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

Center for Medicare
Medicare Plan Payment Group

DATE: **June 15, 2011**

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

FROM: Cheri Rice /s/
Director, Medicare Plan Payment Group

Alan Constantian /s/
Director, Information Services Design and Development Group

SUBJECT: **Announcement of August 2011 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 2011. This release focuses on improving CMS system efficiency and Plan processing.

Unless otherwise noted, the changes to the MARx Monthly Membership Report (MMR) described in this Release letter take effect with the MMR beginning October 1, 2011.

The August 2011 Release changes are as follows and may require Plan action:

1. **Number of Uncovered Months (NUNCMO) – Not Utilizing The RETRO Utility**
2. **Enhancements To The Marx Monthly Membership Report (MMR)**
3. **Eliminate The Demographic Payment And Blended Payment Components From Marx UI and Reports**
4. **New Enrollment Period, Election Type Code and Report To Track Use of New 5-Star SEP**
5. **Zip Code Reply Change**
6. **Uniquely Identify Payment Adjustments on User Interface (UI)/MMR Due To Cleanups**
7. **2012 Payment For In-Area Functioning Graft Beneficiaries**

1. Number of Uncovered Months (NUNCMO) – Not Utilizing The RETRO Utility

The August 2011 Release changes the rules for the submission of a NUNCMO change transaction, Transaction Code 73 (TC 73). When submitting NUNCMO updates for previous enrollments, Plans no longer have to submit these via RETRO files, even if the beneficiary is not currently enrolled in their Plan. The Plan can submit these NUNCMO update transactions through the normal batch process.

The April 2011 Release allowed Plan users to update NUNCMO values using the MARx UI Update Premiums screen (M226). A Plan user may only update the NUNCMO value through the MARx UI for periods in which the beneficiary was/is enrolled in a Plan to which the Plan user has access. The Plan user is unable to use the MARx UI to update NUNCMO values retroactively for periods when the beneficiary was not enrolled in their Plan. The capability to update the other Plan's NUNCMO information is only available through batch processing.

2. Enhancements To The Marx Monthly Membership Report (MMR)

To enhance the clarity and accuracy of the accounting data on the MMR Data File, the August 2011 Release adds effective Part A, Part B, and Part D monthly payment rates for both Prospective Payments and Adjusted Payments (fields 89, 90, and 91).

The Monthly Membership Summary Data File now includes a new Payment record where Record Description (field #5) = "LIPS", corresponding to prospective payment Low Income Premium Subsidy data. Three new adjustment records are added to the file with Record Descriptions as follows:

- "PYMT CORR", corresponding to the new ARC 44, retroactive correction of previously failed payments.
- "XRF MRG", corresponding to the new ARC 50, retroactive adjustment due to a cross-reference merge of HICNs.
- "CLNUP ADJ", corresponding to the new ARC 94, retroactive adjustment due to a cleanup.

The Monthly Membership Summary Report includes changes corresponding to those described above for the Summary Data File. Changes to the print format report appear in red.

The tables of Monthly Membership Layouts are attached:

Attachment A: Monthly Membership Summary Data File layout
Attachment B: Monthly Membership Plan Summary Report Layout
Attachment C: Monthly Membership Detail Data File Layout

3. Eliminate The Demographic Payment and Blended Payment Components From Marx UI and Reports

The August 2011 Release eliminates the Demographic Payment and Blended Payment components from the MARx UI and reports when these components are not factored into the calculation of payments and payment adjustments. This enhancement affects screens in the MARx UI; the Beneficiary Snapshot (M203) screen and the Payment/Adjustment Detail (M215) screen. Modifications to the Monthly Membership Detail Report (MMDR) data file remove these components if they do not apply.

The table of the Monthly Membership Detail Data File Layout is attached:

Attachment C: Monthly Membership Detail Data File Layout

4. New Enrollment Period, Election Type Code, and Report To Track Use of New 5-Star SEP

CMS assigns Star Quality ratings to Plans. The August 2011 Release creates a Special Enrollment Period (SEP) for Medicare Advantage (MA), MAPD, and Prescription Drug Plans (PDP) Plans. The SEP (election type code 'R') allows Plans with a 5.0 Star Quality rating to enroll beneficiaries throughout the calendar year and outside of the standard enrollment periods. Plans may use the 'R' election type with batch or UI-submitted transactions.

The tables of the Daily Transaction Reply Report (TRR) Data File layout and TRC104 description are attached:

Attachment D: Daily TRR Data File Layout
Attachment E: TRC 104 Description

5. Zip Code Reply Change

A change in a beneficiary's Zip Code may occur independently of a change to their State and County Code. It may also result in the placement of a beneficiary into or out of a Plan area. Prior to this release, an SCC notification could indicate the change in the beneficiary's SCC or Zip Code. The August 2011 Release implements a Transaction Reply Code (TRC) 305 to indicate the change in a beneficiary's Zip Code. MA and MAPD Plans are notified when a Zip Code change occurs, when initiated using a batch transaction. Plans may see TRC 305 independently or paired with TRC 085 (SCC Change) and/or TRC 154 (Out of Area Status).

The tables of the TRR Data File layout and TRC305 description are attached:

Attachment D: Daily TRR Data File Layout
Attachment F: TRC 305 Description

6. Uniquely Identify Payment Adjustments on UI/MMR Due To Clean-ups

The August 2011 Release provides the capability to uniquely identify payment adjustments due to system clean-ups. Each non-routine payment adjustment resulting from a specific clean-up is uniquely identified with a Clean-Up Identifier. Identifiers appear on the Payment/Adjustment Detail (M215) screen and on the MMDR data file. The identifiers provide a convenient reference and linkage to documentation included in Plan communications from CMS, and enhance the Plan's understanding of a particular payment adjustment.

A new ARC (94) is used in conjunction with the Clean-up Identifiers to further isolate clean-up activity from routine payment adjustments.

