DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Medicare Plan Payment Group

DATE: **June 25, 2012**

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

FROM: Cheri Rice /s/
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SUBJECT: **Announcement of August 2012 Software Release**

The Centers for Medicare and Medicaid Services (CMS) continues to implement software improvements to the enrollment and payment systems that support Medicare Advantage and Prescription Drug (MAPD) programs. This letter provides detailed information regarding the planned release of systems' changes scheduled for August 2012. This release focuses on improving CMS system efficiency and Plan processing.

The August Release changes are as follows and may require Plan action:

1. **Addition of the Disenrollment Reason Code (DRC) Field to the Daily Transaction Reply Report (DTRR)**

CMS adds a new field to the DTRR to report the DRC. The DRC field populates when a reply for a disenrollment transaction is generated. This includes automatic, system generated, and User Interface (UI) disenrollments. The appropriate UI screens also update to display the DRC and the associated description.

The DTRR layout has a new two-character field in positions 381-382 for the DRC.

The updated DTRR Layout containing the new DRC Field is attached:

- ***DTRR Layout.*** ***Attachment A***
  - Add Field 69 to include the DRC.

The following UI screens update to include the DRC and the associated DRC description:

- ***Enrollment (M204).*** ***Attachment B***
- ***Enrollment Detail (M222).*** ***Attachment C***

2. Home and Community Based Services (HCBS) Value Appears on the MARx UI Beneficiary Snapshot Screen (M203)

The November 2011 release modified the Institutional/NHC Indicator field on the DTRR and the Monthly Low Income Subsidy History Data File (LISHIST) to allow a value of '3' to indicate HCBS. The title of the field was also changed to Institutional/NHC/HCBS Indicator. The new HCBS value was not included on any UI screens.

After the August 2012 release, Plans see the HCBS status as a checkbox on the Beneficiary Snapshot (M203) Screen under the 'Status Flags' section.

The updated Beneficiary Snapshot Screen is attached:

Beneficiary Snapshot Screen (M203). ***Attachment D***

3. Implementation of Specific Changes to MAPD Systems to Accommodate the Financial Alignment Demonstrations

In July 2011, the Medicare-Medicaid Coordination Office (MMCO) announced a new opportunity for State participation in demonstration projects to align financing between Medicare and Medicaid, and to support improvements in the quality and cost of care for Medicare-Medicaid enrollees. CMS is working with interested States to integrate Medicare and Medicaid benefits in a single capitated managed care plan, with the goal of enhancing the quality of care furnished to Medicare-Medicaid enrollees. Systems changes reflect demonstration features such as passive enrollment and opting out of passive enrollment.

The following changes for this Financial Alignment (FA) Demo include:

- Updates to file layout content.
  - ***Disenrollment Transactions (TCs 51/54) Layout.*** ***Attachment E***
    - Add Field 18 for the FA Demo Opt-Out flag.
  - ***Batch Completion Status Summary (BCSS) Report.*** ***Attachment F***
  - ***DTRR Layout.*** ***Attachment A***
    - Add Field 70 to include the FA Demo Opt-Out flag.

- New TC layouts.
  - FA Demo Enrollment Cancellation (TC 82), modeled on TC 80 to cancel passive enrollments. ***Attachment G***
  - FA Demo Opt-Out Change from 1-800 Medicare (TC 42) modeled on TC 41 to submit a change to the FA Demo Opt-Out flag. ***Attachment H***
  - FA Demo Opt-Out Update (TC 83), similar to TC 79. ***Attachment I***

- New Disenrollment Reason Codes (DRCs). ***Attachment J***
  - DRC 63: FA Demo opt-out after enrolled.
  - DRC 64: Loss of demonstration eligibility.

- New Transaction Reply Codes (TRCs). ***Attachment K***
  - TRC307 – FA Demo Passive Enrollment Accepted
  - TRC308 – FA Demo Passive Enrollment Rejected
  - TRC309 – No change in FA Demo Opt-Out Flag
  - TRC310 – FA Demo Opt-Out Rejected; Invalid Opt-Out Code
  - TRC311 – FA Demo Opt-Out Accepted
  - TRC312 – FA Demo Enrollment Cancellation Accepted
  - TRC313 – FA Demo Enrollment Cancellation Rejected
  - TRC314 – Invalid Cancellation Transaction Code

- Updates to MARx UI screens.
  - ***Beneficiary Snapshot (M203) Screen.*** ***Attachment D***
    - Add demonstration type and enrollment source.
  - ***Beneficiary Opt-Out (M234) Screen.*** ***Attachment L***
    - An Opt-Out screen replaces the Part D Auto Enrollment-Facilitated Enrollment (AE-FE) Opt-Out screen. This screen indicates whether a beneficiary opted out of Part D or the FA Demo Plan.

- Updates to file layout verbiage.
  - ***Transaction (TC 61) Layout.*** ***Attachment M***

- New Enrollment Source Code Values.
  - J = State-submitted Passive Enrollment
  - K = CMS-submitted Passive Enrollment
  - L = FA Demo Beneficiary Election
  - M = Defaulted for FA Demo

- Updates to Batch Transaction Description Table.
  - ***Notes for all Plan Submitted Transaction Types.*** ***Attachment N***

Attachment A: DTRR Layout. ***Updates Plan Communications Users Guide (PCUG) v6.1 Table F.15.1***

Field	Size	Position	Description
1. HICN	12	1-12	Health Insurance Claim Number
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	YYYYMMDD Format
7. Record Type	1	42	'T' = TRC record
8. Contract Number	5	43-47	Plan Contract Number
9. State Code	2	48-49	Beneficiary Residence State Code; otherwise, spaces if not applicable.
10. County Code	3	50-52	Beneficiary Residence County Code; otherwise, spaces if not applicable.
11. Disability Indicator	1	53	'1' = Disabled; '0' = No Disability; Space = not applicable.
12. Hospice Indicator	1	54	'1' = Hospice; '0' = No Hospice; Space = not applicable.
13. Institutional/NHC/HCBS Indicator	1	55	'3' = HCBS; '1' = Institutional; '2' = NHC; '0' = No Institutional; Space = not applicable
14. ESRD Indicator	1	56	'1' = End-Stage Renal Disease; '0' = No End-Stage Renal Disease; Space = not applicable.
15. TRC	3	57-59	TRC, see TRC list for values
16. TC	2	60-61	TC

Field	Size	Position	Description
17. Entitlement TC	1	62	Beneficiary Entitlement TC: '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	YYYYMMDD Format; Effective date is present for all TRCs. However, for UI TRCs, field content is TRC dependent: 701 – New enrollment period start date, 702 – Fill-in enrollment period start date, 703 – Start date of cancelled enrollment period, 704 – Start date of enrollment period cancelled for Plan Benefit Package (PBP) correction, 705 – Start date of enrollment period for corrected PBP, 706 – Start date of enrollment period cancelled for segment correction, 707 – Start date of enrollment period for corrected 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, 091 – Previously reported incorrect death date, 121, 194, and 223 – PBP enrollment effective date. 305 – New ZIP Code Start Date 293 – Enrollment End Date; Last day of the month
19. Working Aged (WA) Indicator	1	71	'1' = WA; '0' = No WA; Space = not applicable.
20. Plan Benefit Package ID	3	72-74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76-83	YYYYMMDD Format; Present for all TRCs. For TRCs 121, 194, and 223, the report generation date.
23. UI Initiated Change Flag	1	84	'1' = transaction created through user interface; '0' = transaction from source other than user interface; Space = not applicable.

