.						

8.3 MCO Representative Role

8.3.1 View Beneficiary Snapshot Information

A snapshot shows a summary of membership, health status, and payment/adjustment information for the beneficiary as of a specified month. If payments are unavailable for the specified month, the last available payments and adjustments information is shown.

8.3.1.1 View the Beneficiary Detail: Snapshot (M203) Screen

The *Beneficiary Detail: Snapshot (M203)* screen provides payment, health status, adjustment, entitlement, eligibility, enrollment, and premium information for the beneficiary as of the date the user specifics. When the beneficiary enrolls in two contracts, one for Part A and/or Part B and the other for Part D, information is displayed on both the contracts. On the initial display, the current date is used. To view the details as of a different date, the user updates the date in the *As Of* data entry area and clicks on the [Find] button. If the beneficiary is enrolled with an effective date in the future, no status information is available. The user changes the *As Of* date to the future date to view the snapshot information.

If the beneficiary is not currently enrolled, a status message states that "the latest available snapshot information is for a payment month in the past and last available payments and adjustments are displayed."

If the user selects an *As Of* date on which the beneficiary was not enrolled, the page will display a snapshot as of the most recent disenrollment prior to the *As Of* date; any status changes that occurred after the disenrollment date will not be displayed.

Example: A beneficiary has the following history:

- 12/31/2009 Disenrolled from a Plan
- 06/01/2017 Became eligible for Part B coverage
- 01/01/2020 Enrolled in a Plan.

And

• The As Of date field in the UI is set to 1/1/2018

Since the beneficiary was not enrolled in a Plan on 1/1/2018 (the *As Of* date), the snapshot will default to 12/2009 (the month-year of the disenrollment previous to the *As Of* date). The Part B Eligibility will not display in the snapshot because the beneficiary was not Part B eligible as of 12/2009.

Special note: Users with update capabilities will also see an "Update" button available on the M203 screen. Users without update capabilities will not see this button when viewing the screen.

Post MBI transition, only the MBI will be displayed in the Banner for all Beneficiary screens.

Figure 8-17: Beneficiary Detail: Snapshot (M203) Screen

I #:1AA1A11AA11 EFICIARY ADDRESS , STATE 03053-2961 hot Enrollment Payments Adjust	ments Premiums LEP SS	JO A A - RRB Utilization MSA Re		3: 12/29/1938 DOD: Age: 76 S PA (39) County: E	Sex: MALE		
iiciary Snapshot (M203)		Role: MCO REPRI	SENTATIVE Date: 2/21	/2020		Close	nt Hel
				To re-display Benefic	c iary details, change da *Details As Of: <mark>102/21/20</mark>		_
Plan Information: Contrac	t SXXXX - MEDICARE PL	AN					
Demonstration Ty Enrollment Source Cod Speci Bonus Payment P Demographic Blend P Res	de/Description: D - ANNUAL al Needs Type: ortion Percent: 0%	ROLLOVER	Orit	Status Fla Payment Fla Low Income Subsi	gs: Idy: Subsidy Start: Subsidy L LI Premium Subsidy Le LI Co-payment Level: del: Model Type Indicator: Benefit Status Code: ent: 0 tor: 0.00	End:	
Entitlement		Eligibility		Enrollment			
Part Start Date		Part Start D	ate End Date	Contract	Start Date E	nd Date	
Part A: 04/01/2010 Part B: 07/01/2011		Part D: 10/01/2	010 10/31/2015	SXXXX	01/01/2015 10	/31/2015	
Premiums							
	Late E	Premium Payment Optior Part C/D Premium Status Part C Premium (from HPMS De minimis Part D Premium (from HPMS Late Trollment Penalty Late Enrollment Penalty Subsidy Baneficiary's Total Part D Premium C+D Premium (paid by beneficiary		DIRECT SELF-PA \$0.0 \$32.9 \$0.0 \$32.9 \$0.0 \$0.0 \$0.0 \$0.0 \$32.9 \$32.9	0 0 0 0 0 0 0 0		
				\$52.5	v		Ξ.
Payments for Payment Date							
Payments for Payment Date	Description	Туре	Part A	Part B	Part D	Total	- 10

Figure 8-18: Beneficiary Detail: Snapshot (M203) Screen with Payments and Adjustments for Past Payment Month

I #:1AA1A11AA11 EFICIARY ADDRESS , STATE 03053-2961					JOHN DOE ACTIVE SA - RRB Utilization MSA Residence Address Rx Insurance Status Activity					
ficiary Snapshot (M		ents Premiun	ns LEP S			Address RX Insura			Close Print	
						т	o re-display Benef	iciary details, cha *Details As Of: [1	inge date and select "find" 12/21/2019 Ifind	
Plan Informati	on: Contract	SXXXX - ME	DICARE PI	LAN						
Enrolim Bor Demogi	Segm nonstration Type/ ent Source Code/ Special nus Payment Port raphic Blend Port	/Description: Needs Type: tion Percent: tion Percent: lency Status:	000 D - ANNUAL 0% 0% In Area	ROLLOVER		Origi	Status F Payment F Low Income Sub	iags: ags: sidy: Subsidy Start: LI Premium Su LI Co-payment odel: Model Type Inc Benefit Status enent: 0 ctor: 0.00	bsidy Level: Level: dicator:	
Entitlement				Eligibility			Enrollment			
Part	Start Date	End Date	Option	Part	Start Date	End Date	Contract	Start Date	End Date	
Part A: Part B:	04/01/2010 07/01/2011		E Y	Part D:	10/01/2010	10/31/2015	SXXXX	01/01/2015	10/31/2015	
Premiums										
			Late	Part C/D Pro Part C Premium (fror Part D Premium Part D Net o Low Inc	(from HPMS): De minimis: of De minimis: ome Subsidy: ment Penalty: aived Amount: nalty Subsidy:		DIRECT SELF-P \$0, \$32, \$0, \$32, \$0, \$0, \$0, \$0, \$0, \$32,	00 90 90 90 90 00 00 00		
			Total	C+D Premium (paid b	y beneficiary):		\$32.	90		
Payments for Pa	ayment Date	10/01/2015								
Contrac	t	Descr	ription		Туре	Part A	Part B	Part D	Total	

Table 8-8:	Beneficiary	Detail:	Snapshot	(M203)	Field Descriptions
-------------------	--------------------	---------	-----------------	--------	--------------------

I	Seneficiary Detail	I: Snapshot (M203) Field Descriptions
Item	Input/Output	Description
As Of	Optional data entry field	Enter a valid date in the form (M)M/(D)D/CCYY. The user may change the As Of date. After changing the date, the user clicks on the [Find] button to bring up the information for that date.
[Find]	Button	Displays the information for the specified As Of date.
The following fields an	re repeated for ea	ach contract, up to two, in which the beneficiary is enrolled
Contract	Output	Contract number for this beneficiary on the As Of date.
MCO Name	Output	Contract name for this beneficiary on the As Of date.
PBP Number	Output	PBP number on the contract for this beneficiary on the As Of date.
Segment Number	Output	Segment number on the contract and PBP for this beneficiary on the As Of date.
Special Needs Type	Output	Indicates the special needs population that the contract serves, if applicable.
Bonus Payment Portion Percent	Output	The percentage applied to the payment to determine the bonus amount to pay the MCO. This is not applicable to a PDP.
Residency Status	Output	The residency status for this beneficiary on the As Of date.
Part B Premium Reduction Benefit	Output	The Part B Premium Reduction Benefit amount is shown only for a non-drug contractor. For the Pre-2006 Part B Premium Reduction Benefit, multiply the Benefits Improvement & Protection Act of 2000 (BIPA) amount by 0.80.
Residence for Payments: State	Output	State used for payment calculation, which may differ from the state in the mailing address in the screen header.
Residence for Payments: County	Output	County used for payment calculation, which may differ from the county in the mailing address in the screen header.
Status Flags	Output	The flags set for the beneficiary on the As Of date.
Payment Flags	Output	The flags set for the beneficiary on the As Of date.
Low-Income Subsidy	Output	Date range; subsidy start date and end date, co-payment level, and amount of the LIS on the As Of date.
IC Model	Output	Innovation Center (IC) Model Type Indicator and Benefit Status Code
Original Reason for Entitlement	Output	The reason for the beneficiary's original entitlement to Medicare; disabled or aged.
Aged/Disabled Medicare Secondary Payer (MSP) Factor	Output	Beneficiary's aged/disabled reduction factor.
End State Renal Disease (ESRD) MSP Factor	Output	Beneficiary's ESRD Medicare Secondary Payer reduction factor.
beneficiary for the payment m Adjustment, Blended, ESRD, broken into the columns below	onth associated wi Part D Basic Prem 7.	omponent used in the calculation of the Plan's payment for this ith the As Of date. These may include Demographic, Risk nium, Part D Direct Subsidy, Part D Reinsurance, etc. Each line is ayments for MM/DD/CCYY for CONTRACT/PBP/SEG'' displays.
Rate Used	Output	Payments have asterisks, but components used in the payment calculation do not have an asterisk.
Part A	Output	The amount of the payment line that is categorized as Medicare Part A.
	1	TT = 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1

Part B

Part B.

Output

The amount of the payment line that is categorized as Medicare

	Beneficiary Detail	: Snapshot (M203) Field Descriptions
Item	Input/Output	Description
Part D	Output	The amount of the payment line that is categorized as Medicare Part D.
Total	Output	The Net Payments amount includes additions and subtractions based on rebates, subsidies, and bonuses. Payments are made in the As Of month.
Paid Flag	Output	The Paid Flag indicates whether the Plan received this payment or adjustment. Following PAP, some payments or adjustments are calculated but not included in an actual payment.

The lines in the Adjustments section define each component used in the calculation of any Plan payment adjustments for this beneficiary for the payment month associated with the As Of date. These may include Demographic, Risk Adjustment, Blended, ESRD, Part D Basic Premium, Part D Direct Subsidy, Part D Reinsurance, etc. Each line is broken into the columns below.

When there are no adjustments to display, "No Adjustments for MM/DD/CCYY for CONTRACT/PBP/SEG" displays.

uspuss							
Rate Used	Output	Adjustments have asterisks, but components used in the adjustment calculation do not, have an asterisk, but the demographic and risk- adjusted components used in the blend do not have an asterisk.					
Part A	Output	The amount of the adjustment line that is categorized as Medicare Part A.					
Part B	Output	The amount of the adjustment line that is categorized as Medicare Part B.					
Part D	Output	The amount of the adjustment line that is categorized as Medicare Part D.					
Total	Output	The Net Adjustment amount includes additions and subtractions based on rebates, subsidies, and bonuses. Adjustments are made in the As Of month.					
Paid Flag	Output	The Paid Flag indicates whether the Plan received this payment or adjustment. Following the PAP, some payments or adjustments are calculated but not included in an actual payment.					
]	Entitlement, Eli	gibility, and Enrollment Information					
Entitlement Information	Output	Entitlement Start Date and End Date, as well as Option for Part A and Part B for this beneficiary on the As Of date.					
Eligibility Information	Output	Eligibility Start Date and End Date for Part D for this beneficiary on the As Of date.					
Enrollment Information	Output	Provides the Start Date and the End Date for this beneficiary's enrollment under the user's contract on the As Of date.					
		information on the beneficiary's premiums on the As Of date. Premiums found for MM/DD/CCYY for CONTRACT/PBP''					
Premium Withholding Option	Output	The Premium Withholding Option on the As Of date.					
Premium Withholding Option Pending Output		When a withholding request is submitted but not yet accepted by the withholding agency, the request is "Pending". This indicates whether this withholding request is "Pending".					
Part C Premium (from enrollment)	Output	The amount of the beneficiary's premium that represents their Part C premium. This is provided by the Plan on the enrollment transaction.					
Part D Premium from the Health Plan Management System (HPMS)	Output	transaction.The amount of the beneficiary's premium that represents their PartD premium. This amount is contracted with the Plan andmaintained by HPMS.					

В	eneficiary Detail	: Snapshot (M203) Field Descriptions				
Item	Input/Output	Description				
De Minimis	Output	The De Minimis adjustment included in the beneficiary's premium.				
Part D Net of De Minimis	Output	The Part D premium with any De Minimis adjustment.				
LIS	Output	The amount of the beneficiary's premium that is subsidized due to low-income status.				
Late Enrollment Penalty (LEP)	Output	The penalty amount that is added to the beneficiary's premium due to uncovered months.				
LEP Waived Amount	Output	The amount of the LEP that is waived for the beneficiary.				
LEP Subsidy	Output	The amount of the LEP that is subsidized.				
Beneficiary's Total Part D Premium	Output	The total Part D premium for the month associated with the As Of date. This incorporates all of the Part D components that are detailed in this section.				
Total C+D Premium (paid by beneficiary)	Output	The total premium paid by the beneficiary for Part C and Part D coverage.				

8.3.2 View Beneficiary Eligibility

Beneficiary eligibility provides information regarding a beneficiary's entitlement for Part A, Part B, and eligibility for Part D, as applicable and relevant to the Plan. If the beneficiary is eligible for the Part D LIS, then the number of uncovered months is indicated, as are then the details of that subsidy. Periods when a beneficiary is covered in a Plan that qualifies for the Retiree Drug Subsidy (RDS) are shown. Periods when a beneficiary was covered in a Part D Plan are also shown. Display of all beneficiary enrollments are shown in the Enrollment Information section of the screen with the most recent enrollment as the top row. Plans may also submit a batch Beneficiary Eligibility Query (BEQ) Request File as described in Section 3.

Drug Plan information is shown as a column in the Enrollment Information section. Please note that multiple lines do not necessarily mean there were multiple periods of enrollment. The lines denote the timeframes during which the contract provided drug coverage.

8.3.2.1 View the Beneficiary Eligibility (M232) Screen

From the main menu, the user clicks on the |Beneficiaries| menu item, and then clicks on the |Eligibility| submenu item to view the *Beneficiary: Eligibility (M232)* screen.

The next step is to identify the beneficiary by either the Beneficiary ID or the First Name, Last Name, Suffix, Date of Birth, SSN/HICN or Partial MBI fields on the *Beneficiary: Eligibility* (*M232*) screen.

Figure 8-19: Beneficiary: Eligibility (M232) Screen (Initial)

Either a Beneficiary ID OR a combination of First Name, Last Name, Date of Birth, and a SSN/HICN or partial MBI is required. +Indicates at least one of these is required +Beneficiary ID +Beneficiary ID + First Name	Medicare Advantage Prescription Drug (MARx) Welcome Beneficiaries Transactions Payments Rates Reports Maintenance System Toolset	СМЗ
Either a Beneficiary ID OR a combination of First Name, Last Name, Date of Birth, and a SSN/HICN or partial MBI is required. +Indicates at least one of these is required +Beneficiary ID +Beneficiary ID + First Name	Find New Enrollment Eligibility Opt-Out	
+Indicates at least one of these is required +Beneficiary ID 	Role: MCO REPRESENTATIVE Date: 2/6/2020 Print Help	Beneficiary: Eligibility (M232)
Date of Birth MM/DD/YYYY SSN or HICN Or Partial MBI (3 characters minimum)	at least one of these is required +Beneficiary ID + First Name Last Name Last Name Suffix Date of Birth MMIDD/YYYY SSN or HICN Or Partial MBI (3 characters minimum)X	

Enter either the Beneficiary ID or the combination of the First Name, Last Name, Suffix, Date of Birth and either the SSN or HICN or Partial MBI. The user clicks the [Find] button to show the beneficiary's identity to verify that the correct beneficiary was entered, followed by the beneficiary's entitlement and eligibility information past periods of RDS and/or Part D enrollment, and low-income status.

Figure 8-20: Beneficiary: Eligibility (M232) Screen (SSN or HICN data entry)

CMS Welcome Beneficiaries Transactions Payments Rates Reports Maintenance System Toolset		
Hecone Defenciares nansacuons rayments nates reports maintenance system 100sec		
Find New Enrollment Eligibility Opt-Out		
Beneficiary: Eligibility (M232) Role: MCO REPRESENTATIVE Date: 2/6/2020	Print	Help
Either a Beneficiary ID OR a combination of First Name, Last Name, Date of Birth, and a SSN/HICN or partial MBI is required. +Indicates at least one of these is required +Beneficiary ID +Beneficiary ID First Name Jane Last Name Date of Birth 111/28/1945 SSN or HICN 1111111111 Or Partial MBI (3 characters minimum)		

Figure 8-21: Beneficiary: Eligibility (M232) Screen (Partial MBI data entry)

CMS	Medicare Advantage Prescription Drug (MARx) Welcome Beneficiaries Transactions Payments Rates Reports Maintenance System Toolset	
	Find New Enrollment Eligibility Opt-Out	
Beneficiary: Eligibility (M232)	Role: MCO REPRESENTATIVE Date: 2/6/2020	Print Help
	Either a Beneficiary ID OR a combination of First Name, Last Name, Date of Birth, and a SSN/HICN or partial MBI is required. +Indicates at least one of these is required +Beneficiary ID + First Name	

Figure 8-22: Beneficiary: Eligibility (M232) Screen (with Eligibility Information)

CMS		Medicare Advantage Prescription Drug (MARx) Wekome [Dentificatries]Payments	
		Welcome (Seneticianes) Payments	
Beneficiary: Eligibility (M232)		Role: MCO REPRESENTATIVE Date: 2/5/2024	Print Help
	Fither a B	neficiary ID OR a combination of First Name, Last Name, Date of Birth, and a SSN/HICN or partial MBI is required.	
	+Indicates	at least one of these is required +Beneficiary ID	
		First Name	
		Last Name Suffix	
		Date of Birth (MMDDPYYYY)	
		SSN or HICN	
		Or	
		Partial MBI (3 characters minimum)	
		Find Reset	
		Claim Number: 999999994	
		MBI Number: LAA LAA LAA LA Name: John Doe Birth Date: 11/22/14/5	
		Birm Date of Death: Date of Death: Sec: M	
		Address: BENEFICIARY ADDRESS WOOSTER, OH 91605-5903	
		Most recent State: OH (36) Most recent County: WAYNE(860)	
	Contract PBP H1234 000	Enrollment Information for 12/19/2023 Plan Type Code & Description Start End Drug Plan 00 - Plan Type 01/01/2010 Y	
		and the second se	
	_	Entitlement Information	
		Start End Entitlement Status SEP Status A 11/01/2010 E - Free Part A Entitlement SEP Status	
		3 11/01/2023 Y - Currently entitled, Premium is Payable M - Medicaid Termination	
		Eligibility Information Part Start End	
		D 11/01/2010	
	_	Medicare Plan Enrollment Insligibility Periods Due to Incarceration Start End	
		start End There is no Incarceration information for the beneficiary	
	_	Medicare Plan Enrollment Ineligibility Periods Due to Not Lewfully Present	
		Start End There is no not landfally present information for the beneficiary	
		Number of Uncovered Months View Audit	
	Start Date 06/01/2006	Reset Indicator Incremental Number of Uncovered Months Commutative Number of Uncovered Months Record Add.Time Stamp Record Type L - Auto reset (LIS) 0 0 05/24/2016 14.03.48 V - Valid Record	
		Employer Subsidy	
		There are no employer subsidies for the beneficiary	
		CARA Status There is no CARA Status information for the beneficiary	
		Election Type Code Usage	
		There is no MA-OEP and QTR LIS SEP information for the beneficiary	
		Low Income Status There is no low income subsidies for the beneficiary	

Entitlement, Eligibility, Employer Subsidy, and Low Income Status display as follows:

- If a date is entered, then only the information for that date is shown.
- If a date is not entered and the beneficiary is enrolled in one of the user's Plans, then current, historical, and future information is shown.
- If the beneficiary is not enrolled in one of the user's Plans, then only the current information is shown.
- When the beneficiary was not covered by a Plan that received the RDS, a message is displayed in the Employer Subsidy section.

• When the beneficiary does not receive a Part D LIS, message displays in the LIS section.

Number of Uncovered Months section displays as follows:

Part D enrollments display as follows:

- The 10 most recent periods of Part D enrollment are shown, including Plans with employer subsidies.
- If there are several Part D enrollments back to back, the screen displays the start date of the first enrollment and the end date of the last enrollment.
- When the beneficiary does not have Part D Enrollment information, a message displays in the Part D Enrollment section.

Enrollment Information displays as follows:

- The Contract number, start and end date, and Drug Plan indicator of the beneficiary's current enrollment in the PBP is displayed.
- If the beneficiary is dual enrolled, the system displays the drug and non-drug Contract information for both of the beneficiary's current enrollments in PBPs.
- If the beneficiary is enrolled in a Plan that does not have PBPs, the Contract, Drug Plan indicator and the start and end date of the beneficiary's current enrollment is displayed.
- If the user enters a date in the "Date" field, the system considers the entered date as the current date when displaying the beneficiary's current enrollment information.

	Beneficiary: Eligibility	y (M232) Field Descriptions
Item	Inputs/Outputs	Description
Search Criteria		
Beneficiary ID	Required data entry field	Identifies the beneficiary whose eligibility information displays. Field must be completed if searching by beneficiary identification number.
First Name	Required data entry field	The first name, or initial of the beneficiary. Field must be completed if searching by SSN, HICN, or partial MBI.
Last Name	Required data entry field	The last name of the beneficiary. Field must be completed if searching by SSN, HICN, or partial MBI.
Suffix	Required data entry field	The last name suffix of the beneficiary, if it exists.
Date of Birth	Required data entry field	The birth date of the beneficiary (MM/DD/YYYY). Field must be completed if searching by SSN, HICN, or partial MBI.
SSN or HICN	Required data entry field	The social security number (SSN) or the health insurance claim number (HICN) of the beneficiary. Field must be completed if searching by SSN or HICN.
Partial MBI	Required data entry field	The partial Medicare beneficiary identifier (MBI) of the beneficiary. Field must contain at least 3 characters if searching by partial MBI.

Table 8-9: Beneficiary: Eligibility (M232) Field Descriptions

	Beneficiary: Eligibility	v (M232) Field Descriptions					
Item	Inputs/Outputs	Description					
Find	Button	The user clicks this button after entering the search data for the beneficiary. If the beneficiary is found, eligibility information for the beneficiary is displayed.					
Reset	Button	The user clicks this button to clear the form to start a new search.					
Beneficiary Identification							
Claim Number	Output	Claim number of beneficiary.					
MBI Number	Output	Medicare Beneficiary ID of beneficiary.					
Name	Output	Name of beneficiary.					
Birth Date	Output	Date of birth of beneficiary.					
Date of Death	Output	Date of death of beneficiary.					
Sex	Output	Sex of beneficiary.					
Address	Output	Street address, city, state, and zip code of beneficiary.					
Most recent State	Output	The most recent state on record for the beneficiary.					
Most recent County	Output	The most recent county on record for the beneficiary.					
Enrollment Information							
Contract	Output	Contract number for the beneficiary's enrollment(s).					
PBP	Output	PBP number for the beneficiary's enrollment(s).					
Plan Type Code & Description	Output	Plan Type code and the description for the beneficiary's enrollment(s).					
Start	Output	Start date of the beneficiary's enrollment(s).					
End	Output	End date of the beneficiary's enrollment(s).					
Drug Plan	Output	Drug Plan indicator for the beneficiary's enrollment(s).					
Entitlement Information							
Part column	Output	Entitlement information that applies to the Part A and Part B of Medicare.					
Start column	Output	When the entitlement period began.					
End column	Output	When the entitlement period ended, as applicable.					
Entitlement Status column	Output	The reason for entitlement or termination of a beneficiary's benefits during a period of coverage.					

	Beneficiary: Eligibility	(M232) Field Descriptions					
Item	Inputs/Outputs	Description					
		Value displayed when Part A or Part B Medicare entitlement was based on a Special Enrollment Period (SEP). Valid values include: (**Note: The following values P, M, C, E and H from the list below are identified as Part A and Part B Exceptional Condition SEPs.)					
SEP Status column	Output	 S- Special Enrollment Period P- Formerly Incarcerated Individuals L- Postal Service Reform Act (PSRA) SEP M- Medicaid Termination C- Other Exceptional Conditions W- Group Health Plan for the Working Disabled V- International Volunteer K- TRICARE E- Individuals Impacted by Emergency or Disaster H- SEP for Private Group Health Plan or Employer Error 					
Eligibility Information							
Part column	Output	Eligibility information that applies to this Part D of Medicare.					
Start column	Output	When the eligibility period began.					
End column	Output	When the eligibility period ended, as applicable.					
Medicare Plan Enrollment	Ineligibility Periods Due	to Incarceration					
Start column	Output	When the incarceration period began.					
End column	Output	When the incarceration period ended, as applicable.					
Medicare Plan Enrollment	Ineligibility Periods Due	to Not Lawfully Present					
Start column	Output	When the not lawfully present period began.					
End column	Output	When the not lawfully present period ended, as applicable.					
NUNCMO							
Start Date	Output	Start Date for uncovered month's period.					
Indicator	Output	Indicator showing record type.					
NUNCMO	Output	NUNCMO.					
Total NUNCMO	Output	Total NUNCMO based on the Indicator.					
Record Add-Timestamp	Output	Timestamp for when the record was added.					
Record Type	Output	Indicator showing a valid or audit record					
Employer Subsidy							
Start Date column	Output	When a Retiree Drub Subsidy coverage period began.					
End Date column	Output	When an RDS coverage period ended.					
Part D Enrollment							
Start Date column	Output	When a Part D enrollment began for the beneficiary.					
End Date column	Output	When a Part D enrollment ended for the beneficiary.					

	Beneficiary: Eligibility	(M232) Field Descriptions
Item	Inputs/Outputs	Description
Low-Income Status		
Subsidy Start Date column	Output	When the subsidy of Part D premiums began.
Subsidy End Date column	Output	When the subsidy of Part D premiums ended, as applicable.
Premium Subsidy Level column	Output	Level at which the premiums are subsidized.
Co-Payment Level column	Output	Level of co-payment that the beneficiary must pay.
Subsidy Source Column	Output	The source of LIS subsidy.

8.3.3 View Enrollment Information

An enrollment history displays all of the times that the beneficiary is, was, or will have enrollment in any of the Plan's contracts.

8.3.3.1 View the Beneficiary Detail: Enrollment (M204) Screen

To access the *Beneficiary Detail: Enrollment (M204)* screen, the user clicks on the |Enrollment| menu item. This displays a summary list of enrollment information by contract, and PBP and segment numbers, as applicable. When the beneficiary enrolls in Part A and/or Part B and the other for Part D, two rows covering the same time period display.

Note: The user can only see contracts to which the user has access. Therefore, gaps may exist in the user's list where the user cannot see the enrollment information. Additionally, users with update capabilities will also see an "Update" button available on the M204 screen. Users without update capabilities will not see this button when viewing the screen.

AA1A11AA11 IARY ADDRES ATE 03053-290 Enrolment P	61	stments F	Premiums LEP	SSA - RR	B Utilizati	A	NE DOE CTIVE Isidence Addres	s Rx Insura	nce Status Activity		State:		1930 DOD: 10/ 9: 82 Sex: FE 9: ROCKINGH
nt View (M204	4)					Role: MCO	REPRESENT	ATIVE Date:	2/20/2020			C	Close Print
Showing 1 to 4 Enrollments (Se			n 7 total entries) ails))									View Aud
Row Number	Contract	PBP #	Segment #	Drug Plan	Plan Type	Start	End	Source	Demonstration Type and Description	Enrollment Source Code and Description	Disenrollment Reason Code and Description	Primary Drug Insurance	Payment
1	HXXXX	001	001	Y	MAPD	01/01/2008	10/31/2012	RACF		B - BENE ELECTION	08 - REPORT OF DEATH	View	View
2	HXXXX	001	001	Y	MAPD	12/01/2007	12/31/2007	RACF		B - BENE ELECTION	08 - REPORT OF DEATH	View	View
4	HXXXX	001	005	Y	MAPD	04/01/2006	11/30/2007	RACF		B - BENE ELECTION	13 - DISENROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN	View	View
7	нхххх	012	000	N	MA	12/01/2004	10/31/2005	HXXXX		B - BENE ELECTION	99 - OTHER (NOT SUPPLIED BY BENE)	View	View

Figure 8-23: Beneficiary Detail: Enrollment (M204) Screen (Initial Display)

To view details of the beneficiary enrollment transaction in a contract, the user clicks on a <u>Contract</u> link, which displays the *Enrollment Detail (M222)* screen for that contract and the beneficiary. To view a summary of payment and adjustment information for a particular contract, the user clicks on the view <u>Payment</u> link associated with that contract; PBP; and segment; as applicable, and start date. This expands the information on the *Beneficiary Detail: Enrollment (M204)* screen to include the Payments section; the information is listed by month, and is described in the following table.

	Beneficiary Detail: Enrollment (M204) Field Descriptions									
Item	Input/Output	Description								
Contract	Output	Contract in which the beneficiary is enrolled. The values displayed in this column link to display the <i>Enrollment Details</i> (<i>M222</i>) screen for the enrollment on this line.								
PBP #	Output	PBP number for the enrollment on this line.								
Segment #	Output	Segment number for the enrollment on this line.								
Drug Plan	Output	Indicates whether the contract/PBP on this line provides drug insurance coverage. (Y or N).								
Start	Output	Start date for the beneficiary's enrollment in this Contract/PBP/Segment.								
End	Output	End date for the beneficiary's enrollment in this Contract/PBP/Segment.								
Source	Output	The person or system that submitted the enrollment; contract number when entered by an MCO; user ID when entered at CMS, SSA, or Medicare Customer Service Center (MCSC).								
Disenrollment Reason	Output	If the enrollment on this line includes an end date, this is the reason for the beneficiary's disenrollment.								
Primary Drug Insurance	Link	Click the <u>View</u> link in the Primary Insurance Information column to display all occurrences of primary insurance information associated with the beneficiary's enrollment. This information displays in the bottom portion of the screen.								
Payment	Link	Select the <u>View</u> link in the Payment column to display all payment information associated with the enrollment for the contract/PBP/segment.								
<u>View Audit</u>	Link	Displays both valid and audited record information								

Table 8-10: Beneficiary Detail: Enrollment (M204) Field Descriptions

8.3.3.2 View the Beneficiary Detail: Enrollment (M204) Screen Primary Drug Insurance

To view the Primary Drug Insurance information in the bottom portion of the screen, the user clicks the <u>View</u> link that is in the Primary Drug Insurance column. This displays an additional section on the screen, showing the beneficiary's primary 4Rx values. The information is listed by start and end date.

Special note: Users with update capabilities will also see an "Update" button available on the M204 Primary Drug Insurance and the M204 Payment screens. Users without update capabilities will not see this button when viewing these screens.

Figure 8-24: Beneficiary Detail: Enrollment (M204) Screen Primary Drug Insurance

TY, STA	A1A11AA11 ARY ADDRES TE 03053-29 Enrollment	51	ustments	Premiums LEP	SSA - RI	RB Utilizat		ANE DOE ACTIVE Residence A	ddress Rx I	nsurance Sta	tus Activity			Age *State: OH (36)	DOB: 11/ 74 Sex: FEM County: WAYN
ollmer	nt View (M20	4)				F	tole: MCO RE	PRESENT	ATIVE Date:	2/21/2020				Clos	e Print
	Showing 1 to 1 Enrollments (Se	of 1 entries lect Contract#	to view det	ails)											View Audit
	Row Number	Contract	PBP #	Segment #	Drug Plan	Plan Type	Start	End	Source	Demonstr Type a Descrip	ration So nd C tion	oliment ource ode and cription	Disenrollment Reason Code and Description	Primary Drug Insurance	Payment
	1	HXXXX	029	000	Y	MAPD	11/01/2010		HXXXX			BENE CTION		View	View
	Showing 1 to 1	of 1 entries													
		Star	rt Date		5	End Date		Primary BIN	Primary PCN	Primary GRP	Primary RxID	Source	Record TimeS		
		01/0	1/2012					015574	ASPROD1	SUM03	A0044082400		2011-12-19	-11.14.05	
		11/0	1/2010		1:	2/31/2011		005947	CLAIMCR	SUMAMED	A0044082400		2011-12-19	9-11.14.05	

 Table 8-11: Beneficiary Detail: Enrollment (M204) Drug Insurance Field Descriptions

Bene	Beneficiary Detail: Enrollment (M204) Field Descriptions										
Item	Input/Output	Description									
Primary Drug Insurance Information This section contains one line per period during which the beneficiary has a unique combination of Contract, PBP, and Primary 4Rx information.											
Start Date	Output	Start date per period when the beneficiary has a unique combination of Primary Drug Insurance information (4Rx).									
End Date	Output	End date per period when the beneficiary has a unique combination of Primary Drug Insurance information. This is blank for open-ended periods.									
Primary Benefit Identification Number (BIN)	Output	Primary BIN for the Primary Drug Insurance period on this line.									
Primary Processor Control Number (PCN)	Output	Primary PCN for the Primary Drug Insurance period on this line.									
Primary Group Number (GRP)	Output	Primary GRP for the Primary Drug Insurance period on this line.									
Primary Rx Identification Number (ID)	Output	Primary RxID for the Primary Drug Insurance period on this line.									
Source	Output	The source of the Primary Insurance information.									
Record Update Timestamp	Output	The date and time the Primary Insurance information is received.									

8.3.3.3 View the Beneficiary Detail: Enrollment (M204) Screen Payment Figure 8-25: Beneficiary Detail: Enrollment (M204) Screen Payment

AA1A11AA11 ARY ADDRES ATE 03053-296						ACTIVE							DOB Age: 74 Sex:
		tments Premium:	s LEP SSA - RRB	Utilizatio	n MSA I	Residence	Address Rx Insur	ance Status	Activity			*State: OH (36) County: W
nt View (M204)			Role	: MCO REF	RESEN	TATIVE Date: 2/21/	2020				1	Close Print
Showing 1 to 1 Enrollments (Sel	of 1 entries	view details)											View
Row Number	Contract	PBP Segn # #		Plan Type	Start	End	Source	Demonstrati Type and Description	on n	Enrollment Source Code and Description	Disenrollment Reason Code and Description	Prima Drug Insura	ıry g Paym
1	HXXXX	029 00	0 Y	MAPD	11/01/2010		HXXXX			B - BENE ELECTION		View	v Viev
Showing 1 to 1 Showing 1 to 20 Payments for C (Select Payments)) of 114 entries									Previous 1	2 3	4 5	6 Next
Payment Date	Contract#	Payments	Adjustments	Hos	pice E	SRD	Aged/Disabled MSP	Inst	NHC	Medicaid	Disability	CHF	Part B Premium Reduction
04/2020	HXXXX	\$666.08	\$0.0) -		-	-	-	-	-	-	-	-
03/2020	HXXXX	\$666.08	\$0.0) -		-	-	-	-	-		-	-
02/2020	HXXXX	\$666.08	\$0.0) -		-		-	-	-	-	-	-
01/2020	HXXXX	\$666.08	\$0.0	- 0		÷		-	-				-
12/2019	HXXXX	\$658.07	\$0.0	. 0		-		-	-			-	-
11/2019	HXXXX	\$658.07	\$0.0	- 0		•		-					-
10/2019	HXXXX	\$658.07	\$0.0) -		-		-	-	-		-	-
09/2019	HXXXXX	\$658.07	\$0.0) -		-		-	-			-	-
08/2019	HXXXX	\$658.07	\$0.0) -		-	-	-	-	-	-	-	-
07/2019	HXXXX	\$658.07	\$0.0) -				-				-	-
06/2019	HXXXX	\$658.07	\$0.0) -		-	-	-	-	-	-	-	-
05/2019	HXXXX	\$658.07	\$0.0) -		-	-	-	-			-	-
04/2019	HXXXX	\$658.07	\$0.0) -		-	-	-	-	-	-	-	-
03/2019	HXXXX	\$658.07	7 \$0.0) -		-	-	-	-	-	-	-	-
02/2019	HXXXX	\$658.07	7 \$0.0) -		-	-	-	-	-	-	-	-
01/2019	HXXXX	\$658.07	7 \$0.0) -		-	-	-	-	-	-	-	-
12/2018	HXXXX	\$638.01	\$0.0) -							-	-	-
11/2018	HXXXX	\$638.01	1 \$0.0) -				-				-	-
10/2018	HXXXX	\$638.01	1 \$0.0) -							-	-	-
09/2018	H3660	\$638.01	\$0.0) -		-	-	-	-	-	-	-	-

Beneficiary Detail: Enrollment (M204) Field Descriptions									
Item	Input/Output	Description							
Payments This section shows payment information for the selected enrollment line. One line displays for each month that the Plan received a payment.									
Payment Date	Output/Link	Month/year payments/adjustments made. User selects month/year on pop-up screen, which shows payment and adjustment details on payment row.							
Contract #	Output	Contract associated with payment selected.							
Payments Output		Payment amounts, broken down by month, for the selected enrollment in the contract, PBP, and segment, as applicable.							
Adjustments	Output	Adjustments by month for selected enrollment in contract, PBP, and segment, as applicable.							
Hospice	Output	Check if beneficiary has Hospice status for month on payment row.							
End Stage Renal Disease (ESRD)	Output	Check if beneficiary has ESRD status for month on payment row.							
Aged/Disabled MSP	Output	Check if beneficiary has Working Aged or Disabled status for month on payment row.							
Institutional (Inst)	Output	Check if beneficiary has Institutional status for month on payment row.							
Nursing Home Certifiable (NHC)	Output	Check if beneficiary has NHC status for month on payment row.							
Medicaid	Output	Checked if beneficiary has Medicaid status for month on payment row.							
Disability	Output	Checked if beneficiary has Disability status for month on payment row.							
Congestive Heart Failure (CHF)	Output	Check if beneficiary has CHF status for month on payment row.							
Part B Premium Reduction	Output	Check if Part B premium reduction is applied to payment and/or adjustments for beneficiary for month on payment row.							