The tables of the Monthly Membership file layouts and valid calculation methods mapped to applicable ARCs are attached:

Attachment A: Monthly Membership Summary Data File layout
Attachment B: Monthly Membership Plan Summary Report Layout
Attachment C: Monthly Membership Detail Data File Layout

7. 2012 Payment for In-Area Functioning Graft Beneficiaries

The August 2011 Release changes the method of payment for In-Area Functioning Graft (post-transplant) Beneficiaries. Currently, there is no allowance in the payment to Plans based on Star Rating performance. This change allows the Plans to receive payment for In-Area Functioning Graft Beneficiaries based on Plan performance. The assigned Star Rating for each Plan is stored and the rating is used to adjust the payments for these beneficiaries. The actual payment changes take effect beginning January 2012.

CMS appreciates your continued support of the MAPD programs. Please 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 email at mapdhelp@cms.hhs.gov.

Attachment A

Monthly Membership Summary Data File Layout

#	Field Name	Length	Position	Description
1	MCO Contract Number	5	1-5	MCO Contract Number
2	Run Date of the File	8	6-13	YYYYMMDD
3	Payment Date	6	14-19	YYYYMM
4	Adjustment Reason Code	2	20-21	Adjustment reason Code
5	Record Description	10	22-31	Description of the record: TOTAL PAYM ESRD HOSPICE MCAID OTHER WA OUTOFAREA DIR SUBSDY LIS CSTSHR EST REINS PACE PRM PACE CSHR PTC PREM RBT AB CSR RBT AB MSB RBT D PRRE RBT D SUBE PTB PRM RE B PRM RE A B PRM RE D BSF MNTHLY AD MSP COV GAP TOTAL ADJ HOSPIC ON HOSPIC OFF ESRD ON ESRD OFF INST ON

#	Field Name	Length	Position	Description
				INST OF MCAID ON MCAID OFF WKAGE ON WKAGE OFF NHC ON NHC OFF DEATH RETRO ENRO RETRO DISEN CORR PARTA RETRO SCC C CORR DEATH CORR BIRTH CORR SEX PTC RATE CORR PARTB DISENROLL P DEMO FACTO PTC RSK AD PTCRAF MID RETRO CHF HOSPICE RAT RTRO PTC P RTRO PTD L RTRO CST S RTRO EST R RTRO PTC R RTRO REBAT PTD RATE C PTD RAF SEG ID CHG PTDRAF MID RETRO MSP PLN SUB PREM ESRD MSP LIPS

#	Field Name	Length	Position	Description
				XRF MRG PYMT CORR CLNUP ADJ
6	Payment Adjustment Count	7	32-38	Beneficiary Count
7	Month count	7	39-45	For payment record it is Beneficiary Count, but for adjustment record it is spaces.
8	Part A Member count	7	46-52	For payment records, Beneficiary count for Part A; for adjustment records, spaces.
9	Part A Month count	7	53-59	For payment record Beneficiary count for Part A , but for adjustment record it is the number of months adjusted for Part A.
10	Part B Member count	7	60-66	For payment record Beneficiary count for Part B; for adjustment records, spaces.
11	Part B Month count	7	67-73	For payment record Beneficiary count for Part B but for adjustment record it is the number of months adjusted for Part B.
12	Part A Payment/Adjustment Amount	13	74-86	PART A Amount
13	Part B Payment/Adjustment Amount	13	87-99	PART B Amount
14	Total Amount	13	100-112	Total Payment/Adjustment Amount
15	Part A Average	9	113-121	Average Part A Amount per Part A Member
16	Part B Average	9	122-130	Average Part B Amount per Part B Member
17	Payment/Adjustment Indicator	1	131-131	‘P’ for Payments and ‘A’ for Adjustments
18	PBP Number	3	132-134	Plan Benefit Package Number
19	Segment Number	3	135-137	Segment Number
20	Part D Member Count	7	138-144	For payment records, beneficiary count for PART D; for adjustment records, spaces.
21	Part D Month Count	7	145-151	For payment record Beneficiary count for Part D but for adjustment record it is the number of months adjusted for Part D.
22	Part D Amount	13	152-164	Part D Amount
23	Part D Average	9	165-173	Average Part D Amount per Part D Member
24	LIS Band 25% member count	7	174-180	Count of Beneficiaries in the 25% LIS band
25	LIS Band 50% member count	7	181-187	Count of Beneficiaries in the 50% LIS band
26	LIS Band 75% member count	7	188-194	Count of Beneficiaries in the 75% LIS band
27	LIS Band 100% member count	7	195-201	Count of Beneficiaries in the 100% LIS band

Monthly Membership Plan Summary Report Layout

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                                                                                                   1         1         1         1
         1         2         3         4         5         6         7         8         9         0         1         2         3
123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123


