DEPARTMENT OF HEALTH & HUMAN SERVICES
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OFFICE OF INFORMATION SERVICES

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

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SUBJECT: Announcement of Spring 2009 Software Release

The Centers for Medicare and Medicaid Services (CMS) will be implementing software improvements to the enrollment and payment systems this spring to support the Medicare Modernization Act. As part of this effort, system changes have been scheduled for implementation as of May 10, 2009. These changes affect Plan exchanges with CMS for the June 2009 payment month, unless otherwise noted.

This memo provides information regarding these changes so Plans may assess the impact on their organization and accommodate the changes described below. In general, most changes are limited to internal CMS operations however; Plans will see resultant changes in the enrollment and payment reports and data files.

The changes for the spring release are categorized as follows:

1. Updates to Low Income Subsidy Status
2. Part D Enrollment Status Reported on the Monthly Membership Report (MMR)
3. Modifications to Plan Change (Code 72) Transaction Processing
4. Improvement in Plan Reporting for Premium Withhold and Part B Premium Reduction Processing
5. Aged/Disabled Medicare Secondary Payer (MSP) Data Submittal Process

Please note that all new/updated tables, screens and file layouts presented in this memo will be reflected in the next release of the Plan Communications User Guide (PCUG), scheduled for publication in early June 2009.

1. Updates to Low Income Subsidy Status

Effective with the spring release, the Weekly and Monthly Transaction Reply Reports (TRRs) will now provide full replacement Low Income Subsidy (LIS) profiles to Plans in response to Part D enrollments and PBP changes as well as any LIS change that impacts a Part D enrollment period.

CMS will no longer return LIS data in association with the Transaction Reply Codes (TRCs) generated in response to enrollment and Plan Benefit Package (PBP) change transactions. Specifically, LIS data will no longer accompany enrollment and PBP change TRCs 011, 100, 117, 118, 210, and 212. Instead, LIS TRCs will independently accompany enrollment and PBP change transaction responses.

CMS will also no longer identify specific LIS changes. Instead, Plans will be provided full replacement LIS profiles in response to low income changes that accumulate over the weekly and monthly TRR reporting cycles. Replacement profiles will be established using data known to CMS at the end of each reporting cycle. Reported data will span a PBP enrollment.

Since specific LIS changes will not be identified, CMS will eliminate TRCs 167 and 168. Two existing TRCs (121 and 194) have been retained but the definition of each has been slightly modified. One new TRC (223) has been added and will identify LIS periods that have been removed from and are no longer affecting an enrollment. For more detailed information and a complete list of changes regarding these TRCs, please refer to *Attachment A: New/Updated Transaction Reply Codes (TRCs).*

Full replacement LIS profiles will be represented by an ensemble composed of one or more of the TRCs 121, 194, and 223. Each profile will return LIS period start and end dates, premium subsidy percentage, co-payment level, enrollee type flag, and low income subsidy source code. Low income premium subsidy percentage and co-payment level values retain their current definitions. The new enrollee type flag will identify a beneficiary as being a prior, current, or prospective enrollee. The new low income subsidy source code will identify whether the LIS period is the result of CMS deeming or Social Security Administration (SSA) approval.

Common UI Changes

The M232 - Beneficiary Eligibility screen will display the low income subsidy source under the low income status information.

Low-Income Subsidy (LIS) Transaction Reply Codes

On enrollment in a Part D plan, one or more TRC-121s will describe a low income beneficiary's LIS profile. This profile will be returned regardless of whether the enrollment is retroactive, current, or prospective.

When a LIS change occurs for a beneficiary, one or more LIS TRCs will be returned to all Plans involved to reestablish the beneficiary's LIS profile. This will be accomplished irrespective of whether the affected beneficiaries are seen as prior, current, or prospective enrollees.

LIS reporting TRCs Summary:

TRC-121

This TRC will no longer be used to identify begin and/or end date changes. The identified LIS period will now have a start date that is either the beginning of the PBP enrollment or the start date of the low income period, whichever is later. The end date will now be either the last day of the PBP enrollment or the last day of the low income period, whichever is earlier. One or more TRC-121s may be needed to represent the entire LIS profile and they may be in combination with TRCs 194 and 223.

