DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Medicare Plan Payment Group
Enterprise Systems Solutions Group

DATE: **June 29, 2016**

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

FROM: Cheri Rice /s/
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SUBJECT: **Announcement of the August 2016 Software Release**

The Centers for Medicare and Medicaid Services (CMS) continues to implement software improvements to the enrollment and payment systems that support Medicare Advantage and Prescription Drug (MAPD) programs. This letter provides detailed information regarding the planned release of systems changes scheduled for August 2016. This release focuses on improving the efficiency of CMS systems as well as Plan processing.

The August 2016 Release changes are as follows and may require Plan action:

1. **Report Changes – Plan Payment and Monthly Membership Summary Reports**
2. **Center for Medicare and Medicaid Innovation Division of Health Plan Innovation Models**
3. **New Enrollment Source Code and New Election Type Code for Rollover Processing**
4. **Elimination of Overpayment Edits**

1. Report Changes – Plan Payment and Monthly Membership Summary Reports

The layouts for two payment reports are changing to eliminate the potential for truncation of dollar amounts. First, the record length of the Plan Payment Report (PPR) data file is being expanded from 200 to 250 characters. The dollar amount fields will expand from 13 to 15 positions. In addition, the enrollment count fields will expand from 8 to 9 positions.

The Adjustment Type field will be corrected from 20 to 3 positions. These changes will apply to both the monthly and interim payment versions of this report and they will appear beginning with the September 2016 payment's PPR scheduled for distribution on August 24, 2016.

Similarly, the record length of the Monthly Membership Summary Report (MMSR) data file is being expanded from 201 to 220 characters. The dollar amount fields will expand from 13 to 15 positions. These changes will appear beginning with the October 2016 payment's MMSR scheduled for distribution on September 22, 2016.

- ***PPR / IPPR Data File, Attachment A, Figure 1***
- ***MMSR Data File, Attachment A, Figure 2***

NOTE: Areas of the data files affected by this change are highlighted.

2. Center for Medicare and Medicaid Innovation Division of Health Plan Innovation Models

In this release, enhancements are being made in MARx to support the CMS Center for Medicare and Medicaid Innovation Division of Health Plan Innovation's (HPI) Enhanced Medication Therapy Management (Enhanced MTM) and Medicare Advantage Value Based Insurance Design (MA-VBID) model tests. The Enhanced MTM and MA-VBID model tests will become effective in January 2017. Reporting and MARx UI screen changes will appear after the August 2016 release, although the screens will not populate data until January 2017.

A new MARx input transaction, transaction type 91, will be available for Plans to report beneficiaries who are targeted for participation in the IC Models. Plans will submit the new transaction through their batch input files. The transaction will identify the beneficiary's model type indicator, benefit status, start/end dates, and a reason code to explain why participation ended. UI updates to the IC Model fields will not be allowed; however, the IC Model data will be included on the beneficiary snapshot screen and the status activity screens.

- ***Transaction Reply Codes (M313) Screen, Attachment B, Figure 1***
- ***View Transaction: IC Model Participation (M223) Screen, Attachment B, Figure 2***
- ***Batch File Details (M314) Screen, Attachment B, Figure 3***
- ***New Updated TRCs, Attachment C***
- ***IC Model Participation (TC 91) Transaction Layout, Attachment D***
- ***Updated MARx Daily Transaction Reply Report (DTRR), Attachment E***
- ***Updates to Batch Completion Status Summary (BCSS) Report with Failed Transaction Data File Layout, Attachment F***
- ***Disenrollment Reason Codes, Attachment G***

NOTE: Areas of the data files affected by this change are highlighted.

Effective with the January 2017 payment, all beneficiaries enrolled in Plan Benefit Packages (PBPs) within stand-alone Prescription Drug Plans (PDP) that participate in the Enhanced MTM model will receive a Per Member Per Month (PMPM) dollar amount added into calculating the beneficiary's Part D prospective payment. This PMPM dollar amount will be referred to as the MTM Add-on on the Monthly Membership Detail Report (MMDR). The MTM Add-on is added to the Plan payment for the beneficiary after the risk adjustment portion of the payment is calculated.

Example:
Beneficiary's total Risk Adjusted Part D payment = $80.00
Plus MTM Add-on = $10.00
New total Part D payment = $90.00

The MTM Add-on will be reflected in field 37 of the MMDR. See ***Attachment H***.

NOTE: Areas of the data files affected by this change are highlighted.

The Total Part D Payment (#76) on the Monthly Membership Detail Data File Field) for a beneficiary is the sum of the following amounts; no individual payment includes all components:

- Part D LIPS (#35).
- MTM Add-on (#37).
- MA Rebate Part D Basic Premium Reduction (#71).
- Part D Direct Subsidy Amount (#73).
- Part D Reinsurance Subsidy (#74).
- Part D LICS Subsidy (#75).
- PACE Part D Premium Add-on (#78).
- PACE Part D Cost Sharing Add-on (#79).
- Part D Coverage Gap Discount Amount (#85).

The MMDR field numbers will be reflected in the MAPD Plan Communications User Guide August Release. Additionally, changes will be made to MARx UI screens to indicate participation in the Enhanced MTM or MA-VBID Model; please see affected screens below:

- ***Beneficiary Detail Snapshot Screen (M203), Attachment I, Figure 1***
- ***Status Activity (M256) Screen, Attachment I, Figure 2***
- ***IC Model Status (M257) Screen, Attachment I, Figure 3***

Please direct any Enhanced MTM and MA-VBID model test program questions or concerns to the following email addresses:

EnhancedMTM@cms.hhs.gov
MAVBID@cms.hhs.gov

3. New Enrollment Source Code and New Election Type Code for Rollover Processing

Under certain circumstances, it is necessary for Plans to submit an enrollment transaction to process a rollover into another Plan for a subset of beneficiaries. This change will create a new election type code and a new enrollment source code for Plan-submitted rollover enrollment transactions. Plans will use the new election type code, 'C', and enrollment source code, 'N', when submitting manual (not system generated) rollover transactions. The election type code will use the same time periods and edits as the SEP (S) election type code. The new enrollment source code will follow the same enrollment rules and edits used by the enrollment source code, 'D'.

Plans will be required to submit enrollment transactions for manual rollovers on a Plan Rollover (POVER) special batch file.

If a Plan submits an enrollment with enrollment source code "N" and any election type code other than "C", the transaction will reject and produce TRC356 – Enrollment Rejected, Pln RO without ESC or ETC. The same applies if the Plan submits an election type code "C" with any other enrollment source code. If a transaction using the correct enrollment source code and election type code of "N" and "C", but the POVER file is not used, the transaction will reject with TRC355 – Enrollment Rejected, Pln RO not in POVER file.

When a beneficiary is enrolled in both an MA and a PDP as of the effective date of a scheduled rollover, the system shall reject the rollover with TRC357 - Enrollment Rejected, Pln RO Impacts Dual Enroll, if the rollover will result in a disenrollment from both the MA and PDP Plans.

Example: A beneficiary is dual enrolled in a MA and PDP and the MA is rolled over to a MAPD. The rollover transaction will be rejected because the beneficiary would be disenrolled from both the MA and PDP plans.

When a Plan-submitted rollover is processed, the enrollment that is being rolled over will be assigned Disenrollment Reason Code (DRC) 72 – (DISENROLLMENT DUE TO PLAN-SUBMITTED ROLLOVER) to the losing Plan. MARx will also send TRC100 to indicate a successful rollover transaction.

Please see the following attachments for more information regarding the above changes:

- ***New/Updated TRCs (104, 355, 356, and 357), Attachment J***
- ***Transaction Type 61 Layout – Enrollment, Attachment K***
- ***Update to Monthly Full Enrollment Data File Layout, Appendix L***
- ***Special Batch File Approval Request by the Plan, Attachment M***
- ***Updated MARx Daily Transaction Reply Report (DTRR), Attachment E***
- ***Monthly Membership Detail Data Record File Layout, Attachment H***
- ***Disenrollment Reason Codes, Attachment G***

NOTE: Areas of the data files affected by this change are highlighted.

4. Elimination of Overpayment Edits

Beginning with files submitted on August 14, 2016, Medicare Advantage Organizations (MAOs) will no longer be required to submit a remedy ticket to Risk Adjustment Processing System (RAPS) for any reason, and overpayment (OPMT) files will not be required. MAOs must continue to obtain the remedy ticket to report an overpayment. After contacting the MAPD Help Desk to report an overpayment, MAOs will be able to immediately submit their deletes through a production (PROD) file to return an overpayment. The production file should contain a 'D' in the Delete Indicator field on the 'CCC' record to return the overpayment. If the MAO continues to use the OPMT file format, the MAO can submit the file; however, the remedy ticket number will no longer be required on the 'OPMT' file. The following edits resulting from the incorrect application of the Remedy ticket and OPMT file will no longer by issued:

- Edit 317 – "INVALID OVERPAYMENT-ID ON BBB RECORD."
- Edit 318 – "INVALID PAYMENT-YEAR ON BBB RECORD."
- Edit 319 – "INPUT PLAN-NO ON BBB RECORD DO NOT MATCH ON REMEDY TICKET."
- Edit 421 – "DELETE-IND MUST BE EQUAL TO D FOR DELETE ON OPMT FILE."
- Edit 422 – "SERVICE THRU-DATE IS NOT WITHIN THE REPORTED PAYMENT YEAR."

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

Figure 1: PPR / IPPR Data File

Also known as the Plan Payment Letter, this data file itemizes the final monthly payment to the Plan. CMS makes this report available to the Plans as part of month-end processing.

The IPPR is provided when a Plan is approved for an interim payment outside of the normal monthly process. The data file/report contains the amount and reason for the interim payment to the Plan.

System	Type	Frequency	Dataset Naming Conventions
APPS	Data File	As needed	**Gentran Mailbox/TIBCO MFT Internet Server:** P.Rxxxxx.PPRID.Dyymmdd.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.PPRID.Dyymmdd.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory].Rxxxxx.PPRID.Dyymmdd.Thhmmsst

File Layout – Header Record

Item	Data Element	Position	Length	Type	Description
1.	Contract Number	1-5	5	Character	Contract Number
2.	Record Identification Code	6-6	1	Character	Record Type Identifier H = Header Record
3.	Contract Name	7 – 56	50	Character	Name of the Contract
4.	Payment Cycle Date	57 – 62	6	Character	Identifies the year and month of payment: Format = YYYYMM
5.	Run Date	63 – 70	8	Character	Identifies the date file was created: Format = YYYYMMDD
6.	Filler	71 – 250	180	Character	Spaces

File Layout – Capitated Payment

Item	Data Element	Position	Length	Type	Description
1.	Contract Number	1-5	5	Character	Contract Number
2.	Record Identification Code	6-6	1	Character	Record Type Identifier C = Capitated Payment
3.	Table ID Number	7-7	1	Character	1
4.	Adjustment Reason Code	8-9	2	Character	Blank = for prospective pay See Appendix D for the list of Adjustment Reason Codes.
5.	Part A Total Members	10-18	9	Numeric	Number of beneficiaries for whom Part A payments is being made prospectively. For adjustment records this will hold the total number of transactions. Format: ZZZZZZZZ9
6.	Part B Total Members	19-27	9	Numeric	Number of beneficiaries for whom Part B payments is being made prospectively. Blank for adjustment records. Format: ZZZZZZZZ9
7.	Part D Total Members	28-36	9	Numeric	Number of beneficiaries for whom Part D payments is being made prospectively. Blank for Adjustment records. Format: ZZZZZZZZ9
8.	Part A Payment Amount	37-51	15	Numeric	Total Part A Amount Format: SSSSSSSSSS9.99
9.	Part B Payment Amount	52-66	15	Numeric	Total Part B Amount Format: SSSSSSSSSS9.99
10.	Part D Payment Amount	67-81	15	Numeric	Total Part D Amount Format: SSSSSSSSSS9.99
11.	Coverage Gap Discount Amount	82 – 96	15	Numeric	The Coverage Gap Discount Amount included in Part D Payment. Format: SSSSSSSSSS9.99

Item	Data Element	Position	Length	Type	Description
12.	Total Payment	97- 111	15	Numeric	Total Payment Format: SSSSSSSSSS9.99
13.	Filler	112 – 250	139	Character	Spaces

File Layout – Premium Settlement

Item	Data Element	Position	Length	Type	Description
1.	Contract Number	1 – 5	5	Character	Contract Number
2.	Record Identification Code	6 – 6	1	Character	Record Type Identifier P = Premium Settlement
3.	Table ID Number	7 – 7	1	Character	2
4.	Part C Premium Withholding Amount	8 – 22	15	Numeric	Total Part C Premium Amount Format: SSSSSSSSSS9.99
5.	Part D Premium Withholding Amount	23 – 37	15	Numeric	Total Part D Premium Amount Format: SSSSSSSSSS9.99
6.	Part D Low Income Premium Subsidy	38 – 52	15	Numeric	Total Low Income Premium Subsidy Format: SSSSSSSSSS9.99
7.	Part D Late Enrollment Penalty	53 – 67	15	Numeric	Total Late Enrollment Penalty Format: SSSSSSSSSS9.99
8.	Total Premium Settlement Amount	68 – 82	15	Numeric	Total Premium Settlement Format: SSSSSSSSSS9.99
9.	Filler	83 – 250	168	Character	Spaces

File Layout – Fees

Item	Data Element	Position	Length	Type	Description
1.	Contract Number	1 – 5	5	Character	Contract Number
2.	Record Identification Code	6 – 6	1	Character	Record Type Identifier F = FEES
3.	Table ID Number	7 – 7	1	Character	3
4.	NMEC Part A Subject to Fee	8 – 22	15	Numeric	Part A amount subject to National Medicare Educational Campaign fees. Format:ZZZZZZZZZZZ9.99
5.	NMEC Part A Rate	23 – 29	7	Numeric	Rate used to calculate the fees for Part A. Format: 0.99999
6.	Part A Fee Amount	30 – 44	15	Numeric	Fee Assessed for Part A Format:SSSSSSSSSS9.99
7.	NMEC Part B Subject to Fee	45 – 59	15	Numeric	Part B amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZZZ9.99
8.	NMEC Part B Rate	60 – 66	7	Numeric	Rate used to calculate the fees for Part B. Format: 0.99999
9.	Part B Fee Amount	67 – 81	15	Numeric	Fee Assessed for Part B Format:SSSSSSSSSS9.99
10.	NMEC Part D Subject to Fee	82 – 96	15	Numeric	Part D amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZZZ9.99
11.	NMEC Part D Rate	97 – 103	7	Numeric	Rate used to calculate the fees for Part D. Format: 0.99999
12.	Part D Fee Amount	104 – 118	15	Numeric	Fee Assessed for Part D Format:SSSSSSSSSS9.99

Item	Data Element	Position	Length	Type	Description
13.	Total NMEC Fee Assessed	119 – 133	15	Numeric	Total NMEC Fee Assessed for Part A, B and D Format:SSSSSSSSSS9.99
14.	Total Prospective Part D Members	134 – 142	9	Numeric	Total members for Part D Format: ZZZZZZZZ9
15.	Rate for COB Fees	143 – 146	4	Numeric	Rate used to calculate the COB fees. Format: 0.99
16.	Amount of COB Fees	147 – 161	15	Numeric	COB Fee Format:SSSSSSSSSS9.99
17.	Total of Assessed Fees	162 – 176	15	Numeric	Total of all Fees Assessments Format:SSSSSSSSSS9.99
18.	Filler	177 – 250	74	Character	Spaces

File Layout – Special Adjustments

Item	Data Element	Position	Length	Type	Description
1.	Contract Number	1 – 5	5	Character	Contract Number
2.	Record Identification Code	6 – 6	1	Character	Record Type Identifier S = Special Adjustments
3.	Table ID Number	7 – 7	1	Character	4
4.	Document ID	8 – 15	8	Numeric	The document ID for identifying the adjustment.
5.	Source	16 – 20	5	Character	The CMS division responsible for initiating the adjustments.
6.	Description	21 – 70	50	Character	The reason the adjustment was made.