Note: To view the payment and adjustment information in further detail, the user clicks on one of the <u>month/year</u> links in the Payment Date column to display the *Payment/Adjustment Detail* (*M215*) screen.

8.3.4 View Beneficiary Enrollment Detail

8.3.4.1 View the Enrollment Detail (M222) Screen

The enrollment details show the information on the enrollment, disenrollment (as applicable), and Part D insurance information for a beneficiary in a Plan.

The *Enrollment Detail (M222)* screen is accessible by selecting a <u>Contract #</u> link from the *Beneficiary Detail: Enrollment (M204)* screen.

MBI #:1AA1A11AA11 BENEFICIARY ADDRESS CITY, STATE 03053-2961	JANE DOI ACTIVE		DOB: 1 Age: 74 Sex: FE *State: OH (36) County: WAY					
Enrollment Detail (M222)	Role: MCO REPRESENTATI	/E Date: 2/21/2020	Close	Print	Help.			
	Contract:	HXXXX						
	MCO Name:	MEDICARE PLAN						
	PBP Number:	029						
	Segment Number:	000						
	Drug Plan:	Y						
	Effective Start Date:	11/01/2010						
	Effective End Date:							
	EGHP:							
	Enrollment Forced Code:							
	Disenrollment Reason Code and Description:							
		10/18/2010						
	Default App. Date:							
		E - INITIAL ELECTION PERIOD (IEP)						
	Enrollment SEP Reason Code:							
	Disenrollment Election Type: Disenrollment SEP Reason Code:							
	Special Needs Type:							
		B - BENEFICIARY ELECTION						
	Part D Auto-Enrollment Opt-Out:							
	Part D Rx Bin:	015574						
	Part D Rx PCN:							
	Part D Rx Group:	SUM03						
		A0044082400						

Figure 8-26: Enrollment Detail (M222) Screen

Table 8-13: Enrollment Detail (M222) Field Descriptions

	Enrollment Detail (M222) Field Descriptions										
Item	Input/Output	Description									
Contract	Output	Contract number in which the beneficiary is enrolled.									
MCO Name	Output	Name of the contract.									
PBP Number	Output	PBP in which the beneficiary is enrolled, when applicable.									
Segment Number	Output	Segment in which the beneficiary is enrolled, when applicable.									
Drug Plan	Output	Indicates whether the contract provides drug insurance coverage. The user sets to Y or N.									
Effective Start Date	Output	Start of enrollment.									
Effective End Date	Output	End of enrollment, when applicable.									
EGHP	Output	Indicates whether the enrollment is an EGHP. The user sets to Y or N.									
Enrollment Forced Code	Output	Reason for overriding certain membership validation rules, when applicable.									
Disenrollment Reason Code	Output	Reason for disenrollment, when applicable.									
Application Date	Output	The date the Plan received the beneficiary's completed enrollment application.									

	Enrollment Detail (M222) Field Descriptions										
Item	Input/Output	Description									
Enrollment Election Type	Output	Type of election period when enrollment took place.									
Enrollment SEP Reason Code	Output	If Election Type is "S-Special Election Period (SEP)", the reason that the SEP period could be used.									
Disenrollment Election Type	Output	Type of election period when disenrollment took place.									
Disenrollment SEP Reason Code	Output	If Election Type is "S-Special Election Period (SEP)", the reason that the SEP period could be used.									
Special Needs Type	Output	Type of special needs population for which the Plan provides coverage, e.g., Institutional, Dual Eligible, or Chronic or Disabling Condition.									
Enrollment Source	Output	The action that triggered the enrollment: automatically enrolled by CMS, beneficiary election, or facilitated enrollment by CMS.									
Part D Auto-Enrollment Opt-Out	Output	Indicates whether the beneficiary opted out of Part D coverage. Applies only to automatic enrollments by CMS. Set to Y or N.									
Part D Rx Bin	Output	Card issuer identifier or a bank identifying number used for network routing.									
Part D Rx PCN	Output	Identifier assigned by the processor.									
Part D Rx Group	Output	Identifying number assigned to the cardholder group or employer group.									
Part D Rx ID	Output	Member ID assigned to the beneficiary.									

8.3.5 View Beneficiary Payment Information

Payment history shows the payments made for beneficiary enrolled in a particular contract.

8.3.5.1 View the Beneficiary Detail: Payments View (M206) Screen

To access the *Beneficiary Detail: Payments View (M206)* screen, the user clicks on the |Payments| menu item. This displays a screen that provides a field for entering a payment month and year. When the beneficiary enrolls in two contracts; one for Part A and/or Part B and the other for Part D, two rows for the same month display. In initial display, the current month appears in that field.

The *Beneficiary Detail: Payments View (M206)* screen display a list of payments, ordered by payment month, of payment and adjustment information. The information displays by Part A, Part B, and Part D for months up through the payment date.

Note: To see the payment and adjustment information in more detail, the user clicks on one of the month/year links in the Payment Date column to display the *Payment/Adjustment Detail* (*M215*) screen.

Figure 8-27: Payments View (M206) Screen

MBI #:1AA1A11A BENEFICIARY AD CITY, STATE 0309 hapshot Enrollment	DRESS	ts Premiums	LEP S	SA - RRB Uti	lization MSA	JANE DO ACTIVE		ance Status	Activity			*State: OH (Age: 74 Se (36) County:	
yments View (M	206)				Role: MC	CO REPRESE	NTATIVE Date: 2	/21/2020					Close Pri	int Help.
nowing 1 to 20 of 1	21 entries									Pre	vious 1 2	3 4	5 6	7 Next
ayments (Select a	payment date to view de	etails)			Pay	ments			Adju	stments			Part B	Regional
Payment Date	Contract	PBP#	Seg#	Part A	Part B	Part D	Total Pay	Part A	Part B	Part D	Total Adj	Total	Premium Reduction	MA BSF
(Contract													-
12/2020	HXXXX	029	000	\$265.57	\$347.60	\$52.91	\$666.08	\$0.00	\$0.00	\$0.00	\$0.00	\$666.08	2	\$0.0
11/2020	HXXXX	029	000	\$265.57	\$347.60	\$52.91	\$666.08	\$0.00	\$0.00	\$0.00	\$0.00	\$666.08		\$0.0
10/2020	HXXXXX	029	000	\$265.57	\$347.60	\$52.91	\$666.08	\$0.00	\$0. <mark>0</mark> 0	\$0.00	\$0.00	\$666.08		\$0.0
09/2020	HXXXX	029	000	\$265.57	\$347.60	\$52.91	\$666.08	\$0.00	\$0.00	\$0.00	\$0.00	\$666.08		\$0.0
08/2020	HXXXX	029	000	\$265.57	\$347.60	\$52.91	\$666.08	\$0.00	\$0.00	\$0.00	\$0.00	\$666.08		\$0.0
07/2020	HXXXXX	029	000	\$265.57	\$347.60	\$52.91	\$666.08	\$0.00	\$0.00	\$0.00	\$0.00	\$666.08		\$0.0
06/2020	HXXXX	029	000	\$265.57	\$347.60	\$52.91	\$666.08	\$0.00	\$0.00	\$0.00	\$0.00	\$666.08	2	\$0.0
05/2020	HXXXXX	029	000	\$265.57	\$347.60	\$52.91	\$666.08	\$0.00	\$0.00	\$0.00	\$0.00	\$666.08		\$0.0
04/2020	HXXXXX	029	000	\$265.57	\$347.60	\$52.91	\$666.08	\$0.00	\$0.00	\$0.00	\$0.00	\$666.08		\$0.0
03/2020	HXXXX	029	000	\$265.57	\$347.60	\$52.91	\$666.08	\$0.00	\$0.00	\$0.00	\$0.00	\$666.08	-	\$0.0
02/2020	HXXXX	029	000	\$265.57	\$347.60	\$52.91	\$666.08	\$0.00	\$0.00	\$0.00	\$0.00	\$666.08	2	\$0.0
01/2020	HXXXX	029	000	\$265.57	\$347.60	\$52.91	\$666.08	\$0.00	\$0.00	\$0.00	\$0.00	\$666.08		\$0.0
12/2019	HXXXX	029	000	\$265.11	\$340.32	\$52.64	\$658.07	\$0.00	\$0.00	\$0.00	\$0.00	\$658.07	8	\$0.0
11/2019	HXXXXX	029	000	\$265.11	\$340.32	\$52.64	\$658.07	\$0.00	\$0.00	\$0.00	\$0.00	\$658.07	2	\$0.0
10/2019	HXXXX	029	000	\$265.11	\$340.32	\$52.64	\$658.07	\$0.00	\$0.00	\$0.00	\$0.00	\$658.07	*	\$0.0
09/2019	HXXXXX	029	000	\$265.11	\$340.32	\$52.64	\$658.07	\$0.00	\$0.00	\$0.00	\$0.00	\$658.07		\$0.0
08/2019	HXXXX	029	000	\$265.11	\$340.32	\$52.64	\$658.07	\$0.00	\$0.00	\$0.00	\$0.00	\$658.07		\$0.0
07/2019	HXXXX	029	000	\$265.11	\$340.32	\$52.64	\$658.07	\$0.00	\$0.00	\$0.00	\$0.00	\$658.07		\$0.0
06/2019	HXXXX	029	000	\$265.11	\$340.32	\$52.64	\$658.07	\$0.00	\$0.00	\$0.00	\$0.00	\$658.07	×	\$0.0
05/2019	HXXXX	029	000	\$265.11	\$340.32	\$52.64	\$658.07	\$0.00	\$0.00	\$0.00	\$0.00	\$658.07		\$0.0

Table 8-14: Payments View (M206) Field Descriptions

	Payments View (M206) Field Descriptions									
Item	Input/Output	Description								
Search Criteria										
Payment Date	Required data entry field	The user enters a month and year in the form (M)M/CCYY.								
[Find]	Button	The user clicks on this button to display payment information in the lower portion of the screen.								
Payments										
Payment Date column	Output	When payment/adjustments were paid.								
Month/Year in the Payment Date column	Link	The user clicks on a <u>month/year</u> link to display the pop-up screen <i>Payment/Adjustment Detail (M215)</i> screen.								
Contract column	Output	Contracts for which payments/adjustments were made.								
PBP # column	Output	PBPs for which payments/adjustments were made.								
Seg # column	Output	Segments for which payments/adjustments were made.								
Part A Payments column	Output	Part A payments for the beneficiary by month.								
Part B Payments column	Output	Part B payments for the beneficiary by month.								
Part D Payments column	Output	Part D payments for the beneficiary by month.								
Total Pay column	Output	Part A, Part B, and Part D total monthly payments for beneficiary.								
Part A Adjustments column	Output	Part A adjustments for the beneficiary by month.								
Part B Adjustments column	Output	Part B adjustments for the beneficiary by month.								

	Payments Vi	ew (M206) Field Descriptions
Item	Input/Output	Description
Part D Adjustments column	Output	Part D adjustments for the beneficiary by month.
Total Adj column	Output	Totals of Part A, Part B, and Part D adjustments for the beneficiary by month.
Total Pay+Adj column	Output	Payments plus adjustments for the beneficiary by month.
Part B Premium Reduction column	Output	Indicates whether the payments/adjustments were adjusted for Part B premium reduction. Formerly known as a BIPA reduction.
Regional Medicare Advantage Benefit Stabilization Fund (MA BSF) column	Output	Lists the bonus paid from the regional MA BSF.

8.3.6 View Beneficiary Adjustment Information

An adjustment history shows the adjustments made for the beneficiary while enrolled in any of the user's contracts.

8.3.6.1 View the Beneficiary Detail: Adjustments (M207) Screen

To access the *Beneficiary Detail: Adjustments View (M207)* screen, the user clicks on the |Adjustments| menu item. When the beneficiary enrolls in two contracts, one for Part A and/or Part B and the other for Part D, two rows for the same month are displayed.

The Adjustments View (M207) screen displays a list, ordered by adjustment month, of adjustment information that occurred up through the current payment month. The Part A, Part B, and Part D adjustments are listed in adjustment.

To view the payment and adjustment information in more detail, the user clicks on one of the <u>month/year</u> links in the Adjustment Date column to display the *Payment/Adjustment Detail* (M215) screen.

Figure 8-28: Beneficiary Detail: Adjustments (M207) Screen

#:1AA1A11AA11 FICIARY ADDRESS STATE 03053-2961 t Enrollment Payments Adjustm	9015 Premiums I FP <u>SSA P</u>	JANE ACT RB Utilization MSA Resider	IVE	Rx Insurance	Status Activity				State: OI	Age: 74 1 (36) Co	DOB: Sex: Founty: WA	EM
nents View (M207)		Role: MCO RE								Close	Print	ł
Export to Excel Showing 1 to 20 of 44 entries							Pre	vious	1 2	3	Next	
Adjustments (Select adjustmer	it date to view details)							Adjustn	nents			
Adjustment Date	Paid for Month	Contract	PBP	Segment	Description	Adjustment Code	Part A	Part B	Part D		Paid Flag	
Adjustment Date	Paid for Month	Contract										
05/2018	04/2018	H3660	029	000	RETROACTIVE SCC CHANGE	11	(\$22.20)	(\$27.86)	\$0.00	(\$50.06)	Y	
08/2016	07/2016	H3660	029	000	PART D RISK ADJUSTER FACTOR CHANGE / ONGOING	41	\$0.00	\$0.00	(\$4.31)	(\$4.31)	Y	
08/2016	07/2016	H3660	029	000	PART C RISK ADJUSTMENT FACTOR CHANGE (MID-YEAR)	26	\$103.60	\$121.99	\$0.00	\$225.59	Y	
08/2016	06/2016	H3660	029	000	PART C RISK ADJUSTMENT FACTOR CHANGE (MID-YEAR)	26	\$103.60	\$121.99	\$0.00	\$225.59	Y	
08/2016	06/2016	H3660	029	000	PART D RISK ADJUSTER FACTOR CHANGE / ONGOING	41	\$0.00	\$0.00	(\$4.31)	(\$4.31)	Y	
Showing 1 to 20 of 44 entries							Pro	vious	1 2	3	Next	

Table 8-15: Beneficiary Detail: Adjustments (M207) Field Descriptions

Ben	eficiary Detail: Adj	ustments (M207) Field Descriptions
Item	Input/Output	Description
Adjustments		
Adjustment Date column	Output	Indicates when adjustments were paid.
Month/Year in the Adjustment Date column	Link	User clicks on month/year link to display pop-up screen Payment/Adjustment Detail (M215).
Contract column	Output	Contracts for which adjustments were made.
PBP column	Output	PBPs for which adjustments were made.
Segment column	Output	Segments for which adjustments were made.
Description column	Output	Description of the adjustment reason for each adjustment.
Adjustment Code column	Output	Code for the adjustment reason for each adjustment.
Part A Adjustments column	Output	Part A adjustments by Paid for Month and adjustment reason.
Part B Adjustments column	Output	Part B adjustments by Paid for Month and adjustment reason.
Part D Adjustments column	Output	Part D adjustments by Paid for Month and adjustment reason.
Total Adjustments column	Output	Total adjustments by month and adjustment reason.
Paid for Month column	Output	Indicates the month to which the adjustment applies.

8.3.7 View Payment and Adjustment Details

The *Payment/Adjustment Detail (M215)* screen shows the components that comprise the payments, adjustments, premiums, rebates, subsidies, and bonuses that apply to a beneficiary in a month.

8.3.7.1 View the Payment/Adjustment for a Beneficiary

The *Payment/Adjustment Detail (M215)* screen is accessible by clicking on a <u>Payment Date</u> or <u>Adjustment Date</u> link from the following screens:

- *Beneficiary Detail: Enrollment (M204).*
- Beneficiary Detail: Payments (M206).
- Beneficiary Detail: Adjustments (M207).
- *Beneficiary Payment History (M406).*

The following screens provide payment and adjustment details for the selected month and contract. Adjustments are listed by adjustment reason code and are shown for the month in which they are paid, not the month to which they apply. When a blended rate displays, the demographic and risk-adjusted components used in the blending calculation also displays. Any additions and subtractions for bonuses, rebates, and/or subsidies are on separate lines.

8.3.7.2 View the Payment/Adjustment Detail (M215) Screen

If a beneficiary has payment/adjustment data available in MARx, the end user may click on the chevron (>>) to the left of the Payment or Adjustment line and a drop-down box displays the components that make up the payment/adjustment line.

Figure 8-29: Payment/Adjustment Detail (M215) Screen – Monthly Payment and Adjustment Totals

MBI #:1AA1A11AA11 BENEFICIARY ADDRESS CITY, STATE 03053-2961			JANE DOE ACTIVE					*State: OH		DOB: 11/28/ Sex: FEMAL ity: WAYNE (
ayment/Adjustment Deta	ail (M215)		Role: MCO REPRESENTATIV	E Date: 2/21/2	020				Close	Print
Export to Excel										
Payments/Adjustmen	t Table - Contract# HXXX	•								
					Pavment/Ad	iustments				
Payment Date	Description	Туре	Adjustment Code	Part A	Payment/Ad Part B	justments Part D	Total	Paid for Month	Paid Flag	Cleanup ID
Payment Date >> 05/01/2018	Description	Type PAYMENT	Adjustment Code				Total \$638.01		Paid Flag	Cleanup ID

Adjustments will be totaled by adjustment reason code. To view all the payment adjustments associated with one of the adjustment reason codes, the user may click on the adjustment reason code and a drop-down box will display all the adjustments for that adjustment reason code.

Figure 8-30: Payment/Adjustment Detail (M215) Screen – Use Drop-Down Function

EFICIARY AD				ACTIV	/E					A *State: OH (36		Sex: FEM	
ent/Adjustm	ent Detail (M215)			Role: MCO REPR	ESENTATIVE	Date: 2/21/20	20			CI	lose	Print	F
Export to Exce													
ayments/Ad	justment Table - Contra	ct# HXXXX				P	ayment/Adju	istments			_	_	
Paymen	t Date Descri	ption	Туре	Adjustment Cod	e	Part A	Part B	Part D	Total	Paid for Pa	aid Flag	Cleanup	. 10
* 05/01/2018	TOTAL		MENT	•		\$259.24	\$325.42	\$53.35	\$638.01	wonth	Ŭ		
00.01.2010	Part C Payments					Q200.21	\$020.12	\$00.00	\$000.01				
	Description	Туре	Adjustment Code	Part A	Part B	Total	Paid for Mo	nth I	Paid Flag	Cleanup II	D		
	COST PMPM RATE	PAYMENT	-	\$0.00	\$0.00	\$0.00	05/01/201	8	-				
	RATE (CALC CD 3)	PAYMENT COMPONENT	-	\$296.01	\$371.59	\$667.60	05/01/201	8	-				
	* RISK ADJUSTED PAYMENT AMOUNT	PAYMENT COMPONENT	-	\$210.46	\$264.20	\$474.66	05/01/201	8	Y				
	PART C PREMIUM	PAYMENT	-	\$0.00	\$0.00	\$0.00	05/01/201	8	Y				
	PART A/B COST SHARING REDUCTION	PAYMENT	-	\$27.37	\$34.35	\$61.72	05/01/201	8	Y				
	PART A/B MANDATORY SUPP BENEFITS	PAYMENT	-	\$9.17	\$11.51	\$20.68	05/01/201	8	Y				
		PAYMENT	-	\$12.24	\$15.36	\$27.60	05/01/201	8	Y				
	PART B PREMIUM REDUCTION	PAYMENT	-	\$0.00	\$0.00	\$0.00	05/01/201	8	-				
	PART D BASIC PREMIUM REDUCTION	PAYMENT	-	\$0.00	\$0.00	\$0.00	05/01/201	8	-				
	MSA MONTHLY DEPOSIT	PAYMENT COMPONENT	-	\$0.00	\$0.00	\$0.00	05/01/201	8	-				
	AGED/DISABLED MSP REDUCTION	PAYMENT	-	\$0.00	\$0.00	\$0.00	05/01/201	8	-				
	ESRD MSP REDUCTION	PAYMENT	-	\$0.00	\$0.00	\$0.00	05/01/201	8	-				
	TOTAL PT C PAYMENT	PAYMENT	-	\$259.24	\$325.42	\$584.66	05/01/201	8	Y				
	Part D Payments												
	Description	Туре	Adjustment C	Code Part	D Total	Paid for Month	n	Paid Flag		Cleanup ID			
	POS DIRECT SUBSIDY (LINET PMPM RATE)	PAYMENT	-		\$0.00	05/01/2018		-					
	PART D RISK ADJUSTED RATE (DIRECT SUBSIDY)	PAYMENT COMPONENT	-		\$90.44	05/01/2018		-					
	PART D BASIC PREMIUM	PAYMENT COMPONENT	-		(\$67.53)	05/01/2018		-					
	* PART D DIRECT SUBSID		-		(\$23.49)	05/01/2018		Y					
	PART D LIP	PAYMENT	-		\$0.00	05/01/2018		-					
	PART D COST SHARING	PAYMENT	-		\$0.00	05/01/2018		-					
	PART D BASIC PREMIUM REDUCTION REBATE	PAYMENT	-		\$7.90	05/01/2018		Y					
	PART D REINSURANCE	PAYMENT	-		\$58.06	05/01/2018		Y					
	PART D COVERAGE GAP DISCOUNT	PAYMENT	-		\$10.88	05/01/2018		Y					
	PACE PREMIUM ADD-ON	PAYMENT	-		\$0.00	05/01/2018		-					
	PACE COST SHARING ADD ON	D- PAYMENT	-		\$0.00	05/01/2018		-					
	PTD MTM PMPM ADD-ON	PAYMENT	-		\$0.00	05/01/2018		-					
		PAYMENT						Y					

Figure 8-31: Payment/Adjustment Detail (M215) Screen – Use Drop-Down Function from the Adjustment Reason Code Detail Line

NEFIC	AA1A11AA IARY ADDI ATE 03053	RESS					JANE DOE ACTIVE						*State:	Age: 74 DH (36) Cour	DOB: 11/28 Sex: FEMA nty: WAYNE
nent//	Adjustmen	nt Detail (M215)				Role: MCO REPRESENT	ATIVE Date: 2/	21/2020					Close	Print H
Expo	t to Excel														
Paym	ents/Adju	stment Ta	able - Con	tract# HXXXX					Paym	ent/Ac	djustments				
	Payment D	ate	De	scription	Туре		Adjustment Code	Part A		тB	Part D	Total	Paid fo Month		Cleanup IE
* 05/	01/2018		TOTAL		PAYMENT			\$259	24 \$3	25.42	\$53.35	\$638	.01		
* 05/	01/2018		TOTAL		ADJUSTM	NT -		(\$22.)	20) (\$	27.86)	\$0.00	(\$50.	06)		
	Payn	nent Date		Description	Ту	e	Adjustment Code	Part A	Part	в	Part D	Total	Paid for Month	aid Flag Clear	nup ID
	05/01/2018		τοτα	L	ADJUST	MENT	11-RETROACTIVE SCC CHANGE	(\$22.20) (\$27	.86)	\$0.00	(\$50.06)			
	stments - 1 ment Date		ACTIVE SC Ype	C CHANGE Descri	ption		Adjustment Code	Part A	Payment/ Part B	1		Total	Paid for Month	Paid Flag	Cleanup II
	01/2018	ADJUST COMPO		PART C RISK RATE (CALC C		11-RE	TROACTIVE SCC CHANGE	\$296.01	\$371.5	9	\$0.00	\$667.60		-	
05/			MENT	RISK ADJUST	ED	11-RF	TROACTIVE SCC CHANGE	(\$22.20)	(\$27.8	5)	\$0.00	(\$50.06)		Y	
	01/2018	COMPO		PAYMENT AM	OUNT	11-146		(+)							

8.3.7.3 Payment/Adjustment Detail (M215) Screen Excel Export Function

MARx allows users to export payment/adjustment data from the *Payment/Adjustment Detail* (*M215*) screen in the form of a Microsoft Excel spreadsheet. The export functionality incorporates beneficiary information including Personally Identifiable Information (PII)/Protected Health Information (PHI).

When the user clicks the <u>Export to Excel</u> link on the *Payment/Adjustment Detail (M215)* screen, a pop-up warning message will be displayed. This pop-up message will inform the end user that PII/PHI is about to be downloaded. The pop-up message will give the authorized user the option to continue downloading the data or cancel downloading the data altogether.

BI #:1AA1A11A/ NEFICIARY ADD Y, STATE 0305:	RESS		WA	tal.cms.gov says RNING: PHI/PII is about to be downloaded. ceed?	Do you want to				*State: OI	Age: 74 H (36) Coui	DOB: 11/2 Sex: FEM/ nty: WAYNE
ent/Adjustmer	t Detail (M215)				OK Can	cel				Close	Print
Export to Excel	= =										
ayments/Adju	stment Table - Co	ontract# HXXXX				Payment/A	djustments				
Payment D	ate C	escription	Туре	Adjustment Code	Part A	Part B	Part D	Total	Paid for Month	Paid Flag	Cleanup II
» 05/01/2018	TOTAL		PAYMENT		\$259.24	\$325.42	2 \$53.35	\$638.	.01		
¥ 05/01/2018	TOTAL		ADJUSTMENT	-	(\$22.20) (\$27.86) \$0.00	(\$50.0	06)		
Payr	nent Date	Description	Туре	Adjustment Code	Part A	Part B	Part D	Total	Paid for Month Pai	d Flag Clea	nup ID
05/01/2018	TOT	AL	ADJUSTMEN	T 11-RETROACTIVE SCC CHANGE	(\$22.20)	(\$27.86)	\$0.00	(\$50.06)			
Payr 05/01/2018	nent Date	AL .	Туре	Adjustment Code	Part A (\$22.20)	Part B (\$27.86)	Part D \$0.00	Total	Paid for Del	d Flag Clea	nup
					Pa	yment/Adjus	stments				
Payment Date	Туре	Descrip	otion	Adjustment Code	Part A	Part B F	Part D	Total	Paid for Month	Paid Flag	Cleanup II
	ADJUSTMENT	PART C RISK A		-RETROACTIVE SCC CHANGE	\$296.01	\$371.59	\$0.00	\$667.60		-	
05/01/2018	COMPONENT	RATE (CALC C	J 3)								
05/01/2018 05/01/2018	ADJUSTMENT COMPONENT	RISK ADJUSTE PAYMENT AMO	ED 11	-RETROACTIVE SCC CHANGE	(\$22.20)	(\$27.86)	\$0.00	(\$50.06)		Y	

Figure 8-32: Payment/Adjustment Detail (M215) Screen Pop-up Message

If the user clicks 'OK' to proceed, the file will be downloaded and the beneficiary identification will be added to the existing Excel export.

Figure 8-33: Example Excel Export from Payment/Adjustment Detail (M215)

A	В	C	D	E	F	G	н	1	J K	L	
1 MBI #:1AA1A	11AA11	JANE DOE				DOB: 1	1/28/1945				
2 BENEFICIARY A	DDRESS				A	ge: 74 Se	x: FEMALE				
3 CITY, STATE 44	691-9660			*State: C	OH (36) Co	ounty: W/	YNE (860)				
4											
5		PAYMENT									
7 Payment Date	Туре	Description	Adjustment Code	Part A	Part B	Part D	Total				
8 5/1/2018	PAYMENT	TOTAL		\$259.24	\$325.42	\$53.35	\$638.01				
9											
Payment Date	Type	Description	Adjustment Code	Part A	Part B	Part D	Total	Paid for Mont	h Paid Flag Cleanup I	d RAF Factor Type	
11	Type	Description	Aujustment Code	FattA	Faitb	Faitb	Total	Faid for World	i Faid Flag Cleanup i	a RAF Pactor Type	
12 5/1/2018	PAYMENT	COST PMPM RATE	-	\$0.00	\$0.00	\$0.00	\$0.00	5/1/2018	-		
13 5/1/2018	PAYMENT COMPONENT	PART C RISK ADJUSTED RATE (CALC CD 3)	-	\$296.01	\$371.59	\$0.00	\$667.60	5/1/2018	-		
										NONPACE COMMUNITY NON DUAL AGED	
14 5/1/2018	PAYMENT COMPONENT	RISK ADJUSTED PAYMENT AMOUNT	-	\$210.46		\$0.00	\$474.66	5/1/2018	Y	RAF	BENE
15 5/1/2018	PAYMENT	PART C PREMIUM	-	\$0.00	\$0.00	\$0.00	\$0.00	5/1/2018	Y		
16 5/1/2018	PAYMENT	PART A/B COST SHARING REDUCTION	-	\$27.37	\$34.35	\$0.00	\$61.72	5/1/2018	Y		
17 5/1/2018	PAYMENT	PART A/B MANDATORY SUPP BENEFITS	-	\$9.17	\$11.51	\$0.00	\$20.68	5/1/2018	Y		
18 5/1/2018	PAYMENT	PART D SUPP BENEFITS	-	\$12.24	\$15.36	\$0.00	\$27.60	5/1/2018	Y		
19 5/1/2018	PAYMENT	PART B PREMIUM REDUCTION		\$0.00	\$0.00	\$0.00	\$0.00	5/1/2018	-		
20 5/1/2018	PAYMENT	PART D BASIC PREMIUM REDUCTION	-	\$0.00	\$0.00	\$0.00	\$0.00	5/1/2018	-		
21 5/1/2018	PAYMENT COMPONENT	MSA MONTHLY DEPOSIT	-	\$0.00	\$0.00	\$0.00	\$0.00	5/1/2018	-		
22 5/1/2018	PAYMENT	AGED/DISABLED MSP REDUCTION	-	\$0.00	\$0.00	\$0.00	\$0.00	5/1/2018	-		
23 5/1/2018	PAYMENT	ESRD MSP REDUCTION	-	\$0.00	\$0.00	\$0.00	\$0.00	5/1/2018	-		
24 5/1/2018	PAYMENT	TOTAL PT C PAYMENT	-	\$259.24	\$325.42	\$0.00	\$584.66	5/1/2018	Y	132 -	
25 5/1/2018	PAYMENT	POS DIRECT SUBSIDY (LINET PMPM RATE)	-	\$0.00	\$0.00	\$0.00	\$0.00	5/1/2018	-		
		PART D RISK ADJUSTED RATE (DIRECT						- /- /			
26 5/1/2018	PAYMENT COMPONENT	SUBSIDY)	-	\$0.00	\$0.00	\$90.44	*	5/1/2018	-		
27 5/1/2018	PAYMENT COMPONENT	PART D BASIC PREMIUM	-	\$0.00	\$0.00	(\$67.53)	(\$67.53)	5/1/2018	-		
				ćo. 00	60.00	(633.40)	(633.40)	F /s /2000			
 payr 	mentadjustment (1)	+)					1				

	Payment/Adjustment De	etail (M215) Field Descriptions
Item	Input/Output	Description
Payment Date column	Output	Date on which the payments were made.
Type column	Output	Specifies the type. These include payment, payment component, equivalent, and adjustment component.
Description column	Output	For payments or equivalent, provides description, such as demographic, risk adjusted, blended, one of the premium types, one of the rebate types, or one of the subsidy types. For adjustments, describes reason for the adjustment.
Adjustment Code column	Output	Code of adjustment reason for each adjustment. Dashes are used when it is not an adjustment.
Payment/Adjustments Part A column	Output	Part A amount of payment or adjustment, as applicable.
Payment/Adjustments Part B column	Output	Part B amount of payment or adjustment, as applicable.
Payment/Adjustments Part D column	Output	Part D amount of payment or adjustment, as applicable.
Payment/Adjustments Total column	Output	Total amount of payment or adjustment, as applicable.
Paid for Month column	Output	Month/year to which the payment applies. For adjustments, this month is being adjusted, not the month in which the adjustment is paid.

Table 8-16: Payment/Adjustment Detail (M215) Field Descriptions

8.3.8 View the Payment/Adjustment for Displaying Risk Adjustment Factors (RAFs) for a Beneficiary

The Payment/Adjustment Detail (M215) screen displays the risk adjustment factor used in determining the beneficiary's payment. This information is displayed and hidden at the user's discretion. CMS added the RAF and RAF types to existing payment history lines on the MARx Payment/Adjustment Detail (M215) screen.

8.3.8.1 Navigate to the RAF

A chevron (>>) will appear next to each row of data on the *Payment/Adjustment Detail (M215)* screen where a risk adjustment factor is used to calculate a payment or an adjustment amount. When a user clicks the chevron (>>), a drop down display of the risk adjustment factor appears. The RAF data values on the *Payment/Adjustment Detail (M215)* screen are:

- RAF Type.
- RAF Class.
- RAF used for Part A payment calculation.
- RAF used for Part B payment calculation.
- RAF used for Part D payment calculation.
- Part C Frailty Factor used in the payment calculation.
- RAF Start and End date.

