CENTERS FOR MEDICARE AND MEDICAID SERVICES

Center for Beneficiary Choices

Medicare Advantage and Prescription Drug Plan Communications User's Guide Version 1.5 Appendices

(August 31, 2006)

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Change Track Log
August 31, 2006 Updates

Section	Changes
Global Changes	Changed the version number from 1.4 to 1.5 Changed the date to August 31, 2006
Appendix A	Added acronyms Definition for "Election Period" was modified to state that annual election period ends on December 31st of each year
Appendix B	Changed contact information for the Denver region from Luigi Distefano to Francine Jordan; Changed contact information for the San Francisco region to Kim Miegel and Terry Williams
Appendix C	No change
Appendix D	No change
Appendix E	Added short descriptive paragraphs to several of the data file sections Section E.15, p. E–95:updated existing and added new information in the table Section E.20: added note regarding how the NoRx File contains the same format as the 4Rx Notification file
Appendix F	P. F-1 and F-2: fixed page number references
Appendix H	P. H-18: modified title and definition for TR 114 P. H-26: modified short definition for TR 181 and 182; deleted TRs 997, 998 & 999
Appendix I	Replaced report sample for Section I.13, Transaction Replies Weekly/Monthly Activity Report Added Section I.15, Batch Completion Status Summary
Appendix J	No change
Appendix K	No change
Appendix L	No change
Appendix M	No change

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A: Glossary and List of Abbreviations and Acronyms

Glossary

Term	Definition
Abend	In mainframe computing, an abnormal job termination (abnormal end).
Account Number	A number obtained from your Resource Access Control Facility (RACF) or system administrator.
Adjustment Reason Codes	Code given to explain adjustments on Plan Membership Reports
Batch Processing	An automated systems approach to processing in which data items to be processed must be grouped.
Beneficiary Identification Code (BIC)	That portion of the Medicare health insurance claim number that identifies a specific beneficiary.
Benefit Stabilization Fund	Established by CMS upon request of an HMO or CMP when it is required to provide its Medicare enrollees with additional benefits, in order to prevent excessive fluctuation in the provision of those benefits in subsequent contract periods.
Button	A rectangular icon on a screen. When the button is clicked, an action is taken. The button is labeled with word(s) that describe the action, such as Find or Update.
Checkbox	A field on a screen that is part of a group of options, any number of which may be selected. Each checkbox is represented with a small box, where 'x' means "on" and an empty box means "off." When a checkbox is clicked, an 'x' appears in the box. When the checkbox is clicked again, the 'x' is removed.
Concatenation	The process of combining files, especially those being uploaded or downloaded with one transmission.
Connect:Direct	Proprietary software that transfers files between systems.
Correction	A record submitted by a Plan or CMS office to correct or update existing data concerning a beneficiary.
Cost	A type of contract under which a Plan is reimbursed by CMS for its reasonable costs.
Data entry field	A field on a screen that requires the user to type in information.
Disenrollment	A record submitted by a Plan, SSA DO, MCSC, or CMS when a beneficiary discontinues membership in the Plan.
Dropdown list	A field on a screen that contains a list of values from which you can choose. Click on the down arrow on the right of the field to see the list of values, and then click on a value to select it.

Term	Definition
Election period	Time when an eligible person may choose to join or leave the original Plan. There are four types of election periods in which beneficiaries may join and leave Plans: Annual Election Period, Initial Coverage Election Period, Special Election Period, and Open Enrollment Period. • Annual Election Period: The Annual Election Period ends on December 31st of each year. Medicare health plans enroll eligible beneficiaries into available Plans during the month of November each year. Starting in 2002, this is the only time in which all Plans will be open and accepting new members. • Initial Coverage Election Period: The 3 months immediately before beneficiaries are entitled to Medicare Part A and enrolled in Part B. If beneficiaries choose to join a Plan during the Initial Coverage Election Period, the Plan must accept the beneficiary. The only time a Plan can deny enrollment during this period is when it has reached its member limit. This limit is approved by the Centers for Medicare & Medicaid Services. The Initial Coverage Election Period is different from the Initial Enrollment Period (IEP). • Special Election Period: You are given a Special Election Period to change Plans or to return to Original Medicare in certain situations, which include: Beneficiary makes a permanent move outside the service area, the Plan breaks its contract with the beneficiary or does not renew its contract with CMS; or other exceptional conditions determined by CMS. The Special Election Period is different from the Special Enrollment Period (SEP). • Open Enrollment Period: If the Plan is open and accepting new members, beneficiaries may join or enroll in it. If a Plan chooses to be open, it must allow all eligible beneficiaries to join or enroll. NOTE: For changes and updates on election periods, refer to the Medicare Managed Care Manual, Chapter 2 – Medicare Advantage Enrollment and Disenrollment.
Enrollment	A record submitted when a beneficiary joins an MCO.
Exception	A transaction that was not processed because it contains errors or internal inconsistencies.
Gentran	A server, which provides Electronic Data Interchange (EDI) capabilities to CMS. Gentran supports the transfer of files to and from CMS with CMS business partners.
Group Health Plan	A historic term for "managed care organization."
Group Health Plan System	The CMS legacy computer system that records managed care information for Medicare beneficiaries.
Hospice	A health facility for the terminally ill.
Logoff	The method of exiting an online system.
Logon	The method for gaining entry to an online system.
Lookup field	A field on a screen for which a list of possible values is provided. Click on the "binocular" button next to the field, and a window will pop up with a list of values for that field. Click on one of those values, and the pop-up window will close and the field will be filled in with the value that you chose.

Term	Definition
Medicaid	A jointly funded, federal-state health insurance program for certain low-income and needy people. It covers approximately 36 million individuals including children, the aged, blind, and/or disabled, and people who are eligible to receive federally assisted income maintenance payments.
Medicare+Choice (M+C) (now known as Medicare Advantage)	See Medicare Advantage
Medicare Advantage (formerly known as Medicare+Choice)	A type of contract under which a payment is received from CMS for each member, based on demographic characteristics and health status (also referred to as Risk). In a Risk or M+C contract, the MCO accepts the risk if the payment does not cover the cost of services (but keeps the difference if the payment is greater than the cost of services). Risk is managed by having a membership where the high cost for very sick members can be balanced by the lower cost for a larger number of relatively healthy members.
Menu	A horizontal list of items at the top of a screen. Clicking on a menu item will display a screen and possibly display a submenu of items corresponding to the selected menu item.
Medicare Managed Care System	The system that replaced Group Health Plan system.
Network Data Mover	Software used for transmitting and receiving data (replaced by Connect:Direct).
MicroStrategy	A tool used for generating and viewing standard and ad hoc reports.
Nursing Home Certifiable	A code that reflects the relative frailty of an individual. Beneficiaries who are NHC are those whose condition would ordinarily require them to be cared for in a nursing home. Only acceptable for certain demonstration social health maintenance organization (SHMO)-type plans.
Off-cycle	A retroactive transaction waiting for approval from CMS. A retroactive transaction needs CMS approval because its effective date is too far in the past to be accepted automatically.
Online	An automated systems approach to processing that processes data in an interactive manner, normally though computer input.
Orbiting	When a transaction is submitted for a beneficiary that could not be found in the MBD or the beneficiary does not have the entitlement needed for the contract, the transaction will be periodically retried until (1) the beneficiary is found because the MBD has been updated or (2) the number of days specified in the system configuration parameter has passed. **This does not occur in Medicare Advantage Prescription Drug (MARx) System.**
Program for All Inclusive Care for the Elderly (PACE) Plans	The PACE program is a unique capitated managed care benefit for the frail elderly provided by a not-for-profit or public entity that features a comprehensive medical and social service delivery system. It uses a multidisciplinary team approach in an adult day health center supplemented by in-home and referral service in accordance with participants' needs.
Payment Month	The month and year in which payments are made to MCOs.

Term	Definition
Radio button	A field on a screen that is part of a group of options, of which only one may be selected. A radio button is represented with a small circle, where a circle that is filled in means the button is selected, and an empty circle means it is not selected. Clicking a radio button will select that option and deselect the existing selection.
Reply Codes	Codes used to explain what action the system took in response to new information from CMS systems or in response to input from MCOs, CMS, or other users.
Required field	A field on a screen that must be filled in before a button is clicked to take some action. If the button is clicked and the field is not filled in, an error message is displayed and the action is not carried out. There are two types of required fields: • Always required. These are marked with an asterisk (*) • Conditionally required, that is, at least one or only one of the conditionally required fields must be filled in. These are marked with a plus sign (+)
Risk	A type of contract under which beneficiaries are "locked in" to network providers and a payment is received from CMS for each member, based on demographic characteristics and health status (also referred to as M+C). In a Risk or M+C contract, the MCO accepts the risk if the payment does not cover the cost of services (but keeps the difference if the payment is greater than the cost of services). Risk is managed by having a membership where the high costs for very sick members can be balanced by the lower costs for a larger number of relatively healthy members.
Special Needs	Needs of beneficiaries who are institutionalized, Medicaid-eligible, or who have severe or disabling chronic conditions.
Submenu	A horizontal list of items below the screen's menu. The items on the menu are specific to the selected menu item. Clicking on a submenu item will display a screen.
Transaction Reply Codes	See Reply Codes.
User ID	Valid user identification code for accessing the CMS Data Center and the Medicare Data Communications Network.
User Interface	The screens, forms, and menus that are displayed to a user logged on to an automated system.

List of Abbreviations and Acronyms

AAPCC	Adjusted Average Per Capita Cost (now called M+C rates)
AEP	Annual Enrollment Period
APPS	Automated Plan Payment System
BBA	Balanced Budget Act of 1997
BCSS	Batch Completion Status Summary
BEQ	Beneficiary Eligibility Query
BIC	Beneficiary Identification Code
BIPA	Benefits Improvement & Protection Act of 2000
BPT	Bid Pricing Tool
BSF	Benefit Stabilization Fund
CAN	Claim Account Number
CBC	Center for Beneficiary Choices
CCB	Change Control Board
C:D	Connect:Direct
CHF	Congestive Heart Failure
CMS	Centers for Medicare & Medicaid Services
CO	Central Office
COB	Close of Business
COB	Coordination of Benefits
CPM	Current Payment Month
CUI	Common User Interface
CWF	Common Working File database. CMS' beneficiary information database
DCG	Diagnostic Cost Group
DO	District Office
DOB	Date of Birth
DOD	Date of Death
DSN	Data Set Name
ECRS	Electronic Correspondence Referral System
EDB	Enrollment Database
EGHP	Employer Group Health Plan
ERC	Error Return Codes
ESRD	End Stage Renal Disease
FERAS	Front End Risk Adjustment System
FFS	Fee-For-Service

FTR	Failed Transaction Report
GHP	Group Health Plan
GROUCH	GHP Report Output User Communication Help System
Guide	Medicare Advantage and Prescription Drug System Plan Communication User's Guide
HCC	Hierarchical Condition Code
HCFA	Health Care Financing Administration (renamed to CMS)
HIC	Health Insurance Claim
HICN	Health Insurance Claim Number
HMO	Health Maintenance Organization
HPMS	Health Plan Management System
HTML	Hypertext Markup Language
HTTPS	Hypertext Transfer Protocol Secure
IACS	Individuals Authorized Access to CMS Computer Services
ICEP	Initial Coverage Election Period
ID	Identification
IEP	Initial Enrollment Period
IRC	Information Request Code
IT	Information Technology
LEP	Late Enrollment Penalty
LIS	Low Income Subsidy
M+C	Medicare+Choice (now known as MA)
M+CO	Medicare+Choice Organization
MA	Medicare Advantage (formerly known as M+C)
MA BSF	Medicare Advantage Benefit Stabilization Fund
MA-PD	Medicare Advantage – Prescription Drug
MARx	Medicare Advantage and Prescription Drug System
MBD	Medicare Beneficiary Database
MCO	Managed Care Organization
MCSC	Medicare Customer Service Center (1-800-MEDICARE)
MMA	Medicare Modernization Act
MMCS	Medicare Managed Care System
MMR	Monthly Membership Report
MMRD	Monthly Membership Detailed Report
MMSR	Monthly Membership Summary Report
MSP	Medicare Secondary Payer

NDM	Network Data Mover
NHC	Nursing Home Certifiable
OEP	Open Enrollment Period
OEPI	Open Enrollment Period for Institutionalized Individuals
OEPNEW	Open Enrollment Period for Newly Eligible Individuals
OMB	Office of Management and Budget
OPM	Office of Personnel Management
PACE	Program of All-Inclusive Care for the Elderly
PBO	Payment Bill Option
PBP	Plan Benefit Package
PDE	Prescription Drug Event
PDP	Prescription Drug Plan
PICS	Plan Information and Control System
PIP-DCG	Principal Inpatient Diagnostic Cost Group
PWS	Payment Withhold System
RACF	Resource Access Control Facility
RAS	Risk Adjustment System
RO	CMS Regional Office
RRB	Railroad Retirement Board
RTG	Return to Government
SCC	State and County Code
SEP	Special Election Period
SFTP	Secure Shell File Transfer Protocol
SHMO	Social Health Maintenance Organization
SNP	Special Needs Plan
SSA	Social Security Administration
SSA DO	Social Security Administration District Office
SSAFO	Social Security Administration Field Office
TPA	Third Party Administrator
TRR	Transaction Reply Report
TSO	Time Sharing Option
UI	User Interface
URL	Universal Resource Locator (worldwide web address)
USPCC	United States Per Capita Cost

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B: CMS Central Office Contact Information

If you have any questions on **policy information** contained in this guide, please contact your CMS Central Office Health Insurance Specialist assigned to your regional area.

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C: Monthly Schedule

The 2006 Plan MARx Monthly Schedule provides dates for the following:

- Plan Data Due
- MARx Down Days
- Availability of Monthly Reports
- Certification of Enrollment Reports
- Payments due to Plans
- Holidays

NOTE: The Weekly Transaction Reply Report (TRR), when available will be distributed on Saturdays. This report is not indicated on this schedule because it is a weekly report.

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YEAR 2006 PLAN MARx MONTHLY SCHEDULE

S	M	T	W	T	F	SA
JANUARY						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

S	M	T	W	T	F	SA
FEBRUARY						
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S	M	T	W	T	F	SA
MARCH						
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S	M	T	W	T	F	SA
APRIL						1
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MAY						
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S	M	T	W	T	F	SA
JUNE						
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18	19	20	21	22	23	24
25	26	27	28	29	30	

JANUARY 2006

2 New Year's Day (Observed)
3 JANUARY Payment Due Plan
9 Certification of Enrollment for November 25, 2005 report
13 PLAN DATA DUE
16 MARx DOWN DAY
16 Martin Luther King, Jr. (Holiday)
17 MARx DOWN DAY
18 MARx DOWN DAY
25 MONTHLY REPORTS AVAILABLE

FEBRUARY 2006

1 FEBRUARY Payment Due Plan
6 Certification of Enrollment for December 22, 2005 report
10 PLAN DATA DUE
13 MARx DOWN DAY
14 MARx DOWN DAY
15 MARx DOWN DAY
20 President's Birthday (Observed)
23 MONTHLY REPORTS AVAILABLE
MMR List for Working Aged Survey 2007 Pmt.

MARCH 2006

1 MARCH Payment Due Plan
13 Certification of Enrollment for January 25, 2006 Report
16 PLAN DATA DUE
17 MARx DOWN DAY
20 MARx DOWN DAY
21 MARx DOWN DAY
27 MONTHLY REPORTS AVAILABLE
31 APRIL Payment Due Plan

APRIL 2006

10 Certification of Enrollment for February 23, 2006 report
13 PLAN DATA DUE
14 MARx DOWN DAY
17 MARx DOWN DAY
18 MARx DOWN DAY
24 MONTHLY REPORTS AVAILABLE

S	M	T	W	T	F	SA
JULY						1
2	3	4	5	6	7	8
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AUGUST						
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S	M	T	W	T	F	SA
SEPTEMBER						
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OCTOBER						
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S	M	T	W	T	F	SA
NOVEMBER						
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26	27	28	29	30		

S	M	T	W	T	F	SA
DECEMBER					1	2
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24	25	26	27	28	29	30
31						

YEAR 2006 PLAN MARx MONTHLY SCHEDULE

S	M	T	W	T	F	SA
JANUARY						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
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S	M	T	W	T	F	SA
FEBRUARY						
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S	M	T	W	T	F	SA
MARCH						
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S	M	T	W	T	F	SA
APRIL						1
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S	M	T	W	T	F	SA
MAY						
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S	M	T	W	T	F	SA
JUNE						
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MAY 2006

1 MAY Payment Due Plan
11 Certification of Enrollment for March 27, 2006 report
16 PLAN DATA DUE
17 MARx DOWN DAY
18 MARx DOWN DAY
25 MONTHLY REPORTS AVAILABLE
29 Memorial Day (Observed)

JUNE 2006

1 JUNE Payment Due Plan
8 Certification of Enrollment for April 24, 2006 report
13 PLAN DATA DUE
14 MARx DOWN DAY
15 MARx DOWN DAY
16 MARx DOWN DAY
26 MONTHLY REPORTS AVAILABLE
30 JULY Payment Due Plan

Note: Mid Year Risk Adjuster Factor Update

JULY 2006

4 Independence Day (Holiday)
6 Certification of Enrollment for May 24, 2006 report
13 PLAN DATA DUE
14 MARx DOWN DAY
17 MARx DOWN DAY
18 MARx DOWN DAY
24 MONTHLY REPORTS AVAILABLE

AUGUST 2006

1 AUGUST Payment Due Plan
10 Certification of Enrollment for June 26, 2006 report
11 MARX DOWN DAY (Factor Update)
16 PLAN DATA DUE
17 MARx DOWN DAY
18 MARx DOWN DAY
21 MARx DOWN DAY
25 MONTHLY REPORTS AVAILABLE

S	M	T	W	T	F	SA
JULY						1
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S	M	T	W	T	F	SA
AUGUST						
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SEPTEMBER						
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OCTOBER						
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S	M	T	W	T	F	SA
NOVEMBER						
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S	M	T	W	T	F	SA
DECEMBER					1	2
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24	25	26	27	28	29	30
31						

YEAR 2006 PLAN MARx MONTHLY SCHEDULE

S	M	T	W	T	F	SA
JANUARY						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

S	M	T	W	T	F	SA
FEBRUARY						
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

S	M	T	W	T	F	SA
MARCH						
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

S	M	T	W	T	F	SA
APRIL						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

S	M	T	W	T	F	SA
MAY						
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

S	M	T	W	T	F	SA
JUNE						
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

SEPTEMBER 2006

1 SEPTEMBER Payment Due Plan
4 Labor Day (Holiday)
7 Certification of Enrollment for July 24, 2006 report
14 PLAN DATA DUE
15 Working Aged Survey Results and Non-Respondent List Due (2007 Payment)

15 MARx DOWN DAY

18 MARx DOWN DAY

19 MARx DOWN DAY

25 MONTHLY REPORTS AVAILABLE

OCTOBER 2006

2 OCTOBER Payment Due Plan (1997 Balanced Budget Act-BBA)
9 Columbus Day (Observed)
10 Certification of Enrollment for August 25, 2006 report
17 PLAN DATA DUE

18 MARx DOWN DAY

19 MARx DOWN DAY

20 MARx DOWN DAY
26 MONTHLY REPORTS AVAILABLE

NOVEMBER 2006

1 NOVEMBER Payment Due Plan
6 Certification of Enrollment for Sept. 22, 2006 report
8 PLAN DATA DUE
15 Annual Election Period Begins

10 Veteran's Day (Holiday)
16 MARx DOWN DAY

17 MARx DOWN DAY
23 Thanksgiving Day (Holiday)

28 MONTHLY REPORTS AVAILABLE

DECEMBER 2006

1 DECEMBER Payment Due Plan
8 PLAN DATA DUE
11 Certification of Enrollment for October 26, 2006 report

11 MARx DOWN DAY
12 MARx DOWN DAY
13 MARx DOWN DAY
14 MARx DOWN DAY
15 MARx DOWN DAY
18 MARx DOWN DAY

22 MONTHLY REPORTS AVAILABLE
25 Christmas Day (Holiday)
31 Annual Election Period Ends
January 2- JANUARY 2007 Payment Due Plan

S	M	T	W	T	F	SA
JULY						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

S	M	T	W	T	F	SA
AUGUST						
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

S	M	T	W	T	F	SA
SEPTEMBER						
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

S	M	T	W	T	F	SA
OCTOBER						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

S	M	T	W	T	F	SA
NOVEMBER						
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

S	M	T	W	T	F	SA
DECEMBER					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

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D: Enrollment Data Transmission Schedule

The following is a recommendation for the best time to transmit your data:

1. Monday through Friday - 24 hours

   Data **WILL** be received for monthly processing.

2. Saturday, Sunday and MARx down days.

   Data **WILL BE RECEIVED AND HELD** for monthly processing.

   Refer to the Plan MARx Monthly Schedule. (Refer to Appendix C).

4. Enrollment Data Cutoff Day - **Data is due by 6:00 p.m.,** EST.

   Plans may transmit enrollment data up to 6:00 p.m., EST.

   Please refer to Appendix C for the Plan MARx Monthly Schedule. This section lists cutoff dates for each month.

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E: Record Layouts

This appendix provides record layouts for data files exchanged with Plans. Field lengths, formats and descriptions are included along with expected values where applicable. Table E below lists the names of all the layouts and on which page of this appendix (E) they can be found. Appendix J identifies the naming conventions of for all files exchanged between CMS and the Plans.

Table E - Record Layouts Lookup Table

Section	Name	Page
E.1	820 Format Payment Advice Data File	E-3
E.2	Part D Auto and Facilitated Enrollment Address Data File	E-9
E.3	Batch Completion Status Summary Report Data File	E-11
E.4	BIPA 606 Payment Reduction Data File	E-19
E.5	Bonus Payment Report Data File	E-21
E.6	Coordination of Benefits (COB) Data File	E-23
E.7	Enrollment/Disenrollment/Change/Correction Transactions	E-31
E.8	Failed Transaction Data File	E-49
E.9	Monthly Membership Detail Data File	E-53
E.10	Monthly Membership Summary Data File	E-61
E.11	Monthly Premium Withholding Report Data File	E-65
E.12	Part B Claims (Record Type 1 and Record Type 2) Data File	E-69
E.13	Part C Risk Adjustment Model Output Data File	E-71
E.14	Part D Risk Adjustment Model Output Data File	E-83
E.15	Weekly/Monthly Transaction Reply Activity Data File	E-97
E.16	Special Transaction Reply Report Data File	E-105
E.17	MARx Full Enrollment File Data File	E-109
E.18	Low-Income Subsidy/Late Enrollment Penalty Data File	E-113
E.19	Bi-Weekly Deemed LIS/Premium Report Data File	E-121
E.20	4Rx Notification File Record Formats	E-123
E.21	4Rx Response File Record Formats	E-131
E.22	Batch Eligibility Query (BEQ) Request File	E-139
E.23	Batch Eligibility Query (BEQ) Response File	E-145

Section	Name	Page
E.24	Auto Assignment Full Dual Notification File Layout	E-153
E.25	Auto Assignment PDP Auto-Enrollment Notification File Layout	E-155

E.1 820 Format Payment Advice Data File

The segments are listed in a required order:

1. ST, 820 Header
2. BPR, Financial Information
3. TRN, Re-association Key
4. DTM, Coverage Period
5. N1, Premium Receiver's Name
6. N1, Premium Payer's Name
7. RMR, Organization Summary Remittance Detail
8. IT1, Summary Line Item
9. SLN, Member Count
10. ADX, Organization Summary Remittance Level Adjustment
11. SE, 820 Trailer

The physical layout of a segment is:

- Segment Identifier, an alphanumeric code, followed by
- Each selected field (data element) preceded by a data element separator ("*")
- And terminated by a segment terminator ("~").

Fields are mostly variable in length and do not contain leading/trailing spaces.

Fields are skipped (if they contain nothing) by inserting contiguous data element separators ("*") unless they are at the end of the segment. Fields which are not selected are represented in the same way as fields that have been selected but in this particular iteration of the transaction set contain no data, i.e., they are skipped.

For example, in fictitious segment XXX, fields 2, 3, and 5 (the last field) are skipped:

XXX*field 1 content*field 4 content~**

BALANCING REQUIREMENTS[1]

[1] See pp.16 in National EDI Transaction Set Implementation Guide for 820, ASCX12N, 820 (004010X061), dated May 2000

Following two balancing rules are given:

1. BPR02 = total of all RMR04
2. RMR04 = RMR05 + ADX01

In order to comply with balancing rules, BPR02 and RMR04 are set equal to Net Payment (paid amount), RMR05 is set equal to Gross/calculated Payment (billed amount), and ADX01 is set equal to Adjustment amount.

On Cost/HCPP contracts, put the actual dollars billed --- rather than the "risk equivalent" dollar amounts --- into RMR05.

X12 820 Table	Segment	Data Element	Description	Len	Type	Contents
HEADER			820 HEADER SEGMENT ID	2	AN	"ST"
		ST01	Transaction Set ID Code	3/3	ID	"820"
		ST02	Transaction Set Control Number	4/9	AN	Begin with "00001" Increment each Run
HEADER			BEGINNING SEGMENT FOR PAYMENT ORDER/REMITTANCE ADVICE	3	AN	"BPR"
	BPR	BPR01	Transaction Handling Code	1/2	ID	"I" (Remittance Information Only)
	BPR	BPR02	Total Premium Payment Amount	1/18	R	Payment Letter – Net Payment See discussion on Balancing.
	BPR	BPR03	Credit/Debit Flag Code	1/1	ID	"C" (Credit)
	BPR	BPR04	Payment Method Code	3/3	ID	"BOP" (Financial Institution Option)

X12 820 Table	Segment	Data Element	Description	Len	Type	Contents
	BPR	BPR16	Check Issue or EFT Effective Date	8/8	DT	Use Payment Letter – Payment Date in CCYYMMDD format
HEADER			RE-ASSOCIATION KEY	3	AN	"TRN"
	TRN	TRN01	Trace Type Code	1/2	ID	"3" (Financial Re-association Trace Number)
	TRN	TRN02	Check or EFT Trace Number	1/30	AN	"USTREASURY"
HEADER			COVERAGE PERIOD	3	AN	"DTM"
	DTM	DTM01	Date/Time Qualifier	3/3	ID	"582" (Report Period)
	DTM	DTM05	Date/Time Period Format Qualifier	2/3	ID	"RD8" (Range of dates expressed in format CCYYMMDD – CCYYMMDD)
	DTM	DTM06	Date/Time Period	1/35	AN	Range of Dates for Payment Month. See DTM05.
HEADER			PREMIUM RECEIVER'S NAME	2	AN	"N1"
	1000A	N101	Entity Identifier Code	2/3	ID	"PE" (Payee)
	1000A	N102	Name	1/60	AN	Contract Name
	1000A	N103	Identification Code Qualifier	1/2	ID	"EQ" Insurance Company Assigned Identification Number
	1000A	N104	Identification Code	2/80	AN	Contract Number
HEADER			PREMIUM PAYER'S NAME	2	AN	"N1"

X12 820 Table	Segment	Data Element	Description	Len	Type	Contents
	1000B	N101	Entity Identifier Code	2/3	ID	"PR" (Payer)
	1000B	N102	Name	1/60	AN	"CMS"
	1000B	N103	Identification Code Qualifier	1/2	ID	"EQ" Insurance Company Assigned Identification Number
	1000B	N104	Identification Code	2/80	AN	"CMS"
DETAIL			ORGANIZATION SUMMARY REMITTANCE DETAIL	3	AN	"RMR"
	2300A	RMR01	Reference Identification Qualifier	2/3	ID	"CT"
	2300A	RMR02	Contract Number	1/30	AN	Payment Letter – Contract #
	2300A	RMR04	Detail Premium Payment Amount	1/18	R	Payment Letter – Net Payment See discussion on Balancing.
	2300A	RMR05	Billed Premium Amount	1/18	R	Payment Letter – Demographic Report Payment See discussion on Balancing.
DETAIL			SUMMARY LINE ITEM	3	AN	"IT1"
	2310A	IT101	Line Item Control Number	1/20	AN	"1" (Assigned for uniqueness)
DETAIL			MEMBER COUNT	3	AN	"SLN"
	2315A	SLN01	Line Item Control Number	1/20	AN	"1" (Assigned for uniqueness)
	2315A	SLN03	Information Only Indicator	1/1	ID	"O" (For Information only)
	2315A	SLN04	Head Count	1/15	R	Payment Letter – Total Members

X12 820 Table	Segment	Data Element	Description	Len	Type	Contents
	2315A	SLN05-1	Unit or Basis for Measurement Code	2/2	ID	"IE" (used to identify that the value of SLN04 represents the number of contract holders with individual coverage)
DETAIL			ORGANIZATION SUMMARY REMITTANCE LEVEL ADJUSTMENT	3	AN	"ADX"
	2320A	ADX01	Adjustment Amount	1/18	R	Payment Letter – Total Adjustments: Total Adjustments is the difference between Demographic Payment and Net Payment. See discussion on Balancing.
	2320A	ADX02	Adjustment Reason Code	2/2	ID	"H1" (Information forthcoming – detailed information related to the adjustment will be provided through a separate mechanism)
SUMMARY			820 TRAILER		AN	"SE"
		SE01	Number of Included Segments	1/10	N0	"11"
		SE02	Transaction Set Control Number	4/9	AN	Use control number, same as in 820 Header.

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E.2 Part D Auto and Facilitated Enrollment Address Data File

Item	Field	Size	Position	Description
1	HICN#	12	1 – 12	Beneficiary's Health Insurance Claim Number
2	First Name	30	13 – 42	Beneficiary's First Name
3	Last Name	40	43 – 82	Beneficiary's Last Name
4	Middle Initial	1	83	Beneficiary's Middle Initial
5	Date of Birth	8	84 – 91	Format: YYYYMMDD
6	Sex	1	92	Sex Code: M = Male, F = Female, U = Unknown
7	Contract #	5	93 –97	
8	PBP #	3	98 – 100	
9	Segment #	3	101 – 103	
10	Low-Income Co-Pay Category	1	104	Definitions of the co-payment categories: '0' = none, not low-income '1' = $2/$5 (High) '2' = $1/$3 (Low) '3' = $0 (0) '4' = 15% '5' = Unknown
11	Enrollment Effective Date	8	105 – 112	Format: YYYYMMDD
12	Beneficiary Address Line 1	40	113 – 152	
13	Beneficiary Address Line 2	40	153 – 192	
14	Beneficiary Address Line 3	40	193 – 232	
15	Beneficiary Address City	40	233 – 272	
16	Beneficiary Address State	2	273 – 274	
17	Beneficiary Zip Code	5	275 – 279	Standard Zip Code

Item	Field	Size	Position	Description
18	Beneficiary Zip Code Extension	4	280 – 283	Zip Code Extension

E.3 Batch Completion Status Summary Report Data File

This is a data file sent to the submitter once a batch of submitted transactions have been processed. It provides a count of all transactions within the batch and details the number of rejected, accepted, and pending transactions. It also provides an image of the rejected, accepted, and pending transactions. For every batch submission (Enrollment, Disenrollment, PBP Change, Plan Change, and Correction) this file will be generated after the submission is processed. This file's output is organized into one file per batch, consisting of:

Summary Record (batch 1)

All Rejected Records (batch 1)

All Accepted Records (batch 1)

All Pending Records (batch 1)

E.3.1 Summary Record

Item	Field Name	Len	Pos	Description
1	Batch Completion Status Summary Record	12	1-12	Content: "#BATCHDSPSTN"
2	Batch ID	12	13-24	MARx System Assigned
3	Batch Run Start Date	10	25-34	Format: YYYY-MM-DD
4	Batch Run Start Time	8	35-42	Format: HH-MM-SS
5	Total Transactions in Batch	8	43-50	Counts, ZZZZZZZ9
6	Transaction Status Accepted	8	51-58	Counts, ZZZZZZZ9
7	Transaction Status Rejected	8	59-66	Counts, ZZZZZZZ9, of rejected transaction records attached
8	Transaction Status Failed	8	67-74	Counts, ZZZZZZZ9
9	Transaction Status Pending	8	75-82	Counts, ZZZZZZZ9
10	Transactions Received	8	83-90	Count, 99999999,of the total number received transaction records in batch
11	Submitter ID	8	91-98	Submitter ID
12	Date Stamp of transaction file	10	99-108	Format: YYYY-MM-DD
13	Time Stamp of transaction file	8	109-116	Format: HH.MM.SS
14	FILLER	145	117-261	Release 2.0 Use
15	End of Status Summary Record	1	262	Content: ";"

E.3.2 Rejected Record

#	Field Name	Len	Pos	Description
1	Rejected Transaction Record Header	12	1-12	Content: "#RJCTEDTRANS"
2	Transaction Record Counter	8	13-20	Sequential count, ZZZZZZZ9, of rejected records
3	Beneficiary HICN#	12	21-32	From input transaction
4	Beneficiary Surname	12	33-44	From input transaction
5	Beneficiary First Name	7	45-51	From input transaction
6	Beneficiary Middle Initial	1	52	From input transaction
7	Sex	1	53	From input transaction; otherwise blank
8	Birth Date	8	54-61	From input transaction
9	EGHP Flag	1	62	From input transaction; otherwise blank
10	PBP #	3	63-65	From input transaction; otherwise blank
11	Election Type	1	66	From input transaction; otherwise blank
12	Contract #	5	67-71	From input transaction
13	Application Date	8	72-79	From input transaction; otherwise blank
14	Transaction Code	2	80-81	From input transaction
15	Disenrollment Reason	2	82-83	From input transaction; otherwise blank
16	Effective Date	8	84-91	From input transaction; otherwise blank
17	Segment ID	3	92-94	From input transaction; otherwise blank
18	Filler	5	95-99	
19	Prior Commercial Override	1	100	From input transaction; otherwise blank
20	Premium Withhold Option/Parts C-D	1	101	From input transaction; otherwise blank
21	Part C Premium Amount	6	102-107	From input transaction; otherwise blank
22	Part D Premium Amount	6	108-113	From input transaction; otherwise blank
23	Creditable Coverage Flag	1	114	From input transaction; otherwise blank
24	Number of Uncovered Months	3	115-117	From input transaction; otherwise blank
25	Employer Subsidy Enrollment Override Flag	1	118	From input transaction; otherwise blank

#	Field Name	Len	Pos	Description
26	Part D Opt-Out Flag	1	119	From input transaction; otherwise blank
27	Filler	20	120-139	Field removed
28	Filler	15	140-154	Field removed
29	Secondary Drug Insurance Flag	1	155	From input transaction; otherwise blank
30	Secondary Rx ID	20	156-175	From input transaction; otherwise blank
31	Secondary Rx Group	15	176-190	From input transaction; otherwise blank
32	Enrollment Source	1	191	From input transaction; otherwise blank
33	Filler (MSA Fields – Future Use)	36	192-227	Future Use
34	Filler	17	228-244	
35	'01' Transaction Action Code	1	245	From input transaction; otherwise blank
36	Transaction Reply Codes	15	246-260	Up to five, 3-character transaction reply codes, left justified
37	End of Rejected Transaction Record	2	261-262	Content: ";;"

E.3.3 Accepted Record

#	Field Name	Len	Pos	Description
1	Accepted Transaction Record Header	12	1-12	Content: "#ACPTEDTRANS"
2	Transaction Record Counter	8	13-20	Sequential count, ZZZZZZZ9, of accepted records
3	Beneficiary HICN#	12	21-32	From input transaction
4	Beneficiary Surname	12	33-44	From input transaction
5	Beneficiary First Name	7	45-51	From input transaction
6	Beneficiary Middle Initial	1	52	From input transaction
7	Sex	1	53	From input transaction; otherwise blank
8	Birth Date	8	54-61	From input transaction
9	EGHP Flag	1	62	From input transaction; otherwise blank
10	PBP #	3	63-65	From input transaction; otherwise blank
11	Election Type	1	66	From input transaction; otherwise blank
12	Contract #	5	67-71	From input transaction
13	Application Date	8	72-79	From input transaction; otherwise blank
14	Transaction Code	2	80-81	From input transaction
15	Disenrollment Reason	2	82-83	From input transaction; otherwise blank
16	Effective Date	8	84-91	From input transaction; otherwise blank
17	Segment ID	3	92-94	From input transaction; otherwise blank
18	Filler	5	95-99	
19	Prior Commercial Override	1	100	From input transaction; otherwise blank
20	Premium Withhold Option/Parts C-D	1	101	From input transaction; otherwise blank
21	Part C Premium Amount	6	102-107	From HPMS
22	Part D Premium Amount	6	108-113	From HPMS
23	Creditable Coverage Flag	1	114	From input transaction; otherwise blank
24	Number of Uncovered Months	3	115-117	From input transaction; otherwise blank
25	Employer Subsidy Enrollment Override Flag	1	118	From input transaction; otherwise blank
26	Part D Opt-Out Flag	1	119	From input transaction; otherwise blank

#	Field Name	Len	Pos	Description
27	Filler	20	120-139	Field removed
28	Filler	15	140-154	Field removed
29	Secondary Drug Insurance Flag	1	155	From input transaction; otherwise blank
30	Secondary Rx ID	20	156-175	From input transaction; otherwise blank
31	Secondary Rx Group	15	176-190	From input transaction; otherwise blank
32	Enrollment Source	1	191	From input transaction; otherwise blank
33	Filler (MSA Fields – Future Use)	36	192-227	Future Use
34	Part D Premium Subsidy Level	3	228-230	Part D low-income premium subsidy category: '000' = No subsidy, '025' = 25% subsidy level, '050' = 50% subsidy level, '075' = 75% subsidy level, '100' = 100% subsidy level
35	Low-Income Co-Pay Category	1	231	Definitions of the co-payment categories: '0' = none, not low-income '1' = $2/$5 (High) '2' = $1/$3 (Low) '3' = $0 (0) '4' = 15% '5' = Unknown
36	Filler	13	232-244	
37	'01' Transaction Action Code	1	245	From input transaction; otherwise blank
38	Transaction Reply Codes	15	246-260	Up to five, 3-character transaction reply codes, left justified
39	End of Accepted Transaction Record	2	261-262	Content: ";;"

E 3.4 Pending Record

#	Field Name	Len	Pos	Description
1	Pended Transaction Record Header	12	1-12	Content: "#PNDINGTRANS"
2	Transaction Record Counter	8	13-20	Sequential count, ZZZZZZZ9, of pending records
3	Beneficiary HICN#	12	21-32	From input transaction
4	Beneficiary Surname	12	33-44	From input transaction
5	Beneficiary First Name	7	45-51	From input transaction
6	Beneficiary Middle Initial	1	52	From input transaction
7	Sex	1	53	From input transaction; otherwise blank
8	Birth Date	8	54-61	From input transaction
9	EGHP Flag	1	62	From input transaction; otherwise blank
10	PBP #	3	63-65	From input transaction; otherwise blank
11	Election Type	1	66	From input transaction; otherwise blank
12	Contract #	5	67-71	From input transaction
13	Application Date	8	72-79	From input transaction; otherwise blank
14	Transaction Code	2	80-81	From input transaction
15	Disenrollment Reason	2	82-83	From input transaction; otherwise blank
16	Effective Date	8	84-91	From input transaction; otherwise blank
17	Segment ID	3	92-94	From input transaction; otherwise blank
18	Filler	5	95-99	
19	Prior Commercial Override	1	100	From input transaction; otherwise blank
20	Premium Withhold Option/Parts C-D	1	101	From input transaction; otherwise blank
21	Part C Premium Amount	6	102-107	From input transaction; otherwise blank
22	Part D Premium Amount	6	108-113	From input transaction; otherwise blank
23	Creditable Coverage Flag	1	114	From input transaction; otherwise blank
24	Number of Uncovered Months	3	115-117	From input transaction; otherwise blank
25	Employer Subsidy Enrollment Override Flag	1	118	From input transaction; otherwise blank
26	Part D Opt-Out Flag	1	119	From input transaction; otherwise blank

#	Field Name	Len	Pos	Description
27	Filler	20	120-139	Field removed
28	Filler	15	140-154	Field removed
29	Secondary Drug Insurance Flag	1	155	From input transaction; otherwise blank
30	Secondary Rx ID	20	156-175	From input transaction; otherwise blank
31	Secondary Rx Group	15	176-190	From input transaction; otherwise blank
32	Enrollment Source	1	191	From input transaction; otherwise blank
33	Filler (MSA Fields – Future Use)	36	192-227	Future Use
34	Filler	17	228-244	
35	'01' Transaction Action Code	1	245	From input transaction; otherwise blank
36	Transaction Reply Codes	15	246-260	Up to five, 3-character transaction reply codes, left justified
37	End of Rejected Transaction Record	2	261-262	Content: ";;"

E.4 BIPA 606 Payment Reduction Data File

Item	Field	Size	Position	Description
1	Contract Number	5	1 – 5	Contract Number
2	PBP Number	3	6 – 8	999
3	Run Date	8	9 – 16	YYYYMMDD
4	Payment Month	6	17 – 22	YYYYMM
5	Adjustment Reason Code	2	23 – 24	99 SPACES = Payment
6	Payment/Adjustment Start Month	6	25 – 30	YYYYMM
7	Payment/Adjustment End Month	6	31 – 36	YYYYMM
8	HIC	12	37 – 48	External Format
9	Surname First 7	7	49 – 55	
10	First Initial	1	56	
11	Sex	1	57	M = Male F = Female
12	Date of Birth	8	58 – 65	YYYYMMDD
13	BIPA606 Payment Reduction Rate	6	66 – 71	999.99 must be GE ZERO
14	Total Net Blended Payment/Adjustment Excluding BIPA606 Reduction Amount	9	72 – 80	-99999.99
15	BIPA606 Net Payment Reduction Amount	8	81 – 88	-9999.99 Normally negative May be positive on adjustments Applies only to Part B amounts
16	Net Part A Blended Amount	9	89 – 97	-99999.99 Same as MMR amount
17	Net Part B Blended Amount plus BIPA606 Net Payment Reduction	9	98 – 106	-99999.99
18	Total Net Blended Payment/Adjustment Including BIPA606 Reduction Amount	9	107 – 115	-99999.99

Item	Field	Size	Position	Description
19	FILLER	18	116 – 133	SPACES

E.5 Bonus Payment Report Data File

Item	Field	Size	Position	Description
1	Contract Number	5	1 – 5	Plan contract number
2	Run Date	8	6 – 13	YYYYMMDD; date the report was created
3	Payment Month	6	14 – 19	YYYYMM; the month payments are effective
4	Adjustment Reason Code	2	20 – 21	Reason for the adjustment; equal to spaces if a payment
5	Payment/Adjustment Start Month	6	22 – 27	YYYYMM
6	Payment/Adjustment End Month	6	28 – 33	YYYYMM
7	State and County Code	5	34 – 38	2-digit state code followed by 3-digit county code of residence
8	HIC	12	39 – 50	Beneficiary's claim number
9	Surname	7	51 – 57	First 7 letters of the last name
10	Initial	1	58	Initial of the first name
11	Sex	1	59	Gender; M=male, F=female
12	Date of Birth	8	60 – 67	YYYYMMDD
13	Bonus Percentage	5	68 – 72	Bonus payment percent; 5.000% or 3.000%
14	Total Blended Payment/Adjustment w/o Bonus	9	73 – 81	Total Payment/Adjustment without bonus
15	Bonus Part A Payment/Adjustment	8	82 – 89	Part A bonus payment/adjustment
16	Bonus Part B Payment/Adjustment	8	90 – 97	Part B bonus payment/adjustment
17	Total Bonus Payment/Adjustment	9	98 – 106	Total bonus payment/adjustment
18	Blended + Bonus Payment/Adjustment Part A	9	107 – 115	Part A payment/adjustment with bonus
19	Blended + Bonus Payment/Adjustment	9	116 – 124	Part B payment/adjustment with bonus Part B
20	Total Blended + Bonus Payment/Adjustment	9	125 – 133	Total payment/adjustment with bonus

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E.6 Coordination of Benefits (COB) Data File

This file contains members' primary and secondary coverage that has been validated through COB processing. MARx forwards this information whenever a Plan's enrollees are affected. It may be as often as daily. The enrollees included on the file are those newly enrolled who have know Other Health Insurance (OHI) and those Plan enrollees with changes to their OHI.

The following records are included in this file:

Detail Record

Primary Record

Supplemental Record

E.6.1 General Organization of Records

Detail Record (DTL) Record 1 (Beneficiary A)
Primary (PRM) records associated with 'DTL' Record 1 (Beneficiary A)
Supplemental (SUP) records associated with 'DTL' Record 1 (Beneficiary A)
'DTL' Record 2 (Beneficiary B)
'PRM' records associated with 'DTL' Record 2 (Beneficiary B)
'SUP' records associated with 'DTL' Record 2 (Beneficiary B)
'DTL' Record 3 (Beneficiary C)
'PRM' records associated with 'DTL' Record 3 (Beneficiary C)
'SUP' records associated with 'DTL' Record 3 (Beneficiary C)
…
'DTL Record n
'PRM' records associated with 'DTL' Record n
'SUP' records associated with 'DTL' Record n

E.6.2 Detail Records: Indicates the Beginning of a Series of Beneficiary Subordinate Detail Records

Item	Field	Size	Position	Format	Valid Values/Description
1	Record Type	3	1-3	CHAR	"DTL"
2	HICN/RRB Number	12	4-15	CHAR	Spaces if unknown
3	SSN	9	16-24	ZD	000000000 if unknown
4	Date of Birth (DOB)	8	25-32	CHAR	YYYYMMDD
5	Gender Code	1	33-33	CHAR	0=unknown, 1 = male, 2 = female
6	Contract Number	5	34-38	CHAR	
7	Plan Benefit Package	3	39-41	CHAR	
8	Action Type	1	42-42	CHAR	2 = Full replacement
9	Filler	958	43-1000	CHAR	Spaces

Note: Record Length = 1000

E.6.3 Primary Record: Subordinate to Detail Record (Unlimited Occurrences)

Item	Field	Size	Position	Format	Valid Values/Description
1	Record Type	3	1-3	CHAR	"PRM"
2	HICN/RRB Number	12	4-15	CHAR	Spaces if unknown
3	SSN	9	16-24	ZD	000000000 if unknown
4	Date of Birth (DOB)	8	25-32	CHAR	YYYYMMDD
5	Gender Code	1	33-33	CHAR	0=unknown, 1 = male, 2 = female
6	RxID Number*	20	34-53	CHAR	
7	RxGroup Number*	15	54-68	CHAR	
8	RxBIN Number*	6	69-74	ZD	
9	RxPCN Number*	10	75-84	CHAR	
10	Rx Plan Toll Free Number*	18	85-102	CHAR	
11	Sequence Number*	3	103-105	CHAR	

Item	Field	Size	Position	Format	Valid Values/Description
12	COB Source Code*	5	106-110	CHAR	11100 Non Payment/Payment Denial 11101 IEQ 11102 Data Match 11103 HMO 11104 Litigation Settlement BCBS 11105 Employer Voluntary Reporting 11106 Insurer Voluntary Reporting 11107 First Claim Development 11108 Trauma Code Development 11109 Secondary Claims Investigation 11110 Self Report 11111 411.25 11112 BCBS Voluntary Agreements 11113 Office of Personnel Management (OPM) Data Match 11114 Workers' Compensation Data Match 11118 Pharmacy Benefit Manager (PBM) 11120 COBA 11125 Recovery Audit Contractor (RAC) 1 (April Release) 11126 RAC 2 (April Release) 11127 RAC 3 (April Release) P0000 PBM S0000 Assistance Program Note: Contractor numbers 11100 - 11199 are reserved for COB
13	MSP Reason (Entitlement Reason from COB)	1	111-111	CHAR	A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No fault E Workers Compensation F Federal (public) G Disabled H Black Lung I Veterans L Liability

Item	Field	Size	Position	Format	Valid Values/Description
14	Coverage Code*	1	112-112	CHAR	A=Hospital and Medical U=Drug (network benefit) V=Drug with Major Medical (non-network benefit) W=Comprehensive, Hospital, Medical, Drug (network) X=Hospital and Drug (network) Y=Medical and Drug (network) Z=Health Reimbursement Account (hospital, medical, and drug)
15	Insurer's Name*	32	113-144	CHAR	
16	Insurer's Address-1*	32	145-176	CHAR	
17	Insurer's Address-2*	32	177-208	CHAR	
18	Insurer's City*	15	209-223	CHAR	
19	Insurer's State*	2	224-225	CHAR	
20	Insurer's Zip Code*	9	226-234	CHAR	
21	Insurer TIN	10	235-244	CHAR	
22	Individual Policy Number*	17	245-261	CHAR	
23	Group Policy Number*	20	262-281	CHAR	
24	Effective Date*	8	282-289	ZD	CCYYMMDD
25	Termination Date*	8	290-297	ZD	CCYYMMDD
26	Relationship Code*	2	298-299	CHAR	01=Bene is Policy Holder 02=Spouse 03=Child 04=Other
27	Payor ID*	10	300-309	CHAR	*This is a future element.*
28	Person Code*	3	310-312	CHAR	
29	Payer Order*	3	313-315	ZD	
30	Policy Holder's First Name	9	316-324	CHAR	
31	Policy Holder's Last Name	16	325-340	CHAR	
32	Policy Holder's SSN	12	341-352	CHAR	
33	Employee Information Code	1	353-353	CHAR	P=Patient S=Spouse M=Mother F=Father

Item	Field	Size	Position	Format	Valid Values/Description
34	Employer's Name	32	354-385	CHAR	
35	Employer's Address 1	32	386-417	CHAR	
36	Employer's Address 2	32	418-449	CHAR	
37	Employer's City	15	450-464	CHAR	
38	Employer's State	2	465-466	CHAR	
39	Employer's Zip Code	9	467-475	CHAR	
40	Filler	20	476-495	CHAR	
41	Employer TIN	10	496-505	CHAR	
42	Filler	20	506-525	CHAR	
43	Claim Diagnosis Code 1	10	526-535	CHAR	
44	Claim Diagnosis Code 2	10	536-545	CHAR	
45	Claim Diagnosis Code 3	10	546-555	CHAR	
46	Claim Diagnosis Code 4	10	556-565	CHAR	
47	Claim Diagnosis Code 5	10	566-575	CHAR	
48	Attorney's Name	32	576-607	CHAR	
49	Attorney's Address 1	32	608-639	CHAR	
50	Attorney's Address 2	32	640-671	CHAR	
51	Attorney's City	15	672-686	CHAR	
52	Attorney's State	2	687-688	CHAR	
53	Attorney's Zip	9	689-697	CHAR	
54	Lead Contractor	9	698-706	CHAR	
55	Class Action Type	2	707-708	CHAR	
56	Administrator Name	32	709-740	CHAR	
57	Administrator Address 1	32	741-772	CHAR	
58	Administrator Address 2	32	773-804	CHAR	
59	Administrator City	15	805-819	CHAR	
60	Administrator State	2	820-821	CHAR	
61	Administrator Zip	9	822-830	CHAR	
62	WCSA Amount	9	831-839	ZD	Integer value
63	WCSA Indicator	2	840-841	CHAR	
64	Filler	159	842-1000	CHAR	
Note: Record Length = 1000; *Indicates that these fields have same position in PRM and SUPrecord layouts.					