Item	Data Element	Position	Length	Type	Description
7.	Adjustment Type	71 – 73	3	Character	The payment component the adjustment is for. CMP-Civil Monetary Penalty CST-Cost Plan Adjustment PRS-Annual Part D Reconciliation RSK-Risk Adjustment CGD-Coverage Gap Invoice OTH-Other – default non-specific group.
8.	Adjustment to Part A	74 – 88	15	Numeric	Adjustment amount for Part A Format:SSSSSSSSSS9.99
9.	Adjustment to Part B	89 – 103	15	Numeric	Adjustment amount for Part B Format:SSSSSSSSSS9.99
10.	Adjustment to Part D	104 – 118	15	Numeric	Adjustment amount for Part D. Format:SSSSSSSSSS9.99
11.	Premium C Withholding Part A	119 – 133	15	Numeric	Adjustment amount for Premium Withholding Part A. Format:SSSSSSSSSS9.99
12.	Premium C Withholding Part B	134 – 148	15	Numeric	Adjustment amount for Premium Withholding Part B. Format:SSSSSSSSSS9.99
13.	Premium D Withholding	149 – 163	15	Numeric	Adjustment amount for Premium D Withholding. Format:SSSSSSSSSS9.99
14.	Part D Low Income Premium Subsidy	164 – 178	15	Numeric	Adjustment amount for Low Income Subsidy. Format:SSSSSSSSSS9.99
15.	Total Adjustment Amount	179 – 193	15	Numeric	Total Adjustments Format:SSSSSSSSSS9.99
16.	Filler	194 – 250	57	Character	Spaces

File Layout – Previous Cycle Balance Summary

Item	Data Element	Position	Length	Type	Description
1.	Contract Number	1 – 5	5	Character	Contract Number
2.	Record Identification Code	6 – 6	1	Character	Record Type Identifier L = Last Period Carry Over Amounts carried over to this month from previous months
3.	Table ID Number	7 – 7	1	Character	5
4.	Part A Carry Over Amount	8 – 22	15	Numeric	Part A Carry Over Amount - Previous Balance Column. Format:SSSSSSSSSS9.99
5.	Part B Carry Over Amount	23 – 37	15	Numeric	Part B Carry Over Amount - Previous Balance Column. Format:SSSSSSSSSS9.99
6.	Part D Carry Over Amount	38 – 52	15	Numeric	Part D Carry Over Amount - Previous Balance Column. Format:SSSSSSSSSS9.99
7.	Part C Premium Withholding Carry Over Amount	53 – 67	15	Numeric	Part C Premium Withholding Carry Over Amount - Previous Balance Column. Format:SSSSSSSSSS9.99
8.	Part D Premium Withholding Carry Over Amount	68 – 82	15	Numeric	Part D Premium Withholding Carry Over Amount - Previous Balance Column. Format:SSSSSSSSSS9.99
9.	Part D Low Income Premium Subsidy Carry Over Amount	83 – 97	15	Numeric	Part D Low Income Premium Subsidy Carry Over Amount - Previous Balance Column. Format:SSSSSSSSSS9.99
10.	Part D Late Enrollment Penalty Carry Over Amount	98 – 112	15	Numeric	Part D Late Enrollment Penalty Carry Over Amount - Previous Balance Column. Format:SSSSSSSSSS9.99

Item	Data Element	Position	Length	Type	Description
11.	Education User Fee Carry Over Amount	113 – 127	15	Numeric	Education User Fee Carry Over Amount - Previous Balance Column. Format:SSSSSSSSSS9.99
12.	Part D COB User Fee Carry Over Amount	128 – 142	15	Numeric	Part D COB User Fee Carry Over Amount - Previous Balance Column. Format:SSSSSSSSSS9.99
13.	CMS Special Adjustments Carry Over Amount	143 – 157	15	Numeric	CMS Special Adjustments Carry Over Amount - Previous Balance Column. Format:SSSSSSSSSS9.99
14.	Total Carry Over Amount	158 – 172	15	Numeric	Sum of amounts in Previous Balance Column Format:SSSSSSSSSS9.99
15.	Filler	173 – 250	78	Character	Spaces

File Layout – Payment Balance Carried Forward

Item	Data Element	Position	Length	Type	Description
1.	Contract Number	1 – 5	5	Character	Contract Number
2.	Record Identification Code	6 – 6	1	Character	Record Type Identifier N = Balance Carried Forward to Next Cycle. Amounts carried forward (and not paid) to next month from this month
3.	Table ID Number	7 – 7	1	Character	5
4.	Part A Amount Carry Forward	8 – 22	15	Numeric	Part A Amount Carry Forward - Balance Forward Column. Format:SSSSSSSSSS9.99
5.	Part B Amount Carry Forward	23 – 37	15	Numeric	Part B Amount Carry Forward - Balance Forward Column. Format:SSSSSSSSSS9.99
6.	Part D Amount Carry Forward	38 – 52	15	Numeric	Part D Amount Carry Forward - Balance Forward Column. Format:SSSSSSSSSS9.99

Item	Data Element	Position	Length	Type	Description
7.	Part C Premium Withholding Amount Carry Forward	53 – 67	15	Numeric	Part C Premium Withholding Amount Carry Forward - Balance Forward Column. Format:SSSSSSSSSS9.99
8.	Part D Premium Withholding Amount Carry Forward	68 – 82	15	Numeric	Part D Premium Withholding Amount Carry Forward - Balance Forward Column. Format:SSSSSSSSSS9.99
9.	Part D Low Income Premium Subsidy Amount Carry Forward	83 – 97	15	Numeric	Part D Low Income Subsidy Amount Carry Forward - Balance Forward Column. Format:SSSSSSSSSS9.99
10.	Part D Late Enrollment Penalty Amount Carry Forward	98 – 112	15	Numeric	Part D Late Enrollment Penalty Amount Carry Forward - Balance Forward Column. Format:SSSSSSSSSS9.99
11.	Education User Fee Amount Carry Forward	113 – 127	15	Numeric	Education User Fee Amount Carry Forward -Balance Forward Column. Format:SSSSSSSSSS9.99
12.	Part D COB User Fee Amount Carry Forward	128 – 142	15	Numeric	Part D COB User Fee Amount Carry Forward - Balance Forward Column. Format:SSSSSSSSSS9.99
13.	CMS Special Adjustments Amount Carry Forward	143 – 157	15	Numeric	CMS Special Adjustments Amount Carry Forward - Balance Forward Column. Format:SSSSSSSSSS9.99
14.	Total Carry Forward Amount	158 – 172	15	Numeric	Sum of amounts in Balance Forward Column Format:SSSSSSSSSS9.99
15.	Filler	173 – 250	78	Character	Spaces.

File Layout – Payment Summary

Item	Data Element	Position	Length	Type	Description
1.	Contract Number	1 – 5	5	Character	Contract Number
2.	Record Identification Code	6 – 6	1	Character	Record Type Identifier A = Payment Summary Amounts included in this month's payment from Tables 1 thru 4 plus Carry Over (from Previous Balance Column).
3.	Table ID Number	7 – 7	1	Character	5
4.	Part A Amount	8 – 22	15	Numeric	Part A amount - Net Payment Column. Format:ZZZZZZZZZZZ9.99
5.	Part B Amount	23 – 37	15	Numeric	Part B amount - Net Payment Column. Format:ZZZZZZZZZZZ9.99
6.	Part D Amount	38 – 52	15	Numeric	Part D amount - Net Payment Column. Format:ZZZZZZZZZZZ9.99
7.	Part C Premium Withholding Amount	53 – 67	15	Numeric	Part C Premium Withholding Amount - Net Payment Column. Format:ZZZZZZZZZZZ9.99
8.	Part D Premium Withholding Amount	68 – 82	15	Numeric	Part D Premium Withholding Amount - Net Payment Column. Format:ZZZZZZZZZZZ9.99
9.	Part D Low Income Premium Subsidy Amount	83 – 97	15	Numeric	Part D Low Income Subsidy Amount - Net Payment Column. Format:ZZZZZZZZZZZ9.99
10.	Part D Late Enrollment Penalty Amount	98 – 112	15	Numeric	Part D Late Enrollment Penalty Amount - Net Payment Column. Format:SSSSSSSSSS9.99
11.	Education User Fee Amount	113 – 127	15	Numeric	Education User Fee Amount -Net Payment Column. Format:SSSSSSSSSS9.99

Item	Data Element	Position	Length	Type	Description
12.	Part D COB User Fee Amount	128 – 142	15	Numeric	Part D COB User Fee Amount - Net Payment Column. Format:SSSSSSSSSS9.99
13.	CMS Special Adjustments Amount	143 – 157	15	Numeric	CMS Special Adjustments Amount - Net Payment Column. Format:SSSSSSSSSS9.99
14.	Total Net Payment	158 – 172	15	Numeric	Sum of amounts in Net Payment Column. This is the plan's Net Payment Amount for this month. If the amount is negative, the payment will be carried forward. Format:SSSSSSSSSS9.99
15.	Filler	173 – 250	78	Character	Spaces.

Figure 2: Monthly Membership Summary Report Data File Record Layout

This is a data file version of the Monthly Membership Summary Report (MMSR) 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.

Note: The date in the file name defaults to "01" denoting the first day of the current payment month.

System	Type	Frequency	Dataset Naming Conventions
MARx	Data File	Monthly	**Gentran Mailbox/TIBCO MFT Internet Server:** P.Fxxxxx.MONMEMSD.Dyymm01.Thhmmsst P.Rxxxxx.MONMEMSD.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Fxxxxx.MONMEMSD.Dyymm01.Thhmmsst zzzzzzzz.Rxxxxx.MONMEMSD.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Fxxxxx.MONMEMSD.Dyymm01.Thhmmsst [directory]Rxxxxx.MONMEMSD.Dyymm01.Thhmmsst

Item	Field Name	Length	Position	Description
1	MCO Contract Number	5	1-5	MCO Contract Number
2	Run Date of the File	8	6-13	YYYYMMDD
3	Payment Date	6	14-19	YYYYMM
4	Adjustment Reason Code	2	20-21	Adjustment Reason Code (ARC) This is populated with a valid ARC for adjustments. For prospective payment components, it is populated with 00.
5	Record Description	10	22-31	This field is populated with a short description of the type of data reported in the record. See Appendix A for the table of record types for all possible values.
6	Payment Adjustment Count	7	32-38	Beneficiary Count
7	Month count	7	39-45	Payment Record: 1 for each member on the record Adjustment record: spaces
8	Part A Member count	7	46-52	Payment Record: Beneficiary count for Part A; Adjustment record: spaces
9	Part A Month count	7	53-59	Payment Record: 1 for each member with Part A Adjustment record: The number of months adjusted for Part A
10	Part B Member count	7	60-66	Payment Record: Beneficiary count for Part B Adjustment record: Spaces
11	Part B Month count	7	67-73	Payment Record: 1 for each member with Part B Adjustment record: The number of months adjusted for Part B

Item	Field Name	Length	Position	Description
12	Part A Payment/Adjustment Amount	15	74-88	Part A Amount
13	Part B Payment/Adjustment Amount	15	89-103	Part B Amount
14	Total Amount	15	104-118	Total Payment/Adjustment Amount
15	Part A Average	9	119-127	Average Part A Amount per Part A Member
16	Part B Average	9	128-136	Average Part B Amount per Part B Member
17	Payment/Adjustment Indicator	1	137-137	'P' for Payments and 'A' for Adjustments
18	PBP Number	3	138-140	Plan Benefit Package Number On records in a Contract Level summarization, this will be set to "PBP".
19	Segment Number	3	141-143	Segment Number On records in a PBP Level summarization, this will be set to "000". On records in a Contract Level summarization, this will be set to "SEG".
20	Part D Member Count	7	144-150	Payment Record: Beneficiary count for Part D Adjustment records: Spaces
21	Part D Month Count	7	151-157	Payment Record: 1 for each member with Part D Adjustment record: The number of months adjusted for Part D
22	Part D Amount	15	158-172	Part D Amount
23	Part D Average	9	173-181	Average Part D Amount per Part D Member
24	LIS Band 25% member count	7	182-188	Count of Beneficiaries in the 25% LIS band
25	LIS Band 50% member count	7	189-195	Count of Beneficiaries in the 50% LIS band
26	LIS Band 75% member count	7	196-202	Count of Beneficiaries in the 75% LIS band
27	LIS Band 100% member count	7	203-209	Count of Beneficiaries in the 100% LIS band
28	Filler	11	210-220	Spaces