Field	Size	Position	Description
24. Positions 85 – 96 are dependent upon the TRC value. There are spaces for all codes except where indicated below.	8	85-92	YYYYMMDD Format; Present only when TRC is one of the following: 13, 14, 18
a. Effective Date of the Disenrollment	8	85-92	YYYYMMDD Format; Present only when TRC is one of the following: 13, 14, 18, 293
b. New Enrollment Effective Date	8	85-92	YYYYMMDD Format; Present only when TRC is 17
c. Claim Number (old)	12	85-96	Present only when TRC is one of the following: 22, 25, 86
d. Date of Death	8	85-92	YYYYMMDD Format; Present only when TRC is one of the following: 90 (with TC 01), 92
e. Hospice Start Date	8	85-92	YYYYMMDD Format; Present only when TRC is 71
f. Hospice End Date	8	85-92	YYYYMMDD Format; Present only when TRC is 72
g. ESRD Start Date	8	85-92	YYYYMMDD Format; Present only when TRC is 73
h. ESRD End Date	8	85-92	YYYYMMDD Format; Present only when TRC is 74
i. Institutional/ NHC Start Date	8	85-92	YYYYMMDD Format; Present only when TRC is one of the following: 48, 75, 158, 159
j. Medicaid Start Date	8	85-92	YYYYMMDD Format; Present only when TRC is 77
k. Medicaid End Date	8	85-92	YYYYMMDD Format; Present only when TRC is 78
l. Part A End Date	8	85-92	YYYYMMDD Format; Present only when TRC is 79
m. WA Start Date	8	85-92	YYYYMMDD Format; Present only when TRC is 66
n. WA End Date	8	85-92	YYYYMMDD Format; Present only when TRC is 67
o. Part A Reinstate Date	8	85-92	YYYYMMDD Format; Present only when TRC is 80
p. Part B End Date	8	85-92	YYYYMMDD Format; Present only when TRC is 81
q. Part B Reinstate Date	8	85-92	YYYYMMDD Format; Present only when TRC is 82
r. Old State and County Codes	5	85-89	Beneficiary's prior state and county code; Present only when TRC is 85
s. Attempted Enroll Effective Date	8	85-92	The effective date of an enrollment transaction that was submitted but rejected. Present only when TRC is the following: 35, 36, 45, 56
t. PBP Effective Date	8	85-92	YYYYMMDD Format. Effective date of a beneficiary's PBP change. Present only when TRC is 100.
u. Correct Part D Premium Rate	12	85-96	ZZZZZZZZ9.99 Format; Part D premium amount reported by HPMS for the Plan. Present only when the TRC is 181.

Field	Size	Position	Description
v. Date Identifying Information Changed by UI User	8	85-92	YYYYMMDD Format; Field content is dependent on TRC: 702 – Fill-in enrollment period end date, 705 – End date of enrollment period for corrected PBP, blank when end date not provided by user, 707 – End date of enrollment period for corrected segment, blank when end date not provided by user, 709 & 710 – Enrollment period start date prior to start date change, 711, 712, & 713 – Enrollment period end date prior to end date change.
w. Modified Part C Premium Amount	12	85-96	ZZZZZZZZ9.99 Format; Part C premium amount reported by HPMS for the Plan. Present only when the TRC is 182.
x. Date of Death Removed	8	85-92	YYYYMMDD Format; previously reported erroneous date of death. Present only when TRC is 091.
y. Dialysis End Date	8	85-92	YYYYMMDD Format; present when TRC is 268 and the dialysis period has an end date.
z. Transplant Failure Date	8	85-92	YYYYMMDD Format; present when TRC is 269 and the transplant has an end date.
aa. New ZIP Code	10	85-94	#####-#### Format; present when TRC is 305
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 is spaces. CCCCC = Contract Number; PPP = PBP Number.
27. Filler	8	108-115	Spaces
28. Source ID	5	116-120	Transaction Source Identifier
29. Prior Plan Benefit Package ID	3	121-123	Prior PBP Number; present only for TC 71; otherwise, spaces if not applicable.
30. Application Date	8	124-131	The date the plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD; otherwise, spaces if not applicable.
31. UI User Organization Designation	2	132-133	'01' = Plan '02' = Regional Office; '03' = Central Office; Spaces = not UI transaction
32. Out of Area Flag	1	134	'Y' = Out of area; 'N' = Not out of area; Space = not applicable
33. Segment Number	3	135-137	Further definition of PBP by geographic boundaries; otherwise, spaces when not applicable.
34. Part C Beneficiary Premium	8	138-145	Cost to beneficiary for Part C benefits; otherwise, spaces if not applicable.

Field	Size	Position	Description
35. Part D Beneficiary Premium	8	146-153	Cost to beneficiary for Part D benefits; otherwise, spaces if not applicable.
36. Election Type	1	154	'A' = AEP; 'E' = IEP; 'I' = ICEP; 'O' = OEP; 'N' = OEPNEW; 'T' = OEPI; 'R' = 5 Star SEP; 'S' = Other SEP; '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. (MAs use I, A, N, O, R, S, T, U, V, W, X, and Y. MAPDs use I, A, E, N, O, R, S, T, U, V, W, X, Y. PDPs use A, E, R, S, U, V, W, X, and Y.)
37. Enrollment Source	1	155	'A' = Auto enrolled by CMS; 'B' = Beneficiary Election; 'C' = Facilitated enrollment by CMS; 'D' = CMS Annual Rollover; 'E' = Plan initiated AE; 'F' = Plan initiated FE; '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' = Beneficiary Election in Financial Alignment Demonstration 'M' = Defaulted value for Financial Alignment Demonstration Space = not applicable.

