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

DATE: **September 9, 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 November 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 November 2016. This release focuses on improving the efficiency of CMS systems as well as Plan processing. The updates described in this communication will be included in the November 2016 Plan Communications User Guide v10.3, scheduled for publication on November 30, 2016.

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

1. **New Fields on the Beneficiary Eligibility Query (BEQ)**
2. **Transaction Reply Codes (TRCs) for New Enrollment vs. Plan Benefit Package (PBP) Change**
3. **Changes to Encounter Data Diagnosis Eligible for Risk Adjustment (MAO-004) Report**
4. **New Part C Risk Adjustment Model (v22) beginning Payment Year 2017**

1. New Fields on the Beneficiary Eligibility Query (BEQ)

CMS has requested that the Plans receive additional information for the beneficiary's prior enrollment(s). The BEQ Response File will include the following data elements for the beneficiary's prior enrollment(s):

- Prior Contract Number
- Prior Enrollment Start Date
- Prior Disenrollment Date
- Prior Part D Indicator
- Prior Plan Benefit Package (PBP) Number
- Prior Plan Type Code
- Prior Employer Group Health Plan (EGHP) Indicator
- Prior Enrollment Type Code

CMS has also requested that the information for the beneficiary's current enrollment(s) be expanded to include the Enrollment Type Code. The inclusion of the additional data will result in the Response File record length increasing from 1500 to 2000 positions.

Note: In the Advance Announcement of the November 2016 Software Release Memo, the MARx screen number was not correct. The memo stated MARx M323 Eligibility screen; however, the correct MARx screen is the M232 Eligibility screen.

The new fields on the BEQ Response File are attached:

- BEQ Response File – Header Record, **Attachment A, Figure 1**
- BEQ Response File – Detail Record, **Attachment A, Figure 2**
- BEQ Response File – Trailer Record, **Attachment A, Figure 3**

2. Transaction Reply Codes (TRCs) for New Enrollment vs. Plan Benefit Package (PBP) Change

This enhancement will revise the TRCs that MARx sends in response to some enrollment transactions. Under current processing rules, a transaction that establishes an enrollment that is contiguous with an existing enrollment in the same contract is reported to the Plan using TRC 100 (PBP Change). This can be confusing if the existing enrollment already had a disenrollment date and it can result in improper communication with the beneficiaries.

Plans will no longer receive TRC 100 when enrolling a beneficiary into a Plan if the previous enrollment already has an end date prior to the request effective date, even if the enrollments are contiguous. They will instead receive TRC 011 (Enrollment Accepted). Plans will still receive TRC 100 when they enroll a beneficiary who is in one PBP of a contract into a different PBP in the same contract if the first enrollment is ended by the second.

3. Changes to Encounter Data Diagnosis Eligible for Risk Adjustment (MAO-004) Report

As noted in the memo dated August 3, 2016, "Revised MAO-004 File Layout," CMS will begin producing the MAO-004 report with an updated layout in the fall of 2016. This communication provides further information about the revised MAO-004 report, along with a detailed record layout.

The revised MAO-004 report provides organizations with the diagnoses from encounter data and chart review records accepted by the Encounter Data Processing System (EDPS) that are eligible for risk adjustment. Diagnoses will now be reported for encounter data records and chart review records by record submission type: original, replacement, or void. Risk adjustment eligible diagnoses will be indicated with an 'A' for add, or 'D' for delete. Specific information about the fields in the header, detail, and trailer is included i n Attachment B below.

Please note the Submission Interchange Number field has not been populated on the updated MAO-004 reports. CMS is changing that field to a non-assigned field while its function is evaluated and will update it as needed. Organizations submitting encounter data should use the Encounter ICN field provided in the detail portion of the MAO-004 report to link records accepted on the MAO-002 report to those reported on the MAO-004 report.

Beginning this fall, CMS will re-issue all MAO-004 reports submitted for dates of service starting January 1, 2014, through the month when the revised layout is initially used. These re-issued reports will reflect revisions made to correct the identification of risk adjustment eligible diagnoses and the reporting of these diagnoses on the MAO-004 report. Further, the re-issued reports will use the updated layout. CMS will provide additional information on the schedule and process for the revised report distribution in a future update.

- Updates to the MAO-004 File Layout are highlighted in **Attachment B**

4. New Part C Risk Adjustment Model (v22) beginning Payment Year 2017

CMS will implement a revised risk adjustment model for payments beginning in January 2017. The new model has several possible community scores that can be applied in payment; throughout the payment year, CMS will use the Medicaid status from two anchor months to determine which community risk score to apply in payment.

