

MARx Special Enrollment Report Data Record Layout
02.07.2006

Field	Size	Position	Description
1. Claim Number	12	1 – 12	Claim Account Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Name	1	32	Beneficiary Middle Initial
5. Sex Code	1	33	Beneficiary Sex Identification Code 0 = Unknown 1 = Male 2 = Female
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Filler	1	42	Spaces
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code
10. County Code	3	50 – 52	Beneficiary Residence County Code
11. Filler	1	53	Spaces
12. Filler	1	54	Spaces
13. Filler	1	55	Spaces
14. Filler	1	56	Spaces
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code Defaulted to '999'
16. Transaction Type Code	2	60 – 61	Transaction Type Code Defaulted to '01'
17. Filler	1	62	Spaces
18. Effective Date	8	63 – 70	YYYYMMDD Format
19. Filler	1	71	Spaces
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 – 83	Set to Current Date (YYYYMMDD)
23. Filler	1	84	Spaces
24. Filler	12	85 – 96	Spaces
25. Filler	3	97 – 99	Spaces
26. Filler	8	100 – 107	Spaces
27. Filler	8	108 – 115	Spaces
28. Filler	5	116 – 120	Spaces
29. Filler	3	121 – 123	Spaces
30. Filler	8	124 – 131	Spaces
31. Filler	2	132 – 133	Spaces
32. Filler	1	134 – 134	Spaces
33. Segment Number	3	135 – 137	Default to '000' if blank
34. Filler	8	138 – 145	Spaces
35. Filler	8	146 – 153	Spaces
36. Election Type	1	154 – 154	Spaces

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Field	Size	Position	Description
37. Enrollment Source	1	155 – 155	A = Auto Enrolled by CMS B = Beneficiary Election C = Facilitated Enrollment by CMS D = CMS Annual Rollover Space = not supplied
38. Filler	1	156 – 156	Spaces
39. Filler	1	157 – 157	Spaces
40. Filler	3	158 – 160	Spaces
41. Filler	1	161 – 161	Spaces
42. Filler	1	162 – 162	Spaces
43. Filler	20	163 – 182	Spaces
44. Filler	15	183 – 197	Spaces
45. Filler	1	198-198	Spaces
46. Filler	20	199 – 218	Spaces
47. Filler	15	219 – 233	Spaces
48. Filler	1	234 - 234	Spaces
49. Part D Low-Income Premium Subsidy Level	3	235 – 237	Part D low-income premium subsidy 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' = \$2/\$5 (High) '2' = \$1/\$3 (Low) '3' = \$0 (0) '4' = 15%
51. Low-Income Co-Pay Effective Date	8	239 - 246	YYYYMMDD Format
52. Filler	8	247 - 254	Spaces
53. Filler	8	255 - 262	Spaces
54. Filler	8	263 - 270	Spaces
55. Filler	8	271- 278	Spaces