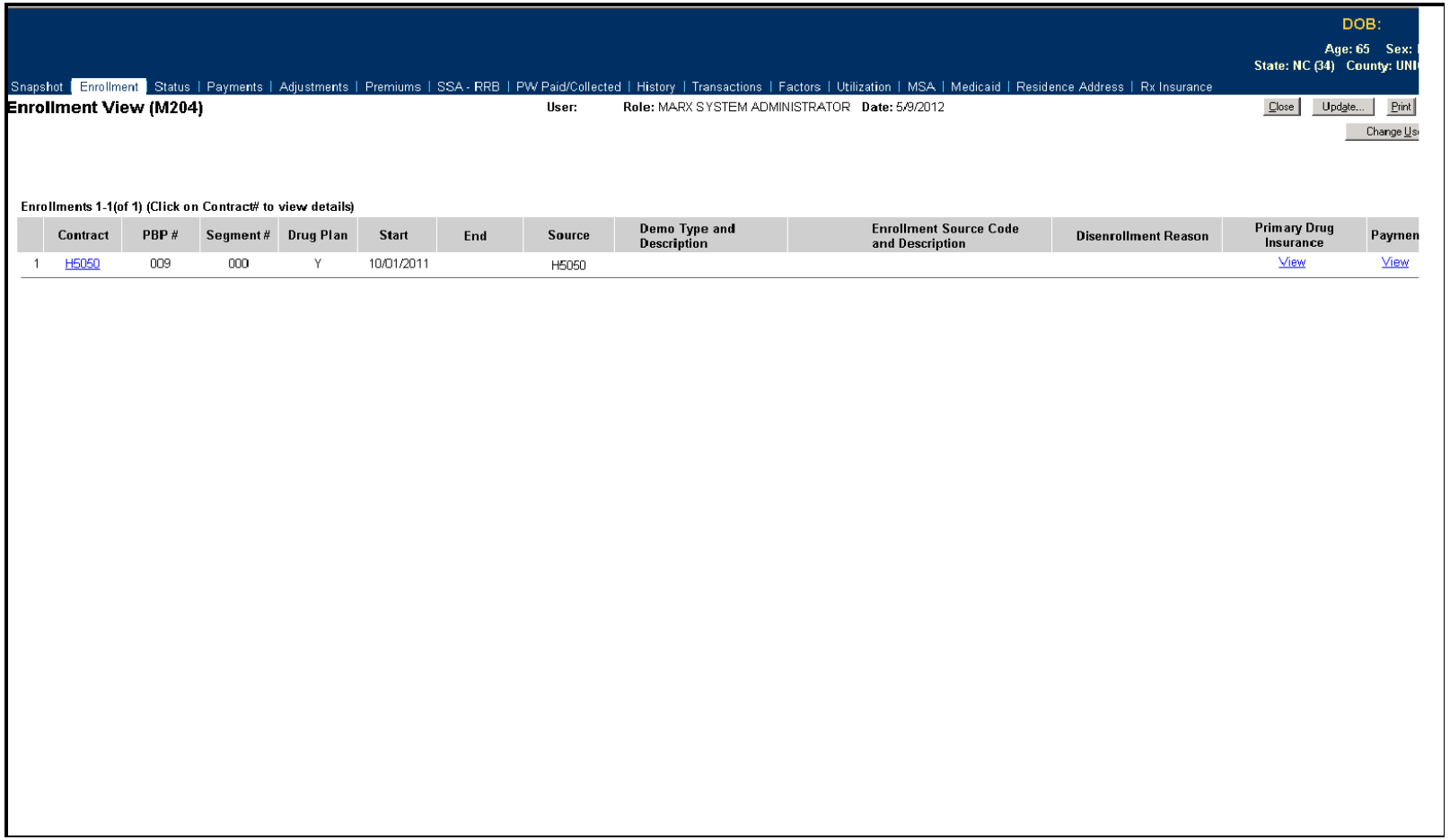
Field	Size	Position	Description
38. Part D Opt-Out Flag	1	156	'Y' = Opted out of Part D AE/FE; 'N' = Not opted out of Part D AE/FE; Space = No change to opt-out status
39. Premium Withhold Option/Parts C-D	1	157	'D' = Direct self-pay; 'S' = Deduct from SSA benefits; 'R' = Deduct from RRB benefits; 'O' = Deduct from OPM benefits; 'N' = No premium applicable; Option applies to both Part C and D Premiums; Space = not applicable.
40. Number of Uncovered Months (NUNCMO)	3	158-160	Total months without drug coverage; otherwise, spaces if not applicable.
41. Creditable Coverage Flag	1	161	'Y' = Covered; 'N' = Not Covered; 'R' = Setting uncovered months to zero due to a new IEP; 'U' = Setting uncovered months to the value prior to using R; Space = not applicable.
42. 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.
43. Processing Timestamp	15	163-177	Transaction processing time, or, for TRCs 121, 194, and 223, the report generation time. Format: HH.MM.SS.SSSSSS
44. Filler	20	178-197	Spaces
45. 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. Space returned with any other TC has no meaning.
46. Secondary Rx ID	20	199-218	Beneficiary's secondary insurance Plan's ID number from input TC 61 or 72; otherwise, spaces for any other TC.

Field	Size	Position	Description
47. Secondary Rx Group	15	219-233	Beneficiary's secondary insurance Plan's Group ID number from input TC 61 or 72; otherwise, spaces for any other TC.
48. EGHP	1	234	TC 61: 'Y' = EGHP; Space = not EGHP. TC 74: 'Y' = EGHP; 'N' = Not EGHP; Space = no change. Space reported with any other TC that has no meaning.
49. Part D Low-Income Premium Subsidy Level (Part D LIPS)	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.
50. 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.
51. Low-Income Period Effective Date	8	239-246	Date low income period starts. Format: YYYYMMDD Spaces if not applicable.
52. Part D Late Enrollment Penalty (LEP) Amount	8	247-254	Calculated Part D LEP, not including adjustments indicated by items (53) and (54). Format: -9999.99; otherwise, spaces if not applicable.
53. Part D LEP Waived Amount	8	255-262	Amount of Part D LEP waived. Format: -9999.99; otherwise, spaces if not applicable.
54. Part D LEP Subsidy Amount	8	263-270	Amount of Part D LEP low-income subsidy. Format: -9999.99; otherwise, spaces if not applicable.

Field	Size	Position	Description
55. Low-Income Part D Premium Subsidy Amount	8	271-278	Amount of Part D low-income premium subsidy as of the enrollment period start date. Format: -9999.99; otherwise, spaces if not applicable.
56. Part D Rx BIN	6	279-284	Beneficiary's Part D Rx BIN taken from the input transaction (TC 61 or 72); otherwise, spaces for any other TC.
57. Part D Rx PCN	10	285-294	Beneficiary's Part D Rx PCN taken from the input transaction (TC 61 or 72); otherwise, spaces if not provided via a transaction.
58. Part D Rx Group	15	295-309	Beneficiary's Part D Rx Group taken from the input transaction (TC 61 or 72); otherwise, spaces for any other TC.
59. Part D Rx ID	20	310-329	Beneficiary's Part D Rx ID taken from the input transaction (TC 61 or 72); otherwise, spaces for any other TC.
60. Secondary Rx BIN	6	330-335	Beneficiary's secondary insurance BIN taken from the input transaction (TC 61 or 72); otherwise, spaces for any other TC.
61. Secondary Rx PCN	10	336-345	Beneficiary's secondary insurance PCN taken from the input transaction (TC 61 or 72); otherwise, spaces for any other TC.
62. De Minimis Differential Amount	8	346-353	Amount by which a Part D de minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark. Format: -9999.99; otherwise, spaces if not applicable.
63. MSP Status Flag	1	354	'P' = Medicare primary payer; 'S' = Medicare secondary payer; 'N' = Non-respondent beneficiary; Space = not applicable.
64. Low Income Period End Date	8	355-362	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 blank for LIS applicants with an open ended award or when the TRC is not one of the LIS TRCs 121, 194, 223. FORMAT: YYYYMMDD; otherwise, spaces if not applicable.
65 LIS Source Code	1	363	'A' = Approved SSA applicant; 'D' = Deemed eligible by CMS; Space = not applicable.
66. 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; Spaces = not applicable.

Field	Size	Position	Description
67. Application Date Indicator	1	365	Identifies whether the application date associated with a UI submitted enrollment has a system generated default value: 'Y' = Default value for UI enrollment; Space = Not applicable
68. TRC Short Name	15	366-380	TRC's short-name identifier
69. DRC	2	381-382	Disenrollment Reason Code, see DRC list for values
70. FA Demo Opt Out Flag	1	383	"Y" = Opted out of passive enrollment into FA Demo plan "N" = Not opted out of passive enrollment into FA Demo plan Space = Not applicable
71. Filler	91	384-474	Spaces
72. System Assigned Transaction Tracking ID	11	475-485	System assigned transaction tracking ID.
73. Plan Assigned Transaction Tracking ID	15	486-500	Plan submitted batch input transaction tracking ID.