RUN DATE:yyyymmdd                          MONTHLY MEMBERSHIP SUMMARY REPORT (PAGE 1 OF 2)
PAYMENT MONTH:yyyymm                         PLAN: H9999 PBP(mmm) SEG(nnn) Name-of-Provider-Here
CURRENT PAYMENTS
PART A ---------- COUNTS ----- TOTAL MONEY   PART B --------   COUNTS ----- TOTAL MONEY   PART D ---------- COUNTS ----- TOTAL MONEY
HOSPICE        z,zzz,zz9 $$,$$$,$$$,$$9.99   HOSPICE        z,zzz,zz9 $$,$$$,$$$,$$9.99
ESRD           z,zzz,zz9 $$,$$$,$$$,$$9.99   ESRD           z,zzz,zz9 $$,$$$,$$$,$$9.99
WA             z,zzz,zz9 $$,$$$,$$$,$$9.99   WA             z,zzz,zz9 $$,$$$,$$$,$$9.99
INST           z,zzz,zz9 $$,$$$,$$$,$$9.99   INST           z,zzz,zz9 $$,$$$,$$$,$$9.99
NHC            z,zzz,zz9 $$,$$$,$$$,$$9.99   NHC            z,zzz,zz9 $$,$$$,$$$,$$9.99
MCAID          z,zzz,zz9 $$,$$$,$$$,$$9.99   MCAID          z,zzz,zz9 $$,$$$,$$$,$$9.99
PART C PREMIUM z,zzz,zz9 $$,$$$,$$$,$$9.99   PART C PREMIUM z,zzz,zz9 $$,$$$,$$$,$$9.99   DIR SUBSDY     z,zzz,zz9 $$,$$$,$$$,$$9.99
A/B COST SHR   z,zzz,zz9 $$,$$$,$$$,$$9.99   A/B COST SHR   z,zzz,zz9 $$,$$$,$$$,$$9.99   LIS COST SHR   z,zzz,zz9 $$,$$$,$$$,$$9.99
A/B MAN SUP BN z,zzz,zz9 $$,$$$,$$$,$$9.99   A/B MAN SUP BN z,zzz,zz9 $$,$$$,$$$,$$9.99   ESTIMATD REINS z,zzz,zz9 $$,$$$,$$$,$$9.99
D BAS PRM REDU z,zzz,zz9 $$,$$$,$$$,$$9.99   D BAS PRM REDU z,zzz,zz9 $$,$$$,$$$,$$9.99   PACE PRM ADDON z,zzz,zz9 $$,$$$,$$$,$$9.99
D SUPP BENFITS z,zzz,zz9 $$,$$$,$$$,$$9.99   D SUPP BENFITS z,zzz,zz9 $$,$$$,$$$,$$9.99   PACE CSR ADDON z,zzz,zz9 $$,$$$,$$$,$$9.99
B BAS PRM REDU z,zzz,zz9 $$,$$$,$$$,$$9.99   B BAS PRM REDU z,zzz,zz9 $$,$$$,$$$,$$9.99   COV GAP DISC   z,zzz,zz9 $$,$$$,$$$,$$9.99
A/D MSP REDU   z,zzz,zz9 $$,$$$,$$$,$$9.99   A/D MSP REDU   z,zzz,zz9 $$,$$$,$$$,$$9.99   LIPS           z,zzz,zz9 $$,$$$,$$$,SS9.99
ESRD MSP REDU  z,zzz,zz9 $$,$$$,$$$,$$9.99   ESRD MSP REDU  z,zzz,zz9 $$,$$$,$$$,$$9.99
MEMBERS        z,zzz,zz9 $$,$$$,$$$,$$9.99   MEMBERS        z,zzz,zz9 $$,$$$,$$$,$$9.99   MEMBERS        z,zzz,zz9 $$,$$$,$$$,$$9.99
MONTHS         z,zzz,zz9                     MONTHS         z,zzz,zz9                     MONTHS         z,zzz,zz9
AVERAGE                  $$$$,$$$,$$9.99   AVERAGE                  $$$$,$$$,$$9.99   AVERAGE                  $$$$,$$$,$$9.99
OUT OF AREA    z,zzz,zz9

B PRM REDU - A           $$,$$$,$$$,$$9.99   B PRM REDU - A           $$,$$$,$$$,$$9.99
B PRM REDU - D           $$,$$$,$$$,$$$.99   B PRM REDU - D           $$,$$$,$$$,$$$.99
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                                                                                                    1         1         1         1
         1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123


RUN DATE:yyyymmdd                          MONTHLY MEMBERSHIP SUMMARY REPORT (PAGE 2 OF 2)
PAYMENT MONTH:yyyymm                         PLAN: H9999 PBP(mmm) SEG(nnn) Name-of-Provider-Here
ADJUSTMENT PAYMENTS
ADJ
REA  ADJUSTMENT              NUMBER  MONTHS  MONTHS  MONTHS      -----------------------  ADJUSTMENT  AMOUNT  -----------------------
CDE  DESCRIPTION             OF ADJS    A       B      D               PART A              PART B              PART D              TOTAL
--- -------------------- ------- ------- ------- ------- ----------------- ----------------- ----------------- ------------------
 01 DEATH                zzzzzz9 zzzzzz9 zzzzzz9 zzzzzz9 $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 02 RETRO ENROLL         zzzzzz9 zzzzzz9 zzzzzz9 zzzzzz9 $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 03 RETRO DISENR         zzzzzz9 zzzzzz9 zzzzzz9 zzzzzz9 $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 04 CORR ENROLL          zzzzzz9 zzzzzz9 zzzzzz9 zzzzzz9 $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 05 CORRT DISENR         zzzzzz9 zzzzzz9 zzzzzz9 zzzzzz9 $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 06 CORR PARTA E         zzzzzz9 zzzzzz9 zzzzzz9 zzzzzz9 $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 07 HOSPC                zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 08 ESRD                 zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 09 INSTNHC              zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 10 MCAID                zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 11 RETRO SCC CH         zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 12 CORR DT. OF          zzzzzz9 zzzzzz9 zzzzzz9 zzzzzz9 $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 13 CORR DT. OF          zzzzzz9 zzzzzz9 zzzzzz9 zzzzzz9 $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 14 CORR SEX             zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 18 AAPCC RT FAC         zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 19 CORR PARTB E         zzzzzz9 zzzzzz9 zzzzzz9 zzzzzz9 $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 20 WKAGE                zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 21 INSTNHC              zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 22 DISENROLL PR         zzzzzz9 zzzzzz9 zzzzzz9 zzzzzz9 $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
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ADJUSTMENT PAYMENTS