There will be six new, mutually exclusive, community risk adjustment factors. The six community factors are:

1. Non-dual aged.
2. Non-dual disabled.
3. Full benefit dual aged.
4. Full benefit dual disabled.
5. Partial benefit dual aged.
6. Partial benefit dual disabled.

- Medicaid status in October of the year prior to the payment year will be used as the anchor month for prospective payments in January – July.
- Medicaid status in May of the payment year will be used as the anchor month for prospective payments in August – December.

The following updates are being made to the Daily Transaction Reply Report (DTRR) layout:

- Field 24, ee was added – 'Month used to determine Medicaid Status.
- Field 44 was updated with a bullet for TRC366 end date.
- Field 85 was added for 'Updated Medicaid Status for Community RAF beneficiary.

- Updated DTRR Fields 24 (highlighted), 44, and 85 are found in, **Attachment C**

Additionally, a new TRC will be issued when the Mid-year or Final Reconciliation identifies that the Medicaid status for a non-ESRD, non-PACE, full-risk community beneficiary has changed.

- New TRC 366 is defined in, **Attachment D**

At final reconciliation, CMS will assign the community score from the actual payment month and adjust for any changes made to dual status throughout the year.

Three fields on the Monthly Membership Data File (MMDR) will be updated in this release:

1. Current Medicaid status (Field 39) will reflect the Medicaid status in the anchor month used to determine the community risk score (or, at final recon, the actual month). In the case where a beneficiary is a new enrollee or LTI, it will display the status that would have been used to determine a community risk score.

2. Factor type (Field 46) will have three new codes:
    - CF = Community Full Dual
    - CP = Community Partial Dual
    - CN = Community Non-Dual

3. Dual Status code (Field 84) will reflect the dual status code used from the anchor month, which was used to determine (or would have been used to determine) which community risk score (full benefit, partial benefit, non-dual) to use for the payment month.

At final reconciliation, changes will be indicated by Adjustment Reason Code (ARC) 25 – "Part C Risk Adjustment Factor Change / Recon."

- Updated MMDR Fields 39, 46, and 84 are found in , **Attachment E**

Please refer to the HPMS memo "2017 CMS-HCC Risk Adjustment Model Implementation" released on June 10, 2016 for additional information.

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: Updates to Field 5 of the BEQ Response File Header Record

Field #	Data Field	Length	Position	Format	Valid Values
5.	Filler	1967	34 - 2000	CHAR	Spaces

Figure 2: Updates to Fields 156 – 174 of the BEQ Response File Detail Record

Field #	Data Field	Length	Position	Format	Valid Values
156.	Current Enrollment Source Type Code (associated with PBP number in positions 746 – 748)	1	1496	CHAR	A=Part D Auto-Enrolled by CMS B=Beneficiary Election C=Part D Facilitated enrollment by CMS D=System-Generated Enrollment(Rollover) E=Plan-submitted auto-enrollments F=Plan-submitted facilitated enrollments G=Point of Sale (POS) submitted enrollments H=CMS or Plan submitted re-assignment enrollments I=Assigned to Plan-submitted transactions with enrollment source other than any of the following: B,E,F,G,H and blank J=State-Submitted MMP Passive Enrollment K=CMS-Submitted MMP Passive Enrollment L=Beneficiary MMP Election
157.	Current Enrollment Source Type Code (associated with PBP number in positions 752– 754)	1	1497	CHAR	See values for position 1496.
158.	Prior Part C/D Contract Number	5	1498-1502	CHAR	
159.	Prior Part C/D Enrollment Start Date (associated with PBP Number in positions 1520-1522)	8	1503-1510	CHAR	
160.	Prior Part C/D Disenrollment Date (associated with PBP Number in positions 1520-1522)	8	1511-1518	CHAR	