Attachment B: Enrollment (M204) Screen



Attachment C: Enrollment Detail (M222)

Claim #:

DOB:

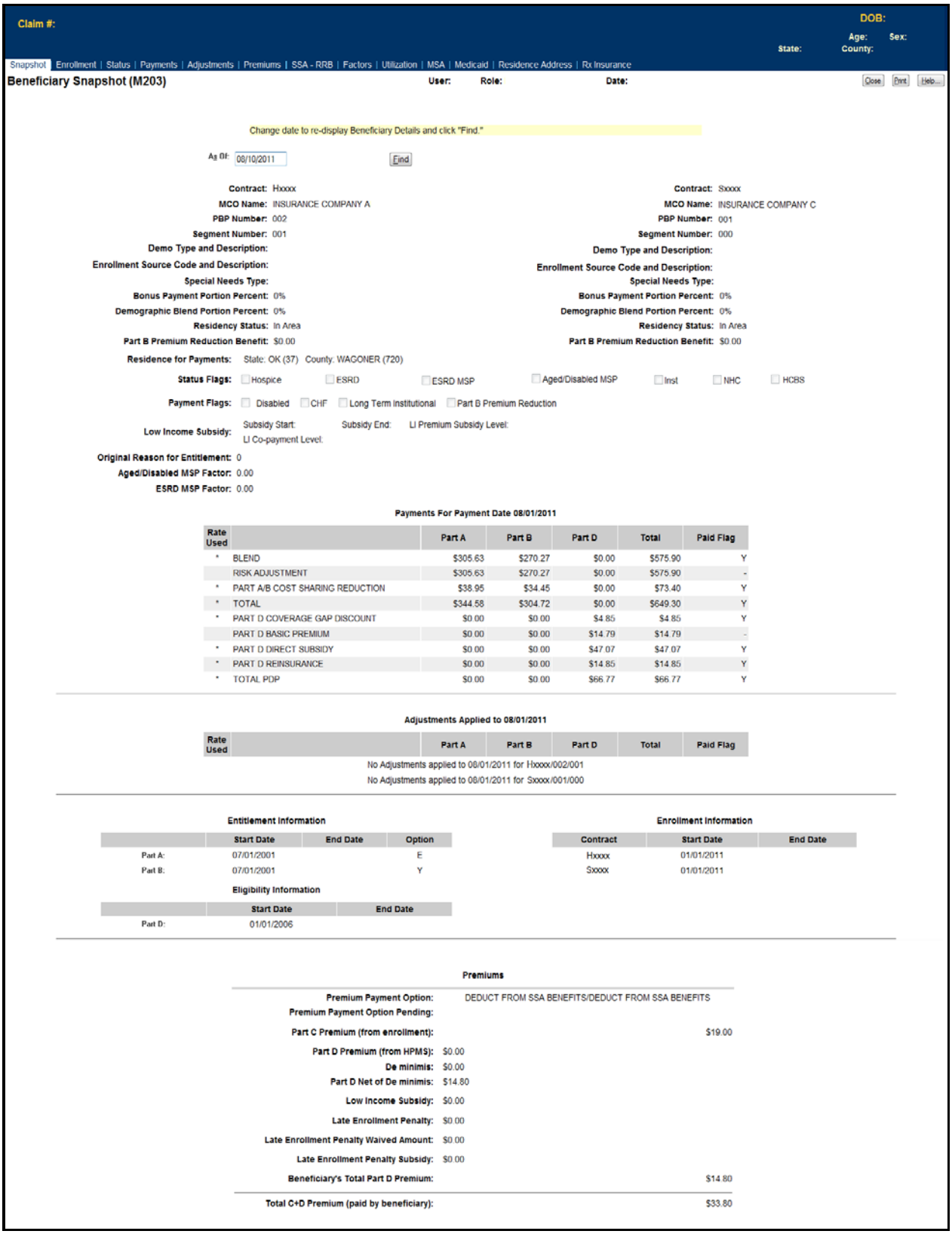
State: Age: Sex: County:

Enrollment Detail (M222) User: Role: Date: Close Print Help...

Viewing Plan User: Plan Role:

Contract:	
MCO Name:	MEDICA HEALTHCARE PLANS, INC.
PBP Number:	001
Segment Number:	000
Drug Plan:	Y
Effective Start Date:	01/01/2012
Effective End Date:	03/31/2012
EGHP:	
Enrollment Forced Code:	
Disenrollment Reason Code and Description:	07 - FOR CAUSE
Application Date:	12/30/2011
Default App. Date:	
Enrollment Election Type:	S - SPECIAL ELECTION PERIOD (SEP)
Disenrollment Election Type:	S - SPECIAL ELECTION PERIOD (SEP)
Special Needs Type:	
Enrollment Source:	B - BENEFICIARY ELECTION
Part D Auto-Enrollment Opt-Out:	
Part D Rx Bin:	
Part D Rx PCN:	
Part D Rx Group:	
Part D Rx ID:	

Attachment D: Beneficiary Snapshot Screen (M203)



Claim #: DOB: Age: Sex: State: County:

Snapshot | Enrollment | Status | Payments | Adjustments | Premiums | SSA - RRB | Factors | Utilization | MSA | Medicaid | Residence Address | Rx Insurance

Beneficiary Snapshot (M203) User: Role: Date: Close Print Help...

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

As Of: 08/10/2011 Find

Contract:	Hxxxx	**Contract:**	Sxxxx
MCO Name:	INSURANCE COMPANY A	**MCO Name:**	INSURANCE COMPANY C
PBP Number:	002	**PBP Number:**	001
Segment Number:	001	**Segment Number:**	000
Demo Type and Description:		**Demo Type and Description:**	
Enrollment Source Code and Description:		**Enrollment Source Code and Description:**	
Special Needs Type:		**Special Needs Type:**	
Bonus Payment Portion Percent:	0%	**Bonus Payment Portion Percent:**	0%
Demographic Blend Portion Percent:	0%	**Demographic Blend Portion Percent:**	0%
Residency Status:	In Area	**Residency Status:**	In Area
Part B Premium Reduction Benefit:	$0.00	**Part B Premium Reduction Benefit:**	$0.00

Residence for Payments: State: OK (37) County: WAGONER (720)

Status Flags: Hospice ESRD ESRD MSP Aged/Disabled MSP Inst NHC HCBS

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

Low Income Subsidy: Subsidy Start: Subsidy End: LI Premium Subsidy Level: LI Co-payment Level:

Original Reason for Entitlement: 0
Aged/Disabled MSP Factor: 0.00
ESRD MSP Factor: 0.00

Payments For Payment Date 08/01/2011

Rate Used		Part A	Part B	Part D	Total	Paid Flag
*	BLEND	$305.63	$270.27	$0.00	$575.90	Y
	RISK ADJUSTMENT	$305.63	$270.27	$0.00	$575.90	-
*	PART A/B COST SHARING REDUCTION	$38.95	$34.45	$0.00	$73.40	Y
*	TOTAL	$344.58	$304.72	$0.00	$649.30	Y
*	PART D COVERAGE GAP DISCOUNT	$0.00	$0.00	$4.85	$4.85	Y
	PART D BASIC PREMIUM	$0.00	$0.00	$14.79	$14.79	-
*	PART D DIRECT SUBSIDY	$0.00	$0.00	$47.07	$47.07	Y
*	PART D REINSURANCE	$0.00	$0.00	$14.85	$14.85	Y
*	TOTAL PDP	$0.00	$0.00	$66.77	$66.77	Y

Adjustments Applied to 08/01/2011

Rate Used		Part A	Part B	Part D	Total	Paid Flag

No Adjustments applied to 08/01/2011 for Hxxxx/002/001
No Adjustments applied to 08/01/2011 for Sxxxx/001/000

Entitlement Information

	Start Date	End Date	Option
Part A:	07/01/2001		E
Part B:	07/01/2001		Y

Enrollment Information

Contract	Start Date	End Date
Hxxxx	01/01/2011	
Sxxxx	01/01/2011	

Eligibility Information

	Start Date	End Date
Part D:	01/01/2006	

Premiums

Premium Payment Option:	DEDUCT FROM SSA BENEFITS/DEDUCT FROM SSA BENEFITS	
Premium Payment Option Pending:		
Part C Premium (from enrollment):		$19.00
Part D Premium (from HPMS):	$0.00	
De minimis:	$0.00	
Part D Net of De minimis:	$14.80	
Low Income Subsidy:	$0.00	
Late Enrollment Penalty:	$0.00	
Late Enrollment Penalty Waived Amount:	$0.00	
Late Enrollment Penalty Subsidy:	$0.00	
Beneficiary's Total Part D Premium:		$14.80
Total C+D Premium (paid by beneficiary):		$33.80

Attachment E: **Disenrollment Transactions (TCs 51/54) Layout.** ***Updates PCUG v6.1 Table F.7.2***

See Attachment N, Notes for all Plan Submitted Transaction Types, for detailed information regarding the allowable field values.