Figure 1: Transaction Reply Codes (M313) Screen

Figure 2: View Transaction: IC Model Participation (M223) Screen

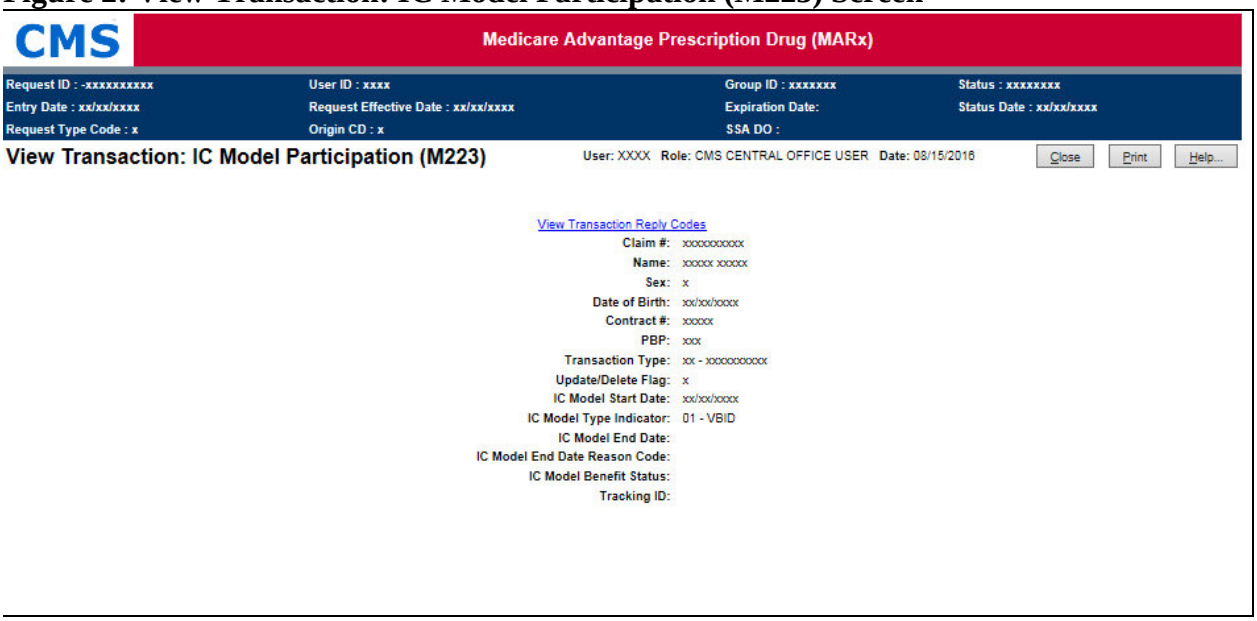
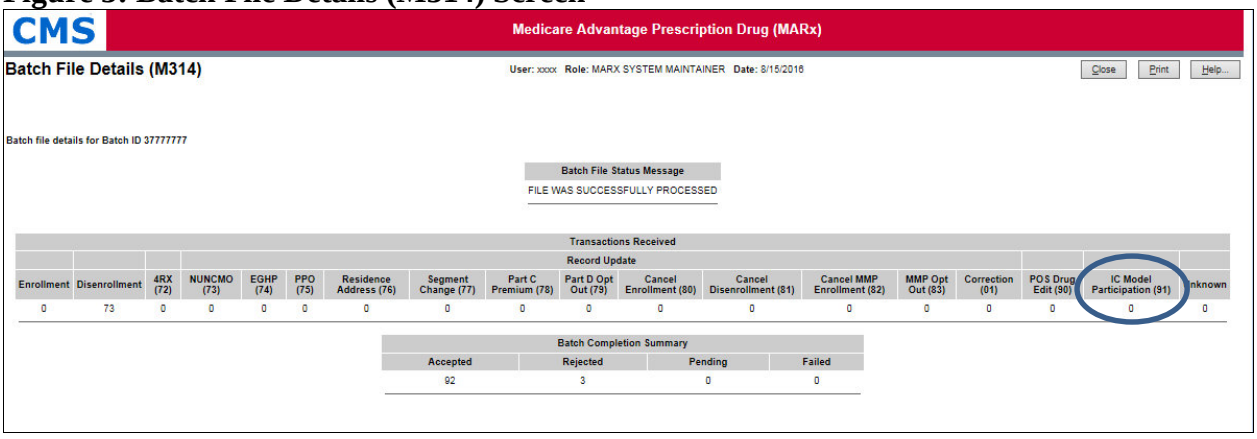


Figure 3: Batch File Details (M314) Screen



New/Updated TRCs for the Enhanced MTM and MA-VBID Models

Code	Type	Title	Short Definition	Definition
001	F	Invalid Transaction Code	BAD TRANS CODE	A transaction failed because the Transaction Type code (field 16) contained an invalid value. Valid Transaction Type code values are 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90 and 91. This transaction should be resubmitted with a valid Transaction Type code. ***Note:*** *Transaction Types 41, 42 and 54 are valid but not submitted by the Plans.* This TRC is returned in the Batch Completion Status Summary (BCSS) Report along with the failed record and is not returned in the DTRR. **Plan Action:** Correct the Transaction Type Code and resubmit if appropriate.
003	F	Invalid Contract Number	BAD CONTRACT #	A transaction (Transaction Type codes 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90 and 91) failed because CMS did not recognize the contract number. This TRC is returned in the Batch Completion Status Summary (BCSS) Report along with the failed record. This TRC will not be returned in the DTRR. **Plan Action:** Correct the Contract Number and resubmit if appropriate.
004	R	Beneficiary Name Required	NEED MEMB NAME	A transaction (Transaction Type codes 01, 41, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90 and 91) was rejected because both of the beneficiary name fields (Surname and First Name) were blank. The beneficiary name must be provided. **Plan Action:** Populate the Beneficiary Name fields and resubmit if appropriate.
006	R	Incorrect Birth Date	BAD BIRTH DATE	A transaction (Transaction Type codes 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90 and 91) was rejected because the Birth Date, while non-blank and formatted correctly as YYYYMMDD (year, month, and day), is before 1870 or greater than the current year. The system tried to identify the beneficiary with the remaining demographic information but could not. ***Note:*** *A blank Birth Date does not result in TRC 006 but may affect the ability to identify the appropriate beneficiary. See TRC 009.* **Plan Action:** Correct the Birth Date and resubmit if appropriate.

Code	Type	Title	Short Definition	Definition
007	R	Invalid Claim Number	BAD HICN FORMAT	A transaction (Transaction Type codes 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90 and 91) was rejected because the beneficiary claim number was not in a valid format. The valid format for a claim number could take one of two forms: • HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions alphanumeric. • RRB is a 7 to 12 position value, with the first 1 to 3 positions alpha and the last 6 or 9 positions numeric. **Plan Action:** Determine the correct claim number (HICN or RRB) for the beneficiary and resubmit the transaction if appropriate.
008	R	Beneficiary Claim Number Not Found	CLAIM NOT FOUND	A transaction (Transaction Types 01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90 and 91) was rejected, because a beneficiary with this claim number was not found. The transaction should be resubmitted with a valid claim number. Plan Action: Determine the correct claim number (HICN or RRB) for the beneficiary and resubmit the transaction if appropriate.
009	R	No beneficiary match	NO BENE MATCH	A transaction (Transaction Type codes 01, 51, 61, 72**,** 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90 and 91) attempted to process but the system was unable to find the beneficiary based on the identifying information submitted in the transaction. A match on claim number (HICN) is required, along with a match on 3 of the following 4 fields: surname, first initial, date of birth, and sex code. **Plan Action:** Correct the beneficiary identifying information and resubmit if appropriate.
107	R	Rejected, Invalid or Missing PBP Number	BAD PBP NUMBER	An enrollment, disenrollment or Record Update transaction (Transaction Types 51, 61, 72, 73, 74, 75, 77, 78, 79, 80, 81, 82, 83 and 91) was rejected because the PBP # was missing or invalid. The PBP # must be of the correct format and be valid for the contract on the transaction. ***Note:*** *PBP # is not required on Residence Address (Transaction Type 76) but when submitted it must be valid for the contract number on the transaction.* **Plan Action:** Correct the PBP # and resubmit the transaction if appropriate.

Code	Type	Title	Short Definition	Definition
257	F	Failed; Birth Date Invalid for Database Insertion	INVALID DOB	An Enrollment transaction (Transaction Type code 61), change transaction (Transaction Type codes 72, 73, 74, 75, 77, 78, 79, 83), residence address transaction (Transaction Type code 76), cancellation transaction (Transaction Type codes 80, 81, 82), POS drug edit (Transaction Type code 90), or IC Model Participation transaction (Transaction Type code 91) failed because the submitted birth date was either • Not formatted as YYYYMMDD (e.g., "Aug 1940"), or • Formatted correctly but contained a nonexistent month or day (e.g., "19400199"). As a result, the beneficiary could not be identified. The transaction record will not appear on the Daily Transaction Reply Report (DTRR) data file but will be returned on the Batch Completion Status Summary (BCSS) data file along with the failed record. **Plan Action:** Correct the date format and resubmit the transaction.
258	F	Failed; Efctv Date Invalid for Database Insertion	INVALID EFF DT	A disenrollment transaction (Transaction Types 51, 54), enrollment transaction (Transaction Type 61), change transaction (Transaction Types 72, 73, 74, 75, 77, 78, 79, 83), residence address transaction (Transaction Type 76), cancellation transaction (Transaction Types 80, 81, 82), or IC Model Participation transaction (Transaction Type 91) failed because the submitted effective date was either, • Blank, • Not formatted as YYYYMMDD (e.g., "08012013" or "Aug 2015"), or • Formatted correctly but contained a nonexistent month or day (e.g., "20160199"). The transaction record will not appear on the Daily Transaction Reply Report (DTRR) data file but will be returned on the Batch Completion Status Summary (BCSS) data file along with the failed record. **Plan Action:** Correct the date format and resubmit transaction.
351	A	IC Model Participation Accepted	IC MDL PRT ACC	A submitted IC Model Participation transaction (Transaction Type code 91) was successfully processed. The TRC is applicable for both update and delete transactions. **Plan Action:** None

Code	Type	Title	Short Definition	Definition
352	R	IC Model Participation Duplicate Transaction	IC MDL PRT DUP	An IC Model Participation transaction (Transaction Type code 91) was rejected because it is a duplicate. The submitted transaction matched the following values on an existing IC Model Participation record: • HICN • Contract and PBP • IC Model Indicator • IC Model Benefit Status Code • IC Model Start Date • IC Model End Date (if exists) • IC Model End Date Reason Code This TRC will only be issued for update transactions not delete. **Plan Action: Two options to correct this error:** 1. Edit the previous period so the new period will not overlap (put an end date on previous period record) 2. If intent is to correct the Start Date of a previously submitted period, submit a Delete transaction with the original record data, then submit a new transaction with the new Start Date.
353	R	IC Model Participation Delete Error	IC MDL DEL ERR	An IC Model Participation transaction (Transaction Type code 91) was rejected because the transaction attempted to delete an existing IC Model Participation entry but there was no corresponding existing record. **Plan Action:** Correct the information provided and resubmit the transaction, if appropriate.
354	R	Reject, Invalid IC Model Type Indicator	NVLD IC MDL IND	An IC Model Participation transaction (Transaction Type code 91) was rejected because: • the IC Model Type Indicator code was blank or • the IC Model Type Indicator code is not valid or • the IC Model Type Indicator code is not correct for the specified Contract/PBP. Valid values for the IC Model Type Indicator are ‘01’ for VBID and ‘02’ for MTM. **Plan Action:** Correct the information provided and resubmit the transaction, if appropriate.

Code	Type	Title	Short Definition	Definition
358	F	Fail, IC Model End Date had an Invalid format	NVLD IC END DT	An IC Model Participation transaction (Transaction Type code 91) failed because the IC Model End Date was either not formatted as YYYYMMDD (e.g., “08312013” or “Aug 2014”) or was formatted correctly but contained a nonexistent month or day (e.g., “20170199”). **Plan Action:** Correct the IC Model End Date and resubmit the transaction, if appropriate.
359	R	ICM Trans Start Date is Incorrect	IC STRT DT ERR	An IC Model Participation transaction (Transaction Type code 91) was rejected because the IC Model Start Date is not within the contract/PBP IC Model period, or is not within the beneficiary’s enrollment period for the contract/PBP specified in the transaction. Plan Action: Correct the IC Model Start Date, contract and PBP, and resubmit the transaction, if appropriate.
360	R	Reject, Invalid IC Model U/D	IC MDL INV U/D	An IC Model Participation transaction (Transaction Type code 91) was rejected because the submitted Update/Delete flag was blank or contained an invalid value. Valid values are U (Update) or D (Delete). **Plan Action**: Correct the Update/Delete flag and resubmit the transaction, if appropriate.
361	R	Reject, Invalid IC Model End Date Reason Code	IC END RSN ERR	An IC Model Participation transaction (Transaction Type code 91) was rejected because the submitted End Date Reason Code field was blank when an End Date is present in the transaction or contained an invalid value. Valid values are: • ‘01’ No Longer Eligible • ‘02’ Opted out of program • ‘03’ Benefit Status Change **Plan Action**: Correct the End Date Reason Code and resubmit the transaction, if appropriate.
362	R	IC Model End Date Incorrect	IC END DT ERROR	An IC Model Participation transaction (Transaction Type code 91) was rejected because the IC Model End Date: • is earlier than the IC Model Start Date, or • is after the Enrollment End Date Plan Action: Correct the IC Model End Date and resubmit the transaction, if appropriate.

Code	Type	Title	Short Definition	Definition
363	R	ICM Trans Dates Overlap an Existing ICM Prd	OVERLAP DATES	An IC Model Participation update transaction (Transaction Type code 91) was rejected because the IC Model Start or End Date overlaps an existing IC Model period for a beneficiary that has the same contract number, PBP, and transaction type indicator. **Plan Action:** Submit a Transaction Type code 91 with Delete for the stored IC Model Participation record. Submit a second Transaction Type code 91 with Update and the new dates.
365	R	Reject, Invalid IC Model Benefit Status Code	BNFT STUS ERR	An IC Model Participation transaction (Transaction Type code 91) was rejected because the submitted Benefit Status Code field was blank or contained an invalid value when the IC Model Type Indicator is '01' (VBID). Valid values are: • '01' Full Status • '02' Unearned Status **Plan Action**: Correct the Benefit Status Code and resubmit the transaction, if appropriate.

IC Model Participation (TC 91) Transaction Layout

This table provides instructions for validating each of the fields on a submitted IC Model Participation (Transaction Code (TC) 91) transaction. It indicates the layout of the transaction, and defines field edits and criteria for returning Transaction Reply Codes (TRCs) on the transaction replies.