E.6.4 Supplemental Record: Subordinate to DTL (Unlimited Occurrences)

Data Field	Length	Position			Format	Valid Values
Record Type	3	1	…	3	CHAR	"SUP"
HICN/RRB Number	12	4	…	15	CHAR	Spaces if unknown
SSN	9	16	…	24	ZD	000000000 if unknown
Date of Birth (DOB)	8	25	…	32	CHAR	YYYYMMDD
Gender Code	1	33	…	33	CHAR	0=unknown, 1 = male, 2 = female
RxID Number*	20	34	…	53	ZD	
RxGroup Number*	15	54	…	68	CHAR	
RxBIN Number*	6	69	…	74	ZD	
RxPCN Number*	10	75	…	84	CHAR	
Rx Plan Toll Free Number*	18	85	…	102	CHAR	
Sequence Number*	3	103	…	105	CHAR	
COB Source Code*	5	106	…	110	CHAR	11100 Non Payment/Payment Denial 11101 IEQ 11102 Data Match 11103 HMO 11104 Litigation Settlement BCBS 11105 Employer Voluntary Reporting 11106 Insurer Voluntary Reporting 11107 First Claim Development 11108 Trauma Code Development 11109 Secondary Claims Investigation 11110 Self Report 11111 411.25 11112 BCBS Voluntary Agreements 11113 Office of Personnel Management (OPM) Data Match 11114 Workers' Compensation Data Match 11118 Pharmacy Benefit Manager (PBM) 11120 COBA 11125 Recovery Audit Contractor (RAC) 1 (April Release) 11126 RAC 2 (April Release) 11127 RAC 3 (April Release) P0000 PBM

Data Field	Length	Position			Format	Valid Values
						S0000 Assistance Program Note: Contractor numbers 11100 - 11199 are reserved for COB
Supplemental Type Code	1	111	…	111	CHAR	L=Supplemental M=Medigap N=State Program (Non Qualified SPAP) O=Other P=Patient Assistance Program Q=Qualified State Pharmaceutical Assistance Program (SPAP) R=Charity S=AIDS Drug Assistance Program T=Federal Health Program 1=Medicaid 2=Tricare
Coverage Code*	1	112	…	112	CHAR	U=Drug (network benefit) V=Drug with Major Medical (non-network benefit)
Insurer's Name*	32	113	…	144	CHAR	
Insurer's Address-1*	32	145	…	176	CHAR	
Insurer's Address-2*	32	177	…	208	CHAR	

Data Field	Length	Position			Format	Valid Values
Insurer's City*	15	209	…	223	CHAR	
Insurer's State*	2	224	…	225	CHAR	
Insurer's Zip Code*	9	226	…	234	CHAR	
Filler	10	235	…	244	CHAR	Spaces
Individual Policy Number*	17	245	…	261	CHAR	
Group Policy Number*	20	262		281	CHAR	
Effective Date*	8	282	…	289	ZD	CCYYMMDD
Termination Date*	8	290	…	297	ZD	CCYYMMDD
Relationship Code*	2	298	…	299	CHAR	01=Bene is Policy Holder 02=Spouse 03=Child 04=Other
Payor ID*	10	300	…	309	CHAR	
Person Code*	3	310	…	312	CHAR	
Payer Order*	3	313	…	315	ZD	
Filler	685	316	…	1000	SPACES	
Record Length =	**1000**					
*Indicates that these fields have same position in PRM and SUP record layouts						

E.7 Enrollment/Disenrollment/Change/Correction Transactions Data File

A transaction file is submitted to CMS by a Plan, and consists of a header record followed by individual transaction records. The transaction code identifies the types of transaction record. This section details the contents and format for each type of record that may be included in the transaction file.

The following records are included in this file:

Header Record	PBP Change
Enrollment Record	Plan Change
Disenrollment Record	Correction

E.7.1 Header

Item	Field	Size	Position	Header	Description
1	Header Message	12	1 – 12	R	'AAAAAAHEADER'
2	Filler	21	13 – 33	N/A	Spaces
3	Payment Month	6	34 – 39	R	MMYYYY (Note that the date should be represent the month and year of the Current Payment Month; e.g., From May 17 – June 13, transactions are submitted for the JULY payment month and should have the header date of 072006
4	Filler	185	40 – 224	N/A	Spaces

E.7.2 Enrollment

Transaction types 60 and 61 are used to enroll beneficiaries in a Part D Plan. Transaction type 60 is used only to submit EGHP enrollments that are 1-3 months retroactive to the submitted file. Example: For a transaction file with header date 100605, type 60 transactions are used to submit transactions with EGHP Flag equal to Y and effective dates in April, March, or February.

Item	Field	Size	Position	Enrollment (Employer & MCO 60/61)			Description
				MA	MA-PD	PDP	
1	HIC#	12	1 – 12	R	R	R	Nine-byte SSN of primary beneficiary (Beneficiary Claim Account Number); two-byte BIC (Beneficiary Identification Code); one-byte filler (except RRB)
2	Surname	12	13 – 24	R	R	R	Beneficiary's last name
3	First Name	7	25 – 31	R	R	R	Beneficiary's first name
4	M. Initial	1	32				Beneficiary's middle initial
5	Sex	1	33	R	R	R	'1' = male, '2' = female, '0' = unknown
6	Birth Date (YYYYMMDD)	8	34 – 41	R	R	R	YYYYMMDD — Beneficiary's date of birth
7	EGHP Flag	1	42	Blank field has a meaning	Blank field has a meaning	Blank field has a meaning	'Y' if EGHP; otherwise, blank = not EGHP for transaction types 60 and 61
8	PBP #	3	43 – 45	R	R	R	3-blanks = non-PBP organizations, COST (if non-PBP) and non-MA Demos; otherwise, 3-character numeric = PBP number, zero-padded, 001-999 valid for MA, MA-PD, PDP, and certain COST, PACE and DEMO plans.
9	Election Type	1	46	R	R	R	'A' = AEP; 'E' = IEP, 'I' = ICEP; 'S' = SEP; 'O' = OEP; 'N' = OEPNEW; 'T' = OEPI. MA and MA-PDs have I, A, O, S, N, and T. PDPs have E, A, and S.
10	Contract #	5	47 – 51	R	R	R	Hxxxx = identifies local MAs and MA-PDs. Rxxxx = identifies regional MAs and MA-PDs. Sxxxx = identifies PDPs. Fxxxx = identifies fallback plans.
11	Application Date	8	52 – 59	R	R	R	YYYYMMDD — The date that the plan received the beneficiary's completed enrollment.
12	Transaction Code	2	60 – 61	R	R	R	'60' or '61' = Enrollment

Item	Field	Size	Position	Enrollment (Employer & MCO 60/61)			Description
				MA	MA-PD	PDP	
13	Disenrollment Reason (Future Use)	2	62 – 63	N/A	N/A	N/A	Future use.
14	Effective Date (YYYYMMDD)	8	64 – 71	R	R	R	YYYYMMDD — Enrollment effective date
15	Segment ID	3	72 – 74	R, blank for non-segmente d organiza-tions; otherwise, 3 digits	R, blank for non-segmented organiza-tions; otherwise, 3 digits	N/A	3-blanks = non-segmented organization transaction; for segmented organization transactions, 3-character numeric = segment number, zero padded, 001-999 valid plan Segment ID range. Only local plans (Hxxxx) may have segments.
16	Filler	5	75 – 79	N/A	N/A	N/A	
17	Prior Commercial Override	1	80	If applies; otherwise, zero or blank	If applies; otherwise, zero or blank	N/A	Required if beneficiary is ESRD and wants to enroll in a MA, MA-PD, Cost, HCPP plans. Not required if plan is special needs plan (SNP). Alpha-numeric, 0-9 and A-F. A zero (0) indicates an override and a blank indicates no override.
18	Premium Withhold Option/ Parts C-D	1	81	R	R	R	D = direct self-pay; S = deduct from SSA benefits; R = deduct from RRB benefits; O = deduct from OPM benefits; N = No premium applicable. The option applies to both Part C and D premiums.
19	Part C Premium Amount (XXXXvXX)	6	82 – 87	R	R	N/A	6-digits with leading zeroes, or blank if premium does not apply. Decimal point assumed 2-digits from right, XXXXvXX. For example, '000000' is $0.00 and '010073' is $100.73.
20	Part D Premium Amount (XXXXvXX)	6	88 – 93	N/A	R	R	6-digits with leading zeroes, or blank if premium does not apply. Decimal point assumed 2-digits from right, XXXXvXX. For example, '000000' is $0.00 and '010073' is $100.73.

Item	Field	Size	Position	Enrollment (Employer & MCO 60/61)			Description
				MA	MA-PD	PDP	
21	Creditable Coverage Flag	1	94	N/A	R	R	'Y' if covered, 'N' if not covered.
22	Number of Uncovered Months	3	95 – 97	N/A	R, blank = zero, meaning no uncovered months	R, blank = zero, meaning no uncovered months	Count of total months without drug coverage, leading zeroes or right justified. Count must be greater than or equal to two (002) when "Creditable Coverage Flag," item (21) above, is 'N'. Count must be zero (000) when "Creditable Coverage Flag" is 'Y'.
23	Employer Subsidy Enrollment Override Flag	1	98	N/A	R if beneficiary has Employer Subsidy status; otherwise blank	R if beneficiary has Employer Subsidy status; otherwise blank	If the beneficiary is in a plan receiving an employer subsidy, but still wants to enroll in a Part D plan, submit the enrollment with the override = 'Y'; otherwise, blank.
24	Part D Opt-Out Flag	1	99	N/A	N/A	N/A	N/A
25	Filler	20	100 – 119	N/A	N/A	N/A	Spaces.
26	Filler	15	120 – 134	N/A	N/A	N/A	Spaces.
27	Secondary Drug Insurance Flag	1	135	N/A	R (Blank if auto-enroll)	R (Blank if auto-enroll)	For MA-PD and PDP transactions, 'Y' = beneficiary has secondary drug insurance; 'N' = beneficiary does not have secondary drug insurance available; blank = do not know whether beneficiary has secondary drug insurance.
28	Secondary Rx ID	20	136 – 155	N/A	R if secondary insurance; otherwise, N/A	R if secondary insurance; otherwise, N/A	Secondary insurance plan's ID number for beneficiary. Alphanumeric; uppercase when alpha; left justified. Uppercase printable characters and default value of spaces.

Item	Field	Size	Position	Enrollment (Employer & MCO 60/61)			Description
				MA	MA-PD	PDP	
29	Secondary Rx Group	15	156 – 170	N/A	R if secondary insurance; otherwise, N/A	R if secondary insurance; otherwise, N/A	Secondary insurance plan's group ID number for beneficiary. Alphanumeric; upper case when alpha; left justified. Upper case printable characters and default value of spaces.
30	Enrollment Source	1	171	FILLER	FILLER	FILLER	Not currently available for MCO use.
31	SSN	9	172 – 180	R (MSA ONLY) Future Use	FILLER	FILLER	Future use.
32	Trustee Routing Number	9	181 – 189	R (MSA ONLY) Future Use	FILLER	FILLER	Future use.
33	Bank Account Number	17	190 – 206	R (MSA ONLY) Future Use	FILLER	FILLER	Future use.
34	Bank Account Type	1	207	R (MSA ONLY) Future Use	FILLER	FILLER	Future use.
35	Filler	17	208 – 224	N/A	N/A	N/A	Spaces.

E.7.3 Disenrollment

Item	Field	Size	Position	Disenrollment 51			Description
				MA	MA-PD	PDP	
1	HIC#	12	1 – 12	R	R	R	Nine-byte SSN of primary beneficiary (Beneficiary Claim Account Number); two-byte BIC (Beneficiary Identification Code); one-byte filler (except RRB)
2	Surname	12	13 – 24	R	R	R	Beneficiary's last name
3	First Name	7	25 – 31	R	R	R	Beneficiary's first name
4	M. Initial	1	32				Beneficiary's middle initial
5	Sex	1	33	R	R	R	'1' = male, '2' = female, '0' = unknown
6	Birth Date (YYYYMMDD)	8	34 – 41	R	R	R	YYYYMMDD
7	EGHP Flag	1	42	N/A	N/A	N/A	N/A
8	PBP #	3	43 – 45	N/A	N/A	N/A	N/A
9	Election Type	1	46	R	R	R	'A' = AEP; 'E' = IEP, 'I' = ICEP; 'S' = SEP; 'O' = OEP; 'N' = OEPNEW; 'T' = OEPI. MA and MA-PDs have I, A, O, S, N, and T. PDPs have E, A, and S.
10	Contract #	5	47 – 51	R	R	R	Hxxxx = identifies local MAs and MA-PDs. Rxxxx = identifies regional MAs and MA-PDs. Sxxxx = identifies PDPs. Fxxxx = identifies fallback plans.
11	Application Date	8	52 – 59	N/A	N/A	N/A	N/A
12	Transaction Code	2	60 – 61	R	R	R	'51' = Disenrollment
13	Disenrollment Reason (Future Use)	2	62 – 63	N/A	N/A	N/A	Future use.
14	Effective Date (YYYYMMDD)	8	64 – 71	R	R	R	YYYYMMDD — disenrollment effective date
15	Segment ID	3	72 – 74	N/A	N/A	N/A	N/A

Item	Field	Size	Position	Disenrollment 51			Description
				MA	MA-PD	PDP	
16	Filler	5	75 – 79	N/A	N/A	N/A	
17	Prior Commercial Override	1	80	N/A	N/A	N/A	N/A
18	Premium Withhold Option/ Parts C-D	1	81	N/A	N/A	N/A	N/A
19	Part C Premium Amount (XXXXvXX)	6	82 – 87	N/A	N/A	N/A	N/A
20	Part D Premium Amount (XXXXvXX)	6	88 – 93	N/A	N/A	N/A	N/A
21	Creditable Coverage Flag	1	94	N/A	N/A	N/A	N/A
22	Number of Uncovered Months	3	95 – 97	N/A	N/A	N/A	N/A
23	Employer Subsidy Enrollment Override Flag	1	98	N/A	N/A	N/A	N/A
24	Part D Opt-Out Flag	1	99	N/A	R for auto-enrollees only; otherwise, N/A	R for auto-enrollees only; otherwise, N/A	Applies to full benefit dual eligible and facilitated enrolled beneficiaries. 'Y' = opt-out of auto-/ facilitated-enrollment; blank = no change to opt-out status.
25	Filler	20	100 – 119	N/A	N/A	N/A	Spaces.
26	Filler	15	120 – 134	N/A	N/A	N/A	Spaces.

Item	Field	Size	Position	Disenrollment 51			Description
				MA	MA-PD	PDP	
27	Secondary Drug Insurance Flag	1	135	N/A	N/A	N/A	N/A
28	Secondary Rx ID	20	136 – 155	N/A	N/A	N/A	N/A
29	Secondary Rx Group	15	156 – 170	N/A	N/A	N/A	N/A
30	Enrollment Source	1	171	FILLER	FILLER	FILLER	Not currently available for MCO use.
31	SSN	9	172 – 180	N/A	FILLER	FILLER	Future use.
32	Trustee Routing Number	9	181 – 189	N/A	FILLER	FILLER	Future use.
33	Bank Account Number	17	190 – 206	N/A	FILLER	FILLER	Future use.
34	Bank Account Type	1	207	N/A	FILLER	FILLER	Future use.
35	Filler	17	208 – 224	N/A	N/A	N/A	Spaces.

E.7.4 PBP Change

Item	Field	Size	Position	Plan Election (PBP Change) 71			Description
				MA	MA-PD	PDP	
1	HIC#	12	1 – 12	R	R	R	Nine-byte SSN of primary beneficiary (Beneficiary Claim Account Number); two-byte BIC (Beneficiary Identification Code); one-byte filler (except RRB)
2	Surname	12	13 – 24	R	R	R	Beneficiary's last name

Item	Field	Size	Position	Plan Election (PBP Change) 71			Description
				MA	MA-PD	PDP	
3	First Name	7	25 – 31	R	R	R	Beneficiary's first name
4	M. Initial	1	32				Beneficiary's middle initial
5	Sex	1	33	R	R	R	'1' = male, '2' = female, '0' = unknown
6	Birth Date (YYYYMMDD)	8	34 – 41	R	R	R	YYYYMMDD
7	EGHP Flag	1	42	Blank field has a meaning	Blank field has a meaning	Blank field has a meaning	'Y' if EGHP; otherwise, blank = not EGHP for transaction type 71
8	PBP #	3	43 – 45	R (Change-to value)	R (Change-to value)	R (Change-to value)	3-blanks = non-PBP organizations, COST (if non-PBP) and non-MA Demos; otherwise, 3-character numeric = PBP number, zero-padded, 001-999 valid for MA, MA-PD, PDP, and certain COST, PACE and DEMO plans.
9	Election Type	1	46	R	R	R	'A' = AEP; 'E' = IEP, 'I' = ICEP; 'S' = SEP; 'O' = OEP; 'N' = OEPNEW; 'T' = OEPI. MA and MA-PDs have I, A, O, S, N, and T. PDPs have E, A, and S.
10	Contract #	5	47 – 51	R	R	R	Hxxxx = identifies local MAs and MA-PDs. Rxxxx = identifies regional MAs and MA-PDs. Sxxxx = identifies PDPs. Fxxxx = identifies fallback plans.
11	Application Date	8	52 – 59	R	R	R	YYYYMMDD — Either the date the plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper).
12	Transaction Code	2	60 – 61	R	R	R	'71' = PBP Change
13	Disenrollment Reason (Future Use)	2	62 – 63	N/A	N/A	N/A	Future use.
14	Effective Date (YYYYMMDD)	8	64 – 71	R	R	R	YYYYMMDD — Enrollment effective date

Item	Field	Size	Position	Plan Election (PBP Change) 71			Description
				MA	MA-PD	PDP	
15	Segment ID	3	72 – 74	R, blank for non-segmented organiza-tions; otherwise, 3 digits	R, blank for non-segmented organiza-tions; otherwise, 3 digits	N/A	3-blanks = non-segmented organization transaction; for segmented organization transactions, 3-character numeric = segment number, zero padded, 001-999 valid plan Segment ID range. Only local plans (Hxxxx) may have segments.
16	Filler	5	75 – 79	N/A	N/A	N/A	
17	Prior Commercial Override	1	80	If applies; otherwise, zero or blank	If applies; otherwise, zero or blank	N/A	Required if beneficiary is ESRD and wants to enroll in a MA, MA-PD, Cost, HCPP plans. Not required if plan is special needs plan (SNP). Alpha-numeric, 0-9 and A-F. Zero (0) and blank = no override.
18	Premium Withhold Option/ Parts C-D	1	81	R	R	R	D = direct self-pay; S = deduct from SSA benefits; R = deduct from RRB benefits; O = deduct from OPM benefits; N = No premium applicable. The option applies to both Part C and D premiums.
19	Part C Premium Amount (XXXXvXX)	6	82 – 87	R	R	N/A	6 digits with leading zeroes, or blank if premium does not apply. Decimal point assumed 2 digits from right, XXXXvXX. For example, '000000' is $0.00 and '010073' is $100.73.
20	Part D Premium Amount (XXXXvXX)	6	88 – 93	N/A	R	R	6 digits with leading zeroes, or blank if premium does not apply. Decimal point assumed 2 digits from right, XXXXvXX. For example, '000000' is $0.00 and '010073' is $100.73.
21	Creditable Coverage Flag	1	94	N/A	R	R	'Y' if covered, 'N' if not covered.

Item	Field	Size	Position	Plan Election (PBP Change) 71			Description
				MA	MA-PD	PDP	
22	Number of Uncovered Months	3	95 – 97	N/A	R, blank = zero, meaning no uncovered months	R, blank = zero, meaning no uncovered months	Count of total months without drug coverage, leading zeroes or right justified. Count must be greater than or equal to two (002) when "Creditable Coverage Flag," item (21) above, is 'N'. Count must be zero (000) when "Creditable Coverage Flag" is 'Y'.
23	Employer Subsidy Enrollment Override Flag	1	98	N/A	R if beneficiary has Employer Subsidy status; otherwise blank	R if beneficiary has Employer Subsidy status; otherwise blank	If the beneficiary is in a plan receiving an employer subsidy, but still wants to enroll in a Part D plan, submit the enrollment with the override = 'Y'; otherwise, blank.
24	Part D Opt-Out Flag	1	99	N/A	N/A	N/A	N/A
25	Filler	20	100 –119	N/A	N/A	N/A	Spaces.
26	Filler	15	120 – 134	N/A	N/A	N/A	Spaces.
27	Secondary Drug Insurance Flag	1	135	N/A	R	R	For MA-PD and PDP transactions, 'Y' = beneficiary has secondary drug insurance; 'N' = beneficiary does not have secondary drug insurance available; blank = do not know whether beneficiary has secondary drug insurance.
28	Secondary Rx ID	20	136 – 155	N/A	R if secondary insurance; otherwise, N/A	R if secondary insurance; otherwise, N/A	Secondary insurance plan's ID number for beneficiary. Alphanumeric; uppercase when alpha; left justified. Uppercase printable characters and default value of spaces.

Item	Field	Size	Position	Plan Election (PBP Change) 71			Description
				MA	MA-PD	PDP	
29	Secondary Rx Group	15	156– 170	N/A	R if secondary insurance; otherwise, N/A	R if secondary insurance; otherwise, N/A	Secondary insurance plan's group ID number for beneficiary. Alphanumeric; uppercase when alpha; left justified. Uppercase printable characters and default value of spaces.
30	Enrollment Source	1	171	FILLER	FILLER	FILLER	Not currently available for MCO use.
31	SSN	9	172 – 180	R (If change to MSA)	FILLER	FILLER	Future use.
32	Trustee Routing Number	9	181 – 189	R (If change to MSA)	FILLER	FILLER	Future use.
33	Bank Account Number	17	190 – 206	R (If change to MSA)	FILLER	FILLER	Future use.
34	Bank Account Type	1	207	R (If change to MSA)	FILLER	FILLER	Future use.
35	Filler	17	208 – 224	N/A	N/A	N/A	Spaces.

E.7.5 Plan Change

Item	Field	Size	Position	Plan Change 72			Description
				MA	MA-PD	PDP	
1	HIC#	12	1 – 12	R	R	R	Nine-byte SSN of primary beneficiary (Beneficiary Claim Account Number); two-byte BIC (Beneficiary Identification Code); one-byte filler (except RRB)
2	Surname	12	13 – 24	R	R	R	Beneficiary's last name
3	First Name	7	25 – 31	R	R	R	Beneficiary's first name
4	M. Initial	1	32				Beneficiary's middle initial
5	Sex	1	33	R	R	R	'1' = male, '2' = female, '0' = unknown

Item	Field	Size	Position	Plan Change 72			Description
				MA	MA-PD	PDP	
6	Birth Date (YYYYMMDD)	8	34 – 41	R	R	R	YYYYMMDD — Beneficiary's date of birth
7	EGHP Flag	1	42	blank = no change	blank = no change	blank = no change	For type 72 transactions, 'Y' if EGHP, 'N' if not EGHP, and blank indicates no change.
8	PBP #	3	43 – 45	R	R	R	3-blanks = non-PBP organizations, COST (if non-PBP) and non-MA Demos; otherwise, 3-character numeric = PBP number, zero-padded, 001-999 valid for MA, MA-PD, PDP, and certain COST, PACE and DEMO plans.
9	Election Type	1	46	R for premium withhold option changes; otherwise, N/A	R for premium withhold option changes; otherwise, N/A	R for premium withhold option changes; otherwise, N/A	'S' = SEP for premium withhold option changes; otherwise, blank
10	Contract #	5	47 – 51	R	R	R	Hxxxx = identifies local MAs and MA-PDs. Rxxxx = identifies regional MAs and MA-PDs. Sxxxx = identifies PDPs. Fxxxx = identifies fallback plans.
11	Application Date	8	52 – 59	N/A	N/A	N/A	YYYYMMDD — Either the date the plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper).
12	Transaction Code	2	60 – 61	R	R	R	'72' = Used to change premium withhold option, credible coverage, etc.
13	Disenrollment Reason (Future Use)	2	62 – 63	N/A	N/A	N/A	Future use.
14	Effective Date (YYYYMMDD)	8	64 – 71	R	R	R	YYYYMMDD — Effective date of requested change.

Item	Field	Size	Position	Plan Change 72			Description
				MA	MA-PD	PDP	
15	Segment ID	3	72 – 74	Blank or change-to value for local plans; otherwise, N/A	Blank or change-to value for local plans; otherwise, N/A	N/A	Blank if no change; otherwise, for segment changes, 3-character numeric = segment number, zero padded; 001-999 valid plan Segment ID range. Only local plans (Hxxxx) may have segments.
16	Filler	5	75 – 79	N/A	N/A	N/A	Spaces.
17	Prior Commercial Override	1	80	N/A	N/A	N/A	N/A
18	Premium Withhold Option/ Parts C-D	1	81	blank or change-to value	blank or change-to value	blank or change-to value	Blank if no change; otherwise, D = direct self-pay; S = deduct from SSA benefits; R = deduct from RRB benefits; O = deduct from OPM benefits; N = No premium applicable. The option applies to both Part C and D premiums.
19	Part C Premium Amount (XXXXvXX)	6	82 – 87	Blank or change-to value	Blank or change-to value	N/A	Blank if no change; otherwise, 6 digits with leading zeroes, decimal point assumed 2 digits from right, XXXXvXX. For example, '000000' is $0.00 and '010073' is $100.73.
20	Part D Premium Amount (XXXXvXX)	6	88 – 93	N/A	Blank or change-to value	Blank or change-to value	Blank if no change; otherwise, 6 digits with leading zeroes, decimal point assumed 2 digits from right, XXXXvXX. For example, '000000' is $0.00 and '010073' is $100.73.
21	Creditable Coverage Flag	1	94	N/A	Blank or change-to value	Blank or change-to value	Blank if no change; otherwise, 'Y' if covered, 'N' if not covered.
22	Number of Uncovered Months	3	95 – 97	N/A	Blank or change-to value	Blank or change-to value	Blank if no change; otherwise, count of total months without drug coverage, leading zeroes or right justified. Count must be greater than or equal to two (002) when "Creditable Coverage Flag," item (21) above, is 'N'. Count must be zero (000) when "Creditable Coverage Flag" is 'Y'.

Item	Field	Size	Position	Plan Change 72			Description
				MA	MA-PD	PDP	
23	Employer Subsidy Enrollment Override Flag	1	98	N/A	N/A	N/A	N/A
24	Part D Opt-Out Flag	1	99	N/A	N/A	N/A	N/A
25	Filler	20	100 – 119	N/A	N/A	N/A	Spaces.
26	Filler	15	120 – 134	N/A	N/A	N/A	Spaces.
27	Secondary Drug Insurance Flag	1	135	N/A	Blank or change-to value	Blank or change-to value	Blank if no change; otherwise, for MA-PD and PDP transactions, 'Y' = beneficiary has secondary drug insurance; 'N' = beneficiary does not have secondary drug insurance available.
28	Secondary Rx ID	20	136 – 155	N/A	R if secondary insurance change-to value is Y	R if secondary insurance change-to value is Y	Blank if no change; otherwise, secondary insurance plan's ID number for beneficiary. Alphanumeric; uppercase when alpha; left justified. Uppercase printable characters and default value of spaces.
29	Secondary Rx Group	15	156 – 170	N/A	R if secondary insurance change-to value is Y	R if secondary insurance change-to value is Y	Blank if no change; otherwise, secondary insurance plan's group ID number for beneficiary. Alphanumeric; uppercase when alpha; left justified. Uppercase printable characters and default value of spaces.
30	Enrollment Source	1	171	FILLER	FILLER	FILLER	Not currently available for MCO use.
31	SSN	9	172 – 180	FILLER	FILLER	FILLER	Future use.
32	Trustee Routing Number	9	181 – 189	Blank or change-to value	FILLER	FILLER	Future use.
33	Bank Account Number	17	190 – 206	Blank or change-to value	FILLER	FILLER	Future use.

Item	Field	Size	Position	Plan Change 72			Description
				MA	MA-PD	PDP	
34	Bank Account Type	1	207	Blank or change-to value	FILLER	FILLER	Future use.
35	Filler	17	208 – 224	N/A	N/A	N/A	Spaces.

E.7.6 Correction

Note: The effective date for '01' transactions comes from the file header.

Item	Field	Size	Position	Correction	Description
1	HIC#	12	1 – 12	R	Nine-byte SSN of primary beneficiary (Beneficiary Claim Account Number); two-byte BIC (Beneficiary Identification Code); one-byte filler (except RRB)
2	Surname	12	13 – 24	R	Beneficiary's last name
3	First Name	7	25 – 31	R	Beneficiary's first name
4	M. Initial	1	32		Beneficiary's middle initial
5	Action Code	1	33	R	D = Institutional ON E = Medicaid ON F = Medicaid OFF G = Nursing Home Certifiable (NHC) ON
6	Filler	13	34 – 46	N/A	Spaces
7	Contract #	5	47 – 51	R	Contract Number
8	Filler	8	52 – 59	N/A	Spaces
9	Transaction Code	2	60 – 61	R	'01' = Correction
10	Filler	163	62 – 224	N/A	Spaces

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E.8 Failed Transaction Data File

This is a report detailing transactions that cannot be loaded into MARx for processing due to formatting errors. These records are the result of errors with transaction format or incorrect data types for transaction data elements. This data file is sent to the user who submitted the batch. It contains a header record and failed records for 51, 60, 61, 71, 72, and 01 transaction types.

The following records are included in this file:

Header Record

Failed Records

E.8.1 Header Record

Item	Field Name	Len	Pos	Description
1	User ID	8	1-8	Submitter identification, left justified, tailing blanks
2	Timestamp	26	9-34	Year, month, day, hours, minutes, seconds, and fraction of second YYYY-MM-DD-HH-MM-SS.ssssss
3	Spaces	3	35-37	Spaces
4	Transaction Batch Number	9	38-46	MARx batch ID, right justified, leading zeroes
5	Header Message	12	47-58	'AAAAAAHEADER'
6	Spaces	2	59- 60	Spaces
7	Date Stamp of Receipt of Transaction File by MARx	10	61-70	Format: YYYY-MM-DD
8	Space	1	71	Space
9	Time Stamp of Receipt of Transaction File by MARx	8	72-79	Format: HH.MM.SS
10	Spaces	145	80-224	Spaces

Failed Records for 54-, 60-, 61-, 71-, and 72-Type Transactions

Item	Field	Size	Position	Description
1	User ID	8	1 – 8	Submitter identification, left justified, tailing blanks
2	Timestamp	26	9 – 34	Year, month, day, hours, minutes, seconds, and fraction of second YYYY-MM-DD-HH-MM-SS.ssssss
3	Transaction Reply Code	3	35 – 37	Transaction reply code for failure
4	Transaction Batch Number	9	38 – 46	MARx batch ID, right justified, leading zeroes
5	Beneficiary HICN#	12	47 – 58	From input transaction
6	Beneficiary Surname	12	59 – 70	From input transaction
7	Beneficiary First Name	7	71 – 77	From input transaction
8	Beneficiary Middle Initial	1	78	From input transaction
9	Sex	1	79	From input transaction; otherwise blank
10	Birth Date	8	80 – 87	From input transaction
11	EGHP Flag	1	88	From input transaction; otherwise blank
12	PBP #	3	89 – 91	From input transaction; otherwise blank
13	Election Type	1	92	From input transaction; otherwise blank
14	Contract #	5	93 – 97	From input transaction
15	Application Date	8	98 – 105	From input transaction; otherwise blank
16	Transaction Code	2	106 – 107	From input transaction: 54, 60, 61, 71, or 72
17	Disenrollment Reason	2	108 – 109	From input transaction; otherwise blank
18	Effective Date	8	110 – 117	From input transaction; otherwise blank
19	Segment ID	3	118 – 120	From input transaction; otherwise blank
20	Filler	5	121 – 125	Spaces
21	Prior Commercial Override	1	126	From input transaction; otherwise blank
22	Premium Withhold Option/Parts C-D	1	127	From input transaction; otherwise blank
23	Part C Premium Amount	6	128 – 133	From input transaction; otherwise blank

Item	Field	Size	Position	Description
24	Part D Premium Amount	6	134 – 139	From input transaction; otherwise blank
25	Creditable Coverage Flag	1	140	From input transaction; otherwise blank
26	Number of Uncovered Months	3	141 – 143	From input transaction; otherwise blank
27	Employer Subsidy Enrollment Override Flag	1	144	From input transaction; otherwise blank
28	Part D Opt-Out Flag	1	145	From input transaction; otherwise blank
29	Filler	20	146 – 165	Field removed
30	Filler	15	166 – 180	Field removed
31	Secondary Drug Insurance Flag	1	181	From input transaction; otherwise blank
32	Secondary Rx ID	20	182 – 201	From input transaction; otherwise blank
33	Secondary Rx Group	15	202 – 216	From input transaction; otherwise blank
34	Enrollment Source	1	217	From input transaction; otherwise blank
35	Filler (MSA Fields – Future Use)	36	218 – 253	Future Use
36	Filler	17	254 – 270	Spaces

E.8.2 Failed Records for 01- Type Transaction

Item	Field	Size	Position	Description
1	User ID	8	1 – 8	Submitter identification, left justified, tailing blanks
2	Timestamp	26	9 – 34	Year, month, day, hours, minutes, seconds, and fraction of second YYYY-MM-DD-HH-MM-SS.ssssss
3	Transaction Reply Code	3	35 – 37	Transaction reply code for failure
4	Transaction Batch Number	9	38 – 46	MARx batch ID, right justified, leading zeroes
5	Beneficiary HICN#	12	47 – 58	From input transaction
6	Beneficiary Surname	12	59 – 70	From input transaction
7	Beneficiary First Name	7	71 – 77	From input transaction
8	Beneficiary Middle Initial	1	78	From input transaction
9	Action Code	1	79	From input transaction; otherwise blank
10	Filler	13	80 – 92	Spaces
11	Contract #	5	93 – 97	From input transaction; otherwise blank
12	Filler	8	98 – 105	Spaces
13	Transaction Code	2	106 – 107	'01' = correction
14	Filler	163	108 – 270	Spaces

E.9 Monthly Membership Detail Data File

This is a data file version of the Monthly Membership Detail Report. The report lists every Part C and Part D Medicare member of the contract and provides details about the payments and adjustments made for each. This file contains the data for both Part C and Part D members. It is generated monthly.

Item	Field	Size	Position	Description
1	MCO Contract Number	5	1-5	MCO Contract Number
2	Run Date of the File	8	6-13	Date the file was created YYYYMMDD
3	Payment Date	6	14-19	Payment month YYYYMM
4	HIC Number	12	20-31	Member's HIC #
5	Surname	7	32-38	First 7 letters of the member's surname
6	First Initial	1	39-39	First initial of the member's first name
7	Sex	1	40-40	The member's gender M = Male, F = Female
8	Date of Birth	8	41-48	The member's date of birth 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	Working Aged	1	63-63	Y = Working Aged
17	Institutional	1	64-64	Y = Institutional (monthly)

Item	Field	Size	Position	Description
18	NHC	1	65-65	Y = Nursing Home Certifiable
19	Medicaid	1	66-66	Y = Medicaid Status
20	LTI Flag	1	67-67	Y = Part C Long Term Institutional
21	Medicaid Indicator	1	68-68	Y = Medicaid Add-on
22	PIP-DCG	2	69-70	PIP-DCG Category - Only on pre-2004 adjustments
23	Default Indicator	1	71-71	Y = default RA factor in use • For pre-2004 adjustments, a "Y" indicates that a new enrollee RA factor is in use • For post-2003 payments and adjustments, a "Y" indicates that a default factor was generated by the system due to lack of a RA factor.
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	99 Always Spaces on Payment
29	Paymt/Adjustmt Start Date	8	92-99	YYYYMMDD
30	Paymt/Adjustmt End Date	8	100-107	YYYYMMDD
31	Demographic Paymt/Adjustmt Rate A	9	108-116	-99999.99
32	Demographic Paymt/Adjustmt Rate B	9	117-125	-99999.99
33	Risk Adjuster Paymt/Adjustmt Rate A	9	126-134	-99999.99
34	Risk Adjuster Paymt/Adjustmt Rate B	9	135-143	-99999.99
35	LIS Premium Subsidy	8	144-151	-9999.99
36	**ESRD MSP Flag**	**1**	**152-152**	**Format X. Values = 'Y' or 'N'(default) Indicates if Medicare is the Secondary Payer for an ESRD member**
37	FILLER	19	153-171	SPACES
38	Risk Adjuster Age Group (RAAG)	4	172-175	BBEE BB = Beginning Age

Item	Field	Size	Position	Description
				EE = Ending Age
39	Previous Disable Ratio (PRDIB)	7	176-182	NN.DDDD Percentage of Year (in months) for Previous Disable Add-On – Only on pre-2004 adjustments
40	FILLER	2	183-184	SPACES
41	Plan Benefit Package Id	3	185-187	Plan Benefit Package Id FORMAT 999
42	Race Code	1	188-188	Format X Values: 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = N. American Native
43	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)
44	Frailty Indicator	1	191-191	Y = MCO-level Frailty Factor Included
45	Original Reason for Entitlement (OREC) - **FUTURE FIELD**	1	192-192	0 = Beneficiary insured due to age 1 = Beneficiary insured due to disability

Item	Field	Size	Position	Description
				2 = Beneficiary insured due to ESRD 3 = Beneficiary insured due to disability and current ESRD
46	Lag Indicator	1	193-193	Y = Encounter data used to calculate RA factor lags payment year by 6 months
47	Segment ID	3	194-196	Identification number of the segment of the PBP. Blank if there are no segments.
48	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)
49	EGHP Flag	1	198	Employer Group flag; Y = member of employer group, N = member is not in an employer group
50	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
51	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
52	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
53	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
54	Rebate for Other Part A Mandatory Supplemental	8	231-238	The amount of the rebate allocated to providing

Item	Field	Size	Position	Description
	Benefits			Part A supplemental benefits. This amount is added to the MA plan payment for plans that bid below the benchmark. -9999.99
55	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
56	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
57	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
58	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
59	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
60	Total Part A MA Payment	10	279–288	The total Part A MA payment. -999999.99
61	Total Part B MA Payment	10	289–298	The total Part B MA payment. -999999.99
62	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

Item	Field	Size	Position	Description
				-9999999.99
63	Part D RA Factor	7	310-316	The member's Part D risk adjustment factor. NN.DDDD
64	Part D Low-Income Indicator	1	317	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.
65	Part D Low-Income Multiplier	7	318-324	The member's Part D low-income multiplier. NN.DDDD
66	Part D Long Term Institutional Indicator	1	325	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.
67	Part D Long Term Institutional Multiplier	7	326-332	The member's Part D institutional multiplier. NN.DDDD
68	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
69	Part D Basic Premium Amount	8	341-348	The plan's Part D premium amount. -9999.99
70	Part D Direct Subsidy Payment Amount	10	349-358	The total Part D Direct subsidy payment for the member. -999999.99
71	Reinsurance Subsidy Amount	10	359-368	The amount of the reinsurance subsidy included in the payment. -999999.99
72	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
73	Total Part D Payment	11	379-389	The total Part D payment for the member -9999999.99.
74	Number of Paymt/Adjustmt Months Part D	2	390-391	99
75	Pace Premium Add On	10	392-401	Total Part D Pace Premium Add-on amount -999999.99

Item	Field	Size	Position	Description
76	Pace Cost Sharing Addon	10	402-411	Total Part D Pace Cost Sharing Add-on amount - 999999.99

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E.10 Monthly Membership Summary Data File

This is a data file version of the Monthly Membership Summary Report for both Part C and Part D members, summarizing payments made to a Plan for the month, in several categories; and the adjustments, by all adjustment categories.

Item	Field Name	Len	Pos	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 BSF MNTHLY TOTAL ADJ HOSPIC ON HOSPIC OFF

Item	Field Name	Len	Pos	Description
				ESRD ON ESRD OFF INST ON 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 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

Item	Field Name	Len	Pos	Description
6	Payment Adjustment Count	7	32-38	Beneficiary Count
7	Month count	7	39-45	For payment record it will always be 1 but for adjustment record it will be the number of months adjusted
8	Part A Member count	7	46-52	Beneficiary Count for Part A
9	Part A Month count	7	53-59	For payment record it will always be 1 but for adjustment record it will be the number of months adjusted for Part A
10	Part B Member count	7	60-66	Beneficiary Count for Part B
11	Part B Month count	7	67-73	For payment record it will always be 1 but for adjustment record it will be 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	Beneficiary count for PART D
21	Part D Month Count	7	145-151	For payment record it will always be 1 but for adjustment record it will be 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 Beneficiary's in the 25% LIS band
25	LIS Band 50% member count	7	181-187	Count of Beneficiary's in the 50% LIS band
26	LIS Band 75% member count	7	188-194	Count of Beneficiary's in the 75% LIS band
27	LIS Band 100% member count	7	195-201	Count of Beneficiary's in the 100% LIS band

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E.11 Monthly Premium Withholding Report Data File

This is a monthly reconciliation file of premiums withheld from SSA, RRB, or OPM checks. It includes Part C and Part D premiums and any Part D Late Enrollment Penalties. This file is produced by the Premium Withhold System (PWS). MARx makes this report available to Plans as part of the month-end processing. The file includes the following records:

- Header Record
- Detail Records
- Trailer – T1 – Total at segment level
- Trailer – T2 – Total at PBP level
- Trailer – T3 – Total at contract level

E.11.1 Header Record

Item	Field	Size	Position	Description
1	Record Type	2	1 – 2	H = Header Record PIC XX
2	MCO Contract Number	5	3 – 7	MCO Contract Number PIC X(5)
3	Payment Date	8	8 – 15	YYYYMMDD First 6 digits contain payment month PIC 9(8)
4	Report Date	8	16 – 23	YYYYMMDD Date this report created PIC 9(8)
5	FILLER	142	24 – 165	Spaces

E.11.2 Detail Record

Item	Field	Size	Position	Description
1	Record Type	2	1 – 2	D = Detail Record PIC XX
2	MCO Contract Number	5	3 – 7	MCO Contract Number PIC X(5)
3	Plan Benefit Package Id	3	8 – 10	Plan Benefit Package ID PIC X(3)
4	Plan Segment Id	3	11 – 13	PIC X(3)
5	HIC Number	12	14 – 25	Member's HIC # PIC X(12)
6	Surname	7	26 – 32	PIC X(7)
7	First Initial	1	33	PIC X
8	Sex	1	34	M = Male, F = Female PIC X
9	Date of Birth	8	35 – 42	YYYYMMDD PIC 9(8)
10	Premium Payment Option	3	43 – 45	Premium Payment Option in effect for this Pay Month "SSA" = Withholding by SSA "RRB" = Withholding by RRB "OPM" = Withholding by OPM PIC X(3)
11	FILLER	1	46	Space
12	Premium Period Start Date	8	47 – 54	Starting Date of Period Premium Payment Covers YYYYMMDD PIC 9(8)

Item	Field	Size	Position	Description
13	Premium Period End Date	8	55 – 62	Ending Date of Period Premium Payment Covers YYYYMMDD PIC 9(8)
14	Number of Months in Premium Period	2	63 – 64	PIC 99
15	Part C Premiums Collected	8	65 – 72	Part C Premiums Collected for this beneficiary, plan and premium period A negative amount indicates a refund by withholding agency to beneficiary of premiums paid in a prior premium period PIC -9999.99
16	Part D Premiums Collected	8	73 – 80	Part D Premiums Collected (excluding LEP) for this beneficiary, plan and premium period A negative amount indicates a refund by withholding agency to beneficiary of premiums paid in a prior premium period PIC -9999.99
17	Part D Late Enrollment Penalties Collected	8	81 – 88	Part D Late Enrollment Penalties Collected for this beneficiary, plan and premium period A negative amount indicates a refund by withholding agency to beneficiary of penalties paid in a prior premium period PIC -9999.99
18	FILLER	77	89 – 165	Spaces

E.11.3 Trailer Record

Item	Field	Size	Position	Description
1	Record Type	2	1 – 2	T1 = Trailer Record, withheld totals at segment level T2 = Trailer Record, withheld totals at PBP level T3 = Trailer record, withheld totals at contract level PIC XX
2	MCO Contract Number	5	3 – 7	MCO contract number PIC X(5)
3	Plan Benefit Package ID	3	8 – 10	Plan Benefit Package ID, not populated on T3 records PIC X(3)
4	Plan Segment Id	3	11 – 13	Not populated on T2 or T3 records PIC X(3)
5	Total Part C Premiums Collected	14	14 – 27	Total withholding collections as specified by Trailer Record type, field (1) PIC -9(10).99
6	Total Part D Premiums Collected	14	28 – 41	Total withholding collections as specified by Trailer Record type, field (1) PIC -9(10).99
7	Total Part D Late Enrollment Penalties Collected	14	42 – 55	Total withholding collections as specified by Trailer Record type, field (1) PIC -9(10).99
8	Total Premiums Collected	14	56 – 69	Total Premiums Collected = + Total Part C Premiums Collected + Total Part D Premiums Collected + Total Part D Penalties Collected PIC -9(10).99
9	FILLER	95	70 – 165	Spaces

E.12 Part B Claims (Record Type 1 and Record Type 2) Data File

E.12.1 Record Type 1

Item	Field	Size	Position	Description
1	Contract Number	5	1 – 5	MCO contract number
2	Record Type	1	6	Record Type Number 6—Physician/Supplier Record Type Number 7—Durable Medical Equipment
3	CAN-BIC	12	7 – 18	HIC Number
4	Period From	8	19 – 26	Start Date—YYYYMMDD
5	Period To	8	27 – 34	End Date—YYYYMMDD
6	Date of Birth	8	35 – 42	Beneficiary's Date of Birth—YYYYMMDD
7	Surname	6	43 – 48	First 6 positions of Beneficiary's surname
8	First Name	1	49	First letter of Beneficiary's first name
9	Middle Name	1	50	First letter of Beneficiary's middle name
10	Reimbursement Amount	11	51 – 61	Reimbursement amount for this claim.
11	Total Allowed Charges	11	62 – 72	Total allowed charges for this claim.
12	Report Date	6	73 – 78	Claims processed through date – YYYYMM. Assigned by the system as this file is produced. This is the cut-off date for including a claim in this file.
13	Contractor identification number	5	79 – 83	Identification number of the contractor that processed the claim
14	Provider identification number	10	84 – 93	Provider's identification number.
15	Internal Control Number	15	94 – 108	Internal control number assigned by the Medicare contractor to the claim.
16	Provider Payment Amount	11	109 – 119	Total amount paid to provider for this claim
17	Beneficiary Payment Amount	11	120 – 130	Total amount paid to beneficiary for this claim
18	Filler	57	131 – 187	Spaces

E.12.2 Record Type 2

Item	Field	Size	Position	Description
1	Contract Number	5	1 – 5	MCO contract number
2	Record Type	1	6	Record Type Number 5—Home Health Agency
3	CAN-BIC	12	7 – 18	HIC Number
4	Period From	8	19 – 26	Start Date—YYYYMMDD
5	Period To	8	27 – 34	End Date—YYYYMMDD
6	Date of Birth	8	35 – 42	Beneficiary's Date of Birth—YYYYMMDD
7	Surname	6	43 – 48	First 6 positions of Beneficiary's surname
8	First Name	1	49	First letter of Beneficiary's first name
9	Middle Name	1	50	First letter of Beneficiary's middle name
10	Reimbursement Amount	11	51 – 61	Reimbursement amount for this claim.
11	Total Charges	11	62 – 72	Total charges on the claim.
12	Report Date	6	73 – 78	Claims processed through date—YYYYMM. Assigned by the system when processing claims. This is the cut-off date for including a claim in this file.
13	Contractor identification number	5	79 – 83	Identification number of the contractor that processed the claim
14	Provider identification number	6	84 – 89	Provider's identification number
15	Filler	98	90 -- 187	Spaces

E.13 Part C Risk Adjustment Model Output Data File

The following records are included in this file:

Header Record

Detail Record

Trailer Record

E.13.1 Header Record

Item	Field	Size	Position	Description
1	Contract Number	5	1 – 5	Managed Care Organization (MCO) identification number
2	Run Date	8	6 – 13	Date when file was created, YYYYMMDD
3	Payment Year and Month	6	14 – 19	Identifies the risk adjustment payment year and month for the model run
4	Filler	142	20 – 161	Spaces

E.13.2 Detail Record

Field	Size	Position	Description
Health Insurance Claim Number	12	1 – 12	This is the Health Insurance Claim Number (known as HICN) identifying the primary Medicare Beneficiary under the SSA or RRB programs. The HICN consist of Beneficiary Claim Number (BENE_CAN_NUM) along with the Beneficiary Identification Code (BIC_CD) uniquely identifies a Medicare Beneficiary. For the RRB program, the claim account number is a 12 bytes account number.
Beneficiary Last	12	13 – 24	First 12 bytes of the Beneficiary Last Name

Field	Size	Position	Description
Name			
Beneficiary First Name	7	25 – 31	First 7 bytes of the Beneficiary First Name
Beneficiary Initial	1	32	Beneficiary Initial
Date of Birth	8	33 – 40	The date of birth of the Medicare Beneficiary. Format as YYYYMMDD.
Sex	1	41	Represents the sex of the Medicare Beneficiary. Examples include Male and Female. 0=unknown, 1=male, 2=female
Social Security Number	9	42 – 50	The beneficiary's current identification number that was assigned by the Social Security Administration.
Age Group Female0_34	1	51	The sex and age group for the beneficiary base on a given as of date. Female between ages of 0 through 34. Set to "1" if existed, otherwise '"0".
Age Group Female35_44	1	52	The sex and age group for the beneficiary base on a given as of date. Female between ages of 35 through 44. Set to "1" if existed, otherwise '"0".
Age Group Female45_54	1	53	The sex and age group for the beneficiary base on a given as of date. Female between ages of 45 through 54. Set to "1" if existed, otherwise '"0".
Age Group Female55_59	1	54	The sex and age group for the beneficiary base on a given as of date. Female between ages of 55 through 59. Set to "1" if existed, otherwise '"0".
Age Group Female60_64	1	55	The sex and age group for the beneficiary base on a given as of date. Female between ages of 60 through 64. Set to "1" if existed, otherwise '"0".
Age Group Female65_69	1	56	The sex and age group for the beneficiary base on a given as of date. Female between ages of 65 through 69. Set to "1" if existed, otherwise '"0".
Age Group Female70_74	1	57	The sex and age group for the beneficiary base on a given as of date. Female between ages of 70 through 74. Set to "1" if existed, otherwise '"0".

Field	Size	Position	Description
Age Group Female75_79	1	58	The sex and age group for the beneficiary base on a given as of date. Female between ages of 75 through 79. Set to "1" if existed, otherwise '"0".
Age Group Female80_84	1	59	The sex and age group for the beneficiary base on a given as of date. Female between ages of 80 through 84. Set to "1" if existed, otherwise '"0".
Age Group Female85_89	1	60	The sex and age group for the beneficiary base on a given as of date. Female between ages of 85 through 89. Set to "1" if existed, otherwise '"0".
Age Group Female90_94	1	61	The sex and age group for the beneficiary base on a given as of date. Female between ages of 90 through 94. Set to "1" if existed, otherwise '"0".
Age Group Female95_GT	1	62	The sex and age group for the beneficiary base on a given as of date. Female between age of 95 and greater. Set to "1" if existed, otherwise '"0".
Age Group Male0_34	1	63	The sex and age group for the beneficiary base on a given as of date. Male between ages of 0 through 34. Set to "1" if existed, otherwise '"0".
Age Group Male35_44	1	64	The sex and age group for the beneficiary base on a given as of date. Male between ages of 35 through 44. Set to "1" if existed, otherwise '"0".
Age Group Male45_54	1	65	The sex and age group for the beneficiary base on a given as of date. Male between ages of 45 through 54. Set to "1" if existed, otherwise '"0".
Age Group Male55_59	1	66	The sex and age group for the beneficiary base on a given as of date. Male between ages of 55 through 59. Set to "1" if existed, otherwise '"0".
Age Group Male60_64	1	67	The sex and age group for the beneficiary base on a given as of date. Male between ages of 60 through 64. Set to "1" if existed, otherwise '"0".
Age Group Male65_69	1	68	The sex and age group for the beneficiary base on a given as of date. Male between ages of 65 through 69. Set to "1" if existed, otherwise '"0".