ADJ REA CDE	ADJUSTMENT DESCRIPTION	NUMBER OF ADJS	MONTHS A	MONTHS B	MONTHS D	ADJUSTMENT AMOUNT PART A	PART B	PART D	TOTAL
01	DEATH	zzzzzz9	zzzzzz9	zzzzzz9	zzzzzz9	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$$,$$$,$$$,$$9.99-
02	RETRO ENROLL	zzzzzz9	zzzzzz9	zzzzzz9	zzzzzz9	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$$,$$$,$$$,$$9.99-
03	RETRO DISENR	zzzzzz9	zzzzzz9	zzzzzz9	zzzzzz9	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$$,$$$,$$$,$$9.99-
04	CORR ENROLL	zzzzzz9	zzzzzz9	zzzzzz9	zzzzzz9	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$$,$$$,$$$,$$9.99-
05	CORRT DISENR	zzzzzz9	zzzzzz9	zzzzzz9	zzzzzz9	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$$,$$$,$$$,$$9.99-
06	CORR PARTA E	zzzzzz9	zzzzzz9	zzzzzz9	zzzzzz9	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$$,$$$,$$$,$$9.99-
07	HOSPC	zzzzzz9	zzzzzz9	zzzzzz9		$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$$,$$$,$$$,$$9.99-
08	ESRD	zzzzzz9	zzzzzz9	zzzzzz9		$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$$,$$$,$$$,$$9.99-
09	INSTNHC	zzzzzz9	zzzzzz9	zzzzzz9		$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$$,$$$,$$$,$$9.99-
10	MCAID	zzzzzz9	zzzzzz9	zzzzzz9		$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$$,$$$,$$$,$$9.99-
11	RETRO SCC CH	zzzzzz9	zzzzzz9	zzzzzz9		$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$$,$$$,$$$,$$9.99-
12	CORR DT. OF	zzzzzz9	zzzzzz9	zzzzzz9	zzzzzz9	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$$,$$$,$$$,$$9.99-
13	CORR DT. OF	zzzzzz9	zzzzzz9	zzzzzz9	zzzzzz9	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$$,$$$,$$$,$$9.99-
14	CORR SEX	zzzzzz9	zzzzzz9	zzzzzz9		$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$$,$$$,$$$,$$9.99-
18	AAPCC RT FAC	zzzzzz9	zzzzzz9	zzzzzz9		$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$$,$$$,$$$,$$9.99-
19	CORR PARTB E	zzzzzz9	zzzzzz9	zzzzzz9	zzzzzz9	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$$,$$$,$$$,$$9.99-
20	WKAGE	zzzzzz9	zzzzzz9	zzzzzz9		$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$$,$$$,$$$,$$9.99-
21	INSTNHC	zzzzzz9	zzzzzz9	zzzzzz9		$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$$,$$$,$$$,$$9.99-
22	DISENROLL PR	zzzzzz9	zzzzzz9	zzzzzz9	zzzzzz9	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$,$$$,$$$,$$9.99-	$$$,$$$,$$$,$$9.99-

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                                                                                                   1         1         1         1
         1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123

 23 DEMO FACTOR         zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 25 PTC RSK ADJF        zzzzzz9 zzzzzz9 zzzzzz9 zzzzzz9 $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 26 RISK ADJ FAC        zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 29 HOSPICE RATE        zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 30 RTRO PTD PM         zzzzzz9                 zzzzzz9                                      $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 31 RTRO PTD LIP        zzzzzz9                 zzzzzz9                                      $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 32 RTRO CST SHR        zzzzzz9                 zzzzzz9                                      $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 33 RTRO EST REI        zzzzzz9                 zzzzzz9                                      $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 34 RTRO PTC PM         zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 35 RTRO REBATE         zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 36 PTD RATE CHG        zzzzzz9 zzzzzz9 zzzzzz9 zzzzzz9 $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 37 PTD RAF CHG         zzzzzz9 zzzzzz9 zzzzzz9 zzzzzz9 $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 38 SEG ID CHG          zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 41 PTD RAF ONGO        zzzzzz9                 zzzzzz9                                      $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 42 RETRO MSP           zzzzzz9 zzzzzz9 zzzzzz9         $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 43 PLN WVD PRM         zzzzzz9                 zzzzzz9                                      $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 44 PYMT CORR           zzzzzz9 zzzzzz9 zzzzzz9 zzzzzz9 $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 50 XRF MRG             zzzzzz9 zzzzzz9 zzzzzz9 zzzzzz9 $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-
 94 CLNUP ADJ           zzzzzz9 zzzzzz9 zzzzzz9 zzzzzz9 $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-

TOTAL ADJUSTMENT        zzzzzz9 zzzzzz9 zzzzzz9 zzzzzz9 $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$,$$$,$$$,$$9.99- $$$,$$$,$$$,$$9.99-



TOTAL ADJUSTMENTS
                   Months A :  zzzzzzz9                       Part A Amount : $$$,$$$,$$$,$$9.99-
                   Months B :  zzzzzzz9                       Part B Amount : $$$,$$$,$$$,$$9.99-
                   Months D :  zzzzzzz9                       Part D Amount : $$$,$$$,$$$,$$9.99-
      Number of Adjustments :  zzzzzzz9                        Total Amount : $$$,$$$,$$$,$$9.99-

TOTAL PYMT AMT A   $$$,$$$,$$$,$$9.99-
```

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TOTAL PYMT AMT B    $$$,$$$,$$$,$$9.99-
TOTAL PYMT AMT D    $$$,$$$,$$$,$$9.99-
SUM TOTAL AMOUNT   $$$$,$$$,$$$,$$9.99-
```

Attachment C

Monthly Membership Detail Report Data File

#	Field Name	Length	Position	Description
1	MCO Contract Number	5	1-5	MCO Contract Number
2	Run Date of the File	8	6-13	YYYYMMDD
3	Payment Date	6	14-19	YYYYMM
4	HIC Number	12	20-31	Member's HIC #
5	Surname	7	32-38	
6	First Initial	1	39-39	
7	Sex	1	40-40	M = Male, F = Female
8	Date of Birth	8	41-48	YYYYMMDD
9	Age Group	4	49-52	BBEE BB = Beginning Age EE = Ending Age
10	State & County Code	5	53-57	
11	Out of Area Indicator	1	58-58	Y = Out of Contract-level service area Always Spaces on Adjustment
12	Part A Entitlement	1	59-59	Y = Entitled to Part A
13	Part B Entitlement	1	60-60	Y = Entitled to Part B
14	Hospice	1	61-61	Y = Hospice
15	ESRD	1	62-62	Y = ESRD
16	Aged/Disabled MSP	1	63-63	'Y' = aged/disabled factor applicable to beneficiary; 'N' = aged/disabled factor not applicable to beneficiary
17	Institutional	1	64-64	Y = Institutional (monthly)
18	NHC	1	65-65	Y = Nursing Home Certifiable
19	New Medicare Beneficiary Medicaid Status Flag	1	66-66	1. Prior to calendar 2008, payments and payment adjustments report as follows: • Y = Medicaid status, • blank = not Medicaid. 2. In calendar 2008, payments and payment adjustments were reported as follows: • Y = Beneficiary is Medicaid and a default risk factor was used, • N = Beneficiary is not Medicaid and a default risk factor was used, • blank = CMS is not using a default risk factor or the beneficiary is Part D only. 3. Beginning in calendar 2009: • Payment adjustments with effective dates in 2008 and after, and all prospective payments report as follows: • Y = Beneficiary is Medicaid and a default risk factor was used, • N = Beneficiary is not Medicaid and a default risk factor was used, • blank = CMS is not using a default risk factor or the beneficiary is Part D only. • Payment adjustments with effective dates in 2007 and earlier report as follows: • Y = A payment adjustment was made at a "Medicaid" rate to the