8.3.8.2 View the Payment/Adjustment for Displaying RAFs for a Beneficiary Figure 8-34: Payment/Adjustment Detail (M215) Screen

BI #:1AA1A11AA11 IEFICIARY ADDRESS Y, STATE 03053-2961			JANE DOE ACTIVE				State:		Age:	930 DOD: 10 82 Sex: F ROCKING	EMAL
ent/Adjustment Det	ail (M215)		Role: MCO REPRESENT	ATIVE Date: 2/2	21/2020				Close	e Print	He
Export to Excel Payments/Adjustme	nt Table - Contract# HX)	ĸxx			Payment/Ad	iustments					
Payment Date	Description	Туре	Adjustment Code	Part A	Part B	Part D	Total	Paid Mon		I Flag Clean	up ID
» 07/01/2010	TOTAL	PAYMENT		\$214.06	\$189.30	\$339.29	\$742.6	65			
¥ 07/01/2010	TOTAL	ADJUSTMENT -		(\$3,760.38)	(\$3,325.38)	\$47.76	(\$7,038.0	0)			
Payment D	ate Description	Туре	Adjustment Code	Part A	Part B	Part D		Paid for Month	Paid Flag	Cleanup ID	
	ΤΟΤΑΙ	ADJUSTMENT	26-PART C RISK ADJUSTMENT FACTOR CHANGE (MID-YEAR)	\$253.02	\$223.74	\$0.00	\$476.76				
07/01/2010											
07/01/2010 07/01/2010	TOTAL	ADJUSTMENT	41-PART D RISK ADJUSTER FACTOR CHANGE / ONGOING	\$0.00	\$0.00	\$47.76	\$47.76				

8.3.8.3 View the Payment/Adjustment Detail Screen with Display of RAF Figure 8-35: Payment/Adjustment Detail (M215) Screen Display of RAF

NEFICI	AA1A11A IARY ADE ATE 0305	DRESS				JANE DOE ACTIVE				SI		B: 01/16/1930 Age: 82 County: RO	Sex: FEMA
nent/A	djustme	nt Detail (M	215)			Role: MCO REPRESEN	TATIVE Date:	2/21/2020				Close	Print
1.1	t to Excel ents/Adiu	ustment Tab	le - Contract# I	ixxxx									
	,							Payment	/Adjustmer	its			
P	Payment E	Date	Description	Туре		Adjustment Code	Part A	Part B	Part	D Tot	al Paid Mo		Cleanup ID
» 07/0	01/2010	то	TAL	PAYMENT			\$214.0	6 \$189	.30 \$339	.29 \$	42.65		
¥ 07/0	01/2010	TO	TAL	ADJUSTM	ENT -		(\$3,760.3	3) (\$3,325	38) \$47	7.76 (\$7,0	38.00)		
	Payn	nent Date	Descriptio	n Ty	pe	Adjustment Code	Part A	Part B	Part D	Total	Paid for Month	Paid Flag Clea	nup ID
	07/01/2010)	TOTAL	ADJUS	MENT	26-PART C RISK ADJUSTMENT FACTOR CHANGE (MID-YEAR)	\$253.02	\$223.7	4 \$0.00	\$476.	6		
	07/01/2010	D	TOTAL	ADJUS"	MENT	41-PART D RISK ADJUSTER FACTOR CHANGE / ONGOING	\$0.00	\$0.0	\$47.76	\$47.3	6		
	07/01/2010	D	TOTAL	ADJUS [*]	MENT	42-RETROACTIVE MSP STATUS	(\$4,013.40) (\$3,549.1	2) \$0.00	(\$7,562.5	2)		
djustr	ments - 2	6-PART C RI	SK ADJUSTMEN	T FACTOR CH	NGE (I	MID-YEAR)		Payment/Adj	ustments				
Paymo	ent Date	Туре		escription		Adjustment Code	Part A	Part B	Part D	Total	Paid for Month	Paid Flag	Cleanup ID
07/01	1/2010	ADJUSTME		JUSTED		ART C RISK ADJUSTMENT FOR CHANGE (MID-YEAR)	\$242.39	\$214.34	\$0.00	\$456.73	montai	Y	
07/01	1/2010	ADJUSTME	NT AGED/D REDUCT	ISABLED MSP TION		ART C RISK ADJUSTMENT FOR CHANGE (MID-YEAR)	(\$200.22)	(\$177.05)	\$0.00	(\$377.27)		Y	
07/01	1/2010	ADJUSTME	NT TOTAL F	T C PAYMENT		ART C RISK ADJUSTMENT FOR CHANGE (MID-YEAR)	\$42.17	\$37.29	\$0.00	\$79.46	06/01/201) Y	
Risk	Adjustmen	t Factor											
Facto	or Type		Facto	r Class			Part A	Part B	Part C Frailty Swit	ch	itart Date	End Date	
		ONAL RAF				TER FACTOR	2.4700	2.4700	1		01/01/201		

8.3.9 View Beneficiary Premium Information

The premium information includes the history of basic premiums paid by the beneficiary, the penalty for late enrollment added to the premiums, and the subsidies paid by the Government that reduce the premiums.

8.3.9.1 View the Beneficiary Detail: Premiums View (M231) Screen

To access the *Beneficiary Detail: Premiums View (M231)* screen, the user clicks on the |Premiums| menu item. When the beneficiary enrolls in two contracts; one for Part A and/or Part B and the other for Part D, two rows for the same month are displayed.

The *Beneficiary Detail: Premiums View (M231)* screen displays a list of premium information. Information for the contracts in which the beneficiary was enrolled that month is displayed. The Late Enrollment Penalty (LEP) is displayed on the screen in three (3) columns:

- Direct Bill LEP Amount The monthly LEP amount that the Plan is required to collect directly from the beneficiary.
- PW LEP Amount The monthly LEP amount that SSA or RRB withholds from the beneficiary's benefit.
- Total LEP Amount The Direct Bill LEP Amount plus PW LEP Amount.

Special note: Users with update capabilities will also see an "Update" button available on the M231 screen. Users without update capabilities will not see this button when viewing the screen.

Claim #: XXX MBI #: 1A00A 23011 63RD & BRADENTON	VE E	-7105						JOHN D ACTIV								State: FL (10		OB: 07/18/19 Sex: MALE IANATEE (40
inapshot Enr	ollment Pa	yments Ad	justment	s Prem	iums Lep	SSA - RRB	Factors	Utilizat	ion N	ISA R	esidence	Address R	x Insurance	Status Activ	ity			
remiums Vie	ew (M231)					User:	Role:	MCO RE	EPRES	ENTAT	IVE Da	te: 4/4/2018				(Close Pri	nt Help
Premiums Start Date	End Date	Contract	PBP	Seg	Premium Payment Option	Part C/D Premium Status	Part C	Part D	LIS	LIS %	NUN CMO	Direct Bill LEP Amount	PW LEP Amount	Total LEP Amount	Total Premium	Part B Premium Reduction	SSA Accepted Month	SSA Accepted Month
						Status						Amount	Amount	Amount		Reduction	(C/D)	(B)
» 01/01/2018	12/31/2018	HXXXX	807	000	DIRECT SELF-PAY		\$0.00	\$35.00	\$0.00	0.00%	0	\$0.00	\$0.00	\$0.00	\$35.00	\$0.00		
» 08/01/2017	12/31/2017	HXXXX	807	000	DIRECT SELF-PAY		\$0.00	\$35.60	\$0.00	0.00%	0	\$0.00	\$0.00	\$0.00	\$35.60	\$0.00		

Figure 8-36: Beneficiary Detail: Premiums View (M231) Screen

Table 8-17: Beneficiary Detail: Premiums View (M231) Field Descriptions

	Beneficiary	Detail: Premiums View (M231) Field Descriptions
Item	Input/Output	Description
Search Criteria		
Payment Month	Input (Required)	Enter a month and year in the format (M)M/CCYY. This date defaults to the CPM when the screen is initially opened.
Find	Button	Displays premium information associated with the Payment Month entered.
Reset	Button	Resets the entered date to the CPM.

	Beneficiary	Detail: Premiums View (M231) Field Descriptions
Item	Input/Output	Description
Premiums		
[>>]	Button	Displays additional details about the premium in a dropdown below the premium line.
[♥] [♥]	Button	Selecting this closes the already opened dropdown premium detail information view.
Start Date	Output	When the period for this row's premium began.
End Date	Output	When the period for this row's premium ended.
Contract	Output	Contract for which premiums were charged.
PBP	Output	PBP for which premiums were charged.
Seg	Output	Segment for which premiums were charged.
Premium Payment Option (PPO)	Output	The PPO that the beneficiary chose for paying the premiums; Direct Self Pay or Withholding from one of the withholding agencies (SSA or RRB).
Part C/D Premium Status	Output	 'Accepted' – the withhold agency has accepted the PPO for the premium period 'Pending' – the withhold agency has not accepted the current PPO for the premium period and there was a previously accepted PPO for the premium period 'Confirmed' – the PPO matches the SSA BRI data Blank – Any premium period that cannot be identified as Accepted, Pending or Confirmed.
Part C	Output	Part C premium for the beneficiary for this period.
Part D	Output	Part D premium for the beneficiary for this period.
LIS	Output	Low-Income Subsidy - Amount of Part D premiums that were subsidized due to the beneficiary's low-income status.
LIS %	Output	Percentage level for the Part D premium subsidy due to the beneficiary's low-income status.
NUNCMO	Output	Number of months during which the beneficiary did not have creditable drug insurance coverage associated with this premium period.
Direct Bill LEP Amount	Output	Direct Bill LEP Amount - The monthly LEP amount that the Plan is required to collect directly from the beneficiary.
PW LEP Amount	Output	PW LEP Amount – The monthly LEP amount that SSA or RRB withholds from the beneficiary's benefit
Total LEP Amount	Output	The Direct Bill LEP amount plus the PW LEP Amount
Total Premium	Output	Total premium charged for Parts C and/or D, as applicable, taking into account subsidies and penalties.
Part B Premium Reduction	Output	Total Part B premium reduction, as applicable.
SSA Accepted Month (C/D)	Link	Date Parts C and/or D premium withholding request accepted by SSA. If the beneficiary did not request withholding from SSA or if the request was rejected, field is blank. Selecting this link displays the <i>Beneficiary Detail: Premium Withhold Transactions (M237)</i> screen, which shows the Parts C and/or D Premium Withhold Transactions accepted by SSA for specific premium period.
SSA Accepted Month (B)	Link	Date Part B premium reduction transaction accepted by SSA. If Part B premium reduction does not apply to beneficiary or if transaction rejected by SSA, field is blank. Selecting this link displays the <i>Beneficiary Detail: Premium Withhold Transactions (M237)</i> screen, which shows the Part B Reduction Premium Withhold Transactions accepted by SSA for specific premium period.

	Beneficiary	Detail: Premiums View (M231) Field Descriptions
Item	Input/Output	Description
Premium Details This section displays	s when the premit	Im line dropdown arrow is selected. It shows additional details for the line.
Creation Date	Output	Date on which the transaction is sent to SSA.
De Minimis	Output	De Minimis amount that was applied to this premium.
Part D Net of De Minimis	Output	The Part D premium amount adjusted for De Minimis.
LEP Subsidy	Output	Amount of the LEP that was subsidized.

8.3.10 View Late Enrollment Penalty (LEP) Information

8.3.10.1 View the LEP (M258) Screen

The *LEP View (M258)* screen displays information for direct bill and Social Security Administration (SSA)/Railroad Retirement Board (RRB) withholding status, including all LEP details related to premium periods and the beneficiary's entire LEP history.

Note: If more than 1,000 LEP records exist for a beneficiary, only the latest 1,000 records will be displayed on the *LEP View (M258)* screen.

The LEP records are sorted by:

- Contract number.
- PBP number.
- Segment number.
- HICN.
- Premium/Adjustment Period Start End Date.
- Prospective record.
- Adjustment record.
- Harm detail record.

Figure 8-37: LEP View (M258) Screen

m #: XXXXXX #: 1A00A00A S WILSON I DCLIFF, KY Dshot Enroll	A00 RD HOUS 40160-20	586	justments Premiu	ms LEP SSA - RRB		ANE DOE ACTIVE	dress Rx Ins	urance Status Activity			DOB: 10/2 e: 45 Sex: FEM County: HARDI
View (M25	8)			User:	Role: MCO REPR	ESENTATIVE Date	: 2/23/2018			Close	Print
EResults	found	for searc	h								
Contract	PBP	Record Type	Paid Month	Premium Coverage Start Month	Premium Coverage End Month	PPO	NUNCMO	Monthly LEP Amount	Refund/Charge	LEP Adjustment/ Payment Amount	Cleanup ID
HXXXX	038	AD	12/01/2017	10/01/2017	11/30/2017	DIRECT BILL			REFUND	(\$7.80)	
HXXXX	038	PD	11/01/2017	11/01/2017	11/30/2017	DIRECT BILL	11	\$3.90	CHARGE	\$3.90	
HXXXX	038	PD	10/01/2017	10/01/2017	10/31/2017	DIRECT BILL	11	\$3.90	CHARGE	\$3.90	
HXXXX	038	PD	09/01/2017	09/01/2017	09/30/2017	DIRECT BILL	11	\$3.90	CHARGE	\$3.90	
HXXXX	038	PD	08/01/2017	08/01/2017	08/31/2017	DIRECT BILL	11	\$3.90	CHARGE	\$3.90	
HXXXX	038	PD	07/01/2017	07/01/2017	07/31/2017	DIRECT BILL	11	\$3.90	CHARGE	\$3.90	
HXXXX	038	PD	06/01/2017	06/01/2017	06/30/2017	DIRECT BILL	11	\$3.90	CHARGE	\$3.90	
HXXXX	038	PD	05/01/2017	05/01/2017	05/31/2017	DIRECT BILL	11	\$3.90	CHARGE	\$3.90	
HXXXX	038	PD	04/01/2017	04/01/2017	04/30/2017	DIRECT BILL	11	\$3.90	CHARGE	\$3.90	
HXXXX	038	PD	03/01/2017	03/01/2017	03/31/2017	DIRECT BILL	11	\$3.90	CHARGE	\$3.90	
	038	AD	03/01/2017	01/01/2017	02/28/2017	DIRECT BILL	11	\$3.90	CHARGE	\$7.80	

This screen data cannot be modified or updated, therefore only one screen message is generated when no data is found for the specified beneficiary.

Table 8-18: LEP View (M258) Field Descriptions

	LEP View	7 (M258) Field Descriptions
Item	Туре	Description
		Displays the <i>Update Enrollment (M212)</i> screen, which also provides access to the following screens:
		Update Institutional/NHC (M213).
[Update]	Button	Update Medicaid (M214).
	Dutton	Update Premiums (M226).
		Update Rx Insurance (M228).
		The [Update] button does not show for the MCO Representative.
[Change User View]	Button	Displays the <i>User Security Role Selection (M002)</i> screen where users can mirror the view of another role. The [Change User View] button does not show for the MCO user.
Contract	Output	The Plan contract number under which the beneficiary was insured when the LEP transaction occurred.
РВР	Output	The Plan contract PBP number under which the beneficiary was insured when the LEP transaction occurred.
		A 2-character code to describe the type of LEP record:
Decord Type	Output	PD (Prospective Detail Record)
Record Type	Output	AD (Adjustment Detail Record)
		HD (Harm Detail Record)
Paid Month	Output	The LEP paid month and year in this format: MM/CCYY.
Premium Coverage Start Month	Output	The month and year premium coverage started in this format: MM/CCYY.
Premium Coverage End Month	Output	The month and year premium coverage ended in this format: MM/CCYY.
		This field designates the premium payment option as either:
РРО	Output	Direct Bill
		Withhold
NUNCMO	Output	Number of months during which the beneficiary is not covered by drug insurance.
Monthly LEP Amount	Output	This field displays the LEP amount monthly charged for the beneficiary.
		This field designates either the charge incurred for paid records or a refund when overpaid:
Refund/Charge	Output	CHARGE for positive amounts
		REFUND for negative amounts
LEP Adjustment/Payment Amount	Output	This field displays the LEP adjustment or payment amount.
Cleanup ID	Output	This field displays the cleanup ID.

8.3.11 View Beneficiary Premium Withhold Transactions

SSA/RRB Transaction Status (M237) screen displays the SSA/RRB processing status for the Part C/Part D premium withhold and Part B Premium Reduction transactions sent by CMS to SSA and RRB for a specific beneficiary with premium year range. Four separate views display SSA and RRB transactions:

- SSA Part C/Part D Premium Withhold.
- RRB Part C/Part D Premium Withhold.
- SSA/RRB Part B Premium Reduction.
- All SSA-RRB.

These views display whether or not SSA or RRB accepts or rejects the transaction.

8.3.11.1 View the Beneficiary Detail: SSA/RRB Transaction Status (M237) Screen

To access the *SSA/RRB Transaction Status (M237)* screen, click on the |SSA - RRB| menu item. This displays 'All SSA-RRB' view, which provides the following Request File Type of premium withhold transactions:

- SSA Part C/Part D.
- RRB Part C/Part D.
- Historical SSA C/D/B.

By clicking the chevron (>>) to the left of the Status column, more detail transactions display, as described in the next table.

Figure 8-38: SSA/RRB Transaction Status (M237) Screen

apshot Enrollment Paymen	ıts Adjust	ments Pre	miums L	EP SSA	- RRB Util	A	NE DOE CTIVE sidence Address Rx	Insurance Status	Activity		State: NH (30) C	Age: 82	OD: 10/01/201 Sex: FEMALI KINGHAM (0
A/RRB Transaction Statu			·					ESENTATIVE Date				Close	Print Hel
howing 1 to 20 of 23 entries SA Part C/D Premium With1	nold, Part	Contra A R	II SSA - RB	nd	elect "Find." SSA Part C/ Withhold		SSA/RRB P Reduction	art B Premium	RRB Withh	Part C/D Premium old	Previou	s 1	2 Next
Status Contra	act PB	P Seg	Drug Plan	Туре	Closed	Request File Type	Request File Creation Date	Response File Date	Premium Start Date	Premium End Date	Premium Payment Option	Sent HICN	Process ID
ACCEPTED H12	34 00	1 002	Y	Initial	N	SSA Part C/D	11/23/2009	11/30/2009	01/01/2010		D - DIRECT SELF-PAY	XXXXXXXX	XASBSP0911
ACCEPTED H12	34 00	1 005	Y	Initial	Ν	SSA Part C/D/B	04/05/2009	04/09/2009	06/01/2007	12/31/2007	S - DEDUCT FROM SSA BENEFITS	XXXXXXXXX	KA DLTA09040
ACCEPTED H12	34 00	005	Y	Initial	N	SSA Part C/D/B	04/05/2009	04/09/2009	01/01/2007	05/31/2007	S - DEDUCT FROM SSA BENEFITS	*****	XADLTA09040
REJECTED H12	34 00	002	Y	Initial	N	SSA Part C/D/B	11/22/2008	12/02/2008	01/01/2009		D - DIRECT SELF-PAY	XXXXXXXX	XA DLTA08112
ACCEPTED H12	34 00	002	Y	Initial	N	SSA Part C/D/B	06/29/2008	07/03/2008	01/01/2008		D - DIRECT SELF-PAY	XXXXXXXX	XA DLTA08062
ACCEPTED H12	34 00	005	Y	Initial	Ν	SSA Part C/D/B	06/29/2008	07/07/2008	06/01/2007	12/31/2007	S - DEDUCT FROM SSA BENEFITS	xxxxxxxxx	KA DLTA08062
ACCEPTED H12	34 00	005	Y	Initial	N	SSA Part C/D/B	06/29/2008	07/07/2008	01/01/2007	05/31/2007	S - DEDUCT FROM SSA BENEFITS	*****	A DLTA08062
ACCEPTED H12	34 00	1 002	Y	Initial	N	SSA Part C/D/B	05/28/2008	06/02/2008	01/01/2008		D - DIRECT SELF-PAY	xxxxxxxxx	A DLTA08052
ACCEPTED H12	34 00	1 002	Y	Initial	Ν	SSA Part C/D/B	01/31/2008	02/07/2008	01/01/2008		S - DEDUCT FROM SSA BENEFITS	*****	KA DLTA08012
ACCEPTED H12	34 00	1 005	Y	Initial	Ν	SSA Part C/D/B	01/31/2008	02/07/2008	09/01/2007	12/31/2007	S - DEDUCT FROM SSA BENEFITS	****	KA DLTA08012
ACCEPTED H12	34 00	1 005	Y	Initial	Ν	SSA Part C/D/B	01/31/2008	02/07/2008	01/01/2007	08/31/2007	S - DEDUCT FROM SSA BENEFITS	XXXXXXXXX	KA DLTA08012
PENDING H12	34 00	1 005	Y	Initial	Y	SSA Part C/D/B	01/26/2008		01/01/2008	12/31/2007	S - DEDUCT FROM SSA BENEFITS	xxxxxxxx	A DLTA08012
PENDING H12	34 00	1 005	Y	Initial	Y	SSA Part C/D/B	01/26/2008		09/01/2007	12/31/2007	S - DEDUCT FROM SSA BENEFITS	xxxxxxxxx	KA DLTA08012
PENDING H12	34 00	1 005	Y	Initial	Y	SSA Part C/D/B	01/26/2008		01/01/2007	08/31/2007	S - DEDUCT FROM SSA BENEFITS	xxxxxxxx	A DLTA08012
ACCEPTED H12	34 00	1 002	Y	Initial	Ν	SSA Part C/D/B	12/24/2007	01/03/2008	01/01/2008		S - DEDUCT FROM SSA BENEFITS	XXXXXXXXX	A DLTA07122
PENDING H123	34 00	1 002	Y	Initial	Y	SSA Part C/D/B	12/23/2007		01/01/2008		S - DEDUCT FROM SSA BENEFITS	xxxxxxxx	A DLTA07121
ACCEPTED H12	34 00	1 005	Y	Initial	N	SSA Part C/D/B	11/14/2007	11/26/2007	10/01/2007		S - DEDUCT FROM SSA BENEFITS	xxxxxxxx	A DLTA07111
ACCEPTED H12	34 00	1 005	Y	Initial	Ν	SSA Part C/D/B	11/14/2007	11/26/2007	01/01/2007	09/30/2007	S - DEDUCT FROM SSA BENEFITS	XXXXXXXXXX	KA DLTA07111
PENDING H12	34 00	1 005	Y	Initial	Y	SSA Part C/D/B	11/10/2007		10/01/2007		S - DEDUCT FROM SSA BENEFITS	*****	A DLTA07111
PENDING H12	34 00	1 005	Y	Initial	Y	SSA Part C/D/B	11/10/2007		01/01/2007	09/30/2007	S - DEDUCT FROM SSA BENEFITS	*****	KA DLTA07111

Note: For Facilitated Direct Bill (FDB) transactions only SSA Status, Transaction Code, SSA Sent date, SSA Response File Date, and Premium Withhold Option are displayed.

Table 8-19: SSA/RRB Transaction Status (M237) Screen Transaction Details Dropdown Inputs, Outputs, and Actions

SSA/RRB Transaction Status	(M237) Screen Transact	ion Details Dropdown Inputs, Outputs, and Actions
Item	Туре	Description
[>>]	Button	The user clicks on this button on a particular transaction status row to display dropdown premium detail transaction information view.
[^] [^]	Button	The user clicks on this button on a particular transaction status row to close the already opened dropdown premium detail transaction information view.
Reason For Reject column	Output	Reason for SSA or RRB reject of the transaction. Shown only for rejected transaction.

SSA/RRB Transaction Status	(M237) Screen Transact	ion Details Dropdown Inputs, Outputs, and Actions
Item	Туре	Description
Part C Premium column	Output	This displays for SSA/RRB Part C/ Part D Premium Withhold; cost charged by Plan to beneficiary for Part C coverage.
Part D Premium column	Output	This displays for SSA/RRB Part C/ Part D Premium Withhold; cost to beneficiary for Basic Part D coverage.
Part D Enhanced Premium column	Output	This displays for SSA/RRB Part C and Part D Premium Withhold Cost to beneficiary for additional Part D coverage not included in the Basic coverage.
LEP column	Output	This displays for SSA/RRB Part C/ Part D Premium Withhold – Penalty charged to beneficiary for late enrollment in Part D coverage.
LEP Subsidy column	Output	This displays for SSA/RRB Part C/ Part D Premium Withhold; amount of the LEP that was subsidized.
LIS Column	Output	This displays for SSA/RRB Part C, Part D Premium Withhold; amount of Part D premiums that were subsidized by the government LIS.

Table 8-20: SSA/RRB Transaction Status (M237) Field Descriptions

	SSA/RRB Transaction Sta	tus (M237) Field Descriptions
Item	Input/Output	Description
Contract	Optional data entry field	The user enters a valid contract number
[Find]	Button	The user clicks on this button to display premium transaction information for the search criteria.
Premium Start Year	Optional data entry field	The user enters year in the form CCYY.
Premium End Year	Optional data entry field	The user enters year in the form CCYY.
Status column	Output	SSA/RRB Transaction Status is shown as Accepted for an accepted transaction and Rejected for a rejected transaction.
Contract column	Output	Contract for which premiums were charged.
PBP column	Output	PBP for which premiums were charged.
Segment Column	Output	Segment for which premiums were charged.
Drug Plan	Output	Only SSA or RRB Part C, Part D Premium Withhold. Indicates whether each contract/PBP provides drug insurance coverage. Set to Y or N.

	SSA/RRB Transaction St	tatus (M237) Field Descriptions
Item	Input/Output	Description
Type column	Output	 Transaction Code (Initial, Retry or FDB): Initial – (for both SSA and RRB) – indicates a first submission of a Premium Withhold transaction from CMS to SSA or RRB. The transaction is accepted or rejected. The rejection is because of a mismatch in demographic information between CMS and SSA or because of a new enrollment for which SSA does not yet have information. Retry – (for SSA only) – Indicates a transaction transmitted to SSA after the first submission was rejected by SSA. The transaction is accepted or rejected by SSA. Transactions that are rejected by SSA in 'retry' are resubmitted to SSA as a Facilitated Direct Bill (FDB) transaction. Prior Year Transaction rejects are not submitted for FDB. FDB – (for SSA only) – indicates a transaction was transmitted to SSA after the second attempt was rejected by SSA. The FDB transaction is accepted or rejected by SSA.
Closed	Output	Transaction Closed indicator. Shown as 'Y' for closed transactions.
Request File Creation Date column	Output	Date transaction is sent to SSA or RRB.
Request File Creation Date column heading	Sorter	For SSA: sorts the results by SSA sent date.For RRB: sorts the results in order by Response FileCreation Date, Response File Date, and Premium StartDate.Rows are sorted in ascending order by default and theorder is switched between ascending and descending byclicking on column heading.
Response File Date column	Output	Date on which response is received from SSA or RRB Header date on SSA Response File, date that RRB Reply File is processed.
Premium Start Date column	Output	When the premium charge began.
Premium Start Date column heading	Sorter	Sorts the results by Premium Start Date Rows are sorted in ascending order by default and the order is switched between ascending and descending by clicking on column heading.
Premium End Date column	Output	When the premium charge ended.
Premium Withholding Option column	Output	Option that the beneficiary chose for paying the premiums.
Sent HICN	Output	This displays the associated HICN sent on the transaction
Process ID	Output	This displays the associated ID sent on the transaction

Additional filter options are available when you want to only display one contract at a time.

Figure 8-39: SSA/RRB Transaction Status (M237) Screen for All RRB Transaction Options

IBI #:1AA1A NEFICIARY TY, STATE (apshot Enrol	ADDRESS 03053-2961	Adjustme	nts Pre	emiums L	EP SSA	- RRB	Utilization	AC	E DOE TIVE dence Address Rx	Insurance Status	Activity		DOB: 0 State: NH (30) C	1/16/1930 DO Age: 82 Se ounty: ROCK	ex: FEMALI
A/RRB Tran	saction Status	(M237)							Role: MCO REPRE	ESENTATIVE Date	2/11/2020			Close P	rint Hel
			Enter t	the search	criteria se	elect "Find	d."								
			Contra												
				Fi											
			• A	AII SSA - RRB		SSA Part Nithhold	C/D Pre	mium	SSA/RRB Para Reduction	art B Premium	RRB I Withh	Part C/D Premium			
	0 of 23 entries												D		2 Next
0	Premium Withhol	d Part B I	Premium	n Reducti	on and Ri	R Trans	action R	esulte					Previou	s 1	2 Next
				Drug				quest	Request File	Response	Premium	Premium	Premium	Sent	Process
Status	Contract	PBP	Seg	Plan	Туре	Closed		е Туре	Creation Date	File Date	Start Date	End Date	Payment Option	HICN	ID
ACCEPTED	H1234	001	002	Y	Initial	N	SS	A Part C/D	11/23/2009	11/30/2009	01/01/2010		D - DIRECT SELF-PAY	XXXXXXXXXX	ASBSP0911
Transaction De	etails		_												
Part B Premium Reduction	Part C Premium	Part D Pre	mium	Part D E	nhanced P	remium	LEP	LEP Subsidy	LIS						
\$0.00	\$92.00	\$35.7	0		\$17.10		\$0.00	\$0.00	\$34.60						
													0.05000750000000		
ACCEPTED	H1234	001	005	Y	Initial	N	SSA	Part C/D/B	04/05/2009	04/09/2009	06/01/2007	12/31/2007	S - DEDUCT FROM SSA BENEFITS	XXXXXXXXXX	A DLTA0904
ACCEPTED	H1234	001	005	Y	Initial	Ν	SSA	Part C/D/B	04/05/2009	04/09/2009	01/01/2007	05/31/2007	S - DEDUCT FROM SSA BENEFITS	XXXXXXXXXXX	ADLTA0904
REJECTED	H1234	001	002	Y	Initial	N	SSA	Part C/D/B	11/22/2008	12/02/2008	01/01/2009		D - DIRECT SELF-PAY	XXXXXXXXXX	A DLTA0811
ACCEPTED	H1234	001	002	Y	Initial	Ν	SSA	Part C/D/B	06/29/2008	07/03/2008	01/01/2008		D - DIRECT SELF-PAY	XXXXXXXXXXXXX	A DLTA0806
ACCEPTED	H1234	001	005	Y	Initial	N	SSA	Part C/D/B	06/29/2008	07/07/2008	06/01/2007	12/31/2007	S - DEDUCT FROM SSA BENEFITS	XXXXXXXXXXXX	A DLTA0806
ACCEPTED	H1234	001	005	Y	Initial	N	SSA	Part C/D/B	06/29/2008	07/07/2008	01/01/2007	05/31/2007	S - DEDUCT FROM SSA BENEFITS	xxxxxxxxx	A DLTA0806
ACCEPTED	H1234	001	002	Y	Initial	N	SSA	Part C/D/B	05/28/2008	06/02/2008	01/01/2008		DEITEITTO	XXXXXXXXXX	
ACCEPTED	H1234	001	002	Y	Initial	N	SSA	Part C/D/B	01/31/2008	02/07/2008	01/01/2008		S - DEDUCT FROM SSA BENEFITS	xxxxxxxxxxx	A DLTA0801
ACCEPTED	H1234	001	005	Y	Initial	N	SSA	Part C/D/B	01/31/2008	02/07/2008	09/01/2007	12/31/2007	S - DEDUCT FROM SSA BENEFITS	xxxxxxxxx	A DLTA0801
ACCEPTED	H1234	001	005	Y	Initial	N	SSA	Part C/D/B	01/31/2008	02/07/2008	01/01/2007	08/31/2007	S - DEDUCT FROM SSA	****	A DLTA0801
PENDING	H1234		005	Y	Initial	Y	SSA	Part C/D/B	01/26/2008		01/01/2008	12/31/2007	BENEFITS S - DEDUCT FROM SSA BENEFITS	xxxxxxxxxx	
PENDING	H1234	001	005	Y	Initial	Y	SSA	Part C/D/B	01/26/2008		09/01/2007	12/31/2007	S - DEDUCT FROM SSA	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	A DLTA0801
PENDING	H1234		005		Initial	Y		Part C/D/B	01/26/2008		01/01/2007	08/31/2007	BENEFITS S - DEDUCT FROM SSA BENEFITS		
												30/31/2007	o prover spectreet		
ACCEPTED	H1234	001	002	Y	Initial	N	SSA	Part C/D/B	12/24/2007	01/03/2008	01/01/2008		BENEFITS	/000000000	
PENDING	H1234	001	002		Initial	Y	SSA	Part C/D/B	12/23/2007		01/01/2008		S - DEDUCT FROM SSA BENEFITS		
ACCEPTED	H1234	001	005	Y	Initial	Ν	SSA	Part C/D/B	11/14/2007	11/26/2007	10/01/2007		S - DEDUCT FROM SSA BENEFITS	xxxxxxxxxxxx	A DLTA0711
PENDING	H1234	001	005	Y	Initial	Y	SSA	Part C/D/B	11/10/2007		01/01/2007	09/30/2007	S - DEDUCT FROM SSA BENEFITS	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	A DLTA07111
	0 of 23 entries												Previou	s 1	2 Next

8.3.12 View Beneficiary Utilization

The beneficiary's utilization information indicates the beneficiary's use of Medicare, including home health care, billings, deductibles, remaining days of coverage, and additional coverage by Medicaid. When a beneficiary's Medicare coverage is under different claim numbers, these numbers are listed.

8.3.12.1 View the Beneficiary Detail: Utilization (M233) Screen

To access the *Beneficiary Detail: Utilization (M233)* screen, the user clicks on the |Utilization| menu item.

Figure 8-40: Beneficiary Detail: Utilization (M233) Screen

MBI #: 1A00A00AA00 I SINCLAIR DR AP PITTSFORD, NY 14	T 206		JANE DOE ACTIVE				DOB: 05/17/1927 Age: 8 State: NY (33) Cou	9 Sex: FEN	MAL
Snapshot Enrollme	int Payments Adjustments	Premiums LEP SSA - RRB F	actors Utilization MSA Reside	nce Address Rx Insu	irance Status Activity				
Itilization (M233)		User:	Role: MCO REPRESENTATIVE	E Date: 2/21/2018			Close	Print	He
					Penrasentat	ive Payee Name:			
		а. С			Representat	ve rayee Name.			
			Beneficiary ID Cros	s References (XREF)					
				ciary ID					
			XXXXX XXXXX	OXXXXB OXXXXA					
				OXXXXA	_				
Start Date	End Date	Earliest Billing Date		OXXXXA etail Information	or Number	Patient Status Code	Provid	er Number	
	End Date e health care periods	Earliest Billing Date	Home Health Dr Latest Billing Date	OXXXXA etail Information	or Number	Patient Status Code	Provid	er Number	
	e health care periods		Home Health Dr Latest Billing Date Benefit Period/Ded	etail Information Contracto				er Number	
	e health care periods	Earliest Billing Date	Home Health Dr Latest Billing Date Benefit Period/Ded 60	etail Information Contracto ductible Information	or Number Lifetime Psychiatric Days Re		Provid	er Number	
	e health care periods		Home Health Dr Latest Billing Date Benefit Period/Ded 60	etail Information Contracto				er Number	
	e health care periods	fetime Reserve Days Remaining:	Home Health Dr Latest Billing Date Benefit Period/Ded 60 Part A Inpatient Deduct/ble	etail Information Contracto ductible Information A Spell Full Days	Lifetime Psychlatric Days Re Coinsurance Days	emaining: SNF Days	190 SNF Coinsurance	er Number	
	e health care periods Lif Earliest Billing Date	etime Reserve Days Remaining: Latest Billing Date	Home Health Dr Latest Billing Date Benefit Period/Ded 60 Part A Inpatient Deductible Remaining	etail Information Contracto ductible Information A Spell Full Days Remaining	Lifetime Psychiatric Days Ro Coinsurance Days Remaining	emaining: SNF Days Remaining	190 SNF Coinsurance Remaining	er Number	

Table 8-21: Beneficiary Detail: Utilization (M233) Field Descriptions

	Beneficiary Detail: Utiliza	ation (M233) Field Descriptions
Item	Input/Output	Description
Representative Payee Name	Output	Name of most recent representative for payment.
History of Beneficiary ID	Cross References (XREF	(7
Beneficiary ID column	Output	Beneficiary ID previously used by the beneficiary.
History of Home Health	Care Information	
Start Date column	Output	Start of home health care period.
End Date column	Output	End of home health care period.
Earliest Billing Date column	Output	When billing began for this home health care period.
Latest Billing Date column	Output	When last bill was sent for this home health care period.