ITEM	FIELDS	SIZE	POSITION	DISENROLLMENT (51/54)
1	HICN	12	1-12	Required
2	Surname	12	13-24	Required
3	First Name	7	25-31	Required
4	M. Initial	1	32	Optional
5	Gender Code	1	33	Required
6	Birth Date (YYYYMMDD)	8	34-41	Required
7	Filler	1	42	Required
8	PBP	3	43-45	Optional
9	Election Type	1	46	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	Required
11	Filler	8	52-59	N/A
12	TCs*	2	60-61	"51" or "54"
13	DRC	2	62-63	Required for Involuntary Disenrollments. Optional for Voluntary Disenrollments.
14	Effective Date (YYYYMMDD)	8	64-71	Required
15	Segment ID	3	72-74	Optional
16	Filler	24	75-98	N/A
17	Part D Opt-Out Flag	1	99	Optional for all Part D Plans; otherwise blank
18	FA Demo Opt-Out Flag	1	100	Optional for all Plans
19	Filler	109	101-209	N/A
20	Plan Transaction Tracking ID**	15	210-224	Optional
21	Filler	76	225-300	N/A

*The "51" transaction is Plan submitted. The "54" is submitted by 1-800-Medicare without a header record.

**Plan Transaction Tracking ID field is not used by 1-800-Medicare.

Attachment F: Batch Completion Status Summary (BCSS) Report. ***Updates PCUG v6.1 Table F.3***

The Batch Completion Status Summary (BCSS) report changes to accommodate the new TCs (81, 82, and 83). The records beginning with C1, C2, C3, and C4 report the counts of all submitted transactions from the batch. The example below shows these lines as they currently appear and as they will appear after the August 2012 release.

Old

```
C1 TRAN CNTS1 = 00000019 T01 0000000 T51 0000000 T61 0000000 T   0000000
C2 TRAN CNTS2 =          T72 0000001 T73 0000002 T74 0000000 T75 0000000
C3 TRAN CNTS3 =          T76 0000000 T77 0000000 T78 0000000 T79 0000002
C4 TRAN CNTS4 =          T80 0000002 T81 0000003 T           TXX 0000000
```

New

```
C1 TRAN CNTS1 = 00000019 T01 0000000 T51 0000000 T61 0000000 T72 0000001
C2 TRAN CNTS2 =          T73 0000002 T74 0000000 T75 0000000 T76 0000000
C3 TRAN CNTS3 =          T77 0000000 T78 0000000 T79 0000002 T80 0000002
C4 TRAN CNTS4 =          T81 0000003 T82 0000004 T83 0000005 TXX 0000000
```

The layout of the other BCSS records is unchanged.

Attachment G: FA Demo Enrollment Cancellation (TC 82) Detailed Record Layout

See Attachment N, Notes for all Plan Submitted Transaction Types, for detailed information regarding the allowable field values.

ITEM	FIELDS	SIZE	POSITION	FA DEMO ENROLLMENT CANCELLATION (82)
1	HICN	12	1-12	Required
2	Surname	12	13-24	Required
3	First Name	7	25-31	Required
4	M. Initial	1	32	Optional
5	Gender Code	1	33	Required
6	Birth Date (YYYYMMDD)	8	34-41	Required
7	Filler	1	42	N/A
8	PBP	3	43-45	Required for contracts with PBPs; otherwise, spaces
9	Filler	1	46	N/A
10	Contract #	5	47-51	Required
11	Filler	8	52-59	N/A
12	TC	2	60-61	Required
13	Disenrollment Reason	2	62-63	Optional
14	Effective Date (YYYYMMDD)	8	64-71	Required (must equal the enrollment effective date)
15	Filler	28	72-99	N/A
16	FA Demo Opt-Out Flag	1	100	Optional
17	Filler	109	101-209	N/A
18	Plan Transaction Tracking ID	15	210-224	Optional
19	Filler	76	225-300	N/A

Attachment H: FA Demo Opt-Out Update from 1-800-Medicare* (TC 42) Detailed Record Layout

See Attachment N, Notes for all Plan Submitted Transaction Types, for detailed information regarding the allowable field values.

ITEM	FIELDS	SIZE	POSITION	FA Demo Opt-Out Update (42)
1	HICN	12	1-12	Required
2	Surname	12	13-24	Required
3	First Name	7	25-31	Required
4	M. Initial	1	32	Optional
5	Gender Code	1	33	Required
6	Birth Date (YYYYMMDD)	8	34-41	Required
7	Filler	5	42-46	N/A
8	Contract #	5	47-51	Optional**
9	Filler	8	52-59	N/A
10	TC	2	60-61	"42"
11	Filler	2	62-63	N/A
12	Effective Date (YYYYMMDD)	8	64-71	Required
13	Filler	28	72-99	N/A
14	FA Demo Opt-Out Flag	1	100	Required
15	Filler	200	101-300	N/A

*Submitted without a header record.

**Required if individual is enrolled in a health or prescription drug plan.

Attachment I: FA Demo Opt-Out Update (TC 83) Layout

See Attachment N, Notes for all Plan Submitted Transaction Types, for detailed information regarding the allowable field values.

ITEM	FIELDS	SIZE	POSITION	FA Demo Opt-Out Update (83)
1	HICN	12	1-12	Required
2	Surname	12	13-24	Required
3	First Name	7	25-31	Required
4	M. Initial	1	32	Optional
5	Gender Code	1	33	Required
6	Birth Date (YYYYMMDD)	8	34-41	Required
7	Filler	1	42	N/A
8	PBP #	3	43-45	Required
9	Filler	1	46	N/A
10	Contract #	5	47-51	Required
11	Filler	8	52-59	N/A
12	TC	2	60-61	Required
13	Filler	2	62-63	N/A
14	Effective Date (YYYYMMDD)	8	64-71	Required
15	Filler	28	72-99	N/A
16	FA Demo Opt-Out Flag	1	100	Required
17	Filler	109	101-209	N/A
18	Plan Transaction Tracking ID	15	210-224	Optional
19	Filler	76	225-300	N/A

Attachment J: Disenrollment Reason Codes (DRCs). ***Updates PCUG v6.1 Table I.9***

Disenrollment Reason Number	Disenrollment Reason Description	MARx UI	AUTO-DIS	PLAN SUB'D
1	FAILURE TO PAY PREMIUMS	N/A	N/A	N/A
2	RELOCATION OUT OF PLAN SERVICE AREA (NO SPECIAL PROVISIONS)	N/A	N/A	N/A
3	FAILURE TO CONVERT TO RISK PROVISIONS	N/A	N/A	N/A
4	FRAUD	N/A	N/A	N/A
5	LOSS OF PART B ENTITLEMENT	N/A	Y	N/A
6	LOSS OF PART A ENTITLEMENT (PLAN-SPECIFIC)	N/A	Y	N/A
7	FOR CAUSE	Y	N/A	N/A
8	REPORT OF DEATH	N/A	Y	N/A
9	TERMINATION OF CONTRACT (CMS-INITIATED)	N/A	Y	N/A
10	TERMINATION OF CONTRACT/PBP/SEGMENT (PLAN WITHDRAWAL)	N/A	Y	N/A
11	VOLUNTARY DISENROLLMENT THROUGH PLAN	Y	N/A	Y
12	VOLUNTARY DISENROLLMENT THROUGH DISTRICT OFFICE	N/A	N/A	N/A
13	DISENROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN	N/A	Y	N/A
14	RETROACTIVE	N/A	N/A	N/A
15	TERMINATED IN ERROR BY CMS SYSTEM	N/A	N/A	N/A
16	END OF SCC CONDITIONAL ENROLLMENT PERIOD	N/A	N/A	N/A
17	BENE DOES NOT MEET AGE CRITERION (PLAN-SPECIFIC)	N/A	N/A	N/A
18	ROLLOVER	N/A	Y	N/A
19	TERMINATED BY SSA DISTRICT OFFICE	N/A	N/A	N/A
20	INVALID ENROLLMENT WITH ESRD	N/A	Y	N/A
21	CANNOT TRAVEL/POOR HEALTH/TO HMO/PLAN DOCTORS	N/A	N/A	N/A
22	SPOUSE IS NO LONGER MEMBER OF HMO/PLAN	N/A	N/A	N/A