Field	Size	Position	Description
Age Group Male70_74	1	69	The sex and age group for the beneficiary base on a given as of date. Male between ages of 70 through 74. Set to "1" if existed, otherwise '"0".
Age Group Male75_79	1	70	The sex and age group for the beneficiary base on a given as of date. Male between ages of 75 through 79. Set to "1" if existed, otherwise '"0".
Age Group Male80_84	1	71	The sex and age group for the beneficiary base on a given as of date. Male between ages of 80 through 84. Set to "1" if existed, otherwise '"0".
Age Group Male85_89	1	72	The sex and age group for the beneficiary base on a given as of date. Male between ages of 85 through 89. Set to "1" if existed, otherwise '"0".
Age Group Male90_94	1	73	The sex and age group for the beneficiary base on a given as of date. Male between ages of 90 through 94. Set to "1" if existed, otherwise '"0".
Age Group Male95_GT	1	74	The sex and age group for the beneficiary base on a given as of date. Male between age of 95 and greater. Set to "1" if existed, otherwise '"0".
Medicaid Female Disabled	1	75	Beneficiary is a female disabled and also entitled to Medicaid. Set to "1" if existed, otherwise '"0".
Medicaid Female Aged	1	76	Beneficiary is a female aged (> 64) and also entitled to Medicaid. Set to "1" if existed, otherwise '"0".
Medicaid Male Disabled	1	77	Beneficiary is a male disabled and also entitled to Medicaid. Set to "1" if existed, otherwise '"0".
Medicaid Male Aged	1	78	Beneficiary is a male aged (> 64) and also entitled to Medicaid. Set to "1" if existed, otherwise '"0".
Originally Disabled Female	1	79	Beneficiary is a female and original Medicare entitlement was due to disability. Set to "1" if existed, otherwise '"0".

Field	Size	Position	Description
Originally Disabled Male	1	80	Beneficiary is a male and original Medicare entitlement was due to disability. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC1	1	81	HIV/AIDS. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC2	1	82	Septicemia/Shock. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC5	1	83	Opportunistic Infections. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC7	1	84	Metastatic Cancer and Acute Leukemia. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC8	1	85	Lung, Upper Digestive Tract, and Other Severe Cancers. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC9	1	86	Lymphatic, Head and Neck, Brain, and Other Major Cancers. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC10	1	87	Breast, Prostate, Colorectal and Other Cancers and Tumors. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC15	1	88	Diabetes with Renal or Peripheral Circulatory Manifestation. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC16	1	89	Diabetes with Neurologic or Other Specified Manifestation. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC17	1	90	Diabetes with Acute Complications. Set to "1" if existed, otherwise '"0".

Field	Size	Position	Description
Disease Coefficients HCC18	1	91	Diabetes with Ophthalmologic or Unspecified Manifestation. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC19	1	92	Diabetes without Complication. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC21	1	93	Protein-Calorie Malnutrition. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC25	1	94	End-Stage Liver Disease. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC26	1	95	Cirrhosis of Liver Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC27	1	96	Chronic Hepatitis. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC31	1	97	Intestinal Obstruction/Perforation. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC32	1	98	Pancreatic Disease. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC33	1	99	Inflammatory Bowel Disease. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC37	1	100	Bone/Joint/Muscle Infections/Necrosis. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC38	1	101	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease. Set to "1" if existed, otherwise '"0".

Field	Size	Position	Description
Disease Coefficients HCC44	1	102	Severe Hematological Disorders. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC45	1	103	Disorders of Immunity. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC51	1	104	Drug/Alcohol Psychosis. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC52	1	105	Drug/Alcohol Dependence. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC54	1	106	Schizophrenia. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC55	1	107	Major Depressive, Bipolar, and Paranoid Disorders. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC67	1	108	Quadriplegia, Other Extensive Paralysis. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC68	1	109	Paraplegia. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC69	1	110	Spinal Cord Disorders/Injuries. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC70	1	111	Muscular Dystrophy. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC71	1	112	Polyneuropathy. Set to "1" if existed, otherwise "'0".

Field	Size	Position	Description
Disease Coefficients HCC72	1	113	Multiple Sclerosis. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC73	1	114	Parkinson's and Huntington's Diseases. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC74	1	115	Seizure Disorders and Convulsions. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC75	1	116	Coma, Brain Compression/Anoxic Damage. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC77	1	117	Respirator Dependence/Tracheostomy Status. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC78	1	118	Respiratory Arrest. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC79	1	119	Cardio-Respiratory Failure and Shock. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC80	1	120	Congestive Heart Failure. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC81	1	121	Acute Myocardial Infarction. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC82	1	122	Unstable Angina and Other Acute Ischemic Heart Disease. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC83	1	123	Angina Pectoris/Old Myocardial Infarction. Set to "1" if existed, otherwise "'0".

Field	Size	Position	Description
Disease Coefficients HCC92	1	124	Specified Heart Arrhythmias. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC95	1	125	Cerebral Hemorrhage. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC96	1	126	Ischemic or Unspecified Stroke. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC100	1	127	Hemiplegia/Hemiparesis. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC101	1	128	Cerebral Palsy and Other Paralytic Syndromes. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC104	1	129	Vascular Disease with Complications. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC105	1	130	Vascular Disease. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC107	1	131	Cystic Fibrosis. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC108	1	132	Chronic Obstructive Pulmonary Disease. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC111	1	133	Aspiration and Specified Bacterial Pneumonias. Set to "1" if existed, otherwise "'0".
Disease Coefficients HCC112	1	134	Pneumococcal Pneumonia, Empyema, Lung Abscess. Set to "1" if existed, otherwise "'0".

Field	Size	Position	Description
Disease Coefficients HCC119	1	135	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC130	1	136	Dialysis Status. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC131	1	137	Renal Failure. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC132	1	138	Nephritis. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC148	1	139	Decubitus Ulcer of Skin. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC149	1	140	Chronic Ulcer of Skin, Except Decubitus. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC150	1	141	Extensive Third-Degree Burns. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC154	1	142	Severe Head Injury. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC155	1	143	Major Head Injury Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC157	1	144	Vertebral Fractures without Spinal Cord Injury. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC158	1	145	Hip Fracture/Dislocation. Set to "1" if existed, otherwise '"0".

Field	Size	Position	Description
Disease Coefficients HCC161	1	146	Traumatic Amputation. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC164	1	147	Major Complications of Medical Care and Trauma. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC174	1	148	Major Organ Transplant Status. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC176	1	149	Artificial Openings for Feeding or Elimination. Set to "1" if existed, otherwise '"0".
Disease Coefficients HCC177	1	150	Amputation Status, Lower Limb/Amputation Complications. Set to "1" if existed, otherwise '"0".
Disabled Disease HCC5	1	151	Disabled*Opportunistic Infections. Set to "1" if existed, otherwise '"0".
Disabled Disease HCC44	1	152	Disabled*Severe Hematological Disorders. Set to "1" if existed, otherwise '"0".
Disabled Disease HCC51	1	153	Disabled*Drug/Alcohol Psychosis. Set to "1" if existed, otherwise '"0".
Disabled Disease HCC52	1	154	Disabled*Drug/Alcohol Dependence. Set to "1" if existed, otherwise '"0".
Disabled Disease HCC107	1	155	Disabled*Cystic Fibrosis. Set to "1" if existed, otherwise '"0".
Disease Interactions INT1	1	156	DM_CHF. Set to "1" if existed, otherwise '"0".

Field	Size	Position	Description
Disease Interactions INT2	1	157	DM_CVD. Set to "1" if existed, otherwise '"0".
Disease Interactions INT3	1	158	CHF_COPD. Set to "1" if existed, otherwise '"0".
Disease Interactions INT4	1	159	COPD_CVD_CAD. Set to "1" if existed, otherwise '"0".
Disease Interactions INT5	1	160	RF_CHF. Set to "1" if existed, otherwise '"0".
Disease Interactions INT6	1	161	RF_CHF_DM. Set to "1" if existed, otherwise '"0".

E.13.3 Trailer Record

Item	Field	Size	Position	Description
1	Contract Number	5	1 – 5	Managed Care Organization (MCO) identification number
2	Total Record Count	9	6 – 14	Record count in display format 9(9). Includes header and trailer records.
3	Filler	147	15 – 161	Spaces

E.14 Part D Risk Adjustment Model Output Data File

The following records are included in this file:

Header Record

Detail/Beneficiary Record Format

Trailer Record

E.14.1 Header

The Contract Header Record signals the beginning of the detail/beneficiary records for a Medicare Advantage or stand-alone Prescription Drug Plan contract/plan. This new record will have length 164.

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
1	Record Type Code	Char(1)	1	1	1	Set to "1"	1 = Header, 2 = Details, 3 = Trailer
2	Contract Number	Char(5)	2	6	5		Unique identification for a Medicare Advantage or stand-alone Prescription Drug Plan contract.
2	Run Date	Char(8)	7	14	8	Format as yyyymmdd	The run date when this file was created.
3	Payment Year and Month	Char(6)	15	20	6	Format as yyyymm	This identifies the risk adjustment payment year and month for the model run.
4	Filler	Char(142)	21	**164**	**144**	Spaces	

E.14.2 Detail/Beneficiary Record Format

Each Detail/Beneficiary Record contains information for an HCC beneficiary in a Medicare Prescription Drug contract/plan, as of the last RAS model run for the current calendar/payment year.

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
1	Record Type Code	Char(1)	1	1	1	Set to "2"	1 = Header, 2 = Details, 3 = Trailer
2	Health Insurance Claim Account Number	Char(12)	2	13	12	Also known as HICAN	This is the Health Insurance Claim Account Number (known as HICAN) identifying the primary Medicare Beneficiary under the SSA or RRB programs. The HICAN consist of Beneficiary Claim Number (BENE_CAN_NUM) along with the Beneficiary Identification Code (BIC_CD) uniquely identifies a Medicare Beneficiary. For the RRB program, the claim account number is a 12-byte account number.
3	Beneficiary Last Name	Char(12)	14	25	12	First 12 bytes of the Bene Last Name	Beneficiary Last Name
4	Beneficiary First Name	Char(7)	26	32	7	First 7 bytes of the bene First Name	Beneficiary First Name
5	Beneficiary Initial	Char(1)	33	33	1	1 byte Initial	Beneficiary Initial
6	Date of Birth	Char(8)	34	41	8	Formatted as yyyymmdd	The date of birth of the Medicare Beneficiary

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
7	Sex	Char(1)	42	42	1	0=unknown, 1=male, 2=female	Represents the sex of the Medicare Beneficiary. Examples include Male and Female.
8	Social Security Number	Char(9)	43	51	9	Also known as SSN_NUM	The beneficiary's current identification number that was assigned by the Social Security Administration.
9	Age Group Female 0-34	Char(1)	52	52	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 0 through 34.
10	Age Group Female35_44	Char(1)	53	53	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 35 through 44.
11	Age Group Female45_54	Char(1)	54	54	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 45 through 54.
12	Age Group Female55_59	Char(1)	55	55	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 55 through 59.
13	Age Group Female60_64	Char(1)	56	56	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 60 through 64.
14	Age Group Female65_69	Char(1)	57	57	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 65 through 69.
15	Age Group Female70_74	Char(1)	58	58	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 70 through 74.
16	Age Group Female75_79	Char(1)	59	59	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 75 through 79.

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
17	Age Group Female80_84	Char(1)	60	60	1	Set to "1" if applicable, otherwise '"0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 80 through 84.
18	Age Group Female85_89	Char(1)	61	61	1	Set to "1" if applicable, otherwise '"0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 85 through 89.
19	Age Group Female90_94	Char(1)	62	62	1	Set to "1" if applicable, otherwise '"0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 90 through 94.
20	Age Group Female95_GT	Char(1)	63	63	1	Set to "1" if applicable, otherwise '"0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 95 and greater.
21	Age Group Male0_34	Char(1)	64	64	1	Set to "1" if applicable, otherwise '"0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 0 through 34.
22	Age Group Male35_44	Char(1)	65	65	1	Set to "1" if applicable, otherwise '"0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 35 through 44.
23	Age Group Male45_54	Char(1)	66	66	1	Set to "1" if applicable, otherwise '"0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 45 through 54.
24	Age Group Male55_59	Char(1)	67	67	1	Set to "1" if applicable, otherwise '"0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 55 through 59.
25	Age Group Male60_64	Char(1)	68	68	1	Set to "1" if applicable, otherwise '"0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 60 through 64.
26	Age Group Male65_69	Char(1)	69	69	1	Set to "1" if applicable, otherwise '"0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 65 through 69.

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
27	Age Group Male70_74	Char(1)	70	70	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 70 through 74.
28	Age Group Male75_79	Char(1)	71	71	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 through 79.
29	Age Group Male80_84	Char(1)	72	72	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 through 84.
30	Age Group Male85_89	Char(1)	73	73	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 through 89.
31	Age Group Male90_94	Char(1)	74	74	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 through 94.
32	Age Group Male95_GT	Char(1)	75	75	1	Set to "1" if applicable, otherwise "'0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 95 and greater.
33	Originally Disabled Female	Char(1)	76	76	1	Set to "1" if applicable, otherwise "'0"	Beneficiary is a female aged (age>64) and original Medicare entitlement was due to disability.
34	Originally Disabled Male	Char(1)	77	77	1	Set to "1" if applicable, otherwise "'0"	Beneficiary is a male aged (age>64) and original Medicare entitlement was due to disability.
35	Disease Coefficients RXHCC1	Char(1)	78	78	1	Set to "1" if applicable, otherwise "'0"	HIV/AIDS
36	Disease Coefficients RXHCC2	Char(1)	79	79	1	Set to "1" if applicable, otherwise "'0"	Opportunistic Infections
37	Disease Coefficients RXHCC3	Char(1)	80	80	1	Set to "1" if applicable,	Infectious Diseases

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
						otherwise "'0"	
38	Disease Coefficients RXHCC8	Char(1)	81	81	1	Set to "1" if applicable, otherwise "'0"	Acute Myeloid Leukemia
39	Disease Coefficients RXHCC9	Char(1)	82	82	1	Set to "1" if applicable, otherwise "'0"	Metastatic Cancer, Acute Leukemia, and Severe Cancers
40	Disease Coefficients RXHCC10	Char(1)	83	83	1	Set to "1" if applicable, otherwise "'0"	Lung, Upper Digestive Tract, and Other Severe Cancers
41	Disease Coefficients RXHCC17	Char(1)	84	84	1	Set to "1" if applicable, otherwise "'0"	Diabetes with Specified Complications
42	Disease Coefficients RXHCC18	Char(1)	85	85	1	Set to "1" if applicable, otherwise "'0"	Diabetes without Complication
43	Disease Coefficients RXHCC19	Char(1)	86	86	1	Set to "1" if applicable, otherwise "'0"	Disorders of Lipoid Metabolism
44	Disease Coefficients RXHCC20	Char(1)	87	87	1	Set to "1" if applicable, otherwise "'0"	Other Significant Endocrine and Metabolic Disorders
45	Disease Coefficients RXHCC21	Char(1)	88	88	1	Set to "1" if applicable, otherwise "'0"	Other Specified Endocrine/Metabolic/ Nutritional Disorders
46	Disease Coefficients RXHCC24	Char(1)	89	89	1	Set to "1" if applicable, otherwise "'0"	Chronic Viral Hepatitis
47	Disease Coefficients RXHCC31	Char(1)	90	90	1	Set to "1" if applicable, otherwise "'0"	Chronic Pancreatic Disease

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
48	Disease Coefficients RXHCC33	Char(1)	91	91	1	Set to "1" if applicable, otherwise "'0"	Inflammatory Bowel Disease
49	Disease Coefficients RXHCC34	Char(1)	92	92	1	Set to "1" if applicable, otherwise "'0"	Peptic Ulcer and Gastrointestinal Hemorrhage
50	Disease Coefficients RXHCC37	Char(1)	93	93	1	Set to "1" if applicable, otherwise "'0"	Esophageal Disease
51	Disease Coefficients RXHCC39	Char(1)	94	94	1	Set to "1" if applicable, otherwise "'0"	Bone/Joint/Muscle Infections/Necrosis
52	Disease Coefficients RXHCC40	Char(1)	95	95	1	Set to "1" if applicable, otherwise "'0"	Bechets Syndrome and Other Connective Tissue Disease
53	Disease Coefficients RXHCC41	Char(1)	96	96	1	Set to "1" if applicable, otherwise "'0"	Rheumatoid Arthritis and Other Inflammatory Polyarthropathy
54	Disease Coefficients RXHCC42	Char(1)	97	97	1	Set to "1" if applicable, otherwise "'0"	Inflammatory Spondylopathies
55	Disease Coefficients RXHCC43	Char(1)	98	98	1	Set to "1" if applicable, otherwise "'0"	Polymyalgia Rheumatica
56	Disease Coefficients RXHCC44	Char(1)	99	99	1	Set to "1" if applicable, otherwise "'0"	Psoriatic Arthropathy
57	Disease Coefficients RXHCC45	Char(1)	100	100	1	Set to "1" if applicable, otherwise "'0"	Disorders of the Vertebrae and Spinal Discs
58	Disease Coefficients RXHCC47	Char(1)	101	101	1	Set to "1" if applicable, otherwise "'0"	Osteoporosis and Vertebral Fractures

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
59	Disease Coefficients RXHCC48	Char(1)	102	102	1	Set to "1" if applicable, otherwise "'0"	Other Musculoskeletal and Connective Tissue Disorders
60	Disease Coefficients RXHCC51	Char(1)	103	103	1	Set to "1" if applicable, otherwise "'0"	Severe Hematological Disorders
61	Disease Coefficients RXHCC52	Char(1)	104	104	1	Set to "1" if applicable, otherwise "'0"	Disorders of Immunity
62	Disease Coefficients RXHCC54	Char(1)	105	105	1	Set to "1" if applicable, otherwise "'0"	Polycythemia Vera
63	Disease Coefficients RXHCC55	Char(1)	106	106	1	Set to "1" if applicable, otherwise "'0"	Coagulation Defects and Other Specified Blood Diseases
64	Disease Coefficients RXHCC57	Char(1)	107	107	1	Set to "1" if applicable, otherwise "'0"	Delirium and Encephalopathy
65	Disease Coefficients RXHCC59	Char(1)	108	108	1	Set to "1" if applicable, otherwise "'0"	Dementia with Depression/Behavioral Disturbance
66	Disease Coefficients RXHCC60	Char(1)	109	109	1	Set to "1" if applicable, otherwise "'0"	Dementia/Cerebral Degeneration
67	Disease Coefficients RXHCC65	Char(1)	110	110	1	Set to "1" if applicable, otherwise "'0"	Schizophrenia
68	Disease Coefficients RXHCC66	Char(1)	111	111	1	Set to "1" if applicable, otherwise "'0"	Other Major Psychiatric Disorders
69	Disease Coefficients RXHCC67	Char(1)	112	112	1	Set to "1" if applicable,	Other Psychiatric Symptoms/Syndromes

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
						otherwise "'0"	
70	Disease Coefficients RXHCC75	Char(1)	113	113	1	Set to "1" if applicable, otherwise "'0"	Attention Deficit Disorder
71	Disease Coefficients RXHCC76	Char(1)	114	114	1	Set to "1" if applicable, otherwise "'0"	Motor Neuron Disease and Spinal Muscular Atrophy
72	Disease Coefficients RXHCC77	Char(1)	115	115	1	Set to "1" if applicable, otherwise "'0"	Quadriplegia, Other Extensive Paralysis, and Spinal Cord Injuries
73	Disease Coefficients RXHCC78	Char(1)	116	116	1	Set to "1" if applicable, otherwise "'0"	Muscular Dystrophy
74	Disease Coefficients RXHCC79	Char(1)	117	117	1	Set to "1" if applicable, otherwise "'0"	Polyneuropathy, Except Diabetic
75	Disease Coefficients RXHCC80	Char(1)	118	118	1	Set to "1" if applicable, otherwise "'0"	Multiple Sclerosis
76	Disease Coefficients RXHCC81	Char(1)	119	119	1	Set to "1" if applicable, otherwise "'0"	Parkinson's Disease
77	Disease Coefficients RXHCC82	Char(1)	120	120	1	Set to "1" if applicable, otherwise "'0"	Huntington's Disease
78	Disease Coefficients RXHCC83	Char(1)	121	121	1	Set to "1" if applicable, otherwise "'0"	Seizure Disorders and Convulsions
79	Disease Coefficients RXHCC85	Char(1)	122	122	1	Set to "1" if applicable, otherwise "'0"	Migraine Headaches

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
80	Disease Coefficients RXHCC86	Char(1)	123	123	1	Set to "1" if applicable, otherwise "'0"	Mononeuropathy, Other Abnormal Movement Disorders
81	Disease Coefficients RXHCC87	Char(1)	124	124	1	Set to "1" if applicable, otherwise "'0"	Other Neurological Conditions/Injuries
82	Disease Coefficients RXHCC91	Char(1)	125	125	1	Set to "1" if applicable, otherwise "'0"	Congestive Heart Failure
83	Disease Coefficients RXHCC92	Char(1)	126	126	1	Set to "1" if applicable, otherwise "'0"	Acute Myocardial Infarction and Unstable Angina
84	Disease Coefficients RXHCC98	Char(1)	127	127	1	Set to "1" if applicable, otherwise "'0"	Hypertensive Heart Disease or Hypertension
85	Disease Coefficients RXHCC99	Char(1)	128	128	1	Set to "1" if applicable, otherwise "'0"	Specified Heart Arrhythmias
86	Disease Coefficients RXHCC102	Char(1)	129	129	1	Set to "1" if applicable, otherwise "'0"	Cerebral Hemorrhage and Effects of Stroke
87	Disease Coefficients RXHCC105	Char(1)	130	130	1	Set to "1" if applicable, otherwise "'0"	Pulmonary Embolism and Deep Vein Thrombosis
88	Disease Coefficients RXHCC106	Char(1)	131	131	1	Set to "1" if applicable, otherwise "'0"	Vascular Disease
89	Disease Coefficients RXHCC108	Char(1)	132	132	1	Set to "1" if applicable, otherwise "'0"	Cystic Fibrosis
90	Disease Coefficients RXHCC109	Char(1)	133	133	1	Set to "1" if applicable, otherwise "'0"	Asthma and COPD

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
91	Disease Coefficients RXHCC110	Char(1)	134	134	1	Set to "1" if applicable, otherwise "'0"	Fibrosis of Lung and Other Chronic Lung Disorders
92	Disease Coefficients RXHCC111	Char(1)	135	135	1	Set to "1" if applicable, otherwise "'0"	Aspiration and Specified Bacterial Pneumonias
93	Disease Coefficients RXHCC112	Char(1)	136	136	1	Set to "1" if applicable, otherwise "'0"	Empyema, Lung Abscess, and Fungal and Parasitic Lung Infections
94	Disease Coefficients RXHCC113	Char(1)	137	137	1	Set to "1" if applicable, otherwise "'0"	Acute Bronchitis and Congenital Lung/Respiratory Anomaly
95	Disease Coefficients RXHCC120	Char(1)	138	138	1	Set to "1" if applicable, otherwise "'0"	Vitreous Hemorrhage and Vascular Retinopathy, Except Diabetic
96	Disease Coefficients RXHCC121	Char(1)	139	139	1	Set to "1" if applicable, otherwise "'0"	Macular Degeneration and Retinal Disorders, Except Detachment and Vascular Retinopathies
98	Disease Coefficients RXHCC122	Char(1)	140	140	1	Set to "1" if applicable, otherwise "'0"	Open-angle Glaucoma
99	Disease Coefficients RXHCC123	Char(1)	141	141	1	Set to "1" if applicable, otherwise "'0"	Glaucoma and Keratoconus
100	Disease Coefficients RXHCC126	Char(1)	142	142	1	Set to "1" if applicable, otherwise "'0"	Larynx/Vocal Cord Diseases
101	Disease Coefficients RXHCC129	Char(1)	143	143	1	Set to "1" if applicable, otherwise "'0"	Other Diseases of Upper Respiratory System
102	Disease Coefficients RXHCC130	Char(1)	144	144	1	Set to "1" if applicable, otherwise "'0"	Salivary Gland Diseases

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
103	Disease Coefficients RXHCC132	Char(1)	145	145	1	Set to "1" if applicable, otherwise "'0"	Kidney Transplant Status
104	Disease Coefficients RXHCC134	Char(1)	146	146	1	Set to "1" if applicable, otherwise "'0"	Chronic Renal Failure
105	Disease Coefficients RXHCC135	Char(1)	147	147	1	Set to "1" if applicable, otherwise "'0"	Nephritis
106	Disease Coefficients RXHCC137	Char(1)	148	148	1	Set to "1" if applicable, otherwise "'0"	Urinary Obstruction and Retention
107	Disease Coefficients RXHCC138	Char(1)	149	149	1	Set to "1" if applicable, otherwise "'0"	Fecal Incontinence
108	Disease Coefficients RXHCC139	Char(1)	150	150	1	Set to "1" if applicable, otherwise "'0"	Incontinence
109	Disease Coefficients RXHCC140	Char(1)	151	151	1	Set to "1" if applicable, otherwise "'0"	Impaired Renal Function and Other Urinary Disorders
110	Disease Coefficients RXHCC144	Char(1)	152	152	1	Set to "1" if applicable, otherwise "'0"	Vaginal and Cervical Diseases
111	Disease Coefficients RXHCC145	Char(1)	153	153	1	Set to "1" if applicable, otherwise "'0"	Female Stress Incontinence
112	Disease Coefficients RXHCC157	Char(1)	154	154	1	Set to "1" if applicable, otherwise "'0"	Chronic Ulcer of Skin, Except Decubitus
113	Disease Coefficients RXHCC158	Char(1)	155	155	1	Set to "1" if applicable, otherwise "'0"	Psoriasis

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
114	Disease Coefficients RXHCC159	Char(1)	156	156	1	Set to "1" if applicable, otherwise "'0"	Cellulitis and Local Skin Infection
115	Disease Coefficients RXHCC160	Char(1)	157	157	1	Set to "1" if applicable, otherwise "'0"	Bullous Dermatoses and Other Specified Erythematous Conditions
116	Disease Coefficients RXHCC165	Char(1)	158	158	1	Set to "1" if applicable, otherwise "'0"	Vertebral Fractures without Spinal Cord Injury
117	Disease Coefficients RXHCC166	Char(1)	159	159	1	Set to "1" if applicable, otherwise "'0"	Pelvic Fracture
118	Disease Coefficients RXHCC186	Char(1)	160	160	1	Set to "1" if applicable, otherwise "'0"	Major Organ Transplant Status
119	Disease Coefficients RXHCC187	Char(1)	161	161	1	Set to "1" if applicable, otherwise "'0"	Other Organ Transplant/Replacement
120	Disabled Disease RXHCC65	Char(1)	162	162	1	Set to "1" if applicable, otherwise "'0"	Disabled (Age<65) and Schizophrenia
121	Disabled Disease RXHCC66	Char(1)	163	163	1	Set to "1" if applicable, otherwise "'0"	Disable (Age<65) and Other Major Psychiatric Disorders
122	Disabled Disease RXHCC108	Char(1)	164	164	1	Set to "1" if applicable, otherwise "'0"	Disabled (Age<65) and Cystic Fibrosis
			164	164	164		

E.14.3 Trailer Record

The Contract Trailer Record signals the end of the detail/beneficiary records for a Medicare Advantage or stand-alone Prescription Drug Plan contract/plan. This new record will have length 164.

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
1	Record Type Code	Char(1)	1	1	1	Set to "3"	1 = Header, 2 = Details, 3 = Trailer
2	Contract Number	Char(5)	2	6	5		Unique identification for a Medicare Advantage or stand-alone Prescription Drug Plan contract.
3	Total Record Count	Char(9)	7	15	9	Includes all header and trailer records	Record count in display format 9(9).
4	Filler	Char(151)	16	164	149	Spaces	
				Total	164		

E.15 Weekly/Monthly Transaction Reply Activity Data File

The Weekly/Monthly Transaction Reply Activity Data File is the data file version of the Transaction Replies Weekly/Monthly Activity Report, which lists, for the weekly version, all of the transactions that MARx processed in a given week for a Plan, regardless of source. It provides a final disposition code for each transaction and is usually generated each Saturday. The Monthly Data File includes transactions that MARx processed for a Plan in the given month, regardless of source, and gives a final disposition code for each transaction. It includes the data from all Weekly TRRs.

Note: Field 30 reused as application date, other MMA elements begin with Field 32.

Field	Size	Position	Description
1. Claim Number	12	1 – 12	Claim Account Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Name	1	32	Beneficiary Middle Initial
5. Sex Code	1	33	Beneficiary Sex Identification Code 0 = Unknown 1 = Male 2 = Female
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Medicaid Indicator	1	42	1 = Medicaid 0 = No Medicaid
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code
10. County Code	3	50 – 52	Beneficiary Residence County Code
11. Disability Indicator	1	53	1 = Disabled 0 = No Disability
12. Hospice Indicator	1	54	1 = Hospice 0 = No Hospice

Field	Size	Position	Description
13. Institutional/NHC Indicator	1	55	1 = Institutional 2 = NHC 0 = No Institutional
14. ESRD Indicator	1	56	1 = End-Stage Renal Disease 0 = No End-Stage Renal Disease
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code
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 Blank = Entitled to Part A or B
18. Effective Date	8	63 – 70	YYYYMMDD Format; Present for all Transaction Reply Codes
19. WA Indicator	1	71	1 = Working Aged 0 = No Working Aged
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 – 83	YYYYMMDD Format; Present for all transaction reply codes
23. Filler	1	84	Space
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; Present only when Transaction Reply Code is one of the following: 13, 14, 18, 84
b. New Enrollment Effective Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 83
c. Claim Number (new)	12	85 – 96	Present only when Transaction Reply Code is one of the following: 22, 25, 86

Field	Size	Position	Description
d. Date of Death	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 90 (with transaction type 01), 92
e. Hospice Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 71
f. Hospice End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 72
g. ESRD Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 73
h. ESRD End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 74
i. Institutional/ NHC Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 48, 75
j. Medicaid Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 77
k. Medicaid End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 78
l. Part A End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 79
m. WA Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 66
n. WA End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 67
o. Part A Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 80
p. Part B End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 81
q. Part B Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 82
r. New SCC	5	85 – 89	Beneficiary Residence State and County Code; Present only when Transaction Reply Code is 85

Field	Size	Position	Description
s. Attempted Enroll Effective Date	8	85 - 92	The effective date of an enrollment transaction that was submitted but rejected. Present only when Transaction Reply code is the following: 35, 36, 45, 56
t. New Low-Income Premium Subsidy	12	85 – 96	ZZZZZZZZ9.99 Format; Part D low-income premium subsidy amount.
u. New Low-income Cost Sharing Subsidy	1	85 – 85	The beneficiary's Part D low-income subsidy status has changed, resulting in a co-pay level change. The new co-pay level is: 1 = $2/$5 (High) 2 = $1/$3 (Low) 3 = $0 (0) 4 = 15%
v. PBP Effective Date	8	85 – 92	YYYYMMDD Format. Effective date of a beneficiary's PBP change. Present only when Transaction Reply Code is 100.
w. Correct Part D Premium Rate	12	85 – 96	ZZZZZZZZ9.99 Format; Part D premium amount reported by HPMS for the Plan. Present only when the Transaction Reply Code is 181.
25. District Office Code	3	97 – 99	Code of the originating district office; Present only when Transaction Type Code is 53
26. Filler	8	100 – 107	Part A Payments are no longer part of the TR data file, this field is now fill space.
27. Filler	8	108 – 115	Part B Payments are no longer part of the TR data file, this field is now fill space.
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 type code is 71
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 **Note: This field was previously filler in MMCS**

Field	Size	Position	Description
31. Filler	2	132 – 133	Spaces
MMA fields start here:			**MMCS Data file ended with position 133.**
32. Out of Area Flag	1	134 – 134	Out of Area Indicator
33. Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries
34. Part C Beneficiary Premium	8	138 – 145	Cost to beneficiary for Part C benefits
35. Part D Beneficiary Premium	8	146 – 153	Cost to beneficiary for Part D benefits
36. Election Type	1	154 – 154	A = AEP; E = IEP; I = ICEP; S=SEP; O = OEP; N = OEPNEW; T = OEPI MA/MA-PDs have I, A, O, S, N, T PDPs have E, A, and S
37. Enrollment Source	1	155 – 155	A = Auto enrolled by CMS B = Beneficiary Election C = Facilitated enrollment by CMS D = CMS Annual Rollover
38. Part D Opt-Out Flag	1	156 – 156	Y = Opt-out of auto enrollment Blank = No change to opt-out status
39. Premium Withhold Option/Parts C-D	1	157 – 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
40. Number of Uncovered Months	3	158 – 160	Count of Total Months without drug coverage
41. Creditable Coverage Flag	1	161 – 161	Y = Covered N = Not Covered
42. Employer Subsidy Override Flag	1	162 – 162	Y = Beneficiary is in a plan receiving an employer subsidy, flag allows enrollment in a Part D plan.

Field	Size	Position	Description
43. Filler	20	163 – 182	Part D plan's Rx ID number for beneficiary is no longer part of the TR data file, this field is now fill space.
44. Filler	15	183 – 197	Part D plan's Rx group ID number for beneficiary is no longer part of the TR data file; this field is now fill space.
45. Secondary Drug Insurance Flag	1	198-198	Type 61 & 71 MA-PD and PDP transactions: Y = Beneficiary has secondary drug insurance N = Beneficiary does not have secondary drug insurance available Blank – Do not know whether beneficiary has secondary drug insurance Type 72 MA-PD and PDP transactions: Y = Secondary drug insurance available N = No secondary drug insurance available Blank = no change
46. Secondary Rx ID	20	199 – 218	Secondary Insurance plan's ID number for beneficiary
47. Secondary Rx Group	15	219 – 233	Secondary Insurance plan's Group ID number for beneficiary
48. EGHP	1	234 - 234	Type 60, 61, 71 transactions: Y = EGHP Blank = not EGHP Type 72 transactions: Y = EGHP N = Not EGHP Blank = no change

Field	Size	Position	Description
49. Part D Low-Income Premium Subsidy Level	3	235 – 237	Part D low-income premium subsidy category: '000' = No subsidy, '025' = 25% subsidy level, '050' = 50% subsidy level, '075' = 75% subsidy level, '100' = 100% subsidy level
50. Low-Income Co-Pay Category	1	238 – 238	Definitions of the co-payment categories: '0' = none, not low-income '1' = $2/$5 (High) '2' = $1/$3 (Low) '3' = $0 (0) '4' = 15% '5' = Unknown
51. Low-Income Co-Pay Effective Date	8	239 - 246	Date co-pay category became effective, YYYYMMDD.
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
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Amount of Part D late enrollment penalty waived. Format: -9999.99
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Amount of Part D late enrollment penalty low-income subsidy. Format: -9999.99
55. Low-Income Part D Premium Subsidy Amount	8	271- 278	Amount of Part D low-income premium subsidy. Format: -9999.99

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E.16 Special Transaction Reply Report Data File

This file is sent to Plans after a cleanup process has been completed. These clean-up processes address various system processing issues, correcting the records on the CMS database and sending the update to the Plan. CMS will announce the availability of each file with the proper data set name and file transfer date.

Field		Size	Position	Description
1.	Claim Number	12	1 – 12	Claim Account Number
2.	Surname	12	13 – 24	Beneficiary Surname
3.	First Name	7	25 – 31	Beneficiary Given Name
4.	Middle Name	1	32	Beneficiary Middle Initial
5.	Sex Code	1	33	Beneficiary Sex Identification Code 0 = Unknown 1 = Male 2 = Female
6.	Date of Birth	8	34 – 41	YYYYMMDD Format
7.	Medicaid Indicator	1	42	Spaces
8.	Contract Number	5	43 – 47	Plan Contract Number
9.	State Code	2	48 – 49	Beneficiary Residence State Code
10.	County Code	3	50 – 52	Beneficiary Residence County Code
11.	Disability Indicator	1	53	Spaces
12.	Hospice Indicator	1	54	Spaces
13.	Institutional/NHC Indicator	1	55	Spaces
14.	ESRD Indicator	1	56	Spaces
15.	Transaction Reply Code	3	57 – 59	Transaction Reply Code Defaulted to '999' (to be supplied by Henry)
16.	Transaction Type Code	2	60 – 61	Transaction Type Code Defaulted to '01' for special reports
17.	Entitlement Type Code	1	62	Spaces
18.	Effective Date	8	63 – 70	YYYYMMDD Format

Field	Size	Position	Description
19. WA Indicator	1	71	Spaces
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 – 83	Set to Current Date (YYYYMMDD)
23. Filler	1	84	Spaces
24. Normally dependent on TR code	12	85 – 96	Spaces
25. District Office Code	3	97 – 99	Spaces
26. Filler	8	100 – 107	Spaces
27. Filler	8	108 – 115	Spaces
28. Source ID	5	116 – 120	Spaces
29. Prior Plan Benefit Package ID	3	121 – 123	Spaces
30. Application Date	8	124 – 131	Spaces
31. Filler	2	132 – 133	Spaces
MMA fields start here:			MMCS Data file ended with position 133.
32. Out of Area Flag	1	134 – 134	Spaces
33. Segment Number	3	135 – 137	Default to '000' if blank
34. Part C Beneficiary Premium	8	138 – 145	Spaces
35. Part D Beneficiary Premium	8	146 – 153	Spaces
36. Election Type	1	154 – 154	Spaces
37. Enrollment Source	1	155 – 155	A = Auto Enrolled by CMS B = Beneficiary Election C = Facilitated Enrollment by CMS D = CMS Annual Rollover Space = not supplied
38. Part D Opt-Out Flag	1	156 – 156	Spaces
39. Premium Withhold Option/Parts C-D	1	157 – 157	Spaces
40. Number of Uncovered Months	3	158 – 160	Spaces

Field	Size	Position	Description
41. Creditable Coverage Flag	1	161 – 161	Spaces
42. Employer Subsidy Override Flag	1	162 – 162	Spaces
43. Rx ID	20	163 – 182	Spaces
44. Rx Group	15	183 – 197	Spaces
45. Secondary Drug Insurance Flag	1	198-198	Spaces
46. Secondary Rx ID	20	199 – 218	Spaces
47. Secondary Rx Group	15	219 – 233	Spaces
48. EGHP	1	234 - 234	Spaces
49. Part D Low-Income Premium Subsidy Level	3	235 – 237	Part D low-income premium subsidy category: '000' = No subsidy (default for blank) '025' = 25% subsidy level, '050' = 50% subsidy level, '075' = 75% subsidy level, '100' = 100% subsidy level
50. Low-Income Co-Pay Category	1	238 – 238	Definitions of the co-payment categories: '0' = none, not low-income (default for blank) '1' = $2/$5 (High) '2' = $1/$3 (Low) '3' = $0 (0) '4' = 15%
51. Low-Income Co-Pay Effective Date	8	239 - 246	YYYYMMDD Format
52. Part D Late Enrollment Penalty Amount	8	247 - 254	Spaces
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Spaces

Field	Size	Position	Description
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Spaces
55. Low-Income Part D Premium Subsidy Amount	8	271- 278	

E.17 MARx Full Enrollment Data File

This file includes all active membership for a Plan on the date that the file was run. This file is considered a definitive statement of current Plan enrollment, and uses the same format as the weekly TRR. CMS will announce the availability of each month's file with the proper dataset name and file transfer date. To distinguish this file from other TRRs, the Transaction Reply Code on all records is 999.

Field		Size	Position	Description
1.	Claim Number	12	1 – 12	Claim Account Number
2.	Surname	12	13 – 24	Beneficiary Surname
3.	First Name	7	25 – 31	Beneficiary Given Name
4.	Middle Name	1	32	Beneficiary Middle Initial
5.	Sex Code	1	33	Beneficiary Sex Identification Code 0 = Unknown 1 = Male 2 = Female
6.	Date of Birth	8	34 – 41	YYYYMMDD Format
7.	Medicaid Indicator	1	42	Spaces
8.	Contract Number	5	43 – 47	Plan Contract Number
9.	State Code	2	48 – 49	Beneficiary State Code
10.	County Code	3	50 – 52	Beneficiary County Code
11.	Disability Indicator	1	53	Spaces
12.	Hospice Indicator	1	54	Spaces
13.	Institutional/NHC Indicator	1	55	Spaces
14.	ESRD Indicator	1	56	Spaces
15.	Transaction Reply Code	3	57 – 59	Transaction Reply Code Defaulted to '999'
16.	Transaction Type Code	2	60 – 61	Transaction Type Code Defaulted to '01' for special reports
17.	Entitlement Type Code	1	62	Spaces
18.	Effective Date	8	63 – 70	YYYYMMDD Format
19.	WA Indicator	1	71	Spaces

Field	Size	Position	Description
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 – 83	Set to Current Date (YYYYMMDD)
23. Filler	1	84	Spaces
24. Normally dependent on TR code	12	85 – 96	Spaces
25. District Office Code	3	97 – 99	Spaces
26. Filler	8	100 – 107	Spaces
27. Filler	8	108 – 115	Spaces
28. Source ID	5	116 – 120	Spaces
29. Prior Plan Benefit Package ID	3	121 – 123	Spaces
30. Application Date	8	124 – 131	Spaces
31. Filler	2	132 – 133	Spaces
MMA fields start here:			MMCS Data file ended with position 133.
32. Out of Area Flag	1	134 – 134	Spaces
33. Segment Number	3	135 – 137	Default to '000' if blank
34. Part C Beneficiary Premium	8	138 – 145	Spaces
35. Part D Beneficiary Premium	8	146 – 153	Spaces
36. Election Type	1	154 – 154	Spaces
37. Enrollment Source	1	155 – 155	A = Auto Enrolled by CMS B = Beneficiary Election C = Facilitated Enrollment by CMS D = CMS Annual Rollover Space = not supplied
38. Part D Opt-Out Flag	1	156 – 156	Spaces
39. Premium Withhold Option/Parts C-D	1	157 – 157	Spaces
40. Number of Uncovered Months	3	158 – 160	Spaces
41. Creditable Coverage Flag	1	161 – 161	Spaces

Field	Size	Position	Description
42. Employer Subsidy Override Flag	1	162 – 162	Spaces
43. Rx ID	20	163 – 182	Spaces
44. Rx Group	15	183 – 197	Spaces
45. Secondary Drug Insurance Flag	1	198-198	Spaces
46. Secondary Rx ID	20	199 – 218	Spaces
47. Secondary Rx Group	15	219 – 233	Spaces
48. EGHP	1	234 - 234	Spaces
49. Part D Low-Income Premium Subsidy Level	3	235 – 237	Part D low-income premium subsidy category: '000' = No subsidy (default for blank) '025' = 25% subsidy level, '050' = 50% subsidy level, '075' = 75% subsidy level, '100' = 100% subsidy level
50. Low-Income Co-Pay Category	1	238 – 238	Definitions of the co-payment categories: '0' = none, not low-income (default for blank) '1' = $2/$5 (High) '2' = $1/$3 (Low) '3' = $0 (0) '4' = 15%
51. Low-Income Co-Pay Effective Date	8	239 - 246	YYYYMMDD Format
52. Part D Late Enrollment Penalty Amount	8	247 - 254	Spaces
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Spaces

Field	Size	Position	Description
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Spaces
55. Low-Income Part D Premium Subsidy Amount	8	271- 278	

E.18 Low-Income Subsidy/Late Enrollment Penalty Data File

Monthly LIS/LEP Data File				
Item	**Field Name**	**Len**	**Pos**	**Description**
	HEADER RECORD			
1	Record Type	3	1-3	H = Header Record PIC XXX
2	MCO Contract Number	5	4-8	MCO Contract Number PIC X(5)
3	Payment/Payment Adjustment Date	6	9-14	YYYYMM First 6 digits contain Current Payment Month PIC 9(6)
4	Datafile Date	8	15-22	YYYYMMDD Date this datafile created PIC 9(8)
5	FILLER	143	23-165	Spaces
	DETAIL RECORD			

Monthly LIS/LEP Data File				
Item	**Field Name**	**Len**	**Pos**	**Description**
1	Record Type	3	1-3	PD = Prospective Detail Record "Prospective" means Premium Period equals Payment Month reflected in Header Record AD = Adjustment Detail Record "Adjustment" means all premium periods other than Prospective PIC XXX
	***** PLAN IDENTIFICATION**			
2	MCO Contract Number	5	4-8	MCO Contract Number PIC X(5)
3	Plan Benefit Package Number	3	9-11	Plan Benefit Package Number PIC X(3)
4	Plan Segment Number	3	12-14	Plan Segment Number PIC X(3)
	***** BENEFICIARY IDENTIFICATION & PREMIUM SETTINGS**			
5	HIC Number	12	15-26	Member's HIC # PIC X(12)
6	Surname	7	27-33	PIC X(7)
7	First Initial	1	34	PIC X
8	Sex	1	35	M = Male, F = Female PIC X
9	Date of Birth	8	36-43	YYYYMMDD PIC 9(8)
10	FILLER	1	44	Space
	***** PREMIUM PERIOD**			

Monthly LIS/LEP Data File				
Item	**Field Name**	**Len**	**Pos**	**Description**
11	Premium/Adjustment Period Start Date	6	45-50	PD: current processing month. AD: adjustment period. YYYYMM PIC 9(6)
12	Premium/Adjustment Period End Date	6	51-56	PD: current processing month. AD: adjustment period. YYYYMM PIC 9(6)
13	Number of Months in Premium/Adjustment Period	2	57-58	PIC 99
14	PD: Net Monthly Part D Basic Premium AD: Net Monthly Part D Basic Premium Amount	8	59-66	Plan's Part D Basic Rate in effect for this premium period Net is Monthly Part D Basic Premium (minus) Part D Basic Premium Reduction. NOTE: PD always equals AD for this field PIC -9999.99
15	Low Income Premium Subsidy Percentage	3	67-69	Low Income Premium Subsidy Percentage Subsidy percentage in effect for this premium period Valid values: 100, 075, 050, 025, **Blank** PIC 999

Monthly LIS/LEP Data File				
Item	**Field Name**	**Len**	**Pos**	**Description**
16	Premium Payment Option	1	70	Current view of Premium payment option. **Valid values:** D (direct bill) S (SSA withhold) R (RRB withhold) O (OPM withhold) N (no premium applicable) PIC X
	***** ACTIVITY FOR PREMIUM PERIOD**			
17	Premium Low Income Subsidy Amount	8	71-78	PD: Premium Low Income Subsidy Amount – the portion of the Part D basic premium paid by the Government on behalf of a low income individual AD: For adjustments, compute the adjustment for each month in the (affected) payment period if the payment has already been made. PIC -9999.99

Monthly LIS/LEP Data File				
Item	**Field Name**	**Len**	**Pos**	**Description**
18	Net Late Enrollment Penalty Amount for Direct Billed Members	8	79-86	PD: Late Enrollment Penalty Amount for Direct Billed Members owed by beneficiary for premium period. This amount is net of any subsidized amounts for eligible LIS members. Net Late Enrollment Penalty Amount for Direct Billed Members = Late Enrollment Penalty Amount (minus) LEP Subsidy Amount (minus) Part D Penalty Waived Amount AD: For adjustments, compute the adjustment for each month in the (affected) payment period if the payment has already been made. PIC -9999.99

Monthly LIS/LEP Data File				
Item	**Field Name**	**Len**	**Pos**	**Description**
19	Net Amount Payable to Plan	8	87-94	PD: Net Amount Payable to Plan = Premium Low Income Subsidy Amount (field 16) (minus) Net Late Enrollment Penalty Amount for Direct Billed Members (field 17) AD: For adjustments, compute the adjustment for each month in the (affected) payment period if the payment has already been made. PIC -9999.99
20	FILLER	74	95-165	Spaces
	TRAILER RECORDS			Totals by Contract, Plan and Segment for this Premium LIS/LEP Datafile

Monthly LIS/LEP Data File				
Item	**Field Name**	**Len**	**Pos**	**Description**
1	Record Type	3	1-3	PT1 = Trailer Record, Prospective Totals at Segment Level PT2 = Trailer Record, Prospective Totals at PBP Level PT3 = Trailer Record, Prospective Totals at Contract Level AT1 = Trailer Record, Adjustment Totals at Segment Level AT2 = Trailer Record, Adjustment Totals at PBP Level AT3 = Trailer Record, Adjustment Totals at Contract Level CT1 = Trailer Record, Combined Totals at Segment Level CT2 = Trailer Record, Combined Totals at PBP Level CT3 = Trailer Record, Combined Totals at Contract Level PIC XXX
	***** PLAN IDENTIFICATION**			
2	MCO Contract Number	5	4-8	MCO Contract Number PIC X(5)
3	Plan Benefit Package Number	3	9-11	Plan Benefit Package Number Not populated on T3 records PIC X(3)
4	Plan Segment Number	3	12-14	Plan Segment Number Not populated on T2 or T3 records PIC X(3)

Monthly LIS/LEP Data File				
Item	**Field Name**	**Len**	**Pos**	**Description**
5	Total Premium Low Income Subsidy Amount	14	15-28	Total of All Beneficiary Premium Low Income Subsidy Amounts At Level Indicated By Record Type PIC -9(10).99
6	Total Late Enrollment Penalty Amount (net of subsidized amounts for eligible LIS members.)	14	29-43	Total of All Beneficiary Late Enrollment Penalty Amounts At Level Indicated By Record Type PIC -9(10).99
7	Total Net Amount Payable to Plan for Direct Billed Beneficiaries	14	44 - 57	Total Net Amount Payable to Contract for Direct Billed Beneficiaries = Total Premium Low Income Subsidy Amount (field 5) (minus) Total Late Enrollment Penalty Amount Net of any Subsidy (field 6) PIC -9(10).99
8	FILLER	108	58-165	Spaces

E.19 Bi-Weekly Deemed LIS/Premium Report Data File

Field	Size	Position	Description
1. Claim Number	12	1 – 12	Beneficiary's Claim Account Number
2. Contract Number	5	13 – 17	Contract Identification Number
3. PBP Number	3	18 – 20	Beneficiary's Plan Benefit Package Identification Number, blank if none
4. Segment Number	3	21 - 23	Beneficiary's Segment Identification Number, blank if none
5. Run Date	8	24 - 31	Data File Generation Date, YYYYMMDD
6. Subsidy Start Date	8	32 - 39	Beneficiary's Subsidy Start Date, YYYYMMDD
7. Subsidy End Date	8	40 – 47	Beneficiary's Subsidy End Date, YYYYMMDD
8. Part D Premium Subsidy Percentage	3	48 – 50	Beneficiary's Low-Income Premium Subsidy Percent '100' = 100% Premium Subsidy '075' = 75% Premium Subsidy '050' = 50% Premium Subsidy '025' = 25% Premium Subsidy
9. Low-Income Co-Payment Level ID	1	51 – 51	Co-Payment Category Definitions: '1' = $2/$5 (High) '2' = $1/$3 (Low) '3' = $0 (0) '4' = 15%
10. Beneficiary Enrollment Effective Date	8	52 – 59	Beneficiary's Enrollment Effective Date, Format: YYYYMMDD
11. Beneficiary Enrollment End Date	8	60 - 67	Beneficiary's Enrollment End Date, Format: YYYYMMDD Can be blank
12. Part C Premium Amount	8	68 – 75	Part C Premium Amount From Input Transaction, (----9.99)

Field	Size	Position	Description
13. Part D Premium Amount	8	76 – 83	Part D Premium Amount From Input Transaction, (----9.99)
14. Part D Late Enrollment Penalty Amount	8	84 - 91	Beneficiary's Part D Late Enrollment Penalty Amount, (----9.99)
15. LIS Subsidy Amount	8	92 - 99	Beneficiary's LIS Subsidy Amount, (----9.99)
16. LIS Penalty Subsidy Amount	8	100 - 107	Beneficiary's LIS Penalty Subsidy Amount, (----9.99)
17. Part D Penalty Waived Amount	8	108 - 115	Beneficiary's Part D Penalty Waived Amount, (----9.99)
18. Total Premium Amount	8	116 - 123	Total Calculated Premium for Beneficiary (----9.99)
19. FILLER	155	124 – 278	Filler

E.20 4Rx Notification File Record Formats

Once Plans have successfully enrolled individuals in Prescription Drug Plans, they will submit to CMS the 4Rx data for their beneficiaries by means of 4Rx Notification Files.