ITEM	FIELD	SIZE	POSITION	REQUIRED	VALIDATION EDITS
1.	HICN	12	1 – 12	Required	**Reject** the transaction with a TRC 007 if the following criteria is not met: 1. For a Railroad Retirement Board (RRB) claim number, the Health Insurance Claim Number (HICN) must be a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric. 2. For a non-RRB claim number, the HICN must be an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second. 3. If the string contains embedded spaces.
2.	Surname	12	13 – 24	Required	**Reject** transaction with TRC 004 if field is blank and First Name field is also blank.
3.	First Name	7	25 – 31	Required	**Reject** with TRC 004 if blank and Surname field is also blank.
4.	M. Initial	1	32	Optional	N/A
5.	Gender Code	1	33	Required	Valid values are: 1 – male 2 – female If value is not 1 or 2, do not reject transaction, instead set the value to 0 – unknown
6.	Birth Date (YYYYMMDD)	8	34 – 41	Required	**Fail** transaction with TRC 257 if date is not formatted correctly or contains an invalid month or day and there is no beneficiary match. **Reject** transaction with TRC 006 if date is non-blank, formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match.
7.	Filler	1	42	N/A	N/A

ITEM	FIELD	SIZE	POSITION	REQUIRED	VALIDATION EDITS
8.	PBP #	3	43 – 45	Required	**Reject** transaction with TRC 107 if PBP is not valid for the contract.
9.	Filler	1	46	N/A	N/A
10.	Contract #	5	47 – 51	Required	**Fail** with TRC 003 if field blank or contract does not exist.
11.	Filler	8	52 – 59	N/A	N/A
12.	Transaction Code	2	60 – 61	Required	Value must be 91
13.	Filler	2	62 – 63	N/A	N/A
14.	IC Model Start Date (YYYYMMDD)	8	64-71	Required	**Fail** transaction with TRC 258 if date is blank, not formatted correctly or contains an invalid month or day. **Reject** transaction with TRC 359 if the date is not within the period that the Contract/PBP is an ICM participant or the date is not within the beneficiary's enrollment period for the contract/PBP.
15.	Filler	3	72 – 74	N/A	N/A
16.	IC Model Update/Delete Flag	1	75	Required	**Reject** transaction with TRC 360 if the value provided is not valid. Valid values are: "U" = Update "D" = Delete
17.	IC Model Type Indicator	2	76 – 77	Required	**Reject** transaction with TRC 354 if the value provided is not valid, is blank, or the value is not defined for the Contract/PBP. Valid values are: 01 – VBID 02 – MTM
18.	IC Model Benefit Status Code	2	78 - 79	Required if IC Model Type Indicator is '01'; N/A for other Type Indicator	**Reject** transaction with TRC 365 if the submitted Benefit Status Code field is blank or not valid for Type Indicator = '01' (VBID) Valid values are: 01 – Full Status 02 – Unearned Status

ITEM	FIELD	SIZE	POSITION	REQUIRED	VALIDATION EDITS
19.	IC Model End Date (YYYYMMDD)	8	80 - 87	Optional	**Fail** transaction with TRC 358 if the end date is not formatted correctly or contains an invalid month or day. **Reject** transaction with TRC 362 if the IC Model End Date is prior to the IC Model Start Date or is after the beneficiary's enrollment period for the contract/PBP.
20.	IC Model End Date Reason Code	2	88 – 89	Required if IC Model End Date is present	**Reject** transaction with TRC 361 if the submitted IC End Date Reason Code field was blank when an IC End Date is present in the transaction. Valid values are: 01 – No longer Eligible 02 – Opted out of program 03 – Benefit Status Change
21.	Filler	120	90 – 209	N/A	N/A
22.	Plan Assigned Transaction Tracking ID	15	210 – 224	Optional	Optional
23.	Filler	76	225 – 300	N/A	N/A

Updated MARx Daily Transaction Reply Report (DTRR)

Field	Size	Position	Description
1. HICN	12	1 – 12	Health Insurance Claim Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Initial	1	32	Beneficiary Middle Initial
5. Gender Code	1	33	Beneficiary Gender Identification Code '0' = Unknown; '1' = Male; 2' = Female.
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Record Type	1	42	'T' = TRC record
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code; otherwise, spaces if not applicable.
10. County Code	3	50 – 52	Beneficiary Residence County Code; otherwise, spaces if not applicable.
11. Disability Indicator	1	53	'0' = No Disability; '1' = Disabled without ESRD (disability insurance benefits (DIB); '2' = ESRD Only (end stage renal disease (ESRD)); '3' = Disabled with ESRD (both DIB and ESRD); Space = not applicable.
12. Hospice Indicator	1	54	'0' = No Hospice; '1' = Hospice; Space = not applicable.
13. Institutional/NHC/HCBS Indicator	1	55	'0' = No Institutional; '1' = Institutional; '2' = NHC; '3' = HCBS; Space = not applicable

Field	Size	Position	Description
14. ESRD Indicator	1	56	'0' = No End-Stage Renal Disease; '1' = End-Stage Renal Disease; Space = not applicable.
15. Transaction Reply Code	3	57 – 59	TRC, see TRC list for values
16. Transaction Type Code	2	60 – 61	Transaction Type Code
17. Entitlement Type Code	1	62	Beneficiary Entitlement Type Code: 'Y' = Entitled to Part A and B, 'Z' = Entitled to Part A or B; Space = not applicable Space reported with TRCs 121, 194, and 223, has no meaning.
18. Effective Date	8	63 – 70	YYYYMMDD Format; Effective date is present for all TRCs unless listed below. Field content is TRC dependent for the following TRCs: 071 & 072 – Effective date of the hospice period 090 – Current Calendar Month 091 – Previously reported incorrect death date 121, 194, and 223 – PBP enrollment effective date 280 - Beginning date of the period for which the Plan will see payment impact. If the MSP period began prior to the beginning of the plan's enrollment, this date will usually be the effective date of the enrollment 293 – Enrollment End Date; Last day of the month 305 – New ZIP Code Start Date 701 – New enrollment period start date 702 – Fill-in enrollment period start date 703 – Start date of cancelled enrollment period 704 – Start date of enrollment period cancelled for PBP correction 705 – Start date of enrollment period for corrected PBP, 706 – Start date of enrollment period cancelled for segment correction 707 – Start date of enrollment period for corrected segment, 708 – Enrollment period end date assigned to existing opened ended enrollment 709 & 710 – New start date resulting from update 711 & 712 – New end date resulting from update 713 – "00000000" – End date removed. Original end date is in field 24.X

Field	Size	Position	Description
19. WA Indicator	1	71	'0' = Not Working Aged; '1' = Working Aged; Space = not applicable.
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 – 83	YYYYMMDD Format; Present for all transaction reply codes. For TRCs 121, 194, and 223, the report generation date.
23. UI Initiated Change Flag	1	84	'0' = transaction from source other than user interface; '1' = transaction created through user interface; Space = not applicable.
24. Positions 85 – 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for all codes except where indicated below.	8	85 – 92	YYYYMMDD Format; Present only when the Transaction Reply Code is one of the following: 13, 14, 18
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, 293
b. New Enrollment Effective Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 17
c. Claim Number (old)	12	85 – 96	Present only when Transaction Reply Code is one of the following: 22, 25, 86
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 End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 71 or 72. If blank for TRC 71, then the Hospice Period is open ended.
f. ESRD Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 73
g. ESRD End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 74
h. Institutional/ NHC Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 48, 75, 158, 159

Field	Size	Position	Description
i. Medicaid Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 77
j. Medicaid End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 78
k. Part A End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 79
l. WA Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 66
m. WA End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 67
n. Part A Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 80
o. Part B End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 81
p. Part B Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 82
q. Old State and County Codes	5	85 – 89	Beneficiary's prior state and county code; Present only when Transaction Reply Code is 85
r. 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
s. PBP Effective Date	8	85 – 92	YYYYMMDD Format. Effective date of a beneficiary's PBP change. Present only when Transaction Reply Code is 100.
t. 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.
u. Date Identifying Information Changed by UI User	8	85 – 92	YYYYMMDD Format; Field content is dependent on Transaction Reply Code: 702 – Fill-in enrollment period end date, 705 – End date of enrollment period for corrected PBP, blank when end date not provided by user, 707 – End date of enrollment period for corrected segment, blank when end date not provided by user, 709 & 710 – Enrollment period start date prior to start date change, 711, 712, & 713 – Enrollment period end date prior to end date change.
v. Modified Part C Premium Amount	12	85 – 96	ZZZZZZZZ9.99 Format; Part C premium amount reported by HPMS for the Plan. Present only when the Transaction Reply Code is 182.
w. Date of Death Removed	8	85 – 92	YYYYMMDD Format; Previously reported erroneous date of death. Present only when Transaction Reply Code is 091.

Field	Size	Position	Description
x. Dialysis End Date	8	85 – 92	YYYYMMDD Format; Will be present when Transaction Reply Code is 268 and the dialysis period has an end date.
y. Transplant Failure Date	8	85 – 92	YYYYMMDD Format; Will be present when Transaction Reply Code is 269 and the transplant has an end date.
z. New ZIP Code	10	85 - 94	#####-#### Format; Will be present when Transaction Reply Code is 305
aa. Previous Contract for POS Drug Edit Active Indicator	5	85-89	Will be present when Transaction Reply Code is 322
bb. MSP Coverage Termination Date	8	85 – 92	YYYYMMDD Format: Will be present when Transaction Reply Code is 280 and contain the Adjusted Coverage Termination Date.
cc. Maximum NUNCMO Calculated	3	85 – 87	Maximum incremental number of uncovered months that can be submitted for the effective date; otherwise, spaces. Present only when Transaction Reply Code is one of the following: 216, 300, 341
dd. IC Model End Date	8	85 – 92	YYYYMMDD Format; Will be present when Transaction Reply Code is 351 or 359 and the IC Model End Date is populated, or when Transaction Reply Code is 362.
25. District Office Code	3	97 – 99	Code of the originating district office; Present only when Transaction Type Code is 53; otherwise, spaces if not applicable.
26. Previous Part D Contract/PBP for TrOOP Transfer.	8	100 – 107	CCCCCPPP Format; Present only if previous enrollment exists within reporting year in Part D Contract. Otherwise, field will be spaces. CCCCC = Contract Number; PPP = Plan Benefit Package (PBP) Number.
27. Filler	8	108 – 115	Spaces
28. Source ID	5	116 – 120	Transaction Source Identifier
29. Prior Plan Benefit Package ID	3	121 – 123	Prior PBP number for PBP change transaction; present only when transaction type code is 61; otherwise, spaces. For files created prior to R2016.02, this field could contain the submitted LI-NET Plan PBP when it was changed to the PBP corresponding to enrollment processing date

Field	Size	Position	Description
30. Application Date	8	124 – 131	The date the plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD; otherwise, spaces if not applicable.
31. UI User Organization Designation	2	132 – 133	'01' = Plan '02' = Regional Office; '03' = Central Office; Spaces = not a UI transaction
32. Out of Area Flag	1	134 – 134	'Y' = Out of area; 'N' = Not out of area; Space = not applicable
33. Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries; otherwise, spaces when not applicable.
34. Part C Beneficiary Premium	8	138 – 145	Cost to beneficiary for Part C benefits; otherwise, spaces if not applicable.
35. Part D Beneficiary Premium	8	146 – 153	Cost to beneficiary for Part D benefits; otherwise, spaces if not applicable.

Field	Size	Position	Description
36. Election Type Code	1	154 – 154	'A' = AEP; 'C' = Plan-submitted Rollover SEP; 'D' = MADP; 'E' = IEP; 'F' = IEP2; 'I' = ICEP; 'N' = OEPNEW; 'O' = OEP; 'R' = 5 Star SEP; 'S' = Other SEP; 'T' = OEPI; 'U' = Dual/LIS SEP; 'V' = Permanent Change in Residence SEP; 'W' = EGHP SEP; 'X' = Administrative Action SEP; 'Y' = CMS/Case Work SEP; Space = not applicable. (MAs use A, C, D, F, I, N, O, R, S, T, U, V, W, X, and Y. MAPDs use A, C, E, F, I, N, O, R, S, T, U, V, W, X, and Y. PDPs use A, C, E, F, R, S, U, V, W, X, and Y.)

Field	Size	Position	Description
37. Enrollment Source Code	1	155 – 155	'A' = Auto enrolled by CMS; 'B' = Beneficiary Election; 'C' = Facilitated enrollment by CMS; 'D' = CMS Annual Rollover; 'E' = Plan initiated auto-enrollment; 'F' = Plan initiated facilitated-enrollment; 'G' = Point-of-sale enrollment; 'H' = CMS or Plan reassignment; 'I' = Invalid submitted value (transaction is not rejected); 'J' = State-submitted passive enrollment 'K' = CMS-submitted passive enrollment 'L' = MMP beneficiary election 'N' = Rollover by Plan Transaction Space = not applicable.
38. Part D Opt-Out Flag	1	156 – 156	'Y' = Opted out of Part D AE/FE; 'N' = Not opted out of Part D AE/FE; Space = No change to opt-out status
39. Premium Withhold Option/Parts C-D	1	157 – 157	'D' = Direct self-pay; 'N' = No premium applicable; 'R' = Deduct from RRB benefits; 'S' = Deduct from SSA benefits; Space = not applicable. Option applies to both Part C and D Premiums and is populated only for TRCs related to enrollment acceptance, premium or premium withholding. Rejection TRCs report the submitted PPO. TRCs 120, 185 & 186 report the PPO involved with the communication with the Withholding Agency. All others report the PPO in effect as of the Effective Date after the submitted transaction is processed.

Field	Size	Position	Description
40. Cumulative Number of Uncovered Months	3	158 – 160	Count of Total Months without drug coverage as of the effective date submitted; otherwise, spaces. Present with Enrollment Acceptance TRCs, or when Transaction Reply Code is the following: 141, 216, 300, 341
41. Creditable Coverage Flag	1	161 – 161	'Y' = Covered; 'N' = Not Covered; 'A' = Setting uncovered months reset to zero due to a new IEP; 'L' = Setting uncovered months reset to zero due to a beneficiary Low Income; 'R' = Setting uncovered months to zero (other); 'U' = Reset removed and uncovered month restored to previous value; Space = not applicable.
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; Space = no flag submitted by plan.
43. Processing Timestamp	15	163 – 177	Transaction processing time, or, for TRCs 121, 194, and 223, the report generation time. Format: HH.MM.SS.SSSSSS
44. End Date	8	178 - 185	YYYMMDD format End Date associated with the Transaction Reply Code when applicable. Currently present only for TRCs that report a Premium Payment Option (PPO) value that is not open-ended.
45. Submitted Number of Uncovered Months	3	186 – 188	Incremental Number of Uncovered Months submitted in the transaction; otherwise, spaces. Present with Enrollment Acceptance TRCs, or when Transaction Reply Code is the following: 141, 216, 300, 341
46. Filler	9	189 – 197	Spaces

Field	Size	Position	Description
47. Secondary Drug Insurance Flag	1	198-198	Type 61 MAPD and PDP transactions: 'Y' = Beneficiary has secondary drug insurance; 'N' = Beneficiary does not have secondary drug insurance available; Space = No flag submitted by Plan. Type 72 MAPD and PDP transactions: 'Y' = Secondary drug insurance available 'N' = No secondary drug insurance available Space = no change. Space returned with any other transaction type has no meaning.
48. Secondary Rx ID	20	199 – 218	Beneficiary's secondary insurance Plan's ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
49. Secondary Rx Group	15	219 – 233	Beneficiary's secondary insurance Plan's Group ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
50. EGHP	1	234 - 234	Type 61 transactions: 'Y' = EGHP; Space = not EGHP. Type 74 transactions: 'Y' = EGHP; 'N' = Not EGHP; Space = no change. Space reported with any other transaction type has no meaning.
51. Part D Low-Income Premium Subsidy Level	3	235 – 237	Part D LIPS percentage category: '000' = No subsidy, '025' = 25% subsidy level; '050' = 50% subsidy level; '075' = 75% subsidy level; '100' = 100% subsidy level; Spaces = not applicable.