TRC-121 is returned in response to any of the following:

- Enrollment or PBP enrollment change, whether retroactive, current, or prospective, for a low income beneficiary
- Assignment of a new SSA applicant or deemed LIS period to an enrolled beneficiary
- Termination of a LIS period (assigned an end date) where the termination date remains within the PBP enrollment period, otherwise, TRC-223 is returned
- Change in a LIS premium subsidy percentage or co-payment level
- Change in the start or end date of any LIS period, but only if the newly defined LIS period continues to overlay the PBP enrollment period, otherwise, TRC-223 is returned

TRCs 167 and 168

These TRCs have been eliminated.

TRC-194 (current role continues)

This TRC reports manual corrections to LIS deemed records. Manual changes are made by CMS staff or an authorized contractor. The low income period identified by each TRC-194 will have a start date that is either the beginning of the PBP enrollment period or the start date of the modified low income period, whichever is later. The end date will be either the last day of the PBP enrollment period or the last day of the modified low income period, whichever is earlier. One or more TRC-194s may be present. TRCs 121 and 223 may be present as well.

TRC-223 (new code)

This TRC reports LIS data removed from the enrollment period. Like TRCs 121 and 194, TRC-223 identifies the LIS period removed and the associated data. The start date will be either the beginning of the PBP enrollment period or the start date of the modified low income period, whichever is later. The end date will be either the last day of the PBP enrollment period or the last day of the modified low income period, whichever is earlier. One or more TRC-223s may be present. TRCs 121 and 194 may be present as well.

LIS TRCs will convey only LIS related data in addition to the necessary beneficiary, contract, and transaction source information. Other fields will be blank. Conversely, LIS data will not be returned in TRCs unrelated to low income reporting. LIS fields in these non-LIS TRCs will be blank. In summary, Plans will no longer receive LIS eligibility related information on any TRCs other than the three codes: 121, 194, and 223.

Low-Income Subsidy (LIS) Fields on the Transaction Reply Report

In order to provide complete and informative TRR data regarding LIS eligibility, several new fields have been added to the TRR. New fields include the following:

Field 64, positions 355 through 362, Low Income Period End Date – Data in this field represents a specific end date for the LIS data returned. 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 will be blank for LIS applicants with an open ended award or when the TRC is not one of the LIS TRCs 121, 194, and 223.

Field 65, position 363, Low Income Period Subsidy Source Code – Data in this field indicates the beneficiary type. Valid values are as follows:

- 'D' = Deemed by CMS
- 'A' = Approved by SSA
- Blank when TRC is not one of the LIS TRCs 121, 194, and 223

Field 66, position 364, Enrollee Type Flag, PBP Level – Data in this field informs the Plan whether the beneficiary referred to is current, previous, or prospective member. Valid values are as follows:

- 'C' = current enrollee – Part D beneficiaries enrolled in the PBP
- 'P' = prospective enrollee – Part D beneficiaries whose enrollment effective start date is a future date
- 'Y' = previous enrollee – Part D beneficiaries who are no longer enrolled in a particular PBP, but whose prior Part D enrollment with that PBP was touched in some part by the LIS activity
- Blank when TRC is not one of the LIS TRCs 121, 194, and 223

In addition to the new fields added above, the data represented in the following existing fields will have specific definitions when received as part of an LIS notification. These include:

Field 18, positions 63 through 70, Effective Date – Start date of the contract/PBP enrollment period.

Field 20, positions 72 through 74, Plan Benefit Package ID – beneficiary's PBP for the LIS period reported.

Field 49, positions 235 through 237, Part D Low Income Premium Subsidy Level – Part D low-income premium subsidy level:

- '000' = No subsidy
- '025' = 25% subsidy level

- '050' = 50% subsidy level
- '075' = 75% subsidy level
- '100' = 100% subsidy level
- Blank when TRC is not one of the LIS TRCs 121, 194, and 223

Field 50, position 238, Part D Low Income Co-Pay Category – Definitions of the co-payment categories:

- '0' = none, not low-income (not returned with LIS TRCs)
- '1' = (High)
- '2' = (Low)
- '3' = (0)
- '4' = 15%
- '5' = Unknown
- Blank when TRC in not one of the LIS TRCs 121, 194, and 223

Field 51, positions 239 through 246, Low Income Period Effective Date (previously Low Income Co-Pay Effective Date) – Start date of the reported low income subsidy period. The date is the later of either the PBP enrollment effective date or the beneficiary's LIS period start date. Blank when TRC is not one of the LIS TRCs 121, 194, and 223.