#	Field Name	Length	Position	Description
				demographic component of a blended payment. • N = A payment adjustment was made to the demographic payment component of a blended payment. The adjustment was not at a "Medicaid" rate. • Blank = Either the adjusted payment had no demographic component, or only the risk portion of a blended payment was adjusted.
20	LTI Flag	1	67-67	Y = Part C Long Term Institutional
21	Medicaid Indicator	1	68-68	When: • A RAS-supplied factor is used in the payment, and • The Part C Default Indicator in the Payment Profile is blank, and • The Medicaid Switch present in the RAS-supplied data that corresponds to the risk factor used in payment is not blank then value is Y = Medicaid Addon (RAS beneficiaries). Otherwise the value is blank.
22	PIP-DCG	2	69-70	PIP-DCG Category - Only on pre-2004 adjustments
23	Default Risk Factor Code	1	71-71	• Prior to 2004, 'Y' indicates a new enrollee risk adjustment (RA) factor was in use. • In the period 2004 through 2008, 'Y' indicates that a default factor was generated by the system due to lack of a RA factor. • For 2009 and after, for payments and payment adjustments and regardless of the effective date of the adjustment, the following applies: '1' = Default Enrollee- Aged/Disabled '2' = Default Enrollee- ESRD dialysis '3' = Default Enrollee- ESRD Transplant Kidney, Month 1 '4' = Default Enrollee- ESRD Transplant Kidney, Months 2-3 '5' = Default Enrollee- ESRD Post Graft, Months 4-9 '6' = Default Enrollee- ESRD Post Graft, 10+Months '7' = Default Enrollee Chronic Care SNP Blank = The beneficiary is not a default enrollee.
24	Risk Adjuster Factor A	7	72-78	NN.DDDD
25	Risk Adjuster Factor B	7	79-85	NN.DDDD
26	Number of Paymt/Adjustmt Months Part A	2	86-87	99
27	Number of Paymt/Adjustmt Months Part B	2	88-89	99
28	Adjustment Reason Code	2	90-91	FORMAT: 99 Always Spaces on Payment and MSA Deposit or Recovery Records

#	Field Name	Length	Position	Description
29	Paymt/Adjustment/MSA Start Date	8	92-99	FORMAT: YYYYMMDD
30	Paymt/Adjustment/MSA End Date	8	100-107	FORMAT: YYYYMMDD
31	Demographic Paymt/Adjustmt Rate A	9	108-116	FORMAT: -99999.99 Prior to 2008, Demographic Paymt/Adjustmt Rate A is displayed. In 2008 and beyond, Demographic Paymt/Adjustmt Rate A is displayed as 0.00.
32	Demographic Paymt/Adjustmt Rate B	9	117-125	FORMAT: -99999.99 Prior to 2008, Demographic Paymt/Adjustmt Rate B is displayed. In 2008 and beyond, Demographic Paymt/Adjustmt Rate B is displayed as 0.00.
33	Monthly Paymt/Adjustmt Amount Rate A	9	126-134	Part A portion for the beneficiary's payment or payment adjustment dollars. For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA monthly deposit amount as a negative term. FORMAT: -99999.99
34	Monthly Paymt/Adjustmt Amount Rate B	9	135-143	Part B portion for the beneficiary's payment or payment adjustment dollars. For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA monthly deposit amount as a negative term. FORMAT: -99999.99
35	LIS Premium Subsidy	8	144-151	FORMAT: -9999.99
36	ESRD MSP Flag	1	152-152	As of January 2011: T = Transplant/Dialysis P = Post Graft Blank = ESRD MSP not applicable Prior to 2011: Format X. Values = 'Y' or 'N'(default) Indicates if Medicare is the Secondary Payer
37	MSA Part A Deposit/Recovery Amount	8	153-160	Medicare Savings Account (MSA) lump sum Part A dollars for deposit/recovery. Deposits are positive values; recoveries are negative. FORMAT: -9999.99
38	MSA Part B Deposit/Recovery Amount	8	161-168	Medicare Savings Account (MSA) lump sum Part B dollars for deposit/recovery. Deposits are positive values; recoveries are negative. FORMAT: -9999.99
39	MSA Deposit/Recovery Months	2	169-170	Number of months associated with MSA deposit or recovery dollars

#	Field Name	Length	Position	Description
40	Current Medicaid Status	1	171-171	Beginning in mid-2008, this field reports the beneficiary's current Medicaid status. (Prior to 11/07, Medicaid status was reported in field #19.) '1' = Beneficiary is determined as Medicaid as of current payment month minus two (CPM –2) or minus one (CPM – 1), '0' = Beneficiary was not determined as Medicaid as of current payment month minus two (CPM – 2) or minus one (CPM – 1), Blank = This is a retroactive transaction and Medicaid status is not reported. The four sources to determine Current Medicaid Status are: 1. MMA State files or Dual Medicare Table 2. Low Income Territory Table 3. Medicaid Eligibility Table (Only valid records with a Medicaid source code of "003U" and "003C" are used.) 4. Point of Sale Table
41	Risk Adjuster Age Group (RAAG)	4	172-175	BBEE BB = Beginning Age EE = Ending Age Beginning in 2011, if the risk adjuster factor is from RAS, the Risk Adjuster Age Group reported is the one used by RAS in calculating the risk factor
42	Previous Disable Ratio (PRDIB)	7	176-182	NN.DDDD Percentage of Year (in months) for Previous Disable Add-On – Only on pre-2004 adjustments
43	De Minimis	1	183-183	Prior to 2008, flag is spaces. Beginning 2008: 'N' = "de minimis" does not apply, 'Y' = "de minimis" applies.
44	Beneficiary Dual and Part D Enrollment Status Flag	1	184-184	'0' - Plan without drug benefit, beneficiary not dual enrolled '1' – Plan with drug benefit, beneficiary not dual enrolled '2' –Plan without drug benefit, beneficiary dual enrolled '3' Plan with drug benefit, beneficiary dual enrolled.
45	Plan Benefit Package Id	3	185-187	Plan Benefit Package Id FORMAT 999
46	Race Code	1	188-188	Format X Values: 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = N. American Native