]	Beneficiary Detail: Utiliz	ation (M233) Field Descriptions
Item	Input/Output	Description
Contractor Number column	Output	Identifier of contractor for this home health care period.
Patient Status Code column	Output	Status of home health care for this home health care period.
Provider Number column	Output	Identifier of home health care provider for this home health care period.
History of Benefit Period/	Deductible Information	
Lifetime Reserve Days Remaining	Output	Remaining reserve days left which Medicare will pay over beneficiary's lifetime.
Lifetime Psychiatric Days Remaining	Output	Remaining days of psychiatric care coverage.
Earliest Billing Date column	Output	When billing began for this benefit period.
Latest Billing Date column	Output	When last bill was sent for this benefit period.
Patient Deductible Remaining column	Output	Deductible balance for inpatient, e.g., hospital care that is remaining in the benefit period.
Full Days Remaining column	Output	Number of full days of inpatient care that are remaining in the benefit period.
Coinsurance Days Remaining column	Output	Number of coinsurance covered days of inpatient that are remaining in the benefit period.
Skilled Nursing Facilities (SNF) Days Remaining	Output	Number of days of SNF remaining in the benefit period.
SNF Coinsurance Remaining	Output	Number of coinsurance covered days of SNF remaining in the benefit period.

8.3.13 View Beneficiary Medical Savings Account (MSA) Lump Sum

The beneficiary's MSA Lump Sum screen indicates the MSA enrollment and payment information effective January 1, 2008.

8.3.13.1 View the Beneficiary Detail: MSA Lump Sum View (M235) Screen

To access the Beneficiary Detail: MSA Lump Sum View (M235) screen, the user clicks on the |MSA| menu item.

Figure 8-41: Beneficiary Detail: MSA Lump Sum View (M235) Screen

MBI #:1AA1A11 ENEFICIARY A ITY, STATE 03 apshot Enrollma	DDRESS 053-2961	s Adjustmen	JOHN ACT ts Premiums LEP SSA - RRB Utilization [MSA	IVE	Rx Insurance Sta	tus Activity		DOB: 12/29/1938 DOD: 10/29/2019 Age: 76 Sex: MALE *State: PA (39) County: BUCKS (14
A Lump Sum	View (M235)		Role: MCO	REPRESENTATIVE	Date: 2/11/2020			Close Print Help
MSA Lump Su	um Deposit/Re		Enrollment		Lump Sum	I		
MSA Lump Su Contract	um Deposit/Re		Enrollment Disenroll Reason	Start Date	Lump Sum End Date	Deposit	Recovery	СРМ
				Start Date 02/01/2015			Recovery \$1,870.00	СРМ 12/01/2015
Contract	PBP #	Seg #	Disenroll Reason		End Date			
Contract H1234	PBP # 001	Seg # 000	Disenroll Reason OTHER (NOT SUPPLIED BY BENE) VOLUNTARY DISENROLLMENT THROUGH	02/01/2015	End Date 12/31/2015		\$1,870.00	12/01/2015
Contract H1234 H1234	PBP # 001 001	Seg # 000 000	Disenroll Reason OTHER (NOT SUPPLIED BY BENE) VOLUNTARY DISENROLLMENT THROUGH	02/01/2015 02/01/2015	End Date 12/31/2015 12/31/2015	Deposit	\$1,870.00	12/01/2015 04/01/2015
Contract H1234 H1234 H1234	PBP# 001 001 001	Seg # 000 000 000	Disenroll Reason OTHER (NOT SUPPLIED BY BENE) VOLUNTARY DISENROLLMENT THROUGH PLAN	02/01/2015 02/01/2015 02/01/2015	End Date 12/31/2015 12/31/2015 12/31/2015	Deposit	\$1,870.00 \$935.00	12/01/2015 04/01/2015 03/01/2019

Table 8-22: Beneficiary Detail: MSA Lump Sum View (M235) Field Descriptions

Benef	iciary Detail: MSA Lump S	Sum View (M235) Field Descriptions									
Item	Item Input/Output Description										
Search Criteria											
Year	Required data entry field	The user enters a year in the form CCYY.									
[Find]	Button	The user clicks on this button to display MSA Lump Sum information in the lower portion of the screen.									
MSA Lump Sum Deposit	/Recovery										
Contract column	Output	Contracts for MSA Lump Sum record									
PBP column	Output	PBPs for MSA Lump Sum record									
Segment column	Output	Segments for MSA Lump Sum record									
Disenroll Reason	Output	Description of the disenroll reason for MSA									
Current Processing Month (CPM)	Output	Current Processing Month for MSA Lump Sum record									
Start Date	Output	Start date for Lump Sum									
End Date	Output	End date for Lump Sum									
Deposit	Output	Lump Sum deposit dollar amount									
Recovery	Output	Lump Sum recovery dollar amount									

8.3.14 View Beneficiary Rx Insurance

8.3.14.1 View the Rx Insurance for a Beneficiary (M244) Screen

A Plan can use the *Rx Insurance View (M244)* screen to view the Rx insurance history, both primary and secondary, for beneficiaries enrolled in their Plans. The screen displays the beneficiary's 4Rx information as it has changed over time. The Plan only sees 4Rx information for periods during which the beneficiary is enrolled in any of their Part D Plans.

Special note: Users with update capabilities will also see an "Update" button available on the M244 screen. Users without update capabilities will not see this button when viewing the screen.

To access the Rx Insurance View (M244) screen, select the |Rx Insurance| tab.

Figure 8-42: Rx Insurance View (M244) Screen

1A00A0 RI CITY ERSWO	RD RTH, NH 038		djustments Premiums LEP S	SA - RRB Factors U	JANE DO ACTIVE Htilization MSA Residence Address Rx In		tivity				DOB: 03/04/ Age: 73 Sex: FEMAI State: MA (22) County: BRISTOL
isuranc	e View (M24	14)			User: Role: MCO REPRE:	SENTATIVE Date:	2/21/2018				Close Print He
Primary	Drug Insura	nce inforn	nation								-
	Contract	PBP	Primary Drug Insurance S	Start Date	Primary Drug Insurance End Date	Primary BIN	Primary PCN	Primary GRP	Primary RxID	Source	Record Update Time Stamp
1	HXXXXX	015	01/01/2012			004336	MEDDADV	RX8657	S00824708		2011-11-05-11.19.54
2	HXXXX	015	01/01/2011		12/31/2011	610415	PCS	MD130201	S00824708		2011-11-05-11.19.54
3	HXXXX	002	04/01/2010		12/31/2010	003585	35000	35000	872287822		2010-12-11-12.09.13
4	HXXXX	001	03/01/2009		03/31/2010	003585	35000	35000	872287822	HXXXXX	2010-04-11-04.53.35
	ary Drug Ins	urance inf	ormation								
Second		In	isurance	Secondary BIN	Secondary PCN	Secondary	GRP	Secondary	RxID		Record Update TimeStamp
Second			ation Date	,							

Table 8-23: Rx Insurance View (M244) Field Descriptions

	Rx Insuran	ce View (M244) Field Descriptions								
Item	Input/Output	Description								
This section contains one	Primary Drug Insurance Information This section contains one line for each period during which the beneficiary had a unique combination of Contract, PBP and Primary 4Rx information.									
Contract	Output	The contract for the applicable period.								
PBP #	Output	The PBP for the applicable period.								
Primary Drug Insurance Start Date	Output	Start date for Primary 4Rx information on this line.								
Primary Drug Insurance End Date	Output	End date for the Primary 4Rx information on this line.								
Primary BIN	Output	Part D insurance Plan's BIN for the primary contract, PBP, and period specified.								
Primary PCN	Output	Part D insurance Plan's PCN for the primary contract, PBP, and period specified.								
Primary GRP	Output	Part D insurance Plan's group number for the primary contract, PBP, and period specified.								
Primary RxID	Output	Identifier assigned to the beneficiary by the primary Part D insurance Plan for drug coverage.								

	Rx Insuran	ce View (M244) Field Descriptions
Item	Input/Output	Description
Source	Output	Source of the enrollment into the contract and PBP for the period specified.
Record Update Timestamp	Output	Date that this Rx insurance information was added or updated.
Secondary Drug Insuran This section contains one Contract, PBP and Second	line for each perio	d during which the beneficiary had a unique combination of ion.
Insurance Creation Date	Output	Date that was reported for the initiation of this secondary insurance period.
Secondary BIN	Output	Secondary drug insurance Plan's BIN number.
Secondary PCN	Output	Secondary drug insurance Plan's PCN number.
Secondary GRP	Output	Identifier for the group providing secondary drug insurance coverage.
Secondary RxID	Output	Identifier assigned to the beneficiary by the secondary drug insurance.
Record Update Timestamp	Output	Date this row was added or updated.

8.3.15 *Status Activity* (M256)

The *Status Activity (M256)* screen displays a beneficiary's current health status information, as well as current values for eligibility, uncovered months, low income subsidy, not lawfully present status, and state and county codes.

The following special status categories display on the screen:

- SSA State and County Codes.
- Low Income Subsidy.
- Number of Uncovered Months.
- Health Status Flags (ESRD, MSP, Home Community Based Services (HCBS), Medicaid, etc.).
- Eligibility Status Flags (Part A, Part B, and Part D).
- Incarceration.
- Not Lawfully Present.
- Employer Subsidy.
- Innovation Center (IC) Model Status.
- Opt-Out Part D.
- Opt-Out MMP.

Figure 8-43: Status Activity (M256) Screen

MBI #:1AA1A11AA11 BENEFICIARY ADDRESS CITY, STATE 03053-2961					A	IE DOE CTIVE		-	SI		Age: 82		ALE
Snapshot Enrollment Pa Status Activity (M256)	yments Adjustr	ients Premiums L	.ep SSA	- RRB Utiliz		sidence Address Rx Insuran		У			Close	Print	Help.
			A STORAGE STOR	a characteristic second		more information is available the beneficiary's status as of							
	SSA State and	County Codes			Health Statu	is Flags		Eligibility St	atus Flags				
	State	County		History	Active	Туре	History	Active	Туре	History	1		
	NH (30)	ROCKINGHAM (070)	View	N	ESRD		Y	Part A	View	2		
					N	Other Insurance	View	Y	Part B	View			
					N	NHC		N	Part D	View			
	Low Income S	ubsidy			N	HHC		N	Incarceration				
			110-	_	N	Medicaid	View	N	Not Lawfully Presen	t			
	LI L Subsidy Subs	sidy Subsidy Level	LI Co- payment	History	N	Hospice		N	Employer Subsidy				
	Start En	d Subsidy Level	Level		N	HCBS		N	IC Model Status				
				View	N	XREF		N	Opt-Out Part D				
					N	Institutional		N	Opt-Out MMP				
					N	Long Term Institutional	View						
	Uncovered Mo	nths			N	Disabled							
	Mor	nths	History	/									
)	View										

Table 8-24: Status Activity (M256) Field Descriptions

	Statu	s Activity (M256) Field Descriptions
Item	Туре	Description
[Close]	Button	Click this button to exit the active window.
		Displays the <i>Update Enrollment (M212)</i> screen, which also provides access to the following screens:
		Update Institutional/NHC (M213) screen
		Update Medicaid (M214) screen
		Update Premiums (M226) screen
		Update Rx Insurance (M228) screen
[Update]	Button	Update Beneficiary Enrollment Information
		Updating Institutional/NHC Information for a Beneficiary
		Updating Medicaid Information for a Beneficiary
		Updating Premium Information for a Beneficiary
		Updating Rx Insurance Information for a Beneficiary
		Updating the Premium Withhold Collection Detail Records for a Beneficiary
[Change User View]	Button	Displays the <i>Change User View (M002)</i> screen where users can mirror the view of another role.
SSA State and County Codes-State	Output	Current state of residence abbreviation and number as provided by SSA.
SSA State and County Codes-County	Output	Current county of residence abbreviation and number as provided by SSA.
SSA State and County Codes-History	Link	<u>View</u> link appears for user to access the <i>Status Detail: [status category] (M257)</i> screen, when detailed information exists for a specific beneficiary's status. Otherwise, this field is blank.
Health Status Flags-Active	Output	A yes or no indicator to show that the status is either active or audit information for the beneficiary as of today. Y = status active.
		N = status is not active.
Health Status Flags-Type	Output	 Current health status information for these special status subcategories: ESRD (End Stage Renal Disease) MSP (Medicare Secondary Payer) NHC (Nursing Home Certifiable) HHC (Home Health Care) Medicaid Hospice HCBS (Home and Community Based Services) XREF (Cross Reference) Institutional Long Term Institutional Disabled

	Statu	s Activity (M256) Field Descriptions
Item	Туре	Description
Health Status Flags-History	Output	<u>View</u> link appears for user to access the <i>Status Detail: [status category] (M257)</i> screen, when detailed information exists for a specific beneficiary's status. Otherwise, this field is blank.
Eligibility Status Flags-Active	Output	A yes or no indicator to show that the status is either active or audit information for the beneficiary as of today. Y = status active. N = status is not active.
Eligibility Status Flags-Type	Output	Current active or audit eligibility status listed for each of these eligibility subcategories: Part A Part B Part D Incarceration Employer Subsidy Opt-Out Part D Opt-Out MMP Not Lawfully Present Employer Subsidy IC Model Status Opt-Out MMP Opt-Out Part D Opt-Out Part D
Eligibility Status Flags-History	Output	<u>View</u> link appears for user to access the <i>Status Detail: [status category] (M257)</i> screen, when detailed information exists for an eligibility type. Otherwise, this field is blank.
Low Income Subsidy-LI Subsidy Start	Output	The effective date (MM/DD/CCYY) when this LIS event began.
Low Income Subsidy-LI Subsidy End	Output	The effective date (MM/DD/CCYY) when this LIS event stopped.
Low Income Subsidy-LI Premium Subsidy Level	Output	Percentage of LI subsidy for this LIS event, expressed as ###%.
Low Income Subsidy-Co-payment Level	Output	The number to indicate the co-payment level assigned to the beneficiary.
Low Income Subsidy-History	Link	<u>View</u> link appears for user to access the <i>Status Detail: [status category] (M257)</i> screen, when detailed information exists for an eligibility type. Otherwise, this field is blank.
Uncovered Months-Months	Output	The current and cumulative total number of months that a beneficiary was without creditable coverage.
Uncovered Months-History	Link	<u>View</u> link appears for user to access the <i>Status Detail: [status category] (M257)</i> screen, when detailed information exists for an eligibility type. Otherwise, this field is blank.

8.3.16 *Status Detail (M257)*

The Status Detail (M257) screen displayed below is associated with a beneficiary's current Medicare Part A and Part B entitlement. This screen is accessible from the M256, selection of the Eligibility Status Flags for Part A and Part B.

Figure 8-44: Status Detail Part A (M257) Screen

Claim #:999999999A HBI #:1AA1AA1AA11 BENEFICIARY ADDRESS WOOSTER, OH 91605-5903				John Doe ACTIVE					DOB: 11/ Age: 78 Sex: N State: OH (36) County: WAYN
tatus Detail: Part A (M257)				Role: MCO RE	PRESENTATIVE Date: 2/5/2024				Close Print
B -14									Minus Analia
Part A									View Audit
Part A Entitlement Start Date	Entitlement End Date	Enroliment Reason	SEP Status	Non-Entitlement Reason	Entitlement Status	Valid/ Audit	Record Add Timestamp	Record Update Timestamp	View Audit Record Audit Timestamp

Figure 8-45: Status Detail Part B (M257) Screen

Claim #:999999999A MBI #:1AA1AA1AA11 BENEFICIARY ADDRESS WOOSTER, OH 91605-5903				John Doe ACTIVE				Stat	DOB: 11/28 Age: 78 Sex: MA e: OH (36) County: WAYNE
tatus Detail: Part B (M257)				Role: MCO	REPRESENTATIVE Date: 2/5/2024				Close Print H
Part B									View Audit
Entitlement Start Date	Entitlement End Date	Enrollment Reason	SEP Status	Non-Entitlement Reason	Entitlement Status	Valid/ Audit	Record Add Timestamp	Record Update Timestamp	Record Audit Timestamp
11/01/2023		B - Equitable relief	M - Medicaid Termination		Y- Currently Entitled, Premium is Payable	v	10/01/2003 20:51:37	11/01/2023 14:38:30	

Table 8-25: Status Detail Part A and B (M257) Field Descriptions

	Status Detail: Part A and Part B (M257) Field Descriptions						
Item	Туре	Description					
[Close]	Button	Click this button to exit the active window.					
[Print]	Button	Click this button to print.					
[Help]	Button	Click this button to access the MARx Help function.					
View Audit	Link	Click link to view audited records.					
Entitlement Start Date	Output	Date the beneficiary became entitled to Medicare Part A or B.					
Entitlement End Date	Output	Date the beneficiaries Medicare Part A or B entitlement ended.					

	Status Detail: Part A and Part B (M257) Field Descriptions								
Item	Туре	Description							
Enrollment Reason Part A (M257)	Output	 The reason for a beneficiary's enrollment to Part A benefits. Valid values include: A = Attainment of age 65 B = Equitable Relief D = Disability (Under Age 65 Entitlement) G = General Enrollment Period H = Entitlement based on Health Hazard I = Initial Enrollment Period J = MQGE Entitlement K = renal disease was the reason for entitlement prior to age 65 or the 25th month of disability L = late filing M = termination based on renal entitlement, but disability-based entitlement continues N = age 65 and uninsured P = potentially insured beneficiary is enrolled for Medicare coverage only Q = quarters of coverage requirements are involved T = disabled working individual U = unknown blank 							
Enrollment Reason Part B (M257)	Output	 The reason for a beneficiary's enrollment to Part B benefits. Valid values include: B = equitable relief C = good cause D = deemed date of birth F = working aged G = general enrollment period I = initial enrollment period K = renal disease was a reason for entitlement prior to age 65 or prior to 25th month of disability M = renal entitlement terminated, but disability-based entitlement continues R = residency requirements are involved S = state buy-in H=Entitlement based on Health Hazard T = disabled working individual U = unknown 							
SEP Status	Output	 Value displayed when Part A or Part B Medicare entitlement was based on a Special Enrollment Period (SEP). Valid values include: (**Note: The following values P, M, C, E and H from the list below are identified as Part A and Part B Exceptional Condition SEPs.) S- Special Enrollment Period P- Formerly Incarcerated Individuals M- Medicaid Termination C- Other Exceptional Conditions W- Group Health Plan for the Working Disabled V- International Volunteer K- TRICARE E- Individuals Impacted by Emergency or Disaster H- SEP for Private Group Health Plan or Employer Error L- Postal Service Reform Act (PSRA) SEP 							

	Status Detail: Part A and Part B (M257) Field Descriptions							
Item	Туре	Description						
Non-Entitlement Reason	Output	 The reason for a beneficiary's non-entitlement to Part A Medicare benefits. This field will be populated when an entitlement occurrence is audited due to non-entitlement. The following codes occur when there is no Part A Entitlement Date and no Part A Termination Date: D = Coverage was denied F = Termination due to invalid enrollment, or enrollment voided. U = Not aligible for free Part A or did not enroll for promium Part A 						
		 H = Not eligible for free Part A, or did not enroll for premium Part A R = Refused free Part A N = Not a valid SSA HOC, but used by CMS's 3rd Party System to indicate a potential Part A entitlement date 						
		The reason for entitlement or termination of a beneficiary's benefits during a period of coverage. The following codes occur when the Part A Entitlement Date is present, and the Part A Termination Date is blank:						
Entitlement	Output	 E = free Part A Entitlement G = entitled due to good cause Y = currently entitled, premium is payable. 						
Status Part A (M257)		The following codes occur when the Part A Entitlement Date is present, and the Part A Termination Date also is present:						
		 C = no-longer entitled due to disability cessation S = terminated, no longer entitled under end-stage renal disease provision T = terminated for non-payment of premiums W = voluntary withdrawal from premium Part A coverage X= free Part A terminated because of Title II termination 						
		The reason for entitlement or termination of a beneficiary's benefits during a period of coverage. The following codes occur when the Part B Entitlement Date is present, and the Part B Termination Date is blank:						
The state of the state		 G = entitled due to good cause Y = currently entitled, premium is payable. 						
Entitlement Status	Output	The following codes occur when the Part B Entitlement Date is present, and the Part B Termination Date also is present:						
Part B (M257)		 C = no longer entitled due to cessation of disability F = terminated due to invalid enrollment, or enrollment voided S = terminated, no longer entitled under end-stage renal disease provision T = terminated for non-payment of premiums W = voluntary withdrawal from coverage 						
		Value is populated based on the entitlement record being valid (active) or an audited record. Valid values are:						
Valid/Audit	Output	 V = Valid entitlement record A = Audited entitlement record 						
		Note: Audited records will only display when the "View Audit" link is clicked on the M257 screen.						
Record Add Timestamp	Output	The date and time that the data was added.						

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Status Detail: Part A and Part B (M257) Field Descriptions							
Item	Item Type Description						
Record Update Timestamp	Output	The date and time that the data was updated.					
Record Audit Timestamp	Output	A system generated timestamp when a row was audited.					

laim #:999999999A IEI #:1AA1AA1AA11 BENEFICIARY ADDRESS VOOSTER, OH 91605-5903				John Doe ACTIVE					DOB: 11/2 Age: 78 Sex: M State: OH (36) County: WAYN
atus Detail: Part A (M257)				Role: MCO RE	PRESENTATIVE Date: 2/5/2024				Close Print
Part A									View Audit
Part A Entitlement Start Date	Entitlement End Date	Enroliment Reason	SEP Status	Non-Entitlement Reason	Entitlement Status	Valid/ Audit	Record Add Timestamp	Record Update Timestamp	View Audit Record Audit Timestamp

8.3.17 View Personal Information

Several Plan User roles can navigate to the M259 screen to view the beneficiary's personal information.

Figure 8-46: View Personal Information (M259) Screen

Information (M259)	Role: MARX SYSTEM ADMINISTRATOR	Date: 10/21/2022	Close Update Prir
			Chang
Ethnicity	Race		
Not of Hispanic, Latino/a or Spanish Origin	C White	Black or African American	American Indian or Alaska Native
Puerto Rican	C Asian Indian	Chinese	Filipino
Another Hispanic, Latino or Spanish Origin	Japanese	Korean	Vietnamese
Mexican, Mexican American, Chicano/a	Other Asian	Native Hawaiian	Samoan
Cuban	Guamanian or Chamorro	Other Pacific Islander	
I choose not to answer	I choose not to answer		
Form left blank	S Form left blank		
Preferred Language Other than English		Accessible Format	
Spanish Other No Selected Preference		O Braille O Large Print O Audio CD	No Selected Preference

A Plan user role with update capability (i.e. MCO REPRESENTATIVE W/ UPDATE) can navigate to the M260 screen to update the beneficiary's Personal Information

Figure 8-47: Update Personal Information

Ethnicity	Race		
ONot of Hispanic, Latino/a or Spanish Origin	White	Black or African American	American Indian or Alaska Native
Puerto Rican	Asian Indian	Chinese	Filipino
Another Hispanic, Latino or Spanish Origin	Japanese	CKorean	Vietnamese
Mexican, Mexican American, Chicano/a	Other Asian	□ Native Hawaiian	Samoan
Cuban	Guamanian or Chamorro	Other Pacific Islander	
□ I choose not to answer	□ I choose not to answer		
G Form left blank	G Form left blank		
Preferred Language Other than English	Ac	cessible Format	

8.3.18 View MCO Payment Information

Total payments to MCOs are calculated as part of month-end processing. This section describes how to view the MCO payment information. These payment amounts are based on the beneficiary capitation amounts and may differ from the actual payment to the MCO due to contract-level payment adjustments, such as the Balanced Budget Act (BBA) User Fee adjustment. For the Current Payment Month, the payments reflect the transactions processed to date.

8.3.18.1Access the Payments: MCO (M401) Screen

From the main menu, the user clicks on the |Payments| menu item. The |MCO| submenu item is already selected and displays the *Payments: MCO (M401)* screen.

8.3.18.2View payment summary information by MCO

The Payments: MCO (401) screen is used for entering selection criteria.

The user enters the month and year for the payments along with the contract number that the user wishes to view. Another option is for the user to break down the payments by PBP. If that option is not selected, the payments for a contract are summarized at the contract level. If breakdown by PBP is selected, contracts without PBPs are included on the display but summarized at the contract level. Similarly, there is an option to break down the payments by segment. If that option is not selected, the payments for a contract are summarized at the contract or PBP level, based on whether the breakdown by PBP option was selected. If breakdown by segment is selected, PBPs without segments are included but summarized at the PBP level. The user clicks on the [Find] button to access the *Payments: MCO Payments (M402)* screen showing all of the contracts that meet the criteria.

Figure 8-48: Payments: MCO (M401) Screen

CMS	Medica	e Advantage Prescription Drug (MARx)
CMS		Welcome Beneficiaries Payments
		MCO Beneficiary Premiums/Rebates
Payments: M	ACO (M401) User:	Role: MCO REPRESENTATIVE Date: 2/27/2018 Print Help.
		data does not reflect final payment amounts*** h criteria and select "Find "
		equired field
	*Contract #	e □ Breakdown By PBP
		Breakdown By Segment
	Segment #	
	*For Month	l/Year
	Find	Reset

Payments: MCO (M401) Field Descriptions						
Item	Input/Output	Description				
Contract #	Required data entry field	Request is for contract. The user enters the contract number.				
Breakdown By PBP	Checkbox	If checked, the payment information is listed by PBP within each contract. Otherwise, the payment information is summarized at the contract level. Note: When Breakdown By Segment is checked, payments are shown by PBP, whether or not this option is checked.				
PBP #	Data entry field	The user may specify a PBP to request the payment information for this PBP only. If a PBP is not entered, then payment information for all PBPs in a contract, if applicable, is displayed, either at the contract or PBP level, depending on whether Breakdown By PBP is checked. The user must specify a contract number when a PBP number is specified.				
Breakdown By Segment	Checkbox	If checked, the payment information is listed by segment within the PBP. If not checked, the payment information is summarized at the PBP level when Breakdown by PBP is checked and summarized at the contract level otherwise.				
Segment #	Data entry field	The user may specify a segment to request the payment information for this segment only. If a segment is not entered, then payment information for all segments in a PBP, if applicable, are displayed, at the contract, PBP, or segment level, depending on whether Breakdown By PBP and Breakdown by Segment is checked. The user must specify a contract number when a PBP number is specified.				
For Month/Year	Required data entry field	Request is for payments made in this month. The user enters the date in the form (M)M/CCYY.				
[Find]	Button	After the search criteria are entered, the user clicks on this button to display the list of reports.				

Table 8-26: Payments: MCO (M401) Field Descriptions

8.3.18.3Example 1: Multiple contracts and no PBP breakdown

Below is an example of the *Payments: MCO Payments (M402)* screen, which results when only a month/year and contract number are entered on the *Payments: MCO (M401)* screen, PBP is not entered, and Breakdown by PBP is not specified. Note that only the Contracts section is displayed on the screen; the Current Payments and Adjustment Payments sections are displayed in STEP 3. There are no error messages for the initial display of the screen, as any messages are displayed on *Payments: MCO (M401)* screen.

Note: To avoid possible internal server or database manager errors that can result when large Plans submit a query request that takes too long to execute or runs out of resources, it is recommended that users input information in the Contract #, PBP # and the Month/Year fields on the *Payments: MCO (M401)* screen. Once this information is submitted, the *Payments: MCO Payments (M402)* displays and the user can then click on the Contract # to display the details.

Figure 8-49: Payments: MCO Payments (M402) Screen for Single Contract and No PBP or Segment Breakdown (Initial Display, Example 1)

CMS	Medicare Advantage Prescription Drug (MARx) Welcome Beneficiaries Payments							
			MCOB	eneficiary Premiums/Rebates				
Payments: M	ICO Payments (M402)		User:	Role: MCO REPRESENTATIVE Date: 2	/27/2018		Print	Help
	Showing 1 to 1 of 1 entries Payment Information for Month 02/2018 (Select a Contract# to display Payment Summary)					Previous	1 Next	
					Payn	nents		
	Contract #	Contract Name		Part A	Part B	Part D	Total	
	HXXXX	CONTRACT NAME		\$8,579,613.87	\$11,011,866.20	\$5,264,947.69	\$24,856,427.76	
	Showing 1 to 1 of 1 entries					Previous	1 Next	

 Table 8-27: Payments: MCO Payments (M402) Field Descriptions

Payments: MCO Payments (M402) Field Descriptions					
Item	Input/Output	Description			
Contracts					
Contract # in the Contract # column	Link	Expands this screen to show the breakdown for the selected contract.			
<u>PBP #</u> column	Output	When selected, information displays for this PBP in the contract.			
<u>Segment #</u> column	Output	When selected, information displays for this segment in the contract and PBP.			
Payments Part A column	Output	Part A payments for the contract.			
Payments Part B column	Output	Part B payments for the contract.			
Payments Part D column	Output	Part D payments for the contract.			
Payments Total column	Output	Part A, Part B, and Part D payment totals for the contract.			
Current Payments					
Amount shown in parentheses after Part A Total Payments row heading	Output	Average Part A payment this month.			
Amount shown in parentheses after Part B Total Payments row heading	Output	Average Part B payment this month.			
Amount shown in parentheses after Part D Total Payments row heading	Output	Average Part D payment this month.			
Payments Part A Members column	Output	Number of members in the contract with Part A payments this month; provides total plus breakdown by status.			

Payments: MCO Payments (M402) Field Descriptions					
Item	Input/Output	Description			
Payments Part A Total Amount column	Output	Payments and adjustments, for all beneficiaries, in the contract for Part A this month; provides total plus breakdown by status.			
Payments Part B Members column	Output	Number of members in the contract with Part B payments this month; provides total plus breakdown by status.			
Payments Part B Total Amount column	Output	Payments and adjustments, for all beneficiaries, in the contract for Part B this month; provides total plus breakdown by status.			
Payments Part D Members column	Output	Number of members in the contract with Part D payments this month; provides total plus breakdown by status.			
Payments Part D Total Amount column	Output	Payments and adjustments, for all beneficiaries, in the contract for Part D this month; provides total plus breakdown by status.			
Total Out of Area	Output	Number of beneficiaries living out of the service area for the contract this month.			
Adjustment Payments (onl	y displayed if there	are any adjustments)			
Code column	Output	Adjustment reason code.			
Code in the Code Column	Link	Opens the <i>Adjustment Detail (M408)</i> screen to display a breakdown of the adjustments for the contract/PBP and month by beneficiary.			
Adjustment Reason column	Output	Description of the adjustment reason code.			
# column	Output	Number of adjustments by adjustment reason for the contract this month.			
Months A column	Output	Total months over all beneficiaries for which adjustments are made for Part A by adjustment reason.			
Months B column	Output	Total months over all beneficiaries for which adjustments are made for Part B by adjustment reason.			
Months D column	Output	Total months over all beneficiaries for which adjustments are made for Part D by adjustment reason.			
Part A column	Output	Total amount of Part A adjustments by adjustment reason.			
Part B column	Output	Total amount of Part B adjustments by adjustment reason.			
Part D column	Output	Total amount of Part D adjustments by adjustment reason.			
Total Amount column	Output	Total amount of Part A, Part B, and Part D adjustments by adjustment reason.			

8.3.18.4Example 2: Single Contract with Segment Breakdown

Below is an example of the *Payments: MCO Payments (M402)* screen that results when a contract number is entered and Breakdown by Segment is specified. Only one contract displays and the payments are shown at the Segment level. Only the Contracts section displays on the screen. The inputs, outputs, and actions are described previously in the table above.

Figure 8-50: Payments: MCO Payments (M402) Screen for Single Contract and Segment Breakdown (Initial Display, Example 2)

	Welcome Benefici MCO Beneficiary Pr User:)ate: 8/22/2011			
ayment Information for Month 07/2011 1-6(of 6))ate: 8/22/2011			
ayment Information for Month 07/2011 1-6(of 6)	User:	Role: MCO REPRESENTATIVE L	Date: 8/22/2011			
	Payment Information for Month 07/2011 1-6(of 6) (Click on Contract# to display Payment Summary)					
			Payments			
Contract # PBP # Segment #	Contract Name	Part A	Part B	Part D	Total	
Hxxxx 014 001	Insurance Option I	\$2,074,176.56	\$1,842,953.74	\$0.00	\$3,917,130.3	
Hxxxx 014 002	Insurance Option I	\$331,413.76	\$293,073.02	\$0.00	\$624,486.78	
Hxxxx 014 003	Insurance Option I	\$229,471.49	\$203,448.26	\$0.00	\$432,919.75	
Hxxxx 014 004	Insurance Option I	\$304,992.00	\$271,352.84	\$0.00	\$576,344.84	
Hxxxx 017 007	Insurance Option II	\$38,137.69	\$33,724.18	\$10,803.07	\$82,664.94	
Hxxxx 017 008	Insurance Option II	\$112,592.71	\$99,932.66	\$31,947.19	\$244,472.56	
	Insurance Option II					

8.3.18.5View detailed payment information for a selected MCO

From the *Payments: MCO Payments (M402)* screen, the user finds the contract or contract/PBP that they wish to view. If the list does not fit on the screen, finding the contract/PBP may require scrolling through the list using the screen navigation arrows. The user selects the contract/PBP by clicking on the <u>Contract #</u> link. The following information displays for the selected contract and, when applicable, PBP. The information is shown below the contract summary information:

- Part A, Part B, Part D, and total payments.
- Breakdown by health status, separated into Part A, Part B, and Part D, with both the number of members and the payment amounts.
- Breakdown by adjustment reason, separated into Part A, Part B, and Part D, with both the number of members and the payment amounts. Note that this section of the screen is only included when there are adjustments.

Figure 8-51: Payments: MCO Payments (M402) Screen with Details for MCO

IS				Medicare			ption Drug (N	IARX)			
					Welcome B	eneficiaries	Payments				
					MCO Benefic	iary Premi	ums/Rebates				
ents: MC	O Payments (M402)				User: Ro	ble: MCO R	EPRESENTATIVE	Date: 2/27/2018			Print
	Showing 1 to 1 of 1 entrie Payment Information fo (Select a Contract# to d	r Month 02/2018	Summany)							Previous	1 Next
		ispiny r nymeni e	Janniary)						Payments		
	Contract #			Contract Name			Part	A Pa	art B	Part D	Total
	HXXXX		C	CONTRACT NAME			\$18,997,7	725.26 \$23,96	i1,394.51 \$7	7,631,181.05	\$50,590,300.82
	Showing 1 to 1 of 1 entri	es								Previous	1 Next
			Part A :	Payments to			AME for 02/2018				
			Part A : Part B :		\$18,997,725.26 \$23,961,394.51						
			Part D :		\$7,631,181.05						
			Total :		\$50,590,300.82						
	Davit A	Manuhana	Total Amount	C Part B	urrent Payments			Part D	Mam		Tatal Amazunt
	Part A Total Payments	Members	Total Amount	Total Payments	Membe		Total Amount	Total Paymer	te		Total Amount
	(\$339.89)	55893	\$18,997,725.26	(\$428.70)	55893		\$23,961,394.51	(\$136.53)	55		57,631,181.05
	Total Hospice	146	\$6,187.44	Total Hospice	146		\$7,769.32	Total Hospic		46	\$26,252.88
	Total ESRD	260	\$650,498.25	Total ESRD	260		\$929,727.77	Total ESR		50	\$66,400.03
	Total WA	0	\$0.00	Total WA	0		\$0.00	Total WA	(D	\$0.00
	Total Institutional	0	\$0.00	Total Institutional	0		\$0.00	Total Institutio	nal (D	\$0.00
	Total NHC	0	\$0.00	Total NHC	0		\$0.00	Total NHC	(D	\$0.00
	Total CHF	0	\$0.00	Total CHF	0		\$0.00	Total CHF	(D	\$0.00
	Total Medicaid	4725	\$1,978,883.64	Total Medicaid	4725		\$2,484,114.30	Total Medica	id 47	25 \$	1,337,242.75
	Total Out of Area	1159									
	Code	Adi	iustment Bessen	Adj #	ustment Paymer Months A	nts for 02/2 Months B	2018 Months D	Part A	Part B	Part D	Total Amount
	01		justment Reason	# 201	208	208	208	(\$83,956.27)	(\$105,663.20)	(\$37,763.30)	(\$227,382.77)
	02		ACTIVE ENROLLMENT	522	526	526	526	\$169,111.91	\$211,964.11	\$80,834.79	\$461,910.81
	03	F	RETROACTIVE	1240	1243	1243	1243	(\$420,045.62)	(\$527,315.62)		(\$1,138,232.88)
	07		OACTIVE HOSPICE STATUS	277	286	286	0	(\$151,186.16)	(\$187,165.33)	\$0.00	(\$338,351.50)
	08	RET	ROACTIVE ESRD STATUS	12	23	23	0	\$25,726.64	\$44,060.85	\$0.00	\$69,787.49
	10	RETRO	OACTIVE MEDICAID STATUS	3	3	3	0	(\$102.37)	(\$135.56)	\$0.00	(\$237.93)
	11	RETROA	ACTIVE SCC CHANGE	79	83	83	0	\$8.56	\$10.04	\$0.00	\$18.60
	19	CORR	RECTION OF PARTB	14	7	7	14	(\$861.84)	(\$1,077.26)	(\$655.87)	(\$2,594.97)
	31	RETRO	ENTITLEMENT ACTIVE PART D LOW- ME PREMIUM SUB	145	0	0	239	\$0.00	\$0.00	\$23,567.77	\$23,567.77
			CHNG								
	42	DETRO	ACTIVE MSP STATUS	191	559	559	0	\$7,453.96	\$9,152.22	\$0.00	\$16,606.18

8.3.18.6*View adjustment information for a selected MCO*

To see further details about adjustments, the user clicks on an adjustment reason <u>Code</u> link at the bottom of the *Payments: MCO Payments (M402)* screen. The *Adjustment Detail (M408)* screen is displayed, listing all adjustments by beneficiary to show how the adjustment amount was calculated.