Field	Size	Position	Description
52. Low-Income Co-Pay Category	1	238 – 238	Definitions of the co-payment categories: '0' = none, not low-income '1' = (High); '2' = (Low); '3' = (0); '4' = 15%; '5' = Unknown; Space = not applicable.
53. Low-Income Period Effective Date	8	239 - 246	Date low income period starts. Format: YYYYMMDD Spaces if not applicable.
54. Part D Late Enrollment Penalty Amount	8	247 - 254	Calculated Part D late enrollment penalty, not including adjustments indicated by items (53) and (54). Format: -9999.99; otherwise, spaces if not applicable.
55. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Amount of Part D late enrollment penalty waived. Format: -9999.99; otherwise, spaces if not applicable.
56. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Amount of Part D late enrollment penalty low-income subsidy. Format: -9999.99; otherwise, spaces if not applicable.
57. Low-Income Part D Premium Subsidy Amount	8	271- 278	Amount of Part D low-income premium subsidy as of the enrollment period start date. Format: -9999.99; otherwise, spaces if not applicable.
58. Part D Rx BIN	6	279 - 284	Beneficiary's Part D Rx BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
59. Part D Rx PCN	10	285 - 294	Beneficiary's Part D Rx PCN taken from the input transaction (61 or 72); otherwise, spaces if not provided via a transaction.
60. Part D Rx Group	15	295 - 309	Beneficiary's Part D Rx Group taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
61. Part D Rx ID	20	310 - 329	Beneficiary's Part D Rx ID taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.

Field	Size	Position	Description
62. Secondary Rx BIN	6	330 - 335	Beneficiary's secondary insurance BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
63. Secondary Rx PCN	10	336 - 345	Beneficiary's secondary insurance PCN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
64. De Minimis Differential Amount	8	346 - 353	Amount by which a Part D de minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark. Format: -9999.99; otherwise, spaces if not applicable.
65. MSP Status Flag	1	354 - 354	'P' = Medicare primary payor; 'S' = Medicare secondary payor; 'N' = Non-respondent beneficiary; Space = not applicable.
66. Low Income Period End Date	8	355 - 362	Date low income period closes. The end date is either the last day of the PBP enrollment or the last day of the low income period itself, whichever is earlier. This field is blank for LIS applicants with an open ended award or when the TRC is not one of the LIS TRCs 121, 194, 223. FORMAT: YYYYMMDD; otherwise, spaces if not applicable.
67. Low Income Subsidy Source Code	1	363 - 363	'A' = Approved SSA applicant; 'D' = Deemed eligible by CMS; Space = not applicable.
68. Enrollee Type Flag, PBP Level	1	364 - 364	Designation relative to the report generation date (Transaction Date, field #22) 'C' = Current PBP enrollee; 'P' = Prospective PBP enrollee; 'Y' = Previous PBP enrollee; Spaces = not applicable.
69. Application Date Indicator	1	365 – 365	Identifies whether the application date associated with a UI submitted enrollment has a system generated default value: 'Y' = Default value for UI enrollment; Space = Not applicable
70. TRC Short Name	15	366 – 380	TRC's short-name identifier
71. Disenrollment Reason Code	2	381 – 382	DRC, see DRC list for values

Field	Size	Position	Description
72. MMP Opt Out Flag	1	383	'Y' = Opted out of passive enrollment into MMP plan 'N' = Not opted out of passive enrollment into MMP plan Space = Not applicable
73. Cleanup ID	10	384 – 393	Populated if there is a Cleanup ID associated with the transaction. Used to identify transactions that were created to correct payment data. Spaces if no value exists.
74. POS Drug Edit Update/Delete Flag	1	394	'U' = Update (Add) 'D' = Delete Space = Not applicable
75. POS Drug Edit Status	1	395	'N' = Notification 'I' = Implementation 'T' = Termination Space = Not applicable
76. POS Drug Edit Class	3	396-398	Three character drug class identifier. Spaces = Not applicable Present only when Transaction Type Code is 90 and POS Drug Edit Class is provided, otherwise blank
77. POS Drug Edit Code	3	399-401	Three character POS Drug Edit Code Spaces = Not applicable Present only when Transaction Type Code is 90 and POS Drug Edit Code is provided, otherwise blank
78. Notification Date	8	402--409	YYYYMMDD format, Date beneficiary is notified of a POS Drug Edit Present only when Transaction Type Code is 90 and notification date is provided, otherwise blank
79. Implementation Date	8	410-417	YYYYMMDD format Date POS Drug Edit is implemented Present only when Transaction Type Code is 90 and implementation date is provided, otherwise blank
80. Termination Date	8	418-425	YYYYMMDD format Date POS Drug Edit is terminated Present only when Transaction Type Code is 90 and termination date is provided, otherwise blank

Field	Size	Position	Description
81. Hospice Provider Number	13	426 – 438	Hospice Medicare Provider Number
82. IC Model Type Indicator	2	439-440	Two character IC Model Type Indicator '01' – Value Based Insurance Design (VBID) '02' – Medication Therapy Management (MTM) Spaces = Not applicable Present only when Transaction Type Code is 91
83. IC Model End Date Reason Code	2	441-442	Two character IC Model End Date Reason Code '01' – No longer Eligible '02' – Opted out of program '03' – Benefit Status Change '04' – CMS Auto Dis Spaces – Not applicable Present only when Transaction Type Code is 91 and the IC Model End Date is provided.
84. IC Model Benefit Status	2	443-444	Two character IC Model Benefit Status '01' – Full Status '02' – Unearned Status Spaces – Not Applicable Present only when Transaction Type Code is 91
85. Filler	30	445 - 474	Spaces
86. System Assigned Transaction Tracking ID	11	475 - 485	System assigned transaction tracking ID
87. Plan Assigned Transaction Tracking ID	15	486 – 500	Plan submitted batch input transaction tracking ID.

Updates to Batch Completion Status Summary (BCSS) Report with Failed Transaction Data File Layout

All BCSS records begin with a two-character record type identifier. The first character designates the type of data reported in that section.

C5 Record, Processed Counts

Item	Field Name	Length	Position	Description
1	Record Type Identifier	2	1 - 2	Record Type: "C5" Counts of transactions processed, fourth record
2	Filler	1	3	Space
3	Text1	12	4 - 15	"TRAN CNTS5 ="
4	Filler	10	16 - 25	Space
5	T91	3	26 - 28	"T91" transaction type 91 designated field
6	Filler	1	29	Spaces
7	Processed Count, Transaction Type 91	7	30 - 36	Number of 91-type transactions processed from the batch input file
8	Filler	1	37	Space
9	TXX	3	38 - 40	"TXX" erroneous transaction types
10	Filler	1	41	Space
11	Erroneous Transaction Types count	7	42 - 48	Count of erroneous transaction types from the batch input file
12	Filler	275	49-323	Spaces

Disenrollment Reason Codes

Disenrollment Reason Code	Disenrollment Reason Description	Short Description	MARx UI	AUTO-DIS	PLAN SUB'D
01	FAILURE TO PAY PREMIUMS	PREMIUMS NOT PAID	N/A	N/A	N/A
02	RELOCATION OUT OF PLAN SERVICE AREA (NO SPECIAL PROVISIONS)	RELO OUT OF AREA	N/A	N/A	N/A
03	FAILURE TO CONVERT TO RISK PROVISIONS	NOT CONVERT TO RISK	N/A	N/A	N/A
04	FRAUD	FRAUD	N/A	N/A	N/A
05	LOSS OF PART B ENTITLEMENT	LOSS OF PART B	N/A	Y	N/A
06	LOSS OF PART A ENTITLEMENT (PLAN-SPECIFIC)	LOSS OF PART A	N/A	Y	N/A
07	FOR CAUSE	FOR CAUSE	Y	N/A	N/A
08	REPORT OF DEATH	REPORT OF DEATH	N/A	Y	N/A
09	TERMINATION OF CONTRACT (CMS-INITIATED)	CONTR TERMD-CMS	N/A	Y	N/A
10	TERMINATION OF CONTRACT/Plan Benefit Package (PBP)/SEGMENT (PLAN WITHDRAWAL)	CONTR TERMD-PLAN	N/A	Y	N/A
11	VOLUNTARY DISENROLLMENT THROUGH PLAN	VLNTRY DSNR THRU PLN	Y	N/A	Y
12	VOLUNTARY DISENROLLMENT THROUGH DISTRICT OFFICE	VLNTRY DSNR THRU DOF	N/A	N/A	N/A
13	DISENROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN	ENR IN OTHER PLAN	N/A	Y	N/A
14	RETROACTIVE	RETROACTIVE	N/A	N/A	N/A
15	TERMINATED IN ERROR BY CMS SYSTEM	TERM IN ERR-CMS	N/A	N/A	N/A
16	END OF State and County Code (SCC) CONDITIONAL ENROLLMENT PERIOD	END OF SCC COND ENRL	N/A	N/A	N/A
17	BENE DOES NOT MEET AGE CRITERION (PLAN-SPECIFIC)	AGE CRIT NOT MET	N/A	N/A	N/A
18	ROLLOVER	ROLLOVER	N/A	Y	N/A

Disenrollment Reason Code	Disenrollment Reason Description	Short Description	MARx UI	AUTO-DIS	PLAN SUB'D
19	TERMINATED BY Social Security Administration (SSA) DISTRICT OFFICE	TERM BY SSA DO	N/A	N/A	N/A
20	INVALID ENROLLMENT WITH End Stage Renal Disease (ESRD)	ESRD AUTO DISENROL	N/A	Y	N/A
21	CANNOT TRAVEL/POOR HEALTH/TO Health Maintenance Organization (HMO)/PLAN DOCTORS	BAD HEALTH/CANT TRVL	N/A	N/A	N/A
22	SPOUSE IS NO LONGER MEMBER OF HMO/PLAN	SPOUSE PLN TERMINATD	N/A	N/A	N/A
23	COULDN'T USE MEDICARE CARD TO SEE OTHER PLAN	CANT USE MEDICARE	N/A	N/A	N/A
24	DID NOT KNOW I JOINED THIS HMO	NO KNOWLEDGE OF ENRL	N/A	N/A	N/A
25	DIFFICULTY REACHING HMO/PLAN DOCTOR BY PHONE PROBLEM	CANT REACH DR BY PHN	N/A	N/A	N/A
26	CALLED HMO/PLAN COULD NOT GET HELP WITH PROBLEM	GOT NO HLP W/PROBLEM	N/A	N/A	N/A
27	DISSATISFIED WITH MEDICAL CARE/DOCS OR HOSPITAL	DISSATISFIED W/CARE	N/A	N/A	N/A
28	TOLD BY PLAN DOCTORS OR STAFF I SHOULD DISENROLL	TLD BY PRVDR TO DSNR	N/A	N/A	N/A
29	PREFER TRADITIONAL MEDICARE	PREFER REG MEDICARE	N/A	N/A	N/A
30	HAVE OTHER HEALTH INSURANCE BENEFITS AVAILABLE	NOT USING MEDICARE	N/A	N/A	N/A
31	FOUND HMO/PLAN TO BE TOO CONFUSING	PLAN TOO CONFUSING	N/A	N/A	N/A
32	MY CLAIMS/BILLS WERE NOT PAID	CLAIMS/BILS NOT PAID	N/A	N/A	N/A
33	HAD LITTLE OR NO CHOICE OF SPECIALIST	COUDNT PIK SPECIALST	N/A	N/A	N/A
34	TREATED DISCOURTEOUSLY BY DOCTOR/NURSE/STAFF	BAD TRTMNT BY PRVDR	N/A	N/A	N/A
35	DOCTOR COULDN'T IMPROVE MY CONDITION	NO CHG IN CONDITION	N/A	N/A	N/A

Disenrollment Reason Code	Disenrollment Reason Description	Short Description	MARx UI	AUTO-DIS	PLAN SUB'D
36	HMO/PLAN MEDICAL GROUP WAS LOCATED TOO FAR AWAY	PLN LOC TOO FAR AWAY	N/A	N/A	N/A
37	HAD LIMITED OR NO CHOICE OF MY PRIMARY DOCTOR	COULDNT PIK PRM PHYS	N/A	N/A	N/A
41	YOU MOVED PERMANENTLY OUT OF AREA WHERE PLAN PROVIDES SERVIC	LIVE OUTSDE SVC AREA	N/A	N/A	N/A
42	YOUR DOCTOR OR THE PLAN TOLD YOU TO DISENROLL	TOLD BY DR TO DSNR	N/A	N/A	N/A
43	YOUR DOCTOR DIDN'T GIVE YOU GOOD QUALITY CARE	POOR QUALITY OF CARE	N/A	N/A	N/A
44	YOU USED UP THE PRESCRIPTION ALLOWANCE	RX ALLOWANCE USED UP	N/A	N/A	N/A
45	THE PLAN COST YOU TOO MUCH	PLAN COST TOO MUCH	N/A	N/A	N/A
46	YOU COULDN'T GET CARE WHEN YOU NEEDED IT	LACK OF TIMELY CARE	N/A	N/A	N/A
47	YOUR DOCTOR ISN'T IN THE PLAN	DOCTOR NOT IN PLAN	N/A	N/A	N/A
48	YOU DIDN'T KNOW YOU SIGNED UP FOR THIS PLAN	DIDNT SIGN UP 4 PLAN	N/A	N/A	N/A
49	YOU DIDN'T LIKE HOW THE PLAN WORKED	DIDNT LIKE PLAN	N/A	N/A	N/A
50	ROLLED OVER ENROLLMENT REMOVED/AUDITED	RLVR ENRT RMVD/AUDT	N/A	Y	N/A
54	PART A OR B START DATE CHANGE	LIVE OUTSDE SVC AREA	N/A	Y	N/A
56	BENEFICIARY MEDICAID PERIOD RECEIVED	TOLD BY DR TO DSNR	N/A	N/A	N/A
57	BENEFICIARY HOSPICE PERIOD RECEIVED	POOR QUALITY OF CARE	N/A	Y	N/A
59	INVALID ENROLLMENT WITH HOSPICE	RX ALLOWANCE USED UP	N/A	Y	N/A
60	BENEFICIARY LIVES IN USA LESS THAN 183 DAYS A YEAR	IN US LT 183 DAYS	N/A	N/A	N/A

