MARx Special Transaction Reply Report Data Record Layout
(for Enrollment Reconciliation)
As of 03.13.2006

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. Medicaid Indicator	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. Disability Indicator	1	53	Spaces
12. Hospice Indicator	1	54	Spaces
13. Institutional/NHC Indicator	1	55	Spaces
14. ESRD Indicator	1	56	Spaces
15. **Transaction Reply Code**	**3**	**57 – 59**	**Transaction Reply Code** **998 = Enrollment Cancellation (015)** **997 = Auto-Disenrollment (014)**
16. **Transaction Type Code**	**2**	**60 – 61**	**Transaction Type Code** **'51' for Disenrollment Transactions**
17. Entitlement Type Code	1	62	Spaces
18. **Effective Date**	**8**	**63 – 70**	**YYYYMMDD Format**
19. WA Indicator	1	71	**Spaces**
20. **Plan Benefit Package ID**	**3**	**72 – 74**	**PBP number**
21. Filler	1	75	Spaces
22. **Transaction Date**	**8**	**76 – 83**	**YYYYMMDD Format**
23. Filler	1	84	Spaces
24. **Disenrollment Date**	**8**	**85 – 92**	**YYYYMMDD Format**
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	Spaces
35. Part D Beneficiary Premium	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. Part D Opt-Out Flag	1	156 – 156	Spaces
39. Premium Withhold Option/Parts C-D	1	157 – 157	Spaces
40. Number of Uncovered Months	3	158 – 160	Spaces
41. Creditable Coverage Flag	1	161 – 161	Spaces
42. Employer Subsidy Override Flag	1	162 – 162	Spaces
43. Rx ID	20	163 – 182	Spaces
44. Rx Group	15	183 – 197	Spaces
45. Secondary Drug Insurance Flag	1	198-198	Spaces
46. Secondary Rx ID	20	199 – 218	Spaces
47. Secondary Rx Group	15	219 – 233	Spaces
48. EGHP	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. Part D Late Enrollment Penalty Amount	8	247 - 254	Spaces
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Spaces
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Spaces
55. Low-Income Part D Premium Subsidy Amount	8	271- 278	