Disenrollment Reason Number	Disenrollment Reason Description	MARx UI	AUTO-DIS	PLAN SUB'D
23	COULDN'T USE MEDICARE CARD TO SEE OTHER PLAN	N/A	N/A	N/A
24	DID NOT KNOW I JOINED THIS HMO	N/A	N/A	N/A
25	DIFFICULTY REACHING HMO/PLAN DOCTOR BY PHONE PROBLEM	N/A	N/A	N/A
26	CALLED HMO/PLAN COULD NOT GET HELP WITH PROBLEM	N/A	N/A	N/A
27	DISSATISFIED WITH MEDICAL CARE/DOCS OR HOSPITAL	N/A	N/A	N/A
28	TOLD BY PLAN DOCTORS OR STAFF I SHOULD DISENROLL	N/A	N/A	N/A
29	PREFER TRADITIONAL MEDICARE	N/A	N/A	N/A
30	HAVE OTHER HEALTH INSURANCE BENEFITS AVAILABLE	N/A	N/A	N/A
31	FOUND HMO/PLAN TOO CONFUSING	N/A	N/A	N/A
32	MY CLAIMS/BILLS WERE NOT PAID	N/A	N/A	N/A
33	HAD LITTLE OR NO CHOICE OF SPECIALIST	N/A	N/A	N/A
34	TREATED DISCOURTEOUSLY BY DOCTOR/NURSE/STAFF	N/A	N/A	N/A
35	DOCTOR COULDN'T IMPROVE MY CONDITION	N/A	N/A	N/A
36	HMO/PLAN MEDICAL GROUP WAS LOCATED TOO FAR AWAY	N/A	N/A	N/A
37	HAD LIMITED OR NO CHOICE OF MY PRIMARY DOCTOR	N/A	N/A	N/A
41	YOU MOVED PERMANENTLY OUT OF AREA WHERE PLAN PROVIDES SERVIC	N/A	N/A	N/A
42	YOUR DOCTOR OR THE PLAN TOLD YOU TO DISENROLL	N/A	N/A	N/A
43	YOUR DOCTOR DIDN'T GIVE YOU GOOD QUALITY CARE	N/A	N/A	N/A
44	YOU USED UP THE PRESCRIPTION ALLOWANCE	N/A	N/A	N/A
45	THE PLAN COST YOU TOO MUCH	N/A	N/A	N/A
46	YOU COULDN'T GET CARE WHEN YOU NEEDED IT	N/A	N/A	N/A
47	YOUR DOCTOR ISN'T IN THE PLAN	N/A	N/A	N/A

Disenrollment Reason Number	Disenrollment Reason Description	MARx UI	AUTO-DIS	PLAN SUB'D
48	YOU DIDN'T KNOW YOU SIGNED UP FOR THIS PLAN	N/A	N/A	N/A
49	YOU DIDN'T LIKE HOW THE PLAN WORKED	N/A	N/A	N/A
54	PART A OR B START DATE CHANGE	N/A	Y	N/A
56	BENEFICIARY MEDICAID PERIOD RECEIVED	N/A	N/A	N/A
57	BENEFICIARY HOSPICE PERIOD RECEIVED	N/A	Y	N/A
59	INVALID ENROLLMENT WITH HOSPICE	N/A	Y	N/A
60	BENEFICIARY LIVES IN USA LESS THAN 183 DAYS A YEAR	N/A	N/A	N/A
61	LOSS OF PART D ELIGIBILITY	N/A	Y	N/A
62	PART D DISENROLLMENT DUE TO FAILURE TO PAY IRMAA	N/A	Y	N/A
63**	FA DEMO OPT-OUT AFTER ENROLLED	Y	Y	Y
64**	LOSS OF DEMONSTRATION ELIGIBILITY	Y	Y	Y
88	CONVERSION	N/A	N/A	N/A
90	ENROLLMENT CANCELLED DUE TO BENEFICIARY MERGE	N/A	Y	N/A
91	FAILURE TO PAY PREMIUMS	Y	N/A	Y
92	RELOCATION OUT OF PLAN SERVICE AREA	Y	N/A	Y
93	LOST SPECIFIC PLAN ELIGIBILITY (SNP ONLY)	Y	N/A	Y
99	OTHER (NOT SUPPLIED BY BENE)	N/A	N/A	Y*

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

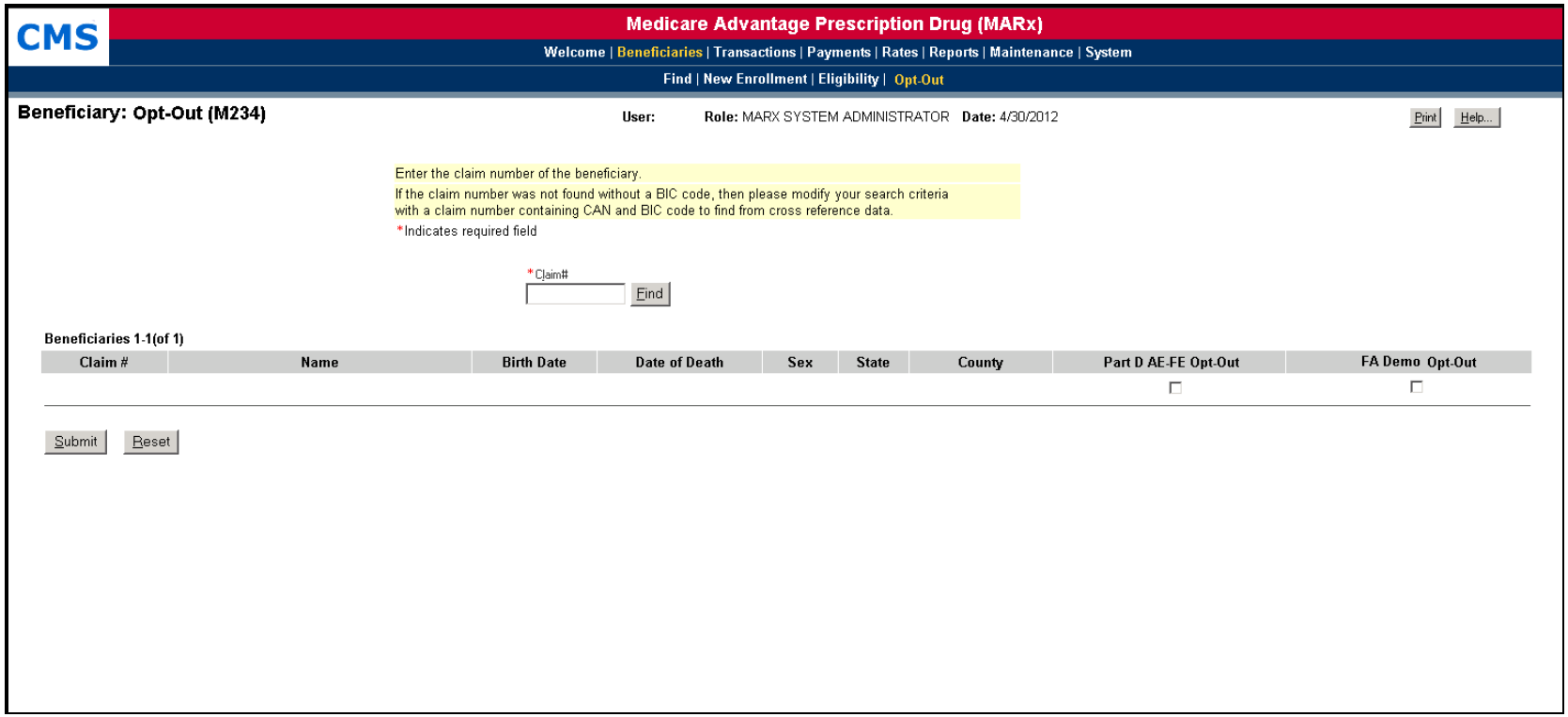
**Only valid for FA Demonstration Plan Disenrollments, Disenrollment Cancellations or Enrollment Cancellations.