Figure 8-52: Adjustment Detail (M408) Screen

CMS Medicare Advantage Prescription Drug (MARx)											
djustment Detail (M408)		User: Role: MCO REP	RESENTATIVE	Date: 2/27/2018				Close Print			
Contract Number: HXXXX Payment Date: 02/2018 For: 02 RETROACTIVE ENROLLI Adjustment Details of Beneficiaries			Baumaa	nt Period		Adu	stments				
Beneficiary ID	Name	Create Date	Start	End	Part A	Part B	Part D	Paid Flag			
1A00A00AA00	JOHN DOE	02/01/2018	01/2018	01/2018	\$70.04	\$87.93	\$111.02	Y			
3A00A00AA00	JOHN ROE	02/01/2018	12/2017	12/2017	\$187.40	\$221.38	\$91.23	Y			
2A00A00AA00	JANE DOE	02/01/2018	01/2018	01/2018	\$118.81	\$149.16	\$72.91	Y			
4A00A00AA00	JANE ROE	02/01/2018	01/2018	01/2018	\$725.62	\$910.86	\$371.48	Y			

Table 8-28: Adjustment Detail (M408) Field Descriptions

Adjustment Detail (M408) Field Descriptions										
Item	Input/Output	Description								
Beneficiary ID column heading	Sorter	Sorts adjustment information by beneficiary ID.								
Name column heading	Sorter	Sorts adjustment information by beneficiary name.								
Create Date column	Output	Date adjustment was created for beneficiary.								
Payment Period Start column	Output	Start of period to which adjustment was made for beneficiary.								
Payment Period End column	Output	End of period to which adjustment was made for beneficiary.								
Adjustments Part A column	Output	Part A adjustment amount for beneficiary.								
Adjustments Part B column	Output	Part B adjustment amount for beneficiary.								
Adjustments Part D column	Output	Part D adjustment amount for beneficiary.								

8.3.19 View Beneficiary Payment Information

Payments are calculated or recalculated for a beneficiary when there is a change in enrollment, demographics, health status, factors, or other information used in the calculation. Adjustments are made to previously made payments that require changes.

The steps below show how to find these payments and adjustments for a particular beneficiary. After the user finds that information, they can view the complete history of payments and adjustments.

8.3.19.1 Access the Payments: Beneficiary (M403) screen

From the main menu, the user clicks on the |Payments| menu item. If not already selected, the user clicks on the |Beneficiary| submenu item to view the *Payments: Beneficiary* (M403) screen.

8.3.19.2Get a List of Beneficiaries

The user accesses the Payments: Beneficiary (M403) screen for entering search criteria.

Figure 8-53: Payments: Beneficiary (M403) Screen

CMS	Medicare Advantage Prescription Drug (MARx)												
CMS	Welcome Beneficiaries Payments												
	MCO Beneficiary Premiums/Rebates												
Payments: B	neficiary (M403) User: Role: MCO REPRESENTATIVE Date: 2/27/2018 Print Help												
	Enter search criteria and select "Find." Indicates required field Indicates at least one of these is required For Month/Year Beneficiary ID (BIC is Optional) Contract # Contract # Last Name First Na												

Table 8-29: Payments: Beneficiary (M403) Field Descriptions

	Payments: Beneficiary (M403) Field Descriptions										
Item	Input/Output	Description									
For Month/Year	Required data entry field	The user finds beneficiaries with payments/adjustments in this month. The user enters the date in the form (M)M/CCYY.									
Beneficiary ID	Required data entry field	If entered, the user finds Beneficiary ID. Note: At least one of these is required: Beneficiary ID <u>or</u> combination of Contract #, Last Name, and First Name.									
Contract #(s)	Required data entry field	If entered, the user finds beneficiaries enrolled in this contract in a past, current, or future enrollment. Note: At least one of these is required: Beneficiary ID <u>or</u> combination of Contract #, Last Name, and First Name.									
PBP #	Data entry field	If entered, the user finds beneficiaries currently enrolled in this PBP. The PBP is applicable only when a contract number is entered.									

	Payments: Beneficiary (M403) Field Descriptions										
Item	Input/Output	Description									
Last Name	Required data entry field	If entered, the user finds beneficiaries who currently have this last name. Note: At least one of these is required: Beneficiary ID <u>or</u> combination of Contract #, Last Name, and First Name.									
First Name	Required data entry field	If entered, the user finds beneficiaries who currently have this first name. Note: At least one of these is required: Beneficiary ID <u>or</u> combination of Contract #, Last Name, and First Name.									
[Find]	Button	The user clicks on this button to find the beneficiaries meeting the search criteria with payments/adjustments in the month/year indicated in the For Month/Year field.									

The user enters the search criteria to find the beneficiary or beneficiaries and the payment month/year in which the user is interested, and then clicks on the [Find] button. The beneficiaries that meet the search criteria and have payments and/or adjustments calculated for that month then display on the *Payments: Beneficiary Search Results (M404)* screen. When the beneficiary is enrolled in two contracts; one for Part A and/or Part B and the other for Part D, two rows for the same month are displayed.

Figure 8-54: Payments: Beneficiary Search Results (M404) Screen

СМЗ		Medicare Advantage Prescription Drug (MARx)													
Chi		Welcome Beneficiaries Payments													
	MCO Beneficiary Premiums/Rebates														
Payments	Payments: Beneficiary Search Results (M404) User: Role: MCO REPRESENTATIVE Date: 2/28/2018										Print	Help			
		Select the H	listory link to view	Beneficiary p	payment hist	ory.									
		Search Crite	eria: Claim # = XXX	XXXXXXA	For Month/	Year = 01/2018									
:	Showing 1 to 1 of 1 en	tries									Previous	1 Next			
1	Beneficiaries														
	Beneficiary ID	÷	Name	÷ 6	Birth Date	Sex	State	County	Contract #	PBP#	Segment#	Payment			
	1A00A00AA00	1	JANE DOE	1	10/24/1972	F	KY	HARDIN	SXXXX	030		History	_		
:	Showing 1 to 1 of 1 en	tries									Previous	1 Next			
-													_		

Payments: Beneficiary Search Results (M404) Field Descriptions										
Item	Input/Output	Description								
Claim # column heading	Sorter	Sorts beneficiaries by their beneficiary IDs.								
Name column heading	Sorter	Sorts beneficiaries by their names.								
Birth Date column	Output	Date beneficiary was born.								
Sex column	Output	Sex of beneficiary.								
State column	Output	State where beneficiary lived that month.								
County column	Output	County where beneficiary lived that month.								
Contract # column	Output	Payment is made for enrollment in this contract.								
PBP# column	Output	Payment is made for enrollment in this PBP.								
Segment# column	Output	Payment is made for enrollment in this segment.								
History in the Payment column	Link	The user clicks on a <u>History</u> link to open the <i>Beneficiary Payment History (M406)</i> screen and views payments for the beneficiary up through the month/year indicated in the For Month/Year field.								

Table 8-30: Payments: Beneficiary Search Results (M404) Field Descriptions

From this list of beneficiaries, the user can see how the rate calculations were made, investigate how the payments would change if information about the beneficiary changed, and review the payment history, as discussed in the sections below.

8.3.20 View Beneficiary Payment History

This section discusses how to view the payment and adjustment history for a beneficiary. From the history, the user can view the details of the payments and adjustments for a particular month.

8.3.20.1 Access the Beneficiary Payment History (M406) screen

From the *Payments: Beneficiary Search Results (M404)* screen the user clicks on the beneficiary's <u>History</u> link to open the *Beneficiary Payment History (M406)* screen. When the beneficiary is enrolled in two contracts; one for Part A and/or Part B and the other for Part D, two rows for the same month are displayed.

Figure 8-55: Beneficiary Payment History (M406) Screen

aim #: XXXXXXXXXA BI #: 1A00A00AA00 /3 S WILSON RD HOUSE NO 2 ADCLIFF, KY 40160-2686			ANE DOE ACTIVE						State: KY	D Age: 45 Se (18) County:			
neficiary Payment History (M406)				User:	Role: MCO R	EPRESENTAT	IVE Date: 2/28	8/2018			Clo	Print	Help
wing 1 to 20 of 47 entries											Previous	1 2	3 Next
					Paym	ents			Adjust	nents			
Payment Date	Contract	PBP#	Seg#	Part A	Part B	Part D	Total Pay	Part A	Part B	Part D	Total Adj	Total	Regional MA BSF
12/2018	HXXXX	001	000	\$536.84	\$673.90	\$464.94	\$1,675.68	\$0.00	\$0.00	\$0.00	\$0.00	\$1,675.68	\$0.0
11/2018	HXXXX	001	000	\$536.84	\$673.90	\$464.94	\$1,675.68	\$0.00	\$0.00	\$0.00	\$0.00	\$1,675.68	\$0.0
10/2018	HXXXX	001	000	\$536.84	\$673.90	\$464.94	\$1,675.68	\$0.00	\$0.00	\$0.00	\$0.00	\$1,675.68	\$0.0
09/2018	HXXXX	001	000	\$536.84	\$673.90	\$464.94	\$1,675.68	\$0.00	\$0.00	\$0.00	\$0.00	\$1,675.68	\$0.0
08/2018	HXXXX	001	000	\$536.84	\$673.90	\$464.94	\$1,675.68	\$0.00	\$0.00	\$0.00	\$0.00	\$1,675.68	\$0.0
07/2018	HXXXX	001	000	\$536.84	\$673.90	\$464.94	\$1,675.68	\$0.00	\$0.00	\$0.00	\$0.00	\$1,675.68	\$0.0
06/2018	HXXXX	001	000	\$536.84	\$673.90	\$464.94	\$1,675.68	\$0.00	\$0.00	\$0.00	\$0.00	\$1,675.68	\$0.0
05/2018	HXXXX	001	000	\$536.84	\$673.90	\$464.94	\$1,675.68	\$0.00	\$0.00	\$0.00	\$0.00	\$1,675.68	\$0.0
04/2018	HXXXX	001	000	\$536.84	\$673.90	\$464.94	\$1,675.68	\$0.00	\$0.00	\$0.00	\$0.00	\$1,675.68	\$0.0
03/2018	HXXXX	001	000	\$536.84	\$673.90	\$464.94	\$1,675.68	\$0.00	\$0.00	\$0.00	\$0.00	\$1,675.68	\$0.0
02/2018	HXXXX	001	000	\$536.84	\$673.90	\$464.94	\$1,675.68	\$0.00	\$0.00	\$0.00	\$0.00	\$1,675.68	\$0.
01/2018	SXXXX	030	000	\$0.00	\$0.00	\$396.25	\$396.25	\$0.00	\$0.00	\$0.00	\$0.00	\$396.25	\$0.
12/2017	SXXXX	030	000	\$0.00	\$0.00	\$362.35	\$362.35	\$0.00	\$0.00	\$0.00	\$0.00	\$362.35	\$0.
11/2017	SXXXX	030	000	\$0.00	\$0.00	\$362.35	\$362.35	\$0.00	\$0.00	\$0.00	\$0.00	\$362.35	\$0.
10/2017	SXXXX	030	000	\$0.00	\$0.00	\$362.35	\$362.35	\$0.00	\$0.00	\$0.00	\$0.00	\$362.35	\$0.
09/2017	SXXXX	030	000	\$0.00	\$0.00	\$362.35	\$362.35	\$0.00	\$0.00	\$0.00	\$0.00	\$362.35	\$0.
08/2017	SXXXX	030	000	\$0.00	\$0.00	\$362.35	\$362.35	\$0.00	\$0.00	(\$104.79)	(\$104.79)	\$257.56	\$0.
07/2017	SXXXX	030	000	\$0.00	\$0.00	\$377.32	\$377.32	\$0.00	\$0.00	\$0.00	\$0.00	\$377.32	\$0.
06/2017	SXXXX	030	000	\$0.00	\$0.00	\$377.32	\$377.32	\$0.00	\$0.00	\$0.00	\$0.00	\$377.32	\$0
05/2017	SXXXX	030	000	\$0.00	\$0.00	\$377.32	\$377.32	\$0.00	\$0.00	\$0.00	\$0.00	\$377.32	\$0

Table 8-31: Beneficiary Payment History (M406) Field Descriptions

Beneficiary Payment History (M406) Field Descriptions										
Item	Input/ Output	Description								
Payment Date column	Output	Indicates when payment/adjustments were paid.								
Month/Year in Payment Date column	Link	The user clicks on a <u>month/year</u> link to open the <i>Payment/Adjustment Detail (M215)</i> screen.								
Contract column	Output	Contracts for which payments/adjustments were made.								
PBP # column	Output	PBPs for which payments/adjustments were made.								
Seg # column	Output	Segments for which payments/adjustments were made.								
Part A Payments column	Output	Part A payments for the beneficiary by month.								

Beneficiary Payment History (M406) Field Descriptions										
Item	Input/ Output	Description								
Part B Payments column	Output	Part B payments for the beneficiary by month.								
Part D Payments column	Output	Part D payments for the beneficiary by month.								
Total Pay column	Output	Totals of Part A, Part B, and Part D payments for the beneficiary by month.								
Part A Adjustments column	Output	Part A adjustments for the beneficiary by month.								
Part B Adjustments column	Output	Part B adjustments for the beneficiary by month.								
Part D Adjustments column	Output	Part D adjustments for the beneficiary by month.								
Total Adj column	Output	Totals of Part A, Part B, and Part D adjustments for the beneficiary by month.								
Total Pay+Adj column	Output	Payments plus adjustments for the beneficiary by month.								
Part B Premium Reduction column	Output	Is checked if a Part B premium, formerly called BIPA, reduction was applied to the payment and/or adjustments for the beneficiary that month.								
Regional MA BSF column	Output	Lists the bonus paid from the regional MA BSF.								

8.3.20.2Understand the Payment History

The *Beneficiary Payment History (M406)* screen lists the payments and adjustments for the beneficiary, starting with the month selected on the *Payments: Beneficiary (M403)* screen and going back in time. Each entry in the history includes:

- Month in which the payments/adjustments were made.
- Enrollment contract and, as applicable, PBP, and segment.
- Payments made that month, itemized by Part A, Part B, Part D, and combined.
- Adjustments made that month for previous months, itemized by Part A, Part B, Part D, and combined.
- Total amount paid in the month.
- Indicator of whether a Part B premium reduction was taken.
- Payment from the regional MA BSF.

To view a further breakdown of the payments and adjustments, the user clicks on the <u>month/year</u> link, which opens the *Payment/Adjustment Detail (M215)* screen.

8.3.21 *View Basic MCO Premiums and Rebates*

This section describes how to view the basic premiums and rebates for a contract, contract/PBP, or contract/PBP/segment combination. These are the premiums and rebates negotiated with an MCO, not the premiums and rebates calculated for a beneficiary.

From the main menu, the user clicks on the |Payments| menu item. If not already selected, the user clicks on the |Premiums/Rebates| submenu item to view the *Basic Premiums and Rebates* (*M409*) screen.

Figure 8-56: Basic Premiums and Rebates (M409) Screen, Before Search Criteria Entered

CMS	Medicare Advantage Prescription Drug (MARx) Welcome Beneficiaries Payments											
		MCO Beneficiary Premiums/Rebates										
Basic Premiu	ums and Rebates (M409)	User: Role: MCO REPRESENTATIVE Date: 2/28/2018	Print Help									
		Enter search criteria and click "Display." "Indicates required field "Date "Contract PBP Segment D2/28/2018 x Display										

After entering the criteria, the user clicks on the [Display] button to show the premiums and rebates, which display on the same screen, below the criteria. To view different premiums and rebates, the user changes the search criteria and clicks on the [Display] button.

Figure 8-57: Basic Premiums and Rebates (M409) Screen, After Search Criteria Entered

CMS	Medicare Advantage Prescription Drug (MARx)
СМЗ	Welcome Beneficiaries Payments
	MCO Beneficiary Premiums/Rebates
Basic Premiums and Rebates (M409)	User: Role: MCO REPRESENTATIVE Date: 8/23/2011 Print Help
	Enter search criteria and click "Display." *Indicates required field
	■Date ■Control PBP Segment [D7/01/2011 Hxxxxx [001] Display
	Contract: Hxxxx
	PBP: 001
	Segment:
	Basic Part C Premium: \$0.00
	Basic Part D Premium: (\$2.07)
	Rebate for Part B Premium Reduction: \$0.00
	Rebate for A/B Cost Sharing: \$10.26
	Rebate for A/B Mandatory Supplemental Benefits: \$0.00
	Rebate for Basic Part D Premium Reduction: \$0.00
	Rebate for Part D Supplemental Benefits: \$9.50

В	asic Premiums an	d Rebates (M409) Field Descriptions
Item	Input/Output	Description
Date	Required data entry field	Premiums and rebates are effective during this month; enter the date in the form (M)M/CCYY.
Contract	Required data entry field	Displays premiums and rebates that apply to this contract.
РВР	Data entry field	If entered, displays premiums and rebates that apply to this contract and PBP. Otherwise, displays the premiums and rebates at the contract level.
Segment	Data entry field	If entered, displays premiums and rebates that apply to this contract, PBP, and segment. Otherwise, displays the premiums and rebates at the contract or contract/PBP level.
[Display]	Button	The user clicks on this button to display the premiums and rebates for the contract and, if provided, PBP and segment.
Basic Part C Premium	Output	Part C premium in MCO contract.
Basic Part D Premium	Output	Part D premium in MCO contract.
Rebate for Part B Premium Reduction	Output	Rebate paid to MCO for reduction in Part B premium.
Rebate for A/B Cost Sharing	Output	Rebate paid to MCO for Part A/Plan B cost sharing.
Rebate for A/B Mandatory Supplemental Benefits	Output	Rebate paid to MCO for providing Part A/Part B mandatory supplemental benefits.
Rebate for Basic Part D Premium Reduction	Output	Rebate paid to MCO for reduction in basic Part D premium.
Rebate for Part D Supplemental Benefits	Output	Rebate paid to MCO for providing Part D supplemental benefits.

Table 8-32: Basic Premiums and Rebates (M409) Field Descriptions

8.4 MCO Representative with Update Role

8.4.1 Update the Beneficiaries: Update Enrollment (M212) Screen

The following screen is accessible only by users with update authorization. The *Update Enrollment (M212)* screen allows the user to add an end date to an existing enrollment or change the end date to an earlier date. This screen also cancels enrollments or disenrollments. To update enrollment information, such as the EGHP Flag, select the [More] button, which takes the user to the *Additional Update Enrollment Information (M230)* screen. To navigate to the *Update Enrollment (M212)* screen, select the [Update] button from the *Enrollment (M204)* screen or select the [Update Enrollment] button from the *Search Results (M202)* screen after finding a beneficiary.

Figure 8-58: Update Enrollment (M212) Screen

te Enrollment	NH 03878- Update Pre	miums Update Rx	Insurance [Update Res	idence Áddress						State: NH (30) Co		
te Enrollme	ent (M212)					User: Role	: MCO REPRESENTAT	IVE W/ UPDA	TE Date: 1/23/2018	1	C	lose Print	
			S	elect "More"	to view or update add	ditional information for ea	ach enrollment.						
						mit updates for both the n select the "Submit" bu	M212 as well as the M230 tton.	screens.					
	Select	Contract	PBP#	Seg#	Start Date	End Date	Application Date	Default App. Date	More Info	Disen	roll Reason		
1		HXXX	014	000	01/01/2011	02/28/2011	12/30/2010		More	11 - VOLUNTARY DISENROLLMENT THROU	JGH PLAN 🗸		
2		SXXX	001	000	02/01/2006	12/31/2010	01/09/2006		More	13 - DISENROLLMENT BECAUSE OF ENRO	LLMENT IN ANOTHER PLAN	×	
3		HXXX		000	07/01/1996	07/31/1996			More	11 - VOLUNTARY DISENROLLMENT THROU	JGH PLAN 🗸		

Table 8-33: Update Enrollment (M212) Field Descriptions

	Update Enrollment (M212) Field Descriptions								
Item	Input/Output	Description							
Updating Enrollment Information									
This section contains one	line for each perio	d during which the beneficiary was enrolled in the contracts to							
which the user has access enrollment, or to cancel a		k with each line to update the enrollment end date, to cancel an							
Select	Input	Check this box to select a row to either cancel an existing							
Select	(checkbox)	enrollment or to cancel an existing disenrollment.							
Contract	Output	The contract for the applicable period. <i>The user cannot update this field.</i>							
PBP#	Output	The PBP for the applicable period. <i>The user cannot update this field.</i>							
Seg#	Output	The segment for the applicable period. <i>The user cannot update this field.</i>							
Start Date	Output	Start date for the enrollment on this line. <i>The user cannot update this field.</i>							
End Date	Update	User can add or update an earlier date for the enrollment on this line.							
Application Date	Output	Application date for the enrollment period on this line. <i>The user cannot update this field</i> .							
More Info	Button	This takes the user to the M230 screen, where they may view or update additional information about the enrollment on this line.							

	Update En	collment (M212) Field Descriptions
Item	Input/Output	Description
Disenroll Reason	Input (dropdown)	The user must select a disenrollment reason code from the drop down box when entering or updating a disenrollment date.
Action Buttons These buttons operate on a	any lines that are s	elected by checking the Select checkbox.
Submit	Button	Any enrollment changes are submitted for processing. After processing, the new enrollment information is displayed for the beneficiary.
Cancel Enroll	Button	Selecting Cancel Enroll cancels a selected enrollment. Users must cancel enroll within the timeframe defined by CMS policy and follow normal Enrollment Cancellation rules.
Cancel Disenroll	Button	Selecting Cancel Disenroll cancels a selected disenrollment. Users must cancel disenroll within the timeframe defined by CMS policy and follow normal Disenrollment Cancellation rules.
Reset	Button	Selecting the reset button resets any entered values that were not submitted to their original values.

8.4.2 Update the Beneficiaries: New Enrollment (M221) Screen

The *New Enrollment (M221)* screen is accessible only by users with update authorization. A beneficiary may enroll only into one of the contracts to which the user has access. Once an enrollment is submitted by selecting the [Enter] button, it is processed by MARx and the Plan sees the resultant Transaction Reply Codes (TRCs) on the Plan's Daily Transaction Reply Report (DTRR).

To navigate to the *New Enrollment (M221)* screen from the main menu, the user selects the |Beneficiaries| tab to display the three tabs Find, New Enrollment, and Eligibility. Selecting the |New Enrollment| tab displays the *Beneficiary: New Enrollment (M221)* screen. This screen allows the user to enter all values needed to enroll the beneficiary in a Plan. Required fields are marked with a red asterisk. Selecting the [New Enrollment] button from the *Update Enrollment (M212)* screen also takes the user to the *New Enrollment (M221)* screen.

S		dvantage Prescription Drug (MARx) neficiaries Transactions Payments Rates Reports		
		ind New Enrollment Eligibility Opt-Out		
aries: New Enrollment (M221)		Role: CMS CENTRAL OFFICE USER D	ate: 10/18/2022	Print Help
Enter all required field information and select "Enroll". Required fields vary depending on type of contract provided.				
"Indicates required field				
*Beneficiary ID	Trackin	ng ID		
"Last Name	*First I	lame	M.L	
*Birth Date ((M)M/(D)D/YYYY)	*Sex	~		
*Contract #	PBP		Segment	
*Effective Date ((M)M/(D)D/YYYY)	I			
*Application Date ((M)M/(D)D/YYYY)	Credita Y - Ye	ble Coverage Indicator	Number of Uncovered Months	
*Election Type		s •	000	
*SEP Reason Code Group	* SEP I Selec	Reason Code		
Select ~ "Request Type	ESRD	Override		
ENROLLMENT V GEGHP		Premium		
NO PREMIUM V		ment Source		
Employer Subsidy Enrollment Override Primary BIN Primary	γ PCN Primary GRP	Primary RxID	•	
	dary Rx BIN Secondary Rx PCN	Secondary Rx Group Secondary Rx ID		
Secondary Drug Insurance Secon				
Ethnicity	Race			
Not of Hispanic, Latino/a or Spanish Origin	White	Black or African American	American Indian or Alaska Native	
Puerto Rican	Asian Indian	Chinese	Filipino	
Another Hispanic, Latino or Spanish Origin	Japanese	Korean	Vietnamese	
Mexican, Mexican American, Chicano/a	Other Asian	Native Hawaiian	Samoan	
Cuban	Guamanian or Chamorro	Other Pacific Islander		
I choose not to answer	I choose not to answer			
Form left blank	Form left blank			
Preferred Language Other than English		Accessible Format		
Ospanish Oother No Selected Preference		OBraille OLarge Print OAudio CD .		

Figure 8-59: Beneficiaries: New Enrollment (M221) Screen

Table 8-34: Beneficiaries: New Enrollment (M221) Field Descriptions

]	Beneficiaries: New En	rollment (M221) Field Descriptions						
Item	Input/Output	Description						
Beneficiary identification fields								
Beneficiary ID	Required input	Beneficiary ID associated with the enrolled beneficiary. This input field accepts an RRB number, which then converts to a corresponding Beneficiary ID.						
Tracking ID	Input	The Tracking ID is an optional unique identifier provided by the Plan for its use in transaction tracking. This tracking ID is stored in the MARx system, associated with the transaction submitted, and returned to the Plan with the TRCs. Data format is alpha-numeric with a maximum of 15 characters.						
Last Name	Required input	Last name of enrolled beneficiary.						
First Name	Required input	First name of enrolled beneficiary.						
M.I.	Input	Middle initial of enrolled beneficiary enrolled.						
Birth Date	Required input	The date of birth of the enrolled beneficiary. Required format is (M)M/(D)D/YYYY.						

I	Beneficiaries: New En	arollment (M221) Field Descriptions
Item	Input/Output	Description
Sex	Required input (dropdown list)	The gender of the enrolled beneficiary. The input value is selected from a dropdown list, which is accessed by selecting the arrow at the right end of the field.
Enrollment fields		
Contract #	Required input	Contract number associated with the Plan into which the beneficiary is enrolled.
PBP	Input	PBP number for this enrollment. It is required for MA contracts and applies to some non-MA contracts.
Segment	Input	Segment number for this enrollment. This is applicable only when a contract number and PBP number are entered. It applies to MA and MAPD contracts.
Effective Date	Required input	Date that coverage in this Plan begins. Required format is (M)M/(D)D/YYYY.
Application Date	Input	Application Date associated with this enrollment. This is the date when the beneficiary signed the enrollment request (if available) or the date when the enrollment request was received by the Plan. Required format is (M)M/(D)D/YYYY.
Creditable Coverage	Required input (dropdown list)	Indicator of whether the beneficiary had creditable coverage between the end of their previous enrollment and the beginning of this enrollment. The input value is selected from a dropdown list, which is accessed by selecting the arrow at the right end of the field. All values except "No" render the Number of Uncovered months to zero and disable that field.
NUNCMO	Input	Number of months between the end of their previous enrollment and the beginning of this enrollment when the beneficiary did not have Creditable Coverage as defined by CMS policy. This field is available for entry only if the Creditable Coverage field is set to No, indicating that they did not have Creditable Coverage prior to this enrollment.
Election Type	Input (dropdown list)	Type of election period used for this enrollment. The input value is selected from a dropdown list, which is accessed by selecting the arrow at the right end of the field.
SEP Reason Code Group	Required input (dropdown list)	The grouping to which the SEP Reason Code belongs. The input value is selected from a dropdown list, which is accessed by selecting the arrow at the right end of the field. The value chosen in this field determines which SEP Reason Codes are displayed in the drop-down list for the SEP Reason Code field.
SEP Reason Code	Required input (dropdown list)	The basis for which the beneficiary is allowed the use of the SEP for enrollment. The input value is selected from a dropdown list, which is accessed by selecting the arrow at the right end of the field. MARx determines which SEP Reason Codes are valid for the Plan entered in the Contract field.

]	Beneficiaries: New En	rollment (M221) Field Descriptions
Item	Input/Output	Description
Request Type	Input (dropdown list)	 The type of request for this enrollment. The input value is selected from a dropdown list, which is accessed by selecting the arrow at the right end of the field. Select one of the types of enrollment from the list: Enrollment (EMPLOYER GROUP) Enrollment Enrollment (2 MTHS RETRO) Enrollment (WITH GAP END DATE)
EGHP	Input (checkbox)	Indicates whether the enrollment is an EGHP. Automatically checked when Request Type is Enrollment (EGHP).
ESRD Override	Input (dropdown list)	This field is only used when a beneficiary with ESRD status meets any of the exception criteria for enrollment into an MA or 1876 Cost based Plan as defined in the CMS Enrollment Guidance applicable to the Plan type. The input value is selected from a dropdown list, which is accessed by selecting the arrow at the right end of the field. Valid values are 1-9 or A through F; select any value.
Premium Payment Option	Input (dropdown list)	The beneficiary's choice for Premium withholding. The choices are: • NO PREMIUM • DEDUCT FROM RRB BENEFITS • DEDUCT FROM SSA BENEFITS
Part C Premium	Input	The amount of the beneficiary's premium for Part C coverage that is part of this enrollment.
Employer Subsidy Enrollment Override	Input (Checkbox)	Indicates whether the beneficiary chose to enroll in a Part D Plan despite having employer coverage. Only if a user receives a TRC 127 can they select this override feature.
Enrollment Source	Input (dropdown list)	 The initiating event that triggered this enrollment. The input value is selected from a dropdown list, which is accessed by selecting the arrow at the right end of the field. Automatically enrolled by CMS Beneficiary election Facilitated enrollment by CMS
Primary BIN	Input	The BIN number for the Part D insurance Plan associated with this enrollment.
Primary PCN	Input	The PCN number for the Part D insurance Plan associated with this enrollment.
Primary Group	Input	Group ID for the Part D insurance Plan associated with this enrollment.
Primary RxID	Input	Identifier assigned to the beneficiary by the Part D insurance Plan for drug coverage.
Secondary Drug Insurance	Input (dropdown list)	Indicates whether the beneficiary has drug insurance coverage other than through Part D. The input value is selected from a dropdown list, which is accessed by selecting the arrow at the right end of the field.
Secondary Rx Group	Input	Identifier for the group providing secondary drug insurance coverage. Not applicable unless the Secondary Drug Insurance indicator is Yes.

]	Beneficiaries: New En	rollment (M221) Field Descriptions
Item	Input/Output	Description
Secondary RxID	Input	Identifier assigned to beneficiary by the secondary insurance company for drug coverage. Not applicable unless the Secondary Drug Insurance indicator is Yes.
Ethnicity	Input (Checkbox)	Indicates the beneficiary's ethnicity. One or more of the boxes can be checked, including I choose not to answer. If the beneficiary has not indicated an ethnicity, the Form left blank checkbox should be used. This input is required.
Race	Input (Checkbox)	Indicates the beneficiary's race. One or more of the boxes can be checked, including I choose not to answer. If the beneficiary has not indicated a race, the Form left blank checkbox should be used. This input is required.
Buttons		
[Enroll]	Button	Submits the request to enroll the beneficiary.
[Reset]	Button	Resets all screen fields to original values prior to data entry.

8.4.3 Update Premiums for the Number of Uncovered Months (NUNCMO)

The Plan user who has MCO Representative with Update role can change the beneficiary's incremental uncovered months from the *Update Premiums (M226)* screen. Plan users cannot update the Part C premium amount(s) and the premium payment options via the MARx UI.

Update the Beneficiary Detail: Update Premiums (M226) Screen NUNCMO

To navigate to the *Update Premiums (M226)* screen, select the [Update] button from the *Premiums View (M231)* screen and then select the |Update Premiums| tab.

Figure 8-60: Update Premiums (M226) Screen

uai	te Enrollm	ent	Opuale Fit											
da	te Prem	iums	s (M226)			Role:	MCO REPP	RESENTATIV	e w/ update	Date: 8	7/2019	C	lose	Print F
•	Contract	PBP	Segment	Prem Start I		remiu nd Da		Im Payment Option	Part C/D Pr Statu		Part C Premium	Part D Premium		Enrollment Penalty
1	S5660	117	000	02/01/2	2020 12	/31/20	20 DIREC	T SELF-PAY			\$0.00	\$32.20	\$0.00	
2	S5660	117	000	01/01/:	2020 01	/31/20	20 DIREC	T SELF-PAY			\$0.00	\$32.20	\$3.30	
						Nun	nber of Unc		ths (Current T	Fotal NUI	NCMO : 0)	_		
					Contrac		nber of Unc Start Date	Incremental Number of Uncovered	Cumulative Number of Uncovered	Fotal NUI	NCMO : 0) Indicator			
				1	Contrac	t PBP		Incremental Number of Uncovered Months	Cumulative Number of					
				1		t PBP	Start Date	Incremental Number of Uncovered Months	Cumulative Number of Uncovered Months		Indicator	~		

Table 8-35: Update Premiums (M226) Field Descriptions

	Update P	remiums (M226) Field Descriptions
Item	Input/Output	Description
	e line for each pre	emium period during which the beneficiary was enrolled in the <i>e user cannot update this information</i> .
Contract	Output	Contract number of the enrollment for the premium period.
PBP	Output	PBP number associated with this enrollment.
Segment	Output	Segment number associated with this enrollment.
Premium Start Date	Output	The effective date for the Part C and/or D premiums on this line.
Premium End Date	Output	The last effective date for Part C and/or D premiums on this line. If no value is displayed, the premium period is open-ended.
PPO	Output	PPO for this beneficiary for this premium period.
PPO Pending	Output	A value of 'Y' means that a request for withholding was transmitted to the withholding agency but the agency has not yet returned an approval. Otherwise, this field is blank.
Part C Premium	Output	The cost charged by the Plan to the beneficiary for Part C coverage.
Part D Premium	Output	The cost charged by the Plan to the beneficiary for Part D coverage.
Late Enrollment Penalty	Output	The penalty amount that is added to the premium when the beneficiary has an uncovered period without creditable coverage. This amount is calculated based on the uncovered months.
of the beneficiary's enro resets that may have occ number is displayed only associated with any cont	llment periods alo urred. NUNCMO y for contracts to ract to which they	e first day of each enrollment. This section contains one line for each ong with the associated NUNCMO. It also displays any NUNCMO values for all enrollment are shown but the associated contract which the user has access. The user can update the NUNCMO v have access. A user with access to the contract in which the te that NUNCMO value or the value for any preceding enrollment.
Current Cumulative NUNCMO	Output	The total NUNCMO used when calculating the LEP for a current enrollment period. This total includes uncovered months associated with all previous enrollments as well as any NUNCMO Resets.
Contract	Output	Contract number of the enrollment associated with this uncovered month period.
PBP #	Output	PBP number of the enrollment associated with this uncovered month period.
Start Date	Output	The start date of the enrollment associated with this uncovered month value or the date of the reset.
Incremental Uncovered Months	Update	Number of months that the beneficiary did not have creditable coverage in the period immediately prior to the enrollment on this line. The field is either left blank or set to zero when there are no uncovered months.
Cumulative Uncovered Months	Output	The running total of uncovered months. Uncovered months accumulate over time unless a NUNCMO reset is in place. Accumulation begins again at zero after a NUNCMO reset.