The 4Rx Notification is a data exchange between the Plans and CMS in which the Plans provide CMS with additional information on Plan enrollments to support point of sale and other pharmacy related information needs. The objective is to make available 4Rx data to the TrOOP Facilitator and Coordination of Benefits (COB) contractor.

Note: The NoRx File contains the same format as the 4Rx Notification File and is a file that contains records identifying those enrollees who do not currently have 4Rx information stored in CMS files. A detail record type containing the value of "NRX" in positions 1 through 3 of the file layout indicates that this record is a request for the organization to send CMS information for the beneficiary.

The following records are included in this file:

Header Record

Trailer Record

Detail Record

E.20.1 4Rx Notification Header Record

Note: A "Critical Field" must contain a value. A "Not Critical Field" may contain a value or all spaces.

From: Plan		To: CMS			
Data Field	**Length**	**Position**	**Format**	**Valid Values**	**Field Definition**
File ID Name	8	1 … 8	X(8)	"MMA4RXNH"	Critical Field This field should always be set to the value "MMA4RXNH". This code allows recognition of the record as the Header Record of a 4Rx Notification File. This field allows for the identification of the file as a 4Rx Notification File.

From: Plan		**To: CMS**			
Data Field	**Length**	**Position**	**Format**	**Valid Values**	**Field Definition**
Sending Entity	8	9 … 16	X(8)	Sending Organization (left justified space filled) Acceptable Values: 5-position Contract Identifier + 3 Spaces (3 Spaces are for Future Use)	Critical Field This field provides CMS with the identification of the entity that is sending the 4Rx Notification File. The value for this field will be provided to CMS and used in connection with CMS electronic routing and mailbox functions. The value in this field should agree with the corresponding value in the Trailer Record. The Sending Entity may be a Part D Organization.
File Creation Date	8	17 … 24	X(8)	YYYYMMDD	Critical Field The date on which the 4Rx Notification file was created by the Sending Entity. This value should be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value should agree with the corresponding value in the Trailer Record. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a 4Rx Response File.
File Control Number	9	25 … 33	X(9)	Assigned by Sending Entity	Critical Field The specific Control Number assigned by the Sending Entity to the 4Rx Notification File. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a 4Rx Response File. This value should agree with the corresponding value in the Trailer Record.
FILLER	717	34 … 750	X(717)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise
Total Length = 750					

E. 20.2 4Rx Notification Trailer Record

Note: A "Critical Field" must contain a value. A "Not Critical Field" may contain a value or all spaces.

From: Plan		**To: CMS**			
Data Field	**Length**	**Position**	**Format**	**Valid Values**	**Field Definition**
File ID Name	8	1 … 8	X(8)	"MMA4RXNT"	Critical Field This field should always be set to the value "MMA4RXNT". This code allows recognition of the record as the Trailer Record of a 4Rx Notification File. This field allows for the identification of the file as a 4Rx Notification File.
Sending Entity	8	9 … 16	X(8)	Sending Organization (left justified space filled) Acceptable Values: 5-position Contract Identifier + 3 Spaces (3 Spaces are for Future Use)	Critical Field This field provides CMS with the identification of the entity that is sending the 4Rx Notification File. The value for this field will be provided to CMS and used in connection with CMS electronic routing and mailbox functions. The value in this field should agree with the corresponding value in the Header Record. The Sending Entity may be a Part D Organization.
File Creation Date	8	17 … 24	X(8)	YYYYMMDD	Critical Field The date on which the 4Rx Notification File was created by the Sending Entity. This value should be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value should agree with the corresponding value in the Header Record. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a 4Rx Response File.

Data Field	Length	Position	Format	Valid Values	Field Definition
File Control Number	9	25 … 33	X(9)	Assigned by Sending Entity	Critical Field The specific Control Number assigned by the Sending Entity to the 4Rx Notification File. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a 4Rx Response File. This value should agree with the corresponding value in the Header Record.
Record Count	7	34 … 40	9(7)	Numeric value greater than Zero.	Critical Field The total number of Transactions (Detail Records) supplied on the 4Rx Notification File. This value should be right-justified in the field, with leading zeros. This value should not include non-numeric characters, such as commas, spaces, dashes, decimals.
FILLER	710	41 … 750	X(710)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

E.20.3 4Rx Notification Detail Record

Note: A "Critical Field" must contain a value. A "Not Critical Field" may contain a value or all spaces.

Data Field	Length	Position	Format	Valid Values	Field Definition
Record Type	5	1 … 5	X(5)	"DTL02" = 4Rx Plan Transaction Note: The value above is DTL-zero-two.	Critical Field This field should be set to the value "**DTL02**," which indicates that this detail record is a 4Rx Plan Transaction. This code allows recognition of the detail record to be processed specifically for 4Rx Notification and Update.
HICN/RRB Number	12	6 ... 17	X(12)	Health Insurance Claim Number or Railroad Retirement Board Number	Critical Field: This is a required field, if the SSN is not provided. This field provides either the Health Insurance Claim Number or the Railroad Retirement Board Number for identification of the individual. The Plan should provide either the HICN or the RRB Number, whichever the Plan has available and active for the individual. The value should be left-justified in the field. The value should not include dashes, decimals, or commas.
SSN	9	18 ... 26	X(9)	Social Security Number. Nine-Byte Numeric.	Critical Field: This is a required field, if the HICN/RRB is not provided. The Social Security Number for the individual. The value should include only numbers. The value should not include dashes, decimals, or commas.
Date of Birth (DOB)	8	27 ... 34	X(8)	YYYYMMDD	Critical Field The date of birth of the individual. The value should be formatted as YYYYMMDD. The value should not include dashes, decimals, or commas. The value should include only numbers.
Gender Code	1	35 ... 35	X(1)	0 (Zero) = Unknown; 1 = Male; 2 = Female	Not Critical Field The gender of the individual. The acceptable values include 0 (Zero) = Unknown, 1 = Male, 2 = Female.

Data Field	Length	Position	Format	Valid Values	Field Definition
Rx Bin	6	36 ... 41	9(6)	6-position Numeric	Critical Field The card issuer identifier or a Bank Identifying Number used for network routing.
Rx PCN	10	42 ... 51	X(10)	10-position Alphanumeric Left Justify in field, space fill.	Not Critical Field The number assigned by the processor. If the value in this field is less than 10 characters in length, then the value should be left-justified in the field with spaces in the empty positions.
Rx ID	20	52 ... 71	X(20)	20-position Alphanumeric Left Justify in field, space fill.	Critical Field The member ID assigned to the beneficiary. If the value in this field is less than 20 characters in length, then the value should be left-justified in the field with spaces in the empty positions.
Rx Group	15	72... 86	X(15)	15-position Alphanumeric Left Justify in field, space fill.	Not Critical Field The identifying number assigned to the cardholder group or employer group. If the value in this field is less than 15 characters in length, then the value should be left-justified in the field with spaces in the empty positions.
Contract Number	5	87 ... 91	X(5)	5-position H-Number	Critical Field The Contract Number of the Part D enrollment.
PBP Number	3	92 ... 94	X(3)	3-position Alphanumeric	Critical Field The Plan Benefit Package number for the Part D enrollment.
PBP Enrollment Effective Date	8	95... 102	X(8)	YYYYMMDD	Not Critical Field Date the PBP election started. For Part D PBPs, this date identifies when the Part D Enrollment became effective for the Part D Contract.

Data Field	Length	Position	Format	Valid Values	Field Definition
Detail Record Sequence Number	7	103 ... 109	9(7)	7-position number unique within the 4Rx Notification File	Not Critical Field A unique number assigned by the Sending Entity to the Transaction (Detail Record). This number should uniquely identify the Transaction (Detail Record) within the 4Rx Notification File.
FILLER	641	110 ... 750	X(641)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

Note:If a Plan does not use the Rx PCN or the Rx Group data field on 4Rx Notification Detail Record (Transactions), they should be space filled.

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E.21 4Rx Response File Record Formats

CMS will send 4Rx Response Files to Sending Entities in the following format. The 4Rx Response Files will be flat files created as a result of processing the Transactions (Detail Records) of Accepted 4Rx Notification Files The following records are included in this file:

Header Record

Trailer Record

Detail Record

E.21.3 4Rx Response Header Record

From: CMS		**To: Plans**			
Data Field	**Length**	**Position**	**Format**	**Valid Values**	**Field Definition**
File ID Name	8	1 … 8	X(8)	"CMS4RXNH"	This field will always be set to the value "CMS4RXNH". This code allows recognition of the record as the Header Record of a 4Rx Response File. This field allows for identification of the file as a 4Rx Response File.
Sending Entity (MBD)	8	9 … 16	X(8)	"MBD " (MBD + 5 Spaces)	This field will always be set to the value "MBD ". The value specifically is MBD + 5 following Spaces. This value will agree with the corresponding value in the Trailer Record.
File Creation Date	8	17 … 24	X(8)	YYYYMMDD	The date on which the 4Rx Response File was created by CMS. This value will be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value will agree with the corresponding value in the Trailer Record.
File Control Number	9	25 … 33	X(9)	Assigned by Sending Entity (MBD)	The specific Control Number assigned by the MBD to the 4Rx Response File. CMS will utilize this value to track the 4Rx Response File through CMS processing and archive. This value will agree with the corresponding value in the Trailer Record.
FILLER	717	34 … 750	X(717)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

E.21.4 4Rx Response Trailer Record

From: CMS		**To: Plans**			
Data Field	**Length**	**Position**	**Format**	**Valid Values**	**Field Definition**
File ID Name	8	1 … 8	X(8)	"CMS4RXNT"	This field will always be set to the value "CMS4RXNT". This code allows recognition of the record as the Trailer Record of a 4Rx Response File. This field allows for the identification of the file as a 4Rx Response File.
Sending Entity (MBD)	8	9 … 16	X(8)	"MBD " (MBD + 5 Spaces)	This field will always be set to the value "MBD ". The value specifically is MBD + 5 following Spaces. This value will agree with the corresponding value in the Header Record.
File Creation Date	8	17 … 24	X(8)	YYYYMMDD	The date on which the 4Rx Response File was created by CMS. This value will be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value will agree with the corresponding value in the Header Record.
File Control Number	9	25 … 33	X(9)	Assigned by Sending Entity (MBD)	The specific Control Number assigned by CMS to the 4Rx Response File. CMS will utilize this value to track the 4Rx Response File through CMS processing and archive. This value will agree with the corresponding value in the Header Record.
Record Count	7	34 … 40	9(7)	Numeric value greater than Zero.	The total number of Transactions (Detail Records) on the 4Rx Response File. This value will be right-justified in the field, with leading zeros. This value will not include non-numeric characters, such as commas, spaces, dashes, decimals.
FILLER	710	41 … 750	X(710)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

E.21.5 4Rx Response Detail Record (Transaction)

This record is produced for all 4Rx Notification transactions received. Note: If a Plan does not use the Rx PCN or the Rx Group data field on 4Rx Notification Detail Record (Transactions), it should be space filled.

From: CMS		**To: Plans**			
Data Field	**Length**	**Position**	**Format**	**Valid Values**	**Field Definition**
Record Type	3	1 ... 3	X(3)	"DTL"	This field will be set to the value "DTL," which indicates that this is a detail record.
Original Detail Record	109	4 …112	X(109)	The first 112 positions of the original Detail Record (Transaction) supplied by the Sending Entity.	This field provides the meaningfully-populated area of the 4Rx Notification file Transaction (Detail Record) provided by the Sending Entity.
Processed Flag	1	113 ... 113	X(1)	"Y" = The detail record was accepted for processing. "N" = The detail record was not accepted for processing.	A flag that indicates if the Transaction (Detail Record) was accepted for processing. A Transaction will be accepted for processing if all critical fields contain valid values. For more information, see the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.
Beneficiary Match Flag	1	114 ... 114	X(1)	"Y" = The beneficiary was matched (located) successfully. "N" = The beneficiary was not matched (located) successfully. " " (SPACE) = Beneficiary Match was not	A flag that indicates whether or not the beneficiary in the Transaction (Detail Record) was successfully matched (located) to a beneficiary on the CMS Medicare Beneficiary Database (MBD). For more information, see the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.

From: CMS		To: Plans			
Data Field	**Length**	**Position**	**Format**	**Valid Values**	**Field Definition**
				attempted due to an Invalid condition in the Transaction (Detail Record).	
PBP Enrollment Match Flag	1	115 ... 115	X(1)	"Y" = The PBP enrollment for the beneficiary was successfully matched (located). "N" = The PBP enrollment for the beneficiary was not successfully matched (located). " " (SPACE) = PBP Enrollment Match was not attempted due to an Invalid condition in the Transaction (Detail Record).	A flag that indicates whether or not the beneficiary's PBP enrollment was successfully matched (located) on the CMS Medicare Beneficiary Database (MBD). For more information, see the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.
Record Type Error Return Code	3	116... 118	X(3)	See the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.	
HICN/RRB Number Error Return Code	3	119 ... 121	X(3)	See the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.	

From: CMS		To: Plans			
Data Field	**Length**	**Position**	**Format**	**Valid Values**	**Field Definition**
SSN Error Return Code	3	122... 124	X(3)	See the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.	
Date of Birth Error Return Code	3	125 ... 127	X(3)	See the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.	
Rx Bin Error Return Code	3	128 ... 130	X(3)	See the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.	
FILLER	3	131... 133	X(3)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Rx-ID Error Return Code	3	134-136	X(3)	See the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.	
Part-D-Payment-Switch-Error Return Code	3	137-139	X(3)	See the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.	
Contract Number Error Return Code	3	140... 142	X(3)	See the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.	

From: CMS		To: Plans			
Data Field	**Length**	**Position**	**Format**	**Valid Values**	**Field Definition**
PBP (Plan Benefit Package) Number Error Return Code	3	143 ... 145	X(3)	See the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.	
PBP Enrollment Effective Date Error Return Code	3	146... 148	X(3)	See the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.	
Detail Record Sequence Number Error Return Code	3	149... 151	X(3)	See the 4Rx Notification File Error Conditions Table and the Notification Transaction (Detail Record) Error Conditions Table in Appendix H.	
Sending Entity	8	152 ... 159	X(8)	Sending Part D Organization (left justified space filled) Acceptable Values are: 5-position Contract Identifier + 3 Spaces (3 Spaces are for Future Use)	The Sending Part D Organization provided on the Header Record of the 4Rx Notification File in which the Transaction (Detail Record) was found.

From: CMS		To: Plans			
Data Field	**Length**	**Position**	**Format**	**Valid Values**	**Field Definition**
File Control Number	9	160 ... 168	X(9)	Assigned by Sending Entity	The File Control Number provided by the Sending Part D Organization on the Header Record of the 4Rx Notification File in which the Transaction (Detail Record) was found.
File Creation Date	8	169 ... 176	X(8)	YYYYMMDD	The File Creation Date provided on the Header Record of the 4Rx Notification File in which the Transaction (Detail Record) was found.
FILLER	574	177 ... 750	X(574)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information or used to store meaningful information, unless documented otherwise.
Total Length = 750					

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E.22 Batch Eligibility Query (BEQ) Request File

A Plan will submit a BEQ Request File to CMS in the following format:

The following records are included in this file:

Header Record

Trailer Record

Detail Record

E.22.1 BEQ Request Header Record

Data Field	Length	Position	Format	Valid Values	Field Definition
File ID Name	8	1 … 8	X(8)	"MMABEQRH"	Critical Field This field should always be set to the value " MMABEQRH". This code identifies the file as a Batch Eligibility Query (BEQ) Request File and this record as the Header Record of the file.
Sending Entity (CMS)	8	9 … 16	X(8)	Sending Organization (left justified space filled) Acceptable Values: 5-position Contract Identifier + 3 Spaces (3 Spaces are for Future Use)	Critical Field This field provides CMS with the identification of the entity that is sending the BEQ Request File. The value for this field will be provided to CMS and used in connection with CMS electronic routing and mailbox functions. The value in this field should agree with the corresponding value in the Trailer Record. The Sending Entity may be a Part D Organization.
File Creation	8	17 … 24	X(8)	YYYYMMDD	Critical Field

Data Field	Length	Position	Format	Valid Values	Field Definition
Date					The date on which the BEQ Request File was created by the Sending Entity. This value should be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value should agree with the corresponding value in the Trailer Record. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a BEQ Response File.
File Control Number	9	25 … 33	X(9)	Assigned by Sending Entity	Critical Field The specific Control Number assigned by the Sending Entity to the BEQ Request File. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a BEQ Response File. This value should agree with the corresponding value in the Trailer Record.
FILLER	717	34 … 750	X(717)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

E.22.2 BEQ Request Trailer Record

Data Field	Length	Position	Format	Valid Values	Field Definition
File ID Name	8	1 … 8	X(8)	"MMABEQRT"	Critical Field This field should always be set to the value " MMABEQRT." This code identifies the record as the Trailer Record of a BEQ Request File.
Sending Entity (CMS)	8	9 … 16	X(8)	Sending Organization (left justified space filled) Acceptable Values: 5-position Contract Identifier + 3 Spaces (3 Spaces are for Future Use)	Critical Field This field provides CMS with the identification of the entity that is sending the BEQ Request File. The value for this field will be provided to CMS and used in connection with CMS electronic routing and mailbox functions. The value in this field should agree with the corresponding value in the Header Record. The Sending Entity may be a Part D Organization.
File Creation Date	8	17 … 24	X(8)	YYYYMMDD	Critical Field The date on which the BEQ Request File was created by the Sending Entity. This value should be formulated as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value should agree with the corresponding value in the Header Record. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a BEQ Response File.
File Control Number	9	25 … 33	X(9)	Assigned by Sending Entity	Critical Field The specific Control Number assigned by the Sending Entity to the BEQ Request File. CMS will pass this information back to the Sending Entity on all Transactions (Detail Records) of a BEQ Response File. This value should agree with the corresponding value in the Header Record.

Data Field	Length	Position	Format	Valid Values	Field Definition
Record Count	7	34 … 40	9(7)	Numeric value greater than Zero.	Critical Field The total number of Transactions (Detail Records) supplied on the BEQ Request File. This value should be right-justified in the field, with leading zeros. This value should not include non-numeric characters, such as commas, spaces, dashes, decimals.
FILLER	710	41 … 750	X(710)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

E.22.3 BEQ Request Detail Record (Transaction)

Data Field	Length	Position	Format	Valid Values	Field Definition
Record Type	5	1 ... 5	X(5)	"DTL01" = Batch Eligibility Query Transaction Note: The value above is DTL-zero-one.	Critical Field This field should be set to the value "**DTL**01," which indicates that this detail record is a Batch Eligibility Query Transaction. This code identifies the record as a detail record to be processed specifically for Batch Eligibility Query Service.
HICN/RRB Number	12	6 ... 17	X(12)	Health Insurance Claim Number or Railroad Retirement Board Number	Critical Field: This is a required field, if the SSN is not provided. This field provides either the Health Insurance Claim Number or the Railroad Retirement Board Number for identification of the individual. The Plan should provide either the HICN or the RRB Number, whichever the Plan has available and active for the individual. The value should be left-justified in the field. The value should not include dashes, decimals, or commas.
SSN	9	18 ... 26	X(9)	Social Security Number. Nine-Byte Numeric.	Critical Field: This is a required field, if the HICN/RRB is not provided. The Social Security Number for the individual. The value should include only numbers. The value should not include dashes, decimals, or commas.
Date of Birth (DOB)	8	27 ... 34	X(8)	YYYYMMDD	Critical Field The date of birth of the individual. The value should be formatted as YYYYMMDD. The value should not include dashes, decimals, or commas. The value should include only numbers.
Gender Code	1	35 ... 35	X(1)	0 (Zero) = Unknown; 1 = Male; 2 = Female	Not Critical Field The gender of the individual. The acceptable values include 0 (Zero) = Unknown, 1 = Male, 2 = Female.

Data Field	Length	Position	Format	Valid Values	Field Definition
Detail Record Sequence Number	7	36 ... 42	9(7)	Seven-byte number unique within the Batch Eligibility Query Request File	Critical Field A unique number assigned by the Sending Entity to the Transaction (Detail Record). This number should uniquely identify the Transactions (Detail Record) within the Batch Eligibility Query Request File.
FILLER	708	43... 750	X(708)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

E.23 Batch Eligibility Query (BEQ) Response File

CMS will send BEQ (Batch Eligibility Query) Response Files to Plans in the following format. The BEQ Response Files will be flat files created as a result of processing the Transactions (Detail Records) of Accepted BEQ Request Files (See Section 5.1.2 Batch Eligibility Query (BEQ) Request Instructions and Section 5.2.2 Batch Eligibility Query (BEQ) Response Process).

The following records are included in this file:

Header Record

Trailer Record

Detail Record

E.23.1 BEQ Response File Header Record

Data Field	Length	Position	Format	Valid Values	Field Definition
File ID Name	8	1 … 8	X(8)	"CMSBEQRH"	This field will always be set to the value "CMSBEQRH". This code identifies the record as the Header Record of a BEQ Response File.
Sending Entity (MBD)	8	9 … 16	X(8)	"MBD " (MBD + 5 Spaces)	This field will always be set to the value "MBD ". The value specifically is MBD + 5 following Spaces. This value will agree with the corresponding value in the Trailer Record.
File Creation Date	8	17 … 24	X(8)	YYYYMMDD	The date on which the BEQ Response File was created by CMS. This value will be in the format of YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value will agree with the corresponding value in the Trailer Record.
File Control Number	9	25 … 33	X(9)	Assigned by Sending Entity (MBD)	The specific Control Number assigned by CMS to the BEQ Response File. CMS will utilize this value to track the BEQ Response File through CMS processing and archive. This value will agree with the corresponding value in the Trailer Record.
FILLER	717	34 … 750	X(717)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

E.23.2 BEQ Response Trailer Record

Data Field	Length	Position	Format	Valid Values	Field Definition
File ID Name	8	1 … 8	X(8)	"**CMSBEQRT**"	This field will always be set to the value "**CMSBEQRT**". This code identifies the record as the Trailer Record of a Batch Eligibility Query (BEQ) Response File.
Sending Entity (MBD)	8	9 … 16	X(8)	"MBD " (MBD + 5 Spaces)	This field will always be set to the value "MBD ". The value specifically is MBD + 5 following Spaces. This value will agree with the corresponding value in the Header Record.
File Creation Date	8	17 … 24	X(8)	YYYYMMDD	The date on which the BEQ Response File was created by CMS. This value will be formatted as YYYYMMDD. For example, January 3 2010 would be the value 20100103. This value will agree with the corresponding value in the Header Record.
File Control Number	9	25 … 33	X(9)	Assigned by Sending Entity (MBD)	The specific Control Number assigned by CMS to the BEQ Response File. CMS will utilize this value to track the BEQ Response File through CMS processing and archive. This value will agree with the corresponding value in the Header Record.
Record Count	7	34 … 40	9(7)	Numeric value greater than Zero.	The total number of Transactions (Detail Records) on the BEQ Response File. This value will be right-justified in the field, with leading zeros. This value will not include non-numeric characters, such as commas, spaces, dashes, decimals.
FILLER	710	41 … 750	X(710)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

E.23.3 BEQ Response Detail Record (Transaction)

This record is produced for all BEQ Response Transactions Received (from CMS to Plans).

Data Field	Length	Position	Format	Valid Values	Field Definition
Record Type	3	1 ... 3	X(3)	"DTL"	This field will be set to the value "DTL," which indicates that this is a detail record.
Original Detail Record	42	4 ... 45	X(42)	The first 42 positions of the original Transaction (Detail Record) supplied by the Sending Entity.	This field provides the meaningfully- populated area of the BEQ Request File Transaction (Detail Record) provided in the submitted file.
Processed Flag	1	46 ... 46	X(1)	"Y" = The detail record was accepted for processing. "N" = The detail record was not accepted for processing.	A flag that indicates if the Transaction (Detail Record) was accepted for processing. A Transaction will be accepted for processing if all critical fields contain valid values. See also the Batch Eligibility Query (BEQ) Request File Error Condition Table and the Request Transaction (Detail Record) Error Conditions Table in Appendix H.
Beneficiary Match Flag	1	47 ... 47	X(1)	"Y" = The beneficiary was matched (located) successfully. "N" = The beneficiary was not matched (located) successfully. " " (SPACE) = Beneficiary match was not attempted due to an Invalid condition in the Transaction (Detail Record).	A flag that indicates whether or not the beneficiary in the Transaction (Detail Record) was successfully matched (located) to a beneficiary on the CMS Medicare Beneficiary Database (MBD). See also the Batch Eligibility Query (BEQ) Request File Error Condition Table and the Request Transaction (Detail Record) Error Conditions Table in Appendix H.

Data Field	Length	Position	Format	Valid Values	Field Definition
Medicare Part A Entitlement Start Date	8	48 ... 55	X(8)	YYYYMMDD Spaces = Not currently enrolled or Data Not Found	The Entitlement Start Date of the beneficiary's most recent or active Medicare Part A entitlement period.
Medicare Part A Entitlement End Date	8	56 ... 63	X(8)	YYYYMMDD Spaces = Not currently enrolled or Data Not Found.	The Entitlement End Date of the beneficiary's most recent or active Medicare Part A entitlement period.
Medicare Part B Entitlement Start Date	8	64 ... 71	X(8)	YYYYMMDD Spaces = Not currently enrolled or Data Not Found.	The Entitlement Start Date of the beneficiary's most recent or active Medicare Part B entitlement period.
Medicare Part B Entitlement End Date	8	72 ... 79	X(8)	YYYYMMDD Spaces = Not currently enrolled or Data Not Found.	The Entitlement End Date of the beneficiary's most recent or active Medicare Part B entitlement period.
Medicaid Indicator	1	80 ...80	X(1)	"0" = The beneficiary has no current or active Medicaid coverage; "1" = The beneficiary has current or active Medicaid coverage.	An indicator of the presence of current Medicaid coverage for the beneficiary. The value for this field is based upon the presence of Medicaid reported for the beneficiary by states in the previous calendar month via the MMA State Files.
Employer Subsidy Start Date (Occurrence 1)	8	81... 88	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found.	The Start Date of the First Occurrence (Most Recent or Presently Active) of Employer Subsidy coverage for the beneficiary.

Data Field	Length	Position	Format	Valid Values	Field Definition
Employer Subsidy End Date (Occurrence 1)	8	89 ... 96	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found.	The End Date of the First Occurrence (Most Recent or Presently Active) of Employer Subsidy coverage for the beneficiary.
Employer Subsidy Start Date (Occurrence 2)	8	97 ... 104	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found.	The Start Date of the Second Occurrence (Second Most Recent) of Employer Subsidy coverage for the beneficiary.
Employer Subsidy End Date (Occurrence 2)	8	105 ... 112	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found.	The End Date of the Second Occurrence (Second Most Recent) of Employer Subsidy coverage for the beneficiary.
Employer Subsidy Start Date (Occurrence 3)	8	113 ... 120	X(8)	YYYYMMDD	The Start Date of the Third Occurrence (Third Most Recent) of Employer Subsidy coverage for the beneficiary.
Employer Subsidy End Date (Occurrence 3)	8	121 ... 128	X(8)	YYYYMMDD	The End Date of the Third Occurrence (Third Most Recent) of Employer Subsidy coverage for the beneficiary.
Employer Subsidy Start Date (Occurrence 4)	8	129 ...136	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found.	The Start Date of the Fourth Occurrence (Fourth Most Recent) of Employer Subsidy coverage for the beneficiary.
Employer Subsidy End Date (Occurrence 4)	8	137 ... 144	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence	The End Date of the Fourth Occurrence (Fourth Most Recent) of Employer Subsidy coverage for the beneficiary.

Data Field	Length	Position	Format	Valid Values	Field Definition
				or Data Not Found.	
Employer Subsidy Start Date (Occurrence 5)	8	145 ... 152	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found.	The Start Date of the Fifth Occurrence (Fifth Most Recent) of Employer Subsidy coverage for the beneficiary.
Employer Subsidy End Date (Occurrence 5)	8	153 ... 160	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found.	The End Date of the Fifth Occurrence (Fifth Most Recent) of Employer Subsidy coverage for the beneficiary.
Employer Subsidy Start Date (Occurrence 6)	8	161 ... 168	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found.	The Start Date of the Sixth Occurrence (Sixth Most Recent) of Employer Subsidy coverage for the beneficiary.
Employer Subsidy End Date (Occurrence 6)	8	169 ... 176	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found.	The End Date of the Sixth Occurrence (Sixth Most Recent) of Employer Subsidy coverage for the beneficiary.
Employer Subsidy Start Date (Occurrence 7)	8	177 ... 184	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found.	The Start Date of the Seventh Occurrence (Seventh Most Recent) of Employer Subsidy coverage for the beneficiary.
Employer Subsidy End Date (Occurrence 7)	8	185 ... 192	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence	The End Date of the Seventh Occurrence (Seventh Most Recent) of Employer Subsidy coverage for the beneficiary.

Data Field	Length	Position	Format	Valid Values	Field Definition
				or Data Not Found.	
Employer Subsidy Start Date (Occurrence 8)	8	193 ... 200	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found.	The Start Date of the Eighth Occurrence (Eighth Most Recent) of Employer Subsidy coverage for the beneficiary.
Employer Subsidy End Date (Occurrence 8)	8	201 ... 208	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found.	The End Date of the Eighth Occurrence (Eighth Most Recent) of Employer Subsidy coverage for the beneficiary.
Employer Subsidy Start Date (Occurrence 9)	8	209 ... 216	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found.	The Start Date of the Ninth Occurrence (Ninth Most Recent) of Employer Subsidy coverage for the beneficiary.
Employer Subsidy End Date (Occurrence 9)	8	217 ... 224	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found.	The End Date of the Ninth Occurrence (Ninth Most Recent) of Employer Subsidy coverage for the beneficiary.
Employer Subsidy Start Date (Occurrence 10)	8	225 ... 232	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found.	The Start Date of the Tenth Occurrence (Tenth Most Recent) of Employer Subsidy coverage for the beneficiary.

Data Field	Length	Position	Format	Valid Values	Field Definition
Employer Subsidy End Date (Occurrence 10)	8	233 ... 240	X(8)	YYYYMMDD Spaces = No Employer Subsidy for this occurrence or Data Not Found.	The End Date of the Tenth Occurrence (Tenth Most Recent) of Employer Subsidy coverage for the beneficiary.
Sending Entity	8	241 ... 248	X(8)	Sending Part D Organization (left justified space filled) Acceptable Values: 5-position Contract Identifier + 3 Spaces (3 Spaces are for Future Use)	The Sending Entity provided on the Header Record of the BEQ Request File in which the Transaction (Detail Record) was found. The Sending Entity may be a Part D Organization.
File Control Number	9	249 ... 257	X(9)	Assigned by Sending Entity	The File Control Number provided by the Sending Entity on the Header record of the BEQ Request File in which the Transaction (Detail Record) was found.
File Creation Date	8	258 ... 265	X(8)	YYYYMMDD	The File Creation Date provided on the Header Record of the BEQ Request File in which the Transaction (Detail Record) was found.
FILLER	485	266 ... 750	X(485)	Spaces	No meaningful values are supplied in this field. This field will be set to SPACES and should not be referenced for meaningful information nor used to store meaningful information, unless specifically documented otherwise.
Total Length = 750					

E.24 Auto Assignment Full Dual Notification File

This is a cumulative monthly file that identifies organizations' enrollees who are full-benefit dual eligibles, for purposes of facilitating their enrollment into the Medicare Part D benefit. CMS will announce the availability of each month's file with the proper dataset name and file transfer date.

Note: This file does not contain a header or trailer record.

This record will contain beneficiary information. It may occur multiple times.

Field Name	Format	Position	
		Start	End
Contract Number (This field provides the Contract assigned to the beneficiary; CNTRCT_NUM in MBD_SRVC_DEL_ELCT)	X(5)	1	5
Run Date (The date the file was created in CCYYMMDD format)	9(8)	6	13
Filler (This field should be all spaces)	X(6)	14	19
Beneficiary's Health Claim Number/Railroad Board Number (This field provides either the Health Insurance Claim Number or the Railroad Retirement Board Number for identification of the individual; BENE_CAN_NUM and BIC_CD or RRB_HIC_NUM in MBD_BENE)	X(12)	20	31
Beneficiary's Surname (This field provides the last name of the individual; BENE_LAST_NAME in MBD_BENE)	X(12)	32	43
Initial of Beneficiary's First Name (This field provides the initial of the first name of the individual; BENE_1ST_NAME in MBD_BENE)	X(1)	44	44
Beneficiary's Gender (This field provides the gender of the individual; BENE_SEX_CD in MBD_BENE; '0', '1', or '2')	9(1)	45	45
Beneficiary's Date of Birth (This field provides the date of birth of the individual in CCYYMMDD format; BENE_BIRTH_DT in MBD_BENE)	9(8)	46	53
Filler (This field should be all spaces)	X(47)	54	100

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E.25 Auto Assignment PDP Auto-Enrollment Notification File

The auto- and facilitated-assignment PDP notification file provides an additional source of LIS information, as well as early notification to PDPs of beneficiaries receiving CMS auto-enrollment notices indicating assignment to a Plan. This auto and facilitated assignment PDP notification file will give PDPs immediate access to address data for these beneficiaries. This file will assist Plans in expediting the submission of 4Rx records once Plans receive the weekly TRR containing the auto-enrollments.

This file contains a header record, detail records, and a trailer record. CMS will announce the availability of each month's file with the proper dataset name and file transfer date.

Header Record: This is the first record of the file. It will only occur once.
Notification File: This record will contain beneficiary information. It may occur multiple times.
Trailer Record: This is the last record of the file. It will only occur once.

E.25.1 Auto Assignment PDP Auto-Enrollment Notification File Header Record

Field Name	Format	Position	
		Start	End
Header Code (This field used for file/record identification purposes, 'MMAAPDPH')	X(8)	1	8
Sending Entity (This field used to identify the sending entity, 'MBD '(MBD + 5 spaces))	X(8)	9	16
File Creation Date (The date the file was created in CCYYMMDD format)	9(8)	17	24
File Control Number (Unique file identifier created by Sending Entity)	X(9)	25	33
Filler (This field should be all spaces)	X(582)	34	615

E.25.2 Auto Assignment PDP Auto-Enrollment Notification File

Field Name	Format	Position	
		Start	End
Beneficiary's Health Insurance Claim Number	X(12)	1	12

Field Name	Format	Position	
		Start	End
(This field provides the Health Insurance Claim Number for identification of the individual; RRB_HIC_NUM in MBD_BENE)			
Beneficiary's Last Name (This field provides the first twelve characters of the last name of the individual; BENE_LAST_NAME in MBD_BENE)	X(12)	13	24
Beneficiary's First name (This field provides the first seven characters of the first name of the individual; BENE_1ST_NAME in MBD_BENE)	X(7)	25	31
Beneficiary's Middle Initial (This field provides the middle initial of the individual; MDL_INITL_NAME in MBD_BENE)	X(1)	32	32
Beneficiary's Gender (This field provides the gender of the individual; BENE_SEX_CD in MBD_BENE; '0', '1', or '2')	9(1)	33	33
Beneficiary's Date of Birth (This field provides the date of birth of the individual in CCYYMMDD format; BENE_BIRTH_DT in MBD_BENE)	9(8)	34	41
Medicaid Indicator (This field indicates the beneficiary's Medicaid eligibility; MDCD_ELGBL_STUS_SW in MBQ_DUAL_MDCR; 'Y' or 'N')	X(1)	42	42
Contract Number (This field provides the Contract assigned to the beneficiary; ASGN_CNTRCT_NUM in MBQ_AA)	X(5)	43	47
State Code (This field provides the beneficiary's state of residency; SSA_STD_STATE_CD in MBD_BENE_ADR)	X(2)	48	49
County Code (This field provides the beneficiary's county of residency; SSA_STD_CNTY_CD in MBD_BENE_ADR)	X(3)	50	52
Filler (This field should be all spaces)	X(7)	53	59
Transaction Type Code (This field identifies the type of record; '61')	X(2)	60	61
Filler (This field should be all spaces)	X(1)	62	62
Effective Date (The effective date of the assignment in CCYYMMDD format; ASGN_EFCTV_DT in MBQ_AA)	9(8)	63	70
Filler (This field should be all spaces)	X(1)	71	71

Field Name	Format	Position	
		Start	End
Plan Benefit Package (This field notes the PBP of the auto-assigned contract; ASGN_PBP_NUM in MBQ_AA)	X(3)	72	74
Filler (This field should be all spaces)	X(49)	75	123
Application Date (The date of the application in CCYYMMDD format)	9(8)	124	131
Filler (This field should be all spaces)	X(30)	132	161
Election Type (This field indicates the type of election; 'S')	X(1)	162	162
Enrollment Source (This field indicates the source of the enrollment; 'A')	X(1)	163	163
Filler (This field should be all spaces)	X(1)	164	164
Premium Withhold Option/Parts C-D (This field indicates the payment option for payment of Part C and D premiums; PRM_WTHLD_OPT_CD in MBQ_PREMIUM; 'D')	X(1)	165	165
Filler (This field should be all spaces)	X(3)	166	168
Creditable Coverage Flag (This field indicates if the beneficiary has creditable coverage; derived from MBQ_MARX_CRED_CVRG; 'Y', 'N', or ' ')	X(1)	169	169
Filler (This field should be all spaces)	X(73)	170	242
Part D Subsidy Level (This field identifies the portion of the Part D Premium subsidized; PTD_PRM_SBSDY_PCT in MBQ_LIS; For monthly, value will always be '100'; For Facilitated, values may be '100', '075', '050', or '025')	X(3)	243	245
Co-Payment Category (This field indicates the Subsidy Co-Payment level for the beneficiary; LIS_COPMT_LVL_ID in MBQ_LIS; '1' or '4')	X(1)	246	246
Co-Payment Effective Date (The date the low income subsidy will begin; SBSDY_STRT_DATE in MBQ_LIS; For monthly, will always be MMDDYYYY; For Facilitated, value will be spaces)	9(8)	247	254
Beneficiary Address Line 1	X(40)	255	294

Field Name	Format	Position	
		Start	End
(First line in the mailing address; BENE_LINE_1_ADR in MBD_BENE_ADR)			
Beneficiary Address Line 2 (Second line in the mailing address; BENE_LINE_2_ADR in MBD_BENE_ADR)	X(40)	295	334
Beneficiary Address Line 3 (Third line in the mailing address; BENE_LINE_3_ADR in MBD_BENE_ADR)	X(40)	335	374
Beneficiary Address Line 4 (Fourth line in the mailing address; BENE_LINE_4_ADR in MBD_BENE_ADR)	X(40)	375	414
Beneficiary Address Line 5 (Fifth line in the mailing address; BENE_LINE_5_ADR in MBD_BENE_ADR)	X(40)	415	454
Beneficiary Address Line 6 (Sixth line in the mailing address; BENE_LINE_6_ADR in MBD_BENE_ADR)	X(40)	455	494
Beneficiary Address City (The city in the mailing address; BENE_ADR_CITY_NAME in MBD_BENE_ADR)	X(40)	495	534
Beneficiary Address State (The state in the mailing address; ADR_PSTL_STATE_CD in MBD_BENE_ADR)	X(2)	535	536
Beneficiary Zip Code (The zip code in the mailing address; BENE_ADR_ZIP_CD in MBD_BENE_ADR)	X(9)	537	545
Full Last Name (This field provides the last name of the individual; BENE_LAST_NAME in MBD_BENE)	X(40)	546	585
Full First Name (This field provides the first name of the individual; BENE_1ST_NAME in MBD_BENE)	X(30)	586	615

E.25.3 Auto Assignment PDP Auto-Enrollment Notification File Trailer Record

Field Name	Format	Position	
		Start	End
Header Code (This field used for file/record identification purposes, 'MMAAPDPT')	X(8)	1	8
Sending Entity (This field used to identify the sending entity, 'MBD '(MBD + 5 spaces))	X(8)	9	16
File Creation Date (The date the file was created in CCYYMMDD format)	9(8)	17	24

Field Name	Format	Position	
		Start	End
File Control Number (Unique file identifier created by Sending Entity)	X(9)	25	33
Record Count (Number of Detail Records, right justified with leading zeros)	9(9)	34	42
Filler (This field should be all spaces)	X(573)	43	615

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F: Screen Hierarchy

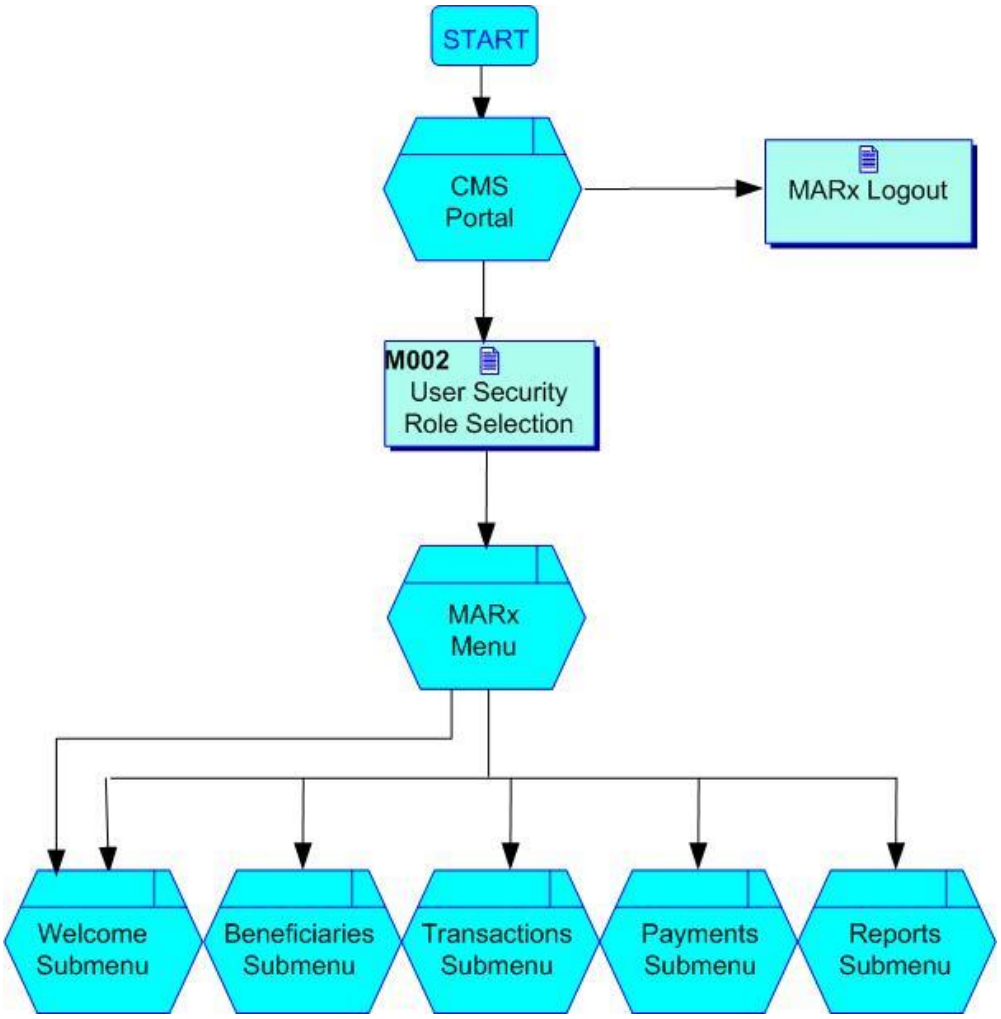
The MARx screens are accessed using the "drill-down" method of navigation. Functions are grouped together under a common menu item (e.g., most of the beneficiary-specific information can be found under the Beneficiary menu item). Table F-1 lists the names of the MARx screens that are accessible to MCOs, their screen numbers (for reference only), and on which page of this appendix (F) they can be found.

Table F-1 - MARx Screen Lookup Table

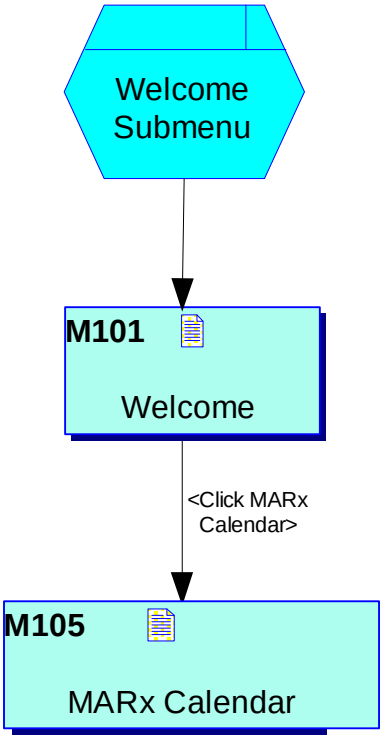
Screen Name	Screen Number	Page Number(s) in This Appendix
Logon, Logoff, and Welcome Screens		
MARx Logout		F-3
User Security Role Selection	M002	F-3
Welcome	M101	F-4
MARx Calendar	M105	F-4
Beneficiaries Screens		
Beneficiaries: Find	M201	F-5
Beneficiaries: Search Results	M202	F-5
Beneficiary Detail: Snapshot	M203	F-5
Beneficiary Detail: Enrollment	M204	F-5
Beneficiary Detail: Status	M205	F-5
Beneficiary Detail: Payments	M206	F-5
Beneficiary Detail: Adjustments	M207	F-5
Payment/Adjustment Detail	M215	F-5, F-7
Beneficiary Detail: Factors	M220	F-5
Enrollment Detail	M222	F-5
Beneficiary Detail: Premiums	M231	F-5
Beneficiaries: Eligibility	M232	F-5
Transactions Screens		
Transactions: Batch Status	M307	F-6
Batch File Details	M314	F-6
Payments Screens		
Payments: MCO	M401	F-7
Payments: MCO Payments	M402	F-7
Payments: Beneficiary	M403	F-7
Payments: Beneficiary Search Results	M404	F-7
Beneficiary Payment History	M406	F-7
Adjustment Detail	M408	F-7
Payments: Premiums and Rebates	M409	F-7

Screen Name	Screen Number	Page Number(s) in This Appendix
Reports Screens		
Reports: Find	M601	F-8
Reports: Search Results	M602	F-8

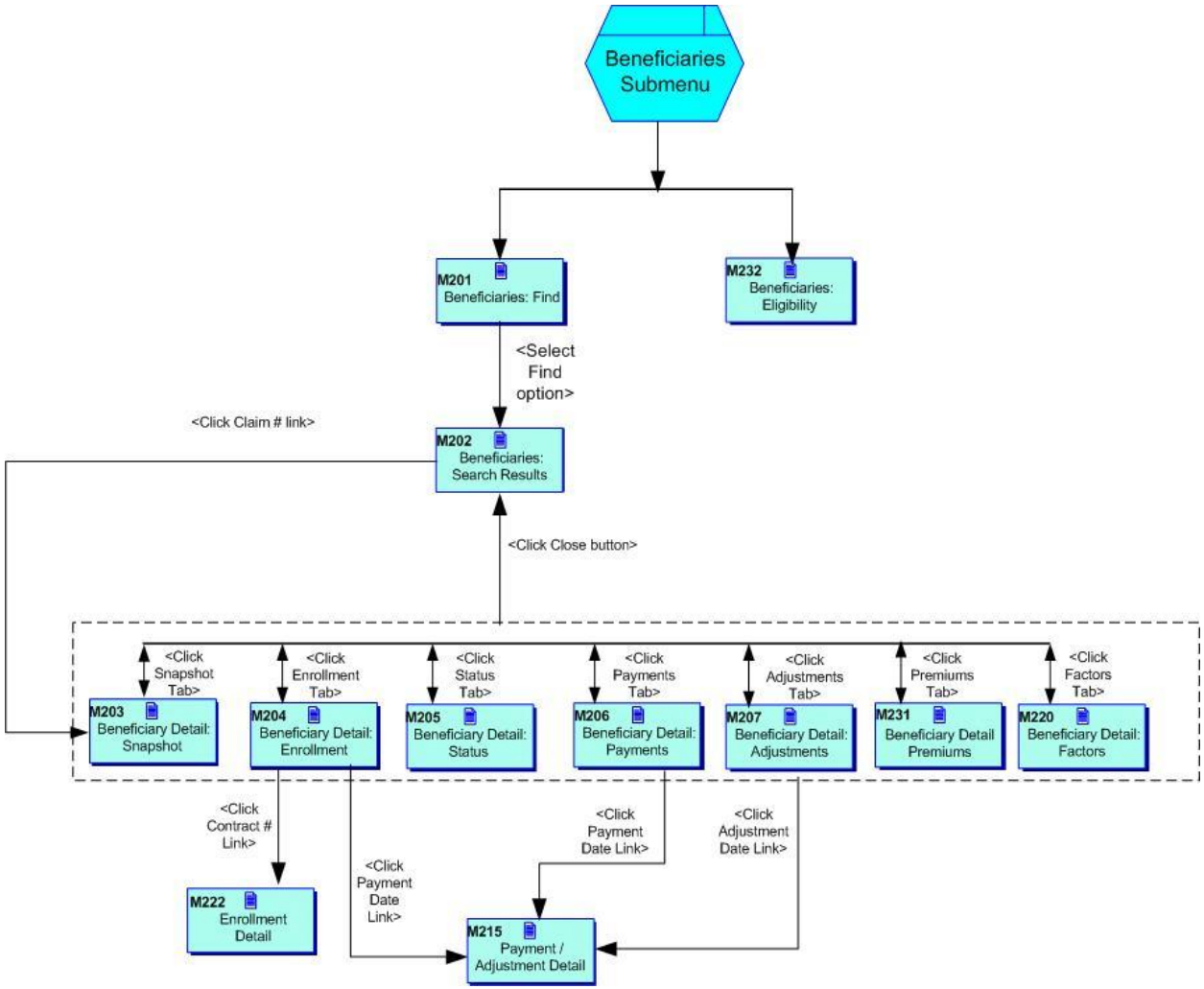
F.1 Main Menu


START
CMS Portal
MARx Logout
M002
User Security Role Selection
MARx Menu
Welcome Submenu
Beneficiaries Submenu
Transactions Submenu
Payments Submenu
Reports Submenu

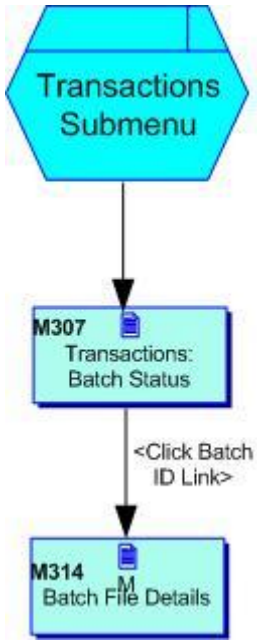
F.2 Welcome Submenu



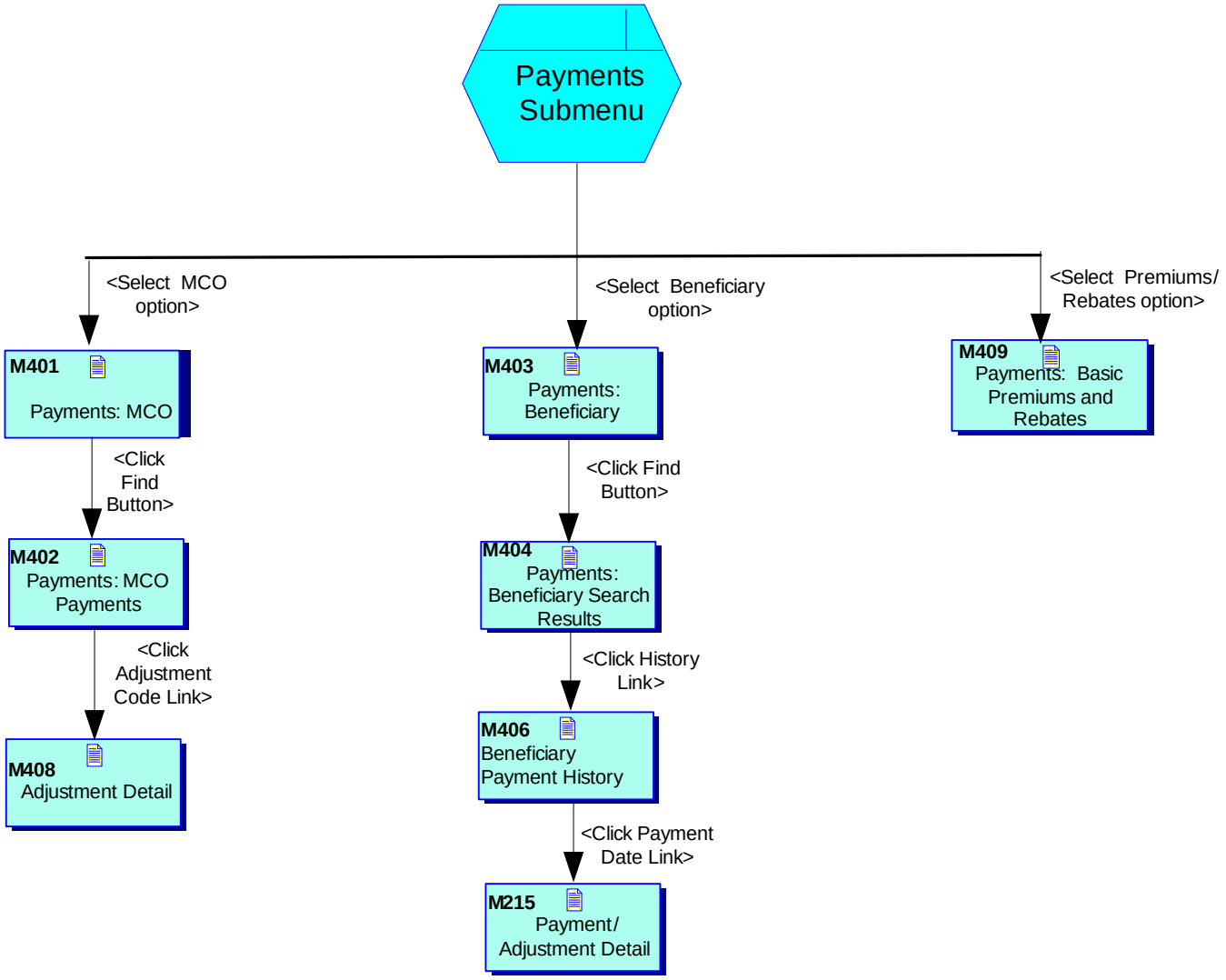
F.3 Beneficiaries Submenu



F.4 Transactions Submenu



F.5 Payments Submenu



F.6 Reports Submenu

G: Validation Messages

Table G-1 lists validation messages that appear directly on the screen during data entry/ processing in the status line (the line just below the title line, as in Figure G-1).