Note: Information returned in TRR fields 18 and 51 may or may not be the same. The dates will be identical when the reported LIS period's start date is the same as or earlier than the PBP enrollment effective date. The dates will be different when the reported LIS period's start date is later than the PBP enrollment effective date.

The detailed file layout for the TRR (Weekly/Monthly) is located in *Attachment B: Transaction Reply Report (TRR) (Weekly/Monthly) with new LIS fields.*

Reminder: Once these changes have been implemented as part of the spring release, CMS will issue additional guidance regarding the LIS data hierarchy as previously discussed in the February 5, 2008 HPMS memo from Cynthia Tudor and Anthony Culotta entitled "*Methodology for Using Various CMS Low Income Subsidy (LIS) Data Sources.*"

2. Part D Enrollment Status Reported on the Monthly Membership Report (MMR)

Effective with the spring release, CMS is updating the Monthly Membership Report (MMR) data file and report to provide more detailed information to Plans. The existing data file will be updated to include a **Beneficiary Dual and Part D Enrollment Status Flag** in field 44, which was previously identified as filler. The new Status Flag will identify those beneficiaries enrolled in a Plan with Part D coverage.

Beneficiary Dual and Part D Enrollment Status Flag valid values are as follows:

- '**0**' - Non-drug plan, beneficiary not dual enrolled.

- '**1**' - Drug Plan, beneficiary not dual enrolled.
- '**2**' - Non-drug plan, beneficiary dual enrolled.
- '**3**' - Drug plan, beneficiary dual enrolled.

The detailed file layout for the MMR is located in *Attachment C: Monthly Membership Detail Data File*.

3. Modifications to Plan Change (Code 72) Transaction Processing

Currently, Plans submit Plan Change (code 72) transactions to update or change 4Rx fields, Number of Uncovered Months (NUNCMO), Premium Withhold Option, Plan Premium Amounts, EGHP Flag, Part D Opt-Out Flag, or Segment Changes. These transactions are treated as three different categories in the MARx system: 4Rx, NUNCMO and Other. This categorization causes the rejection of some Plan Change (code 72) transactions when more than one category is included on the same file submission.

As a result, effective with the spring release, CMS will modify the Plan Change (code 72) transaction by separating out and creating three new Enrollment Record Update transaction codes to include the following:

- **Code 72 = 4Rx Record Update** – exclusively for processing of 4Rx data updates
- **Code 73 = Number of Uncovered Months Update** – exclusively for processing uncovered months data updates
- **Code 74 = Miscellaneous Data Update** (includes EGHP Flag, Segment ID, Part C premium amount and Part D Opt-Out) – exclusively for processing Miscellaneous enrollment data updates
- **Code 75 = Premium Withhold Option Change** – exclusively for processing Premium withhold option changes

To more clearly communicate these changes, CMS has added six new TRCs and modified 55 existing TRCs to accommodate validation edits for these new transaction types. For more detailed information and a complete list of changes regarding these TRCs, please refer to *Attachment A: New/Updated Transaction Reply Codes (TRCs).*

Any changes made using these new transaction types will still be reported to Plans via the weekly/monthly TRR, with a value of '72', '73', '74' or '75' in the Transaction Type Code (field 16) on the TRR record. Details on the changes to the layout may be found in *Attachment D: MARx Batch Input Transaction Data File.*

4Rx Record Update (code 72) Transactions

Plans will be required to use the 4Rx Record Update (code 72) transaction type when submitting 4Rx changes. The 4Rx record layout remains unchanged from the existing change transactions layout. The only fields that should be populated are those required for 4Rx processing:

- Beneficiary Identification Fields (HICN, Name, DOB)
- Surname
- First Name
- Sex
- Birth Date
- PBP # (when applicable; see Attachment D)
- Contract Number
- Transaction Code
- Effective Date
- Rx BIN
- Rx ID
- Rx GRP (optional)
- Rx PCN (optional)
- Secondary Drug Insurance Flag (optional)
- Secondary Rx BIN (optional)
- Secondary Rx ID (optional)
- Secondary Rx GRP (optional)
- Secondary Rx PCN (optional)

Important: Data submitted in code 72 transactions and not pertaining to 4Rx updates will be ignored. The transaction will not be rejected.

