

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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MEDICARE ENROLLMENT & APPEALS GROUP

DATE: August 25, 2020

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

FROM: Jerry Mulcahy, Director, Medicare Enrollment and Appeals Group
Center for Medicare

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Office of Information Technology

SUBJECT: Announcement of the October 2020 Software release – Enrollment Transaction

The Centers for Medicare & Medicaid Services (CMS) implements software changes to the enrollment and payment systems that support Medicare Advantage Prescription Drug (MAPD) and Part D programs. This memo provides information regarding a systems change scheduled for the October 2020 release. CMS will send (Medicare Advantage Prescription Drug System) MARx screenshots for this enhancement in a forthcoming memo.

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

System Change: New Fields for MARx Enrollment Transaction

CMS revised the standard (“long”) model form used for Medicare Advantage (MA) and Prescription Drug Plan (PDP) enrollment to a new “shortened” form, OMB 0938-1378 (CMS-10718). The new model forms for MA and Part D are located in the Exhibits of the Enrollment and Disenrollment Guidance links at <https://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicareMangCareEligEnrol/index> and <http://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicarePresDrugEligEnrol/index.html>.

The MARx system will be enhanced to include the new data fields on the enrollment transaction:

- Preferred Language other than English (Spanish or Other), and
- Accessible Format (Braille, Large Print, or Audio CD).

MA organizations and Part D sponsors are expected to include these new data fields for the 2021 plan year Annual Enrollment Period (AEP), which begins on October 15, 2020. MA

organizations and Part D sponsors must include these fields as part of their MARx enrollment transaction if supplied on the beneficiary's application. It is optional for the beneficiary to provide a response to these fields on their enrollment application.

Note: The length of the Data Transaction Reply Report (DTRR) will not be impacted by this change.

The updates associated with these system changes are:

- Update to Transaction Type Code 61 Layout. ([Attachment A](#))
- New Transaction Type Code 92 Layout. ([Attachment B](#))
- Transaction Reply Codes Updated with Transaction Type Code 92. ([Attachment C](#))
- New Transaction Code 92 Added to BCSS Report. ([Attachment D](#))
- New Transaction Reply Codes 394, 395 and 396. ([Attachment E](#))
- Updated Daily Transaction Reply Report Layout. ([Attachment F](#))

Attachment A: Update to Transaction Type 61 Layout

The Optional Personal Information fields and associated positions are Preferred Language other than English (124) and Accessible Format (125) for Enrollment Transaction Code 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
26.	Filler	2	101-102	For FUTURE use	
27.	Filler	21	103-123	N/A	N/A
28.	Preferred Language other than English	1	124	<p>Reject the Preferred Language field with Informational TRC 396 if the value provided is not valid.</p> <p>This represents the language preference other than English.</p> <p>Valid Values:</p> <ul style="list-style-type: none"> • S – Spanish • O – Other • Blank (Space) <p>Note: Both of the following personal information fields must be valid. If either of the fields are invalid, both are ignored:</p> <ul style="list-style-type: none"> • Preferred Language Other than English (field 31) • Accessible Format (field 32) 	Optional
29..	Accessible Format	1	125	<p>Reject the Accessible Format field with Informational TRC 396 if the value provided is not valid.</p> <p>This represents an accessible format is chosen.</p> <p>Valid Values:</p> <ul style="list-style-type: none"> • B – Braille • L – Large Print • A – Audio CD • Blank (Space) <p>Note: Both of the following personal information fields must be valid. If either of the fields are invalid, both are ignored:</p> <ul style="list-style-type: none"> • Preferred Language Other than English (field 31) • Accessible Format (field 32) 	Optional
30.	Filler	9	126-134	N/A	N/A

Attachment B: New Transaction Type Code 92 Layout

New Transaction Type code 92 used to update Personal Information (Preferred Language other than English, Accessible Format).

92 Transaction Reply Code					
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	<p>Reject the transaction with TRC 007 if the following criteria is not met:</p> <ul style="list-style-type: none"> • Format for MBI is an 11-position value. The 2nd, 5th, 8th and 9th positions are alphas. • String must contain NO embedded spaces. <p>Reject the transaction with TRC 008 if the beneficiary identifier is not found.</p>	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 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 the value to unknown (“0”).	Required
6.	Birth Date	8	34 – 41	<p>Format (YYYYMMDD)</p> <p>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.</p> <p>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.</p> <p>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.</p>	Required
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