Disenrollment Reason Code	Disenrollment Reason Description	Short Description	MARx UI	AUTO-DIS	PLAN SUB'D
61	LOSS OF PART D ELIGIBILITY	INVALID ENROLLMENT	N/A	Y	N/A
62	PART D DISENROLLMENT DUE TO FAILURE TO PAY IRMAA	FAILURE TO PAY IRMAA	N/A	Y	N/A
63**	MMP (Medicare and Medicaid Plan) OPT-OUT AFTER ENROLLED	ENRL, OPTOUT MMP	Y	N/A	Y
64**	LOSS OF DEMONSTRATION ELIGIBILITY	LOSS OF FA DEMO ELIG	Y	N/A	Y
65***	LOSS OF EMPLOYER GROUP PLAN ELIGIBILITY	LOSS OF EGP ELGBLTY	Y	N/A	Y
70	CONFIRMED INCARCERATION	CONFIRMED INCARC	N/A	Y	N/A
71	NOT LAWFULLY PRESENT	NOTLAW PRESENT	N/A	Y	N/A
72	DISENROLLMENT DUE TO PLAN-SUBMITTED ROLLOVER	PLAN ROLL	N/A	N/A	Y
73	NO LONGER PARTICIPANT IN IC MODEL GROUP	END IC MDL	N/A	N/A	Y
88	CONVERSION	CONVERSION	N/A	N/A	N/A
90	ENROLLMENT CANCELLED DUE TO BENEFICIARY MERGE	ENRL CNCL BENE MRG	N/A	Y	N/A
91	FAILURE TO PAY PREMIUMS	PREMIUMS NOT PAID	Y	N/A	Y
92	RELOCATION OUT OF PLAN SERVICE AREA	RELO OUT OF AREA	Y	N/A	Y
93	LOST SPECIFIC PLAN ELIGIBILITY (Special Needs Plan (SNP) ONLY)	LOST SNP	Y	N/A	Y
99*	OTHER (NOT SUPPLIED BY BENE)	OTHER	N/A	N/A	Y
Y8	REPORT OF DEATH DATE CHANGE	REPORT OF DEATH	N/A	Y	N/A

Attachment H
Monthly Membership Detail Data Record File Layout

Item	Field	Length	Position	Description
1.	Contract Number	5	1-5	Plan Contract Number
2.	Run Date	8	6 - 13	Date the file was produced (YYYYMMDD)
3.	Payment Date	6	14 - 19	Payment month for the report (YYYYMM)
4.	HICN	12	20 - 31	Beneficiary's Health Insurance Claim Number
5.	Surname	7	32 - 38	Beneficiary last name
6.	First Initial	1	39	First initial of the beneficiary's first name
7.	Gender Code	1	40	Beneficiary's Gender Code M = Male F = Female
8.	Date of Birth	8	41 - 48	Beneficiary's date of birth (YYYYMMDD)
9.	Age Group	4	49 - 52	Age group for the beneficiary for this payment month (BBEE) BB = Beginning Age of range EE = Ending Age of range
10.	State & County Code	5	53 - 57	Beneficiary State and County Code
11.	Out of Area Indicator	1	58	Indicator that the beneficiary is Out of Area for the Plan Y = Out of Contract-level service area Space = Not out of area Always Space on Adjustment rows
12.	Part A Entitlement	1	59	Indicator that the beneficiary is entitled to Part A Y = Entitled to Part A Space = Not entitled to Part A
13.	Part B Entitlement	1	60	Indicator that the beneficiary is entitled to Part B Y = Entitled to Part B Space = Not entitled to Part B
14.	Hospice	1	61	Indicator that the beneficiary is in Hospice status Y = Hospice Space = Not in Hospice status
15.	ESRD	1	62	Indicator that the beneficiary has ESRD Y = ESRD Space = Not ESRD
16.	Aged/Disabled MSP	1	63	Indicator that Medicare is Secondary Payor Y = aged/disabled factor applicable to beneficiary; N = aged/disabled factor not applicable to beneficiary
17.	Institutional	1	64	Indicator that the beneficiary is institutional Y = Institutional (monthly) Space = Not institutional

Item	Field	Length	Position	Description
18.	NHC	1	65	Indicator that the beneficiary is in Nursing Home Certifiable status Y = Nursing Home Certifiable Space = Beneficiary is not NHC

19.	New Medicare Beneficiary Medicaid Status Flag	1	66	Beneficiary's Medicaid Status used for the month being paid or adjusted.
				1. Calculated 2009 and later:
				• Prospective payments with effective date in 2008 or after:
				  • Y = Medicaid and a default risk factor was used,
				  • N = Not Medicaid and a default risk factor was used,
				  • Space = No default risk factor or beneficiary is Part D only.
				• Adjustments with effective date in 2007 or earlier:
				  • Y = Medicaid and adjustment was made to the demographic component of a blended payment.
				  • N = Not Medicaid and adjustment was made to the demographic component of a blended payment.
				  • Blank = Either the adjusted payment had no demographic component, or only the risk portion of a blended payment was adjusted.
				2. Calculated during 2008:
				• Y = Medicaid and a default risk factor was used
				• N = Not Medicaid and a default risk factor was used,
				• Space = No default risk factor used or beneficiary is Part D only.
				3. Calculated prior to calendar year 2008:
				• Y = Medicaid
				• Space = not Medicaid

20.	LTI Flag	1	67	Indicator that beneficiary has Part C Long Term Institutional Status Y = Part C Long Term Institutional Space = Not LTI

Item	Field	Length	Position	Description
21.	Medicaid Indicator	1	68	Indicator that the Medicaid Add-on was used for this payment or adjustment When: • A RAS-supplied factor is used in the payment, and • The Part C Default Indicator in the Payment Profile is blank, and • The Medicaid Switch present in the RAS-supplied data that corresponds to the risk factor used in payment is not blank then value is Y = Medicaid Add-on (RAS beneficiaries). Space = No Medicaid Add-on was used
22.	PIP-DCG	2	69-70	PIP-DCG Category - Only on pre-2004 adjustments
23.	Default Risk Factor Code	1	71	Indicator that a Default Risk Adjustment Factor (RAF) was used for calculating this payment or adjustment. **2009 and after**, for payments and payment adjustments and regardless of the effective date: '1' = Default Enrollee- Aged/Disabled '2' = Default Enrollee- ESRD dialysis '3' = Default Enrollee- ESRD Kidney Transplant- Month 1 '4' = Default Enrollee- ESRD Kidney Transplant - Months 2-3 '5' = Default Enrollee- ESRD Post Graft - Months 4-9 '6' = Default Enrollee- ESRD Post Graft - 10+ Months '7' = Default Enrollee Chronic Care SNP Space = The beneficiary is not a default enrollee. **For 2004 through 2008:** 'Y' Default factor was used due to lack of a RAF for the beneficiary **Prior to 2004:** 'Y' = new enrollee default RAF was used.
24.	Risk Adjustment Factor A	7	72-78	Part A Risk Adjustment Factor used for the Payment Calculation (NN.DDDD)
25.	Risk Adjustment Factor B	7	79-85	Part B Risk Factor used for the Payment Calculation (NN.DDDD)
26.	Number of Paymt/Adjustmt Months Part A	2	86-87	Number of months included in this payment or adjustment for Part A
27.	Number of Paymt/Adjustmt Months Part B	2	88-89	Number of months included in this payment or adjustment for Part B
28.	Adjustment Reason Code	2	90-91	Code that indicates the reason for this adjustment Always Spaces on Payments

Item	Field	Length	Position	Description
29.	Paymt/Adjustment/ Start Date	8	92-99	Earliest date covered by this payment or adjustment (YYYYMMDD)
30.	Paymt/Adjustment/ End Date	8	100-107	Latest date covered by this payment or adjustment (YYYYMMDD)
31.	Demographic Paymt/Adjustmt Rate A	9	108-116	Part A Demographic Rate used in this payment or adjustment calculation (-99999.99) **2008 and later** = Always 0.00 because Demographic component is no longer part of the payment calculation **Prior to 2008** = Demographic Paymt/Adjustmt Rate A
32.	Demographic Paymt/Adjustmt Rate B	9	117-125	Part B Demographic Rate used in this payment or adjustment calculation (-99999.99) **2008 and later** = Always 0.00 because Demographic component is no longer part of the payment calculation **Prior to 2008** = Demographic Paymt/Adjustmt Rate B
33.	Monthly Paymt/Adjustmt Amount Rate A	9	126-134	Part A portion of the payment or adjustment dollars (-99999.99). For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA
34.	Monthly Paymt/Adjustmt Amount Rate B	9	135-143	Part B portion of the payment or adjustment dollars (-99999.99) For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA monthly deposit amount as a negative term.
35.	LIS Premium Subsidy	8	144-151	Low Income Premium Subsidy Amount for the beneficiary (-9999.99)
36.	ESRD MSP Flag	1	152	Indicator that Medicare is a Secondary Payer due to ESRD. **As of January 2011:** 'T' = MSP due to Transplant/Dialysis 'P' = MSP due to Post Graft Space = ESRD MSP not applicable **Prior to 2011:** 'Y' = ESRD MSP 'N' = No ESRD MSP
37.	Medication Therapy Management (MTM) Add On	10	153-162	The total Medication Therapy Management (MTM) Add-On for the member (999999.99)
38.	Filler	8	163-170	Spaces

Item	Field	Length	Position	Description
39.	Current Medicaid Status	1	171	The beneficiary's current Medicaid status. '1' = Beneficiary was determined to be Medicaid as of current payment month minus two (CPM –2) or minus one (CPM – 1), '0' = Beneficiary was not determined to be Medicaid as of current payment month minus two (CPM – 2) or minus one (CPM – 1), Blank = This is a retroactive transaction and Medicaid status is not reported.
40.	Risk Adjustment Age Group (RAAG)	4	172-175	The Risk Adjustment Age Group for the beneficiary (BBEE) BB = Beginning Age EE = Ending Age Beginning in 2011, if the risk adjustment factor is from RAS, the Risk Adjuster Age Group reported will be the one used by RAS in calculating the RAF.
41.	Previous Disable Ratio (PRDIB)	7	176-182	Percentage of Year (in months) for Previous Disable Add-On (NN.DDDD) Greater than 0.00 – Only on adjustments for pre-2004 periods. 0.00 – On adjustments beyond 2004 Spaces – On prospective payments
42.	De Minimis	1	183	Indicates if de minimis applies for this row. Prior to 2008, flag is spaces. Beginning 2008: 'N' = "de minimis" does not apply, 'Y' = "de minimis" applies.
43.	Beneficiary Dual and Part D Enrollment Status Flag	1	184	The beneficiary's dual enrollment status '0' = Plan without drug benefit, beneficiary not dual enrolled '1' = Plan with drug benefit, beneficiary not dual enrolled '2' = Plan without drug benefit, beneficiary dual enrolled '3' = Plan with drug benefit, beneficiary dual enrolled.
44.	Plan Benefit Package ID	3	185-187	PBP Number

Item	Field	Length	Position	Description
45.	Race Code	1	188	Beneficiary's Race 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = N. American Native
46.	Risk Adjustment Factor Type Code	2	189-190	The type of Part C Risk Adjustment Factor used to calculate this payment or adjustment. C = Community C1 = Community Post-Graft I (ESRD) C2 = Community Post-Graft II (ESRD) D = Dialysis (ESRD) E = New Enrollee ED = New Enrollee Dialysis (ESRD) E1 = New Enrollee Post-Graft I (ESRD) E2 = New Enrollee Post-Graft II (ESRD) G1 = Graft I (ESRD) G2 = Graft II (ESRD) I = Institutional I1 = Institutional Post-Graft I (ESRD) I2 = Institutional Post-Graft II (ESRD) SE = New Enrollee Chronic Care SNP Note: The actual RAF values are in fields 24 – 25.
47.	Frailty Indicator	1	191	Indicator that a Plan-level Frailty Factor was included in the calculation of the payment or adjustment Y = Frailty Factor Included N = No Frailty Factor
48.	Original Reason for Entitlement Code (OREC)	1	192	The original reason that the beneficiary was entitled to Medicare 0 = Beneficiary insured due to age 1 = Beneficiary insured due to disability 2 = Beneficiary insured due to ESRD 3 = Beneficiary insured due to disability and current ESRD 9 = None of the above
49.	Lag Indicator	1	193	Indicator that there is a lag in the encounter data used to calculate RAF Y = Lags payment year by 6 months N = No lag

Item	Field	Length	Position	Description
50.	Segment Number	3	194-196	Segment number for the beneficiary's enrollment. 000 = Plan with no segments.
51.	Enrollment Source	1	197	The source of the enrollment A = Auto-enrolled by CMS B = Beneficiary election C = Facilitated enrollment by CMS D = Systematic enrollment by CMS (rollover) N = Plan-submitted rollover
52.	EGHP Flag	1	198	Indicator that the Plan is an Employer Group Health Plan Y = Employer Group Health Plan N = Not an Employer Group Health Plan
53.	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)
54.	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)
55.	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)
56.	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)
57.	Rebate for Other Part A Mandatory Supplemental Benefits	8	231-238	The amount of the rebate allocated to providing Part A supplemental benefits. This amount is added to the MA plan payment for plans that bid below the benchmark. . (-9999.99)
58.	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)
59.	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)
60.	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)

Item	Field	Length	Position	Description
61.	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)
62.	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)
63.	Total Part A MA Payment	10	279–288	The total Part A MA payment. . (-999999.99)
64.	Total Part B MA Payment	10	289–298	The total Part B MA payment. (-999999.99)
65.	Total MA Payment Amount	11	299-309	The total MA A/B payment including MMA adjustments. This also includes the Rebate Amount for Part D Supplemental Benefits (-9999999.99)
66.	Part D RA Factor	7	310-316	Part D Risk Adjustment Factor used for the Payment Calculation (NN.DDDD)
67.	Part D Low-Income Indicator	1	317	Indicator of beneficiary's Low Income status for the Part D payment or adjustment. Calculations for Low Income beneficiaries include a Part D Low-Income multiplier. **For 2011 and later:** 'Y' = beneficiary is Low Income 'N' = beneficiary is not Low Income **From 2006 through 2010:** 1 = Beneficiary is in subset 1 2 = Beneficiary is in subset 2 Spaces = Not applicable
68.	Part D Low-Income Multiplier	7	318-324	The Part D low-income multiplier used in the calculation of the payment or adjustment (NN.DDDD)
69.	Part D Long Term Institutional Indicator	1	325	Indicator of beneficiary's Long Term Institutional (LTI) status for the Part D payment or adjustment. Calculations for Low Income beneficiaries include a Part D LTI multiplier. A = LTI (aged) D = LTI (disabled) Space = No LTI
70.	Part D Long Term Institutional Multiplier	7	326-332	Part D LTI multiplier used in the calculation of the payment or adjustment (NN.DDDD) For payment months 2011 and beyond, this field will be zero.
71.	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)