4Rx Record Update (code 72) transaction types can be retroactive as well as prospective. Any effective date will be accepted as long as it matches a existing Part D enrollment effective date.

MARx will also replace the current Primary 4Rx values for the enrollment (if any) with the Primary 4Rx values from the 72 transaction. When Secondary 4Rx values are specified on a 72 transaction, MARx will add the Secondary 4Rx values from the 72 transaction as a new instance of Secondary 4Rx coverage. Currently, there is no mechanism for Plans to delete or replace an instance of Secondary 4Rx coverage via MARx transactions.

Number of Uncovered Months Update (NUNCMO) (code 73) Transactions

Plans will be required to use the NUNCMO (code 73) transaction type when adding or changing the number of uncovered months. NUNCMO changes via the code 72 transaction will no longer be accepted as of the implementation date of this systems release. Plans may still submit NUNCMO information on enrollment transactions as before.

The NUNCMO transaction (code 73) file layout will require that the following fields be populated when submitting code 73 transactions:

- Beneficiary Identification Fields (HICN, Name, DOB)
- Surname
- First Name
- Sex
- Birth Date
- PBP # (when applicable; see Attachment D)

- Contract Number
- Transaction Code
- Effective Date
- Creditable Coverage Flag
- Number of Uncovered Months (blank or change to value)

Important: Data submitted in code 73 transactions and not pertaining to the number of uncovered months update will be ignored. The transaction will not be rejected.

NUNCMO (code 73) transactions can be retroactive as well as prospective. The effective date to submit on the transaction depends on the action being requested. The instructions on how to do this in the existing guidance are not changed when using the code 73 transaction.

Miscellaneous Data Update (code 74) Transactions

Plans will be required to use the Miscellaneous Data Update (code 74) transaction type for submission of EGHP Flag, Segment ID, Part C premium amount and Part D Opt-Out changes. Such changes submitted via the code 72 transaction will no longer be accepted as of the implementation date of this systems release.

The Miscellaneous Record file layout will require that the following fields be populated when submitting code 74 change transactions:

- Beneficiary Identification Fields (HICN, Name, DOB)
- Surname
- First Name
- Sex
- Birth Date
- EGHP Flag (blank or change to value)
- PBP #
- Contract #
- Transaction Code
- Effective Date
- Segment ID (Blank or change-to value for local plans; otherwise, N/A)
- Part C Premium Amount (blank or change-to value)
- Part D Opt-Out Flag (blank or change-to value)

Important: Data submitted in code 74 transactions and not pertaining to miscellaneous data updates will be ignored. The transaction will not be rejected.

Miscellaneous Record (code 74) transactions can be retroactive as well as prospective. Any effective date will be accepted as long as it matches a Part D enrollment effective date.

Premium Withhold Option Change (code 75) Transactions

Plans will be required to use the Premium Withhold Option Change (code 75) transaction type for submission of Premium Withhold Option changes. Premium withhold changes submitted via

the code 72 transaction will no longer be accepted as of the implementation date of this systems release.

The Premium Withhold Option Change file layout will require that the following fields be populated when submitting code 75 change transactions:

- Beneficiary Identification Fields (HICN, Name, DOB)
- Surname
- First Name
- Sex
- Birth Date
- PBP #
- Contract #
- Transaction Code
- Effective Date
- Premium Withhold Option/Parts C-D

Important: Data submitted in code 75 transactions and not pertaining to premium withhold option change updates will be ignored. The transaction will not be rejected.

Note: For normal batch processing, the effective date for Premium Withhold Option Change record update transactions must be within the range of Current Payment Month (CPM) to Current Payment Month plus two (2) months. CPM minus one (1) month will not be supported for standard batch file processing as is currently done.

Other Changes

The Part D premium can no longer be changed through any of the Enrollment Record Update transactions (code 72, 73, 74 or 75). In addition, Enrollment Record Update transactions shall be retroactive or prospective and will not require an election type. The effective date of the transactions must fall between CPM minus 1 month and CPM plus 2 months with the exception of Premium Withhold Option Change update transactions. As a reminder, Premium Withhold Option Change update transactions for standard batch processing shall be prospective only (CPM to CPM plus 2 months). The system shall reject Premium Withhold Option Change update transactions with an effective date earlier than CPM.