Attachment B: New Transaction Type Code 92 Layout

92 Transaction Reply Code					
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 the transaction with TRC 003 if the 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	Fail the transaction with TRC 001 if the value is not ‘92’	Required
13.	Filler	62	62 – 123	N/A	N/A
14.	Preferred Language Other than English	1	124	<p>Reject the transaction with TRC 394 if the value provided is not valid.</p> <p>This represents the language preference other than English.</p> <p>Valid Values:</p> <ul style="list-style-type: none"> • S – Spanish • O – Other • X – Remove current value in MARx and set to Blank (Space) • Blank (Space) – No update 	Optional
15.	Accessible Format	1	125	<p>Reject the transaction with TRC 394 if the value provided is not valid.</p> <p>This represents an optional accessible format.</p> <p>Valid Values:</p> <ul style="list-style-type: none"> • B – Braille • L – Large Print • A – Audio CD • X – Remove current value in MARx and set to Blank (Space) • Blank (Space) – No update 	Optional
16.	Filler	84	126 – 209	N/A	N/A
17.	Plan Transaction Tracking ID	15	210 – 224	Fifteen-character tracking ID	Optional
18.	Filler	76	225 – 300	N/A	N/A

NOTE: Spaces are substituted for all fields marked as “N/A”

Attachment C: Transaction Reply Codes Updated with Transaction Type 92

Transaction Type Code 92 added to Transaction Reply Codes 001, 003, 004, 006, 008, 009, 060, 107, and 257.

Transaction Reply Codes				
Code	Type	Title	Short Definition	Definition
001	F	Invalid Transaction Code	BAD TRANS CODE	<p>A transaction failed because the Transaction Type code contained an invalid value.</p> <p>Valid Transaction Type 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 Type code.</p> <p><i>Note: Transaction Types 41, 42 and 54 are valid but not submitted by the Plans.</i></p> <p>This TRC is returned in the Batch Completion Status Summary (BCSS) Report along with the failed record and is not returned in the DTRR.</p> <p>Plan Action: Correct the Transaction Type Code and resubmit if appropriate.</p>
003	F	Invalid Contract Number	BAD CONTRACT #	<p>A transaction (Transaction Type 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.</p> <p>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.</p> <p>Plan Action: Correct the Contract Number and resubmit if appropriate.</p>
004	R	Beneficiary Name Required	NEED MEMB NAME	<p>A transaction (Transaction Type 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 name must be provided.</p> <p>Plan Action: Populate the Beneficiary Name fields and resubmit if appropriate.</p>

Attachment C: Transaction Reply Codes Updated with Transaction Type 92

006	R	Incorrect Birth Date	BAD BIRTH DATE	<p>A transaction (Transaction Type 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.</p> <p><i>Note: A blank Birth Date does not result in TRC 006 but may affect the ability to identify the appropriate beneficiary. See TRC 009.</i></p> <p>Plan Action: Correct the Birth Date and resubmit if appropriate.</p>
008	R	Beneficiary Identifier Not Found	BENE ID NOT FND	<p>A transaction (Transaction Types 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90, 91 and 92) was rejected, because the beneficiary identifier was not found. The transaction should be resubmitted with a valid beneficiary identifier.</p> <p>Plan Action: Determine the correct beneficiary identifier for the beneficiary and resubmit the transaction if appropriate.</p>
009	R	No beneficiary match	NO BENE MATCH	<p>A transaction (Transaction Type 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.</p> <p>A match on the beneficiary identifier is required, along with a match on 3 of the following 4 fields: surname, first initial, date of birth, and sex code.</p> <p>Plan Action: Correct the beneficiary identifying information and resubmit if appropriate.</p>

Attachment C: Transaction Reply Codes Updated with Transaction Type 92

060	R	Transaction Rejected, Not Enrolled	NOT ENROLLED	<p>A Correction (Transaction Type 01), Enrollment (Transaction Type 61), Cancellation of Enrollment (Transaction Type 80), Cancellation of Disenrollment (Transaction Type 81), MMP Enrollment Cancellation (Transaction Type 82) or change transaction (Transaction Types 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.</p> <p>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).</p> <p>For NUNCMO Change transactions, Transaction Type 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.</p> <p>Plan Action: Verify the beneficiary identifying information and resubmit the transaction with updated information, if appropriate.</p>
107	R	Rejected, Invalid or Missing PBP Number	BAD PBP NUMBER	<p>An enrollment, disenrollment or Record Update transaction (Transaction Types 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.</p> <p><i>Note: PBP # is not required on Residence Address (Transaction Type 76) but when submitted it must be valid for the contract number on the transaction.</i></p> <p>Plan Action: Correct the PBP # and resubmit the transaction if appropriate.</p>