Attachment K: New Transaction Reply Codes (TRCs)

Code	Type	Title	Short Definition	Definition
307	A	FA Demo Passive Enrollment Accepted	PASSIVE ACCEPT	An FA Demo passive enrollment transaction (TC 61) 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.
308	R	FA Demo Passive Enrollment Rejected	PASSIVE REJECT	An FA Demo passive enrollment transaction (TC 61) was rejected because the beneficiary did not meet the FA Demonstration 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	I	No Change in FA Demo Opt-Out Flag	DUP FA OPT OUT	An FA Demo 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 FA Demo Opt-Out Flag value that matched the FA Demo Opt-Out already on record with CMS. This transaction did not affect the beneficiary's records. **Plan Action**: None required.
310	R	FA Demo 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 FA Demo Opt-Out Flag field was incorrectly populated. The valid values for FA Demo Opt-Out are: • TCs 42 or 83 transactions - 'Y' or 'N' • All other TCs - 'Y,' 'N,' or blank **Plan Action:** If submitted by the Plan (TCs 51, 82, 83), correct the FA Demo Opt-Out Flag value and resubmit the transaction if appropriate.
311	A	FA Demo Opt-Out Accepted	FA OPT OUT ACPT	A transaction (TCs 42, 51, 54, 82, 83) was received that specified an FA Demo Opt-Out Flag value or a change to the FA Demo Opt-Out Flag value. The FA Demo Opt-Out Flag was accepted. The new FA Demo Opt-Out Flag value is reported in DTRR field 70. **Plan Action:** No action necessary.

Code	Type	Title	Short Definition	Definition
312	A	FA Demo 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	FA Demo Enrollment Cancellation Rejected	RJCT FA CANCEL	An FA Demo Enrollment Cancellation (TC 82) transaction was rejected because the cancellation was submitted after the enrollment became active. **Plan Action:** Submit a Disenrollment transaction.
314	R	Invalid Cancellation TC	BAD CANCEL CODE	An enrollment cancellation transaction was rejected because the wrong transaction type code (Field 16) was used. TC 82 can only be used for cancelling FA Demonstration enrollments. TC 80 is only used for cancelling non-FA Demonstration enrollments. **Plan Action:** Correct the TC and resubmit if appropriate.

Attachment L: Beneficiary Opt-Out Screen (M234)



Attachment M: Transaction (TC 61) Layout. ***Updates PCUG v6.1 Table F.7.3***

See Attachment N, Notes for all Plan Submitted Transaction Types, for detailed information regarding the allowable field values.

ITEM	FIELDS	SIZE	POSITION	ENROLLMENT (61)
1	HICN	12	1-12	Required
2	Surname	12	13-24	Required
3	First Name	7	25-31	Required
4	M. Initial	1	32	Optional
5	Gender Code	1	33	Required
6	Birth Date (YYYYMMDD)	8	34-41	Required
7	EGHP Flag	1	42	blank field has a meaning
8	PBP #	3	43-45	Required
9	Election Type	1	46	Required (for all plan types when Note 3 is true; otherwise not required for 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	Required
11	Application Date	8	52-59	Required
12	TC	2	60-61	Required
13	Disenrollment Reason	2	62-63	N/A
14	Effective Date (YYYYMMDD)	8	64-71	Required
15	Segment ID	3	72-74	Required, blank for non-segmented organizations; otherwise, three digits
16	Filler	5	75-79	N/A
17	ESRD Override	1	80	Required: for MA Plans to successfully enroll ESRD exceptions
18	PPO/Parts C-D	1	81	Required (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	Required (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
21	Creditable Coverage Flag	1	94	Required (for all Part D plans); otherwise blank
22	NUNCMO	3	95-97	Required (for all Part D plans); otherwise blank. Blank = zero, meaning no uncovered months

ITEM	FIELDS	SIZE	POSITION	ENROLLMENT (61)
23	Employer Subsidy Enrollment Override Flag	1	98	Required if beneficiary has Employer Subsidy status for Part D; otherwise blank
24	Part D Opt-Out Flag	1	99	Required when changing PBPs. ('Y' when Opting Out of Part D; 'N' when Opting in for Part D; otherwise, blank)
25	Filler	35	100-134	N/A
26	Secondary Drug Insurance Flag	1	135	Required for Part D plans. Value is 'Y' or 'N' or blank. For AE-FEs and rollovers, value is blank. For non-Part D plans, value is blank.
27	Secondary Rx ID	20	136-155	Required if secondary insurance; otherwise, blank.
28	Secondary Rx Group	15	156-170	Required if secondary insurance; otherwise, blank.
29	Enrollment Source	1	171	Required for POS submitted enrollments transactions; otherwise, optional.
30	Filler	38	172-209	N/A
31	Transaction Tracking ID	15	210-224	Optional
32	Part D Rx BIN	6	225-230	Required for all Part D plan except PACE National and FA Demo; otherwise, blank.
33	Part D Rx PCN	10	231-240	Change-to value for all Part D plans, otherwise blank.
34	Part D Rx Group	15	241-255	Change-to value for all Part D plans, otherwise blank.
35	Part D Rx ID	20	256-275	Required for all Part D plan except PACE National and FA Demo; otherwise, blank.
36	Secondary Rx BIN	6	276-281	Required if secondary insurance; otherwise, blank.
37	Secondary Rx PCN	10	282-291	Required if secondary insurance; otherwise, blank.
38	Filler	9	292-300	N/A

Attachment N: Notes for all Plan Submitted Transaction Types. ***Updates PCUG v6.1 Table F.7.7***

Item	Field	Description
1	HICN	Health Insurance Claim Number - CAN plus BIC
2	Surname	Beneficiary's last name
3	First Name	Beneficiary's first name
4	M. Initial	Beneficiary's middle initial
5	Gender Code	• 1 = male • 2 = female • 0 = unknown
6	Birth Date (YYYYMMDD)	The date of the beneficiary's birth • YYYYMMDD
7	EGHP Flag	This flag indicates whether the Plan associated with this transaction is an Employer Group Health Plan (EGHP). For an Enrollment (TC 61) Transaction: • Y = EGHP • blank for all others For an EGHP Change (TC 74) Transaction: • Y = EGHP • N = not EGHP • blank = no change
8	PBP #	Three-character Plan Benefit Package (PBP) identifier, 001 – 999 (zero padded), for the plan associated with this transaction. PBP is required for all organizations except HCPP and CCIP/FFS demos. For these non-PBP organizations, populate with blanks.