The Enrollment Transmission Message File (STATUS) will be updated to reflect the addition of code 73, 74, and 75 transactions. The detailed file layout for STATUS is located in *Attachment E: Enrollment Transmission Message File (STATUS) with New Enrollment Record Update Fields.*

Failed transactions will be reported in the Failed Transaction Data File (FAILED). There are no updates to the file layout as a result of this new transaction type, but the detailed layout for FAILED is located in *Attachment G: Failed Transaction Data File (FAILED) with New Aged/Disabled MSP Status Flag Field.*

Common UI and IUI Changes

M314 Batch Status Details screen in Common UI and the Batch Status screen in IUI shall display the transaction counts of record update transactions (code 72, 73, 74, 75).

4. Improvement in Plan Reporting for Premium Withhold and Part B Premium Reduction Processing

Effective with the spring release, Part B premium reduction plans will receive separate notifications pertaining to Part B premium reduction processing and pertaining to Part C/D premium withholding.

This change will allow CMS to provide more specific TRCs to Plans regarding the result of data exchanges with SSA. The definitions for four existing TRCs (120, 185, 186 and 195) will be re-defined to reflect only Part C/Part D withhold information. New TRCs will be added to reflect Part B reduction information (187 to 192, 223, and 235 to 237). For example, currently TRC 185 now informs Plans that a Part C withhold/Part D withhold/Part B reduction transaction has been accepted at SSA. After this release, TRC 185 will only apply to Part C withhold/Part D withhold while new TRC 235 will apply to Part B reduction.

For more detailed information and a complete list of changes regarding these TRCs, please refer to *Attachment A: New/Updated Transaction Reply Codes (TRCs).*

Common UI changes

The M237 - Beneficiary SSA-RRB screen under the 'SSA-RRB' submenu will display the SSA Part C/D Premium Withholding records, SSA Part B records, RRB Part C/D/B records and the historical SSA Part C/D/B records. Three separate views are available for the user on the M237 screen. An 'All SSA-RRB' view will contain the SSA Part C/D Premium Withholding records, SSA Part B records, RRB Part C/D/B records and the historical SSA Part C/D/B records. The 'SSA Part C/D' view will contain only the SSA Part C/D information and the 'SSA Part B' view will contain only the SSA Part B information. The details along with the reason for reject will be displayed on M237 screen when the 'Status' field is clicked.

The M231 - Beneficiary Detail Premiums screen under the 'Premiums' submenu shall display the SSA Accepted Month for Part B records and the SSA Accepted Month for the Part C/D records.

5. Aged/Disabled Medicare Secondary Payer (MSP) Data Submittal Process

CMS will be automating the submission of the annual Plan reported Medicare Secondary Payer (MSP) survey results for aged and disabled beneficiaries. Currently Plans submit their results on a CD to CMS by mail, and then the data must be manually loaded into the CMS systems. This is a cumbersome process that often results in file formatting errors and other problems. An electronic file submission process sent directly to MARx will improve the accuracy and timeliness of this reporting.

Effective with the spring release, CMS is updating the MARx Batch Input Transaction Data File to accommodate this new submission process. These transactions will be submitted via a new

Age/Disabled MSP (code 85) transaction. These transactions can be included in the normal enrollment/disenrollment batch transaction file and it will follow the same format as other batch transactions with most of the fields reverting to filler.

CMS will specify the year of the annual survey for which the Plans should submit results, and CMS will also specify the timeframe for Plan submission. The annual survey date is shown in the effective date field, and should be submitted by the Plans as March 1st of the annual survey year.

The existing data file will also be updated to include an **Aged/Disabled MSP Status Flag** in field 42, which was previously identified as filler. The new **Aged/Disabled MSP Status Flag** will identify those beneficiaries as follows:

- **'S'** = Beneficiary responded and Medicare is secondary
- **'N'** = Beneficiary failed to respond
- **'P' =** Beneficiary responded and Medicare is primary

Note: Submissions for beneficiaries for whom Medicare is primary should not be submitted via an Age/Disabled MSP (type 85) transaction unless the beneficiary has been ***previously*** reported as non-respondent (N) or Medicare – Secondary (S). Plans should only submit type 85 transactions with an **Age/Disabled MSP Status Flag** of 'P' to correct the status for a beneficiary who was ***previously*** submitted with another status.