#	Field Name	Length	Position	Description
47	RA Factor Type Code	2	189-190	Type of factors in use (see Fields 24-25): C = Community C1 = Community Post-Graft I (ESRD) C2 = Community Post-Graft II (ESRD) D = Dialysis (ESRD) E = New Enrollee ED = New Enrollee Dialysis (ESRD) E1 = New Enrollee Post-Graft I (ESRD) E2 = New Enrollee Post-Graft II (ESRD) G1 = Graft I (ESRD) G2 = Graft II (ESRD) I = Institutional I1 = Institutional Post-Graft I (ESRD) I2 = Institutional Post-Graft II (ESRD) SE=New Enrollee Chronic Care SNP
48	Frailty Indicator	1	191-191	Y = MCO-level Frailty Factor Included
49	Original Reason for Entitlement Code (OREC)	1	192-192	0 = Beneficiary insured due to age 1 = Beneficiary insured due to disability 2 = Beneficiary insured due to ESRD 3 = Beneficiary insured due to disability and current ESRD 9=None of the above
50	Lag Indicator	1	193-193	Y = Encounter data used to calculate RA factor lags payment year by 6 months
51	Segment ID	3	194-196	Identification number of the segment of the PBP. Blank if there are no segments.
52	Enrollment Source	1	197	The source of the enrollment. Values are: A = Auto-enrolled by CMS, B = Beneficiary election, C = Facilitated enrollment by CMS, D = Systematic enrollment by CMS (rollover)
53	EGHP Flag	1	198	Employer Group flag; Y = member of employer group, N = member is not in an employer group
54	Part C Basic Premium – Part A Amount	8	199-206	The premium amount for determining the MA payment attributable to Part A. It is subtracted from the MA Plan payment for Plans that bid above the benchmark. -9999.99
55	Part C Basic Premium – Part B Amount	8	207-214	The premium amount for determining the MA payment attributable to Part B. It is subtracted from the MA Plan payment for Plans that bid above the benchmark. -9999.99
56	Rebate for Part A Cost Sharing Reduction	8	215-222	The amount of the rebate allocated to reducing the member's Part A cost-sharing. This amount is added to the MA Plan payment for Plans that bid below the benchmark. -9999.99
57	Rebate for Part B Cost Sharing Reduction	8	223-230	The amount of the rebate allocated to reducing the member's Part B cost-sharing. This amount is added to the MA Plan payment for Plans that bid below the benchmark. -9999.99

#	Field Name	Length	Position	Description
58	Rebate for Other Part A Mandatory Supplemental Benefits	8	231-238	The amount of the rebate allocated to providing Part A supplemental benefits. This amount is added to the MA Plan payment for Plans that bid below the benchmark. -9999.99
59	Rebate for Other Part B Mandatory Supplemental Benefits	8	239-246	The amount of the rebate allocated to providing Part B supplemental benefits. This amount is added to the MA Plan payment for Plans that bid below the benchmark. -9999.99
60	Rebate for Part B Premium Reduction – Part A Amount	8	247-254	The Part A amount of the rebate allocated to reducing the member's Part B premium. This amount is retained by CMS for non ESRD members and it is subtracted from ESRD member's payments. -9999.99
61	Rebate for Part B Premium Reduction – Part B Amount	8	255-262	The Part B amount of the rebate allocated to reducing the member's Part B premium. This amount is retained by CMS for non ESRD members and it is subtracted from ESRD member's payments. -9999.99
62	Rebate for Part D Supplemental Benefits – Part A Amount	8	263–270	Part A Amount of the rebate allocated to providing Part D supplemental benefits. -9999.99
63	Rebate for Part D Supplemental Benefits – Part B Amount	8	271–278	Part B Amount of the rebate allocated to providing Part D supplemental benefits. -9999.99
64	Total Part A MA Payment	10	279–288	The total Part A MA payment. -999999.99
65	Total Part B MA Payment	10	289–298	The total Part B MA payment. -999999.99
66	Total MA Payment Amount	11	299-309	The total MA A/B payment including MMA adjustments. This also includes the Rebate Amount for Part D Supplemental Benefits -9999999.99
67	Part D RA Factor	7	310-316	The member's Part D risk adjustment factor. NN.DDDD
68	Part D Low-Income Indicator	1	317	From 2006 through 2010, an indicator to identify if the Part D Low-Income multiplier is included in the Part D payment. Values are 1 (subset 1), 2 (subset 2) or blank. Beginning 2011, value 'Y' indicates the beneficiary is Low Income, value 'N' indicates the beneficiary is not Low Income for the payment/adjustment being made.
69	Part D Low-Income Multiplier	7	318-324	The member's Part D low-income multiplier. NN.DDDD For payment months 2011 and beyond, this field is zero.
70	Part D Long Term Institutional Indicator	1	325	From 2006 through 2010, an indicator to identify if the Part D Long-Term Institutional multiplier is included in the Part D payment. Values are A (aged), D (disabled) or blank. For payment months 2011 and beyond, this field is blank.
71	Part D Long Term Institutional Multiplier	7	326-332	The member's Part D institutional multiplier. NN.DDDD For payment months 2011 and beyond, this field is zero.