Field #	Data Field	Length	Position	Format	Valid Values
161.	Prior Part D Indicator (associated with PBP Number in positions 1520-1522)	1	1519	CHAR	Y = Yes N = No Space
162.	Prior PBP Number (associated with Contract Number in positions 1498-1502)	3	1520-1522	CHAR	Plan Benefit Package number
163.	Prior Plan Type Code (associated with PBP Number in positions 1520-1522)	2	1523-1524	CHAR	See values for positions 749-750.
164.	Prior EGHP Indicator (associated with PBP Number in positions 1520-1522)	1	1525	CHAR	Employer Group Health Plan Switch Y = EGHP N = not EGHP
165.	Prior Enrollment Source Type Code (associated with PBP Number in positions 1520-1522)	1	1526	CHAR	See values for position 1496.
166.	Prior Part C Contract Number	5	1527-1531	CHAR	
167.	Prior Part C Enrollment Start Date (associated with PBP Number in positions 1549-1551)	8	1532-1539	CHAR	
168.	Prior Part C Disenrollment Date (associated with PBP Number in positions 1549-1551)	8	1540-1547	CHAR	
169.	Prior Part D Indicator (associated with PBP Number in positions 1549-1551)	1	1548	CHAR	N = No Space
170.	Prior PBP Number (associated with Contract Number in positions 1527-1531)	3	1549-1551	CHAR	Plan Benefit Package number
171.	Prior Plan Type Code (associated with PBP Number in positions 1549-1551)	2	1552-1553	CHAR	See values for positions 749-750.
172.	Prior EGHP Indicator (associated with PBP Number in positions 1549-1551)	1	1554	CHAR	Employer Group Health Plan Switch Y = EGHP N = not EGHP
173.	Prior Enrollment Source Type Code (associated with PBP Number in positions 1549-1551)	1	1555	CHAR	See values for position 1496.
174.	Filler	455	1556-2000	CHAR	

Figure 3: Updates to Field 6 of the BEQ Response File Trailer Record

Field #	Data Field	Length	Position	Format	Valid Values
6.	Filler	1960	41 – 2000	CHAR	Spaces

Updates to the MAO-004 File Layout (Implementation: Fall 2016)
The Fields highlighted reflect a change to the file layout.

MAO-004 Header Record

Header						
#	**Item**	**Notes**	**Length**	**Starting Position**	**Ending Position**	**Format**
1	Record Type	0=Header	1	1	1	Numeric, no commas and/or decimals
2	Delimiter		1	2	2	Uses the * character
3	Report ID	Value is 'MAO-004'	7	3	9	Alpha Numeric
4	Delimiter		1	10	10	Uses the * character
5	Medicare Advantage Contract ID	Medicare Contract ID assigned to the submitting contract	5	11	15	Alpha Numeric
6	Delimiter		1	16	16	Uses the * character
7	Report Date	Date of report creation	8	17	24	Numeric, format CCYYMMDD
8	Delimiter		1	25	25	Uses the * character
9	Report Description	Value is "Encounter Data Diagnosis Eligible for Risk Adjustment"	53	26	78	Alpha Numeric, left justify, blank fill
10	Delimiter		1	79	79	Uses the * character
11	Filler		30	80	109	Spaces
12	Delimiter		1	110	110	Uses the * character
13	Submission File Type	Value of 'PROD,' for production and 'TEST' for test files	4	111	114	Alpha Numeric
14	Delimiter		1	115	115	Uses the * character
15	Filler		385	116	500	Spaces

MAO-004 Detail Record

Detail						
#	**Item**	**Notes**	**Length**	**Starting Position**	**Ending Position**	**Format**
1	Record Type	1=Detail	1	1	1	Numeric, no commas and/or decimals
2	Delimiter		1	2	2	Uses the * character
3	Report ID	Value is 'MAO-004'	7	3	9	Alpha Numeric
4	Delimiter		1	10	10	Uses the * character
5	Medicare Advantage Contract ID	Medicare Contract ID assigned to the submitting contract	5	11	15	Alpha Numeric
6	Delimiter		1	16	16	Uses the * character
7	Beneficiary HICN	Beneficiary Health Insurance Claim Number	12	17	28	Numeric
8	Delimiter		1	29	29	Uses the * character
9	Encounter ICN	Encounter Data System (EDS) Internal Control Number. In encounter data, only 13 spaces represent the ICN; however, there are 44 spaces on the records to allow enhancement of the ICN.	44	30	73	Numeric
10	Delimiter		1	74	74	Uses the * character
11	Encounter Type Switch	This field can take on 9 different values: 1 = original encounter 2 = Void to an original Encounter 3 = Replacement to an original Encounter 4 = Linked Chart Review 5 = Void to a Linked Chart Review 6 =Replacement to a Linked Chart Review 7 =Unlinked Chart Review 8 =Void to an unlinked chart review 9 =Replacement to an unlinked chart review	1	75	75	Alpha Numeric
12	Delimiter		1	76	76	Uses the * character
13	Original Encounter ICN	Encounter Data System (EDS) Internal Control Number. This field on an Adjustment or Linked Chart Review record contains the ICN of the encounter data record to which the adjustment or linked chart review record links. It will be blank on Original encounters (and Unlinked Chart Reviews).	44	77	120	Numeric
14	Delimiter		1	121	121	Uses the * character