Figure G-1. Validation Message Placement on Screen

These are the common validation messages — not specific to a single screen but having to do with fields that appear on many screens. Note that screen/function-specific messages appear in the section having to do with the specific function and are associated with the specific screen.

Table G-1 - Validation Messages

Error Messages	Suggested Action
A contract number must be entered	Enter the field specified by the message.
A contract number must start with an 'H', '9', 'R', 'S', or 'F' and be followed by 4 characters	Re-enter the field and follow the format indicated in the message.
A sex must be selected	Enter the field specified by the message.
A state must be selected	Enter the field specified by the message.
Invalid Contract/PBP combination	Check the combination and re-enter.
Invalid Contract/PBP/segment combination	Check the combination and re-enter.
<kind-of-date> is invalid. Must have format (M)M/(D)D/YYYY	Re-enter the field and follow the format indicated in the message.
<kind of date> must be entered	Enter the field specified by the message.
PBP number must be 3 alphanumeric characters	Re-enter the field and follow the format indicated in the message.
Please enter at least one of the required fields	Make sure to enter all the required fields.
Please enter user ID or password	Make sure to enter one of the fields specified by the message.
Segment number must be a 3 digit number	Re-enter the field and follow the format indicated in the message.
The claim number is not a valid SSA or RRB number, or CMS Internal number	Re-enter the field in SSA, RRB, or CMS Internal format.
The last name contains invalid characters	Re-enter the field using only letters, apostrophes, hyphens, or blanks.
The user ID contains invalid characters	Re-enter the field without apostrophes, hyphens, and blanks.
You do not have access rights to this contract	First, make sure that you entered the Contract # correctly. If not, re-enter it, if you did and you should have rights to this contract, see the Security Administrator who can update your user profile to give you these rights.

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H: Codes

This appendix lists the numerical value and descriptions for codes that are highly visible to users.

H.1 *Transaction Codes*

Table H-1 lists the Transaction Codes and the description of each code.

Table H-1 - Transaction Codes

MARx Code	Description
01	MCO Correction
51	Disenrollment from MCO in Batch
54	Disenrollment (MEDICARE CSC)
60	Enrollment (Employer Group)
61	Enrollment
71	Plan Benefit Package (PBP) Change
72	Plan Change

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H.2 *MARx Transaction Reply Codes*

Table H-2 lists the possible reply codes returned for the transactions in Appendix H.1.

Type codes: A= Accepted; M= Maintenance; P= Pending; R=Rejected/Failed (Depending on the values in a given field, a transaction may be either Rejected or Failed. For example, TR037 may be a reject if the date in the transaction is too far in the future, but a failure if the date field contains non-numeric characters. To keep this table simple, only the 'R' label will appear in the Type column.

Legend for Type: A = Accepted; D = Duplicate; M = Maintenance; P = Pending; R = Rejected.

Table H-2 - MARx Transaction Reply Codes

Code/Type*	Title	Short Definition	Definition
001 R	Invalid Transaction Code	BAD TRANS CODE	A transaction attempted to process. The transaction was rejected, because the input transaction code was an invalid value. Valid transaction code values are 01, 51, 60, 61, 71 and 72. The transaction should be resubmitted with a valid transaction code. *NOTE: Tran Codes 30 & 31 are valid for pre-2004 adjustments*
002 R	Invalid Correction Action Code	BAD ACTION CODE	A correction transaction attempted to process. The transaction was rejected, because the supplied action code was an invalid value. The valid action code values are D, E, F and G. The transaction should be resubmitted with a valid action code.
003 R	Invalid Contract Number	BAD CONTRACT #	An enrollment, disenrollment, correction, or demonstration factor update transaction attempted to process. The transaction was rejected because no current record was found in the contract file for the input contract number. *NOTE: Description is not on CMS website. Based on input from iCORP.*
004 R	Beneficiary Name Required	NEED MEMB NAME	An enrollment, disenrollment, or PBP change transaction attempted to process. The transaction was rejected, because a match could not be found for the beneficiary and the beneficiary name was not included on the transaction record. The transaction should be resubmitted with beneficiary name included.
005 R	Invalid Sex Code	BAD SEX CODE	A demonstration factor update transaction attempted to process (trans code 30 or 31). The transaction was rejected because the value in the sex field was not 0, 1 or 2. *NOTE: Description is not on CMS website. Based on input from iCORP.*

Code/Type*	Title	Short Definition	Definition
006 R	Invalid Birth Date	BAD BIRTH DATE	A demonstration factor update, enrollment, disenrollment, or PBP change transaction attempted to process. The transaction was rejected because a match could not be found for the beneficiary and the value in the date of birth field was not a valid date in the format YYYYMMDD. *NOTE: Description is not on CMS website. Based on input from iCORP.*
007 R	Invalid Claim Number	NO MATCH—HICN	An enrollment, disenrollment, PBP change, or correction transaction attempted to process. The transaction was rejected, because the claim number was not in a valid format. The valid format for a claim number could take one of two forms: 1. HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions alphanumeric. 2. RRB is a 7 to 12 position value, with the first 1 to 3 positions alpha and the last 6 or 9 positions numeric. The transaction should be resubmitted with a valid claim number (HICN) or RRB.
008 R	Beneficiary Not Found	BENE NOT FOUND	A transaction attempted to process. The transaction was rejected, because the claim number was not found in the CMS system. The transaction should be resubmitted with a valid claim number. NOTE: In these cases, the incoming transaction is intended to update a record that was previously established on the managed care databases, that is, the beneficiary has already been enrolled in an MCO. The incoming transaction is attempting to add new information about status, applying a payment factor, or ending the enrollment period. The error code means that the original enrollment record is not found.
009 R	No Match on Name	NO MATCH—NAME	A transaction attempted to process. The transaction was rejected because the name on the incoming record did not match a record on the database. The transaction should be resubmitted with the correct name. NOTE: This label is not precise. This reply code indicates that the managed care system was not able to find a unique beneficiary that matched on 3 of 4 of the following: surname, first initial, date of birth, and sex code.
010 R	Invalid Medicaid Transaction	INVALID MCAID	A correction transaction attempted to process with an action code of 'F' (turn Medicaid OFF). The transaction was rejected, because the Medicaid status was not set by the MCO and for that reason, could not be turned off by the MCO. *NOTE: Edit suspended in 2004 by CMS.*
011 A	Enrollment Accepted as Submitted	ENROLL ACCEPTED	The new enrollment has been successfully processed. The effective date of the new enrollment is shown in field 18 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.

Code/Type*	Title	Short Definition	Definition
012 A	Enrollment Accepted, with SCC Override	[obsolete]	This transaction code is obsolete. *NOTE: Description is not on CMS Website. Based on input from iCORP.*
013 A	Disenrollment Accepted as Submitted	DISENROL ACCEPT	The disenrollment has been successfully processed. The effective date of the disenrollment is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.
014 A	Disenrollment Due to Enrollment in Another Plan	DISNROL-NEW MCO	A new enrollment was successfully processed for the beneficiary, which placed them in another MCO. As a result, the beneficiary was disenrolled from the MCO receiving this message. The effective date of the disenrollment is shown in field 24 of the Transaction Reply record. In field 28 the Contract number of the source is shown. On the printed report, the disenrollment date is shown in the EFF DATE column, and the MCO causing the disenrollment is shown in the SOURCE ID column.
015 A	Enrollment Canceled	ENROLL CANCELED	An enrollment was canceled due to one of the following reasons: MCO disenrollment with same effective date; auto-disenrollment with same effective date; a MCO's disenrollment request dated the month prior to enrollment; a loss of Part A or B Entitlement; or the beneficiary is in the ESRD health status prior to enrollment. NOTE: Auto-disenrollment occurs when a beneficiary is enrolled in another contract prior to the effective date.
016 A	Enrollment Accepted, Out Of Area	ENROLL-OUT AREA	A new enrollment was processed, but the beneficiary's residence state and county codes place the beneficiary outside of the MCO's approved service area. The effective date of the new enrollment is shown in field 18 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column. If the SCC shown on the printed report differs from your records prompt the beneficiary to visit the Social Security Administration Field Office (SSAFO) to change their address. This will enable a more accurate payment for this beneficiary to be made. *NOTE: The 'conditional' aspect no longer applies; this TR code is now merely an alert that the beneficiary's SCC in CMS records is not within the service area.*

Code/Type*	Title	Short Definition	Definition
017 A	Enrollment Accepted, Payment Default Rate	ENROLL—BAD SCC	A new Part C enrollment was processed, but valid residence state and county codes were not available and could not be derived from the zip code. The enrollment is considered valid by the system; however, since there is no valid residence state and county codes, Part C payment is made for this beneficiary at the plan bid rate with no geographic adjustment. When valid residence information is provided to the system, payment will be made using the updated residence information. The effective date of the new enrollment is shown in field 18 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.
018 A	Automatic Disenrollment	AUTO DISENROLL	An action occurred which caused an automatic disenrollment of this beneficiary. A disenrollment action was not submitted by CMS or the plan. This action could result from a change in the beneficiary's personal characteristics. For example, a death notice, or loss of Part A or Part B Entitlement would cause an enrolled beneficiary to be automatically disenrolled. The effective date of the disenrollment is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column, and the reason for disenrollment is shown in the REMARKS column.
019 R	Enrollment Rejected - Loss Of Part A And B Entitlement	NO ENROLL-NO AB	An enrollment attempted to process. The enrollment failed because the beneficiary is not entitled to both Part A and Part B of Medicare.
020 R	Enrollment Rejected - PACE Under 55	NO ENROLL-NOT 55	An enrollment attempted to process for a PACE plan. The enrollment failed because the beneficiary is not yet 55 years of age
021 A	Enrollment Accepted, Date Modified	[Obsolete]	This transaction code is obsolete. *NOTE: Description is not on CMS Website. Obsolete in GHP.*
022 A	Enrollment Accepted, Claim Number Change	ENROLL-NEW HICN	A new enrollment was successfully processed for a beneficiary whose claim number has changed. The effective date of the new enrollment is shown in field 18 of the Transaction Reply record. The new claim number is shown in field 24. The old claim number will appear in field 1. On the printed report the enrollment date is shown in the EFF DATE column, and the new claim number is shown in the REMARKS column. Any further actions submitted for this beneficiary must use the new claim number.

Code/Type*	Title	Short Definition	Definition
023 A	Enrollment Accepted, Name Change	ENROLL-NEW NAME	A new enrollment was successfully processed for a beneficiary whose name has changed. The effective date of the new enrollment is shown in field 18 of the Transaction Reply record. The new name will appear in fields 2, 3 and 4. On the printed report, the enrollment date is shown in the EFF DATE column, and the new name is shown in the SURNAME, FIRST NAME and MI columns.
024 A	Disenrollment Accepted, Date Modified	[Obsolete]	This transaction reply code is obsolete. *NOTE: Description is not on CMS website. Obsolete in GHP.*
025 A	Disenrollment Accepted, Claim Number Change	DISROL-NEW HICN	A disenrollment was successfully processed for a beneficiary whose claim number has changed. The effective date of the disenrollment is shown in field 22 of the Transaction Reply record. The new claim number is shown in field 24. The old claim number will appear in field 1. On the printed report the disenrollment date is shown in the EFF DATE column, and the new claim number is shown in the REMARKS column. Any further actions submitted for this beneficiary should use the new claim number.
026 A	Disenrollment Accepted, Name Change	DISROL-NEW NAME	A disenrollment was successfully processed for a beneficiary whose name has changed. The effective date of the disenrollment is shown in field 22 of the Transaction Reply record. The new name will appear in fields 2, 3 and 4. On the printed report, the disenrollment date is shown in the EFF DATE column, and the new name is shown in the SURNAME, FIRST NAME and MI columns.
027 A	Demonstration Beneficiary Factor Set	DEMO FACTOR ON	A demonstration factor was successfully processed for a beneficiary. The effective start date of the factor is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column. NOTE: This reply code is only applicable to transactions that update beneficiary-specific risk adjustment factors for certain demonstration MCO contracts, i.e., GHP_TRAN_CD 30 and 31.
028 A	Demonstration Beneficiary Factor Terminated	DEMO FACTOR OFF	A demonstration factor with an end date was successfully processed for a beneficiary. The effective end date of the factor is show in field 24 of the Transaction Reply record. On the printed report the value is shown in the EFF DATE column. NOTE: This reply code is only applicable to transactions that update beneficiary-specific risk adjustment factors for certain demonstration MCO contracts, i.e., GHP_TRAN_CD 30 and 31.

Code/Type*	Title	Short Definition	Definition
029 A	Demo Beneficiary Factor Cancellation	DEMO FACTOR CAN	A demonstration factor was successfully processed for a beneficiary. A factor originally established has been cancelled, and is no longer valid. NOTE: This reply code is only applicable to transactions that update beneficiary-specific risk adjustment factors for certain demonstration MCO contracts, i.e., GHP_TRAN_CD 30 and 31 *NOTE: Description is not on CMS website. Based on input from iCORP*
030 R	Enrollment Held, Pending Medicare Entitlement Confirmation	**[Obsolete]**	An enrollment attempted to process, but the beneficiary does not appear on the Medicare Beneficiary database (MBD) or does not have Part A or Part B entitlement. Very infrequently, Medicare enrollments may not be posted in a timely fashion. In these cases, MARX will hold the enrollment for a period of time (3 months), to allow for the completion of the MBD record keeping. *NOTE: Description is not on CMS website. Obsolete in GHP. Valid for MARX (transaction orbiting capability).*
031 R	Enrollment Rejected, Data Not In Enrollment Database	MEMB NOT MCARE	An enrollment transaction attempted to process. The enrollment was rejected because the beneficiary could not be located in the MBD. Verify the claim number and name and resubmit the transaction. NOTE: This transaction reply code will be generated after the orbit period has elapsed if the beneficiary is still not found in the MBD.
032 R	Enrollment Rejected, Beneficiary Not Entitled to Part B	MEMB HAS NO B	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary did not have Medicare Part B Entitlement. Part B entitlement is required for enrollment in a managed care plan. **NOTE: This edit is applied immediately; no orbit period.**
033 R	Enrollment Rejected, Beneficiary Not Entitled to Part A	MEMB HAS NO A	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary did not have Medicare Part A Entitlement. Part A entitlement is required for enrollment in a managed care plans. **NOTE: This edit is applied immediately; no orbit period.**
034 R	Enrollment Rejected, Beneficiary is Not Age 65	MEMB NOT AGE 65	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary was not age 65 or older. The age requirement is MCO-specific.

Code/Type*	Title	Short Definition	Definition
035 R	Enrollment Rejected, Beneficiary is in Hospice Status	MEMB IN HOSPICE	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary was in Hospice status. The Hospice requirement is MCO specific (e.g., applies only to 1876 Cost Plans). The attempted enrollment date is shown in field 24 of the Transaction Reply record.
036 R	Enrollment Rejected, Beneficiary is Deceased	MEMB DECEASED	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary is deceased. The attempted enrollment date is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the REMARKS column.
037 R	Enrollment Rejected, Invalid Date	BAD ENROLL DATE	An enrollment transaction, PBP election or plan change attempted to process. The enrollment was rejected, because the submitted enrollment effective date was either an invalid numeric value; a date more than 3 months in the future; a date not the first of the month; or a code 60 was with a future date or a date more than 3 months before the prospective payment month. Retroactive PBP change requests are also rejected with this transaction reply code. The transaction should be resubmitted with a valid date.
038 D	Enrollment Rejected, Duplicate Transaction	DUPLICATE	An enrollment transaction attempted to process. The enrollment was rejected, because another enrollment transaction submitted by the same plan, with the same effective date, was already processed. The effective date appears in field 18 of the Transaction Reply record. No action is required by the plan.
039 R	Enrollment Rejected, Currently Enrolled in Same Plan	ALREADY ENROLL	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary was already enrolled in this plan. No action is required by the plan.
040 R	Enrollment Rejected, Multiple Enrollment Transactions	MULTIPLES	An enrollment transaction attempted to process. The enrollment was rejected, because the transaction was one of several that were submitted with the same effective date and application date.
041 R	Invalid Demonstration Beneficiary Factor Date	BAD FACTOR DATE	A beneficiary factor update request attempted to process. The transaction was rejected, because the effective start and/or end date was not in a valid format; or the request specified an effective start date that was greater than the effective end date.
042 R	Enrollment Rejected, Blocked	ENROLL BLOCKED	An enrollment transaction attempted to process. The enrollment was rejected, because the MCO is currently blocked from enrolling new beneficiaries.

Code/Type*	Title	Short Definition	Definition
043 R	Invalid Demonstration Beneficiary Factor	BAD FACTOR	A beneficiary factor update request attempted to process. The transaction was rejected, because the factor was not in a valid format; or the factor was larger than allowed. NOTE: the factor must be 7 positions long, with the 3rd position being '.' and the other 6 positions numeric.
044 R	Enrollment Rejected, Outside Contracted Period	NO CONTRACT	An enrollment transaction attempted to process. The enrollment was rejected, because the submitted enrollment date is outside the contracted period with CMS.
045 R	Enrollment Rejected, Beneficiary is in ESRD Status	MEMB HAS ESRD	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary is in ESRD (end-stage renal disease) status. The attempted enrollment effective date is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the REMARKS column.
046 R	Enrollment Rejected; No response from HI Master	[obsolete]	This transaction reply code is obsolete. *NOTE: Description is not on CMS website.*
047 R	Enrollment Rejected, Retroactive Effective Date	RETRO ENROLL DT	An enrollment transaction attempted to process. The enrollment was rejected, because the enrollment effective date submitted was not within the acceptable retroactive period. The enrollment should be resubmitted with an effective date that is not less than one month before the prospective payment month.
048 A	Nursing Home Certifiable Status Set	NHC ON	A transaction has been processed placing the beneficiary in Nursing Home Certifiable (NHC) status. The NHC health status is MCO specific (e.g., applies only to SHMO plans). The NHC effective start date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
049 A	Nursing Home Certifiable Status Terminated	NHC OFF	This transaction code is obsolete. *NOTE: NHC periods always have an end date. TR code 159 is used to acknowledge online changes to NHC periods.*
050 R	Disenrollment Rejected, Not Enrolled	NOT ENROLLED	A disenrollment transaction attempted to process. The disenrollment was rejected, because the beneficiary was not currently enrolled in the plan.
051 R	Disenrollment Rejected, Invalid Date	BAD DISENR DATE	A disenrollment transaction attempted to process. The disenrollment was rejected, because the effective date was an invalid numeric value or outside the allowable time frame. The transaction should be resubmitted with a valid date.

Code/Type*	Title	Short Definition	Definition
052 R	Disenrollment Rejected, Duplicate Transaction	DUPLICATE	A second disenrollment transaction attempted to process. The disenrollment was rejected, duplicate transaction, no process necessary. The effective date of the disenrollment is displayed in field 18 of the Transaction Reply record. No action is required by the plan.
053 R	Disenrollment Rejected, Before Current Enrollment	DATE LT ENROLL	A disenrollment transaction attempted to process. The disenrollment was rejected, because the disenrollment effective date submitted was earlier than the effective enrollment date on record. The transaction should be resubmitted with a valid date.
054 R	Disenrollment Rejected, Retroactive Date	RETRO DISN DATE	A disenrollment transaction attempted to process. The disenrollment was rejected, because the effective date was outside the allowable time frame. The disenrollment should be resubmitted with a valid date.
055 M	ESRD Status Canceled	ESRD CANCELED	The ESRD status information which was previously set has been canceled. The effective date of the status period canceled is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.
056 R	Demonstration Enrollment Rejected	FAILS DEMO REQ	An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary did not meet the Demonstration requirements. For example, the beneficiary is currently known to be Working Aged or not known to be ESRD. These requirements are MCO specific. The attempted enrollment effective date is shown in field 24 of the Transaction Reply record. On the print report, the value is shown is the EFF DATE column. *NOTE: In the legacy system, this TR code was used only for ESRD Demonstrations. However, for MARX it can be used for Demos in general.*
057 M	Risk Adjuster Factor Change	RA FACTOR CHG	The Risk Adjuster System (RAS) has created new factors for this beneficiary, which may result in payment adjustments. *NOTE: Description is not on CMS website.*
058 R	SSA Disenrollment Rejected, Cancel New Enrollment	CANNOT CANCEL	A disenrollment transaction from an SSAFO attempted to process. The disenrollment was rejected because the effective date of the disenrollment if applied would result in a cancellation of the enrollment period. The attempted disenrollment effective date is shown on the printed report under the EFF DATE column. *NOTE: This code is obsolete with the implementation of new transaction formats for MARx.*

Code/Type*	Title	Short Definition	Definition
059 M	Working Aged Status Canceled	WA CANCEL	The working aged status information which was previously set has been canceled. The effective date of the status period canceled is shown in field 24 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.
060 R	Correction Rejected, Not Enrolled in Plan	NOT ENROLLED	A correction transaction attempted to process. The correction was rejected, because the beneficiary is no longer enrolled under the incoming contract number. MCOs are not permitted to process transactions against beneficiaries that are not enrolled in their plan.
061 R	Correction Rejected, Retroactive Change	[Obsolete]	This transaction reply code is obsolete. *NOTE: Description is not on CMS website. Obsolete in GHP.*
062 R	Correction Rejected, Overlaps Other Period	INS-NHC OVERLAP	A correction transaction attempted to process. The correction was rejected, because another correction transaction submitted by the same plan, with the same effective date, was already processed. No action is required by the MCO. *NOTE:* Currently, this transaction reply refers to the overlap of an institutional period and an NHC period. These two types of periods are mutually exclusive.
063 R	Correction Rejected, Extend Past Death Date	[Obsolete]	This transaction code is obsolete. *NOTE: Description is not on CMS website. Obsolete in GHP.*
064 R	Correction Rejected, Invalid Date	[Obsolete]	This transaction code is obsolete. *NOTE: Description is not on CMS website. Obsolete in GHP.*
065 A	WA Accepted, Not Yet Posted	WA OK/NOT POST	A Working Aged (HUSP) transaction has been received by CMS. The transaction was sent on for further processing. This reply is to confirm that the request has been received and forwarded to the COB contractor. This does not mean acceptance by COB or CWF. *NOTE: This code became obsolete in 2004 with the new working aged adjustment process and retirement of the HUSP process.*
066 M	WA Status Set	WA ON	A Working Aged status has been set for a beneficiary. The effective Working Aged start date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column. *NOTE: This code became obsolete in 2005 with the new working aged adjustment process.*

Code/Type*	Title	Short Definition	Definition
067 M	WA Status Terminated	WA OFF	A Working Aged status has been terminated for a beneficiary. The effective Working Aged termination date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column. *NOTE: This code became obsolete in 2005 with the new working aged adjustment process.*
068 R	Working Aged Status Rejected	WA REJECT	A Working Aged transaction attempted to process. The transaction was rejected because the supplied input did not pass all required edits. The failed edits are noted by the SP Error Code, which can be found in the Plan Communications User's Guide under the appendix marked "MSP Maintenance Transaction Error Codes". *NOTE: This code became obsolete in 2004 with the new working aged adjustment process and retirement of the HUSP process.*
069 P	Working Aged Status Pending	[obsolete]	A Working Aged transaction has been received by CMS, but is pending because it has not completed processing. *NOTE: This code became obsolete in 2004 with the new working aged adjustment process and retirement of the HUSP process.*
070 A	Prior Commercial Enr Changed	COMM ENROL CHG	An online transaction changed the length of a previously reported period of commercial enrollment. *NOTE: Description is not on CMS website. Based on input from iCORP*
071 M	Hospice Status Set	HOSPICE ON	A notification has been received from CMS's Hospice system placing the beneficiary in Hospice status. The effective Hospice start date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
072 M	Hospice Status Terminated	HOSPICE OFF	A notification has been received from CMS's Hospice system terminating the beneficiary's Hospice status. The effective Hospice end date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
073 M	ESRD Status Set	ESRD ON	A notification has been received from CMS's ESRD system placing the beneficiary in ESRD status. The effective ESRD start date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
074 M	ESRD Status Terminated	ESRD OFF	A notification has been received from CMS's ESRD system terminating the beneficiary's ESRD status. The effective ESRD end date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.

Code/Type*	Title	Short Definition	Definition
075 A	Institutional Status Set	INSTITUTION ON	A transaction has been received placing the beneficiary in Institutional status. The effective Institutional start date is shown in field 22 and 24 of the Transaction Reply record. On the printed report this value is shown in the EFF DATE column. Institutional automatically ends each month; therefore, there is no termination status transaction.
076 A	Institutional Status Terminated	INSTITUTION OFF	This transaction reply code is obsolete. *NOTE: Institutional periods always have an end date. TR code 158 is used to acknowledge online changes to institutional period dates.*
077 A/M	Medicaid Status Set	MEDICAID ON	A transaction has been received placing the beneficiary in Medicaid Status. The effective Medicaid start date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
078 A/M	Medicaid Status Terminated	MEDICAID OFF	A transaction has been received terminating the beneficiary Medicaid status. The effective Medicaid end date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
079 M	Part A Termination	MEDICARE A OFF	A notification has been received terminating the beneficiary's Part A Entitlement. The effective Part A Entitlement end date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.
080 M	Part A Reinstatement	MEDICARE A ON	A notification has been received reinstating the beneficiary's Part A Entitlement. The effective Part A Entitlement start date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column. NOTE: This reply code is only prepared if the beneficiary is still enrolled in some managed care contract. If the beneficiary has been disenrolled, but not re-enrolled, the reply code is not issued.
081 M	Part B Termination	MEDICARE B OFF	A notification has been received terminating the beneficiary's Part B Entitlement. The effective Part B Entitlement end date is shown in field 24 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.

Code/Type*	Title	Short Definition	Definition
082 M	Part B Reinstatement	MEDICARE B ON	A notification has been received reinstating the beneficiary's Part B Entitlement. The effective Part B Entitlement start date is shown in field 24 of the Transaction Reply Record. On the printed report, this value is shown in the EFF DATE column. NOTE: This reply code is only prepared if the beneficiary is still enrolled in some managed care contract. If the beneficiary has been disenrolled, but not re-enrolled, the reply code is not issued.
083 A	Enrollment Date Change	NEW ENROLL DATE	CMS staff changed the effective date for an enrollment. The new effective date of the enrollment is shown in field 24 of the Transaction Reply record. This value is also present in field 18. On the printed report, this value is shown in the EFF DATE column.
084 A	Disenrollment Date Change	NEW DISROL DATE	CMS staff changed the effective date for a disenrollment. The new effective date of the disenrollment is shown in field 24 of the Transaction Reply record. The effective enrollment date is shown in field 18. On the printed report, the effective disenrollment date is shown in the EFF DATE column.
085 M	State and County Code Change	NEW SCC	A notification has been received indicating that the beneficiary's State and County Code (SCC) information has changed. The new SCC is shown in fields 9-10 and 24 of the Transaction Reply record. On the printed report, the new SCC is shown in the REMARKS column.
086 M	Claim Number Change	NEW HICN	A notification has been received indicating that the beneficiary's claim number has changed. The new claim number is shown in field 24 of the Transaction Reply record. On the printed report, the new claim number is shown in the REMARKS column.
087 M	Name Change	NEW NAME	A notification has been received indicating that the beneficiary's name has changed. The new name is shown in fields, 2, 3 and 4 of the Transaction Reply record. On the printed report, the new name is shown in fields 2, 3 and 4 of the Transaction Reply record. On the printed report, the new name is shown in the SURNAME, FIRST NAME and MI columns.
088 M	Sex Code Change	NEW SEX CODE	A notification has been received indicating that the beneficiary's sex code has changed. The new Sex code is shown in field 5 of the Transaction Reply record. On the printed report, the new Sex code is in the SEX column.
089 M	Date of Birth Change	NEW BIRTH DATE	A notification has been received indicating that the beneficiary's date of birth has changed. The new date of birth is shown in field 6 of the Transaction Reply record. On the printed report, the new birth date is shown in the DATE OF BIRTH and EFF DATE columns.

Code/Type*	Title	Short Definition	Definition
090 M	Date of Death Established	MEMB DECEASED	A notification has been received indicating that the beneficiary is deceased. The date of death is shown in field 24 of the Transaction Reply record. On the printed report, the date of death is shown in the EFF DATE column.
091 M	Date Of Death Removed	DEATH DATE OFF	Previously, the Medicare Beneficiary Database reported a date of death for this beneficiary. That date has been removed, as the beneficiary is still alive. NOTE: This reply code is not issued if the beneficiary is no longer enrolled in any MCO. *NOTE: Description is not on CMS website.*
092 M	Date of Death Corrected	NEW DEATH DATE	A notification has been received indicating that the beneficiary's date of death has been corrected. The corrected date of death is shown in field 24 of the Transaction Reply record. On the printed report, the corrected date of death is shown in the EFF DATE column.
093	SCC Exemption Code Change	[Obsolete]	This transaction reply code is obsolete. *NOTE: Description is not on CMS website. Code obsolete in GHP.*
094 R	No Match on Name	[Obsolete]	This transaction reply code is obsolete. *NOTE: Description is not on CMS website. Code obsolete in GHP.*
095 R	Invalid State, County Or Zip Code	BAD ADDRESS	The State, County or ZIP code received from the MBD is invalid. If these codes differ from your records, prompt the beneficiary to visit the Social Security Administration Field Office (SSAFO) to change their address. This will enable MARX to make a more accurate payment for this enrollment. *NOTE: Description is not on CMS website.*
096	SCC Already Exists	[Obsolete]	This transaction reply code is obsolete. *NOTE: Description is not on CMS website*
097 R	Medicaid Previously Turned On	MCAID PREV ON	A transaction attempted to process the start of a Medicaid period and was rejected because the Medicaid status for the beneficiary was already on for the month in question. No action required by the plan.
098 R	Medicaid Status Previously Turned Off	MCAID PREV OFF	A transaction attempted to process the end of a Medicaid period and was rejected because the Medicaid status was already off for the month in question. No action required by the plan.
099 M	Medicaid Period Change/Cancellation	MCAID CHANGE	A change has been made to a period of Medicaid status information for the beneficiary. No action required by the plan.

Code/Type*	Title	Short Definition	Definition
100 A	Election Change Accepted as Submitted	ELECTION OK	An M+CO has submitted a transaction type 71 to move a member from one benefit package to another. All applicable edits have been passed; the transaction has successfully processed. The effective date of the PBP election is shown in field 24 of the Transaction Reply record.
101 R	Rejected; Invalid Institutional Flag	BAD INST FLAG	Code is for transaction types 71/61/60/51. Must be Y or spaces.. *NOTE: Made obsolete by the August 2002 Plan Communications Guide.*
102 R	Rejected; Invalid or Missing Application Date	BAD APP DATE	A transaction was rejected (60/61/71) because it was submitted with an invalid or missing application date. The application date must be present, represent a valid date and precede the effective date on the transaction (effective date of the enrollment or PBP change). Note that the application date is not a required field on transaction type 51 or 72, nor is it required for any enrollment submitted online by CMS. The transaction should be resubmitted with a valid date.
103 R	ICEP/IEP Election with Missing A/B Entitlement Date	ICEP/IEP NO ENT	The transaction is rejected because the beneficiary does not have entitlement for Part A and/or Part B on record—required for enrollment transactions (Code 61). Code is for transaction type 61 and election types I and E only.
104 R	Rejected; Invalid or Missing Election Type	BAD ELECT TYPE	Election type is either missing, not valid for plan or transaction type. , Election types A, N, S, O and T are valid for transaction types 51/60/61/71. Election types I and E are valid for transaction type 60/61.
105 R	Rejected; Invalid Effective Date for Election Type	BAD ELECT DATE	Effective date specified is not valid for the election type. Code is for transaction types 71/61/60/51; applies only to election types A, I, E, N, O, and T.
106 R	Rejected; Another Transaction Received with a Later Application Date	LATER APPLIC	The transaction was rejected (60/61/71) because a transaction with a more recent application date was received for the same effective date. When multiple transactions are received for the same beneficiary with the same effective date but with different contract/PBP #s, the application date will be used to determine which election to accept. Note that this code does not apply to transaction type 51, nor does it apply to an enrollment submitted online by CMS. If the application dates are different, the system will accept the election containing the most recent date. If the application dates are the same, they will all be rejected with a code of 040.
107 R	Rejected; Invalid or Missing PBP Number	BAD PBP NUMBER	The transaction was rejected (60/61/71/72) because the PBP # was missing or invalid. Note that the PBP # is not required on transaction type 51. The PBP # submitted on the 60/61/71/72 must be valid for the contract number on the transaction. The transaction should be resubmitted with a valid PBP #.

Code/Type*	Title	Short Definition	Definition
108 R	Rejected; Election Limits Exceeded	NO MORE ELECTS	Election limit exceeded for this election type. Code is for transaction types 71/61/60/51 and election types A, I, E, N, and O.
109 R	Rejected; Duplicate PBP Number	DUPLICATE	The transaction was rejected (71) because the member was already enrolled in the PBP # on the transaction. This code only applies to transaction type 71. The effective date of the requested enrollment is in field 18 of the Transaction Reply report.
110 R	Rejected; No Part A and No EGHP Enrollment Waiver	NO PART A/EGHP	The transactions was rejected (60/61/71) because the beneficiary lacks Part A and there was no EGHP Part B-only waiver in place. MCOs can offer PBP for EGHP members only, and, if the MCO chooses, it can define such PBPs for individuals who do not have Part A.
111 R	PBP Rejected; Invalid Contract Number	BAD CONTRACT #	The transaction was rejected (71) because the contract number on the transaction does not match the member's enrollment record. This code applies only to transaction type 71. The requested effective date of the enrollment appears in field 18 of the Transaction Reply report. The transaction should be resubmitted with the correct contract number.
112 R	Rejected; Conflicting Effective Dates	CNFLT EFF DATE	For a 71 or 71-X transaction (Note: 71X transactions have been discontinued starting with the February 2003 run), no current enrollment record is found for the beneficiary that has an effective start date before or on the effective date on the transaction. Also, for 71-X, the effective date on the transaction is after the PBP startup cutoff date.
113 M	Part B Premium Reduction Rate Change	PARTB REDUCT CH	Acknowledgement that the Part B premium reduction amount has been changed (Formerly related to the "BIPA 606" legislation; for 2006 and forward, part of the MMA legislation.)
114 R	Drug Coverage Change Rejected; Election Type must be AEP or OEPI	RX NOT AEP/OEPI	Existing plan members and previously enrolled individuals cannot add or drop drug coverage except during an AEP or OEPI. This TR Code will appear for transaction types 71/61/60/51 when the election type is Nor O for the described individual.
115 R	Enrollment Rejected; Plan Not Open	PLAN NOT OPEN	An OEP, OEPNEW, or OEPI enrollment was rejected because the plan is closed to such enrollments.

Code/Type*	Title	Short Definition	Definition
116 R	Enrollment or Change Rejected; Invalid or Missing Segment number	BAD SEGMENT NUM	The transaction (60/61/71) was rejected because the enrollment is for a PBP that has been segmented, and segment number on the transaction was missing or invalid. The Segment number submitted on transaction type 60/61/71 must be valid for the PBP and contract number. Or, a code 72 transaction was rejected because the (non-blank) segment number provided was invalid for that contract/PBP combination. The transaction should be resubmitted with a valid Segment number. *NOTE: Segment number is not required for transaction type 51.*
117 A	FBD Auto Enrollment Accepted	FBD AUTO ENROLL	CMS has performed an auto-enrollment of a full-benefit dual eligible beneficiary into a Part D Plan.
118 A	LIS Facilitated Enrollment Accepted	LIS FAC ENROLL	CMS has performed a facilitated enrollment of a low-income subsidy beneficiary into a Part D Plan.
119 A	Premium Amount Change Accepted	PREM AMT CHG	Plan has submitted a change transaction to update the Part D or Part C premium amount. The transaction was successful.
120 A	Premium Withholding Option Change Accepted	WHOLD UPDATE	Plan or CMS submitted a change transaction to update the premium withholding option. MARx successfully processed the transaction. A change to direct billing option is implemented by the plan. A change to the deduction option is implemented by the responsible organization, SSA, RRB, or OPM.
121 M	Beneficiary Low Income Status Updated	LIS UPDATE	The beneficiary's Part D low-income subsidy status has changed.
122 R	Enrollment or Change Rejected, Invalid Premium Amount	BAD PREMIUM AMT	The transaction (60/61/71) was rejected because the Part C or Part D premium amount was not numeric. A code 72 change transaction was rejected because a non-blank Part C or Part D premium amount was not numeric. Transaction should be resubmitted with corrected premium amount.
123 R	Enrollment or Change Rejected, Invalid Premium Withholding Option Code	BAD W/HOLD OPT	The transaction (60/61/71) was rejected because the Premium Withholding Option code contained an invalid value (valid values are D, S, R, O and N). A code 72 change transaction was rejected because a non-blank Premium Withholding Option code contained an invalid value. Transactions should be resubmitted with corrected option codes.

Code/Type*	Title	Short Definition	Definition
124 R	Enrollment or Change Rejected; Invalid Uncovered Months Field	BAD UNCOV MNTHS	The transaction (60/61/71) was rejected because the "Number of Uncovered Months" field contained a non-numeric value; OR, the "Uncovered Months" field was zero when the Creditable Coverage Switch was set to "N"; OR, the "Uncovered Months" field was greater than zero when the Creditable Coverage Switch was set to "Y" or blank; OR, a code 72 change transaction was rejected because a non-blank "Number of Uncovered Months" field contained a non-numeric value. Transactions should be resubmitted with corrected fields.
125 R	MSA Enrollment or Change Rejected, Invalid MSA Fields	BAD MSA DATA	The transaction (60/61/71) for Medical Savings Account (MSA) was rejected because one or more of these required fields was missing: beneficiary's social security number, bank account number, bank routing number, or bank account type code.
126 R	Enrollment or Change Rejected; Invalid Creditable Coverage Flag	BAD CRED COV FL	The transaction (60/61/71) was rejected because the "Creditable Coverage Flag" field contained an invalid value. A code 72 change transaction was rejected because a non-blank "Creditable Coverage Flag" field contained an invalid value. Transactions should be resubmitted with corrected fields.
127 R	Part D Enrollment Rejected; Employer Subsidy Status	EMP SUB REJ	The Enrollment was rejected because the beneficiary has employer subsidy status. The plan should contact the beneficiary to explain the consequences of this enrollment. If the beneficiary elects to join the Part D plan anyway, the enrollment should be resubmitted with the Employer Subsidy Override Flag set.
128 R	Part D Enrollment Rejected; Employer Subsidy Flag set; No Prior Transaction	EMP SUB OVR REJ	The Enrollment was rejected because the beneficiary has employer subsidy status and the Employer Subsidy Override Flag was set, but the override is not valid because there is no record that the enrollment was previously submitted and rejected due to employer subsidy status. MARX enforces this two-step process to ensure that the plan discusses the consequences of the Part D enrollment (i.e., possible loss of employer health coverage) with the beneficiary before MARX accepts the employer subsidy override.
129 A	Part D Enrollment Accepted; Employer Subsidy Flag set; Prior Transaction Rejected	EMP SUB ACC	The Enrollment was accepted. A prior transaction was rejected because the beneficiary has employer subsidy status. This transaction (with employer subsidy override flag set) indicates that the plan has contacted the beneficiary to explain the consequences of this enrollment, and that the beneficiary elects to join the Part D plan anyway. [These three scenarios—126, 127 and 128—are outlined in the CMS/DEPO letter to the plans dated March 8, 2005.]
130 R	Part D Opt-Out Rejected, Opt-Out Indicator Not Valid	BAD OPT OUT CD	The Part D Opt-Out Flag submitted by the plan has an invalid value.

Code/Type*	Title	Short Definition	Definition
131 A	Part D Opt-Out Accepted	OPT OUT OK	A valid disenrollment transaction was received with a Part D Opt-Out Flag set to Y. The beneficiary will not be subject to auto-enrollment into Part D by CMS in the future.
132 A	Part D Enrollment Accepted; Missing RxID and/or Rx Group [Obsolete]	Obsolete	Plans submitting Part D transactions (60/61/71) must provide their RxID and RxGroup information. Although the transaction was accepted, plan should follow up with RxID and RxGroup numbers on a change transaction (72).
133 R	Part D Enrollment Rejected; Invalid Secondary Insurance Flag	BAD 2 INS FLAG	Plans submitting Part D transactions (60/61/71) must provide a valid value for the secondary drug coverage flag.
134 A	Part D Enrollment Accepted; Invalid Secondary Insurance	NO 2 INS INFO	Plans submitting Part D transactions (60/61/71) must indicate when a beneficiary has secondary drug coverage. This transaction reply indicates that the secondary insurance flag was set, but the secondary insurance RxID and RxGroup were not supplied. Plan should follow up with secondary insurance RxID and RxGroup ID information on a change transaction (72).
135 M	Beneficiary Has Started Dialysis Treatments	DIALYSIS START	A notification has been received that a beneficiary has ESRD and has begun dialysis treatments.
136 M	Beneficiary Has Ended Dialysis Treatments	DIALYSIS END	A notification has been received that a beneficiary has ESRD and is no longer receiving dialysis treatments.
137 M	Beneficiary Has Received a Kidney Transplant	TRANSPLANT	A notification has been received that a beneficiary has ESRD and has received a transplanted kidney.
138 M	Beneficiary Address Change to Outside the U.S.	ADDR NOT U.S.	A notification has been received that the beneficiary's address is now outside of the U.S.
139 A	EGHP Flag Change Accepted	EGHP FLAG CHG	A change (72) transaction has been successfully processed to change the EGHP Flag for the beneficiary.
140 A	Segment ID Change Accepted	SEGMENT ID CHG	A change (72) transaction has been successfully processed to change the Segment ID for the beneficiary.
141 A	Creditable Coverage Change Accepted	CRED COV CHG	A change (72) transaction has been successfully processed to change the creditable coverage information (Creditable Coverage Flag, Number of Uncovered Months) for the beneficiary.

Code/Type*	Title	Short Definition	Definition
142 A	Part D Rx Number Change Accepted	[Obsolete]	A change (72) transaction has been successfully processed to change the Part D plan RxID and/or RxGroup numbers for the beneficiary.
143 A	Secondary Insurance Rx Number Change Accepted	2 INS Rx # CHG	A change (72) transaction has been successfully processed to change the Secondary Insurance RxID and/or RxGroup numbers for the beneficiary.
144 M	Premium withhold option change to direct bill	PREM WHOLD CHG	Enrollment requests (transaction types 60, 61 and 71) initially requiring more than 3 months of premium withholding, or notices received from the beneficiary's retirement system (SSA, RRB or OPM) that it was unable to withhold the entire premium amount from the beneficiary's monthly check, require the premium withhold option be changed to 'direct bill'. The plan should contact the beneficiary to explain the consequences of this change.
145 M	Beneficiary no longer incarcerated	INCARCERATE OFF	Notice has been received from the MBD that the beneficiary is no longer incarcerated.
146 A	Rollover successful	ROLLOVER	A termination-rollover action was processed. These actions allow all members of a terminating organization (contract, plan or segment) to be 'rolled over' (automatically enrolled) in a new organization. No action is required by the plan, unless the action is in error, and results in beneficiaries being moved incorrectly. In this case, contract your CMS plan representative.
147 A	Rollover successful, RxID and RxGroup update required	[Obsolete]	A termination-rollover action involving a PDP or MA-PD was processed, and CMS needs updated RxID and RxGroup IDs for this member. Plan should submit a change transaction '72' for this member, supplying the new information.
148 A	Rollover successful, Secondary RxID and RxGroup update required	RLLOVR NEED 2RX	A termination-rollover action involving a PDP or MA-PD was processed, and CMS needs updated secondary insurance RxID and RxGroup IDs for this member. Plan should submit a change transaction '72' for the member, supplying the new information. *NOTE: This TR code is only created when a 'rolled over' member previously had secondary Rx insurance information on file.*
150 A	Enrollment accepted, Exceeds Capacity Limit	OVER CAP LIMIT	An enrollment has been accepted, but the resulting enrollment count exceeds the capacity limit for the contract or PBP. *NOTE: Capacity limits do not apply to PDPs.*
151 A	Disenrollment Accepted, Invalid Disenrollment Reason Code	DISROL-BAD RC [future use]	A disenrollment was successfully processed for a beneficiary but the disenrollment reason code was invalid. *NOTE: This code is for FUTURE use.*

Code/Type*	Title	Short Definition	Definition
152 M	Race Code Change	NEW RACE CODE	A notification has been received indicating that the beneficiary's race code has changed.
153 M	Expiration of Temporary Address	TEMP ADR EXPIRE	Beneficiary's temporary address has expired.
154 M	Out of Area Status	OUT OF AREA	Beneficiary's address has changed and is no longer in the service area; or, service area has been reduced, and the beneficiary's county is no longer in the service area.
155 M	Incarceration	INCARCERATED	A notification has been received, indicating that the beneficiary is incarcerated.
156 R	Batch Transaction Rejected, User Not Authorized for Contract	BAD USR FOR PLN	A batch transaction has been submitted by a user who is not authorized to submit transactions for the contract in question.
157 R	Contract Not Authorized for Transaction Code	UNAUT REQUEST	An enrollment, disenrollment, change, correction, or demonstration factor update transaction attempted to process. The transaction was rejected because the plan is not authorized to submit that type of transaction.
158 M	Institutional Period Change/Cancellation	INST CHANGE	CMS staff changed or cancelled an Institutional period for the beneficiary. No action required by the plan.
159 M	NHC Period Change/Cancellation	NHC CHANGE	CMS staff changed or cancelled a NHC period for the beneficiary. No action required by the plan.
160 R	Batch Transaction Rejected, User Not Authorized for Batch Submission	[Obsolete]	This transaction code is obsolete.
161 M	Beneficiary Record Alert from MBD	MBD ALERT	This unusual reply code indicates a problem with the Medicare enrollee rosters. If you receive this reply, please contact your central office support analyst for advice about how to proceed.
162 R	Invalid EGHP Flag Value	BAD EGHP FLAG	An invalid EGHP Flag value was specified on an enrollment transaction. The value must be Y or blank. The enrollment was rejected.
163 A	EGHP Flag Value Set	EGHP FLAG ON	The EGHP Flag value was set to Y by an enrollment transaction.

Code/Type*	Title	Short Definition	Definition
164 R	EGHP Flag Value not 'Y'	EGHP FLAG NOT Y	An Employer Group enrollment transaction (Code 60 transaction) was submitted with an EGHP Flag value set to a value other than 'Y'. The value must be Y for this type of transaction. The enrollment was rejected.
165 R	Processing Delayed	SYSTEM DELAY	Processing of this transaction has been delayed due to MARX system conditions. No action is required by the user. MARX will process the transaction as soon as possible.
166 R	Part D FBD Autoenrollment or Facilitated Enrollment Rejected	PARTD AUTO REJ	An automatic Part D enrollment of a full-benefit dual eligible beneficiary or a facilitated Part D enrollment was rejected because the CMS has a record of an 'opt out' option on file for the beneficiary.
167 M	Change in Beneficiary Low Income Premium Subsidy	NEW LIS PREMIUM	The beneficiary's Part D low-income subsidy status has changed, resulting in a change to the beneficiary's premium subsidy. The new Premium subsidy amount will be displayed in Field 24 of the Transaction Reply record.
168 M	Change in Beneficiary Low Income Cost Sharing Subsidy	NEW LIS COPAYS	The beneficiary's Part D low-income subsidy status has changed, resulting in a change to the beneficiary's co-payment levels. The new co-payment level will be displayed in Field 24 of the Transaction Reply Record.
169 R	Reinsurance Demonstration Enrollment Rejected	EMP SUBSIDY	An enrollment into a *reinsurance demonstration* has been rejected because the beneficiary has employer subsidy status. The plan should contact the beneficiary to explain the consequences of this enrollment. If the beneficiary elects to join the Part D plan anyway, the enrollment should be resubmitted with the Employer Subsidy Override Flag set. CR544
170 A	Enrollment or Change Accepted; Premium Withhold Option Changed to Direct Billing	PREM WH OPT CHG	Premium withholding option has been changed to "Direct Billing" for enrollees who are retirees (transaction type 60, 61, 71 or 72). The plan should contact the beneficiary to explain the consequences of this change. CR580
171 R	Plan Change Rejected, Invalid Change Effective Date	BAD CHG EFF DT	Plan change (code 72 type of transaction) attempted to process. The transaction was rejected because the submitted transaction effective date was either more than three months in the future or a date not in the first of the month. The transaction should be submitted with a valid date.CR690

Code/Type*	Title	Short Definition	Definition
172 R	Change Rejected; Creditable Coverage and/or Secondary Drug Information Not Applicable	CRED COV/2RX NA	A change transaction (72) is rejected because the Creditable Coverage Information (Creditable Coverage Flag and Number of Uncovered Months) and/or Secondary Drug Information (Secondary Drug Insurance Flag, Secondary RX ID and Secondary Rx Group) are not applicable to the selected plan type (MAs and other plans without drug coverage). CR738
173 R	Change Rejected; Premium Not Previously Set	NO PREMIUM INFO	The attempt to change a Beneficiary's Premium data element such as Premium Withhold Option for Part C or Part D, Part C Premium Amount, Part D Premium Amount, or Number of Uncovered Months rejected because the Beneficiary's Premium Enrollment was not previously established for the specified effective date. CR744
174 A	Transaction Accepted	TRN ACCEPTED	Transaction 72 is processed and accepted with none of the change fields populated in the incoming transaction.
175 A	Change Accepted	SSN CHG ACCEPTED	MBD notification for change of Social Security Number is processed and accepted.
176 R	Transaction Rejected: Another Transaction Accepted	TRANSACTION REJECTED	A transaction (60/61/71) attempted to process. The beneficiary request for enrollment into a different contract was rejected by membership because of the beneficiary enrollment request into another contract for the same effective and application dates was successfully processed.
177 M	Change in Late Enrollment Penalty	NEW PENALTY AMOUNT	The beneficiary's total late enrollment penalty has changed as a result of a change to the beneficiary's number of uncovered months (but there are still uncovered months), the beneficiary's LIS status, or the addition, withdrawal, or change in the CMS-granted waiver of the penalty. The new total penalty amount can be determined by subtracting fields 53 (waived amount) and 54 (subsidized amount) from field 52 (base penalty).
178 M	Late Enrollment Penalty Rescinded	PENALTY RESCINDED	The beneficiary's base late enrollment penalty has changed to $0 as a result of the beneficiary's number of uncovered months having changed to zero. The $0 penalty amount will be in field 52 (base penalty).