#	Field Name	Length	Position	Description
72	Rebate for Part D Basic Premium Reduction	8	333-340	Amount of the rebate allocated to reducing the member's basic Part D premium. -9999.99
73	Part D Basic Premium Amount	8	341-348	The Plan's Part D premium amount. -9999.99
74	Part D Direct Subsidy Monthly Payment Amount	10	349-358	The total Part D Direct subsidy payment for the member. When POS contract (X is first character of contract number), then it is total POS Direct Subsidy for the member. -999999.99
75	Reinsurance Subsidy Amount	10	359-368	The amount of the reinsurance subsidy included in the payment. -999999.99
76	Low-Income Subsidy Cost-Sharing Amount	10	369-378	The amount of the low-income subsidy cost-sharing amount included in the payment. -999999.99
77	Total Part D Payment	11	379-389	The total Part D payment for the member -9999999.99
78	Number of Paymt/Adjustmt Months Part D	2	390-391	99
79	PACE Premium Add On	10	392-401	Total Part D Pace Premium Addon amount -999999.99
80	PACE Cost Sharing Addon	10	402-411	Total Part D Pace Cost Sharing Addon amount -999999.99
81	Part C Frailty Score Factor	7	412-418	Beneficiary's Part C frailty score factor, NN.DDDD; otherwise, spaces
82	MSP Factor	7	419-425	Beneficiary's MSP secondary payor reduction factor, NN.DDDD; otherwise, spaces
83	MSP Reduction/Reduction Adjustment Amount – Part A	10	426-435	Net MSP reduction or reduction adjustment dollar amount– Part A, SSSSSS9.99
84	MSP Reduction/Reduction Adjustment Amount – Part B	10	436-445	Net MSP reduction or reduction adjustment dollar amount – Part B, SSSSSS9.99

#	Field Name	Length	Position	Description
85	Medicaid Dual Status Code	2	446-447	Entitlement status for the dual eligible beneficiary. The valid values when Field 40 = 1 are: 01 = Eligible is entitled to Medicare- QMB only 02 = Eligible is entitled to Medicare- QMB AND Medicaid coverage 03 = Eligible is entitled to Medicare- SLMB only 04 = Eligible is entitled to Medicare- SLMB AND Medicaid coverage 05 = Eligible is entitled to Medicare- QDWI 06 = Eligible is entitled to Medicare- Qualifying individuals 08 = Eligible is entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB,QDWI or QI) with Medicaid coverage 09 = Eligible is entitled to Medicare – Other Dual Eligibles but without Medicaid coverage 99=Unknown The valid value when Field 40 = 0 is: 00 = No Medicaid Status The valid value when Field 40 is blank is: Blank
86	Part D Coverage Gap Discount Amount	8	448-455	The amount of the Coverage Gap Discount Amount included in the payment. -9999.99
87	Part D RA Factor Type	2	456-457	Beginning with January 2011 payment, type of factors in use (see Field 67): D1 = Community Non-Low Income Continuing Enrollee, D2 = Community Low Income Continuing Enrollee, D3 = Institutional Continuing Enrollee, D4 = New Enrollee Community Non-Low Income Non-ESRD, D5 = New Enrollee Community Non-Low Income ESRD, D6 = New Enrollee Community Low Income Non-ESRD, D7 = New Enrollee Community Low Income ESRD, D8 = New Enrollee Institutional Non-ESRD, D9 = New Enrollee Institutional ESRD, Blank when it does not apply.

#	Field Name	Length	Position	Description
88	Default Part D Risk Factor Code	1	458	Beginning with January 2011 payment : 1=Not ESRD, Not Low Income, Not Originally Disabled, 2=Not ESRD, Not Low Income, Originally Disabled, 3=Not ESRD, Low Income, Not Originally Disabled, 4=Not ESRD, Low Income, Originally Disabled, 5= ESRD, Not Low Income, Not Originally Disabled, 6= ESRD, Low Income, Not Originally Disabled, 7= ESRD, Not Low Income, Originally Disabled, 8= ESRD, Low Income, Originally Disabled, Blank when it does not apply.
89	Part A Monthly Payment Rate	9	459-467	Effective Part A Monthly Payment Rate Format: -99999.99
90	Part B Monthly Payment Rate	9	468-476	Effective Part B Monthly Payment Rate Format: -99999.99
91	Part D Monthly Payment Rate	9	477-485	Effective Part D Monthly Payment Rate Format: -99999.99
92	Cleanup ID	10	486-495	Cleanup Identifier, a reference linking to further documentation about a specific cleanup.

Attachment D

Daily Transaction Reply Report Data File Layout

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 Indicator	1	55	'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. Transaction Reply Code	3	57 – 59	Transaction Reply Code, see TRC list for values
16. Transaction Type Code	2	60 – 61	Transaction Type Code
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
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 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,

Field	Size	Position	Description
			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.
19. Working Aged	1	71	'1' = Working Aged; '0' = No Working Aged,; 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;
23. UI Initiated Change Flag	1	84	'1' = transaction created through user interface; '0' = transaction from source other than user interface; Space = not applicable.
24. Positions 85 – 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for all codes except where indicated below.			
a. Effective Date of the Disenrollment	8	85 – 92	YYYYMMDD Format;
b. New Enrollment Effective Date	8	85 – 92	YYYYMMDD Format
c. Claim Number (old)	12	85 – 96	
d. Date of Death	8	85 – 92	YYYYMMDD Format;
e. Hospice Start Date	8	85 – 92	YYYYMMDD Format;
f. Hospice End Date	8	85 – 92	YYYYMMDD Format;
g. ESRD Start Date	8	85 – 92	YYYYMMDD Format;
h. ESRD End Date	8	85 – 92	YYYYMMDD Format;
i. Institutional/ NHC Start Date	8	85 – 92	YYYYMMDD Format;
j. Medicaid Start Date	8	85 – 92	YYYYMMDD Format;
k. Medicaid End Date	8	85 – 92	YYYYMMDD Format
l. Part A End Date	8	85 – 92	YYYYMMDD Format;
m. WA Start Date	8	85 – 92	YYYYMMDD Format;
n. WA End Date	8	85 – 92	YYYYMMDD Format;
o. Part A Reinstate Date	8	85 – 92	YYYYMMDD Format
p. Part B End Date	8	85 – 92	YYYYMMDD Format;
q. Part B Reinstate Date	8	85 – 92	YYYYMMDD Format;
r. Old State and County Codes	5	85 – 89	Beneficiary's prior state and county code;
s. Attempted Enroll Effective Date	8	85 - 92	The effective date of an enrollment transaction that was submitted but rejected.
t. PBP Effective Date	8	85 – 92	YYYYMMDD Format.