Detail						
#	**Item**	**Notes**	**Length**	**Starting Position**	**Ending Position**	**Format**
15	Plan Submission Date	Identifies MAO data submission date	8	122	129	Numeric, format CCYYMMDD
16	Delimiter		1	130	130	Uses the * character
17	Processing Date	Identifies Encounter Data Processing System (EDPS) processing date.	8	131	138	Numeric, format CCYYMMDD
18	Delimiter		1	139	139	Uses the * character
19	"From" Date of Service	The beginning date of a provided service	8	140	147	Numeric, format CCYYMMDD
20	Delimiter		1	148	148	Uses the * character
21	"Through" Date of Service	The end date for a provided service.	8	149	156	Numeric, format CCYYMMDD
22	Delimiter		1	157	157	Uses the * character
23	Claim Type	Type of Claim: Professional, Inpatient, or Outpatient (Values: P, I, O)	1	158	158	Alpha Numeric
24	Delimiter		1	159	159	Uses the * character
25	Diagnosis Code	ICD-9 codes will be accepted prior to the ICD-10 implementation date. Only ICD-10 codes will be accepted starting with ICD-10 implementation date.	7	160	166	Alpha Numeric
26	Delimiter		1	167	167	Uses the * character
27	Diagnosis ICD	ICD code for Diagnosis (9 or 0). 9=ICD-9 and 0=ICD-10	1	168	168	Alpha Numeric
28	Delimiter		1	169	169	Uses the * character
29	Add or Delete flag	This will flag a diagnosis if it is an add or delete. A=Add, D=Delete. Original encounters which Add diagnoses, and Replacements that effectively Add or Delete diagnoses, shall be flagged with A or D accordingly. Replacements that have no effect on the diagnoses submitted in the Original encounter are not reported again in the MAO-004 report in the submission month of the Replacement, as the diagnoses in the Original submission stand as originally submitted.	1	170	170	Alpha Numeric
30	Delimiter		1	171	171	Uses the * character
31	Diagnosis Codes	This field represents up to 11 (for Professional) or up to 24 (for Institutional) occurrences of the diagnosis codes along with the	288	172	459	Alpha Numeric

Detail						
#	Item	Notes	Length	Starting Position	Ending Position	Format
		corresponding Diagnosis ICD and Add or Delete flag (field #25-30 values).				
32	Filler		41	460	500	Spaces

MAO-004 Trailer Record

Trailer						
#	Item	Notes	Length	Starting Position	Ending Position	Format
1	Record Type	9=Trailer	1	1	1	Numeric, no commas and/or decimals
2	Delimiter		1	2	2	Uses the * character
3	Report ID	Value is 'MAO-004'	7	3	9	Alpha Numeric
4	Delimiter		1	10	10	Uses the * character
5	Medicare Advantage Contract ID	Medicare Contract ID assigned to the submitting contract	5	11	15	Alpha Numeric
6	Delimiter		1	16	16	Uses the * character
7	Total Number of Records	Count of records on this report	18	17	34	Numeric, no commas and/or decimals
8	Delimiter		1	35	35	Uses the * character
9	Filler		465	36	500	Spaces

Updates to Field 24 of the Daily Transaction Reply Report File Layout
The fields highlighted reflect a change to the file layout.

Field	Size	Position	Description
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
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.

Field	Size	Position	Description
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.
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.
ee. Month used to determine Medicaid Status	6	85 – 90	YYYYMM Format; The month is either the anchor month (before final reconciliation) or the actual month of the start of the period (post final reconciliation).