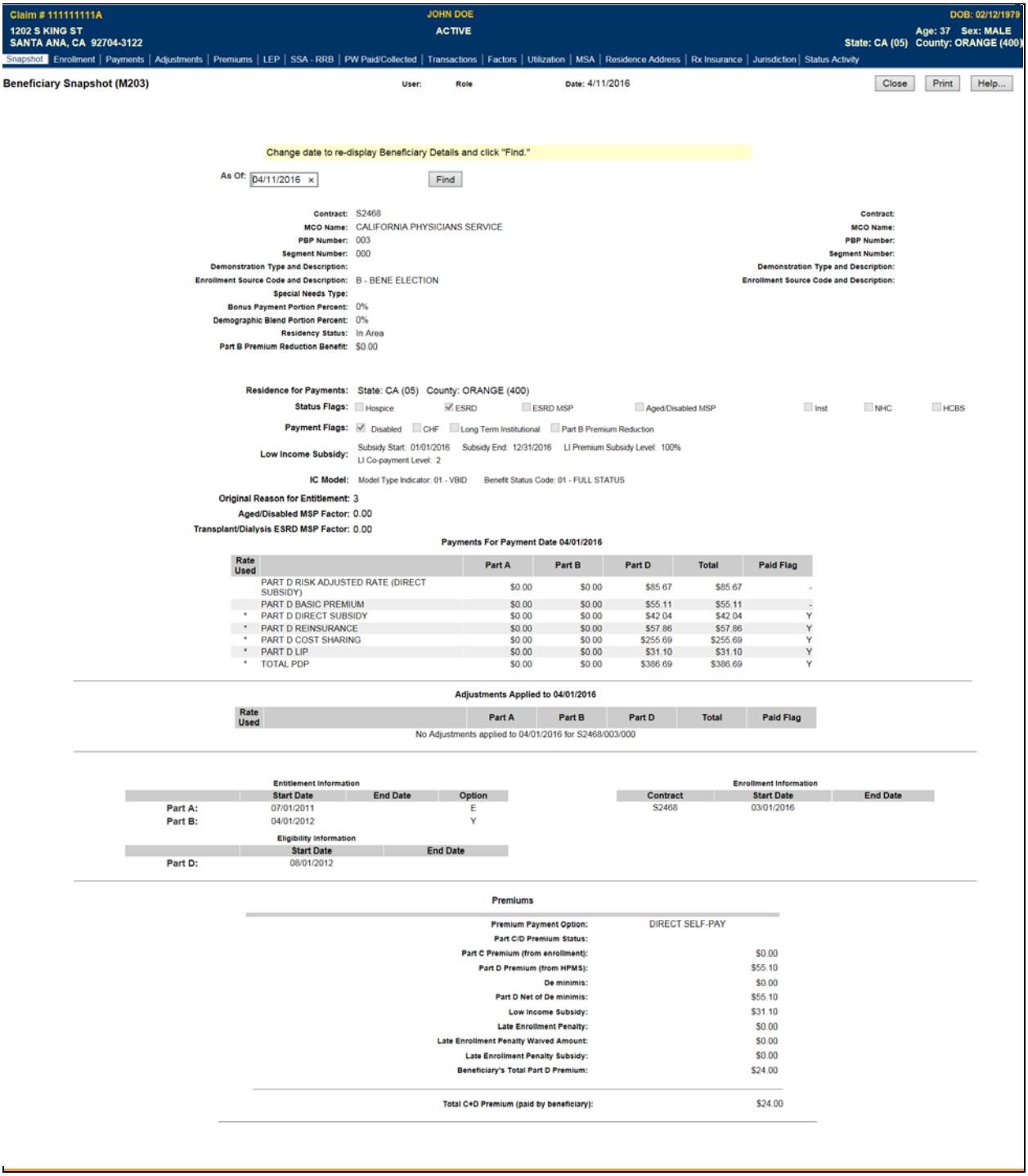
Item	Field	Length	Position	Description
72.	Part D Basic Premium Amount	8	341-348	Plan's Part D premium amount. (-9999.99)
73.	Part D Direct Subsidy Monthly Payment Amount	10	349-358	Total Part D Direct subsidy payment for the member. For the LINET plan (X is first character of contract number) this is the total LINET Direct Subsidy for the beneficiary. (-999999.99)
74.	Reinsurance Subsidy Amount	10	359-368	The amount of reinsurance subsidy included in the payment (-999999.99)
75.	Low-Income Subsidy Cost-Sharing Amount	10	369-378	The amount low-income subsidy cost-sharing amount included in the payment. (-999999.99)
76.	Total Part D Payment	11	379-389	The total Part D payment for the member (-9999999.99)
77.	Number of Paymt/Adjustmt Months Part D	2	390-391	Number of months included in this payment or adjustment.
78.	PACE Premium Add On	10	392-401	Total Part D Pace Premium Add-on amount (-999999.99)
79.	PACE Cost Sharing Add-on	10	402-411	Total Part D Pace Cost Sharing Add-on amount (-999999.99)
80.	Part C Frailty Score Factor	7	412-418	Part C frailty score factor used in this payment or adjustment calculation, (NN.DDDD) Spaces = Not applicable
81.	MSP Factor	7	419-425	MSP secondary payer reduction factor used in this payment or adjustment calculation(NN.DDDD) Spaces = Not applicable
82.	MSP Reduction/Reduction Adjustment Amount – Part A	10	426-435	Net MSP reduction or reduction adjustment dollar amount– Part A (SSSSSS9.99)
83.	MSP Reduction/Reduction Adjustment Amount – Part B	10	436-445	Net MSP reduction or reduction adjustment dollar amount – Part B (SSSSSS9.99)

Item	Field	Length	Position	Description
84.	Medicaid Dual Status Code	2	446-447	Entitlement status for the dual eligible beneficiary. The values in this field are dependent on the value of Field 39 (Current Medicaid Status). When Field 40 = 1: 01 = Eligible is entitled to Medicare- QMB only 02 = Eligible is entitled to Medicare- QMB AND Medicaid coverage 03 = Eligible is entitled to Medicare- SLMB only 04 = Eligible is entitled to Medicare- SLMB AND Medicaid coverage 05 = Eligible is entitled to Medicare- QDWI 06 = Eligible is entitled to Medicare- Qualifying individuals 08 = Eligible is entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB, QDWI or QI) with Medicaid coverage 09 = Eligible is entitled to Medicare – Other Dual Eligibles but without Medicaid coverage 99 = Unknown When Field 40 = 0: 00 = No Medicaid Status When Field 40 is blank: Blank
85.	Part D Coverage Gap Discount Amount	8	448-455	Amount of the Coverage Gap Discount Amount included in the payment (-9999.99)
86.	Part D Risk Adjustment Factor Type	2	456-457	Beginning with January 2011 payments, the type of Part D Risk Adjustment Factor used to calculate this payment or adjustment. D1 = Community Non-Low Income Continuing Enrollee, D2 = Community Low Income Continuing Enrollee, D3 = Institutional Continuing Enrollee, D4 = New Enrollee Community Non-Low Income Non-ESRD, D5 = New Enrollee Community Non-Low Income ESRD, D6 = New Enrollee Community Low Income Non-ESRD, D7 = New Enrollee Community Low Income ESRD, D8 = New Enrollee Institutional Non-ESRD, D9 = New Enrollee Institutional ESRD, Spaces = Not applicable. Note: The value of the Part D RAF is found in field 67.

Item	Field	Length	Position	Description
87.	Default Part D Risk Adjustment Factor Code	1	458	Beginning with January 2011 payment, the code that further breaks down the Part D RAF type. : 1 = Not ESRD, Not Low Income, Not Originally Disabled, 2 = Not ESRD, Not Low Income, Originally Disabled, 3 = Not ESRD, Low Income, Not Originally Disabled, 4 = Not ESRD, Low Income, Originally Disabled, 5 = ESRD, Not Low Income, Not Originally Disabled, 6 = ESRD, Low Income, Not Originally Disabled, 7 = ESRD, Not Low Income, Originally Disabled, 8 = ESRD, Low Income, Originally Disabled, Spaces = Not applicable
88.	Part A Risk Adjusted Monthly Rate Amount for Pymt/Adj	9	459-467	Beginning August 2011, the Part A Risk Adjusted amount used in the payment or adjustment calculation (-99999.99) Payments = Rate amount in effect for payment period Adjustments = Rate amount in effect for adjustment period
89.	Part B Risk Adjusted Monthly Rate Amount for Pymt/Adj	9	468-476	Beginning August 2011, the Part B Risk Adjusted amount used in the payment or adjustment calculation (-99999.99) Payments = Rate amount in effect for payment period Adjustments = Rate amount in effect for adjustment period
90.	Part D Direct Subsidy Monthly Rate Amount for Pymt/Adj	9	477-485	Beginning August 2011, the Part D Direct Subsidy amount used in the payment or adjustment calculation (-99999.99) Payments = Rate amount in effect for payment period Adjustments = Rate amount in effect for adjustment period
91.	Cleanup ID	10	486-495	The Cleanup ID field is used in the event of a cleanup or a RAS overpayment run. It is used to uniquely identify the cleanup with which the record is associated. It is usually the Remedy Ticket number for the cleanup or overpayment run. RAS overpayment runs are associated with an ARC 60 or ARC 61 in Field 28. ARC 94 in Field 28 is used to identify clean-ups when no other ARC codes apply. The field will be blank when the record reports: • A prospective payment • A non-cleanup adjustment • Any payment or adjustment prior to August 2011.

Attachment I

Figure 1: Beneficiary Detail Snapshot Screen (M203)



Claim # 111111111A | JOHN DOE | DOB: 02/12/1979
1202 S KING ST | ACTIVE | Age: 37 Sex: MALE
SANTA ANA, CA 92704-3122 | State: CA (05) County: ORANGE (400)

Snapshot | Enrollment | Payments | Adjustments | Premiums | LEP | SSA - RRB | PW Paid/Collected | Transactions | Factors | Utilization | MSA | Residence Address | Rx Insurance | Jurisdiction | Status Activity

Beneficiary Snapshot (M203) User: Role Date: 4/11/2016 [Close] [Print] [Help...]

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

As Of: 04/11/2016 [Find]

Contract:	S2468	Contract:	
MCO Name:	CALIFORNIA PHYSICIANS SERVICE	MCO Name:	
PBP Number:	003	PBP Number:	
Segment Number:	000	Segment Number:	
Demonstration Type and Description:		Demonstration Type and Description:	
Enrollment Source Code and Description:	B - BENE ELECTION	Enrollment Source Code and Description:	
Special Needs Type:			
Bonus Payment Portion Percent:	0%		
Demographic Blend Portion Percent:	0%		
Residency Status:	In Area		
Part B Premium Reduction Benefit:	$0.00		

Residence for Payments: State: CA (05) County: ORANGE (400)

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

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

Low Income Subsidy: Subsidy Start: 01/01/2016 Subsidy End: 12/31/2016 LI Premium Subsidy Level: 100%
LI Co-payment Level: 2

IC Model: Model Type Indicator: 01 - VBID Benefit Status Code: 01 - FULL STATUS

Original Reason for Entitlement: 3
Aged/Disabled MSP Factor: 0.00
Transplant/Dialysis ESRD MSP Factor: 0.00

Payments For Payment Date 04/01/2016

Rate Used		Part A	Part B	Part D	Total	Paid Flag
	PART D RISK ADJUSTED RATE (DIRECT SUBSIDY)	$0.00	$0.00	$85.67	$85.67	-
	PART D BASIC PREMIUM	$0.00	$0.00	$55.11	$55.11	-
*	PART D DIRECT SUBSIDY	$0.00	$0.00	$42.04	$42.04	Y
*	PART D REINSURANCE	$0.00	$0.00	$57.86	$57.86	Y
*	PART D COST SHARING	$0.00	$0.00	$255.69	$255.69	Y
*	PART D LIP	$0.00	$0.00	$31.10	$31.10	Y
*	TOTAL PDP	$0.00	$0.00	$386.69	$386.69	Y

Adjustments Applied to 04/01/2016

Rate Used		Part A	Part B	Part D	Total	Paid Flag

No Adjustments applied to 04/01/2016 for S2468/003/000

Entitlement Information

	Start Date	End Date	Option
Part A:	07/01/2011		E
Part B:	04/01/2012		Y

Eligibility Information

	Start Date	End Date
Part D:	08/01/2012	

Enrollment Information

Contract	Start Date	End Date
S2468	03/01/2016	

Premiums

Premium Payment Option:	DIRECT SELF-PAY
Part C/D Premium Status:	
Part C Premium (from enrollment):	$0.00
Part D Premium (from HPMS):	$55.10
De minimis:	$0.00
Part D Net of De minimis:	$55.10
Low Income Subsidy:	$31.10
Late Enrollment Penalty:	$0.00
Late Enrollment Penalty Waived Amount:	$0.00
Late Enrollment Penalty Subsidy:	$0.00
Beneficiary's Total Part D Premium:	$24.00
Total C+D Premium (paid by beneficiary):	$24.00

Figure 2: Status Activity (M256) Screen

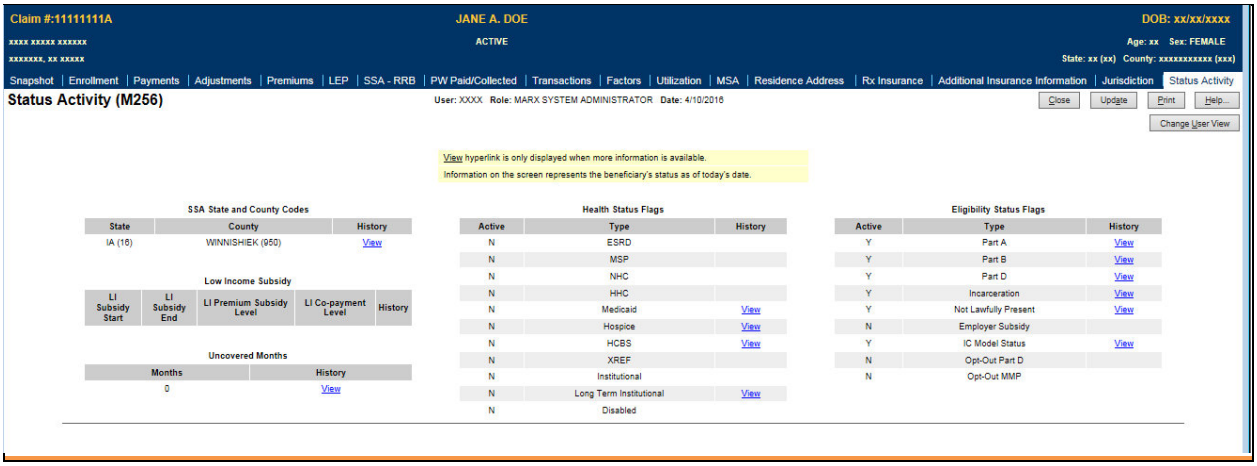
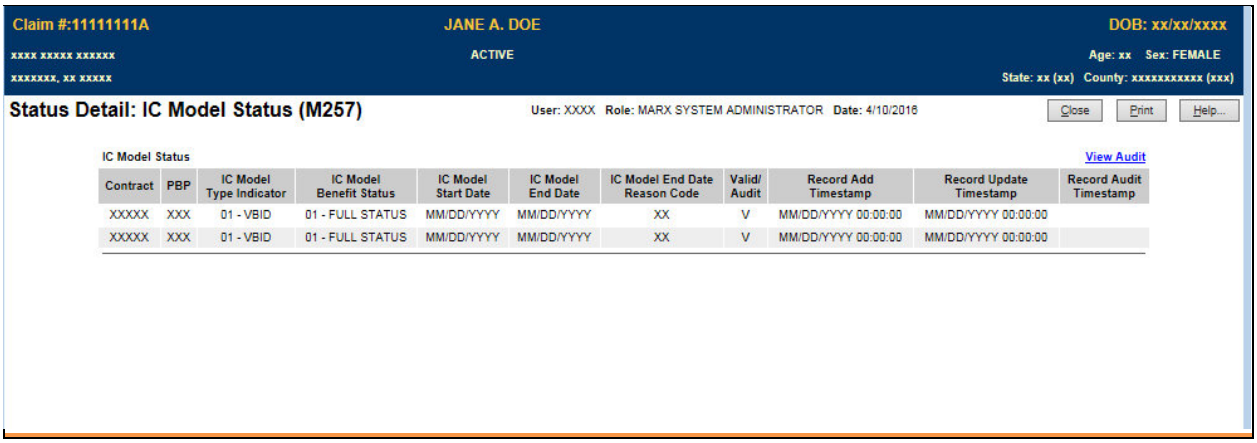