Code/Type*	Title	Short Definition	Definition
179 A	Transaction Accepted – No Change to Premium Record	NO CHNG TO PREM	Transaction (code 72) is accepted with no data change made to the beneficiary's active premium record. The premium data changes as requested by the Plan change transaction are the same as the current data on the beneficiary's active premium record for the specified period. No further action required.
180 M	Informational Only –MARx and MBD Sync Project completed	MARX/MBD SYNC	Notification was previously provided informing Plan that this transaction was rejected. A Synchronization Project between MARx and MBD was successfully completed by processing another transaction with similar data. The original rejected transaction will not be reprocessed. No further action required.
181 M	Part D Premium Change	PART D PRM OVERIDE	The Part D premium submitted with the input transaction does not agree with the Plan's defined premium rate. The premium has been adjusted to reflect the defined rate.
182 M (Future)	Part C Premium Change	PART C PREM OVERIDE	The Part C premium submitted with the input transaction does not agree with plan's defined premium rate. The premium has been adjusted to reflect the defined rate.
199 R	Transaction Rejected – Pending	RTRN FOR RESRCH	Transactions (51/54/60/61/71/72/Notification) are rejected due to pending status of the request. This transaction was placed into a pending status due to multiple transactions were concurrently processed for the same beneficiary. Subsequent transactions may have been processed while this transaction was still pending. Therefore, the Plan must review the beneficiary current status and resubmit transaction(s) accordingly.
999 M	Active Enrollment in Plan (used only on full enrollment files)	ACTIVE ENROLLMENT	Transaction reply code was created for informational purposes only and contains full enrollment information. No actions needed. Note to CMS Reviewers: Please verify whether to include.

H.3 *MMR Adjustment Reason Codes*

Table H-3 lists the adjustment reasons and their associated codes.

Table H-3 - Adjustment Reason Codes

Code	Description
00	Sum of All Adjustment Types for the Plan for this Period
01	Death of Beneficiary
02	Retroactive Enrollment
03	Retroactive Disenrollment
04	Correction to Enrollment Date
05	Correction to Disenrollment Date
06	Correction to Part A Entitlement
07	Retroactive Hospice Status
08	Retroactive ESRD Status
09	Retroactive Institutional Status
10	Retroactive Medicaid Status
11	Retroactive Change to State County Code
12	Date of Death Correction
13	Date of Birth Correction
14	Correction to Sex Code
15	Obsolete
16	Obsolete
17	For APPS use only
18	Part C Rate Change
19	Correction to Part B Entitlement
20	Retroactive Working Aged Status
21	Retroactive NHC Status
22	Disenroll Due to Prior ESRD
23	Demo Factor Adjustment
24	Retroactive Change to Bonus Payment
25	Part C Risk Adj Factor Change/Recon
26	Mid-year Risk Adj Factor Change
27	Retroactive Change to Congestive Heart Failure (CHF) Payment
28	Retroactive Change to BIPA Part B Premium Reduction Amount
29	Retroactive Change to Hospice Rate
30	Retroactive Change to Basic Part D Premium
31	Retroactive Change to Part D Low Income Premium Status
32	Retroactive Change to Estimated Low Income Subsidy (LIS) Cost-Sharing Amount
33	Retroactive Change to Estimated Reinsurance Amount
34	Retroactive Change Basic Part C Premium

Code	Description
35	Retroactive Change to Rebate Amount
36	Part D Rate Change, including change to Low Income Premium Subsidy Rate
37	Part D Risk Adjustment Factor Change
38	Retroactive Segment ID Change
41	Part D Risk Adjustment Factor Change (mid-year)
42	Retroactive ESRD MSP Factor Change

H.4 *State Codes*

Table H-4 lists the numeric and character code for all states.

Table H-4 - State Code Table

State / Territory	Numeric Code	Character Code
Alabama	01	AL
Alaska	02	AK
Arizona	03	AZ
Arkansas	04	AR
California	05	CA
Colorado	06	CO
Connecticut	07	CT
Delaware	08	DE
District of Columbia (Washington DC)	09	DC
Florida	10	FL
Georgia	11	GA
Hawaii	12	HI
Idaho	13	ID
Illinois	14	IL
Indiana	15	IN
Iowa	16	IA
Kansas	17	KS
Kentucky	18	KY
Louisiana	19	LA
Maine	20	ME
Maryland	21	MD
Massachusetts	22	MA
Michigan	23	MI
Minnesota	24	MN
Mississippi	25	MS
Missouri	26	MO
Montana	27	MT
Nebraska	28	NE
Nevada	29	NV
New Hampshire	30	NH
New Jersey	31	NJ
New Mexico	32	NM
New York	33	NY
North Carolina	34	NC
North Dakota	35	ND
Ohio	36	OH
Oklahoma	37	OK
Oregon	38	OR
Pennsylvania	39	PA
Puerto Rico	40	PR
Rhode Island	41	RI

State / Territory	Numeric Code	Character Code
South Carolina	42	SC
South Dakota	43	SD
Tennessee	44	TN
Texas	45	TX
Utah	46	UT
Vermont	47	VT
Virgin Islands	48	VI
Virginia	49	VA
Washington	50	WA
West Virginia	51	WV
Wisconsin	52	WI
Wyoming	53	WY
Africa	54	
Canada	56	
U.S. Possessions	63	
American Samoa	64	

H.5 4Rx Notification Error Condition Tables

H.5.1 Notification File Error Records

The following table contains File Level Error information. File Level Errors represent conditions in which a 4Rx Notification File is rejected and not processed.

SOURCE OF ERROR	ERROR MESSAGE	ERROR CONDITION
Header Record	The Header Record is missing.	• The Header Record is not provided on the file. • The Header Record cannot be read. • More than one Header Record is provided on the file.
	The Header Record is Invalid.	• The Header Record is incorrectly formatted. • The Header Record contains invalid values. • The Header Record contains Critical Fields that are not provided.
Trailer Record	The Trailer Record is missing.	• The Trailer Record is not provided on the file. • The Trailer Record cannot be read. • More than one Trailer Record is provided on the file.
	The Trailer Record is invalid.	• The Trailer Record is incorrectly formatted. • The Trailer Record contains invalid values. • The Trailer Record contains Critical Fields that are not populated. • The Record Count in the Trailer Record is more than two different from the actual number of Detail Records (Transactions) in the file.

SOURCE OF ERROR	ERROR MESSAGE	ERROR CONDITION
File Content	The File has no Transactions.	● There are no Transactions (Detail Records) found in the file.
Record Length	The record length is invalid	● The record length does not equal 750 characters/positions.

H.5.2 Notification Transaction (Detail Record) Error Conditions

The following Flag fields are provided in the Response File Detail Record. Flag fields represent the successful or unsuccessful result of processing data within a Transaction (Detail Record) of the input file.

FLAG	FLAG CODE	FLAG CODE RESULT	FLAG RESULT CONDITION
Processed Flag	Y	The Transaction was accepted for processing.	● All critical fields on the Transaction were populated with valid values.
	N	The Transaction was not accepted for processing.	● At least one critical field on the Transaction was populated with a value other than the prescribed valid values.
Beneficiary Match Flag	Y	The beneficiary on the Transaction was successfully located in the Medicare Beneficiary Database (MBD).	● The beneficiary was successfully located by the combination of the Health Insurance Claim Number (HICN) or Railroad Retirement Board Number (RRB), the Social Security Number, the Date of Birth, and gender.

FLAG	FLAG CODE	FLAG CODE RESULT	FLAG RESULT CONDITION
Beneficiary Match Flag, cont'd.	N	The beneficiary on the Transaction was not successfully located in the Medicare Beneficiary Database (MBD).	● The beneficiary was not successfully located by the combination of the Health Insurance Claim Number (HICN) or Railroad Retirement Board Number (RRB), the Social Security Number, the Date of Birth, and gender.
	SPACE	No attempt made to locate the beneficiary on the Medicare Beneficiary Database (MBD).	● An Invalid condition was found to exist in the Transaction (Detail Record) such as an unexpected, absent, or invalid value in a Critical field.
PBP Enrollment Match Flag	Y	The beneficiary's PBP enrollment on the Transaction was successfully located in the Medicare Beneficiary Database (MBD).	● The beneficiary's PBP enrollment was successfully located by the combination of the Contract Number and PBP Number.
	N	The beneficiary's PBP enrollment on the Transaction was not successfully located in the Medicare Beneficiary Database (MBD).	● The beneficiary's PBP enrollment was not successfully located (verified) by the combination of the Contract Number and PBP Number
	SPACE	No attempt made to locate the PBP Enrollment on the Medicare Beneficiary Database (MBD).	● An Invalid condition was found to exist in the Transaction (Detail Record) such as an unexpected, absent, or invalid value in a Critical field

H.5.3 Transaction (Detail Record) Level Error Information

The following table contains Transaction (Detail Record) Level Error information. Transaction (Detail Record) Level Errors represent conditions in which a 4Rx Notification Transaction (Detail Record) is either Rejected or processed:

Note: "ERC" stands for Error Return Code.

ERROR FIELD	ERROR CODE	ERROR MESSAGE	ERROR CONDITION
Record-Type-ERC	Spaces	Record Type is valid.	Record-type = "DTL02"
	001	Record Type is invalid.	● Record-type not = "DTL02". ●Record Type is not provided.
HICN-RRB-Num-ERC	Spaces	HICN-RRB-NUM is valid.	● HICN-RRB-NUM is in a valid format.
	001	HICN-RRB-NUM is invalid.	● HICN-RRB-NUM is in an invalid format. ●HICN-RRB Number is not provided.
SSN-ERC	Spaces	SSN is valid.	● SSN is in a valid format.
	001	SSN is invalid.	● SSN is in an invalid format. ● SSN is not provided.
DOB-ERC	Spaces	DOB is valid.	● DOB is in a valid format.
	001	DOB is invalid.	DOB could have any of the following error conditions: • Format not CCYYMMDD • Date is GT system date • CCYY spaces, before 1890, greater than current CCYY • DD spaces or not 01 - 31 • MM spaces or not 01-12. • Date of Birth not provided

ERROR FIELD	ERROR CODE	ERROR MESSAGE	ERROR CONDITION
Rx-Bin-ERC	Spaces	Rx-Bin is valid.	● Rx-Bin is provided.
	001	Rx-Bin is invalid.	● Rx-Bin is non-numeric. ● Rx-Bin not provided.
Rx-ID-ERC	Spaces	Rx-ID is valid.	● Rx-ID is provided.
	001	Rx-ID is invalid.	● Rx-ID is non-numeric. ● Rx-ID not provided.
Contract-Number-ERC	Spaces	Contract Number is valid.	● Contract Number is provided.
	001	Contract Number is invalid.	● Contract Number is not provided.
	002	Contract Number mismatch.	● Contract Number does not match current value on the MBD database.
PBP-Number-ERC	Spaces	PBP Number is valid.	● PBP Number is provided.
	001	PBP Number is invalid	● PBP Number is not provided.
	002	PBP Mismatch.	● PBP Number does not match current value on the MBD database.
PBP-Enrollment-Effective-Date-ERC	Spaces	PBP-Enrollment-Effective-Date is valid.	● PBP-Enrollment-Effective-Date is in a valid format.
	001	PBP-Enrollment-Effective-Date is invalid.	● PBP-Enrollment-Effective-Date is in an invalid format.

ERROR FIELD	ERROR CODE	ERROR MESSAGE	ERROR CONDITION
Part-D-Payment-Switch-ERC	002	Part D Payment Switch = "N"	● Part D Payment Switch = "N" (beneficiary's Part D enrollment was not found on the MBD database)

H.6 Batch Eligibility Query (BEQ) Response File Error Condition Table

H.6.1 Request File Error Conditions

The following table contains File Level Error information. File Level Errors represent conditions in which a Batch Eligibility Query (BEQ) Request File is rejected and not processed.

SOURCE OF ERROR	ERROR MESSAGE	ERROR CONDITION
Header Record	The Header Record is missing.	• The Header Record is not provided on the file.
		• The Header Record cannot be read.
		• More than one Header Record is provided on the file.
	The Header Record is Invalid.	• The Header Record is incorrectly formatted.
		• The Header Record contains invalid values. • The Header Record contains Critical Fields that are not provided.
Trailer Record	The Trailer Record is missing.	• The Trailer Record is not provided on the file.
		• The Trailer Record cannot be read.
		• More than one Trailer Record is provided on the file.
	The Trailer Record is invalid.	• The Trailer Record is incorrectly formatted.
		• The Trailer Record contains invalid values. • The Trailer Record contains Critical Fields that are not populated. • The Record Count in the Trailer Record is more than 2 different from the actual number of Detail Records (Transactions) in the file.
File Content	The File has no Transactions.	• There are no Transactions (Detail Records) found in the file.

H.6.2 Request Transaction (Detail Record) Error Conditions

The following Flag fields are provided in the Response File Detail Record. Flag fields represent the successful or unsuccessful result of processing data within a Transaction (Detail Record) of the input file.

FLAG	FLAG CODE	FLAG CODE RESULT	FLAG RESULT CONDITION
Processed Flag	Y	The Transaction was accepted for processing.	All critical fields on the Transaction were populated with valid values.
	N	The Transaction was not accepted for processing.	At least one critical field on the Transaction was populated with a value other than the prescribed valid values.
Beneficiary Match Flag	Y	The beneficiary on the Transaction was successfully located in the Medicare Beneficiary Database (MBD).	The beneficiary was successfully located by the combination of the Health Insurance Claim Number (HICN) or Railroad Retirement Board Number (RRB), the Social Security Number, the Date of Birth, and gender**.**
	N	The beneficiary on the Transaction was not successfully located in the Medicare Beneficiary Database (MBD).	The beneficiary was not successfully located by the combination of the Health Insurance Claim Number (HICN) or Railroad Retirement Board Number (RRB), the Social Security Number, the Date of Birth, and gender.
	SPACE	No attempt made to locate the beneficiary on the Medicare Beneficiary Database (MBD).	An invalid condition was found to exist in the Transaction (Detail Record) such as an unexpected, absent, or invalid value in a Critical Field.

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I: Report Files

This appendix provides a description and sample snapshot of each report file are provided. Table I-1 lists the names of all the reports that are accessible to Plans and on which page of this appendix (I) they can be found. The examples provided for the reports DO NOT represent the actual outputs since the database does not contain actual data. Appendix J identifies the naming conventions of for all reports sent to Plans. Dataset names are needed by the user to request a report through the mainframe.

Table I-1 - Reports Lookup Table

Section	Name	Page
I.1	BIPA 606 Payment Reduction Report	I-3
I.2	Bonus Payment Report	I-9
I.3	Demographic Report	I-17
I.4	HMO Bill Itemization Report	I-21
I.5	Monthly Membership Detail Report – Drug Report File Part D	I-23
I.6	Monthly Membership Detail Report – Non Drug Report File Part C	I-25
I.7	Monthly Membership Summary Report	I-27
I.8	Monthly Summary of Bills Report	I-31
I.9	Part C Risk Adjustment Model Output Report	I-33
I.10	Part D Risk Adjustment Model Output Report	I-35
I.11	Payment Records Report (Part B Claims Records Posted)	I-37
I.12	Plan Payment Report (APPS Payment Letter)	I-39
I.13	Transaction Replies Weekly/Monthly Activity Report	I-45
I.14	Enrollment Transmission Message File	I-57
I.15	Batch Completion Status Summary	I-61

Note
See Appendix J for complete information on Dataset Names.

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I.1 BIPA 606 Payment Reduction Report

Description

This report lists members for whom the MCO is paying a portion of the Part B premium. This report will only reflect data for periods prior to 2006.

Example

```
1 RUN DATE:  2003/12/10
  PAY MONTH: 2004/01                                    BIPA606 PAYMENT REDUCTION REPORT
PAGE:                 1
  CONTRACT#: H3333
REPORT DATE: 2003/12/10

0 PBP ID: 026
0 CLAIM        SURNAME F S BIRTH   ADJ    PAY/ADJ       BIPA    BLEND TOT             BIPA      BLEND
BLEND PT-B       BLEND TOT
  NUMBER               I E DATE     RC     DATES        RATE     W/O BIPA           AMOUNT       PT-A
PLUS BIPA       PLUS BIPA
                         X

  123456789A   PARR    H F 19121128    200401-200401    31.25      609.52           -31.25     362.64
215.63         578.27
  123456789A   MONET   M F 19170402    200401-200401    31.25      677.32           -31.25     400.05
246.02         646.07
  123456789D   GARRISO M F 19130812    200401-200401    31.25      744.55           -31.25     437.15
276.15         713.30
  123456789A   GEISEL  A M 19190407    200401-200401    31.25      687.28           -31.25     387.95
268.08         656.03
  123456789A   BLAZE   H M 19170901    200401-200401    31.25      688.39           -31.25     406.45
250.69         657.14
  123456789D   AMES    E F 19061027    200401-200401    31.25      607.62           -31.25     361.59
214.78         576.37
```

```
  123456789D   KLEIN   P F 19270531    200401-200401    31.25      459.05           -31.25     243.34
184.46         427.80
  123456789A   DAVIDS  J M 19200513    200401-200401    31.25      787.43           -31.25     444.78
311.40         756.18
  123456789B   DAVIDS  E F 19180521    200401-200401    31.25      744.30           -31.25     443.28
269.77         713.05
  123456789A   MURRAY  E F 19190614    200401-200401    31.25      724.95           -31.25     418.69
275.01         693.70
  123456789A   MURDOCK P M 19161126    200401-200401    31.25      734.80           -31.25     433.85
269.70         703.55
  123456789D   TROTTER S F 19230411    200401-200401    31.25      905.11           -31.25     518.10
355.76         873.86
  123456789A   RUSS    D M 19220119    200401-200401    31.25      860.56           -31.25     486.14
343.17         829.31
  123456789A   PRINCE  A F 19041104    200401-200401    31.25      646.97           -31.25     384.27
231.45         615.72
  123456789A   LONG    I M 19190101    200401-200401    31.25      723.08           -31.25     427.31
264.52         691.83
  123456789A   SHAPIRO S M 19100313    200401-200401    31.25      858.29           -31.25     506.54
320.50         827.04
  123456789A   WEISMAN W M 19160511    200401-200401    31.25      900.15           -31.25     528.34
340.56         868.90
  123456789A   BERGER  B F 19190910    200401-200401    31.25      641.60           -31.25     370.61
239.74         610.35
  123456789A   KELLER  H F 19190906    200401-200401    31.25      580.79           -31.25     335.44
214.10         549.54
  123456789A   RYAN    J M 19181027    200401-200401    31.25      857.21           -31.25     505.94
320.02         825.96
  123456789A   FALK    S M 19080704    200401-200401    31.25      749.63           -31.25     442.25
276.13         718.38
  123456789A   DUFFY   S F 19120426    200401-200401    31.25      640.90           -31.25     381.26
228.39         609.65
  123456789D   ADAMS   E F 19101114    200401-200401    31.25      657.82           -31.25     391.28
235.29         626.57
  123456789A   TATE    V F 19160825    200401-200401    31.25      643.82           -31.25     382.53
230.04         612.57
```

```
  123456789A   SCOTT   P F 19140929    200401-200401    31.25      709.80           -31.25     422.54
256.01         678.55
  123456789D   SMALL   T F 19110616    200401-200401    31.25      633.83           -31.25     377.02
225.56         602.58
  123456789A   WILEY   R F 19100427    200401-200401    31.25      573.46           -31.25     341.11
201.10         542.21
  123456789D   DENNIS  D F 19020517    200401-200401    31.25      641.90           -31.25     381.47
229.18         610.65
  123456789A   HAMMIL  J M 19090425    200401-200401    31.25      822.26           -31.25     483.25
307.76         791.01
  123456789A   VOSS    E F 19060220    200401-200401    31.25      664.03           -31.25     394.51
238.27         632.78
  123456789A   TUTTLE  A M 19140320    200401-200401    31.25      948.38           -31.25     559.93
357.20         917.13
  123456789A   BARTLET A M 19190119    200401-200401    31.25      939.40           -31.25     530.59
377.56         908.15
  123456789D   GREEN   H F 19220628    200401-200401    31.25      641.60           -31.25     370.61
239.74         610.35
  123456789A   RUSK    M M 19171115    200401-200401    31.25      859.79           -31.25     507.03
321.51         828.54
  123456789A   POWELL  W M 19061121    200401-200401    31.25      850.31           -31.25     501.80
317.26         819.06
  123456789D   MCDONAL H F 19191007    200401-200401    31.25      565.59           -31.25     326.62
207.72         534.34
  123456789D   KING    L F 19130321    200401-200401    31.25      839.02           -31.25     498.73
309.04         807.77
  123456789D   LEWIS   M F 19150407    200401-200401    31.25      781.74           -31.25     464.48
286.01         750.49

  PBP ID:    026   TOTALS:       38                      $      27,602.25 $      -1,187.50
$      26,414.75
           AGED REDUCTION:                                                $      -1,187.50
            DIB REDUCTION:                                                $           0.00


1 RUN DATE:  2003/12/10
```

```
  PAY MONTH: 2004/01                                    BIPA606 PAYMENT REDUCTION REPORT
PAGE:                 2
  CONTRACT#: H3333
REPORT DATE: 2003/12/10


0 PBP ID: 027
0 CLAIM        SURNAME F S BIRTH   ADJ    PAY/ADJ       BIPA    BLEND TOT             BIPA      BLEND
BLEND PT-B       BLEND TOT
  NUMBER               I E DATE     RC     DATES        RATE     W/O BIPA           AMOUNT       PT-A
PLUS BIPA       PLUS BIPA
                         X

  123456789B   MARKS   E F 19220112    200401-200401    73.38      685.30           -73.38     395.50
216.42         611.92
  123456789A   MONTGOM M F 19111113    200401-200401    73.38      723.40           -73.38     430.47
219.55         650.02
  123456789D   SCHREIB A F 19190814    200401-200401    73.38      520.09           -73.38     300.46
146.25         446.71
  123456789A   BECKER  V F 19191224    200401-200401    73.38      520.09           -73.38     300.46
146.25         446.71
  123456789A   BRIDGE  H M 19171219    200401-200401    73.38      715.74           -73.38     422.51
219.85         642.36
  123456789A   EDELMAN S M 19160825    200401-200401    73.38      765.94           -73.38     452.29
240.27         692.56
  123456789A   ZEMLACK A F 19090715    200401-200401    73.38      640.90           -73.38     381.26
186.26         567.52
  123456789A   ROSENST L M 19180629    200401-200401    73.38      712.25           -73.38     420.62
218.25         638.87
  123456789B   ROSENST L F 19231014    200401-200401    73.38      558.72           -73.38     322.85
162.49         485.34
  123456789D   ROLNICK I F 19090215    200401-200401    73.38      633.83           -73.38     377.02
183.43         560.45
  123456789D   KAIN    M F 19150907    200401-200401    73.38      831.80           -73.38     494.02
264.40         758.42
  123456789A   SHANK   W M 19200707    200401-200401    73.38      756.68           -73.38     427.40
255.90         683.30
```

```
  123456789A   KAY     T M 19121119    200401-200401    73.38      926.09           -73.38     546.43
306.28         852.71
  123456789A   GOLDMAN S M 19160221    200401-200401    73.38      734.80           -73.38     433.85
227.57         661.42
  123456789D   MILLMAN E F 19110709    200401-200401    73.38      692.33           -73.38     411.35
207.60         618.95
  123456789A   JARRETT J M 19110519    200401-200401    73.38      722.82           -73.38     426.42
223.02         649.44
  123456789B   JARRETT E F 19170417    200401-200401    73.38      643.79           -73.38     382.51
187.90         570.41
  123456789C1  MENG    A M 19500301    200401-200401    73.38      347.11           -73.38     189.69
84.04         273.73
  123456789A   BLACK   M F 19151205    200401-200401    73.38      665.44           -73.38     395.27
196.79         592.06
  123456789A   TAUBMAN E F 19420723    200401-200401    73.38      689.25           -73.38     376.64
239.23         615.87
  123456789D   DRUSKIN M F 19290303    200401-200401    73.38      424.51           -73.38     216.96
134.17         351.13
  123456789A   SMITH   V F 19130908    200401-200401    73.38      631.21           -73.38     375.57
182.26         557.83
  123456789D   JEFFRIE C F 19000201    200401-200401    73.38      646.99           -73.38     384.28
189.33         573.61
  123456789A   PRITZKE S M 19120929    200401-200401    73.38      722.86           -73.38     426.44
223.04         649.48
  123456789A   SAMUELS S M 19180331    200401-200401    73.38      713.94           -73.38     421.52
219.04         640.56
  123456789A   KANTER  D F 19150103    200401-200401    73.38      653.71           -73.38     389.01
191.32         580.33
  123456789D   NORMAN  F F 19230914    200401-200401    73.38      559.86           -73.38     323.49
162.99         486.48
  123456789A   MARTIN  L F 19150709    200401-200401    73.38      653.71           -73.38     389.01
191.32         580.33
  123456789A   COHEN   R M 19171019    200401-200401    73.38      811.54           -73.38     479.27
258.89         738.16
  123456789D   RUBIN   J F 19121124    200401-200401    73.38      857.74           -73.38     509.52
274.84         784.36
```

```
  123456789A   TROUTMA J M 19110502    200401-200401    73.38      980.15           -73.38     577.46
329.31         906.77
  123456789A   ROUND   P F 19170127    200401-200401    73.38      569.89           -73.38     339.14
157.37         496.51
  123456789A   AZMAN   F F 19180203    200401-200401    73.38      734.82           -73.38     436.59
224.85         661.44
  123456789D   PRATT   F F 19080919    200401-200401    73.38      746.11           -73.38     443.95
228.78         672.73
  123456789A   LOMBARD F F 19160926    200401-200401    73.38      834.62           -73.38     496.76
264.48         761.24
  123456789D   BALTIMO M F 19080301    200401-200401    73.38      837.34           -73.38     498.26
265.70         763.96
  123456789D   HOWARD  J F 19070402    200401-200401    73.38      580.51           -73.38     345.61
161.52         507.13
  123456789A   COLUMBU F M 19180904    200401-200401    73.38    1,004.55           -73.38     593.51
337.66         931.17
  123456789C2  CARROLL K M 19580202    200401-200401    73.38      333.27           -73.38     182.23
77.66         259.89

  PBP ID:    027   TOTALS:       39                      $      26,783.70 $      -2,861.82
$      23,921.88
           AGED REDUCTION:                                               $      -2,568.30
            DIB REDUCTION:                                               $        -293.52

0 CONTRACT:  H3333 TOTALS:       77                      $      54,385.95 $      -4,049.32
$      50,336.63
           AGED REDUCTION:                                               $      -3,755.80
            DIB REDUCTION:                                               $        -293.52
```

I.2 Bonus Payment Report

Description

This report lists members for whom the MCO is to be paid a bonus. (MCOs are paid a bonus for extending services to beneficiaries in some underserved areas.) This report will only reflect data for periods prior to 2004.

Example

```
1 RUN DATE:  2003/10/03
  PAY MONTH: 2003/03                                    BONUS PAYMENT REPORT
PAGE:                 2
  CONTRACT#: H5555
REPORT DATE: 2003/10/03

0 STATE/COUNTY CODE: 27030
0 CLAIM        SURNAME F S BIRTH   ADJ   PAY/ADJ     BONUS   BLENDED     BONUS     BONUS      BONUS     ---
-- BLENDED PLUS BONUS ----
  NUMBER               I E DATE     RC     DATES     PCT   W/O BONUS    PART A    PART B      TOTAL
PART A     PART B       TOTAL
                         X

  123456789A   JONES   J M 19280611    200303-200303 3.00     480.44      7.66      6.75      14.41
263.03     231.82 $    494.85
  123456789A   CHANG   A M 19140222    200303-200303 3.00     647.58     11.47      7.96      19.43
393.75     273.26 $    667.01
  123456789B   CHANG   F F 19151105    200303-200303 3.00     569.89     10.17      6.92      17.09
349.31     237.67 $    586.98
  123456789A   COHEN   A M 19250714    200303-200303 3.00     650.30     10.65      8.86      19.51
365.74     304.07 $    669.81
  123456789A   PULASKI W M 19290909    200303-200303 3.00     449.12      7.14      6.33      13.47
245.23     217.36 $    462.59

   * STATE/COUNTY 27030 TOTALS:       5             $       2,797.33               $          83.91
$       2,881.24
```

```
0 STATE/COUNTY CODE: 27040
0 CLAIM        SURNAME F S BIRTH   ADJ   PAY/ADJ     BONUS   BLENDED     BONUS     BONUS      BONUS     ---
-- BLENDED PLUS BONUS ----
  NUMBER               I E DATE     RC     DATES     PCT   W/O BONUS    PART A    PART B      TOTAL
PART A     PART B       TOTAL
                         X

  123456789A   KIRBY   C M 19220222    200303-200303 3.00     599.47     10.16      7.83      17.99
348.73     268.73 $    617.46

   * STATE/COUNTY 27040 TOTALS:       1             $         599.47               $          17.99
$         617.46

0 STATE/COUNTY CODE: 27080
0 CLAIM        SURNAME F S BIRTH   ADJ   PAY/ADJ     BONUS   BLENDED     BONUS     BONUS      BONUS     ---
-- BLENDED PLUS BONUS ----
  NUMBER               I E DATE     RC     DATES     PCT   W/O BONUS    PART A    PART B      TOTAL
PART A     PART B       TOTAL
                         X

  123456789C1  TAPLEY  P F 19500322    200303-200303 3.00     398.14      5.60      6.34      11.94
192.42     217.66 $    410.08
  123456789A   WALT    A F 19350710    200303-200303 3.00     340.68      5.16      5.06      10.22
177.24     173.66 $    350.90
  123456789A   ZIMMER  J M 19351008    200303-200303 3.00     358.55      5.46      5.29      10.75
187.58     181.72 $    369.30
  123456789B6  ZIMMER  R F 19350717    200303-200303 3.00     307.84      4.62      4.62       9.24
158.58     158.50 $    317.08

   * STATE/COUNTY 27080 TOTALS:       4             $       1,405.21               $          42.15
$       1,447.36

0 STATE/COUNTY CODE: 27110
```

```
0 CLAIM        SURNAME F S BIRTH   ADJ   PAY/ADJ     BONUS   BLENDED     BONUS     BONUS      BONUS     ---
-- BLENDED PLUS BONUS ----
  NUMBER               I E DATE     RC     DATES     PCT   W/O BONUS    PART A    PART B      TOTAL
PART A     PART B       TOTAL
                         X

  123456789A   DUNN    W M 19460531    200303-200303 3.00     375.60      6.28      4.99      11.27
215.51     171.36 $    386.87

   * STATE/COUNTY 27110 TOTALS:       1             $         375.60               $          11.27
$         386.87

1 RUN DATE:  2003/10/03
  PAY MONTH: 2003/03                                     BONUS PAYMENT REPORT
PAGE:                 3
  CONTRACT#: H5555
REPORT DATE: 2003/10/03

0 STATE/COUNTY CODE: 27130
0 CLAIM        SURNAME F S BIRTH   ADJ   PAY/ADJ     BONUS   BLENDED     BONUS     BONUS      BONUS     ---
-- BLENDED PLUS BONUS ----
  NUMBER               I E DATE     RC     DATES     PCT   W/O BONUS    PART A    PART B      TOTAL
PART A     PART B       TOTAL
                         X

  123456789A   UNGER   W M 19280219    200303-200303 3.00     540.82      8.84      7.38      16.22
303.52     253.52 $    557.04

   * STATE/COUNTY 27130 TOTALS:       1             $         540.82               $          16.22
$         557.04

0 STATE/COUNTY CODE: 27140
0 CLAIM        SURNAME F S BIRTH   ADJ   PAY/ADJ     BONUS   BLENDED     BONUS     BONUS      BONUS     ---
-- BLENDED PLUS BONUS ----
```

NUMBER		I E DATE	RC	DATES	PCT	W/O BONUS	PART A	PART B	TOTAL	PART A	PART B	TOTAL X
123456789A	LABER	E F 19290807		200303-200303	3.00	384.07	5.89	5.63	11.52	202.18	193.41 $	395.59
123456789A	SESLER	S F 19371109		200303-200303	3.00	307.79	4.62	4.62	9.24	158.55	158.48 $	317.03
123456789B	TAPLEY	M F 19250503		200303-200303	3.00	476.04	7.59	6.69	14.28	260.53	229.79 $	490.32
123456789A	EVERETT	S F 19551018		200303-200303	3.00	398.14	5.60	6.34	11.94	192.42	217.66 $	410.08
123456789A	ROY	R M 19240904		200303-200303	3.00	541.75	8.86	7.40	16.26	304.05	253.96 $	558.01
123456789A	LEGAUL	E F 19490514		200303-200303	3.00	398.14	5.60	6.34	11.94	192.42	217.66 $	410.08
123456789A	NOYES	J M 19350402		200303-200303	3.00	358.55	5.46	5.29	10.75	187.58	181.72 $	369.30
123456789A	SAVAGE	L F 19370220		200303-200303	3.00	309.36	4.64	4.64	9.28	159.44	159.20 $	318.64
123456789A	BRUCAT	P M 19210502		200303-200303	3.00	599.47	10.16	7.83	17.99	348.73	268.73 $	617.46
123456789A	CAPOZZI	I F 19220115		200303-200303	3.00	511.73	8.87	6.49	15.36	304.39	222.70 $	527.09
123456789A	DYER	D M 19301227		200303-200303	3.00	449.12	7.14	6.33	13.47	245.23	217.36 $	462.59
123456789D	NAETHEL	L F 19340427		200303-200303	3.00	307.84	4.62	4.62	9.24	158.58	158.50 $	317.08
123456789A	DUFFY	R M 19260410		200303-200303	3.00	541.75	8.86	7.40	16.26	304.05	253.96 $	558.01
123456789A	RIVARD	J M 19280509		200303-200303	3.00	481.36	7.68	6.76	14.44	263.56	232.24 $	495.80
123456789A	BROWN	M F 19350908		200303-200303	3.00	307.84	4.62	4.62	9.24	158.58	158.50 $	317.08
123456789A	TEEPLE	A F 19450506		200303-200303	3.00	465.37	7.01	6.95	13.96	240.58	238.75 $	479.33

```
  123456789A   VICARY  C M 19361021    200303-200303 3.00     360.94      5.50      5.32      10.82
188.94     182.82 $    371.76
  123456789A   HEATON  G M 19170306    200303-200303 3.00     647.58     11.47      7.96      19.43
393.75     273.26 $    667.01
  123456789A   NOLLEY  J M 19460216    200303-200303 3.00     407.91      6.81      5.43      12.24
233.87     186.28 $    420.15
  123456789A   JAMIESO W M 19210627    200303-200303 3.00     599.47     10.16      7.83      17.99
348.73     268.73 $    617.46
  123456789A   HORNE   J M 19171211    200303-200303 3.00     647.58     11.47      7.96      19.43
393.75     273.26 $    667.01
  123456789A   BROWN   J M 19280428    200303-200303 3.00     457.37      7.28      6.44      13.72
249.92     221.17 $    471.09
  123456789A   ARMSTRO V F 19360130    200303-200303 3.00     307.84      4.62      4.62       9.24
158.58     158.50 $    317.08
  123456789A   REESE   T M 19280415    200303-200303 3.00     457.37      7.28      6.44      13.72
249.92     221.17 $    471.09
  123456789A   BESSLER N F 19170530    200303-200303 3.00     569.89     10.17      6.92      17.09
349.31     237.67 $    586.98
  123456789A   WAMBEKE B F 19360803    200303-200303 3.00     310.39      4.66      4.65       9.31
160.03     159.67 $    319.70
  123456789A   STEINBE H F 19251012    200303-200303 3.00     451.39      7.18      6.36      13.54
246.52     218.41 $    464.93

   * STATE/COUNTY 27140 TOTALS:      27             $      12,056.05               $         361.70
$      12,417.75

1 RUN DATE:  2003/10/03
  PAY MONTH: 2003/03                                     BONUS PAYMENT REPORT
PAGE:                 4
  CONTRACT#: H5555
REPORT DATE: 2003/10/03

0 STATE/COUNTY CODE: 27150
0 CLAIM        SURNAME F S BIRTH   ADJ   PAY/ADJ     BONUS   BLENDED     BONUS     BONUS      BONUS     ---
-- BLENDED PLUS BONUS ----
```

NUMBER		I E DATE	RC	DATES	PCT	W/O BONUS	PART A	PART B	TOTAL	PART A	PART B	TOTAL X
123456789A	COFFIN	A M 19290424		200303-200303	3.00	449.12	7.14	6.33	13.47	245.23	217.36 $	462.59
123456789C1	CARACCA	S M 19620723		200303-200303	3.00	296.38	5.20	3.69	8.89	178.49	126.78 $	305.27
123456789A	ALTMAN	R M 19251111		200303-200303	3.00	541.75	8.86	7.40	16.26	304.05	253.96 $	558.01
123456789A	ROBICH	R F 19241116		200303-200303	3.00	451.39	7.18	6.36	13.54	246.52	218.41 $	464.93
123456789A	RACHES	C M 19340308		200303-200303	3.00	358.55	5.46	5.29	10.75	187.58	181.72 $	369.30
123456789A	WELLS	A M 19340809		200303-200303	3.00	358.55	5.46	5.29	10.75	187.58	181.72 $	369.30
123456789A	WASHBU	H F 19140313		200303-200303	3.00	569.89	10.17	6.92	17.09	349.31	237.67 $	586.98
123456789A	ROSE	C M 19160131		200303-200303	3.00	647.58	11.47	7.96	19.43	393.75	273.26 $	667.01
123456789D	BEARDS	J F 19330729		200303-200303	3.00	318.53	4.80	4.76	9.56	164.66	163.43 $	328.09
123456789A	BENNETT	E M 19370325		200303-200303	3.00	359.85	5.49	5.31	10.80	188.33	182.32 $	370.65
123456789D	LOESER	S F 19320223		200303-200303	3.00	384.07	5.89	5.63	11.52	202.18	193.41 $	395.59
123456789A	ACKLEY	P F 19190304		200303-200303	3.00	580.72	10.01	7.41	17.42	343.60	254.54 $	598.14
123456789A	NEWMAN	R F 19290129		200303-200303	3.00	384.07	5.89	5.63	11.52	202.18	193.41 $	395.59
123456789A	LUZAR	B F 19361016		200303-200303	3.00	342.80	5.20	5.09	10.29	178.45	174.64 $	353.09
123456789A	CRAIG	R F 19330708		200303-200303	3.00	311.53	4.68	4.67	9.35	160.68	160.20 $	320.88
123456789A	ZUSSBLE	N M 19310707		200303-200303	3.00	449.12	7.14	6.33	13.47	245.23	217.36 $	462.59

```
  123456789A   TEMPLE  K M 19180322    200303-200303 3.00     645.95     11.44      7.94      19.38
392.82     272.51 $    665.33
  123456789A   COFFIN  J F 19321201    200303-200303 3.00     384.07      5.89      5.63      11.52
202.18     193.41 $    395.59

   * STATE/COUNTY 27150 TOTALS:      18             $       7,833.92               $         235.01
$       8,068.93

0 STATE/COUNTY CODE: 42380
0 CLAIM        SURNAME F S BIRTH   ADJ   PAY/ADJ     BONUS   BLENDED     BONUS     BONUS      BONUS     ---
-- BLENDED PLUS BONUS ----
  NUMBER               I E DATE     RC     DATES     PCT   W/O BONUS    PART A    PART B      TOTAL
PART A     PART B       TOTAL
                         X

   * STATE/COUNTY 42380 TOTALS:       0             $           0.00               $           0.00
$           0.00

0    ** CONTRACT H5555 TOTALS:       57             $      25,608.40               $         768.25
$      26,376.65
```

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I.3 Demographic Report

Description

This report provides a summary, by state and county, of the membership of the MCO. Members are counted in categories that parallel the factors used in calculating the demographic payment (age and sex, Medicaid, and institutional status), as well as ESRD and hospice status.

Example

Below is a section of a Demographic Report that covers one state and county. The section is repeated for each SCC in which the MCO has members.

```
   1 DEMOGRAPHIC REPORT FOR HMO                    122003  OPERATING MONTH
0      ST/CTY CODE 23620
0      PART A ENTITILEMENT - MALE
0       AGE                                                                  NON
WORKING
0      GROUP          INST                      MEDICAID                     MEDICAID
AGED
0      85 +           0           0.00            0             0.00           0              0.00
0           0.00
0      80-84          0           0.00            0             0.00           2            380.07
0           0.00
0      75-79          0           0.00            0             0.00           1            300.15
0           0.00
0      70-74          0           0.00            0             0.00           0              0.00
0           0.00
0      65-69          0           0.00            0             0.00           0              0.00
0           0.00
0      60-64          0           0.00            0             0.00           1            232.87
0           0.00
0      55-59          0           0.00            0             0.00           1            202.57
0           0.00
0      45-54          0           0.00            0             0.00           1            149.42
0           0.00
```

```
0      35-44          0           0.00            0             0.00            0              0.00
0           0.00
0       - 34          0           0.00            0             0.00            0              0.00
0           0.00
0    - PART A ENTITILEMENT - FEMALE
0       AGE                                                                     NON
WORKING
0      GROUP          INST                        MEDICAID                      MEDICAID
AGED
0      85 +           0           0.00            0             0.00            4            734.72
0           0.00
0      80-84          0           0.00            0             0.00            2            305.91
0           0.00
0      75-79          0           0.00            0             0.00            1            256.16
0           0.00
0      70-74          0           0.00            0             0.00            2            199.00
0           0.00
0      65-69          0           0.00            0             0.00            0              0.00
0           0.00
0      60-64          0           0.00            0             0.00            0              0.00
0           0.00
0      55-59          0           0.00            0             0.00            0              0.00
0           0.00
0      45-54          0           0.00            0             0.00            0              0.00
0           0.00
0      35-44          0           0.00            0             0.00            0              0.00
0           0.00
0       - 34          0           0.00            0             0.00            0              0.00
0           0.00
0    1 DEMOGRAPHIC REPORT FOR HMO                    122003  OPERATING MONTH
0      ST/CTY CODE 23620
0      PART B ENTITILEMENT - MALE
0       AGE                                                                     NON
WORKING
0      GROUP          INST                        MEDICAID                      MEDICAID
AGED
```

```
0      85 +           0           0.00            0             0.00            0              0.00
0           0.00
0      80-84          0           0.00            0             0.00            2            246.80
0           0.00
0      75-79          0           0.00            0             0.00            1            210.73
0           0.00
0      70-74          0           0.00            0             0.00            0              0.00
0           0.00
0      65-69          0           0.00            0             0.00            0              0.00
0           0.00
0      60-64          0           0.00            0             0.00            1            198.34
0           0.00
0      55-59          0           0.00            0             0.00            1            111.10
0           0.00
0      45-54          0           0.00            0             0.00            1            124.01
0           0.00
0      35-44          0           0.00            0             0.00            0              0.00
0           0.00
0       - 34          0           0.00            0             0.00            0              0.00
0           0.00
0    - PART B ENTITILEMENT - FEMALE
0       AGE                                                                     NON
WORKING
0      GROUP          INST                        MEDICAID                      MEDICAID
AGED
0      85 +           0           0.00            0             0.00            4            405.14
0           0.00
0      80-84          0           0.00            0             0.00            2            251.61
0           0.00
0      75-79          0           0.00            0             0.00            1            226.12
0           0.00
0      70-74          0           0.00            0             0.00            2            138.10
0           0.00
0      65-69          0           0.00            0             0.00            0              0.00
0           0.00
```

```
0      60-64          0           0.00            0             0.00            0              0.00
0           0.00
0      55-59          0           0.00            0             0.00            0              0.00
0           0.00
0      45-54          0           0.00            0             0.00            0              0.00
0           0.00
0      35-44          0           0.00            0             0.00            0              0.00
0           0.00
0       - 34          0           0.00            0             0.00            0              0.00
0           0.00
0      TOTAL ESRD-A            0    TOTAL MONEY   $       0.00       TOTAL ESRD-B            0    TOTAL
MONEY   $       0.00
0      TOTAL HOSPICE-A         0    TOTAL MONEY   $       0.00       TOTAL HOSPICE-B         0    TOTAL
MONEY   $       0.00
0      TOTAL MEMBER-A         15    TOTAL MONEY   $    2760.87       PTA AAPCC         $     184.05
0      TOTAL MEMBER-B         15    TOTAL MONEY   $    1911.95       PTB AAPCC         $     127.46
```

I.4 HMO Bill Itemization Report

Description

This report lists the Part A bills that were processed under Medicare fee-for-service for beneficiaries enrolled in the contract.

Example

```
1                                                PART A BILLS POSTED IN OCT  2002
PAGE   1
                                                   * * * * * HMO H4444 * * * * *
   BILL TYPE:  INPATIENT
                                   HMO  ADM      TOTAL  NON-COV INP NC BLD      COINSURANCE    TOTAL   FROM
THRU  COV   REIM NP
  CLAIM NUM   NAME    PROV  INTER PD  DATE    CHARGES CHARGES DED DEDUCT  DAYS CHGS  AMOUNT  DEDUCT  DATE
DATE  DAYS   AMT CD CR

 123456789A   BAKER  010084 00010   20020630     7821     0   812      0    0     0      0     812
20020630 20020703   0      0
 123456789C2  MILLER 014007 00010   20020819     8320  8320     0      0    0     0      0       0
20020819 20020920   0      0 N
1                                                PART A BILLS POSTED IN OCT  2002
PAGE   2
                                                   * * * * * HMO H4444 * * * * *
   BILL TYPE:  HOSPICE
                                   HMO  ADM      TOTAL  NON-COV INP NC BLD      COINSURANCE    TOTAL   FROM
THRU  COV   REIM NP
  CLAIM NUM   NAME    PROV  INTER PD  DATE    CHARGES CHARGES DED DEDUCT  DAYS CHGS  AMOUNT  DEDUCT  DATE
DATE  DAYS   AMT CD CR

 1234567891   CANDLE 011570 00380   20020826     3084     0     0      0    0     0      0       0
20020901 20020930   0   3084
 12345678946  FLICKE 011570 00380   20020912     1953     0     0      0    0     0      0       0
20020912 20020930   0   1953
```

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I.5 Monthly Membership Detail Report – Drug Report File (Part D)

Description

This report lists every Medicare member of the contract and provides details about the payments and adjustments made for each beneficiary. There are two Monthly Membership Detail Reports: one for drugs and one for non-drugs.

Example

The example below is part of a Monthly Membership Detail Report containing drug information. The full report includes all members in the contract.

```
1RUN DATE:20051027                            MONTHLY MEMBERSHIP REPORT - DRUG
PAGE:         1
 PAYMENT MONTH:200601                   PLAN(H9999) PBP(999) SEGMENT(000) ACME HEALTH SERVICES
0                                              BASIC PREMIUM ³ ESTIMATED REINSURANCE
                                        PART D      $10.60   ³         $0.00
0             S               --  FLAGS  --      ------------------ PAYMENTS/ADJUSTMENTS ------------------
---------
 CLAIM        E AGE  STATE      P P   S L L  ADJ RA FCTR     DATES       LOW-INCOME COST     LOW-INCOME
COST
 NUMBER       X GRP  CNTY       A A E 0 O I  REA          START  END     SHARING PERCENTAGE  SHARING
SUBSIDY
 ------------ - ---- -----    O R R G U I N ---- ------------------------------------------------------------
---------
    SURNAME F   DMG  BIRTH    O T T H R N S MTHS DIRECT SUBSIDY        PACE           PACE COST
            I   RA   DATE     A A B P C C T  D    PAYMENT AMT     PREMIUM ADD-ON    SHARING ADD-ON
TOTAL PAYMENT
 ------------ - ---- -----    - - - - - --- ---- ------------------------------------------------------------
---------
 123456789A   F 5559 33700                        1.9770  200601 200601        000                   $0.00
    FISCHLE S   5559 19491130         B       1        $129.17           $0.00             $0.00
$129.17
 987654321A   F 8084 10050                        1.0300  200601 200601        000                   $0.00
    DEMOLFE M   8084 19240306         B       1         $62.22           $0.00             $0.00
$62.22
```

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I.6 Monthly Membership Detail Report – Non Drug Report File (Part C)

Description

This report lists every Medicare member of the contract and provides details about the payments and adjustments made for each beneficiary.

Example

The example below is one page of a Monthly Membership Detail Report containing non-drug information. The full report includes all members in the contract.

```
1RUN DATE:20051027                          MONTHLY MEMBERSHIP REPORT - NON DRUG
PAGE:         1

 PAYMENT MONTH:200601                  PLAN(H9999) PBP(007) SEGMENT(000) ACME HEALTH SERVICES

0                           ---------------------------------------------- REBATES ------------------------
--------------------

            BASIC PREMIUM ³ COST SHR REDUC   MAND SUPP BENEFIT  PART D SUPP BENEFIT     PART B BAS PRM
REDUC   PART D BAS PRM REDUC

     PART A     $0.00     ³       $0.00              $0.00              $0.00                    $10.25
$0.00

     PART B     $0.00     ³       $0.00              $0.00              $0.00                    $14.75
$0.00

0             S               -----------  FLAGS  ------------    -----------------------
PAYMENTS/ADJUSTMENTS -----------------------

 CLAIM        E AGE  STATE      P P         M F P A D   S MTHS         DATES         LAG    FTYPE

 NUMBER       X GRP  CNTY       A A H E I   C R R D E E O A B       START   END

 ------------ - ---- -----    O R R O S N N A A D D F G U ---- --- ----------------------------------------
--------------------------

    SURNAME F   DMG  BIRTH    O T T S R S H I I I O A H R PIP  ADJ

            I   RA   DATE     A A B P D T C D L B N U P C DCG  REA  FCTR-A  FCTR-B      PART A      PART B
TOTAL PAYMENT

 ------------ - ---- -----    - - - - - - - - - - - - - - ---- ----------------------------------------------
--------------------------
```

```
 123456789A    F 5559 33700                                  1 1     200601 200601      Y       D
    FISCHLE S   5559 19491130 Y Y Y   Y                 B           1.0280  1.0280    $2733.53    $3900.59
$6634.12
 987654321A    F 8084 10050                                  1 1     200601 200601      Y
    DEMOLFE M   8084 19240306 Y Y Y                     B           1.1480  1.1480     $209.41     $186.29
$395.70
```

I.7 Monthly Membership Summary Report

Description

This report summarizes payments to an MCO for the month, in several categories, and adjustments, by all adjustment categories. When the report is automatically generated as part of month-end processing, it covers one contract in one payment month. When the report is generated on user request, it is based on the transactions received to-date for the current payment month and may be generated for one contract or for all contracts in a region.