Updates to Fields 44 and 85 of the Daily Transaction Reply Report File Layout

Field	Size	Position	Description
44. End Date	8	178 – 185	YYYMMDD format End Date associated with the Transaction Reply Code when applicable: • TRCs that report a Premium Payment Option (PPO) value that is not open-ended • TRC 366 – last month that is calculated using the Medicaid status in Field 85
85. Updated Medicaid Status for Community RAF beneficiary	1	445	The new Medicaid Status of a beneficiary whose payments are calculated using a Community Risk Adjustment Factor: 'F' – Full Dual 'P' – Partial Dual 'N' – Non-dual

New TRC 366

Code	Type	Title	Short Definition	Definition
366	M	Community Medicaid Status	MEDICAID UPDATE	This TRC is returned on a reply with Transaction Type 01. It is intended to supply the Plan with additional information about the beneficiary. As part of the mid-year or final reconciliation, an update has been made to the Medicaid status used to determine the Community Risk Adjustment Factor. If this TRC is issued as a result of the mid-year reconciliation, the month used to determine the Medicaid status for the remainder of the year (August – December) is May of the current year. Plans receive TRC 366 if the May Medicaid status is different than the status for October of the previous year which was used to calculate payments for January – July. Beginning with the August payment, prospective payments will be calculated using the new May Medicaid status. As of the final reconciliation, the month used to determine the Medicaid status for all months of the year is the actual payment month. Plans receive TRC 366 if the Medicaid status for any month is different than the Medicaid status that was used when the payment was originally calculated. (January – July used October of the previous year. August – December used May of the current year.) The effective date of the change of Medicaid status is reported in field 18. The end date is reported in field 44. The month used to determine Medicaid status is reported in field 24. The Medicaid status is reported in field 85: • 'F' – Full Dual • 'P' – Partial Dual • 'N' – Non-dual The Medicaid status that is in effect in field 24 applies to all months in the date range. Payment adjustments will be calculated using the new Medicaid status as part of the final reconciliation for the year. **Plan Action:** Update the Plan's records. Take the appropriate actions as per CMS guidance.

Updates to Fields 39, 46, and 84 of the Monthly Membership Data File (MMDR)

#	Field	Length	Position	Description
39.	Medicaid Status	1	171	The Medicaid status that is in effect for the month used to determine the appropriate community risk score for a NON-ESRD, Full-risk, NON-PACE beneficiary. Otherwise the field is informational – it is the Medicaid status that would be used if the beneficiary met the criteria for a community risk score. '1' = Beneficiary is determined to be full or partial Medicaid '0' = Beneficiary is not Medicaid Blank = This is a retroactive adjustment for a month prior to January 2017. Medicaid Status is determined by: • Before the Final Reconciliation for the payment year, the Medicaid status is initially determined using either October of the prior payment year or May of the payment year o October of the prior year is used for January –July o May of the current year is used for August - December • The Medicaid status is updated during the mid-year reconciliation for the remaining months in the payment year using the Medicaid status that is in effect during May of the payment year • During the Final Reconciliation for a payment year and after, the Medicaid status that is in effect during the payment month is used.

#	Field	Length	Position	Description
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 (Adjustments before 2017; PACE only beginning 1/2017) C1 = Community Post-Graft I (ESRD) C2 = Community Post-Graft II (ESRD) CF = Community Full Dual CP = Community Partial Dual CN = Community Non-Dual 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.

#	Field	Length	Position	Description
84.	Medicaid Dual Status Code	2	446-447	This field reports the Medicaid dual status code that is in effect for the month used to determine the appropriate community risk score, if a community risk score is used or were to be used for payment for a NON-ESRD, Full-risk, NON-PACE beneficiary (Field 46 is CF, CP or CN). Otherwise, the field is informational. Entitlement status for the dual eligible beneficiary for the month used when determining Medicaid Status. When Field 39 = 1 or Field 19 = Y: 01 = Eligible - entitled to Medicare- QMB only (Partial Dual) 02 = Eligible - entitled to Medicare- QMB AND Medicaid coverage (Full Dual) 03 = Eligible - entitled to Medicare- SLMB only (Partial Dual) 04 = Eligible - entitled to Medicare- SLMB AND Medicaid coverage (Full Dual) 05 = Eligible - entitled to Medicare- QDWI (Partial Dual) 06 = Eligible - entitled to Medicare- Qualifying individuals (Partial Dual) 08 = Eligible - entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB, QDWI or QI) with Medicaid coverage (Full Dual) 09 = Eligible - entitled to Medicare – Other Dual Eligibles but without Medicaid coverage (Non-Dual) 10 = Other Full Dual 99 = Unknown When Field 39 = 0: • 00 = No Medicaid Status When Field 39 is spaces: • Spaces