Figure 3: Model Status (M257) Screen



New/Updated TRCs (104, 355, 356, and 357)

Code	Type	Title	Short Definition	Definition
104	R	Rejected; Invalid or Missing Election Type	BAD ELECT TYPE	An enrollment (Transaction Type 61) or disenrollment (Transaction Type 51) was rejected because the submitted Election Type Code is missing, contains an invalid value, or is not appropriate for the plan or for the transaction type. The valid Election Type Code values are: A - Annual Election Period (AEP) D - MA Annual Disenrollment Period (MADP) E - Initial Enrollment Period for Part D (IEP) F - Second Initial Enrollment Period for Part D (IEP2) I - Initial Coverage Election Period (ICEP) O - Open Enrollment Period (OEP) (Valid through 3/31/2010) N - Open Enrollment for Newly Eligible Individuals (OEPNEW) (Valid through 12/31/2010) T - Open Enrollment Period for Institutionalized Individuals (OEPI) **Special Enrollment Periods** C - SEP for Plan-submitted rollovers • *Plan-submitted rollover enrollments (Enrollment Source Code = N)* U - SEP for Loss of Dual Eligibility or for Loss of LIS V - SEP for Changes in Residence W - SEP EGHP (Employer/Union Group Health Plan) Y - SEP for CMS Casework Exceptional Conditions X - SEP for Administrative Change • *Involuntary Disenrollment* • *Premium Payment Option Change* • *Plan-submitted "Canceling" Transaction* *Z – SEP for:* • *Auto-Enrollment (Enrollment Source Code = A)* • *Facilitated Enrollment (Enrollment Source Code = C)* • *Plan-Submitted Auto-Enrollment (Enrollment Source Code = E) and Transaction Type 61 (PBP Change) and MA or Cost Plan (all conditions must be met)* • *LINET Enrollment (Enrollment Source Code = G)* S – Special Enrollment Period (SEP) The value expected in Election Type Code depends on the Plan and transaction type, as well as on when the beneficiary gains entitlement. Each Election Type Code can be used only during the election period associated with that election type. Additionally, there are limits on the number of times each election type may be used by the beneficiary. **Plan Action:** Review the detailed information on Election Periods in *Chapter 2 of the Medicare Managed Care Manual* or the *PDP Guidance on Eligibility, Enrollment and Disenrollment*. Determine the appropriate Election Type Code value and resubmit, if appropriate.

Code	Type	Title	Short Definition	Definition
355	R	Enrollment Rejected, Pln RO not in POVER file	PLN RO NT POVER	This Plan-Submitted Rollover transaction was rejected because it was not submitted via a POVER file. The transaction was recognized as a 'Plan-Submitted Rollover' because it was submitted with Enrollment Source Code = 'N' (Rollover by Plan Transaction) or Election Type Code = 'C' (Special Enrollment Period (SEP) for Plan-submitted rollovers). Plan-submitted rollover enrollment transactions must have an Enrollment Source Code = 'N', Election Type Code = 'C', and must be submitted in a POVER special batch file. **Plan Action:** Correct the file header and resubmit the special batch file. The file header record should say POVER and go through the CMS approval process for a file of Plan-submitted rollover enrollment transactions.
356	R	Enrollment Rejected, Pln RO without ESC or ETC	PL RO WO C OR N	This transaction was rejected because it contained an Enrollment Source Code or Election Type Code that indicated it was a Plan-Submitted Rollover, but only one of these values were submitted. Plan-submitted rollover enrollment transactions must have an Enrollment Source Code = 'N', Election Type Code = 'C', and be submitted in a POVER special batch file. **Plan Action:** Correct the enrollment source code or election type code and resubmit the special batch file.
357	R	Enrollment Rejected, Pln RO Impacts Dual Enroll	PLN RO DUAL ENR	This Plan-Submitted Rollover transaction was rejected because it would disenroll a dual-enrolled beneficiary from both the MA and PDP plans. For example, a beneficiary is dual-enrolled in both an MA and a PDP Plan. If the MA Plan is rolled over to an MAPD Plan, the beneficiary would be disenrolled from both the MA and PDP plans. **Plan Action:** Review the beneficiary's enrollment and resubmit the rollover transaction if appropriate.

Transaction Type 61 Layout – Enrollment

ITEM	FIELD	SIZE	POSITION	ENROLLMENT (61)
1.	HIC#	12	1 – 12	Required
2.	Surname	12	13 – 24	Required
3.	First Name	7	25 – 31	Required
4.	M. Initial	1	32	Optional
5.	Gender Code	1	33	Required
6.	Birth Date (YYYYMMDD)	8	34 – 41	Required
7.	EGHP Flag	1	42	Required
8.	PBP #	3	43 – 45	Required
9.	Election Type	1	46	Required Optional for: HCPP COST 1 without drug COST 2 without drug CCIP/FFS demo MDHO demo MSHO demo PACE National plans
10.	Contract #	5	47 – 51	Required
11.	Application Date	8	52 – 59	Required
12.	Transaction Code	2	60 – 61	Required
13.	Disenrollment Reason	2	62 – 63	Not populated on the enrollment transaction N/A
14.	Effective Date (YYYYMMDD)	8	64 – 71	Required
15.	Segment ID	3	72 – 74	Required 3 digits for segmented organizations otherwise blank
16.	Filler	5	75 – 79	N/A
17.	ESRD Override	1	80	Required
18.	Premium Withhold Option/Parts C-D	1	81	Required for all plan types except HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demo, MSA/MA and MSA/demo plans
19.	Part C Premium Amount (XXXXvXX)	6	82 – 87	Required for all plan types except HCPP, COST 1, COST 2, CCIP/FFS demo, MSA/MA and MSA/demo plans
20.	Filler	6	88 – 93	N/A
21.	Creditable Coverage Flag	1	94	Required for all Part D plans; otherwise blank
22.	Number of Uncovered Months	3	95 – 97	Required for all Part D plans; otherwise blank.
23.	Employer Subsidy Enrollment Override Flag	1	98	Required if beneficiary has Employer Subsidy status for Part D; otherwise blank

ITEM	FIELD	SIZE	POSITION	ENROLLMENT (61)
24.	Part D Opt-Out Flag	1	99	Required when changing PBPs. ('Y' when Opting Out of Part D; 'N' when Opting In to Part D; otherwise blank)
25.	Filler	35	100 – 134	N/A
26.	Secondary Drug Insurance Flag	1	135	Required for Part D plans. For auto/facilitated enrollments and rollovers, value should be blank. For non-Part D plans, value should be blank.
27.	Secondary Rx ID	20	136 – 155	Required when the secondary drug insurance flag = Y; otherwise blank.
28.	Secondary Rx Group	15	156 – 170	Required when the secondary drug insurance flag = Y; otherwise, blank.
29.	Enrollment Source	1	171	Required for POS submitted enrollment transactions; otherwise optional.
30.	Rolled from Contract	5	172-176	Required for Rollover enrollment transactions submitted on a POVER special batch file; otherwise blank
31.	Rolled from PBP	3	177-179	Required for Rollover enrollment transactions submitted on a POVER special batch file; otherwise blank
32.	Filler	30	180 – 209	N/A
33.	Plan Assigned Transaction Tracking ID	15	210 – 224	Optional
34.	Part D Rx BIN	6	225 – 230	Required for all Part D plans except PACE National and MMP; otherwise blank.
35.	Part D Rx PCN	10	231 – 240	Required for all Part D plans, otherwise blank.
36.	Part D Rx Group	15	241 – 255	Required for all Part D plans, otherwise blank.
37.	Part D Rx ID	20	256 – 275	Required for all Part D plans except PACE National and MMP; otherwise, blank.
38.	Secondary Drug BIN	6	276 – 281	Required when the secondary drug insurance flag = Y; otherwise blank.
39.	Secondary Drug PCN	10	282 – 291	Required when the secondary drug insurance flag = Y; otherwise blank.
40.	Filler	9	292 – 300	N/A

Update to the Monthly Full Enrollment Data File

Field	Size	Position	Description
37. Enrollment Source Code	1	155 – 155	A = CMS-submitted auto-enrollment B = Plan-submitted transaction C = CMS-submitted facilitated enrollment D = System generated Rollover E = Plan-submitted auto-enrollment F = Plan-submitted facilitated enrollment G = Ltd Income Newly Eligible Transition enrollment H = CMS or Plan submitted re-assignment enrollment I = Assigned to Plan-submitted transactions with enrollment source code other than any of the following: B, E, F, G, H and blank (default value) J = State-submitted Passive Enrollment K = CMS-submitted Passive Enrollment L = MMP Beneficiary Election N = Rollover by Plan Transactions

Attachment M

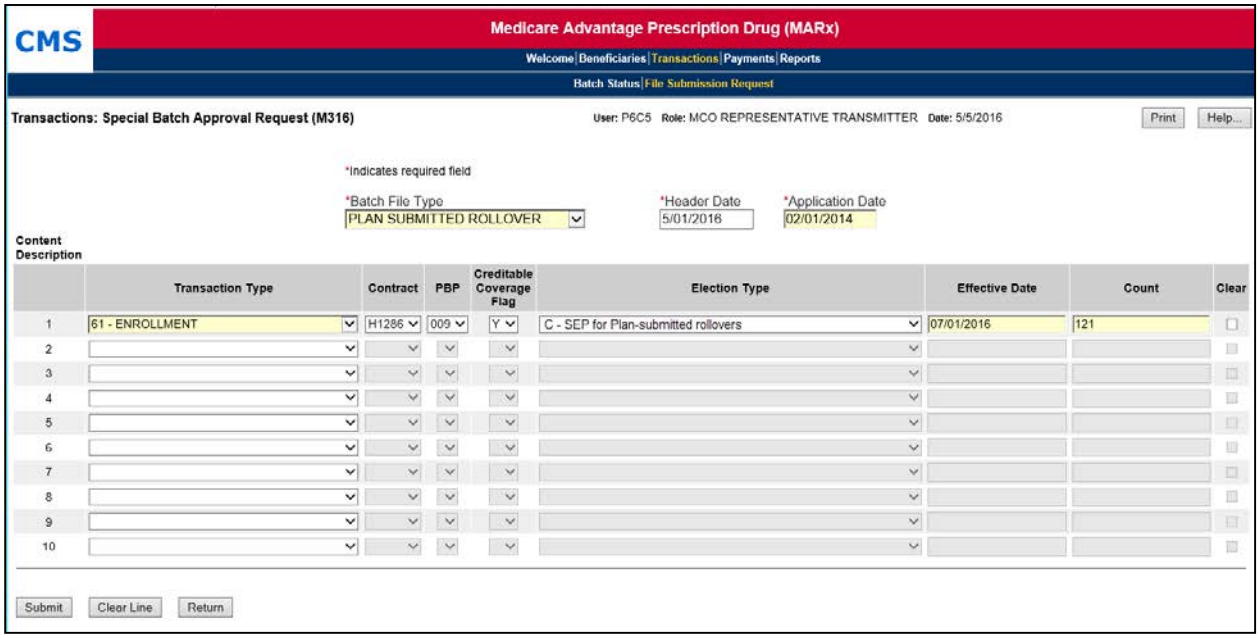
Special Batch File Approval Request by the Plan

The Special Batch Approval Request (M316) screen allows a user with the MCO Representative Transmitter role to enter the details for a special batch file request to process Plan Submitted Rollovers files. To access the Special Batch Approval Request (M316) screen from the Welcome screen, select the |Transactions| tab followed by the |File Submission Request| tab. This opens the View Special Batch File Request (M317) screen where the user may select the New Request button. The View Special Batch File Request (M317) screen also displays the status of previously submitted requests.

Figure 1: View Special Batch File Request (M317)

This opens the Special Batch Approval Request (M316) screen where the request to process a POVER Special Batch File for Plan Submitted Rollovers is submitted for approval.

Figure 2: Special Batch Approval Request (M316)



To submit the request, the user:

- Selects Plan Submitted Rollover for the Batch File Type.
- Enters the date the special batch file should run for the Header Date.
- Enters a date for the Application Date.
- For each plan receiving a rollover transaction the user enters the following information:
    - Transaction Type: 61-Enrollment
    - Contract: The new contract the beneficiary is being rolled into.
    - PBP: The new PBP the beneficiary is being rolled into.
    - Creditable Coverage Flag: Y if applicable otherwise N.
    - Election Type: C – SEP for Plan-submitted rollovers.
    - Effective Date: The date the new enrollment takes effect.
    - Count: The number of beneficiaries being rolled over to the new plan.
    - Clear checkbox: Check this box then select the Clear Line button only if the line should not be submitted as part of the special batch file request.
- When all transactions have been entered, the user selects the Submit button.

To view the status of the submitted request the user selects the Return button to open the View Special Batch File Request (M317) screen. To access the View Special Batch File Request (M317) screen from the Welcome screen, select Transactions: File Submission Request. Once the screen is displayed, search criteria allow the user to find a specific set of requests. These requests are shown in the lower portion of the screen.

Figure 3: View Special Batch Request (M317)