Field	Size	Position	Description
u. Correct Part D Premium Rate	12	85 – 96	ZZZZZZZZ9.99 Format; Part D premium amount reported by HPMS for the Plan.
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.
x. Date of Death Removed	8	85 – 92	YYYYMMDD Format;
y. Dialysis End Date	8	85 - 92	YYYYMMDD Format;
z. Transplant Fail Date	8	85-92	YYYYMMDD Format;
aa. New ZIP Code	10	85 - 94	#####-#### Format;
25. District Office Code	3	97 – 99	Code of the originating district office;
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 = Plan Benefit Package (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 when transaction is a PBP change; 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.
35. Part D Beneficiary Premium	8	146 – 153	Cost to beneficiary for Part D benefits; otherwise, spaces if not applicable.

Field	Size	Position	Description
36. Election Type	1	154	'A' = AEP; 'D' = MADP; 'E' = IEP; 'F' = IEP2; '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, D. E, F, N, O, R, S, T, U, V, W, X, Y. PDPs use A, E, F, 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 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); Space = not applicable.
38. Part D Opt-Out Flag	1	156	'Y' = Opt-out of auto-enrollment; 'N' = Not opted out of auto-enrollment; 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	3	158 – 160	Count of Total Months without drug coverage; otherwise, spaces if not applicable.
41. Creditable Coverage Flag	1	161	'Y' = Member has creditable coverage; 'N' = Member does not have creditable coverage; '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, Format: HH.MM.SS.SSSSSS
44. Filler	20	178 – 197	Spaces

Field	Size	Position	Description
45. Secondary Drug Insurance Flag	1	198	Type 61 MA-PD and PDP transactions: 'Y' = Beneficiary has secondary drug insurance; 'N' = Beneficiary does not have secondary drug insurance available; Space = No flag submitted by Plan. Type 72 MA-PD and PDP transactions: 'Y' = Secondary drug insurance available 'N' = No secondary drug insurance available Space = no change. Space returned with any other transaction type has no meaning.
46. 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 type.
47. 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 type.
48. EGHP	1	234	Type 61 transactions: 'Y' = EGHP; Space = not EGHP. Type 74 transactions: 'Y' = EGHP; 'N' = Not EGHP; Space = no change. Space reported with any other transaction type has no meaning.
49. Part D Low-Income Premium Subsidy Level	3	235 – 237	Part D low-income premium subsidy 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 Amount	8	247 - 254	Calculated Part D late enrollment penalty, not including adjustments indicated by items (53) and (54). Format: -9999.99; otherwise, spaces if not applicable.

Field	Size	Position	Description
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Amount of Part D late enrollment penalty waived. Format: -9999.99; otherwise, spaces if not applicable.
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Amount of Part D late enrollment penalty low-income subsidy. Format: -9999.99; otherwise, spaces if not applicable.
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 (61 or 72); otherwise, spaces for any other transaction type.
57. 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.
58. 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 type.
59. 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 type.
60. 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 type.
61. 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 type.
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. Filler	1	354	Spaces
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. FORMAT: YYYYMMDD; otherwise, spaces if not applicable.
65. Low Income Subsidy 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.
67. Application Date Indicator	1	365	Indentifies 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. Filler	94	381 - 474	Spaces

Field	Size	Position	Description
70. System Assigned Transaction Tracking ID	11	475 - 485	System assigned transaction tracking ID.
71. Plan Assigned Transaction Tracking ID	15	486 - 500	Plan submitted batch input transaction tracking ID.

TRC 104 Description

Code	Type	Title	Short Definition	Definition
104	R	Rejected; Invalid or Missing Election Type	BAD ELECT TYPE	An enrollment (TC 61) or disenrollment (TC 51) rejects because the submitted Election Type is missing, contains an invalid value, or is inappropriate for the Plan or for the transaction type. The valid Election Type values are: A - Annual Election Period (AEP) D - MA Annual Disenrollment Period (MADP) E - Initial Enrollment Period for Part D (IEP) F - Second Initial Enrollment Period for Part D (IEP2) I - Initial Coverage Election Period (ICEP) O - Open Enrollment Period (OEP) (Valid through 3/31/2010) N - Open Enrollment for Newly Eligible Individuals (OEPNEW) (Valid through 12/31/2010) T - Open Enrollment Period for Institutionalized Individuals (OEPI) **Special Enrollment Periods** R - SEP for enrollment into a 5-Star Plan U - SEP for Loss of Dual Eligibility or for Loss of LIS V - SEP for Changes in Residence W - SEP EGHP (Employer/Union Group Health Plan) Y - SEP for CMS Casework Exceptional Conditions X - SEP for Administrative Change • *Plan Submitted "Rollover"* • *Involuntary Disenrollment* • *Premium Payment Option Change* • *Plan-submitted "Canceling" Transaction* Z - SEP for: • Auto-Enrollment (Enrollment Source Code = A) • Facilitated Enrollment (Enrollment Source Code = C) • Plan-Submitted Auto-Enrollment (Enrollment Source Code = E) and Transaction Type 61 (PBP Change) and MA or Cost Plan (must meet all conditions) • POS Enrollment (Enrollment Source Code = G) **S - SEP** The value expected in Election Type depends on the Plan and transaction type, as well as when the beneficiary gains entitlement. Plans may only use Each Election Type Code only during the election period associated with that election type. Additionally, there are limits on the number of times the beneficiary may use each election type. **Plan Action:** Review the detailed information on Election Periods in *Chapter 2 of the Medicare Managed Care Manual* or the *PDP Guidance on Eligibility, Enrollment and Disenrollment*. Determine the appropriate Election Type value and resubmit, if appropriate.

Attachment F

TRC 305 Description

Code	Type	Title	Short Definition	Definition
TRC 305	M	ZIP Code Change	ZIP CODE CHANGE	A notification is received that this beneficiary's zip code changed. The new zip code is reported in field 24 of the TRR. The effective date of the change is reported in field 18. TRC 085 may accompany this TRC if the SCC also changes and/or TRC 154 may accompany this TRC if the change puts the beneficiary out of the Plan's service area. *Note: A reply with this TRC only reports changes in the address the beneficiary has on file with SSA/CMS. It does not report changes in a Plan-submitted Residence Address.* **Plan Action:** Update the Plan's beneficiary records with the information in the TRR. Take the appropriate actions as per CMS enrollment guidance