Update Premiums (M226) Field Descriptions								
Item	Input/Output	Description						
Indicator	Output	 This indicates the type of uncovered months – Reset (R) – This line represents a NUNCMO reset. It is a point in time where the accumulation of uncovered months is set back to zero. L- LIS Reset: This beneficiary's NUNCMO were reset because of an LIS status as of the effective date shown on the table. A- IEP Reset: This beneficiary's NUNCMO were reset because their 2nd Initial Enrollment Period (IEP) for Part D started as of the effective date shown on the table 						

8.4.4 Update the Rx Insurance View (M228) Screen

The following screen is accessible only by users with update authorization.

Plans can use the *Update Rx Insurance (M228)* screen to view, update, and add new Rx insurance information, both primary and secondary, for beneficiaries enrolled in its Plan. The screen displays the beneficiary's 4Rx history. The Plan only views 4Rx information for periods during which the beneficiary is enrolled in any of its Part D Plans.

To access the *Update Rx Insurance (M228)* screen, select the [Update] button from the *Rx Insurance View (M244)* screen.

Figure 8-61: Update Rx Insurance (M228) Screen

te Rx In	suranc	ce (M228)				User: Role: MCO REPRESEN	TATIVE W/ UPDA	TE Date: 2/21/20	018			Close Print
Primary	Drug In	surance Inf	ormation									
4	Action	Contract	PBP	Primary Drug Insurance St	art Date	Primary Drug Insurance End Date	Primary BIN	Primary PCN	Primary GRP	Primary RxID	Source	Record Update TimeStamp
New												
1		HXXXXX	015	01/01/2012			004336	MEDDADV	RX8657	S00824708	HXXXX	2011-11-05-11.19.54
2]	HXXXX	015	01/01/2011		12/31/2011	610415	PCS	MD130201	S00824708	HXXXXX	2011-11-05-11.19.54
3]	HXXXX	002	04/01/2010		12/31/2010	003585	35000	35000	872287822	HXXXX	2010-12-11-12.09.13
4]	HXXXXX	001	03/01/2009		03/31/2010	003585	35000	35000	872287822	L15G	2010-04-11-04.53.35
Seconda	ary Druç	g insurance										
			Insurance Creation Da		condary BIN	Secondary PCN	Secondary	GRP	Secondary RxID	• · · · ·		l Update Stamp
New												
1			03/23/200	9							2009-03-2	3-08.28.23

Table 8-36: Update Rx Insurance (M228) Field Descriptions

	Update Rx Insurance (M228) Field Descriptions									
Item	Input/Output	Description								
contract and PBP that	ter new Primary R the beneficiary is	x Insurance information, along with the effective time period, and the enrolled in during the applicable time period. The user may only add g which the beneficiary's enrollment is in a contract to which the user has								
Contract	Input	Contract in which the beneficiary was enrolled during the period on this line.								
PBP	Input	The PBP in which the beneficiary was enrolled during the period on this line.								
Primary Rx Insurance Start Date	Input	Start date for the Primary Rx Insurance listed on this line. This date must fall during an enrollment that the user can view on the Enrollment (M203) screen.								
Primary Rx Insurance End Date	Input	End date for the Primary Rx Insurance listed on this line.								
Primary BIN	Input	BIN for the Primary Rx Insurance period on this line.								
Primary PCN	Input	PCN for the Primary Rx Insurance period on this line.								
Primary GRP	Input	GRP for the Primary Rx Insurance period on this line.								
Primary RxID	Input	RxID for the Primary Rx Insurance period on this line.								
The New Line for Sec		rance 7 Rx Insurance information.								
Secondary Rx	Input	Select "Yes" from the dropdown list to indicate that this is a Secondary								
Insurance	(dropdown)	Rx Insurance entry.								
Secondary BIN	Input	BIN for the Secondary Rx Insurance period on this line.								
Secondary PCN	Input	PCN for the Secondary Rx Insurance period on this line.								
Secondary GRP	Input	GRP for the Secondary Rx Insurance period on this line.								
Secondary RxID	Input	RxID for the Secondary Rx Insurance period on this line.								
Update or Delete Prin	*	* *								
This section contains of	one line for each p	eriod that the beneficiary had a unique Primary Rx Insurance period. The								
user can mark each lin		pdate the available fields.								
Action	Input (Checkbox)	Check this box, and then use the buttons at the bottom of the screen to select the desired action (i.e. Submit, Delete, or Reset) for this line.								
Contract	Output	Contract in which the beneficiary was enrolled during the period on this line. <i>The user cannot update this field</i> .								
РВР	Output	The PBP in which the beneficiary was enrolled during the period on this line. <i>The user cannot update this field</i> .								
Primary Rx Insurance Start Date	Output	Start date for the Primary Rx Insurance listed on this line. <i>The user cannot update this field</i> .								
Primary Rx Insurance End Date	Update	The user can add or update an end date for the Primary Rx Insurance on this line.								
Primary BIN	Update	The user can update the BIN for the Primary Rx Insurance on this line.								
Primary PCN	Update	The user can update the PCN for the Primary Rx Insurance on this line.								
Primary GRP	Update	The user can update the GRP for the Primary Rx Insurance on this line.								
Primary RxID	Update	The user can update the RxID for the Primary Rx Insurance on this line.								

	Update	Rx Insurance (M228) Field Descriptions
Item	Input/Output	Description
Source	Output	Source of the Rx insurance information for the period specified. The Rx Information is submitted on an enrollment transaction code (TC 61), a Plan change transaction (TC 72), or through a UI update. If the update is completed through the UI, the source is the user's ID. <i>The user cannot update this field as it will automatically update when the Primary Rx Change is processed.</i>
Record Update Timestamp	Output	Date that this Rx insurance information was added or updated. <i>The user</i> cannot update this field as it will automatically update when the Primary Rx Change is processed.
Update or Delete Sec	ondary Rx Insur	ance Information
		eriod that the beneficiary had a unique Secondary Rx Insurance period.
The user can mark eac	ch line to delete or	to update the available fields.
Action	Input (Checkbox)	Check this box, then select the <i>delete</i> button to delete this line of existing Secondary Insurance information.
Secondary Rx Insurance	Output	Yes indicates that the line represents Secondary Insurance Information.
Insurance Creation Date	Output	Date that was reported for the initiation of this secondary insurance period. <i>The user cannot update this field</i> .
Secondary BIN	Update	The user can update the BIN for the Secondary Rx Insurance period on this line.
Secondary PCN	Update	The user can update the PCN for the Secondary Rx Insurance period on this line.
Secondary GRP	Update	The user can update the GRP for the Secondary Rx Insurance period on this line.
Secondary RxID	Update	The user can update the RxID for the Secondary Rx Insurance period on this line.
Source	Output	Source of the Rx insurance information for the period specified. The Rx Information is submitted on an enrollment transaction (TC 61), a Plan change transaction (TC 72), or through a UI update. If the update is conducted through the UI, the source is the user's ID. <i>The user cannot update this field as it will automatically update when the Primary Rx Change is processed.</i>
Record Update Timestamp	Output	Date that this Rx insurance information was added or updated.
Action Buttons	on any lines that a	are selected by checking the Action checkbox.
Submit	Button	Any Rx Insurance Information entered on the New line or Rx Information changes in a selected line are submitted for processing. After processing, a new line of Rx Insurance Information is displayed for the beneficiary.
Reset	Button	Any updated, or changed, values that are not submitted are reset to their original values.
Delete	Button	The Rx Insurance Information on the selected line is deleted from the beneficiary's record.

8.4.5 View/Update Beneficiary Residence Address

SSA provides CMS with a beneficiary address. This is not always the address through which the Plan interfaces with the beneficiary. A Plan user with update authority may enter an address. These addresses are associated with the period of time during which each is effective. The *Residence Address View (M243)* screen gives the Plan user an historical view of a beneficiary's residence addresses during the time they were enrolled in one of the Plans to which the user has access. The screen displays the beneficiary's historical residence address information, with the most recent address periods shown first. The Plan will only see residence address information for periods during which the beneficiary is enrolled in any of their Plans.

Users with the MCO Representative with Update role may select the [Update] button to update this beneficiary's enrollment information.

8.4.5.1 View/Update the Residence Address View (M243) Screen

MBI #: 1A00A00 I SINCLAIR D PITTSFORD, I	DR APT 206			JANE DOE ACTIVE	*St	DOB: 08/29/1944 Age: *State: TN (44) Count			
Snapshot Er	nrollment F	Payments Adjustments	Premiums LEP SSA - R	RB Factors Utilization MSA 📙	esidence Address Rx In	surance Sta	atus Activity		
Residence A		iew (M243)	User	r: Role: MCO REPRESENTA	TIVE W/ UPDATE Date	e: 2/21/2018	Clos	Update	Print
		draeeae							
	Contra	dresses Address Start Date	Address End Date	Address 1	City	State	ZIP	SSA State	County Code

Figure 8-62: Residence Address View (M243) Screen

Table 8-37: Residence Address View (M243) Field Descriptions

Resi	Residence Address View (M243) Update Screen Field Descriptions									
Item	Input/Output	Description								
This section contains one l	Beneficiary's Residence Address Information This section contains one line for each period during which the beneficiary had a unique residence address, i.e., address where the beneficiary resides.									
[Update]	Button	This button takes the user to the Update Residence Address screen.								
Contract	Output	The contract for the applicable period.								
Address Start Date	Output	Start date for the residence address listed on this line.								
Address End Date	Output	End date for the residence address listed on this line.								
Address 1	Output	Residence Street Address (Line 1) for the period on this line.								
Address 2	Output	Residence Street Address (Line 2) for the period on this line.								
City	Output	Residence City for the period on this line.								
State	Output	Residence State for the period on this line.								
Zip	Output	Residence Zip for the period on this line.								
SSA State Code	Output	The State Code assigned by SSA for the state on this line.								
SSA County Code	Output	The county where this residence is located, along with the County Code assigned by SSA for the county.								

8.4.5.2 Update the Update Residence Address (M242) Screen

The following screen is accessible only by users with update authorization.

The *Update Residence Address (M242)* screen allows the user to change or delete any address that is in the current list of residence address information and for periods where the user has access to those Plans. The screen also includes a blank line, labeled *New*, which allows the user to enter a new address for the beneficiary.

To open the *Update Residence Address (M242)* screen, click the [Update] button from the *Residence Address (M243)* screen.

Figure 8-63: Update Residence Address (M242) Screen

Claim #: XXXX MBI #: 1A00A0 702 TRI CITY SOMERSWOO Update Enrolle	IOAA00 RD RTH, NH	03878-1		late Rx Insurance <mark>Update Re</mark> t	sidence Address	-	JANE DOE ACTIVE						DOE Age: 73 Sex: 2) County: BR	
Update Res Note: No R				ormation found for the	Beneficiary	User:	Role: MCO REPRESEN	NTATIVE	W/ UPDATE Date: 2/2	1/2018		Cl	lose Print	Help
	New	Action	Contract	Address Start Date	Address End Date		Address 1		City	State	ZIP	SSA State	County Code	
	S	ubmit	Delete	Reset										

Table 8-38: Update Residence Address (M242) Field Descriptions

	Update Reside	nce Address (M242) Field Descriptions
Item	Input/Output	Description
		ddress, along with the effective time period. Users can only add y's enrollment in a contract to which the user has access.
Contract	Input	The contract for the applicable period.
Address Start Date	Input	Start date for the residence address listed on this line. This date must occur during an enrollment that the user can view on the Enrollment (M203) screen.
Address End Date	Input	End date for the residence address listed on this line.
Address 1	Input	Residence Street Address (Line 1) for the period on this line.
Address 2	Input	Residence Street Address (Line 2, if applicable) for the period on this line.
City	Input	Residence City for the period on this line
State	Input	Residence State for the period on this line
Zip	Input	Residence Zip for the period on this line
Updating or Deleting R	esidence Address	s Information
		iod that the beneficiary has a unique residence address (address n edit each line to mark it for delete or update the available fields.
Action	Input	Check this box, then select the desired action (i.e. Submit, Delete, or Reset) when updating, deleting, or resetting information for an existing residence address period.
Contract	Output	The contract for the applicable period. <i>The user cannot update this field.</i>
Address Start Date	Output	Start date for the residence address listed on this line. <i>The user cannot update this field</i> .

	Update Reside	nce Address (M242) Field Descriptions
Item	Input/Output	Description
Address End Date	Update	The user can add or update an End date for the residence address on this line.
Address 1	Update	Residence Street Address (Line 1) for the period on this line.
Address 2	Update	The user can add or update the Residence Street Address (Line 2) for the period on this line.
City	Update	Residence City for the address on this line.
State	Update	Residence State for the address on this line.
Zip	Update	Residence Zip for the address on this line.
SSA State Code	Output	The State Code assigned by SSA for the state on this line. The user cannot update this field as it automatically updates when the address is processed.
SSA County Code	Output	The county where this residence is located, along with the County Code assigned by SSA for the county. The user cannot update this field as it automatically updates when the address is processed.
Action Buttons		
These buttons operate or	n any selected line	s by checking the Action checkbox.
Submit	Button	Any address entered on the New line or address changes in a selected line is submitted for processing. After processing, the new addresses are viewable in the list of addresses for the beneficiary.
Reset	Button	On a selected line, any non-submitted values are reset to their original values.
Delete	Button	The address on the selected line is deleted from the beneficiary's addresses.

8.4.6 Beneficiary Opt Out Screen (M234)

8.4.6.1 Update the Beneficiary Opt-Out (M234) Screen

The following screen is accessible only by users with update authorization.

The *Beneficiary: Opt-Out (M234)* screen displays beneficiary's Part D AE-FE Opt-Out or MMP Opt-Out information. The Plan uses this screen to view, verify, and update beneficiary's Part D AE-FE/MMP Opt-Out election. To navigate to the Part D Opt-Out (M234) screen, select the Opt-Out tab.

Figure 8-64: Beneficiary: Opt-Out (M234) Screen

CMS	Medicare Advantage Prescription Drug (MARx) Wekcome [Ceneficiaries Transactions Payments Rates Reports Maintenance System													
	Find/New Enrollment/Eligibility/Opt.Owt													
Beneficiary:	Opt-Out (M234)		ı	Jser: Role: MCC	D REPRESENTAT	TIVE W/ UPDATE Date: 2/21	/2018			Print	Help			
		Enter the Beneficiary ID If the claim number was r with a claim number cont "Indicates required field	not found without a BIC of aining CAN and BIC cod	le to find from cross refe	your search criteria rence data.									
	Beneficiaries 1-1(of 1)													
	Beneficiary ID	Name	Birth Date	Date of Death	Sex	State	County	Part D AE-FE Opt-Out	MMP Opt-Out					
	1400A00A001 Submit Reset	JANE DOE	03/04/1944		FEMALE	MASSACHUSETTS	BRISTOL							

Table 8-39: Beneficiary: Opt-Out (M234) Field Descriptions

	Benefic	iary: Opt-Out (M234) Field Descriptions
Item	Input/Output	Description
Beneficiary ID	Required Input	Identifies the beneficiary whose eligibility information displays.
[Find]	Button	Select after entering the beneficiary claim number. If beneficiary is found, Part D AE-FE Opt-Out displays and user may update it.
Beneficiary ID	Output	Beneficiary ID of beneficiary.
Name	Output	Name of beneficiary.
Birth Date	Output	Date of birth of beneficiary.
Date of Death	Output	Date of death of beneficiary.
Sex	Output	Sex of beneficiary.
State	Output	State of beneficiary's address.
County	Output	County of beneficiary's address.
Part D AE-FE Opt-Out	Input	Indicates if beneficiary opted-out of AE-FE.
MMP Opt-Out	Input	Indicates if beneficiary opted-out of MMP.
Action Buttons		
Submit	Button	Changes to Part D AE-FE/MMP Opt-Out indicator submitted for processing.
Reset	Button	Updated (or changed) values not submitted are reset to original values.

8.5 MCO Submitter Role

When a transactions batch file is submitted, the user may track its progress through the enrollment processing. This progress information includes:

- Dates and times when the file was received, when the file was processed, and when the Batch Completion Status Summary (BCSS) Report was generated for the file.
- Counts of transactions by status.
- Counts of transactions by Transaction Code.

There are three possible batch transaction statuses:

- Successful: Transaction was processed with no errors.
- **Rejected**: An error occurred when the transaction was processed. The rejected transactions are also saved in the Rejected Transactions File.
- **Failed**: A failed transaction is one that has an error that is so severe the transaction is not saved.

The *Transactions: Batch Status (M307)* screen displays the status of transaction batch files that were submitted by the user. Additional information about a selected batch is shown in the *Batch File Details (M314)* screen.

8.5.1 Access the Transactions: Batch Status (M307) Screen

From the main menu, the user clicks on the |Transactions| menu item to view the *Transactions: Batch Status (M307)* screen.

8.5.1.1 View the Transactions Batch Status (M307) Screen

The Transactions: Batch Status (M307) screen is used for entering the selection criterion.

Figure 8-65: Batch Status (M307) Screen, Before Search Criteria Entered

CMS Medicare Advantage Prescription Drug (MARx) Welcome Iterativities Transactions Payments Reports									
	Welcome Beneficiaries Transactions Payments Reports								
	Batch Status File Submission Request								
Transactions: Batch Status (M307)	User: Role: MCO REPRESENTATIVE TRANSMITTER Date: 2/23/2018	Print Help							
	Enter search criteria and select "Find".								
	Indicates required field								
	*From Date *To Date 02/23/2018 02/23/2018 Find								

After the search criteria are entered, the user clicks on the [Find] button to display the transaction batch files. If there are no batches that satisfy the search criteria, the *Transactions: Batch Status* (*M307*) screen is re-displayed with the search criteria and a message indicating that no batches were found. The batches that meet the selection criteria are displayed on the same screen below

the selection criteria. To view different transaction batches, the user changes the search criteria and clicks on the [Find] button.

Figure 8-66: Batch Status (M307) Screen, After Search Criteria E	Entered
--	---------

		Welcome Beneficiaries			
			ile Submission Request		
insactions: Batch St	itus (M307)	User: Role	MCO REPRESENTATIVE TRANSMITTER Date	: 8/24/2011	Print
		Enter search criteria and click "Find".			
		*Indicates required field			
		"Erom Date "To Date			
		04/27/2011 04/27/2011			
		04/27/2011 04/27/2011 Eind			
Click on the Batch ID lii	k to view the transaction	Eind			
Click on the Batch ID lii Batch Results 1-3(of 3)	k to view the transaction	Eind			
	k to view the transaction User ID	Eind	File Processed	Batch Completion Summary Report Run	į
Batch Results 1-3(of 3)		Eind	File Processed 04/27/2011 11:07:36	Summary Report	
Batch Results 1-3(of 3) Batch ID	User ID	Eind n counts. File Received		Summary Report Run	

Table 8-40: Batch Status (M307) Field Descriptions

	Batch Status (M307) Field Descriptions									
Item	Input/Output	Description								
From Date	Required data entry field	Searches for batches that were entered on or after this date. Enter as (M)M/(D)D/CCYY. Defaults to current date.								
To Date	Required data entry field	Searches for batches that were entered before or after this date. Enter as (M)M/(D)D/CCYY. Defaults to current date.								
[Find]	Button	After the search criteria have been entered, the user click this button to display the list of batch files.								
Batch ID in the Batch ID column	Link	The user clicks on a <u>Batch ID</u> link to display the <i>Batch File Details (M314)</i> screen for that batch file.								
User ID	Output	Identifier of user who submitted the batch file.								
File Received	Output	Date and time when batch file was received.								
File Processed	Output	Date and time when batch file was processed.								
Batch Completion Summary Run	Output	Date and time a BCSS report was run for the batch file.								

8.5.2 *View the Batch File Details*

The user clicks on a <u>Batch ID</u> link on the *Transactions: Batch Status (M307)* screen to bring up the *Batch File Details (M314)* screen.

Figure 8-67: Batch File Details (M314) Screen

CMS		Medicare Advantage Prescription Drug (MARx)															
Batch File D	etails (M314)					User:	Role: M	ICO REPRE	SENTA	TIVE TRANSM	ITTER Date: 4/2	25/2018			C	Close Print	Help
Batch file det	Batch file details for Batch ID 37943892																
Batch me de	tans for Batchin	0 37 5	43092				_										
								Batch F	ile Stat	us Message							
							FIL	E WAS SUC	CESSF	ULLY PROCE	SSED						
								Trans	actions	Received							
								R	ecord U	pdate							
		4RX	NUNCMO	EGHP	PPO	Residence	Segment	Part C	Part D Opt	Cancel	Cancel	Cancel MMP	MMP Opt	Correction	POS Drug	IC Model	
Enrollment	Disenrollment	(72)	(73)	(74)	(75)	Address (76)	Change (77)	Premium (78)	Out (79)	Enrollment (80)	Disenrollment (81)	Enrollment (82)	Out (83)	(01)	Edit (90)	Participation (91)	Unknown
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
								Batch C	ompleti	on Summary							
						Acce	•	Reje		Pen	•	ailed					
							9	C		C)	0					

Table 8-41: Batch File Details (M314) Field Descriptions

	Batch	n File Details (M314) Field Descriptions				
Item	Input/Output	Description				
Batch File Status Message	Output	Describes the status of file processing.				
Enrollment	Output	Count of enrollment transactions in the batch file.				
Disenrollment	Output	Count of disenrollment transactions in the batch file.				
PBP Change	Output	Count of PBP change (TC 71) transactions in the batch file.				
4Rx Output		Count of 4Rx data update (TC 72) transactions in batch file.				
NUNCMO Output		Count of NUNCMO data update (TC 73) transactions in batch file.				
Premium Withhold	Output	Count of Premium Payment data update (TC 75) transactions in the batch file.				
EGHP	Output	Count of EGHP data update (TC 74) transactions in the batch file.				
Correction	Output	Count of correction (TC 01) transactions in the batch file.				
Unknown	Output	Count of transactions of unknown type in the batch file.				
Accepted	Output	Count of accepted transactions in the batch file.				
Rejected	Output	Count of rejected transactions in the batch file.				
Pending	Output	Count of transactions in the batch file with incomplete processing.				
Failed	Output	Count of transactions in the batch file that failed.				

8.5.3 View Special Batch File Requests (M317) Screen

A Plan user with the MCO Representative Transmitter role may submit Special Batch Files for CMS to review and approve through the MARx UI. The MCO Representative Transmitter submits the Special Batch File by navigating to the Special Batch Approval Request (M316) screen. To do this the user clicks on the |Transactions| tab from the Welcome screen (M101), and follows one of the following:

- Select the |Transactions| tab followed by the |File Submission Status| tab which will open the View Special Batch File Request (M317) screen; then click on the "New Request" button, OR
- Select the |Transactions| tab followed by the |Create Special File Request| tab, thus bypassing the File Submission Status tab.

On the View Special Batch File Request (M317) screen, the user may search for previously submitted requests.

CMS		Medicare Advantage Prescription Drug (MARx) Welcome Beneficiaries Transactions Payments Reports											
					Batch Sta	tus File Submiss	ion Status Create	Special File Req	juest				
Transaction	s: Viev	w Special E	Batch File Requ	uest (M317)		Ro	le: MCO REPRES		Print	Help			
	-	Header Date Request ID Find Find tring 1 to 1 of 1 entries lest results			Request Date Request Status ALL ~	ALL Request Status File Status						1 Next	
	Row	Select	Request Date	Request ID	Batch File Type	Header Date	Requester ID	Request Status	File Status	Date Processed	Total Count	Approver	
	1		07/31/2019	2065	PLAN SUBMITTED ROLLOVER	08/01/2019	RACF	HOLD	NOT RECEIVED		3		-
Sho	owing 1	to 1 of 1 en	tries								Previous	1 Next	_

Figure 8-68: View Special Batch File Request (M317) Screen

When the MCO Representative Transmitter user selects the New Request button or the File Submission Request tab, the Special Batch Approval Request (M316) screen opens. Here the user can enter details for batch files that require special approval. These special batch files include Plan Submitted Rollover files, Retroactive files, and Organization Special Review.

Figure 8-69: Special Batch Approval Request (M316) Screen

CMS	S Medicare Advantage Prescription Drug (MARx) Welcome [Beneficiarles] Transactions Payments Reports							
					Status File Submission Status Create Special File Request			
ransactions:	: Special Batch Approval Request	(M316)			Role: MCO REPRESENTATIVE TRANSMITT	ER Date: 8/7/2019	l	Print He
		*Ind	icates	required field				
	*Batch File Type			е Туре	*Header Date			
Request Infor	rmation	OR	GAN	CTIVE ZATION SPECIAL REV JBMITTED ROLLOVER				
	Transaction Type		1111	Coverage Flag	Election Type	Effective Date	Count	Clear
1	~	~	~	~	~			
2	~	~	~	~	~			
3	~	~	~	~	~			
4	~	~	~	~	~			
5	~	~	~	~	~			
6	~	~	~	~	~			
7	~	~	~	~	~			
8	~	~	~	~	~			
9	~) ~	~	~	~			
	~	×	V	~	×			

When selecting a **Plan Submitted Rollover** (**POVER**) for the Batch File Type, the header date field will be non-editable. It will be 'grayed out' as soon as the Plan Submitted Rollover option is selected. The Transaction Code and the Election Type fields will be filled in automatically as well, when the Plan Submitted Rollover option is selected. Transaction Code will be set to "61 - ENROLLMENT" and Election Type will be set to "C –FOR PLAN-SUBMITTED ROLLOVER." These fields are not editable when the Plan Submitted Rollover batch file type is selected.

Once the request is created through the UI, a user with the MCO Representative Transmitter role can submit a special batch file using the Request ID provided on the POVER request. The Plan can submit a POVER special batch file without waiting for CMS to approve the request. CMS will be notified by email that a special batch file has passed all validation edits and is ready for approval. A user with the MCO Representative Transmitter role can then review the status of the special batch file request through the Special Batch File Request (M317) screen.

If the MARx system rejects a POVER file, the Batch Completion Status Summary (BCSS) will inform the file submitter that the same request ID can be used to resubmit the file once all the reasons for rejection are resolved. The corrected file can use the request ID of the original request. There is no need to request another request ID. Additionally, file submitters will be able to view system generated user messages on the Welcome (M101) screen and User Messages (M102) screen.

C	MS	Medicare Advantage Prescription Drug (MARx) Welcome (Beneficiaries) Transactions (Payments (Reports										
		Batch Status File Submission Status Create Special File Request										
Trans	actions: Special Batch Approval R	actions: Special Batch Approval Request (M316) Role: MCO REPRESENTATIVE TRANSMITTER Date: 6/20/2019 Print Help										
1	"Indicates required field											
1	*Batch File Type			ile Type		*Header Date						
Requ	uest Information											
	Transaction Type		Contrac	t PBP	Creditable Coverage Flag	Election Type	Effective D	ate Count	Clear			
1	61 - ENROLLMENT	~		~ ~	 	C - SEP FOR PLAN-SUBMITTED ROLLOVER	¥					
2	61 - ENROLLMENT	~		~	~	C - SEP FOR PLAN-SUBMITTED ROLLOVER	~					
3	61 - ENROLLMENT	~		~ ~	~	C - SEP FOR PLAN-SUBMITTED ROLLOVER	×					
4	61 - ENROLLMENT	~		~	~	C - SEP FOR PLAN-SUBMITTED ROLLOVER	~					
5	61 - ENROLLMENT	~		~	~	C - SEP FOR PLAN-SUBMITTED ROLLOVER	×					
6	61 - ENROLLMENT	~		~	~	C - SEP FOR PLAN-SUBMITTED ROLLOVER	~					
7	61 - ENROLLMENT	~	· · ·	~ ~	~	C - SEP FOR PLAN-SUBMITTED ROLLOVER	~					
8	61 - ENROLLMENT	~		~ ~	~	C - SEP FOR PLAN-SUBMITTED ROLLOVER	~					
	61 - ENROLLMENT	~		~	~	C - SEP FOR PLAN-SUBMITTED ROLLOVER	~					
9							~					

Figure 8-70: Special Batch Approval Request (M316) Screen (Plan Submitted Rollover version)

5	Special Batch Approva	al Request (M316) Field Descriptions						
Item	Input/Output	Description						
Batch File Type	Required Input	 Indicate the type of special file: Retroactive. Plan Submitted Rollover. Organization Special Review. 						
Header Date	Required Input	Enter the header date for retroactive special files only.						
Content Description: Transactions in the file are grouped by Transaction Code, Contract, PBP, Creditable Coverage Flag, Election Type, and Effective Date. Each line represents one unique combination of these. Additional lines are populated until all transactions are submitted in the special file described. The user must populate at least one line.								
Transaction Code Input (Dropdown		The type of transactions on this line for retroactive and organization special review files. The Transaction Code for Plan submitted rollovers is automatically populated with enrollment transactions						
Contract	Input (Dropdown)	The contract number for transactions on this line.						
PBP	Input (Dropdown)	The PBP number for the transactions on this line.						
Creditable Coverage Flag	Input (Dropdown)	The Creditable Coverage Flag (Y or N) for the transactions on this line.						
Election Type	Input (Dropdown)	The election type for retroactive and organization special review files. The election type for Plan submitted rollovers is automatically populated with C –for Plan submitted rollovers						
Effective Date	Input (For Plan Submitted Rollover requests only)	The Effective Date for transactions on this line.						
Count	Input	The number of transactions with the unique combination represented on the line.						
Clear	Input	Selects lines to clear with the Clear Line button.						
Buttons								
Clear Line	Button	When selected, clears input from selected lines						
Submit	Button	Submits the request for approval for the special file described in the Content Description lines.						
Return	Button	Returns the user to the View Special Batch File Request (M317) screen.						

Table 8-42: Special Batch Approval Request (M316) Field Descriptions

The MCO Representative Transmitter user can then review the status of the special batch file request through the *Special Batch File Request (M317)* screen. Once the request is submitted an automated email is sent to CMS to review and approve.

Figure 8-71: View Special Batch File Request (M317) Screen

CMS							antage Prescription Drug (MARx) neficiaries Transactions Payments Reports						
						· · · · · · · · · · · · · · · · · · ·	s Transactions P						
Transactions	s: View	Special E	Batch File Requ	iest (M317)					NSMITTER Date	: 8/7/2019		Print	Help
	Header Date Request ID Find Showing 1 to 1 of 1 entries Request results				Request Date	AL	e Status		>		Previous	1 Next	
	Row	Select	Request Date	Request ID	Batch File Type	Header Date	Requester ID	Request Status	File Status	Date Processed	Total Count	Approver	
_	1		07/31/2019	2065	PLAN SUBMITTED ROLLOVER	08/01/2019	RACF	HOLD	NOT RECEIVED		3		
Sho	wing 1 t	o 1 of 1 ent	ries								Previous	1 Next	-

Table 8-43: View Special Batch File Request (M317) Field Descriptions

Vie	w Special Batch File Request	(M317) Field Descriptions				
Item	Input/Output	Description				
Find Criteria – These fields	are used to find previously sub	bmitted Special Batch File Requests				
Header Date	Input (optional)	Header date in a file.				
Request Date	Input (optional)	Date a request was submitted.				
Request Type	Input (optional)	 Type of special file for the request: ALL RETROACTIVE PLAN SUBMITTED ROLLOVER ORGANIZATION SPECIAL REVIEW 				
Request Status	Input (optional – drop down)	Status of the requests to find: • ALL • APPROVED • DISAPPROVED • HOLD • CANCELLED				
Request ID	Input (optional)	ID of a request.				
File Status	Input (optional)	Status of file processing to use in the search. •ALL NOT RECEIVED • RECEIVED/PENDING REVIEW • RECEIVED/APPROVED • RECEIVED/DISAPPROVED • FAILED • PROCESSED				
Find	Button	Finds all requests that meet the above search criteria.				
Content Description: The f	ollowing fields are repeated for	each request that meets the Find criteria.				
Select	Input	Check box to select a line. This is usually used in coordination with the <i>Cancel Request</i> button.				
Request Date	Output	Date the request was submitted.				

Vie	w Special Batch File Reques	t (M317) Field Descriptions
Item	Input/Output	Description
Request ID	Output (Link)	Unique Request ID Clicking on a Request ID takes the user to the <i>Special Batch Approval Request (M316)</i> screen, which displays the details of the selected request.
Batch File Type	Output	 Type of special file for the request: RETROACTIVE PLAN SUBMITTED ROLLOVER ORANGIZATION SPECIAL REVIEW
Requester ID	Output	Individual's ID requesting the special file review
Header Date	Output	Header date for the special file.
Request Status	Output	Status of the request: • APPROVED • DISAPPROVED • HOLD • NEW REQUEST
File Status	Output	Processing status of the special file associated with this request: • ALL • NOT RECEIVED • RECEIVED • RECEIVED/PENDING REVIEW • RECEIVED/APPROVED • RECEIVED/DISAPPROVED • FAILED • PROCESSED
Date Processed	Output	For processed special files, date of processing.
Total Count	Output	Total count of transactions in the special file.
Approver	Output	For an approved request, the ID and name of the person who approved the request.
Selection Buttons		
New Request	Button	This button navigates to the <i>Special Batch Approval Request (M316)</i> screen where the user may enter a special request.
Cancel Request	Button	This button cancels the request on the line indicated by a selected checkbox.

8.6 Request Reports

This section describes how to order copies of reports and data files generated for previous months. The ordered reports deliver via Connect:Direct NDM; Sterling Electronic Mailbox, Gentran; or TIBCO MFT Internet Server. There are various types of reports in MARx:

- Daily or randomly occurring reports and data files generate each day for events that occurred that day, including batch transaction file processing or report receipt.
- Weekly reports and data files are scheduled and automatically generate to reflect transactions processed that week for a contract.
- Month-end reports and data files are scheduled and automatically generate as part of monthly payment processing.
- Year-end reports and data files are scheduled and automatically generate as part of monthly payment processing.

Note: Only MCO Representative Transmitters may order reports.

8.6.1 Request Reports and Data Files

From the main menu, the user clicks on the |Reports| menu item.

From the *Reports: Find (M601)* screen, the user chooses the report frequency; monthly, weekly, daily or yearly. The selection criteria displayed is affected by the frequency chosen. The user enters the selection criteria that characterize the reports requested. The user clicks on the [Find] button to bring up the *Reports: Search Results (M602)* screen showing all of the reports that meet the criteria.