Example

```
1RUN DATE:20051027                        MONTHLY MEMBERSHIP SUMMARY REPORT (PAGE 1 OF 2)
 PAYMENT MONTH:200601                PLAN: H9999 PBP(999) SEG(000) ACME HEALTH SERVICES
 CURRENT PAYMENTS
0PART A ---------- COUNTS ----- TOTAL MONEY   PART B --------   COUNTS ----- TOTAL MONEY   PART D ---------
- COUNTS ----- TOTAL MONEY
0HOSPICE                0             $0.00   HOSPICE                0             $0.00
 ESRD                  40        $50,751.38   ESRD                  40        $66,476.54
 WA                     0             $0.00   WA                     0             $0.00
 INST                   0             $0.00   INST                   0             $0.00
 NHC                    0             $0.00   NHC                    0             $0.00
 MCAID                 20         $2,123.78   MCAID                 20         $1,833.94
 PART C PREMIUM        26             $0.00   PART C PREMIUM        26             $0.00   DIR SUBSDY
46         $3,250.48
 A/B COST SHR          26           $459.16   A/B COST SHR          26           $423.80   LIS COST SHR
0             $0.00
 A/B MAN SUP BN        26             $0.00   A/B MAN SUP BN        26             $0.00   ESTIMATD REINS
46             $0.00
 D BAS PRM REDU        20             $0.00   D BAS PRM REDU        20             $0.00   PACE PRM ADDON
0             $0.00
 D SUPP BENFITS        26             $0.00   D SUPP BENFITS        26             $0.00   PACE CSR ADDON
0             $0.00
 B BAS PRM REDU        20           $205.00   B BAS PRM REDU        20           $295.00
 MEMBERS               46        $55,702.84   MEMBERS               46        $70,763.36   MEMBERS
46         $3,250.48
 MONTHS                46                     MONTHS                46                     MONTHS
46
 AVERAGE                         $1,210.93   AVERAGE                         $1,538.33   AVERAGE
$70.66
0OUT OF AREA          150
```

```
1RUN DATE:20051027                        MONTHLY MEMBERSHIP SUMMARY REPORT (PAGE 2 OF 2)
 PAYMENT MONTH:200601                PLAN: H9999 PBP(999) SEG(000) ACME HEALTH SERVICES
0ADJUSTMENT PAYMENTS
0ADJ
 REA  ADJUSTMENT         NUMBER  MONTHS  MONTHS  MONTHS      ----------------------  ADJUSTMENT  AMOUNT  -
-----------------------
 CDE  DESCRIPTION        OF ADJS    A       B      D               PART A             PART B
PART D              TOTAL
 --- ------------------- ------- ------- ------- ------- ----------------- ----------------- ------------
------ -------------------
  01 DEATH                     0       0       0       0              $0.00              $0.00
$0.00               $0.00
  02 RETRO ENROLL              0       0       0       0              $0.00              $0.00
$0.00               $0.00
  03 RETRO DISENR              0       0       0       0              $0.00              $0.00
$0.00               $0.00
  04 CORR ENROLL               0       0       0       0              $0.00              $0.00
$0.00               $0.00
  05 CORR DISENRO              0       0       0       0              $0.00              $0.00
$0.00               $0.00
  06 CORR PARTA E              0       0       0       0              $0.00              $0.00
$0.00               $0.00
  07 HOSPIC                    0       0       0                      $0.00              $0.00
$0.00
  08 ESRD                      0       0       0                      $0.00              $0.00
$0.00
  09 INST                      0       0       0                      $0.00              $0.00
$0.00
  10 MCAID                     0       0       0                      $0.00              $0.00
$0.00
  11 RETRO SCC CH              0       0       0                      $0.00              $0.00
$0.00
  12 CORR DEATH                0       0       0       0              $0.00              $0.00
$0.00               $0.00
  13 CORR BIRTH                0       0       0       0              $0.00              $0.00
$0.00               $0.00
  14 CORR SEX                  0       0       0                      $0.00              $0.00
$0.00
  18 PTC RATE                  0       0       0                      $0.00              $0.00
$0.00
```

```
  19 CORR PARTB E              0       0       0       0              $0.00              $0.00
$0.00               $0.00
  20 WKAGE                     0       0       0                      $0.00              $0.00
$0.00
  21 NHC                       0       0       0                      $0.00              $0.00
$0.00
  22 DISENROLL PR              0       0       0       0              $0.00              $0.00
$0.00               $0.00
  23 DEMO FACTOR               0       0       0                      $0.00              $0.00
$0.00
  25 PTC RSK ADJF              0       0       0       0              $0.00              $0.00
$0.00               $0.00
  27 RETRO CHF                 0       0       0                      $0.00              $0.00
$0.00
  29 HOSPICE RATE              0       0       0                      $0.00              $0.00
$0.00
  30 RTRO PTD PM               0                       0
$0.00               $0.00
  31 RTRO PTD LIP              0                       0
$0.00               $0.00
  32 RTRO CST SHR              0                       0
$0.00               $0.00
  33 RTRO EST REI              0                       0
$0.00               $0.00
  34 RTRO PTC PM               0       0       0                      $0.00              $0.00
$0.00
  35 RTRO REBATE               0       0       0                      $0.00              $0.00
$0.00
  36 PTD RATE CHG              0       0       0       0              $0.00              $0.00
$0.00               $0.00
  37 PTD RAF CHG               0       0       0       0              $0.00              $0.00
$0.00               $0.00
  38 SEG ID CHG                0       0       0       0              $0.00              $0.00
$0.00               $0.00
  90 HIST ALIGNMT              0       0       0       0              $0.00              $0.00
$0.00               $0.00
0TOTAL ADJUSTMENT
                    MONTHS A :         0                       PART A AMOUNT :                $0.00
                    MONTHS B :         0                       PART B AMOUNT :                $0.00
                    MONTHS D :         0                       PART D AMOUNT :                $0.00
       NUMBER OF ADJUSTMENTS :         0                        TOTAL AMOUNT :                $0.00
```

```
-TOTAL PYMT AMT A          $55,702.84
 TOTAL PYMT AMT B          $70,763.36
 TOTAL PYMT AMT D           $3,250.48
 SUM TOTAL AMOUNT         $129,716.68
```

I.8 Monthly Summary of Bills Report

Description

This report summarizes all Medicare fee-for-service activity, both Part A and Part B, for beneficiaries enrolled in the contract.

Example

```
                                    MONTHLY SUMMARY OF BILLS PAID BY INTERMEDIARIES FOR HMO ENROLLEES
      HMO NO H9999     HMO NAME  ACME INSURANCE COMPANY                     HMO FY ENDING  03/2006
CURRENT MONTH 01/2006

BILLS THROUGH 01/25/2006
            ------------------ INPATIENT BILLS -------------- ------ OUTPATIENT BILLS -------- ------------
-- HHA BILLS ------------
                             NON
               TOTAL      COVERED      REIMB  COVERED   TOTAL     COVERED      REIMB    TOTAL     TOTAL
REIMB   TOTAL  TOTAL
              CHARGES     CHARGES      AMOUNT   DAYS    BILLS     CHARGES      AMOUNT   BILLS     CHARGES
AMOUNT  VISITS  BILLS

                NO ACTIVITY FOR THIS HMO FOR THIS PERIOD

FY TOTAL       $23,142                $58,124              23                  $1,733-                 $0
0                                      $0                   3-            $14,435-                 24
$0             0
                                       MONTHLY SUMMARY OF CLAIMS PAID BY CARRIERS FOR HMO ENROLLEES
      HMO NO H9999     HMO NAME  ACME INSURANCE COMPANY                      HMO FY ENDING  03/2006
CURRENT MONTH 01/2006                                          TOTALS FOR THIS MONTH
                         CARRIER      MEDICAL           REIMB       TOTAL
                         NUMBER       CHARGES          AMOUNT       BILLS

                     NO ACTIVITY FOR THIS HMO FOR THIS PERIOD
                FY TOTAL                $9,122-         $7,319-         96
```

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I.9 Part C Risk Adjustment Model Output Report

Description

This report shows the Hierarchical Condition Codes (HCCs) used by RAS to calculate risk adjustment factors for each beneficiary.

Example

Below is part of a Risk Adjustment Model Output report. The full report shows all of the beneficiaries in the contract.

```
1***GROUP=H8888,CONTRACT=H8888,
1RUN DATE: 20031219                    RISK ADJUSTMENT MODEL OUTPUT REPORT
PAGE:     1
 PAYMENT MONTH: 200401                 PLAN: H8888 CHAMPION INSURANCE
RAPMORP1
0             LAST            FIRST                                                    DATE OF
 HIC          NAME            NAME            I                                        BIRTH    SEX &
AGE GROUP
 ------------ --------------- --------------- -                                        -------- ------
---------

 123456789A   WOOD            CHARLES         W                                        19250225
Male75-79

 123456789B   TREE            LILLIAN         L                                        19270418
Female75-79

 123456789A   GRASS           ALBERT          A                                        19421213
Male60-64
 HCC DISEASE  GROUPS:  HCC019 Diabetes without Complication
                       HCC080 Congestive Heart Failure
                       HCC092 Specified Heart Arrhythmias
 INTERACTIONS:         INTI01 DM_CHF
```

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I.10 Part D Risk Adjustment Model Output Report

Description

This report shows the Hierarchical Condition Codes (HCCs) used by RAS to calculate risk adjustment factors for each beneficiary.

Example

Below are the first few lines of a Risk Adjustment Model Output report. The full report shows all of the beneficiaries in the contract.

```
1RUN DATE: 20060124                    RISK ADJUSTMENT MODEL OUTPUT REPORT
PAGE:     1
 PAYMENT MONTH: 200602                 PLAN: H9999 ACME INSURANCE COMPANY
RAPMORP2
0             LAST                                     FIRST                                DATE OF
 HIC          NAME                                     NAME                              I  BIRTH   SEX &
AGE GROUP
 ------------ ---------------------------------------- ---------------------------------- - -------- ------
---------

 123456789A   TWO                                      RUTH                              M 19181122
Female85-89
 RXHCC DISEASE  GROUPS:  RXHCC019 Disorders of Lipoid Metabolism
                         RXHCC048 Other Musculoskeletal and Connective Tissue Disorders
                         RXHCC092 Acute Myocardial Infarction and Unstable Angina
                         RXHCC098 Hypertensive Heart Disease or Hypertension
                         RXHCC159 Cellulitis, Local Skin Infection

 123456789A   BREEZE                                  WINDY                             T 19620730
Female35-44
 RXHCC DISEASE  GROUPS:  RXHCC045 Disorders of the Vertebrae and Spinal Discs
                         RXHCC085 Migraine Headaches
                         RXHCC098 Hypertensive Heart Disease or Hypertension
                         RXHCC113 Acute Bronchitis and Congenital Lung/Respiratory Anomaly
                         RXHCC129 Other Diseases of Upper Respiratory System
                         RXHCC144 Vaginal and Cervical Diseases
```

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I.11 Payment Records Report (Part B Claims Records Posted)

Description

This report lists the Part B physician and supplier claims that were processed under Medicare fee-for-service for beneficiaries enrolled in the contract.

Example

```
1                                    PART B CLAIMS RECORDS POSTED IN  OCT  2002
PAGE   1
0                                                  * * * * *HMO H2222 * * * * *
0  CLAIM       NAME  EXPENSE   DATES      ALLOWED       REIMB  COINSURANCE        DED   PHYS     PAY
CARRIER CARRIER   INFORMATION
   NUMBER             FIRST    LAST        TOTAL         AMT       AMT            APP   SUPP ID  IND
NUMBER  PAID    CONTROL NUMBER
                                          CHARGES

 123456789A   JONES  20020917 20020917       9.72        7.78        1.94         .00  L99999     1   11111
20021014 620902283027160
 123456789A   JONES  20020920 20020920      12.00        9.60        2.40         .00  L88888     1   11111
20021014 620902283027550
 123456789A   JONES  20020830 20020830      12.65       10.12        2.53         .00  P77777     1   11111
20021017 620902283028810
 123456789A   JONES  20020831 20020831      12.00        9.60        2.40         .00  P77777     1   11111
20021014 620902283028800
 123456789A   JONES  20020915 20020915      12.00        9.60        2.40         .00  P77777     1   11111
20021014 620902283028820
 123456789A   HOWARD 20020708 20020708       5.43        5.43         .00         .00  0000000000 1   22222
20021023 02262828553000
 123456789A   WILLS  20020908 20020908      87.97       70.38       17.59         .00  666666666  1   22222
20021018 02254815230000
 123456789A   LEE    20020920 20020920      27.21       21.77        5.44         .00  555555555  1   22222
20021016 02270301676000
 123456789A   BRILL  20011019 20011119      26.46       21.17        5.29         .00  4444444444 1   33333
20021013 02266171165000
```

```
 123456789D   SOMMER 20020916 20020916     134.47      107.58       26.89         .00  333333333  1   22222
20021023 02262834339000
 123456789A   JONES  20020917 20020919     115.79       92.63       23.16         .00  222222     1   11111
20021005 620202275864060
 123456789A   JONES  20020925 20020925      11.16       11.16         .00         .00  111111     1   11111
20021024 620202294476660
 123456789A   JONES  20021010 20021010      28.97       28.97         .00         .00  111111     1   11111
20021024 620202294476670
 123456789A   JONES  20021011 20021011      28.97       28.97         .00         .00  111111     1   11111
20021024 620202294476680
```

I.12 Plan Payment Report (APPS Payment Letter)

Description

Also known as the "Payment Letter," this report itemizes the final monthly payment to the MCO. This report is produced by the Automated Plan Payment System (APPS) when final payments are calculated. MARx makes this report available to MCOs as part of month-end processing.

Plan Payment Report (PPR) - Final
The PPR includes Part D payments and adjustments, the National Medicare Education Campaign (NMEC) and Coordination of Benefits (COB) User Fees and premium settlement information. There is one version of the PPR applicable to all plans and it will be provided monthly

2006

The revised version of this report was effective with the January payments.

The PPR contains payment data in a similar manner as the schedule provided in the July 5, 2005 systems letter related to the Monthly Premium Withholding Report. It has been repeated in this document.

Contents of the Plan Payment Report

PAYMENT #	PAYMENT DATE	PAYMENT CONTAINS….	PPR CONTAINS….
1	January 1, 2006	January Part D capitated and LIS payments from CMS	January Part D capitated and LIS payments from CMS
2	February 1, 2006	February Part D capitated and LIS payments from CMS + January Withheld premiums from SSA, RRB & OPM	February Part D capitated and LIS payments from CMS + January Withheld premiums from SSA, RRB & OPM
3	March 1, 2006	March Part D capitated and LIS payments from CMS + February Withheld premiums from SSA, RRB & OPM	March Part D capitated and LIS payments from CMS + February Withheld premiums from SSA, RRB & OPM
4	April 1, 2006	April Part D capitated and LIS payments from CMS + March Withheld premiums from SSA, RRB & OPM	April Part D capitated and LIS payments from CMS + March Withheld premiums from SSA, RRB & OPM

The PPR displays the summarized amounts that constitute the monthly amount wired to Plans by the Treasury Department. This includes the Part A/B and D payment amounts. Some of the adjustments will have Part A/B and D components and there are also five adjustment types related to Part D.

The User Fees are applied as follows during January through September of each year.

- The NMEC user fee will be applied against (1) MA-PD payments at 0.058% and (2) PDP payments at 0.051%.
- The COB user fee will be applied against members electing Part D at $.11 for January – August and at $.12 for September.

The PPR also includes low-income premium subsidy payments made to Plans on behalf of the Plan's eligible members as well as the withheld premium amounts.

NOTE: The PPR contains the summarized LIS amounts paid to Plans monthly. This may be problematic because the report does not provide beneficiary-level LIS information. The beneficiary –level LIS information can be obtained from the Bi-Weekly LIS Datafile (see section E.19). The amounts also can be derived using the following information from the MMR:

- Identify all members that have a low-income cost sharing payment component.
- Obtain the difference between the Total Part D Payment (field 71) and the sum of the Direct Subsidy (field 68) + the Reinsurance amount (field 69) + Low-Income Cost Sharing amount (field 70) + the Rebate for Part D Basic Premium Reduction (field 66).

This difference is the Low-Income Premium subsidy for the member.

Example

```
|---------1---------2---------3---------4---------5---------6---------7---------8---------9---------0---------1---------2---------3
  CMS PLAN PAYMENT REPORT                                                                                          PAGE 1 OF 2
  PLAN NUMBER: H9999                                                                                   PAYMENT MONTH: MM/YYYY
  PLAN NAME: ABC HEALTH PLANS INC                                                                        RUN DATE: MM/DD/YYYY

  PAYMENT TYPE:                                                        A/B PAYMENT              D PAYMENT            NET PAYMENT


  1. PROSPECTIVE PAYMENT:
     A/B PAYMENT                      MEMBERS: ZZ,ZZZ,ZZ9    $  Z,ZZZ,ZZZ,ZZ9.99
     D PAYMENT                        MEMBERS: ZZ,ZZZ,ZZ9                            $  Z,ZZZ,ZZZ,ZZ9.99

  2. ADJUSTMENTS TO PRIOR MONTHS AFFECTING A/B & D PAYMENTS:
     (01) DEATH OF BENEFICIARY..........COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99    $ -Z,ZZZ,ZZZ,ZZ9.99
     (02) RETROACTIVE ACCRETION.........COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99    $ -Z,ZZZ,ZZZ,ZZ9.99
     (03) RETROACTIVE DELETION..........COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99    $ -Z,ZZZ,ZZZ,ZZ9.99
     (04) CORRECTION TO ACCRETION.......COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99    $ -Z,ZZZ,ZZZ,ZZ9.99
     (05) CORRECTION TO DELETION........COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99    $ -Z,ZZZ,ZZZ,ZZ9.99
     (06) PART A ENTITLEMENT LOSS.......COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99    $ -Z,ZZZ,ZZZ,ZZ9.99
     (12) CORRECTION TO DEATH...........COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99    $ -Z,ZZZ,ZZZ,ZZ9.99
     (19) CORRECTION TO PART B ENT......COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99    $ -Z,ZZZ,ZZZ,ZZ9.99
     (22) RETRO DELETE DUE TO ESRD......COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99    $ -Z,ZZZ,ZZZ,ZZ9.99
     (35) RETRO CHANGE TO REBATE........COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99    $ -Z,ZZZ,ZZZ,ZZ9.99

  3. ADJUSTMENTS TO PRIOR MONTHS AFFECTING A/B PAYMENTS:
     (07) HOSPICE.......................COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99
     (08) ESRD..........................COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99
     (09) INSTITUTIONAL.................COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99
     (10) MEDICAID......................COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99
     (11) RETRO SCC.....................COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99
     (13) CORRECTION TO BIRTH...........COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99
     (14) CORRECTION TO SEX.............COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99
     (18) A/B RATE......................COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99
     (20) WORKING AGED..................COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99
     (21) NHC...........................COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99
     (23) DEMO FACTOR ADJUSTMENT........COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99
     (25) RETRO RA RECON ...............COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99
     (26) RETRO RA ONGOING..............COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99
     (27) RETRO CHF.....................COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99
     (29) HOSPICE RATE..................COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99
     (34) PART C BASIC PREMIUM..........COUNT: ZZ,ZZZ,ZZ9    $ -Z,ZZZ,ZZZ,ZZ9.99

  4. ADJUSTMENTS TO PRIOR MONTHS AFFECTING D PAYMENTS:
     (30) PART D PREMIUM................COUNT: ZZ,ZZZ,ZZ9                            $ -Z,ZZZ,ZZZ,ZZ9.99
     (32) ESTIMATED LICS................COUNT: ZZ,ZZZ,ZZ9                            $ -Z,ZZZ,ZZZ,ZZ9.99
     (33) ESTIMATED REINSURANCE.........COUNT: ZZ,ZZZ,ZZ9                            $ -Z,ZZZ,ZZZ,ZZ9.99
     (36) PART D RATE...................COUNT: ZZ,ZZZ,ZZ9                            $ -Z,ZZZ,ZZZ,ZZ9.99
     (37) PART D RA FACTOR..............COUNT: ZZ,ZZZ,ZZ9                            $ -Z,ZZZ,ZZZ,ZZ9.99

|---------1---------2---------3---------4---------5---------6---------7---------8---------9---------0---------1---------2---------3
NOTE: THE NEGATIVE SIGN SHOULD FLOAT BUT THE DOLLAR SIGN ("$") CAN REMAIN IN A FIXED POSITION.
```

```
|---------1---------2---------3---------4---------5---------6---------7---------8---------9---------0---------1---------2---------3

  CMS PLAN PAYMENT REPORT                                                                                          PAGE 2 OF 2
  PLAN NUMBER: H9999                                                                                     PAYMENT MONTH: MM/YYYY
  PLAN NAME: ABC HEALTH PLANS INC                                                                          RUN DATE: MM/DD/YYYY

  PAYMENT TYPE:                                                    A/B PAYMENT              D PAYMENT            NET PAYMENT

  5. PLAN LEVEL ADJUSTMENTS:
     A. EDUCATION USER FEE
        1) AMOUNT SUBJECT TO FEE     $  Z,ZZZ,ZZZ,ZZ9.99
        2) X FEE RATE                          -0.9999%    $ -Z,ZZZ,ZZZ,ZZ9.99    $ -Z,ZZZ,ZZZ,ZZ9.99
     B. COB USER FEE
        1) PROSP D MEMBERS                   ZZ,ZZZ,ZZ9
        2) X FEE RATE                          $ -0.99                              $ -Z,ZZZ,ZZZ,ZZ9.99
     C. WORKING AGED/DISABLED ADJUSTMENT
        1) ADJUSTED DEMOG PMT        $  Z,ZZZ,ZZZ,ZZ9.99
        2) X PLAN DEMOG RATE                   -0.9999%    $ -Z,ZZZ,ZZZ,ZZ9.99
        3) ADJUSTED RA PMT           $  Z,ZZZ,ZZZ,ZZ9.99
        4) X PLAN RA RATE                      -0.9999%    $ -Z,ZZZ,ZZZ,ZZ9.99
     D. BIPA 606 PAYMENT REDUCTION
        1) ADJUSTMENTS PRIOR TO 2006                       $ -Z,ZZZ,ZZZ,ZZ9.99
     E. BBRA BONUS PAYMENTS
        1) ADJUSTMENTS PRIOR TO 2004                       $ -Z,ZZZ,ZZZ,ZZ9.99

  6. CMS ADJUSTMENTS:
     <== DESCRIPTION TEXT FOR MANUAL ADJUSTMENTS ======>   $ -Z,ZZZ,ZZZ,ZZ9.99    $ -Z,ZZZ,ZZZ,ZZ9.99
     <== DESCRIPTION TEXT (OPTIONAL LINES) ============>   $ -Z,ZZZ,ZZZ,ZZ9.99    $ -Z,ZZZ,ZZZ,ZZ9.99

  7. SUBTOTALS BEFORE PREMIUM SETTLEMENT:                   $ -Z,ZZZ,ZZZ,ZZ9.99    $ -Z,ZZZ,ZZZ,ZZ9.99    $ -Z,ZZZ,ZZZ,ZZ9.99

  8. PREMIUM SETTLEMENT:
     A. PREMIUM WITHHOLDING
        1) PART C PREMIUMS                                                                            $ -Z,ZZZ,ZZZ,ZZ9.99
        2) PART D PREMIUMS                                                                            $ -Z,ZZZ,ZZZ,ZZ9.99
     B. LOW INCOME SUBSIDY
        1) PROSPECTIVE LIS                                                                            $  Z,ZZZ,ZZZ,ZZ9.99
        2) ADJUSTMENTS TO LIS                                                                         $ -Z,ZZZ,ZZZ,ZZ9.99
     C. LATE ENROLLMENT PENALTY (DIRECT BILL ONLY)                                                    $ -Z,ZZZ,ZZZ,ZZ9.99

  9. NET PAYMENT:                                                                                     $  Z,ZZZ,ZZZ,ZZ9.99

|---------1---------2---------3---------4---------5---------6---------7---------8---------9---------0---------1---------2---------3
NOTE: THE NEGATIVE SIGN SHOULD FLOAT BUT THE DOLLAR SIGN ("$") CAN REMAIN IN A FIXED POSITION.
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I.13 Transaction Replies/Weekly/Monthly Activity Report

Description

This report lists all of the transactions that MARx processed for an MCO in that month, regardless of source, and gives a final disposition code for each transaction.

Example

```
1RUN DATE:  08/21/2006                          TRANSACTION REPLIES/MONTHLY ACTIVITY                                REPORT ID:  10
 REPORTING MONTH: 09/2006                 PLAN(Hnnn6) PBP(011) SGMT(000) YOUR HEALTH CARE INC                           PAGE:   1
0                                          * * * PLAN-SUBMITTED TRANSACTIONS:  ACCEPTED * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                          S                        O E               L  CO-PAY
                         F E DATE OF  EFF           O L SRCE  SPECIAL I  EFF         --PREMIUMS--  RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE     SCC   A T ID    STATUS  S  DATE        PT C    PT D  CODE REMARKS
 ---------------------------------------------------------------------------------------------------------------------------
 61 xxxxxxxxxD   LNAME1  M F 07/18/20 08/01/06 03010   S Hnnn6         0               .00     .00  011  ENROLL ACCEPTED
 61 xxxxxxxxxA   LNAME2  J M 08/12/21 08/01/06 03010   I Hnnn6         0               .00     .00  011  ENROLL ACCEPTED
0                                          * * * PLAN-SUBMITTED TRANSACTIONS:  REJECTED * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                          S                        O E               L  CO-PAY
                         F E DATE OF  EFF           O L SRCE  SPECIAL I  EFF         --PREMIUMS--  RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE     SCC   A T ID    STATUS  S  DATE        PT C    PT D  CODE REMARKS
 ---------------------------------------------------------------------------------------------------------------------------
 NO TRANSACTIONS FOUND FOR THIS SECTION
0                                          * * * PLAN-SUBMITTED WA TRANSACTIONS:  PENDING * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                          S                        O E               L  CO-PAY
                         F E DATE OF  EFF           O L SRCE  SPECIAL I  EFF         --PREMIUMS--  RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE     SCC   A T ID    STATUS  S  DATE        PT C    PT D  CODE REMARKS
 ---------------------------------------------------------------------------------------------------------------------------
 NO TRANSACTIONS FOUND FOR THIS SECTION
0                                          * * * REGIONAL OFFICE - SUBMITTED TRANSACTIONS * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                          S                        O E               L  CO-PAY
                         F E DATE OF  EFF           O L SRCE  SPECIAL I  EFF         --PREMIUMS--  RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE     SCC   A T ID    STATUS  S  DATE        PT C    PT D  CODE REMARKS
 ---------------------------------------------------------------------------------------------------------------------------
 NO TRANSACTIONS FOUND FOR THIS SECTION
0                                          * * * CENTRAL OFFICE - SUBMITTED TRANSACTIONS * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                          S                        O E               L  CO-PAY
                         F E DATE OF  EFF           O L SRCE  SPECIAL I  EFF         --PREMIUMS--  RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE     SCC   A T ID    STATUS  S  DATE        PT C    PT D  CODE REMARKS
 ---------------------------------------------------------------------------------------------------------------------------
 NO TRANSACTIONS FOUND FOR THIS SECTION
```

```
1RUN DATE:  08/21/2006                          TRANSACTION REPLIES/MONTHLY ACTIVITY                                REPORT ID:  10
 REPORTING MONTH: 09/2006               PLAN(Hnnn6) PBP(011) SGMT(000) YOUR HEALTH CARE INC                           PAGE:   2
0                                          * * * DISTRICT OFFICE - SUBMITTED TRANSACTIONS:  ACCEPTED * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                          S
                         F E DATE OF  EFF      DISTRICT OFFICE  SPECIAL  RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE         NUMBER       STATUS   CODE  REMARKS
 ------------------------------------------------------------ ---------------------------------------------------------------------
 NO TRANSACTIONS FOUND FOR THIS SECTION
0                                          * * * DISTRICT OFFICE - SUBMITTED TRANSACTIONS:  REJECTED * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                          S
                         F E DATE OF  EFF      DISTRICT OFFICE  SPECIAL  RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE         NUMBER       STATUS   CODE  REMARKS
 ------------------------------------------------------------ ---------------------------------------------------------------------
 NO TRANSACTIONS FOUND FOR THIS SECTION
0                                          * * * MEDICARE CUSTOMER SERVICE SUBMITTED TRANSACTIONS:  ACCEPTED * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                          S                        O E              L  CO-PAY
                         F E DATE OF  EFF           O L SRCE  SPECIAL I  EFF         --PREMIUMS--  RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE     SCC   A T ID    STATUS  S  DATE        PT C    PT D  CODE REMARKS
 ------------------------------------------------------------------------------------------------------------------------------------
 NO TRANSACTIONS FOUND FOR THIS SECTION
0                                          * * * MEDICARE CUSTOMER SERVICE SUBMITTED TRANSACTIONS:  REJECTED * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                          S                        O E              L  CO-PAY
                         F E DATE OF  EFF           O L SRCE  SPECIAL I  EFF         --PREMIUMS--  RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE     SCC   A T ID    STATUS  S  DATE        PT C    PT D  CODE REMARKS
 ------------------------------------------------------------------------------------------------------------------------------------
 NO TRANSACTIONS FOUND FOR THIS SECTION
0                                          * * * AUTOMATIC DISENROLLMENTS * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                          S                            L  CO-PAY
                         F E DATE OF  EFF       SPECIAL  I  EFF       RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE      STATUS   S  DATE      CODE  REMARKS
 ------------------------------------------------------------------------------------------------------------------------------------
 NO TRANSACTIONS FOUND FOR THIS SECTION
```

```
1RUN DATE:  08/21/2006                          TRANSACTION REPLIES/MONTHLY ACTIVITY                                REPORT ID:  10
 REPORTING MONTH: 09/2006               PLAN(Hnnn6) PBP(011) SGMT(000) YOUR HEALTH CARE INC                            PAGE:   3
0                                          * * * BENEFICIARY FACTOR TRANSACTIONS:  ACCEPTED * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                         S                            L  CO-PAY
                        F E DATE OF  EFF       SPECIAL  I  EFF       RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE      STATUS   S  DATE      CODE  REMARKS
 ---------------------------------------------------------------------------------------------------------------
 NO TRANSACTIONS FOUND FOR THIS SECTION
0                                          * * * BENEFICIARY FACTOR TRANSACTIONS:  REJECTED * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                         S                            L  CO-PAY
                        F E DATE OF  EFF       SPECIAL  I  EFF       RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE      STATUS   S  DATE      CODE  REMARKS
 ---------------------------------------------------------------------------------------------------------------
 NO TRANSACTIONS FOUND FOR THIS SECTION
0                                          * * * MAINTENANCE ACTIONS * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                         S                            L  CO-PAY
                        F E DATE OF  EFF       SPECIAL  I  EFF       RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE      STATUS   S  DATE      CODE  REMARKS
 ---------------------------------------------------------------------------------------------------------------
 NO TRANSACTIONS FOUND FOR THIS SECTION
```

```
1RUN DATE:  08/21/2006                          TRANSACTION REPLIES/MONTHLY ACTIVITY                                REPORT ID:  10
 REPORTING MONTH: 09/2006               PLAN(Hnnn6) PBP(011) SGMT(000) YOUR HEALTH CARE INC                            PAGE:   4
0                                                 * * * TRANSACTION REPLY SUMMARY * * *
0                          TC 72     TC 71     TC 60     TC 61     TC 51     TC 53     TC 54     TC 30     TC 31     TC 01      ALL
+                          ______    ______    ______    ______    ______    ______    ______    ______    ______    ______    ______
 ACCEPTED ACTN                 0         0         0         2         0         0         0         0         0         0         2
0REJECTED ACTN                 0         0         0         0         0         0         0         0         0         0         0
0REGION    ACTNS               0         0         0         0         0         0         0         0         0         0         0
0CNTRL OFFICE ACT              0         0         0         0         0         0         0         0         0         0         0
0DISTR OFFICE ACT              0         0         0         0         0         0         0         0         0         0         0
       ACCEPTED:               0         0         0         0         0         0         0         0         0         0         0
       REJECTED:               0         0         0         0         0         0         0         0         0         0         0
     DUPLICATES:               0         0         0         0         0         0         0         0         0         0         0
0MCARE CUST SRVC               0         0         0         0         0         0         0         0         0         0         0
       ACCEPTED:               0         0         0         0         0         0         0         0         0         0         0
       REJECTED:               0         0         0         0         0         0         0         0         0         0         0
0BENE FACT ACTN                0         0         0         0         0         0         0         0         0         0         0
       ACCEPTED:               0         0         0         0         0         0         0         0         0         0         0
       REJECTED:               0         0         0         0         0         0         0         0         0         0         0
0AUTO-DISENROLL                0         0         0         0         0         0         0         0         0         0         0
0MAINTENANCE                   0         0         0         0         0         0         0         0         0         0         0
0** TOTAL ACTNS*               0         0         0         2         0         0         0         0         0         0         2
       ACCEPTED:               0         0         0         2         0         0         0         0         0         0         2
       REJECTED:               0         0         0         0         0         0         0         0         0         0         0
0* ORBIT/PENDING *             0         0         0         0         0         0         0         0         0         0         0
```

```
1RUN DATE:  08/21/2006                          TRANSACTION REPLIES/MONTHLY ACTIVITY                                REPORT ID:  10
 REPORTING MONTH: 09/2006               PLAN(Hnnn6) PBP(011) SGMT(000) YOUR HEALTH CARE INC                          PAGE:   5
0                                                 * * * TRANSACTION REPLY SUMMARY * * *
0AUTOMATIC DISENROLLMENTS                TOTALS
+_________________________               ______
 PART A TERMINATION                          0
 PART B TERMINATION                          0
 REPORT OF BENEFICIARY DEATH                 0
 TERMINATION OF CONTRACT (HCFA)              0
 TERMINATION OF CONTRACT (PLAN)              0
 UNRESOLVED SERVICE AREA DISCREPANCY         0
 BENE DOES NOT MEET AGE CRITERION            0
 ROLLOVER                                    0
 * * *    TOTAL    * * *                     0
```

```
1RUN DATE:  08/21/2006                          TRANSACTION REPLIES/MONTHLY ACTIVITY                                REPORT ID:  10
 REPORTING MONTH: 09/2006               PLAN(Hnnn6) PBP(011) SGMT(000) YOUR HEALTH CARE INC                            PAGE:   6
0MAINTENANCE ACTIONS
+___________________
 CLAIM NUMBER IS INVALID (TEST)              0
 NHC STATUS TERMINATED                       0
 ESRD CANCELLATION                           0
 WA CANCELLED                                0
 WA STATUS SET                               0
 WA STATUS TERMINATED                        0
 PRIOR COMMERCIAL ENR CHANGED                0
 HOSPICE STATUS SET                          0
 HOSPICE STATUS TERMINATED                   0
 ESRD STATUS SET                             0
 ESRD STATUS TERMINATED                      0
 INSTITUTIONAL STATUS SET                    0
 INSTITUTIONAL STATUS TERMINATED             0
 MEDICAID STATUS SET                         0
 MEDICAID STATUS TERMINATED                  0
 PART A TERMINATION                          0
 PART A REINSTATEMENT                        0
 PART B TERMINATION                          0
 PART B REINSTATEMENT                        0
 ENROLLMENT DATE CHANGE                      0
 DISENR DATE CHANGE                          0
 STATE AND COUNTY CODE CHANGE                0
 CLAIM NUMBER CHANGE                         0
 NAME CHANGE                                 0
 SEX CODE CHANGE                             0
 DATE OF BIRTH CHANGE                        0
 DATE OF DEATH ESTABLISHED                   0
 DATE OF DEATH REMOVED                       0
 DATE OF DEATH CORRECTED                     0
 SCC EXEMPTION CODE CHANGE                   0
 MEDICAID PERIOD CHANGE/CANCEL               0
 SEGMENT ID CHANGE                           0
 LOW INCOME STATUS UPDATED                   0
 EGHP FLAG CHANGE                            0
 OUT OF COUNTRY ADDRESS CHANGE               0
 PART C/D PREMIUM CHANGE                     0
 PREMIUM WITHOLD CHANGE                      0
 CREDITABLE CVRG CHANGE/CANCEL               0
 PART D OPT-OUT ACCEPTED                     0
 PART D RX ID/GROUP CHANGE                   0
 SECONDARY RX ID/GROUP CHANGE                0
 * * *    TOTAL    * * *                     0
```

```
1RUN DATE:  08/21/2006                          TRANSACTION REPLIES/MONTHLY ACTIVITY                                REPORT ID:  10
 REPORTING MONTH: 09/2006                PLAN(Hnnn6) PBP(012) SGMT(000) YOUR HEALTH CARE INC                           PAGE:   1
0                                           * * * PLAN-SUBMITTED TRANSACTIONS:  ACCEPTED * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ---------------
0                          S                        O E              L  CO-PAY
                         F E DATE OF  EFF           O L SRCE  SPECIAL I  EFF         --PREMIUMS--  RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE     SCC   A T ID    STATUS  S  DATE        PT C    PT D  CODE REMARKS
 ---------------------------------------------------------------------------------------------------------------------------
 01 xxxxxxxxxA   LNAME3  R M 10/11/22 09/01/06 03110     Hnnn6      M  1  01/01/06     .00     .00  077  MEDICAID ON
 51 xxxxxxxxxD   LNAME4  M F 04/08/23 06/01/06 03110   S AUTOD         3  01/01/06    1.00-   1.00- 090  REPORT OF DEATH
 01 xxxxxxxxxA   LNAME5  C M 05/12/24 09/01/06 03110     Hnnn6      M  2  01/01/06     .00     .00  077  MEDICAID ON
 01 xxxxxxxxxA   LNAME6  C F 07/14/25 09/01/06 03090 Y   Hnnn6      M  2  07/01/06     .00     .00  077  MEDICAID ON
 51 xxxxxxxxxA   LNAME7  S F 12/21/26 08/01/06 03110   S Hnnn1      M  2  01/01/06     .00     .00  014  DISNROL-NEW MCO
 51 xxxxxxxxxB6  LNAME8  M F 08/25/27 08/01/06 03010   S Hnnn1      M  2  01/01/06     .00     .00  014  DISNROL-NEW MCO
 51 xxxxxxxxxB1  LNAME9  G M 09/01/28 08/01/06 03110   S Hnnn1      M  2  01/01/06     .00     .00  014  DISNROL-NEW MCO
 51 xxxxxxxxxA   LNAME10 J M 12/24/29 08/01/06 03110   S Hnnn1      M  2  01/01/06     .00     .00  014  DISNROL-NEW MCO
 51 xxxxxxxxxB   LNAME11 L F 08/21/30 08/01/06 03110   S Hnnn1      M  2  01/01/06     .00     .00  014  DISNROL-NEW MCO
 51 xxxxxxxxxD   LNAME12 L F 08/16/31 08/01/06 03090   S AUTOD      M  2  01/01/06    1.00-   1.00- 090  REPORT OF DEATH
 51 xxxxxxxxxA   LNAME13 E F 11/09/32 09/01/06 03110   S AUTOD      M  2  01/01/06    1.00-   1.00- 090  REPORT OF DEATH
 51 xxxxxxxxxA   LNAME14 E M 01/19/33 08/01/06 03110   S Hnnn1      M  2  01/01/06     .00     .00  014  DISNROL-NEW MCO
 51 xxxxxxxxxB   LNAME15 M F 06/10/34 08/01/06 03110   S Hnnn1      M  2  01/01/06     .00     .00  014  DISNROL-NEW MCO
 51 xxxxxxxxxA   LNAME16 M F 06/03/35 08/01/06 03110   S Hnnn1      M  2  01/01/06     .00     .00  014  DISNROL-NEW MCO
 01 xxxxxxxxxA   LNAME17 M F 06/10/36 09/01/06 03110     Hnnn6      M  2  01/01/06     .00     .00  077  MEDICAID ON
 51 xxxxxxxxxA   LNAME18 E F 01/23/37 08/01/06 03110   S Hnnn1      M  2  01/01/06     .00     .00  014  DISNROL-NEW MCO
 01 xxxxxxxxxA   LNAME19 C F 09/19/38 09/01/06 03110     Hnnn6      M  2  01/01/06     .00     .00  077  MEDICAID ON
 01 xxxxxxxxxA   LNAME20 H F 06/01/39 09/01/06 03110     Hnnn6      M  2  05/01/06     .00     .00  077  MEDICAID ON
 51 xxxxxxxxxA   LNAME21 R M 04/07/40 08/01/06 03110   S Hnnn1      M  2  01/01/06     .00     .00  014  DISNROL-NEW MCO
 51 xxxxxxxxxA   LNAME22 F F 11/18/39 08/01/06 03110   S Snnn0      M  2  01/01/06     .00     .00  014  DISNROL-NEW MCO
 01 xxxxxxxxxB   LNAME23 J F 10/20/38 09/01/06 03010     Hnnn6      M  2  01/01/06     .00     .00  077  MEDICAID ON
 51 xxxxxxxxxA   LNAME24 F M 11/23/37 08/01/06 03110   S Hnnn1      M  2  01/01/06     .00     .00  014  DISNROL-NEW MCO
 01 xxxxxxxxxA   LNAME25 L F 11/02/36 09/01/06 03110     Hnnn6      M  2  01/01/06     .00     .00  077  MEDICAID ON
 51 xxxxxxxxxA   LNAME26 C F 08/30/35 08/01/06 03010 Y S Hnnn4      M  2  01/01/06     .00     .00  014  DISNROL-NEW MCO
 61 xxxxxxxxxA   LNAME27 R M 10/11/33 08/01/06 03110   S Hnnn6      M  1  01/01/06     .00     .00  011  ENROLL ACCEPTED
 61 xxxxxxxxxA   LNAME27 R M 10/11/33 08/01/06 03110   S Hnnn6      M  1  01/01/06     .00     .00  181  PTD PRM OVERIDE
 61 xxxxxxxxxA   LNAME28 C M 05/12/32 08/01/06 03110   S Hnnn6      M  2  01/01/06     .00     .00  011  ENROLL ACCEPTED
 61 xxxxxxxxxA   LNAME28 C M 05/12/32 08/01/06 03110   S Hnnn6      M  2  01/01/06     .00     .00  181  PTD PRM OVERIDE
 61 xxxxxxxxxA   LNAME29 C F 07/14/30 08/01/06 03090 Y I Hnnn6      M  2  07/01/06     .00     .00  011  ENROLL ACCEPTED
 61 xxxxxxxxxA   LNAME29 C F 07/14/30 08/01/06 03090 Y I Hnnn6      M  2  07/01/06     .00     .00  016  ENROLL-OUT AREA
 61 xxxxxxxxxA   LNAME29 C F 07/14/30 08/01/06 03090 Y I Hnnn6      M  2  07/01/06     .00     .00  181  PTD PRM OVERIDE
 71 xxxxxxxxxA   LNAME30 D M 04/05/27 08/01/06 99999 Y S Hnnn6      M  0                .00   14.90  016  ENROLL-OUT AREA
 71 xxxxxxxxxA   LNAME30 D M 04/05/27 08/01/06 99999 Y S Hnnn6      M  0                .00   14.90  017  ENROLL-BAD SCC
 71 xxxxxxxxxA   LNAME30 D M 04/05/27 08/01/06 99999 Y S Hnnn6      M  0                .00   14.90  100  ELECTION OK
 71 xxxxxxxxxA   LNAME30 D M 04/05/27 08/01/06 99999 Y S Hnnn6      M  0                .00   14.90  181  PTD PRM OVERIDE
 61 xxxxxxxxxA   LNAME31 M F 06/10/23 08/01/06 03110   S Hnnn6      M  2  01/01/06     .00     .00  011  ENROLL ACCEPTED
 61 xxxxxxxxxA   LNAME31 M F 06/10/23 08/01/06 03110   S Hnnn6      M  2  01/01/06     .00     .00  181  PTD PRM OVERIDE
 61 xxxxxxxxxA   LNAME32 C F 09/19/21 08/01/06 03110   S Hnnn6      M  2  01/01/06     .00     .00  011  ENROLL ACCEPTED
 61 xxxxxxxxxA   LNAME32 C F 09/19/21 08/01/06 03110   S Hnnn6      M  2  01/01/06     .00     .00  181  PTD PRM OVERIDE
 61 xxxxxxxxxA   NAME33  N F 06/01/20 08/01/06 03110   S Hnnn6      M  2  05/01/06     .00     .00  011  ENROLL ACCEPTED
 61 xxxxxxxxxA   NAME34  H F 06/01/20 08/01/06 03110   S Hnnn6      M  2  05/01/06     .00     .00  181  PTD PRM OVERIDE
```

```
1RUN DATE:  08/21/2006                          TRANSACTION REPLIES/MONTHLY ACTIVITY                                REPORT ID:  10
 REPORTING MONTH: 09/2006               PLAN(Hnnn6) PBP(012) SGMT(000) YOUR HEALTH CARE INC                            PAGE:   2
0                                          * * * PLAN-SUBMITTED TRANSACTIONS:  ACCEPTED * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                          S                        O E              L  CO-PAY
                         F E DATE OF  EFF           O L SRCE  SPECIAL I  EFF         --PREMIUMS--  RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE     SCC   A T ID    STATUS  S  DATE        PT C    PT D  CODE REMARKS
 ---------------------------------------------------------------------------------------------------------------------------------
 61 xxxxxxxxxB   LNAME35 J F 10/20/21 08/01/06 03010   S Hnnn6      M  2  01/01/06     .00     .00  011  ENROLL ACCEPTED
 61 xxxxxxxxxB   LNAME35 J F 10/20/21 08/01/06 03010   S Hnnn6      M  2  01/01/06     .00     .00  181  PTD PRM OVERIDE
 61 xxxxxxxxxA   LNAME36 L F 11/02/22 08/01/06 03110   S Hnnn6      M  2  01/01/06     .00     .00  011  ENROLL ACCEPTED
 61 xxxxxxxxxA   LNAME36 L F 11/02/22 08/01/06 03110   S Hnnn6      M  2  01/01/06     .00     .00  181  PTD PRM OVERIDE
0                                          * * * PLAN-SUBMITTED TRANSACTIONS:  REJECTED * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                          S                        O E              L  CO-PAY
                         F E DATE OF  EFF           O L SRCE  SPECIAL I  EFF         --PREMIUMS--  RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE     SCC   A T ID    STATUS  S  DATE        PT C    PT D  CODE REMARKS
 ---------------------------------------------------------------------------------------------------------------------------------
 NO TRANSACTIONS FOUND FOR THIS SECTION
0                                          * * * PLAN-SUBMITTED WA TRANSACTIONS:  PENDING * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                          S                        O E              L  CO-PAY
                         F E DATE OF  EFF           O L SRCE  SPECIAL I  EFF         --PREMIUMS--  RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE     SCC   A T ID    STATUS  S  DATE        PT C    PT D  CODE REMARKS
 ---------------------------------------------------------------------------------------------------------------------------------
 NO TRANSACTIONS FOUND FOR THIS SECTION
0                                          * * * REGIONAL OFFICE - SUBMITTED TRANSACTIONS * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                          S                        O E              L  CO-PAY
                         F E DATE OF  EFF           O L SRCE  SPECIAL I  EFF         --PREMIUMS--  RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE     SCC   A T ID    STATUS  S  DATE        PT C    PT D  CODE REMARKS
 ---------------------------------------------------------------------------------------------------------------------------------
 NO TRANSACTIONS FOUND FOR THIS SECTION
0                                          * * * CENTRAL OFFICE - SUBMITTED TRANSACTIONS * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                          S                        O E              L  CO-PAY
                         F E DATE OF  EFF           O L SRCE  SPECIAL I  EFF         --PREMIUMS--  RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE     SCC   A T ID    STATUS  S  DATE        PT C    PT D  CODE REMARKS
 ---------------------------------------------------------------------------------------------------------------------------------
 NO TRANSACTIONS FOUND FOR THIS SECTION
```

```
1RUN DATE:  08/21/2006                          TRANSACTION REPLIES/MONTHLY ACTIVITY                                REPORT ID:  10
 REPORTING MONTH: 09/2006               PLAN(Hnnn6) PBP(012) SGMT(000) YOUR HEALTH CARE INC                           PAGE:   3
0                                          * * * DISTRICT OFFICE - SUBMITTED TRANSACTIONS:  ACCEPTED * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                          S
                         F E DATE OF  EFF      DISTRICT OFFICE  SPECIAL  RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE         NUMBER       STATUS   CODE  REMARKS
 ------------------------------------------------------------ -------------------------------------------------------------------------
 NO TRANSACTIONS FOUND FOR THIS SECTION
0                                          * * * DISTRICT OFFICE - SUBMITTED TRANSACTIONS:  REJECTED * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                          S
                         F E DATE OF  EFF      DISTRICT OFFICE  SPECIAL  RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE         NUMBER       STATUS   CODE  REMARKS
 ------------------------------------------------------------ -------------------------------------------------------------------------
 NO TRANSACTIONS FOUND FOR THIS SECTION
0                                          * * * MEDICARE CUSTOMER SERVICE SUBMITTED TRANSACTIONS:  ACCEPTED * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                          S                        O E              L  CO-PAY
                         F E DATE OF  EFF           O L SRCE  SPECIAL I  EFF         --PREMIUMS--  RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE     SCC   A T ID    STATUS  S  DATE        PT C    PT D  CODE REMARKS
 ------------------------------------------------------------------------------------------------------------------------------------
 NO TRANSACTIONS FOUND FOR THIS SECTION
0                                          * * * MEDICARE CUSTOMER SERVICE SUBMITTED TRANSACTIONS:  REJECTED * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                          S                        O E              L  CO-PAY
                         F E DATE OF  EFF           O L SRCE  SPECIAL I  EFF         --PREMIUMS--  RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE     SCC   A T ID    STATUS  S  DATE        PT C    PT D  CODE REMARKS
 ------------------------------------------------------------------------------------------------------------------------------------
 NO TRANSACTIONS FOUND FOR THIS SECTION
0                                          * * * AUTOMATIC DISENROLLMENTS * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                          S                            L  CO-PAY
                         F E DATE OF  EFF       SPECIAL  I  EFF       RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE      STATUS   S  DATE      CODE  REMARKS
 ------------------------------------------------------------------------------------------------------------------------
 51 xxxxxxxxxD   LNAME37 M F 04/08/23 06/01/06           3  01/01/06  018   AUTO DISENROLL
 51 xxxxxxxxxD   LNAME38 L F 08/16/24 08/01/06       M   2  01/01/06  018   AUTO DISENROLL
 51 xxxxxxxxxA   LANEM39 E F 11/09/25 09/01/06       M   2  01/01/06  018   AUTO DISENROLL
```