Item	Field	Description
9	Election Type	The election type associated with the enrollment or disenrollment associated with this transaction. • A = AEP • D = MADP • E = IEP • F = IEP2 • I = ICEP • R = 5 Star Quality Rating SEP • S = Other SEP • T = OEPI • U = Dual/LIS SEP • V = Permanent Change in Residence SEP • W = EGHP SEP • X = Administrative SEP • Y = CMS/Case Worker SEP. I, A, D, O, S, N, U, V, W, X, Y and T are valid for MA only enrollments. I, A, D, O, S, U, V, W, X, Y, T, E, F, N, and T are valid for MAPD enrollments. A, S, U, V, W, X, Y, E and F are valid for PDP enrollments.
10	Contract #	The contract number associated with the transaction. • Hxxxx = local Plans • Rxxxx = regional Plans • Sxxxx = PDPs • Fxxxx = fallback Plans • Exxxx = employer sponsored MA/MAPD and PDP Plans.
11	Application Date	The application date associated with this enrollment transaction. The application date is generally the date the enrollment request was initially received by the Plan, as further defined in the CMS plan enrollment manual guidance. • YYYYMMDD

Item	Field	Description
12	TC	This identifies the type of transaction submitted on this record. • 01 = Internal corrections or cleanups • 30 = Turn Bene-Level Demonstration Factor On (Demos Only) • 31 = Turn Bene-Level Demonstration Factor Off (Demos Only) • 41 = Part D Opt-Out Change (Submitted by CMS) • 42 = FA Demonstration Opt-Out Update • 51 = Disenrollment (MCO or CMS) • 54 = Disenrollment (Submitted by 1-800-MEDICARE) • 61 = Single Enrollment • 72 = 4Rx Record Update • 73 = NUNCMO Update • 74 = Employer Group Health Plan (EGHP) Update • 75 = Premium Payment Option (PPO) Update • 76 = Residence Address Update • 77 = Segment ID Update • 78 = Part C Premium Update • 79 = Part D Opt-Out Update • 80 = Cancellation of Enrollment • 81= Cancellation of Disenrollment • 82 = FA Demonstration Enrollment Cancellation • 83 = FA Demonstration Opt-Out Update
13	Disenrollment Reason	The reason the beneficiary is disenrolled from the Plan. This is required for all Plan submitted Disenrollment transactions. Refer to the published Disenrollment Reason Code (DRC) list and the appropriate CMS plan enrollment manual instructions.
14	Effective Date (YYYYMMDD)	The effective date for the action taken by the submitted transaction. • YYYYMMDD
15	Segment ID	The three character segment identifier, 001-999 (zero-padded), associated with this transaction. This is only required for segmented Plans. Only local MA/MAPD Plans (Hxxxx) may have segments. For non-segmented plans, this field is populated with blanks.
16	Filler	Blank

Item	Field	Description
17	ESRD Override	This is populated to enroll an End Stage Renal Disease (ESRD) beneficiary into a non-PDP Plan. • Any alpha-numeric value (1-9 and A-F) indicates an override. • Zero (0) or blank indicates no override.
18	PPO/ Parts C-D	This indicates the premium payment option (PPO) requested by the beneficiary on this transaction. • D = Direct self-pay • S = Deduct from SSA benefits • N = No Premium • R = RRB benefits • O = Deduct from OPM benefits (future) The option applies to both Part C and D premiums.
19	Part C Premium Amount (XXXXvXX)	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. If Part C premium does not apply to the transaction, this field is treated as blank.
20	Filler	Blank
21	Creditable Coverage Flag	This indicates whether the beneficiary has creditable drug coverage in the period prior to this enrollment in a Part D prescription plan. It is also used to reset the count of uncovered months to zero due to a new IEP or LIS change and to remove resets that were set in error. • For enrollment (TC 61) transactions, valid values are Y, N, R and blank. • For NUNCMO change (TC 73), valid values are Y, N, R, U and blank. • Y = the beneficiary has creditable coverage. • N = the beneficiary does not have creditable coverage. • R = the accumulated NUNCMO is reset to zero as of the effective date on the transaction. • U = the previous reset associated with the effective date on the transaction is removed and the total uncovered month accumulation reinstated.
22	NUNCMO	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 is greater than 0 only if the Creditable Coverage Flag is N. This field is populated with zero if the Creditable Coverage Flag is Y, R or U.
23	Employer Subsidy Enrollment Override Flag	This flag indicates that the Beneficiary is currently in a Plan receiving an employer subsidy, but still wants to enroll in a Part D Plan. • Y = override the employer subsidy check and enroll the beneficiary • Blank = No override

Item	Field	Description
24	Part D Opt-Out Flag	This flag indicates that the beneficiary does not want AE in a Part D Plan. It applies to LIS beneficiaries who are subject to AE-FE into Part D. • Y = add the flag to opt-out of Part D AE-FE. • N = remove the flag to opt-out of Part D AE-FE. • Blank = no change to opt-out status
25	FA Demo Opt-Out Flag	This flag indicates the beneficiary does not want passive enrollment into an FA Demo Plan. • Y = add the flag to opt-out of passive enrollment into FA Demo Plans. • N = remove the flag to opt-out of passive enrollment into FA Demo Plans. • Blank = no change to opt-out status
26	Secondary Drug Insurance Flag	This flag indicates whether that beneficiary has secondary drug insurance. • Y = beneficiary has secondary drug insurance • N = beneficiary does not have secondary drug insurance • blank = status of beneficiary's secondary drug insurance is unknown
27	Secondary Rx ID	Secondary insurance Plan's Identifier for a Beneficiary. It can consist of any combination of alphanumeric characters.
28	Secondary Rx Group	Secondary insurance Plan's Group ID for a Beneficiary. It can consist of any combination of alphanumeric characters.
29	Enrollment Source	Indicates the source of the enrollment. • A = AE by CMS • B = Beneficiary election (Default when a blank enrollment source is submitted). • C = FE by CMS • D = System generated rollover • E = Plan submitted AE • F = Plan submitted FE • G = Point of Sale (POS) submitted enrollment • H = Re-assignment submitted by CMS or Plan • J = State-submitted passive enrollment • K = CMS-submitted passive enrollment • L = FA Demo beneficiary election • M= Default for FA Demo Plan enrollments submitted without an Enrollment Source Code *(M is not submitted on an enrollment)*
30	Filler	Blank

Item	Field	Description
31	Transaction Tracking ID	Optional value created and used by the Plan to track the replies of the transaction.
32	Part D Rx BIN	Part D insurance Plan's Beneficiary Identification Number (BIN) • Numeric and right justified • Example: If BIN is five-position numeric (12345), the submitted BIN is a six-position numeric with zero added in the first position (012345).
33	Part D Rx PCN	Part D insurance Plan's Pharmacy Control Number (PCN) for the Beneficiary. • Alphanumeric (upper case and/or numeric) and left justified • Default value = spaces
34	Part D Rx Group	Part D insurance Plan's group identifier for the Beneficiary. • Alphanumeric (upper case and/or numeric) and left justified • Default value = spaces
35	Part D Rx ID	Part D insurance Plan's ID for the Beneficiary. • Alphanumeric (upper case and/or numeric) and left justified • Default value = spaces
36	Secondary Rx BIN	Secondary insurance Plan's BIN number for the Beneficiary. • Numeric and right justified
37	Secondary Rx PCN	Secondary insurance Plan's PCN identifier for a Beneficiary. • Alphanumeric (upper case and/or numeric) and left justified • Default value = spaces
38	Filler	Blank