CMS Medicare Advantage Prescription Drug (MARx) Welcome Beneficiaries Transactions/Payments/Reports				
Reports: Find (M601)	User:	Role: MCO REPRESENTATIVE TRANSMITTER Date: 2/28/2018	Print Help	
	Pick frequency. Once a frequency is selected, enter criteria and select "Find."			
	*Indicates required field			
	*Frequency			
	MONTHLY WEERLY DALY YEARLY			
	*Start Month 12/2017 File Type	*End Month 12/2017		
	Report/Data File	~		
	Contract #			
	Find Reset			

Figure 8-72: Reports: Find (M601) Screen

Reports: Find (M601) Field Descriptions for Monthly and Weekly Reports				
Item	Input/Output	Description		
Frequency	Required radio button	Select MONTHLY, WEEKLY, DAILY, or YEARLY.		
Start Payment Month	Required data entry field	Search for reports for this payment Start month through End Payment Month. Enter as (M)M/CCYY. For monthly reports, defaults to the previous processing month. For daily and weekly reports, defaults to Current Processing Month.		
End Payment Month	Required data entry field	Searches for reports for the Start Payment Month through this Payment End month. Enter as (M)M/CCYY. For monthly reports, defaults to the previous processing month. For daily and weekly reports, defaults to Current Processing Month.		
File Type	Dropdown list	The user clicks on arrow and selects value to narrow search to report or data file. Note: When the File Type is selected, the user does not select the Report/Data File. If both are selected, an error message is displayed and the Find does not proceed.		
Report/Data File	Dropdown list	The user clicks on arrow and selects value to narrow search to type of report or data file. Note: When the File Type is selected, the user does not select the Report/Data File. If both are selected, an error message is displayed and the Find does not proceed.		
Contract #	Data entry field	The user enters to narrow search to a particular contract		
[Find]	Button	After entering the search criteria, the user clicks on this button to display the list of reports.		

Table 8-44: Reports: Find (M601) Field Descriptions for Monthly and Weekly Reports

From this list, the user can select a report or data file and click the [Order] button. The user receives a message that the order was submitted.

8.6.2 Daily Reports

The Reports: Find (601) screen with selection criteria for daily reports is shown below.

Figure 8-73: Find (M601) Screen for Daily Reports

CMS	S Medicare Advantage Prescription Drug (MARx) Wekome (Beneficiaries)Transactions (Payments) Reports				
	Find				
Reports: Find (M601)	Uter: Role: MCO REPRESENTATIVE TRANSMITTER Date: 5/13/2018	Print Help			
	Pick frequency. Once a frequency is selected, enter criteria and select "Find."				
	*Indicates required field				
	*Frequency				
	 VERMLA MERKAA ONALA ONALA 				
	*Start Request Date *End Request Date 06/10/2018 06/13/2018				
	Por razvite Por ra				
	Contract #				
	Find Reset Please Wait Searching				

Table 8-45: Reports: Find (M601) Field Descriptions for Daily Reports

Reports: Find (M601) Field Descriptions for Daily Reports					
Item	Input/Output	Description			
Frequency	Required radio button	The user selects DAILY.			
Start Request Date	Required data entry field	Search for reports generated on or after this date. The user enters as (M)M/(D)D/CCYY. Defaults to current date.			
End Request Date	Required data entry field	Search for reports generated on or before this date. The user enters as (M)M/(D)D/CCYY. Defaults to current date.			
Report/Data File	Required dropdown list	The user clicks on arrow and selects value to narrow search to type of report or data file.			
Contract #	Data entry field	The user enters to narrow search to a particular contract.			
[Find]	Button	After entering the search criteria, the user clicks on this button to display the list of reports.			

8.6.3 Yearly Reports

The Reports: Find (M601) screen with selection criteria for yearly reports is shown below.

Figure 8-74: Reports: Find (M601) Screen for Yearly Reports

CMS	Medicare Advantage Prescription Drug (MARx)		
	Welcome Beneficiaries Transactions Payments Reports		
Reports: Find (M601)	User: Role: MCO REPRESENTATIVE TRANSMITTER Date: 6/13/2018	Print	Help
	Pick trequency. Once a frequency is selected, enter criteria and select *Find.*		
	"Indicates required field "Firequency "O MONTRAY O WERDAY O DARY # YEARLY		
	*Start Year *End Year 2017 File Type ReportData File Contract #		
	Find Reset		

Table 8-46: Reports: Find (M601) Field Descriptions for Yearly Reports

	Reports: Find (M60)	I) Field Descriptions for Yearly Reports			
Item	Input/Output	Description			
Frequency	Required radio button	The user selects YEARLY			
Start Year Required data entry field		Searches for report for this year to End year. Enter as (CCYY). For yearly reports, defaults to the previous processing year.			
End Year Required data entry field		Searches for Start Year to this Year report. Enter as (CCYY). For yearly reports, defaults to previous processing year.			
File Type	Dropdown list	The user clicks on arrow and selects value to narrow search to report, data file, or combined. Note: When the File Type is selected, do not select the Report/Data File. If both are selected, an error message is displayed and the Find does not proceed.			
Report/Data File	Dropdown list	The user clicks on arrow and selects value to narrow search to type of report or data file. Note: When the File Type is selected, the user does not select the Report/Data File. If both are selected, an error message is displayed and the Find does not proceed.			
Contract #	Data entry field	The user enters to narrow search to a particular contract.			
[Find]	Button	After the search criteria are entered, the user clicks on this button to display the list of reports.			

If a report was not accessed for several years, the user must first retrieve it before accessing it. The screen is divided into two sections: reports immediately available and reports that need retrieval. If no files meet the criteria for a section, that section is not displayed.

Figure 8-75: Reports: Search Results (M602) Screen for Yearly Reports

CMS Medicare Advantage Prescription Drug (MARx) Wekome Beneficiaries Transactions Payments Reports								
			Find					
eports: Searcl	h Results (M602)	User: A2S6 Role:	MCO REPRESENTAT	VE TRANSMITTER Date	: 6/13/2018	Print He		
ote: There a	re more than 1000 transactions. Only the first 1000 are displayed.							
Select a file	e before selecting a button.							
Available	Files 1-20(of 1000) from 2017 to 2017				Go toPage: 1 🗸 Go 🛛 4 🚺 🕨 🕨			
Available					-			
Select	File Name	Year	Create Date	Contract	Report/Data File	File Type		
		Year 2017	Create Date 09/06/2017	Contract EXXXX	Report/Data File EOY LOSS OF SUBSIDY REPORT	File Type DATA FILE		
Select	File Name							
Select	File Name P#MMA @BGD5050 PLNEXXXX YM201709.D06 EOYLOSD	2017	09/06/2017	EXXXXX	EOY LOSS OF SUBSIDY REPORT	DATA FILE		

Table 8-47: Reports: Search Results (M602) Field Descriptions for Yearly Reports

Report	s: Search Results	(M602) Field Descriptions for Yearly Reports				
Item	Input/Output	Description				
Select column	Radio button	The user clicks on one of the buttons to indicate which file to order.				
File Name column heading	Sorter	Sorts all files by file name.				
Year column heading Sorter		Sorts all files by year.				
Create Date column heading Sorter		Sorts all files by create date.				
Contract column heading	Sorter	Sorts all files by contract number.				
Report/Data File column heading	Sorter	Sorts all files by type of report or data file.				
<u>File Type</u> column heading	Sorter	Sorts all files by file type, either report or data.				
[Order]	Button	After selecting a file, the user clicks on this button to request placement of the file in the mailbox.				
www.Adobe.com	Link	A Web link to the Adobe website, where the user can download a free copy of the Adobe Acrobat Reader, required for viewing or local printing. Note: The user must connect to the Internet to download Acrobat.				

8.7 Reporting Beneficiaries Identified within a Drug Management Program

Medicare Part D drug management program (DMP) requirements are codified at 42 CFR § 423.153(f). The goal of all DMPs must be to address overutilization of frequently abused drugs (FADs) while maintaining access to such drugs as medically necessary. DMPs review potential at-risk beneficiaries (PARBs) who meet the OMS criteria. Under such programs, Part D sponsors engage in case management of such beneficiaries through contact with their prescribers to determine if a beneficiaries' (ARBs') access to coverage of FADs to a selected network prescriber(s) (when applicable) and/or network pharmacy(ies) or through a beneficiary-specific point-of-sale claim edit for the safety of the ARB. In general, the beneficiary may select the prescriber and pharmacy. Additional resources and guidance are available on the CMS Part D Overutilization website at: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxUtilization

Under DMPs, the use of the special enrollment period (SEP) for dually- or other low income subsidy (LIS)-eligible beneficiaries (election type code 'L') is limited for those LIS-eligible beneficiaries who are identified as PARBs or ARBs. Further information on the SEP limitation can be found in the enrollment guidance posted at the links below:

Medicare Managed Care Manual - <u>http://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicareMangCareEligEnrol/index.html</u> and Medicare Prescription Drug BenefitManual - <u>https://www.cms.gov/Medicare/Eligibility-and-</u> Enrollment/MedicarePresDrugEligEnrol/index.html

This chapter provides instructions for sponsors to submit information to CMS through MARx about any coverage limitations that the sponsor notified the beneficiary about and implements or intends to implement under the DMP. This will facilitate data-sharing between Part D sponsors and suspend the SEP for dually- or other low income subsidy (LIS)-eligible beneficiaries.

8.7.1 Sponsor Submission to CMS of Beneficiary-Level CARA Status Records

Sponsors will submit DMP beneficiary-level information on FAD coverage limitations to CMS using the MARx UI or the existing batch process. MARx will store this information as CARA Status records, which will be available to sponsors via the MARx UI.

MARx Batch: If the batch process is used, information is submitted in the same way enrollment transactions are submitted to MARx using the MARx Batch Input Transaction Data File (i.e. CARA Status transaction (TC 90)). CARA Status transactions or records can be incorporated into batches of enrollment transactions or submitted as a separate batch file. Transaction Reply Codes (TRCs) are returned in the Daily Transaction Reply Report (DTRR) data file to relay the results of the transaction processing. For an overview of transaction processing, see Section 3.

MARx UI: *The Update CARA Status* (M254) screen is used to submit CARA Status information using the MARx UI. TRCs are returned in the Daily Transaction Reply Report (DTRR) data file to relay the results of the information processing. To access the Update CARA Status screen the

user needs the MCO CARA Status User role and may not have any other MARx roles. For further information on using the Update CARA Status (M254) screen, see **Section 8.7.11**.

Sponsors should submit DMP information to MARx when any of the following occurs:

- 1. The sponsor sends the Initial Notice of intent to limit the beneficiary's access to FADs through a coverage limitation (i.e., beneficiary-specific POS Edit, Prescriber Limitation, or Pharmacy Limitation). (Add with Notification Start-date).
- 2. The sponsor sends the Second Notice that the beneficiary's access to certain FADs is limited. (Update with Implementation Start-date).
- 3. The sponsor sends the Alternate Second Notice notifying the beneficiary that his/her access to certain FADs is NOT limited. (Update with Notification End-date).
- 4. The sponsor modifies the beneficiary-specific POS Edit (i.e., code) after submission of the Notification or Implementation Start-date.
- 5. Sponsor terminates or ends an implemented coverage limitation early.
- 6. Sponsor determines a new coverage limitation is necessary (see Bullets 1 and 2).
- 7. The Implementation End-date is extended past 1 year (up to 2 years).
- 8. A correction to an existing record is necessary.

Section 3 provides the CARA Status (TC 90) Detailed Record Layout.

8.7.1.1 Contract Access and Beneficiary Enrollment

CARA Status records are at the contract level (not contract-plan benefit package (PBP) level). Users are only allowed to access or modify CARA Status record information during periods of the beneficiary's enrollment within that contract and its Part D plan(s). If a beneficiary changes from a PBP with a drug plan to a PBP without a drug plan and the contract remains the same, the user will not be able to submit CARA Status records during the enrollment. The user can submit a TC 90 transaction or make modifications through the MARx UI after the beneficiary disenrolls, as long as the Notification and Implementation Start-dates and End-dates occur during the beneficiary's enrollment within the contract's Part D PBP(s).

8.7.1.2 Contract Notification of Beneficiary with an Active CARA Status

MARx associates an active CARA Status with a beneficiary-contract enrollment if the latest coverage limitation for at least one FAD has an open Notification or Implementation period. When a beneficiary enrolls in a new contract, the new contract ("gaining contract") is notified if a newly enrolled beneficiary has an active CARA Status while enrolled in the immediately preceding Part D contract ("losing contract"). This notification is provided to the new contract via the DTRR with TRC 376, New Enrollee CARA Status Notification. The reply with TRC 376 accompanies the TRCs associated with the enrollment acceptance and has an Enrollment (TC 61). MARx will not report an active CARA Status to the gaining contract if the coverage limitation was terminated before the beneficiary disenrolled.

Once the New CARA Status Notification (TRC 376) is provided to the new contract, an active CARA Status is no longer associated with the beneficiary. Since the reply does not include the FAD or specific coverage limitation information, identification of the prior contract is provided in the DTRR to facilitate communication between the contracts. The new contract is advised to

contact the previous contract's Medicare Part D overutilization contact for more information about the beneficiary's coverage limitation(s) and their case management. The gaining contract can use this information to determine if a coverage limitation(s) is appropriate and in compliance with the requirements in 42 CFR § 423.153(f). In some cases, the Notification dates and Implementation Start-date may be the same date, and as early as the first day of enrollment in the new contract. The user should submit the information through MARx per the instructions in this chapter.

LiNET or retrospective short-enrollments are not considered a losing contract or new enrollment for purposes of the New Enrollee CARA Status Notification, and are therefore excluded, i.e., they will not receive TRC 376.

Section 3 provides the <u>DTRR layout</u> and lists the current TRCs.

8.7.2 General Rules for Batch and MARx UI CARA Status Records

MARx will capture CARA Status records submitted by Part D contracts, where the start and enddates are within the beneficiary's enrollment in that Part D contract. If a CARA Status Notification or Implementation period is open when enrollment in a Part D contract ends, the active CARA Status will end as well. The active CARA Status will not end if the beneficiary moves between Part D PBPs within the same contract.

8.7.2.1 Coverage Limitation Records

Each CARA Status record consists of the following elements (Codes):

- Contract ID
- Beneficiary ID (HICN or MBI)
- Date of Birth
- Notification Start-date
- Notification End-date
- Implementation Start-date
- Implementation End-date
- POS Edit Code (Blank/PS1/PS2)
- POS Edit Status (Blank/Y/N) batch only
- Prescriber Limitation (Blank/Y/N)
- Pharmacy Limitation (Blank/Y/N)
- Drug Class Code (BNZ = Benzodiazepine or OPI = Opioids)

Submitting Notification records:

- Each record is unique to the Contract, Beneficiary, Notification Start-date and Drug Class Code.
- The Notification Start-date is the date on the Initial Notice sent to the beneficiary.
- Submit the coverage limitation(s) included in the Initial Notice by submitting 'Y' or selecting 'Yes' and the POS Edit Code if a beneficiary-level POS edit is

applicable. PS1 means no FADs within the class are covered and PS2 means limited FADs within the drug class are covered.

• If the sponsor does not enter a Notification End-date, MARx will automatically set the Notification End-date to the 60 day maximum. The Notification Start-date is counted as day 1. If the Notification Start-date is February 15, 2019, the Notification End-date is set to April 15, 2019.

Submitting Implementation records:

- The Implementation record must match an existing record for the Contract, Beneficiary ID, Notification Start-date and Drug Class Code.
- It is anticipated that the sponsor will submit a CARA Status record as actions are taken (e.g., beneficiary notification, implementation or termination), however, MARx will accept an initial record with Notification Start-date and End-date, and Implementation Start-date and End-date as long as the Start-dates are no later than the end of the month that follows the current calendar month (CCM), else the record will reject with TRC 388 (Future CARA Status Start-date Exceeds CCM Plus One). Both the Notification and Implementation End-dates are optional.
- The Implementation Start-date is the effective date of the coverage limitation(s) or the date of the Second Notice). The Implementation Start-date must be within 60 days after the Notification Start-date and not later than one day after a Notification End-date. In certain cases where the beneficiary is associated with a TRC 376, New Enrollee CARA Status Notification (see Contract Notification of Active CARA Status), the Notification dates and Implementation Start-date can be the same date.
- Submit the implemented coverage limitation(s) included in the Second Notice. In some cases, the implemented coverage limitation(s) may be a subset of the coverage limitation(s) submitted on the CARA Status Notification record. The implemented coverage limitation(s) will supersede the Notification record coverage limitation(s). See section "CARA Status Implementation Start-date with Limitations that have Changed."
- Include the Implementation End-date if less than the 12 month maximum. If no Implementation End-date is entered, MARx will automatically set the maximum end-date to one year later minus one day. For example, if the Implementation Start-date is 5/19/2019, the Implementation End-date will be 5/18/2020.

Submitting One or Multiple Limitation Records:

- If there are multiple coverage limitations with the same Notification Start-date, the sponsor can choose to submit one record or multiple records (e.g., one for each coverage limitation) by batch or UI. The M254 screen will display each CARA Status record as submitted.
- MARx will allow overlapping Notification and/or Implementation periods for the same Contract, Beneficiary ID, and enrollment period if the POS Edit Code, Limitation, or Drug Class Code are different. However, the user will receive an error (TRC 381, CARA Limitation Overlap), when the overlapping Notification and/or Implementation periods have the same Contract, Beneficiary ID, and Drug Class Code, and different POS Edit Codes when the Notification Start dates are the same.

- MARx will not allow overlapping Notification and/or Implementation periods for the same Contract, Beneficiary ID, Drug Class Code, and coverage limitation. The user will receive an error (TRC 381, CARA Limitation Overlap) and must modify the start and end-dates.
- If a sponsor submits multiple Add CARA Status records with the same Notification Startdate and Drug Class Code but different coverage limitations, a subsequent update ('U') transaction will update any records that have a 'Y' or 'N' in the coverage limitation status field while blank fields remain unchanged.

8.7.2.2 Beneficiary Disenrollment and Re-enrollment Rules:

- If a beneficiary with an active CARA Status disenrolls from the contract, the losing contract should not submit an end-date due to the disenrollment. If an end-date is submitted, the gaining contract will not receive the active CARA Status TRC. In addition, it is not necessary for the losing contract to submit beneficiary death dates. MARx will automatically replace the end-date with the disenrollment date.
- If there is an enrollment gap or contract change within the same sponsor between notification and implementation or after implementation, the user must submit a new Notification Start-date record to MARx after the new contract re-notifies the beneficiary. The user must also submit the new Notification End-date, Implementation Start-date, and an Implementation End-date up to the 12 month maximum, if applicable.
 - If a beneficiary changes from a PBP that offers drug coverage to a PBP that does not within the same contract, the disenrollment date will be used for the applicable end-date. If the beneficiary subsequently changes back to a PBP that offers drug coverage, the above steps must be followed to submit new CARA Status records.

8.7.2.3 Limitation Notification Start-Date Record Deletion

A Notification Start-date record should not be deleted from MARx, unless the Notification Startdate record was submitted for the wrong beneficiary. If the sponsor decides not to implement the coverage limitation, the record should be updated with the new Notification End-date, i.e., Alternative Second Notice date if before the current Notification End-date. Otherwise, no update is necessary.

8.7.3 Batch Submission of CARA Status Records

The first time a CARA Status record is submitted to MARx for a beneficiary and drug class, the add/update/delete flag should be set as 'A'. Any subsequent updates to the same record must be made with an update flag ('U'). There are three coverage limitation status fields (POS Edit, Pharmacy Limitation, and Prescriber Limitation) for each record. The allowable values for these fields are:

- Y = Yes, this coverage limitation will be or is in place.
- N = No, this coverage limitation is not applicable or in place.
- Space or blank = No updates for this coverage limitation.

If a CARA Status record must be corrected, an update record is used to correct any field except the Drug Class and the Notification Start-date. If either of these fields are incorrect they must be

corrected using the UI or the incorrect record must be deleted via batch. After the erroneous record is deleted the new/corrected status record should be submitted with the add/update/delete flag set as 'A'.

8.7.4 CARA Status Notification Start-date

The required CARA Status Notification Start-date record is submitted to MARx using a CARA Status record or transaction (TC 90). In addition to beneficiary and contract information, the following details are required when initially submitting a Notification record:

- Drug Class = Three letter drug class abbreviation i.e., OPI or BNZ.
- Notification Start-date = The date on the Initial Notice to the beneficiary.
- POS Edit Status, Pharmacy Limitation Status, and/or Prescriber Limitation Status:
 - At least one status is 'Y'.
 - If 'Y' is not provided the value will default to 'N'.
 - If the POS Edit Status is 'Y' then the POS Edit Code field must be populated:
 - PS1 = No FADs within the class are covered.
 - PS2 = Limited FADs within the class are covered.
- Add/Update/Delete Flag = 'A'.

The following fields are optional when initially submitting a Notification CARA Status record:

- Notification End-date: Any date within 60 days of the Notification Start-date or if blank, MARx will automatically set to the 60 day maximum.
- Implementation Start-date: Blank or no later than 60 days after Notification Start-date and no later than one day after the Notification End-date.
- Implementation End-date: Blank if the Implementation Start-date is blank. If the Implementation Start-date is provided, the end-date can't be any later than 12 months minus 1 day after the Implementation Start-date or if blank, MARx will populate.
- Add/Update/Delete Flag = 'A'.

8.7.5 CARA Status Notification End-date

A user must submit a CARA Status record with the Notification End-date if a decision is made not to implement any notification coverage limitation(s). In addition to beneficiary and contract information, the below details are required:

- Drug Class, as previously submitted = Three letter drug class abbreviation i.e., OPI or BNZ.
- Notification Start-date, as previously submitted.
- Notification End-date:
 - Date on the Alternative Second Notice.

- The submitted Notification End-date must be on or after the Notification Startdate and must be within 60 days of the Notification Start-date.
- If the Notification End-date is the same as the MARx assigned Notification Enddate and there are no other updates to the record, it is not necessary to submit a Notification End-date. The transaction 90 will be rejected as a duplicate with TRC 380 (CARA Status Duplicate Transaction).
- POS Edit Status, Pharmacy Limitation Status, and/or Prescriber Limitation Status, as previously submitted:
 - The same status fields have a 'Y' as the Notification record.
 - If the POS Edit Status is 'Y' then the POS Edit Code field must be populated:
 - PS1 = No FADs within the class are covered.
 - PS2 = Limited FADs within the class are covered.
 - All 'Y' populated status fields will have the Notification End-date applied to the record.
 - If a status field was previously populated with a 'Y' and spaces/blank are submitted on the update record, the coverage limitation end-date will NOT be updated and remain the same date as entered by the sponsor or MARx with the Notification Start-date Add record submission.
- Add/Update/Delete Flag = 'U'.

8.7.6 CARA Status Implementation Start-date with Coverage Limitation(s) that Have NOT Changed

A user must submit an update CARA Status record with an Implementation Start-date if the coverage limitation(s) in the Initial Notice is implemented and the Second Notice is sent to the beneficiary. In addition to beneficiary and contract information, the following details are required:

- Drug Class, as previously submitted = Three letter drug class abbreviation i.e., OPI or BNZ.
- Notification Start-date, as previously submitted.
- Implementation Start-date:
 - Actual date the sponsor implemented the coverage limitation(s) i.e. the date of the Second Notice.
 - The Implementation Start-date must be one day after the Notification End-date except when the Implementation and Notification Start-date are the same but no later than 60 days after the Notification Start-date.
- POS Edit Status, Pharmacy Limitation Status, and/or Prescriber Limitation Status as previous submitted:
 - The same status fields have a 'Y' as the notification record.
 - If the POS Edit Status is 'Y' then the POS Edit Code field must be populated:
 - PS1 = No FADs within the class are covered.
 - PS2 = Limited FADs within the class are covered.
 - All status fields with a 'Y' populated on the record will have the Implementation Start-date applied. If a status field on the Notification record was previously populated with a 'Y' and blanks are submitted the implementation date will NOT be applied to the coverage limitation.
- Add/Update/Delete Flag = 'U'.

The following fields are optional:

- Notification End-date, the day prior to the Implementation Start-date or if blank MARx will update to the day prior to the Implementation Start-date.
- Implementation End-date, if blank, MARx will populate with the 12 month maximum date.

8.7.7 CARA Status Implementation Start-date with Coverage Limitations that Have Changed

A sponsor may determine that only a subset of the coverage limitations that were in the Initial Notice to the beneficiary will be implemented.

The sponsor must submit a CARA Status record that includes the previously submitted Notification Start-date and Drug Class, the Implementation Start-date and the coverage limitations to be implemented. In addition to beneficiary and contract information, the following details are required:

- Drug Class, as previously submitted = Three letter drug class abbreviation i.e., OPI or BNZ.
- Notification Start-date, as previously submitted.
- Implementation Start-date:
 - Actual date the sponsor implemented the coverage limitation(s) i.e. the date of the Second Notice.
 - The Implementation Start-date must be one day after the Notification End-date except when the Implementation and Notification Start-date are the same but not later than 60 days after the Notification Start-date.
- POS Edit Status, Pharmacy Limitation Status, and/or Prescriber Limitation Status (at least one 'Y'):
 - If the POS Edit Status is 'Y' then the POS Edit Code field must be populated:
 - PS1 = No FADs within the class are covered.
 - PS2 = Limited FADs within the class are covered.
 - All status fields populated with a 'Y' will have the Implementation Start-date applied to the coverage limitation:
 - If a status field was previously populated with a 'Y' and blanks are submitted the Implementation Start-date will NOT be applied.
 - If a status field was previously populated with a 'Y' and the sponsor is not implementing the coverage limitation populate the field with an 'N'.
- Add/Update/Delete Flag = 'U'.

The following fields are optional:

- Notification End-date:
 - If submitted, it must be one day before the Implementation Start-date unless the Notification Start-date and Implementation Start-date are the same. If the Notification Start-date and Implementation Start-date are the same then the Notification End-date is also same date.
 - If blank, MARx will populate with the date one day prior to the Implementation Start-date.

8.7.8 Notification of CARA Status POS Edit Code Change during Active POS Edit Status Implementation for the Same FAD

A sponsor may need to change the CARA Status POS Edit Code after active implementation of a POS Edit Limitation for the same FAD. For instance, the sponsor wants the current POS Edit Code to remain active while the beneficiary receives both the Initial and Second Notice for the new POS Edit Code. Other limitations may be added (e.g., Pharmacy and/or Prescriber Limitation) to the new record as long as no active CARA Status Prescriber/Pharmacy Limitation for the same FAD exists. If the limitations overlap the user will receive an error (TRC 381, CARA Limitation Overlap).

Use the same processes described in Sections 8.7.5-6 to update the record. When the new POS Edit Code Implementation Start-date is submitted, the sponsor will need to end-date the active implemented CARA Status POS Edit Code record as described in Section 8.7.10. The Implementation End-date must be one day prior to the new POS Edit Code Implementation Start-date.

The sponsor must submit a CARA Status record that includes the new Notification Start-Date and the new POS Edit Code that differs from the MARx active implemented POS Edit Code. In addition to beneficiary and contract information, the following details are required:

- Drug Class, as previously submitted = Three letter drug class abbreviation i.e., OPI or BNZ.
- Notification Start-date = The date on the new Initial Notice to the beneficiary.
- POS Edit Status, Pharmacy Limitation Status, and/or Prescriber Limitation Status:
 - POS Edit Status is 'Y' and the POS Edit Code field must be populated with a different code then the currently active code:
 - PS1 = No FADs within the class are covered.
 - PS2 = Limited FADs within the class are covered.
 - If applicable, the New Pharmacy and/or Prescriber Limitation Status is 'Y', else the fields should be blank or 'N'.
- Add/Update/Delete Flag = 'A'.

The following fields are optional when initially submitting a Notification CARA Status record:

- Notification End-date: Any date within 60 days of the Notification Start-date or if blank, MARx will automatically set to the 60 day maximum.
- Implementation Start-date: Blank or no later than 60 days after Notification Start-date and no later than one day after the Notification End-date.
- Implementation End-date: Blank if the Implementation Start-date is blank. If the Implementation Start-date is provided, the end-date can't be any later than 12 months minus 1 day after the Implementation Start-date or if blank, MARx will populate.
- Add/Update/Delete Flag = 'A'.

8.7.9 Submitting and Updating Multiple Coverage Limitations with the Same Notification Start-date

A sponsor can add multiple coverage limitation(s) each on a separate record or on the same record. When a beneficiary has multiple coverage limitations with the same Notification Start-date and Drug Class, multiple records can be updated with one update record. Submitting Notification and Implementation End-dates are optional for each scenario and option below. If blank, MARx will auto-populate the dates. For illustration, the tables below include a subset of the actual record fields.

Scenario Part 1: The sponsor notifies the beneficiary that it intends to implement three coverage limitations. The beneficiary receives the Initial Notice dated 3/31/2019.

Option 1. The sponsor submits one CARA Status record for each different coverage limitation. Three rows will be displayed on the Update CARA Status (M254) screen. For Add records 'blanks' and 'N' are interchangeable. Submitting the Notification End-date is option, if blank MARx will update as previously stated.

A/U/ D	Notification Start Date	Notification End Date	POS Edit Code	Pharmacy Limitation	Prescriber Limitation	Implementation Start Date	Implementation End Date
Α	3/31/2019	5/29/2019	PS1	Blank	Blank	Blank	Blank
Α	3/31/2019	5/29/2019	Blank	Y	Blank	Blank	Blank
Α	3/31/2019	5/29/2019	Ν	Ν	Y	Blank	Blank

Option 2. Sponsor submits one CARA Status record with all three coverage limitations selected.

A/U/ D	Notification Start Date	Notification End Date	POS Edit Code	Pharmacy Limitation	Prescriber Limitation	Implementation Start Date	Implementation End Date
А	3/31/2019	5/29/2019	PS1	Y	Y	Blank	Blank

Scenario Part 2: The sponsor decides not to implement the Prescriber Limitation and implements only the POS Edit and Pharmacy Limitation. The beneficiary receives the Second Notice dated 5/15/2019.

Option 1A. Sponsor submits three update records below. The first two records update the Implementation Start-date for the POS Edit and the Pharmacy Limitation record. MARx will update the blank Notification End-dates. For delete and update records, 'blank' and 'N' values are not interchangeable. It is important that 'blanks' are entered for the coverage limitation(s) that are not changed by the update. The final record updates the Notification End-date for the Prescriber Limitation and must be submitted by the sponsor.

A/U D	^{J/} NotificationStart-Date	Notification End-Date	POS Edit Code	Pharmacy Limitation	Prescriber Limitation	Implementation Start-Date	Implementation End-Date
U	3/31/2019	Blank	PS1	Blank	Blank	5/15/2019	Blank

A/U/ D	Notification Start-Date	Notification End-Date	POS Edit Code	Pharmacy Limitation	Prescriber Limitation	Implementation Start-Date	Implementation End-Date
U	3/31/2019	Blank	Blank	Y	Blank	5/15/2019	Blank
U	3/31/2019	5/15/2019	Blank	Blank	Y	Blank	Blank

Option 2A. The sponsor submits two update records. The first record adds Implementation Startdate to the POS Edit and the Pharmacy Limitation record. The other record changes the Notification End-date to 5/15/2019. MARx only updates an existing Notification End-date when the Implementation Start-Date is submitted.

A/U/ D	Notification Start-Date	Notification End-Date	POS Edit Code	Pharmacy Limitation	Prescriber Limitation	Implementation Start-Date	Implementation End-Date
U	3/31/2019	Blank	PS1	Y	Blank	5/15/2019	Blank
U	3/31/2019	5/15/2019	Blank	Blank	Y	Blank	Blank

Final CARA Status Summary records (as viewed in the UI). Both options result in the POS Edit and Pharmacy Limitation being implemented and the Prescriber Limitation being end-dated and not implemented.

Option 1 and 1A

Notification Start-date	Notification End-date	POS Edit Code	Pharmacy Limitation	Prescriber Limitation	Implementation Start-date	Implementation End-date
3/31/2019	5/14/2019	PS1	Ν	Ν	5/15/2019	5/14/2020
3/31/2019	5/14/2019	Ν	Y	Ν	5/15/2019	5/14/2020
3/31/2019	5/15/2019	Ν	Ν	Y	Blank	Blank

Option 2 and 2A

Notification Start-date	Notification End-date	POS Edit Code	Pharmacy Limitation	Prescriber Limitation	Implementation Start-date	Implementation End-date
3/31/2019	5/14/2019	PS1	Y	Ν	5/15/2019	5/14/2020
3/31/2019	5/15/2019	Ν	Ν	Y	Blank	Blank

8.7.10 CARA Status Implementation End-date

A user must submit an Implementation End-date ('U') record if any of the below occur:

- A decision is made that the coverage limitation(s) will be terminated earlier than originally submitted.
- The coverage limitation(s) will be extended up to one additional year.
- A new, different POS Edit Code is to be implemented while an existing Active POS Edit Code Implementation period is in effect for the same FAD, as described in Section 8.7.8.

Since LIS beneficiaries with an active CARA Status cannot change plans using the 'L' election type code, it is imperative that the sponsor update the record in MARx in a timely manner per the DMP data disclosure requirements. If the coverage limitation is extended, the extension update record must be submitted within one month after the original one-year Implementation End-date.

If the sponsor decides to terminate an implemented coverage limitation and add a new, different coverage limitation, the user must end-date the prior Implementation record and submit the new Notification and Implementation records associated with the new Initial and Second Notice to the beneficiary.

In addition to beneficiary and contract information, the following details are required when submitting a CARA Status Implementation End-date for an existing CARA Status:

- Drug Class as previously submitted = Three letter drug class abbreviation i.e., OPI or BNZ.
- Notification Start-date as previously submitted.
- Implementation Start-date as previously submitted.
- Implementation End-date:
 - New date.
 - If the Implementation End-date is the same as the MARx assigned Implementation End-date and there are no other updates to the record, it is not necessary to submit an Implementation End-date. The transaction 90 will reject as a duplicate.
- POS Edit Status, Pharmacy Limitation Status, and/or Prescriber Limitation Status (at least one 'Y') that will have the end-date applied:
 - If the POS Edit Status is 'Y' then the POS Edit Code field must be populated:
 - PS1 = No FADs within the class are covered.
 - PS2 = Limited FADs within the class are covered.
 - All status fields populated with a 'Y' will have the Implementation End-date applied to the coverage limitation. Any status fields that are populated with a blank will not be updated and the Implementation End-date is not applied to the coverage limitation(s).
- Add/Update/Delete Flag = 'U'

8.7.11 Batch Deletion of CARA Status Records

There are instances when an existing CARA Status record must be removed from the MARx system. A deletion record can be submitted via batch or UI.

Examples of scenarios when the deletion of a CARA Status record is appropriate:

- Notification Date or Drug Class corrections due to a data-entry error.
 - \circ The user must then submit the correct record AFTER deleting the incorrect record.
 - Alternatively, the UI can be used to delete the record.
- "Future-dated" records that are determined to be incorrect.
- A record is erroneously submitted.

The deletion of a CARA Status record is not appropriate after notification or implementation. A record should not be deleted if a coverage limitation decision was made by the sponsor, and the beneficiary was notified.

For example, if a beneficiary is notified of a potential coverage limitation and the sponsor subsequently decides not to implement the coverage limitation, then the Notification Start-date record should NOT be deleted. The user should end the CARA Status by submitting a Notification End-date. However, if the Notification Start-date record is erroneous, such as a Notification Start-date record for the wrong beneficiary was submitted, then that CARA Status record should be deleted.