```
1RUN DATE:  08/21/2006                          TRANSACTION REPLIES/MONTHLY ACTIVITY                                REPORT ID:  10
 REPORTING MONTH: 09/2006               PLAN(Hnnn6) PBP(012) SGMT(000) YOUR HEALTH CARE INC                            PAGE:   4
0                                          * * * BENEFICIARY FACTOR TRANSACTIONS:  ACCEPTED * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                         S                            L  CO-PAY
                        F E DATE OF  EFF       SPECIAL  I  EFF       RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE      STATUS   S  DATE      CODE  REMARKS
 ----------------------------------------------------------------------------------------------------------------
 NO TRANSACTIONS FOUND FOR THIS SECTION
0                                          * * * BENEFICIARY FACTOR TRANSACTIONS:  REJECTED * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                         S                            L  CO-PAY
                        F E DATE OF  EFF       SPECIAL  I  EFF       RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE      STATUS   S  DATE      CODE  REMARKS
 ----------------------------------------------------------------------------------------------------------------
 NO TRANSACTIONS FOUND FOR THIS SECTION
0                                          * * * MAINTENANCE ACTIONS * * *
0--------------------------   T R A N S A C T I O N   ---------------------------------------------   R E P L Y   ----------------
0                         S                            L  CO-PAY
                        F E DATE OF  EFF       SPECIAL  I  EFF       RPLY
 TC CLAIM NUMBER SURNAME I X BIRTH    DATE      STATUS   S  DATE      CODE  REMARKS
 ----------------------------------------------------------------------------------------------------------------
 01 xxxxxxxxxA   LNAME40 L F 03/03/26 05/31/06           1  01/01/06  078   MEDICAID STATUS TERMINATED
 01 xxxxxxxxxD   LNAME41 M F 04/08/27 05/26/06           3  01/01/06  072   HOSPICE STATUS TERMINATED
 01 xxxxxxxxxD   LNAME41 M F 04/08/27 05/26/06           3  01/01/06  090   DATE OF DEATH ESTABLISHED
 01 xxxxxxxxxD   LNAME41 M F 04/08/27 05/31/06           3  01/01/06  078   MEDICAID STATUS TERMINATED
 01 xxxxxxxxxA   LNAME42 H M 11/20/28 07/01/06       M   2  07/01/06  167   NEW LIS PREMIUM
 01 xxxxxxxxxA   LNAME43 A M 02/04/29 10/02/01       M   3  05/01/06  154   OUT OF AREA
 01 xxxxxxxxxA   LNAME44 G F 06/15/30 06/01/06       M   2  01/01/06  077   MEDICAID STATUS SET
 01 xxxxxxxxxD   LNAME45 L F 08/16/31 07/17/06           2  01/01/06  090   DATE OF DEATH ESTABLISHED
 01 xxxxxxxxxD   LNAME45 L F 08/16/31 07/31/06           2  01/01/06  078   MEDICAID STATUS TERMINATED
 01 xxxxxxxxxA   LNAME46 E F 11/09/32 07/20/06  H    M   2  01/01/06  071   HOSPICE STATUS SET
 01 xxxxxxxxxA   LNAME46 E F 11/09/32 08/02/06           2  01/01/06  090   DATE OF DEATH ESTABLISHED
 01 xxxxxxxxxA   LNAME46 E F 11/09/32 08/31/06           2  01/01/06  078   MEDICAID STATUS TERMINATED
 01 xxxxxxxxxA   LNAME47 F M 06/13/33 07/08/02       M   2  01/01/06  154   OUT OF AREA
 01 xxxxxxxxxA   LNAME48 E M 09/09/35 08/10/06           2  01/01/06  152   NEW RACE CODE
 01 xxxxxxxxxD   LNAME49 F F 02/25/36 07/26/06           2  01/01/06  086   CLAIM NUMBER CHANGE
 01 xxxxxxxxxA   LNAME50 M F 08/15/37 06/18/04       M   2  01/01/06  154   OUT OF AREA
 01 xxxxxxxxxA   LNAME51 A F 05/29/38 05/01/06       M   2  01/01/06  077   MEDICAID STATUS SET
```

```
1RUN DATE:  08/21/2006                          TRANSACTION REPLIES/MONTHLY ACTIVITY                                REPORT ID:  10
 REPORTING MONTH: 09/2006               PLAN(Hnnn6) PBP(012) SGMT(000) YOUR HEALTH CARE INC                            PAGE:   5
0                                                 * * * TRANSACTION REPLY SUMMARY * * *
0                          TC 72     TC 71     TC 60     TC 61     TC 51     TC 53     TC 54     TC 30     TC 31     TC 01      ALL
+                          ______    ______    ______    ______    ______    ______    ______    ______    ______    ______    ______
 ACCEPTED ACTN                 0         4         0        17        16         0         0         0         0         8        45
0REJECTED ACTN                 0         0         0         0         0         0         0         0         0         0         0
0REGION    ACTNS               0         0         0         0         0         0         0         0         0         0         0
0CNTRL OFFICE ACT              0         0         0         0         0         0         0         0         0         0         0
0DISTR OFFICE ACT              0         0         0         0         0         0         0         0         0         0         0
       ACCEPTED:               0         0         0         0         0         0         0         0         0         0         0
       REJECTED:               0         0         0         0         0         0         0         0         0         0         0
     DUPLICATES:               0         0         0         0         0         0         0         0         0         0         0
0MCARE CUST SRVC               0         0         0         0         0         0         0         0         0         0         0
       ACCEPTED:               0         0         0         0         0         0         0         0         0         0         0
       REJECTED:               0         0         0         0         0         0         0         0         0         0         0
0BENE FACT ACTN                0         0         0         0         0         0         0         0         0         0         0
       ACCEPTED:               0         0         0         0         0         0         0         0         0         0         0
       REJECTED:               0         0         0         0         0         0         0         0         0         0         0
0AUTO-DISENROLL                0         0         0         0         3         0         0         0         0         0         3
0MAINTENANCE                   0         0         0         0         0         0         0         0         0        17        17
0** TOTAL ACTNS*               0         4         0        17        19         0         0         0         0        25        65
       ACCEPTED:               0         4         0        17        16         0         0         0         0         8        45
       REJECTED:               0         0         0         0         0         0         0         0         0         0         0
0* ORBIT/PENDING *             0         0         0         0         0         0         0         0         0         0         0

1RUN DATE:  08/21/2006                          TRANSACTION REPLIES/MONTHLY ACTIVITY                                REPORT ID:  10
 REPORTING MONTH: 09/2006               PLAN(Hnnn6) PBP(012) SGMT(000) YOUR HEALTH CARE INC                            PAGE:   6
0                                                 * * * TRANSACTION REPLY SUMMARY * * *
0AUTOMATIC DISENROLLMENTS                TOTALS
+________________________                ______
 PART A TERMINATION                          0
 PART B TERMINATION                          0
 REPORT OF BENEFICIARY DEATH                 0
 TERMINATION OF CONTRACT (HCFA)              0
 TERMINATION OF CONTRACT (PLAN)              0
 UNRESOLVED SERVICE AREA DISCREPANCY         0
 BENE DOES NOT MEET AGE CRITERION            0
 ROLLOVER                                    0
 * * *    TOTAL    * * *                     3
```

```
1RUN DATE:  08/21/2006                          TRANSACTION REPLIES/MONTHLY ACTIVITY                                REPORT ID:  10
 REPORTING MONTH: 09/2006               PLAN(Hnnn6) PBP(012) SGMT(000) YOUR HEALTH CARE INC                            PAGE:   7
0MAINTENANCE ACTIONS
+___________________
 CLAIM NUMBER IS INVALID (TEST)              0
 NHC STATUS TERMINATED                       0
 ESRD CANCELLATION                           0
 WA CANCELLED                                0
 WA STATUS SET                               0
 WA STATUS TERMINATED                        0
 PRIOR COMMERCIAL ENR CHANGED                0
 HOSPICE STATUS SET                          1
 HOSPICE STATUS TERMINATED                   1
 ESRD STATUS SET                             0
 ESRD STATUS TERMINATED                      0
 INSTITUTIONAL STATUS SET                    0
 INSTITUTIONAL STATUS TERMINATED             0
 MEDICAID STATUS SET                         2
 MEDICAID STATUS TERMINATED                  4
 PART A TERMINATION                          0
 PART A REINSTATEMENT                        0
 PART B TERMINATION                          0
 PART B REINSTATEMENT                        0
 ENROLLMENT DATE CHANGE                      0
 DISENR DATE CHANGE                          0
 STATE AND COUNTY CODE CHANGE                0
 CLAIM NUMBER CHANGE                         1
 NAME CHANGE                                 0
 SEX CODE CHANGE                             0
 DATE OF BIRTH CHANGE                        0
 DATE OF DEATH ESTABLISHED                   3
 DATE OF DEATH REMOVED                       0
 DATE OF DEATH CORRECTED                     0
 SCC EXEMPTION CODE CHANGE                   0
 MEDICAID PERIOD CHANGE/CANCEL               0
 SEGMENT ID CHANGE                           0
 LOW INCOME STATUS UPDATED                   0
 EGHP FLAG CHANGE                            0
 OUT OF COUNTRY ADDRESS CHANGE               0
 PART C/D PREMIUM CHANGE                     0
 PREMIUM WITHOLD CHANGE                      0
 CREDITABLE CVRG CHANGE/CANCEL               0
 PART D OPT-OUT ACCEPTED                     0
 PART D RX ID/GROUP CHANGE                   0
 SECONDARY RX ID/GROUP CHANGE                0
 * * *    TOTAL    * * *                   12
```

I.14 Enrollment Transmission Message File

Description

This file is a summary of the batch transaction file providing counts of transactions by type. It will contain a unique Batch ID that can be used to associate submissions to the Batch Completion Status Summary. Plans should use this file to monitor the successful (or unsuccessful) receipt of their batch transaction files.

Example

Below is a section of an Enrollment Transmission Message File.

Section	Name
I.	Enrollment Transmission Message File.

- If the file processes normally, the following STATUS messages are generated:

(The FAIL message occurs only if transactions failed.)

```
******************************** Top of Data ****************************
TRANSACTIONS RECEIVED ON 2006-01-30 AT 17.04.11

TRANSACTIONS PROCESSED ON 2006-01-30 AT 17.04.27

HEADER CODE= AAAAAAHEADER
HEADER DATE= 032006
BATCH ID   = 015953955
USER ID    = P218
TRAN CNTS1 = 00000043 T01 00000013 T51 00000001 T60 00000004 T61 00000008
TRAN CNTS2 =          T71 00000006 T72 00000007 TXX 00000004

TOTAL TRANSACTIONS PROCESSED=            43
TOTAL REJECTED TRANSACTIONS =             5
TOTAL FAILED TRANSACTIONS   =            17

 DATA FAILED
CHECK FAIL FILE FOR FAILED TRANSACTIONS
```

```
CORRECT FAILED RECORDS AND RESUBMIT
********************************* Bottom of Data ***************************
```

- The following status messages are generated when an error condition prevents the transaction file from processing.

```
1. Invalid User Id
********************************** Top of Data ****************************
TRANSACTIONS RECEIVED ON 2006-01-27 AT 16.59.49

PROCESSING STOPPED    ON 2006-01-27 AT 17.00.39
USER ID (OB13    ) NOT AUTHENTICATED: 2-USER ID NOT FOUND
HEADER CODE= AAAAAAHEADER
HEADER DATE= 012006
BATCH ID   = 015953937
USER ID    = OB13
TRAN CNTS1 = 00000043 T01 00000013 T51 00000003 T60 00000004 T61 00000009
TRAN CNTS2 =          T71 00000006 T72 00000007 TXX 00000001
********************************* Bottom of Data ***************************

2. Invalid header date
********************************** Top of Data*****************************
TRANSACTIONS RECEIVED ON 2006-01-27 AT 16.23.22

PROCESSING STOPPED    ON 2006-01-27 AT 16.23.42
HEADER RECORD IS MISSING OR INVALID
HEADER CODE= AAAAAAHEADER
HEADER DATE= XX2006
BATCH ID   = 015953933
USER ID    = P218
TRAN CNTS1 = 00000068 T01 00000000 T51 00000017 T60 00000000 T61 00000019
TRAN CNTS2 =          T71 00000017 T72 00000015 TXX 00000000
********************************* Bottom of Data ***************************


3. Missing Header record
********************************** Top of Data ****************************
 TRANSACTIONS RECEIVED ON            AT

 PROCESSING STOPPED    ON 2006-01-25 AT 18.11.38
HEADER RECORD IS MISSING OR INVALID
```

```
HEADER CODE= XXXHEADERZZZ
HEADER DATE= 112005
BATCH ID   =
USER ID    =
TRAN CNTS1 =
TRAN CNTS2 =
********************************* Bottom of Data ***************************
```

4. Future Header Date

```
********************************** Top of Data ******************************
TRANSACTIONS RECEIVED ON 2006-01-30 AT 16.48.37

PROCESSING STOPPED    ON 2006-01-30 AT 16.48.55
HEADER RECORD DATE IS A FUTURE PROCESSING MONTH
RESUBMIT DURING THE CORRECT PROCESSING MONTH
PROCESSING MONTH=032006
HEADER CODE= AAAAAAHEADER
HEADER DATE= 032007
BATCH ID   = 015953953
USER ID    = P218
TRAN CNTS1 = 00000043 T01 00000013 T51 00000001 T60 00000004 T61 00000008
TRAN CNTS2 =          T71 00000006 T72 00000007 TXX 00000004
********************************* Bottom of Data ***************************
```

5. Header Date earlier than CPM

```
********************************** Top of Data ******************************
TRANSACTIONS RECEIVED ON 2006-01-30 AT 16.54.05

PROCESSING STOPPED    ON 2006-01-30 AT 16.54.13
HEADER RECORD DATE IS NOT EQUAL TO THE CURRENT PAYMENT MONTH
PROCESSING MONTH=032006
HEADER CODE= AAAAAAHEADER
HEADER DATE= 092005
BATCH ID   = 015953954
USER ID    = P218
TRAN CNTS1 = 00000043 T01 00000013 T51 00000001 T60 00000004 T61 00000008
TRAN CNTS2 =          T71 00000006 T72 00000007 TXX 00000004
********************************* Bottom of Data ***************************
```

- If the file is a RETRO file, the following STATUS messages are generated:

```
********************************** Top of Data ****************************
TRANSACTIONS RECEIVED ON 2006-01-27 AT 14.23.05

HEADER CODE= AAAAAAHEADER RETRO
HEADER DATE= 012006
BATCH ID   = 015953928
USER ID    = P218
TRAN CNTS1 = 00000068 T01 00000000 T51 00000017 T60 00000000 T61 00000019
TRAN CNTS2 =          T71 00000017 T72 00000015 TXX 00000000

PROCESSING STOPPED ON 2006-01-27 AT 14:23:39
RETRO FILE DETECTED FOR USERID P218
HEADER CODE= AAAAAAHEADER RETRO
HEADER DATE= 012006
********************************* Bottom of Data **************************
```

- If CAPTURE mode is in effect, the following STATUS messages are generated:

```
********************************** Top of Data ****************************
TRANSACTIONS RECEIVED ON 2006-01-27 AT 16.11.03

HEADER CODE= AAAAAAHEADER
HEADER DATE= 012006
BATCH ID   = 015953932
USER ID    = P218
TRAN CNTS1 = 00000068 T01 00000000 T51 00000017 T60 00000000 T61 00000019
TRAN CNTS2 =          T71 00000017 T72 00000015 TXX 00000000

PROCESSING STOPPED ON 2006-01-27 AT 16:11:44
MARX MONTH END CAPTURE MODE IS IN EFFECT
********************************* Bottom of Data **************************
```

I.15 Batch Completion Status Summary

Description

Every transaction file submitted to MARx receives a unique batch processing number as the transactions are loaded into MARx. Once loaded into MARx, the processing of these transactions will result in rejected, accepted, or pended transactions. The Batch Completion Status Summary Report will be generated when each batch has completed processing. This report will provide a count of all transactions within that batch, detailing the number of pended, rejected and accepted transactions, and providing an image of the rejected, accepted, and pended transactions.

Example

```
EXAMPLE LINES WRAP:                                                                                                  1         1
1         1         1         1
         1         2         3         4         5         6         7         8         9         0         1
2         3         4         5
12345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789
0123456789012345678901234567890123456789012345678901234

     1         1         1         1         2         2         2         2         2         2         2
     6         7         8         9         0         1         2         3         4         5         6
567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012  COLUMN
COUNT
-----------------------------------------------------------------------------------------------------------------------------
-----------------------------------
#BATCHDSPSTN0000244052672006-08-2121-49-18       2       2       0       0       000000002idid    2006-08-2114.34.23
;
#ACPTEDTRANS       1xxxxxxxxxA  LASTNAME1   PETER  A119311009Y801ESnnnn2006080961  20061001000     0D000000003484Y000
N                                   B                                   0000              011170181      ;;
#ACPTEDTRANS       2xxxxxxxxxA  LASTNAME2   HANS   J119321022Y801ESnnnn2006080461  20061001000     0D000000003484Y000
N                                   B                                   0000              011170181      ;;
#BATCHDSPSTN0000244052722006-08-2121-49-18      83      73      10       0       000000083 idid    2006-08-2114.37.45
;
#RJCTEDTRANS       1xxxxxxxxxA  LASTNAME3   LUCIANO 119330524 004SSnnnn2006081661  20060901000     0D000000001490Y000
N                                   B                                                     009            ;;
#RJCTEDTRANS       2xxxxxxxxxD  LASTNAME4   AMANDA E219340616 004SSnnnn2006081661  20060901000     0S000000001490Y000
N                                   B                                                     008            ;;
#RJCTEDTRANS       3xxxxxxxxxA  LASTNAME5   JANICE M219350104 004SSnnnn2006080161  20061001000     0D000000001490Y000
N                                   B                                                     127            ;;
#ACPTEDTRANS       1xxxxxxxxxA  LASTNAME6   ANDREW  119360310 004SSnnnn2006081161  20060901000     0D000000001490Y000
N                                   B                                   1003              011            ;;
```

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#ACPTEDTRANS       2xxxxxxxxxC1 LASTNAME7   KATHRYN 219370412 004SSnnnn2006081561  20060901000     0D000000001490Y000
N                                   B                                   1003             011            ;;
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N                                   B                                   1003             011            ;;
#ACPTEDTRANS       4xxxxxxxxxA  LASTNAME9   RALPH  L119390930 004SSnnnn2006081661  20060901000     0D000000001490Y000
N                                   B                                   1003             011            ;;
#BATCHDSPSTN0000244052772006-08-2121-49-18      15      14       1       0       000000015 idid    2006-08-2114.40.40
;C1IA    0024405277100000000
#RJCTEDTRANS       1xxxxxxxxxA  LASTNAME10  MARION L219401222 134SSnnnn2006081061  20060901000     0D006371002929Y000
N                                   B                                                    107            ;;
#ACPTEDTRANS       1xxxxxxxxxA  LASTNAME11  BETTY  J219401101 005ISnnnn2006081761  20060901000     0D004000002929Y000
N                                   B                                   0000             011            ;;
#ACPTEDTRANS       2xxxxxxxxxA  LASTNAME12  SARAH  K219391005 019SSnnnn2006081661  20060901000     0D006371002929Y000
N                                   B                                   0000             011            ;;
#ACPTEDTRANS       3xxxxxxxxxA  LASTNAME13  RUBY   J219381003 019ISnnnn2006081761  20061001000     0D006371002929Y000
N                                   B                                   0000             011            ;;
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N                                   B                                   1001             011170         ;;
#ACPTEDTRANS       5xxxxxxxxxA  LASTNAME15  RANDA   119360929 019ISnnnn2006081661  20060901000     0D006371002929Y000
N                                   B                                   0000             011            ;;
#ACPTEDTRANS       6xxxxxxxxxA  LASTNAME16  RONNIE G119350921 019ISnnnn2006081661  20060901000     0D006371002929Y000
N                                   B                                   0000             011            ;;
#ACPTEDTRANS       7xxxxxxxxxA  LASTNAME17  ROBY   P119340822 019NSnnnn2006081661  20060901000     0D006371002929Y000
Y                                   B                                   0000             011            ;;
#ACPTEDTRANS       8xxxxxxxxxA  LASTNAME18  DEBORAHA219330722 005IH44562006081661  20060901000     0D004000002929Y000
N                                   B                                   0000             011            ;;
```

J: All Transmissions Overview

Table J-1 - All Transmissions Overview

ID#	Transmittal	Description	Responsible System	Type	Freq.	Dataset Naming Conventions
Dataset naming conventions key: [GUID] = 7 character IACS User ID [RACFID] = 4 character RACF User ID (if no RACFID, insert NONE) [P/T]: P = Production Data T = Test Data [.ZIP] = Appended if the file is compressed		[directory] = optional directory specification from non-mainframe C:D clients pn = Processing number of varying length assigned to the file by Gentran ccccc = Contract number Pccccc = Plan Contract Number for C:D		xxxxx = 5 character Contract ID uuuu = 4 character transmitter User ID zzzzzzzz = Plan-provided high level qualifier hhmm = hour and minute freq = Frequency code of file ssssss= Sequentially assigned number mmyyyy = Calendar month & year		yyyymmdd = Calendar year, month & day yymmdd = two digit year, month, day Annnnn & Bnnnnn = MARx batch transaction ID, nnnnnnnnnn split into two nodes A…and B …with leading zeroes as necessary to complete ten character batch ID hlq = High Level Qualifier or Directory per VSAM File
Plan Submittals to CMS						
1	***MARx Enrollment Transaction File*** Header Enrollment Transaction (Employer & Plan - 60/61) Disenrollment Transaction (51) Plan Elections (PBP Change) Transaction (71) Plan Change Transaction (72) Correction (01)	Enrollment Transaction file to CMS MARx system requesting new enrollment, disenrollment, changes, etc.	MARx	Data File	Batch - Daily PRN	**Gentran mailbox:** [GUID].[RACFID].MARX.D.xxxxx.FUTURE.[P/T][.ZIP] **Connect:Direct:** uuuu.@BGD5050.TRANSFER.DATA *FUTURE is part of the filename and does not change*
2	**4RX Notification File** Header Detail Trailer	File used to provide CMS with additional information on Plan enrollments to support point of sale and other pharmacy related information needs. The file contains CMX Primary payor data (BIN, PCN, Group, Member). The objective is to make available 4Rx data to the TrOOP Facilitator and Coordination of Benefits (COB) contractor beginning 11/15/2005.	MBD	Data File	PRN (Plans can send multiple files in a day)	**Gentran mailbox:** [GUID].[RACFID].MBD.D.xxxxx.4RX.[P/T][.ZIP] **Connect:Direct:** P#MBD.#BTCH4.xxxxx.IN.RQST.NDM
3	**Batch Eligibility Query (BEQ) Request File** **Header** **Detail** **Trailer**	File of transactions submitted by plans to request eligibility information for prospective Plan enrollees. Used to do initial eligibility checks against CMS MBD system to verify member is Part A./B eligible	MBD	Data File	PRN (no more than one per day)	**Gentran mailbox:** [GUID].[RACFID].MBD.D.xxxxx.BEQ.[P/T][.ZIP] **Connect:Direct:** P#MBD.#BTCH4.xxxxx.IN.RQST.NDM
4	**ECRS Batch Submittal File**	File used by plans to submit other healthcare information (OHI) to CMS (*rather than submittal through the ECRS on-line system)*	ECRS	Data File	Daily	**Gentran mailbox:** [GUID],[RACFID].ECRS.D.ccccc.FUTURE.[P/T] **Connect:Direct:** TRANSMITTED TO GHI

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5	**Prescription Drug Event (PDE) Submittal File**	File of transactions submitted by the plans with Prescription Drug Events.	PDE	Data File	Can be daily	**Gentran mailbox:** [GUID],[RACFID].PDE.D.ccccc.FUTURE.[P/T] **Connect:Direct:** TRANSMITTED TO PALMETTO
6	**Front-End Risk Adjustment System (FERAS) Response Reports**	File of transactions submitted by the plans with diagnoses for FFS beneficiaries	FERAS	Data File	Daily	**Gentran mailbox:** [GUID],[RACFID].RAPS.freq.ccccc.FUTURE.[P/T] **Connect:Direct:** TRANSMITTED TO PALMETTO
CMS Transmittals to the Users (Submitters)						
7	***Failed Transaction Data File***	Report detailing transactions that cannot be loaded into MARx for processing due to formatting errors. These records are the result of errors with the file header, user authentication, transaction format or incorrect data types for transaction data elements. This report is sent to the user who submitted the batch.	MARx	Data File	Resp. to transaction batch file	**Gentran mailbox:** uuuu.@BGD5050.YMyyyymm.Ddd.HMhhmm.FAILED.pn **Connect:Direct (mainframe):** zzzzzzzz.uuuu.YMyyyymm.Ddd.HMhhmm.FAILED **Connect:Direct (non-mainframe):** \[directory]\uuuu.@BGD5050.YMyyyymm.Ddd.HMhhmm.FAILED
8	**Batch Completion Status Summary Data File** Summary Record Rejected Records Accepted Records	Data file sent to the submitter once a batch of submitted transactions have been processed. Provides a count of all transactions within the batch and details the number of rejected and accepted transactions. It provides an image of the rejected and accepted transactions. *(As of 4/17 one of these will be produced for each*	MARx	Data File	Once batch is processed	**Gentran mailbox:** uuuu.@BGD5050.Dyymmdd.Annnnn.Bnnnnn.BATCHSTD.pn **Connect:Direct (mainframe):** zzzzzzzz.uuuu.Dyymmdd.Annnnn.Bnnnnn.BATCHSTD **Connect:Direct (non-mainframe):** \directory\uuuu.@BGD5050.Dyymmdd.Annnnn.Bnnnnn.BATCHSTD
9	**Enrollment Transmission Message File**	Summary of the batch enrollment transaction file providing counts of transactions by type. It will contain a unique Batch ID that can be used to associate submissions to the Batch Completion Status Summary. Plans should use this file to monitor the successful (or unsuccessful) receipt of their batch transaction files.	MARx	Report	Resp. to transaction batch file	**Gentran mailbox:** uuuu.@BGD5050.YMyyyymm.Ddd.HMhhmm.STATUS.pn **Connect:Direct (mainframe):** zzzzzzzz.uuuu.YMyyyymm.Ddd.HMhhmm.STATUS **Connect:Direct (non-mainframe):** \directory\uuuu.@BGD5050.YMyyyymm.Ddd.HMhhmm.STATUS
CMS Transmittals to the Plans						

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Dataset naming conventions key: [GUID] = 7 character IACS User ID [RACFID] = 4 character RACF User ID (if no RACFID, insert NONE) [P/T]: P = Production Data T = Test Data [.ZIP] = Appended if the file is compressed		[directory] = optional directory specification from non-mainframe C:D clients pn = Processing number of varying length assigned to the file by Gentran ccccc = Contract number Pccccc = Plan Contract Number for C:D		xxxxx = 5 character Contract ID uuuu = 4 character transmitter User ID zzzzzzzz = Plan-provided high level qualifier hhmm = hour and minute freq = Frequency code of file ssssss= Sequentially assigned number mmyyyy = Calendar month & year		yyyymmdd = Calendar year, month & day yymmdd = two digit year, month, day Annnnn & Bnnnnn = MARx batch transaction ID, nnnnnnnnnn split into two nodes A…and B …with leading zeroes as necessary to complete ten character batch ID hlq = High Level Qualifier or Directory per VSAM File
10	**Transaction Reply Report (TRR)** - of auto enrollments - to PDPs	Report in the same format as the Transaction Reply Activity Report that lists all of the auto enrollments.	MARx	Report	November, 2005	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.YMyyyymm.Ddd.TRWEEKR.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.YMyyyymm.Ddd.TRWEEKR **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.YMyyyymm.Ddd.TRWEEKR
11	**Transaction Reply Report (TRR)** data file - of auto enrollments - to PDPs	Data file version of the Transaction Reply Report of auto enrollments.	MARx	Data File	November, 2005	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.YMyyyymm.Ddd.TRWEEKD.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.YMyyyymm.Ddd.TRWEEKD **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.YMyyyymm.Ddd.TRWEEKD
12	**HPMS Complaints Tracking Module Data File** CTM Complaint ID, HICN, and complaint data Transfer	Data file containing the unique complaint ID, HICN, and complaint data from the HPMS Part D Complaints Tracking Module (CTM) for a specific contract ID, for beneficiaries that have filed a Part D complaint with CMS. This file will include data collected by 1-800 MEDICARE, assist plans with identifying the correct beneficiary filing a complaint, and enable resolution of the complaint in a timely manner.	HPMS (CTM)	Data File	Batch - Daily PRN	**Gentran mailbox:** **ccccc.CTM.BENECOMP.ssssss** **Connect:Direct (Mainframe):** **hlq.Pccccc.CTM.BENECOMP.Ussssss** **Connect:Direct (Non-Mainframe):** \[directory]\hlq.Pccccc.CTM.BENECOMP.Ussssss

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13	**Coordination of Benefits (Validated Other Insurer Information)** Detail Primary Supplemental	File containing members' primary and secondary coverage that has been validated through COB processing. MARx forwards this report whenever a plan's enrollees are affected. It may be as often as daily.The enrollees included on the report are those newly enrolled who have known Other Health Insurance (OHI) and those plan enrollees with changes to their OHI.	MBD (MARx)	Data File	PRN (can be daily)	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.YMyyyymm.Ddd.Thhmm.C.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.YMyyyymm.Ddd.Thhmm.C **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.YMyyyymm.Ddd.Thhmm.C
14	**MA Full Dual Auto Assignment Notification File**	Monthly file of Full Dual Beneficiaries in an existing plan.	MBD	Data File	Monthly	**Gentran mailbox:** P#MBD.#ADUA4.xxxxx.OUT.NOTIF.pn **Connect:Direct (Mainframe):** zzzzzzzz.#ADUA4.xxxxx.OUT.NOTIF **Connect:Direct (Non-Mainframe):** \[directory]\P#MBD.#ADUA4.xxxxx.OUT.NOTIF
15	**PDP Address file from Full Dual & Facilitated Assignments**	Monthly file of addresses of Beneficiaries who have been either Auto Assigned or Facilitated Assigned to PDPs	MBD	Data File	Monthly	**Gentran mailbox:** P#MBD.#APDP4.xxxxx.OUT.NOTIF.pn **Connect:Direct (Mainframe):** zzzzzzzz.#APDP4.xxxxx.OUT.NOTIF **Connect:Direct (Non-Mainframe):** \[directory]\P#MBD.#APDP4.xxxxx.OUT.NOTIF
16	**4Rx Notification File** Acknowledgment (Accept/Reject)	MBD will determine if a 4Rx Notification File is Accepted or Rejected. MBD will issue an email acknowledgment of receipt and status to the Sending Entity. If Accepted the file will be processed. If Rejected, the email shall inform the Sending Entity of the first File Error Condition that caused the 4Rx Notification File to be Rejected. A rejected file will not be returned.	MBD	E-mail	Resp. to 4Rx	N/A

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17	**4Rx Response File** Header Detail Trailer	File containing records produced as a result of processing the transactions of accepted 4Rx Notification files. Detail records for all submitted records that were successfully processed will contain Processed Flag = Y. Detail records for all submitted records that were not successfully processed contain Processed Flag = N.	MBD	Data File	Resp. to 4Rx	**Gentran mailbox:** P#MBD.#RXN4.xxxxx.OUT.RESPONSE.pn **Connect:Direct (Mainframe):** zzzzzzzz.#RXN4.xxxxx.OUT.RESPONSE **Connect:Direct (Non-Mainframe):** \[directory]\P#MBD.#RXN4.xxxxx.OUT.RESPONSE
18	**NoRx File**	File containing records identifying those enrollees that do not currently have 4Rx information stored in CMS files. A Detail Record Type containing a value of "NRX" in positions 1 – 3 of the file layout will indicate that this record is a request for your organization to send CMS 4Rx information for the beneficiary.	MBD	Data File	Monthly	**Gentran mailbox:** P#MBD.#NORX.xxxxx.OUT.NTFCTN **Connect:Direct (Mainframe):** zzzzzzzz.#NORX.xxxxx.OUT.NTFCTN **Connect:Direct (Non-Mainframe):** \[directory]\P#MBD.#NORX.xxxxx.OUT.NTFCTN
19	**Batch Eligibility Query (BEQ) Request File Acknowledgment (Accept/Reject)**	MBD will determine if a BEQ Request File is Accepted or Rejected. MBD will issue an email acknowledgment of receipt and status to the Sending Entity. If Accepted the file will be processed. If Rejected, the email shall inform the Sending Entity of the first File Error Condition that caused the BEQ Request File to be Rejected. A rejected file will not be returned.	MBD	E-mail	Resp. to BEQ	N/A
20	**Batch Eligibility Query (BEQ) Response File** Header Detail Trailer	File containing records produced as a result of processing the transactions of accepted BEQ Request files. Detail records for all submitted records that were successfully processed will contain Processed Flag = Y. Detail records for all submitted records that were not successfully processed contain Processed Flag = N.	MBD	Data File	Resp. to BEQ	**Gentran mailbox:** P#MBD.#BQN4.xxxxx.OUT.RESPONSE.pn **Connect:Direct (Mainframe):** zzzzzzzz.#BQN4.xxxxx.OUT.RESPONSE **Connect:Direct (Non-Mainframe):** \[directory]\P#MBD.#BQN4.xxxxx.OUT.RESPONSE

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21	**ECRS**	File containing errors and statuses of ECRS submissions.	ECRS	Data File	Daily	**Gentran mailbox:** PCOB.BA.ECRS.ccccc.RESPONSE.ssssss **Connect:Direct:** TRANSMITTED FROM GHI
22	**Prescription Drug Event (PDE) PDFS Response Report**	File containing responses if files are accepted or rejected.	PDE	Data File	Daily	**Gentran mailbox:** RSP.PDFS_RESP_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
23	**Prescription Drug Event (PDE) DDPS Return File**	File provides feedback on every record processed in a batch. Up to 10 specific errors are reported for each PDE in the file.	PDE	Data File	Daily	**Gentran mailbox:** RPT.DDPS_TRANS_VALIDATION_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
24	**Prescription Drug Event (PDE) DDPS Transaction Error Summary Report**	File provides frequency of occurrence for each error code encountered during the processing of a PDE file. The percentage to the total errors is also computed and displayed for each error code.	PDE	Data File	Daily	**Gentran mailbox:** RPT.DDPS_ERROR_SUMMARY_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
25	**Front-End Risk Adjustment System (FERAS) Response Reports**	Report indicates that the file was accepted or rejected by the Front-End Risk Adjustment System.	FERAS	Report	Daily	**Gentran mailbox:** RSP.FERAS_RESP_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO

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26	**Front-End Risk Adjustment System (FERAS) Response Reports**	**File will contain all of the submitted transactions whether or not the file contains errors.**	FERAS	Data File	Daily	**Gentran mailbox:** RPT.RAPS_RETURN_FLAT_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
27	**Front-End Risk Adjustment System (FERAS) Response Reports Transaction Error File**	**Report lists the transactions that contained errors and identifies the errors that were found.**	FERAS	Report	Daily	**Gentran mailbox:** RPT.RAPS_ERRORRPT_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
28	**Front-End Risk Adjustment System (FERAS) Response Reports Transaction Summary Report**	**Report contains all of the transactions submitted, whether accepted or rejected.**	FERAS	Report	Daily	**Gentran mailbox:** RPT.RAPS_SUMMARY_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
29	**Front-End Risk Adjustment System (FERAS) Response Reports Duplicate Diagnosis Cluster File**	Report identifies diagnosis clusters with 502 error message, clusters accepted, but not stored.	FERAS	Report	Daily	**Gentran mailbox:** RPT.RAPS_DUPDX_RPT_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
	Weekly Transmittals (Data & Reports)					
30	**Transaction Reply Weekly Activity Report (Weekly TRR)**	Report listing all of the transactions that MARx processed for a plan in the week regardless of source, and gives a final disposition code for each transaction.	MARx	Report	Weekly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.YMyyyymm.Ddd.TRWEEKR.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.YMyyyymm.Ddd.TRWEEKR **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.YMyyyymm.Ddd.TRWEEKR

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31	**Transaction Reply Weekly Activity Data File**	Data file version of the Transaction Reply Weekly Activity Report.	MARx	Data File	Weekly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.YMyyyymm.Ddd.TRWEEKD.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.YMyyyymm.Ddd.TRWEEKD **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.YMyyyymm.Ddd.TRWEEKD
32	**Low-Income Subsidy/Part D Premium Data File**	The data in the report reflects LIS info, premium subsidy levels, Low-income co-pay levels, etc. for all beneficiaries who have a low-income designation enrolled in a plan. This data file is produced bi-weekly. It is not automatically transmitted to the plans. Through the MARx UI plans can request this data file.	MARx	Data File	Biweekly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.YMyyyymm.Ddd.LISPRMD **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.YMyyyymm.Ddd.LISPRMD **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.YMyyyymm.Ddd.LISPRMD
	Monthly Transmittals (Data & Reports)					
33	**Transaction Reply/Monthly Activity Report (Monthly TRR)**	Report listing all of the transactions that MARx processed for a plan in the month, regardless of source, and gives a final disposition code for each transaction.	MARx	Report	Monthly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.TRNREPLY.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.TRNREPLY **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.TRNREPLY

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34	**Transaction Reply/Monthly Activity Data File**	Data file version of the Transaction Reply/Monthly Activity Report.	MARx	Data File	Monthly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.TRNDATA.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.TRNDATA **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.TRNDATA
35	**Part C Monthly Membership Detail Report** ***AKA: Monthly Membership Report (MMR)***	Report listing every Part C Medicare member of the contract and providing details about the payments and adjustments made for each.	MARx	Report	Monthly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMR.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.MONMEMR **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMR
36	**Part D Monthly Membership Detail Report** ***AKA: Monthly Membership Report (MMR)***	Report listing every Part D Medicare member of the contract and providing details about the payments and adjustments made for each.	MARx	Report	Monthly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEDR.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.MONMEDR **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEDR
37	**Monthly Membership Detail Data File**	Data file version of the Monthly Membership Detail Reports. This file contains the data for both Part C and Part D members.	MARx	Data File	Monthly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMD.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.MONMEMD **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMD
38	**Monthly Membership Summary Report**	Report summarizing payments to a plan for the month, in several categories, and adjustments, by all adjustment categories. This report contains data for both Part C and Part D members.	MARx	Report	Monthly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMSR.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.MONMEMSR **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMSR

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39	**Monthly Membership Summary Data File**	Data file version of the Monthly Membership Summary Report for both Part C and Part D members.	MARx	Data File	Monthly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMSD.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.MONMEMSD **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMSD
40	**RAS RxHCC Model Output Report** ***AKA: Part D Risk Adjustment Model Output Report***	Report showing the Part D risk adjustment factors for each beneficiary. MARx forwards this report that is produced by RAS to plans as part of the month-end processing.	RAS (MARx)	Report (.pdf)	Monthly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PTDMODR.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.PTDMODR **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PTDMODR
41	**RAS RxHCC Model Output Data File** ***AKA: Part D Risk Adjustment Model Output Data File***	Data file version of the RAS RxHCC Model Output Report. MARx forwards this report that is produced by RAS to plans as part of the month-end processing.	RAS (MARx)	Data File	Monthly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PTDMODD.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.PTDMODD **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PTDMODD
42	**Auto and Facilitated Enrollment Address Data File**	Data file containing the addresses for beneficiaries who are facilitated or auto-enrolled each month. The plans receive the information on these enrollments through their Transaction Reply Reports.	MARx	Data File	Monthly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.AUTENRLD.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.AUTENRLD **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.AUTENRLD
43	**Part C Risk Adjustment Model Output Report**	Report showing the Hierarchical Condition Codes (HCCs) used by the Risk Adjustment System (RAS) to calculate Part C risk adjustment factors for each beneficiary. MARx forwards this report that is produced by RAS to plans as part of the month-end processing.	RAS (MARx)	Report	Monthly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.HCCMODR.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.HCCMODR **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.HCCMODR
44	**Part C Risk Adjustment Model Output Data File**	Data file version of the Risk Adjustment Model Output Report	RAS (MARx)	Data File	Monthly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.HCCMODD.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.HCCMODD **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.HCCMODD

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45	**Benefits Improvement & Protection Act of 2000 (BIPA) 606 Payment Reduction Report**	Report listing members for whom the plan is paying a portion of the Part B premium. Generated only if there are pre-2006 adjustments that involve BIPA 606 premium reductions.	MARx	Report	Monthly, if applicable	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BIPA606R.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.BIPA606R **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BIPA606R
46	**BIPA 606 Payment Reduction Data File**	Data file version of the BIPA 606 Reduction Report.	MARx	Data File	Monthly, if applicable	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BIPA606D.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.BIPA606D **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BIPA606D
47	**Bonus Payment Report**	Report listing members for whom the plan is to be paid a bonus. (Plans are paid a bonus for extending services to beneficiaries in some underserved areas.) Generated only if there are pre-2006 adjustments that involve bonus payments.	MARx	Report	Monthly, if applicable	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BONUSRPT.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.BONUSRPT **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BONUSRPT
48	**Bonus Payment Data File**	Data file version of the Bonus Payment Report	MARx	Data File	Monthly, if applicable	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BONUSDAT.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.BONUSDAT **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BONUSDAT
49	**Demographic Report**	Summary, by state and county, of the membership of the plan. Members are counted in categories that parallel the factors used in calculating the demographic payment, as well as ESRD and hospice status.	MARx	Report	Monthly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.DEMOGRPH.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.DEMOGRPH **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.DEMOGRPH

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50	**Monthly Summary of Bills Report**	Report summarizing all Medicare fee-for-service activity, both Part A and Part B, for beneficiaries enrolled in the contract	MARx	Report	Monthly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.SUMBILLS.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.SUMBILLS **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.SUMBILLS
51	**HMO Bill Itemization Report**	Report listing the Part A bills that were processed under Medicare fee-for-service for beneficiaries enrolled in the contract.	MARx	Report	Monthly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BILLITEM.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.BILLITEM **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.BILLITEM
52	**Part B Claims Data File**	Data file listing the Part B physician and supplier claims and Part B home health claims that were processed under Medicare fee-for-service for beneficiaries enrolled in the contract.	MARx	Data File	Monthly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.CLAIMDAT.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.CLAIMDAT **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.CLAIMDAT
53	**Payment Records Report**	Report listing the Part B physician and supplier claims that were processed under Medicare fee-for-service for beneficiaries enrolled in the contract.	MARx	Report	Monthly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PAYRECDS.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.PAYRECDS **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PAYRECDS
54	**Monthly Premium Withholding Report Data File (MPWR)** Header Detail Trailer - T1 - Total at segment level Trailer - T2 - Total at PBP level Trailer - T3 - Total at contract level	Monthly reconciliation file of premiums withheld from SSA, RRB, or OPM checks. Includes Part C and Part D premiums and any Part D Late Enrollment Penalties. This file is produced by the Premium Withhold System (PWS). MARx makes this report available to plans as part of the month-end processing.	PWS (MARx)	Data File	Monthly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MPWRD.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.MPWRD **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MPWRD

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55	**Plan Payment Report (APPS Payment Letter)**	Report itemizing the final monthly payment to the plan. This report is produced by the Automated Plan Payment System (APPS) when final payments are calculated. MARx makes this report available to plans as part of the month-end processing.	APPS (MARx)	Report	Monthly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PLANPAY.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.PLANPAY **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PLANPAY
56	**820 Format Payment Advice**	HIPAA-Compliant version of the Plan Payment Report. This data file itemizes the final monthly payment to the plan. *This data file is not available through MARx.*	APPS	Data File	Monthly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PLAN820D.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.Rmmyyyy.PLAN820D **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.PLAN820D
57	**Monthly Full Enrollment Data File**	File includes all active membership for a plan on the date the file was run. This file is considered a definitive statement of current plan enrollment. This file uses the same format as the weekly TRR. CMS will announce the availability of each month's file.	MARx	Data File	Monthly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.YMyyyymm.Ddd.TRWEEKD.pn **Connect:Direct (Mainframe):** zzzzzzzz.PLNxxxxx.YMyyyymm.Ddd.TRWEEKD **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.YMyyyymm.Ddd.TRWEEKD
58	**Prescription Drug Event (PDE) DBC Cumulative Beneficiary Summary Report**	File includes summary for the beneficiary of accumulated overall totals in PDE amount fields with accumulated totals for covered drugs.	PDE	Data File	Monthly	**Gentran mailbox:** RPT.DDPS.CUM_BENE_ACT_COV_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
59	**Prescription Drug Event (PDE) DBC Cumulative Beneficiary Summary Report**	File includes summary for the beneficiary of accumulated overall totals in PDE amount fields with accumulated totals for enhanced drugs.	PDE	Data File	Monthly	**Gentran mailbox:** RPT.DDPS_CUM_BENE_ACT_ENH_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO

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60	**Prescription Drug Event (PDE) DBC Cumulative Beneficiary Summary Report**	File includes summary for the beneficiary of accumulated overall totals in PDE amount fields with accumulated totals for over-the-counter drugs.	PDE	Data File	Monthly	**Gentran mailbox:** RPT.DDPS_CUM_BENE_ACT_OTC_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
61	**Front-End Risk Adjustment System (FERAS) Response Reports Monthly Plan Activity Report**	Report provides monthly summary of the status of submissions by submitter and plan number.	FERAS	Report	Monthly	**Gentran mailbox:** RPT.RAPS_MONTHLY_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
62	**Front-End Risk Adjustment System (FERAS) Response Reports Cumulative Plan Activity Report**	Report provides cumulative summary of the status of submissions by Submitter ID and plan number.	FERAS	Report	Monthly	**Gentran mailbox:** RPT.RAPS_CUMULATIVE_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
63	**Front-End Risk Adjustment System (FERAS) Response Reports Frequency Report Monthly Report**	Report provides monthly summary of all errors on all file submissions within the month.	FERAS	Report	Monthly	**Gentran mailbox:** RAPS_ERRORFREQ_MNTH_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO
64	**LIS/LEP Data File**	This report provides information on low-income subsidized beneficiaries and on direct-billed beneficiaries with late enrollment penalties.	MARx	Data File	Monthly	**Gentran mailbox:** P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.LISLEPD.pn **Connect:Direct:** zzzzzzzz.PLNxxxxx.Rmmyyyy.LISLEPD **Connect:Direct (Non-Mainframe):** \[directory]\P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.LISLEPD
	Quarterly Reports					

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65	**Front-End Risk Adjustment System (FERAS) Response Reports Frequency Report Quarterly Report**	Report provides quarterly summary of all errors on all file submissions within the 3-month quarter.	FERAS	Report	Quarterly	**Gentran mailbox:** RAPS_ERRORFREQ_QTR_ssssss **Connect:Direct:** TRANSMITTED FROM PALMETTO

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K: MMA Plan Connectivity Test Checklist

Getting Started				
☑ or N/A	#	**Task**	**Checkpoint**	**Notes**
❑	1.	Obtain a Contract Number from CMS/HPMS	Once completed, Task #5 may be initiated.	Contract #:
❑	2.	Open a progress tracking ticket with the MMAHelp Desk		Ticket #:
❑	3.	Complete connectivity paperwork		
	4.	Complete T1/Connect:Direct Forms:	Must be started at least 6 weeks prior to target connectivity testing date.	
❑ or N/A		1. CMS Connect:Direct form		
❑ or N/A		2. CMS SPOE ID Request form		
Security and Access				
☑ or N/A	#	**Task**	**Checkpoint**	**Notes**
❑	5.	Submit EPOC Designation Letter to CMS	After completion of Task #1.	
❑	6.	EPOC registered in IACS	After completion of Task #5.	
❑	7.	EPOC approval received from CMS		
❑	8.	User/Submitter(s) registered in IACS for Enrollment, 4RX, and BEQ (ECRS)	After EPOC registration is complete.	
❑ or N/A	9.	User/Representative(s) registered in IACS for Enrollment, 4RX, and BEQ (ECRS)	After EPOC registration is complete.	
❑ or N/A	10.	User/Submitter(s) registered in IACS for PDE/RAPS	Gentran Submitters only. May be completed the same time as Task #8 or at a later date.	
Connectivity – SetUp **Note: Plans perform either Task #11 or Task #12.**				
☑ or N/A	#	**Task**	**Checkpoint**	**Notes**
	11.	Each item listed in this Task is **required** by Plans submitting data via Connect:Direct. Set up T1/Connect:Direct to CMS:	Must be started at least 6 weeks prior to target connectivity testing date.	
❑ or N/A		1. Contact AT&T or an AT&T reseller to establish connectivity to CMS via AGNS.		
❑ or N/A		2. Verify access to CMS via AGNS		

❑ or N/A		3. High-level qualifier and/or security designations verified as accessible to CMS.		
❑ or N/A		4. Obtain Connect:Direct Software from Sterling Commerce.		
❑ or N/A		5. Complete installation and configuration of Connect:Direct Software.		
❑ or N/A		6. Submitter successfully registered in IACS (see Task #8).		
❑ or N/A		7. Obtain SPOE ID from CMS (see Task #4.2).		
❑ or N/A		6. Contact MMAHelp Desk to schedule connectivity testing timeframe.		
	12.	Each item listed in this Task is **required** by Plans submitting data via Gentran. Set up Gentran access:		
❑ or N/A		1. Submitter successfully registered in IACS (see Task #8).		
❑ or N/A		2. Obtain and install SFTP Software (if not using HTTPS)		
❑ or N/A		3. Open required firewalls/ports: SFTP Port: 10022 HTTPS Port: 3443		
Connectivity – Testing **Note: Plans perform either Task #13 or Task #14. Plans submitting PDE/RAPS data must also perform Task #15.**				
☑ **or N/A**	**#**	**Task**	**Checkpoint**	**Notes**
	13.	Each item listed in this Task is **required** by Plans submitting data via Connect:Direct. Test T1/Connect:Direct to CMS:		
❑ or N/A		1. Appropriate telecommunications and technical resources participate in conference call with appropriate CMS Resources (initiated by MMAHelp Desk).		
❑ or N/A		2. Successfully transfer data **to** CMS		
❑ or N/A		3. Successfully receive data **from** CMS		
	14.	Each item listed in this Task is **required** by Plans submitting data via Gentran. Test Gentran:	Task #'s 8 and/or 10 must be completed successfully before this task can be completed.	
❑ or N/A		1. Mailbox(s) established at CMS is accessible		
❑ or N/A		2. Screenshot of successful access to 1 Gentran mailbox e-mailed to the MMAHelp Desk.		
❑ or N/A		3. Send test file to Gentran mailbox		
❑ or N/A	15.	Contact CSSC Help Desk for assistance with Connectivity Testing of PDE/RAPS data submission.		

L: Disaster Recovery Implications for Plans

Appendix L, Disaster Recovery Implications for Plans, is currently being worked on by the Central DBAs.

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M: Valid Election Types for Plans

Appendix M table shows which election types are valid for enrollment in various plans.

Table M-1 – Valid Election Types for Plans

Election Types							
PLANS	***AEP (A)***	***OEP (O)***	***OEPI (T)***	***OEPNEW (N)***	***SEP (S)***	***IEP (E)***	***ICEP (I)***
MA	***Y***	***Y***	***Y***	***Y***	***Y***		***Y***
MA-PD	***Y***	***Y***	***Y***	***Y***	***Y***	***Y***	***Y***
PDP	***Y***	***Y*** *(if switching from MA-PD)*	***Y*** *(if switching from MA or MA-PD)*	***Y*** *(if switching from MA-PD)*	***Y***	***Y***	
SHMO I	***Y***	***Y***	***Y***	***Y***	***Y***		***Y***
SHMO II	***Y***	***Y***	***Y***	***Y***	***Y***		***Y***
SCO					***Y***		
Cost with Part D	***Y***	***Y*** *(if switching from MA-PD)*	***Y*** *(if switching from MA or MA-PD)*	***Y*** *(if switching from MA-PD)*	***Y***	***Y***	
ESRD I					***Y***		
ESRD II					***Y***		
Cost 1 & Cost 2 without drug	***None Required***						
PACE National	***None Required***						
MDHO & MSHO Demo	***None Required***						
WPP Demo	***None Required***						
CCIP / FFS Demos	***None Required***						

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