Attachment C: Transaction Reply Codes Updated with Transaction Type 92

257	F	Failed; Birth Date Invalid for Database Insertion	INVALID DOB	<p>An Enrollment transaction (Transaction Type code 61), change transaction (Transaction Type codes 72, 73, 74, 75, 77, 78, 79, 83, 92), residence address transaction (Transaction Type code 76), cancellation transaction (Transaction Type codes 80, 81, 82), a CARA Status transaction (2019 or later) or a POS Drug Edit (2018 or earlier) or IC Model Participation transaction (Transaction Type code 91) failed because the submitted birth date was either</p> <ul style="list-style-type: none"> • Not formatted as YYYYMMDD (e.g., “Aug 1940”), or • Formatted correctly but contained a nonexistent month or day (e.g., “19400199”). <p>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.</p> <p>Plan Action: Correct the date format and resubmit the transaction.</p>
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Attachment D: New Transaction Code 92 Added to BCSS Report

The BCSS will now include the new transaction code 92 on the C5 Line.

H1 TRANSACTIONS RECEIVED ON 2020-07-27 AT 20.07.38
H2 TRANSACTIONS PROCESSED ON 2020-07-27 AT 21.00.07
H3 ENROLLMENT SERVICE PROCESSING COMPLETED
H4 HEADER CODE= AAAAAAHEADER
H5 HEADER DATE= 072020
H6 REQUEST ID =
H7 BATCH ID = 0038188182
H8 USER ID = EIDM USER ID
C1 TRAN CNTS1 = 00000031 T01 0000000 T51 0000000 T61 0000019 T72 0000000
C2 TRAN CNTS2 = T73 0000000 T74 0000000 T75 0000002 T76 0000004
C3 TRAN CNTS3 = T77 0000000 T78 0000001 T79 0000000 T80 0000000
C4 TRAN CNTS4 = T81 0000000 T82 0000000 T83 0000000 T90 0000000
C5 TRAN CNTS5 = T91 0000000 T92 0000005 TXX 0000000
P1 TOTAL TRANSACTIONS PROCESSED= 31
P2 TOTAL ACCEPTED TRANSACTIONS = 29
P3 TOTAL REJECTED TRANSACTIONS = 2
P4 TOTAL FAILED TRANSACTIONS = 0

Attachment E: New Transaction Reply Codes 394, 395 and 396

New Transaction Reply Codes: 394, 395 and 396.

Transaction Reply Codes				
Code	Type	Title	Short Definition	Definition
394	R	Rejected; Invalid Personal Information	BAD PRSNL INFO	<p>This TRC will be generated in response to invalid data submitted on a Personal Information Change Transaction (Transaction Type 92):</p> <ul style="list-style-type: none"> • Preferred Language Other Than English (Must be S, O, X, or Space) <ul style="list-style-type: none"> ○ S – Spanish ○ O – Other ○ X - Remove current value in MARx and set to Blank (Space) • Accessible Format (Must be B, L, A, or Space) <ul style="list-style-type: none"> ○ B – Braille ○ L – Large Print ○ A – Audio CD ○ X - Remove current value in MARx and set to Blank (Space) <p>Plan Action: Resubmit the 92 transaction with the corrected values.</p>
395	A	Personal Info Accepted as Submitted	PRSNL INFO ACPT	<p>This TRC will be generated in response to a Personal Information Change Transaction (Transaction Type 92) or an Enrollment or PBP Change (Transaction Type 61) when ALL the data fields are valid.</p> <p>Plan Action: None Required</p>
396	I	Invalid Personal Information Submitted	BAD PRSNL INFO	<p>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):</p> <ul style="list-style-type: none"> • Preferred Language Other Than English (Must be S, O, or Space) <ul style="list-style-type: none"> ○ S – Spanish ○ O – Other • Accessible Format (Must be B, L, A, or Blank/Space) <ul style="list-style-type: none"> ○ B – Braille ○ L – Large Print ○ A – Audio CD <p>Plan Action: Submit a 92 transactions with the corrected values.</p>

Attachment F: Updated Daily Transaction Reply Report

New fields Preferred Language Other than English (Field 48), and Accessible Format (Field 49).