The system will automatically perform deletes for CARA Status Notification and Implementation records as detailed below; all information should be exactly the same as was previously submitted. In addition to beneficiary and contract information, the following details are required when deleting an existing CARA Status:

- Drug Class = Three letter drug class abbreviation i.e., OPI or BNZ.
- Notification Start-date as previously submitted.
- Implementation Start-date as previously submitted.
- POS Edit Status, Pharmacy Limitation Status, and/or Prescriber Limitation Status, the same status fields have a 'Y'.
- Add/Update/Delete Flag = 'D'.

The following fields are optional when submitting a CARA Status delete record:

- Notification End-date can be blank or the previously submitted date.
- Implementation End-date can be blank or the previously submitted date.

Important Note. If the sponsor previously submitted two or three CARA Status records, each with the same Notification Start-date but with different coverage limitations and the delete record contains a 'Y' for any of the statuses, those statuses will be deleted regardless if there are 1, 2, or 3 existing records with the same Notification Start-date and/or Implementation Start-date. If the sponsor previously submitted one record with all three coverage limitations, the delete record must have a 'Y' for each of the statuses to be deleted and blanks for the coverage limitations not to be deleted.

Scenario 1: The sponsor erroneously submits 'Y' for the Prescriber Limitation and needs to delete.

Option 1. If the sponsor submitted an Add record for each of the three CARA Statuses, three rows will display on the Update CARA Status (M254) screen.

A/U/D	Notification Start-date	Notification End-date	POS Edit Code	Pharmacy Limitation	Prescriber Limitation	Implementation Start-date	Implementation End-date
Α	2/2/2019	4/2/2019	PS1	Ν	Ν	Blank	Blank
Α	2/2/2019	4/2/2019	Ν	Y	Ν	Blank	Blank
Α	2/2/2019	4/2/2019	Ν	Ν	Y	Blank	Blank

Sponsor submits multiple Add CARA Status records:

Option 2. The sponsor submits a single Add record.

A/U/D	Notification Start-date	Notification End-date	POS Edit Code	Pharmacy Limitation	Prescriber Limitation	Implementation Start-date	Implementation End-date
A	2/2/2019	4/2/2019	PS1	Y	Ŷ	Blank	Blank

To delete only the Prescriber Limitation, the sponsor should submit a delete record with the Prescriber Limitation marked as 'Y'. The Pharmacy Limitation and POS Edit Code status fields must be populated with blanks. If the POS Edit Code and/or Pharmacy Limitation status fields are populated with a 'Y', then those statuses will also be deleted. The following delete record will remove only the Prescriber Limitation:

A/U/D	Notification Start-date	Notification End-date	POS Edit Code	Pharmacy Limitation	Prescriber Limitation	Implementation Start-date	Implementation End-date
D	2/2/2019	4/2/2019	Blank	Blank	Y	Blank	Blank

The final CARA Status summary record:

Option 1:

Notification Start-date	Notification End-date	POS Edit Code	Pharmacy Limitation	Prescriber Limitation	Implementation Start-date	Implementation End-date
2/2/2019	4/2/2019	PS1	Ν	Ν	Blank	Blank
2/2/2019	4/2/2019	Ν	Y	Ν	Blank	Blank

Option 2:

Notification Start-date	Notification End-date	POS Edit Code	Pharmacy Limitation	Prescriber Limitation	Implementation Start-date	Implementation End-date
2/2/2019	4/2/2019	PS1	Y	Ν	Blank	Blank

Scenario 2: The sponsor submits an Implementation CARA Status record for the wrong beneficiary.

The sponsor submitted one CARA Status record with a POS Edit Code and one or both other coverage limitations. One row will be displayed on the Update CARA Status (M254) screen.

A/U/D	Notification Start-date	Notification End-date		Pharmacy Limitation	Prescriber Limitation	Implementation Start-date	Implementation End-date
A	3/2/2019	4/30/2019	PS1	Y	Y	5/1/2019	4/3/2020

The sponsor should submit a delete record with the POS Edit, Pharmacy Limitation and Prescriber Limitation Status fields populated with a 'Y'. If any of the status fields are left blank or 'N' the coverage limitation will not be deleted. If the beneficiary has LIS status, the CARA Status record will prevent this beneficiary from using the LIS SEP.

Delete CARA Status record:

A/U/D	Notification Start-date	Notification End-date		Pharmacy Limitation	Prescriber Limitation	Implementation Start-date	Implementation End-date
D	3/2/2019	4/30/2019	PS1	Y	Y	5/1/2019	4/3/2020

8.7.12 Update Legacy POS Edit Records

Only active Legacy records can be updated. Active Legacy records have an Implementation Start Date and an Implementation End Date that is either blank or future dated.

In addition to beneficiary and contract information, the following details are required:

- Drug Class = OPI
- Notification Start-date, as previously submitted.
- Implementation Start-date:
 - Actual date the sponsor implemented a change in the POS Edit coverage limitation.
 - The Implementation Start-date can be later than 60 days after the Notification Start-date.
- Implementation End-date:

- The Implementation End-date can be blank. If present, the Implementation Enddate can be greater than 12 months after the Implementation Start-date.
- POS Edit Status = 'Y' and the POS Edit Code field must be populated:
 - \circ PS1 = No FADs within the class are covered.
 - \circ PS2 = Limited FADs within the class are covered.
- Pharmacy Limitation Status and Prescriber Limitation Status must be blank.
- Add/Update/Delete Flag = 'U'.

Only the following fields can be updated:

- Notification End Date
- POS Edit Code
- Implementation Start Date
- Implementation End Date

8.7.13 Update CARA Status (M254) Screen

Part D contracts and CMS users can enter and update beneficiary CARA Status information through the MARx UI. The *Update CARA Status (M254)* screen as shown below, allows users with the MDBG and MCO Authorized user roles to change or delete any CARA Status information that was submitted to CMS through MARx.

Contracts will only see CARA Status information for periods during which the beneficiary is enrolled in any of their Part D contracts. The screen includes a blank line, labelled *New*, which allows the user to enter a new CARA Status record for the beneficiary.

To navigate to the *Update CARA Status (M254)* screen select the <u>Update Enrollment</u> link from the *Beneficiaries: Search Results (M202)* screen.

If a user selects the 'Submit' button when any of the following conditions exist, an error message(s) will be displayed on the Update CARA Status (M254) screen, no data will be saved, and the user will remain on the screen:

- Any field contains an invalid format
- A duplicate record is entered. The submitted record has the same:
 - Notification Start and End-dates
 - Implementation Start and End-dates
 - POS Edit Code (Blank/No/PS1/PS2)
 - Prescriber Limitation (Blank/Yes/No)
 - Pharmacy Limitation (Blank/Yes/No)
 - Drug Class Code
- Notification or Implementation dates are not within the valid CARA Status period of the Drug Class or the POS Edit Code
- Notification Start-date is before 1/1/2019
- Notification End-date is prior to Notification Start-date
- Implementation End-date is prior to Implementation Start-date
- Notification End-date is more than 60 days from the Notification Start-date. (For example, if the Notification Start-date is August 1st the latest Notification End-date is September 29th)

- Implementation Start-date is later than one day after the Notification End-date
- Notification or Implementation Start-date is later than the end of the month that follows the current calendar month
- An "overlapping" coverage limitation record is entered

Figure 8-76: Update CARA Status (M254) Screen

(B) #:X (XX X) (XXXX	#1111111 0000000 XXXX XX 000, XX 000, XX 2000, X	XXXX (XXXXX-XXX	cx			N J. DOE CTIVE					State: X		OB: XX/XX/XXX Sex: MALE XXXXXXX (XX)
		Status (M	254)		User: XXXX	Role: MDBG CA	RA STATU	IS USER D	ate: 6/1/2019			Close	Print Help
			Check	the Update checkbox and	select "Delete Ro	w" to remove a C	APA Status	record					
				otification and implementation					st be one day	before the implem	nentation start date		
				otification and implementa									
			When a	adding a new row:									
			Тс	indicate there is no value	, select "Blank" fr	om the POS Edit of	or Limitatio	n drop down	box				
			When u	pdating an existing recor	d:								
			To	indicate there should be	NO update for this	s POS Edit or Limi	itation, sele	ect "Blank" fr	om the drop	down box			
				indicate that the POS Ec	lit or Limitation sho	ould be removed,	select "NO	" from the dr	op down box	t de la constante de			
			To When	NO" is displayed for a CA	RA status, it mear					c .			
			To When		RA status, it mear					<u>r</u>			
			To When	NO" is displayed for a CA	RA status, it mear		r Limitation			C.			
	Update	Record Type	To When	NO" is displayed for a CA	RA status, it mear	ns the POS Edit of	r Limitation	does not ap Active Pharmacy	pply	Implementation Start Date	Implementation End Date	Disenrollment Date	Last Update
	Update		To When " Select	NO" is displayed for a CA 'Submit" to validate and s	RA status, it mear ubmit updates Notification	CARA Status Indi	r Limitation icator: POS Edit	does not ap Active Pharmacy	Prescriber	Implementation			Last Update
	Update		To When " Select	NO" is displayed for a CA 'Submit" to validate and s Drug Class	RA status, it mear ubmit updates Notification	CARA Status Indi	r Limitation icator: POS Edit Code	does not ap Active Pharmacy Limitation	Prescriber Limitation	Implementation			Last Update 6/1/2019 17:1
New		Туре	To When " Select" Contract	NO" is displayed for a CA 'Submit" to validate and s Drug Class	RA status, it mean ubmit updates Notification Start Date	CARA Status Indi CARA Status Indi Notification End Date	r Limitation icator: POS Edit Code	does not ap Active Pharmacy Limitation	Prescriber Limitation	Implementation Start Date	End Date		
New 1		Type	Contract XXXXX	NO" is displayed for a CA "Submit" to validate and s Drug Class OPIOIDS ~	RA status, it mear ubmit updates Notification Start Date 4/19/2019	CARA Status Indi CARA Status Indi Notification End Date 5/26/2019	r Limitation icator: POS Edit Code	Active Pharmacy Limitation	Prescriber Limitation	Implementation Start Date	End Date		
New 1 2		Type	Contract XXXXX XXXXX	NO" is displayed for a CA "Submit" to validate and s Drug Class OPTOIDS ~ OPTOIDS ~	RA slatus, it mean ubmit updates Notification Start Date 4/19/2019 4/19/2019	CARA Status Indi Notification End Date 5/28/2019 5/1/2019	icator: POS Edit Code	Active Pharmacy Limitation NO V YES V	Prescriber Limitation NO V NO V	Implementation Start Date	End Date		

Figure 8-77: Updated CARA Status (M254) Screen – Legacy Record Example

BI #:X XX XX XXXX	#:1111111 XXXXXXXX XXXX XX XXX, XX e CARA S	XXXX XXXXX-XXX	x			N J. DOE CTIVE					State: X		OOB: XX/XX/XXX X Sex: MALE XXXXXXXX (XX)
0.10.00		Status (M2	254)		User: XXXX	Role: MDBG CA	ARA STATI	JS USER	ate: 6/1/2019			Close	Print Help
				the Update checkbox and otification and implement					at ha ana day	, before the implem	contation start date		
				otification and implement		the state of the s						e	
				adding a new row:	allon start dates a	ie equal, the noun	coulon ond	date must b	o ino sumo u	5 the notification st			
				indicate there is no valu	e, select "Blank" fr	om the POS Edit	or Limitatio	n drop dowr	box				
			When	updating an existing recor	d:								
									and the dama	dame base			
			Т	indicate there should be	NO update for thi	s POS Edit or Lim	itation, sel	ect "Blank" fr	om the drop	down box			
				indicate there should be indicate that the POS E	and the second second				and the second sec				
			To When	o indicate that the POS E NO" is displayed for a CA	dit or Limitation sh ARA status, it mea	ould be removed,	select "NO	" from the d	rop down box				
			To When	indicate that the POS E	dit or Limitation sh ARA status, it mea	ould be removed,	select "NO	" from the d	rop down box				
			To When	o indicate that the POS E NO" is displayed for a CA	dit or Limitation sh ARA status, it mea	ould be removed,	select "NC r Limitatior	" from the d	rop down box				
	Update	Record Type	To When	o indicate that the POS E NO" is displayed for a CA	dit or Limitation sh ARA status, it mea	ould be removed, ns the POS Edit o	select "NC r Limitatior	r from the da does not ap Active Pharmacy	rop down box oply		Implementation End Date	Disenrollment Date	Last Update
New			To When Select	indicate that the POS Er NO" is displayed for a C/ "Submit" to validate and s	dit or Limitation sh ARA status, it mea submit updates Notification	ould be removed, ns the POS Edit o CARA Status Ind Notification	select "NC r Limitation licator: POS Edit	r from the da does not ap Active Pharmacy	Prescriber	Implementation			Last Update
			To When Select	indicate that the POS Er NO" is displayed for a C/ 'Submit" to validate and s Drug Class	dit or Limitation sh ARA status, it mea submit updates Notification	ould be removed, ns the POS Edit o CARA Status Ind Notification	select "NO r Limitation licator: POS Edit Code	" from the di does not ap Active Pharmacy Limitation	Prescriber Limitation	Implementation			Last Update 6/1/2019 17:1:
New		Туре	Te When ' Select Contract	Indicate that the POS Er NO" is displayed for a C/ "Submit" to validate and s Drug Class	dit or Limitation sh ARA status, it mea submit updates Notification Start Date	CARA Status Ind	select "NO r Limitation licator: POS Edit Code	" from the di does not ap Active Pharmacy Limitation	Prescriber Limitation	Implementation Start Date	End Date		Last Update
New 1		Type V	Contract XXXXX	Indicate that the POS Er NO" is displayed for a C/ "Submit" to validate and s Drug Class	dit or Limitation sh NRA status, it mea submit updates Notification Start Date	CARA Status Ind Notification End Date	select "NC r Limitation licator: POS Edit Code	Active	Prescriber Limitation	Implementation Start Date	End Date		Last Update
New 1 2		Type V V V	Contract XXXXX XXXXX	Indicate that the POS Er NO" is displayed for a C/ "Submit" to validate and s Drug Class OPIOIDS OPIOIDS	dit or Limitation sh IRA status, it mea uubmit updates Notification Start Date 4/19/2019 4/19/2019	CARA Status Ind Notification End Date 5/26/2019 5/1/2019	select "NC r Limitation licator: POS Edit Code	Active	Prescriber Limitation	Implementation Start Date	End Date		Last Update

Table 8-48: Update CARA Status (M254) Screen Field Descriptions

	Update CA	RA Status Screen (M254) Field Descriptions					
Item	Input/Output	Description					
The <i>New</i> Line This line is used to enter new CARA Status information. Users can only add CARA Status information for periods during the beneficiary's enrollment in a contract to which the user has access.							
Contract	Input	Contract in which the beneficiary was enrolled during the period on this line.					
Drug Class	Input (Dropdown list)	Drug Class Code for the CARA Status on this line.					
Notification Start Date	Input	Notification Start-date for the CARA Status on this line.					
Notification End Date	Input	Notification End-date for the CARA Status this line.					
POS Edit Code	Input	POS Edit Code for the CARA Status on this line.					
Pharmacy Limitation	Input (Dropdown list)	Yes or No for if the beneficiary has a Pharmacy Limitation					
Prescriber Limitation	Input (Dropdown list)	Yes or No for if the beneficiary has a Prescriber Limitation					
Implementation Start Date	Input	Implementation Start-date for the CARA Status on this line.					
Implementation End Date	Input	Implementation End-Date for the CARA Status on this line.					

	Update CA	RA Status Screen (M254) Field Descriptions
Item	Input/Output	Description
Disenrollment Date	Input	Date the beneficiary was disenrolled from the contract.(MARx automatically updates when applicable)
.	ontains one row for	Iformation r each CARA Status record. The user can edit each row or mark it for
delete or update the av	vailable fields.	
		nly the following fields can be edited: Notification End Date, POS Edit nplementation End Date.
Update	Input	Check this box, then select the desired action (i.e., Submit, , Delete Row) when updating or deleting information for a CARA Status
Record Type	Output	 The record types are: A – Audit L – Legacy V – Valid <i>The user cannot modify this field.</i>
Contract	Output	Contract for CARA Status on this line.
Drug Class	Output	Drug Class Code for CARA Status on this line.
Notification Start Date	Output	Notification Start-date for the CARA Status on this line.
Notification End Date	Output	Notification End-date for the CARA Status on this line.
POS Edit Code	Input (Dropdown list)	The user can update the POS Edit Code: PS1, PS2, Blank (no update), N (remove previously submitted POS Edit Code
Pharmacy Limitation	Input (Dropdown list)	Yes – Pharmacy Limitation applies No – Pharmacy Limitation does not apply Blank – no update
Prescriber Limitation	Input (Dropdown list)	Yes – Prescriber Limitation applies No – Prescriber Limitation does not apply Blank – no update
Implementation Start Date	Output, Input	The user can enter or correct an Implementation Start-Date.
Implementation End Date	Output, Input	The user can enter, correct or update an Implementation End-Date.
Disenrollment Date	Output	The Disenrollment Date for the Contract enrollment period of the Contract that submitted the CARA Status information. <i>The user cannot</i> <i>modify this field</i>
Last Update	Output	The time and date of the latest update for this row. <i>The user cannot modify this field.</i>
Action Buttons		
These buttons operate Submit	on any selected li Button	nes by checking the Update Event checkbox. Any CARA Status information entered on the New line or CARA Status changes in a selected line is submitted for processing. After processing, the updated information is viewable in the CARA Status records list for the beneficiary.
Delete Row	Button	The CARA Status record will be deleted.
Audit Button	1	<u> </u>

Update CARA Status Screen (M254) Field Descriptions							
Item	Input/Output	Description					
View Audit	Button	 Displays both valid and audited record information in the following order: Notification Date in descending order Record type in descending order (V-valid before A-Audited) Received date and time in descending order 					
Hide Audit	Button	Only displayed when viewing audit records.					

8.7.13.1MARx UI – New Record

To submit a CARA Status record on the Update CARA Status (M254) screen:

- Enter the information on the "New Row"
 - Contract
 - Drug Class
 - Notification Start-date:
 - Notification End-date is optional UNLESS the Implementation Start-date is provided.
 - If no Notification End-date is entered, Marx will automatically place a Notification End-date that is day 60 after the CARA Status Notification Start-date.
 - For example, if the Notification Start-date is August 1st the Notification End-date will be September 29th.
 - Implementation Start-date (optional)
 - If an Implementation Start-date is provided, enter the appropriate Notification End-date if blank, MARx will populate with the 12 month maximum date.
 - POS Edit Code, Pharmacy Limitation, and/or Prescriber Limitation
 At least one coverage limitation must be 'Yes'.
- Select Submit.

Please see the Update CARA Status Screen (8.7.11) section for applicable rules about dates.

8.7.13.2MARx UI – Update CARA Status Records

To update a CARA Status record on the Update CARA Status (M254) screen:

- Check the update box next to the CARA Status record that the user wishes to update
- Enter or change any of the editable fields
- If an Implementation Start-date is added or changed, the Notification End-date must be modified
 - The Notification End-date is one day before the Implementation Start-date; OR,
 - If the Notification and Implementation Start-dates are the same, the Notification End-date must be the same as the other two dates.

8.7.13.3MARx UI – Update CARA Status Records

There are instances when an existing CARA Status record must be removed from the MARx system. A deletion record can be submitted via the MARx UI using the *Update CARA Status* (M254) screen.

Section 8.7.10, Batch Deletion of CARA Status records, provides details about when it is appropriate to delete a CARA Status record.

If the user determines the entire CARA Status record should be deleted:

- Check the Update Checkbox of the row to be deleted.
- Select the Delete Row Button.
- Select Submit.

8.7.13.4Legacy POS Edit Records (Prior to 2019)

All POS Edit records that existed as of 12/30/2018 were converted to the new CARA Status record format. These records will be viewable on the MARx Update CARA Status (M254) Screen and displayed with an 'L' record type. (See Figure 2 Update CARA Status (M254) Screen – Legacy records)

The following fields can be updated on active Legacy records according to the rules below: Notification End Date, POS Edit Code, Implementation Start Date and Implementation End Date.

Legacy records can be modified according to the following rules:

- Only Active records can be updated. Active Legacy records have an Implementation Start Date and either a blank or future dated Implementation End Date.
- Overlapping notification periods between Legacy records is allowed. However, Legacy records cannot overlap with a CARA Status record.
- There is no requirement for 60-day difference between the Notification Start date and Notification End.
- Notification End-dates:
 - If an Implementation record does not exist but a termination record does exist, the Notification End-date will be the termination date.
 - If an Implementation record does exist, the Notification End-date will either be
 - the day before the Implementation Start-date OR
 - if the Notification and Implementation dates are the same, the Notification End-date will also be the same.
 - If neither an Implementation or Termination date exist but the beneficiary has disenrolled from the contract, the Notification End-date will be the disenrollment date.
 - If neither an implementation, termination nor disenrollment date exists, MARx will populate 12/31/2018.
- Implementation End-dates:
 - If a termination record exists, the Implementation End-date will be the termination date.

- If a termination record does not exist but the beneficiary disenrolled from the contract, the Implementation End-date will be the disenrollment date.
- If neither a termination nor disenrollment date exists, the end-date is not populated and if the beneficiary is LIS-eligible, the SEP will **NOT** be suspended.
- When a beneficiary enrolls in a new contract, the new contract will not receive a TRC 376 (New Enrollee CARA Status Notification) from Legacy records.

8.7.13.5 Questions

If you have any questions, please contact the new CMS Part D OM mailbox at <u>PartD_OM@cms.hhs.gov</u> and put "MARx" in the subject line.

9 Glossary and Acronyms

9.1 Glossary

	Glossary
Term	Definition
Accepted Transaction	The successful application of a requested action that was processed by MARx.
Account Number	A number obtained from the system administrator.
Application Date	The date that the beneficiary applies to enroll in a Plan. Enrollments submitted by CMS or its contractors, such as the Medicare Beneficiary Contact Center, do not need application dates.
Batch Transaction	An automated systems approach to processing in which data items to process must be grouped and processed in bulk.
Beneficiary Identification Code (BIC)	The portion of the Medicare Health Insurance Claim Number (HICN) that identifies a specific beneficiary.
Benefit Stabilization Fund (BSF)	Established by CMS upon request of an HMO or CMP, when the HMO or CMP must provide its Medicare enrollees with additional benefits, to prevent excessive fluctuation in the provision of those benefits in subsequent contract periods.
Button	A rectangular icon on a screen which, when clicked, engages an action. The button is labeled with word(s) that describe the action, such as Find or Update.
Cancellation Transaction	A cancellation may result from an action by the beneficiary, CMS, or another Plan before the effective date of the election. A cancelled enrollment restores the beneficiary to his/her prior enrollment state.
Checkbox	A field that is part of a group of options, for which the user may select any number of options. Each option is represented with a small box, where 'x' means "on" and an empty box means "off." When a checkbox is clicked, an 'x' appears in the box. When the checkbox is clicked again, the 'x' is removed.
Connect:Direct	The proprietary software that transfers files between systems.
Correction	A record submitted by a Plan or CMS office to correct or update existing Beneficiary data.
Cost Plan	A type of contract under which a Plan is reimbursed by CMS for its reasonable costs.
Current Calendar Month (CCM)	Represents the calendar month and year at the time of transaction submission. For batch, the current month is derived from the batch file transmission date. For MARx UI transactions, the current month is derived from the system data at the time of transaction submission.
Current Processing Month	The calendar month in which processing occurs to generate payments. The Current Processing Month is distinguished from the CPM, the month in which Plans receive payment from CMS.
Current Payment Month (CPM)	The month for which Plans receive payment from CMS, not the current calendar month.
Creditable Coverage	Prescription drug coverage, generally from an employer or union, that is equivalent to, or better than, Medicare standard prescription drug coverage.
Data entry field	A field that requires the user to enter information.
Deductible	The amount a Beneficiary must pay for medical services or prescription drugs before a Plan starts paying benefits.
Disenrollment	A record submitted by a Plan, Social Security Administration District Office (SSA DO), Medicare Customer Service Center (MCSC), or CMS when a beneficiary discontinues membership in the Plan.

Glossary		
Term	Definition	
Dropdown list	A field that contains a list of values from which the user chooses. Clicking on the down arrow on the right of the field enables the user to view the list of values, and then click on a value to select it.	
Dual Eligible	Individuals entitled to both Medicare and Medicaid benefits.	
Election Period	Time periods during which a Beneficiary may elect to join, change, or leave Medicare Part C and/or Part D Plans. These periods are fully defined in CMS Enrollment and Disenrollment guidance for Part C and D Plans.	
Enrollment	A record submitted when a Beneficiary joins an MCO or a drug Plan.	
Enrollment Process	A process in which a Plan submits a request to enroll in a Plan, change enrollment, or disenroll.	
Exception	A transaction that is unprocessed due to errors or internal inconsistencies.	
Failed Payment Reply Codes	Codes used for the Failed Payment Reply Report that identify incomplete payment calculations for a beneficiary.	
Failed Transaction	A transaction that did not complete due to problems with the format of the transaction or internal system problems.	
Formulary	The medications covered by an MA organization or Prescription Drug Plan.	
Gentran	The Gentran servers provide Electronic Data Interchange (EDI) capabilities between CMS and CMS business partners. These servers provide CMS with transaction files from the Plans, and provide the Plans with CMS reports.	
Hospice	A health facility for the terminally ill.	
Logoff	The method of exiting an online system.	
Logon	The method for gaining entry to an online system.	
Lookup field	A field that provides a list of possible values. When the user clicks on the "binocular" button next to the field, a window pops up with a list of values for that field. Clicking on one of those values closes the pop-up window and the field is filled with the value chosen.	
Medicaid	A jointly funded, Federal-State health insurance program for certain low-income and needy people. It covers approximately 36 million individuals including children, the aged, blind, and/or disabled, and people eligible to receive Federally assisted income maintenance payments.	
Managed Care Organization (MCO)	A type of contract under which CMS pays for each member, based on demographic characteristics and health status; also referred to as Risk. In a Risk contract, the MCO accepts the risk if the payment does not cover the cost of services, but keeps the difference if the payment is greater than the cost of services. Risk is managed through a membership where the high costs for very sick members are balanced by the lower cost for a larger number of relatively healthy members.	
Menu	A horizontal list of items at the top of a screen. Clicking on a menu item displays a screen and may display a submenu of items corresponding to the selected menu item.	
Nursing Home Certifiable (NHC)	A code that reflects the relative frailty of an individual. NHC Beneficiaries are those whose condition would ordinarily require nursing home care. The code is only acceptable for certain social health maintenance organization (SHMO)-type Plans.	
Off-cycle	A retroactive transaction awaiting CMS approval because its effective date is too old for automatic acceptance.	
Online	An automated systems approach that processes data in an interactive manner, normally through computer input.	
Premium	The monthly payment a Beneficiary makes to Medicare, an insurance company, or a healthcare Plan.	
Premium Payment Option (PPO)	The method selected by the beneficiary to pay the premium owed to the Plan. PPO choices are: (1) withhold from SSA (S) or RRB (R) benefit check or (2) Direct self-pay (D) to the Plan.	

Glossary		
Term	Definition	
Program for All Inclusive Care for the Elderly (PACE) Plans	PACE is a unique capitated managed care benefit for the frail elderly provided by a not-for-profit or public entity that features a comprehensive medical and social service delivery system. It uses a multidisciplinary team approach in an adult day health center supplemented by in-home and referral service in accordance with participants' needs.	
Radio button	A field that is part of a group of options, of which the user may only select one option. A radio button is represented with a small circle; a filled circle indicates the button is selected, and an empty circle means it is not selected. Clicking a radio button selects that option and deselects the existing selection.	
Required field	 A field that the user must complete before a button is clicked to engage an action. If the button is clicked and the field is not filled in, an error message displays and the action does not occur. There are two types of required fields: Always required, which are marked with an asterisk (*). Conditionally required, where the user must fill in at least one or only one of the conditionally required fields. These are marked with a plus sign (+). 	
Risk	A contract under which Beneficiaries are "locked in" to network providers and a payment is received from CMS for each member, based on demographic characteristics and health status. In a Risk contract, the MCO accepts the risk if the payment does not cover the cost of services, but keeps the difference if the payment is greater than the cost of services. Risk is managed through a membership where the high costs for very sick members are balanced by the lower costs for a larger number of relatively healthy members.	
Special Needs Plan (SNP)	A certain type of MA Plan that serves a limited population of individuals in CMS special-needs categories, as defined in CMS Part C Enrollment and Eligibility Guidance. This Plan is fully defined on the CMS website at the following link: http://www.cms.gov/home/medicare.asp under "Health Plans."	
Submenu	A horizontal list of items below the screen's menu. Clicking on a submenu item displays a screen.	
TIBCO MFT Internet Server	The TIBCO MFT Internet Servers provide Electronic Data Interchange (EDI) capabilities between CMS and CMS business partners. These servers provide CMS with transaction files from the Plans, and provide the Plans with CMS reports.	
Transaction Code (TC)	Identifies batch transactions submitted by the Plans or CMS.	
Transaction Reply Code (TRC)	The code that explains the action taken by the system in response to new information from CMS systems or in response to input from MCOs, CMS, or other users.	
User ID	Valid user identification code for accessing the CMS Data Center and the Medicare Data Communications Network.	
User Interface	The screens, forms, and menus that display to a user logged on to an automated system.	

9.2 Acronyms

Acronyms Used in this Guide		
Acronym	Definition	
AAPCC	Adjusted Average Per Capita Cost	
ADAP	AIDS Drug Assistance Program	
AE-FE	Automated Enrollment-Facilitated Enrollment	
AEP	Annual Enrollment Period	
APPS	Automated Plan Payment System	
BBA	Balanced Budget Act of 1997	
BCRC	Benefits Coordination & Recovery Center	
BCSS	Batch Completion Status Summary	
BEQ	Beneficiary Eligibility Query	
BIC	Beneficiary Identification Code	
BIN	Beneficiary Identification Number	
BIPA	Benefits Improvement & Protection Act of 2000	
BSF	Benefit Stabilization Fund	
CAN	Claim Account Number	
CARA	Comprehensive Addiction and Recovery Act	
CCIP/FFS	Chronic Care Improvement Program/Fee-for-Service	
ССМ	Current Calendar Month	
C:D	Connect:Direct	
CHF	Congestive Heart Failure	
СМ	Center for Medicare	
СМР	Civil Monetary Penalty	
СМР	Competitive Medical Plan	
CMS	Centers for Medicare & Medicaid Services	
СО	Central Office	
СОВ	Close of Business	
СОВ	Coordination of Benefits	
СОВА	Coordination of Benefits Agreement	
СОМ	Current Operation Month	
СРМ	Current Payment Month	
CR	Change Request	
CSR	Customer Service Representative	
CWF	Common Working File database (CMS' beneficiary database)	
DCG	Diagnostic Cost Group	
DDPS	Drug Data Processing System	
DO	District Office	
DOB	Date of Birth	
DOD	Date of Death	
DOS	Date of Service	
DPO	Division of Payment Operations	

Acronym DSA 1	Definition
DSA	
	Data Sharing Agreement
	Detail
DTRR	Daily Transaction Reply Report
	Electronic Correspondence Referral System
EDB 1	Enrollment Database
EFT I	Electronic Funds Transfer
EFT	Enterprise File Transfer
EGHP 1	Employer Group Health Plan
	Employee Identification Number
	End of Year
EPOC 1	External Point of Contact
ESRD	End Stage Renal Disease
	Facilitated Direct Bill
	Front End Risk Adjustment System
	Fee-For-Service
FTR 1	Failed Transaction Report
	Group Health Plan
	Hierarchical Condition Category
	Health Care Prepayment Plan
-	Health Insurance Claim Number
	Health Insurance Portability and Accountability Act
	Health Maintenance Organization
	Health Plan Management System
	Hypertext Markup Language
	Hypertext Transfer Protocol Secure ICD
	Innovation Center
ICD-9-CM	International Classification of Diseases, 9th Edition
	Initial Coverage Election Period
	Identification
	Identity Management
	Initial Enrollment Period
	Interim Plan Payment Report
	Income-Related Monthly Adjustment Amount
	Internal Revenue Service
	Late Enrollment Penalty
	Low-Income Cost Sharing
	Low-Income Premium Subsidy
	Low-Income Subsidy
	LIS History Data File
	LIS Premium Data File
	Long-Term Care
	Long-Term Institutional

Acronyms Used in this Guide		
Acronym	Definition	
МА	Medicare Advantage	
MA BSF	Medicare Advantage Benefit Stabilization Fund	
MAPD	Medicare Advantage Prescription Drug	
MARx	Medicare Advantage Prescription Drug System	
MARx UI	Medicare Advantage Prescription Drug System User Interface	
MBD	Medicare Beneficiary Database	
MBI	Medicare Beneficiary Identifier	
МСО	Managed Care Organization	
MDS	Minimum Data Set	
MCSC	Medicare Customer Service Center (1-800-MEDICARE)	
MMA	Medicare Modernization Act	
ММСМ	Medicare Managed Care Manual	
MMDR	Monthly Membership Detail Report	
MMP	Medicare and Medicaid Plan	
MMR	Monthly Membership Report	
MMSR	Monthly Membership Summary Report	
MPWE	Monthly Premium Withhold Extract	
MPWRD	Monthly Premium Withholding Report Data File	
MSA	Medical Savings Account	
MSHO	Minnesota Senior Health Options	
MSP	Medicare Secondary Payer	
MTM	Medication Therapy Management	
NCPDP	National Council of Prescriptions Drug Programs	
NMEC	National Medicare Education Campaign	
NHC	Nursing Home Certifiable	
NUNCMO	Number of Uncovered Months	
OEPI	Open Enrollment Period for Institutionalized Individuals	
OHI	Other Health Insurance	
OMB	Office of Management and Budget	
OPM	Office of Personnel Management	
PACE	Program of All-Inclusive Care for the Elderly	
PAP	Patient Assistance Program	
PBM	Pharmacy Benefit Manager	
PBO	Payment Bill Option	
PBP	Plan Benefit Package	
PCN	Pharmacy Control Number	
PCN	Processor Control Number	
PDE	Prescription Drug Event	
PDP	Prescription Drug Plan	
PFFS	Private Fee-for-Service	
PIP	Principal Inpatient Diagnostic Cost Group	
POS	Point-of-Sale	
100		

Acronyms Used in this Guide		
Acronym	Definition	
РРО	Premium Payment Option	
PPR	Plan Payment Report	
PPS	Prospective Payment System	
PRM	Primary Record	
PWS	Premium Withhold System	
QMB	Qualified Medicare Beneficiary Program	
RA	Risk Adjustment/Risk Adjusted	
RACF	Resource Access Control Facility	
RAS	Risk Adjustment System	
RDS	Retiree Drug Subsidy	
REMIS	Renal Management Information System	
RO	CMS Regional Office	
RRB	Railroad Retirement Board	
RRE	Responsible Reporting Entity	
RxHCC	Prescription Drug Hierarchical Condition Category	
SCC	State and County Code	
SEP	Special Election Period	
SFTP	Secure Shell File Transfer Protocol	
SHMO	Social Health Maintenance Organization	
SIMS	Standard Information Management System	
SLMB	Specified Low-Income Medicare Beneficiary Program	
SNP	Special Needs Plan	
SPAP	State Pharmaceutical Assistance Program	
SSA	Social Security Administration	
SSA DO	Social Security Administration District Office	
SSN	Social Security Number	
SUP	Supplemental Record	
TC	Transaction Code	
TIN	Tax Identification Number	
TRC	Transaction Reply Code	
TrOOP	True Out-of-Pocket	
TRR	Transaction Reply Report	
UI	User Interface	
VBID	Value-Based Insurance Design	
WC	Workers Compensation	
WCSA	Workers Compensation Set-Aside	