DTRR Detail Record				
Item	Field	Size	Position	Description
1.	Beneficiary ID	12	1 – 12	<ul style="list-style-type: none"> • Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then • MBI during and after MBI transition. <ul style="list-style-type: none"> ○ 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 Type = 01, the State code of the beneficiary's mailing address If Transaction Type = 76, the State code of the beneficiary's residence address.
10.	County Code	3	50 – 52	If Transaction Type = 01, the County code of the beneficiary's mailing address. If Transaction Type = 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.
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	TC

Attachment F: Updated Daily Transaction Reply Report

DTRR Detail Record				
Item	Field	Size	Position	Description
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. 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 cancelled enrollment period. 704 = Start date of enrollment period cancelled for 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.
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.

Attachment F: Updated Daily Transaction Reply Report

DTRR Detail Record				
Item	Field	Size	Position	Description
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 dependent upon the value of the TRC. Spaces except where indicated below.			
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.
c.	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.
l.	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.
o.	Part B End Date	8	85 – 92	CCYYMMDD. Present only when TRC is 81.
p.	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.
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.

Attachment F: Updated Daily Transaction Reply Report

DTRR Detail Record				
Item	Field	Size	Position	Description
t.	Correct Part D Premium Rate	12	85 – 96	ZZZZZZZZ9.99. 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	ZZZZZZZZ9.99. 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.
x.	Dialysis End Date	8	85 – 92	CCYYMMDD. Will be present when TRC is 268 and the dialysis period has an end date.
y.	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.
cc.	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.
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.

Attachment F: Updated Daily Transaction Reply Report

DTRR Detail Record				
Item	Field	Size	Position	Description
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	CCCCPPP 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.	Filler	2	108 – 109	For FUTURE use
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	146 – 153	Cost to beneficiary for Part D benefits; otherwise, spaces if not applicable.

Attachment F: Updated Daily Transaction Reply Report

DTRR Detail Record				
Item	Field	Size	Position	Description
37.	Election Type Code	1	154	<p>A = AEP. C = Plan-submitted Rollover SEP. 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)</p> <p>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. PDPs use A, C, E, F, L, R, S, U, V, W, X, Y and Z.</p>
38.	Enrollment Source Code	1	155	<p>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. 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. Space = not applicable.</p>
39.	Part D Opt-Out Flag	1	156	<p>Y = Opted out of Part D AE/FE. N = Not opted out of Part D AE/FE. Space = No change to opt-out status.</p>

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DTRR Detail Record				
Item	Field	Size	Position	Description
40.	Premium Withhold Option/Parts C-D	1	157	<p>D = Direct self-pay. N = No premium applicable. R = Deduct from RRB benefits. S = Deduct from SSA benefits. Space = not applicable.</p> <p>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.</p>
41.	Cumulative Number of Uncovered Months	3	158 – 160	<p>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.</p>
42.	Creditable Coverage Flag	1	161	<p>'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</p>
43.	Employer Subsidy Override Flag	1	162	<p>Y = Beneficiary is in a plan receiving an employer subsidy, flag allows enrollment in a Part D plan. Space = no flag submitted by plan.</p>
44.	Processing Timestamp	15	163 – 177	<p>HH.MM.SS.SSSSS. Transaction processing time, or, for TRCs 121, 194, or 223, the report generation time.</p>
45.	End Date	8	178 - 185	<p>CCYYMMDD. End Date associated with the TRC when applicable:</p> <ul style="list-style-type: none"> • 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.

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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, 341.
47.	Filler	7	189 - 195	Spaces
48.	Preferred Language Other Than English	1	196	Present only when Transaction Type 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 Type 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)
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.

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DTRR Detail Record				
Item	Field	Size	Position	Description
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. Date low income period starts. 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.
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.

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DTRR Detail Record				
Item	Field	Size	Position	Description
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.
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.

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DTRR Detail Record				
Item	Field	Size	Position	Description
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 Type Code is 90
79.	Drug Class	3	396-398	Three character drug class identifier. Spaces = Not applicable Present only when Transaction Type Code is 90
80.	POS Drug Edit Code	3	399-401	Three character POS Edit Code Spaces = Not applicable Present only when Transaction Type 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 Type 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 Type 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 Type 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: <ul style="list-style-type: none"> • The one provided on the Transaction Type 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.

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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 Type Code is 90 The CARA Status Implementation End Date is either: <ul style="list-style-type: none"> • The one provided on the Transaction Type 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 Type 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 Type Code is 90
92.	Filler	19	456 - 474	Spaces
93.	System Assigned Transaction Tracking ID	11	475 – 485	System assigned transaction tracking ID.
94.	Plan Assigned Transaction Tracking ID	15	486 – 500	Plan submitted batch input transaction tracking ID.