Details on the changes to the layout may be found in *Attachment D: MARx Batch Input Transaction Data File.*

MARx will edit the data and return replies (acceptance and rejections) to Plans on the TRRs. Ten new TRCs (224 and 226 to 234) will also be added to reflect submitted MSP Survey Result information allowing Plans to correct and resubmit data more quickly and accurately. For more detailed information and a complete list of changes regarding these TRCs, please refer to *Attachment A: New/Updated Transaction Reply Codes (TRCs).*

Plan submissions using this new transaction type will be reported in field 63, position 354, of the weekly/monthly TRR, with a value of '85' in the Transaction Type Code (field 16). Details on the changes to the layout may be found in *Attachment D: MARx Batch Input Transaction Data File.*

The Enrollment Transmission Message File (STATUS) will be updated to reflect the addition of the code 85 transaction. The detailed file layout for STATUS is located in *Attachment E: Enrollment Transmission Message File (STATUS) with New Enrollment Record Update Fields.*

The Batch Completion Status Summary Data File (BCSS) will be updated to reflect the addition of the Aged/Disabled MSP Status Flag field. The detailed file layout for BCSS is located in *Attachment F: Batch Completion Status Summary Data File (BCSS) with New Aged/Disabled MSP Status Flag Field.*

The Failed Transaction Data File (FAILED) will be updated to reflect the addition of the Aged/Disabled MSP Status Flag field. The detailed file layout for FAILED is located in

Attachment G: Failed Transaction Data File (FAILED) with New Aged/Disabled MSP Status Flag Field.

The Batch Status Screen in IUI and the M314 - Batch Status Details screen in the Common UI will also show '85' transaction counts.

A new report will be provided to each Plan at the completion of MARx Aged/Disabled MSP processing. The new report will contain: count of respondents, i.e. Aged/Disabled MSP reported; count of non-respondents who became Aged/Disabled MSP; count of non-respondents who did NOT become Aged/Disabled MSP; Aged/Disabled MSP APPS computed factor.

Details on this new layout may be found in *Attachment H: Aged/Disabled MSP Plan Notice Data File.*

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

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
001 R	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, 60, 61, 62, 71, 72, 73, 74, 75 and 85. This transaction should be resubmitted with a valid transaction type code. ***Note**: Transaction Types 30 and 31 are valid for pre-2004 adjustments. Transaction Types 41 and 54 are not submitted by the Plans.* *This TRC code will not be returned in the BCSS or TRR. It will be seen in the Failed Transaction File.* **Plan Action:** Correct the Transaction Code and resubmit if appropriate.
003 R	Invalid Contract Number	BAD CONTRACT #	A transaction (01, 51, 60, 61, 62, 71, 72, 73, 74, 75, 85) failed because CMS did not recognize the contract number. This TRC will not be returned in the BCSS or TRR. It will be seen in the Failed Transaction File. **Plan Action:** Correct the Contract Number and resubmit if appropriate.
004 R	Beneficiary Name Required	NEED MEMB NAME	A transaction (01, 41, 51, 60, 61, 62, 71, 72, 73, 74, 75, 85) was rejected, because both of the beneficiary name fields (Surname and First Name) were blank. The beneficiary's name must be provided. The transaction should be resubmitted with beneficiary name included. **Plan Action:** Populate the Beneficiary Name fields and resubmit if appropriate.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
006 R	Invalid Birth Date	BAD BIRTH DATE	A transaction (01, 41, 51, 60, 61, 62, 71, 72, 73, 74, 75, 85) failed or was rejected because the beneficiary Birth Date (field 6) was invalid or inappropriate. A value submitted in the Birth Date field must be a valid date in the format YYYYMMDD. If the Birth Date contains a non-blank invalid date (ex: "Aug 1940" or "19400199"), the transaction is returned with TRC 006 in the Failed Transaction file (NOT the BCSS or TRR). If the Birth Date contains a valid date but the birth year is before 1870 or greater than the current year, the transaction is rejected and a record with TRC 006 is returned in the TRR. **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.
007 R	Invalid Claim Number	BAD HICN FORMAT	A transaction (01, 41, 51, 60, 61, 62, 71, 72, 73, 74, 75, 85) 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	HICN NOT FOUND	A transaction (01, 41, 51, 60, 61, 62, 71, 72, 73, 74, 75, 85) 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.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
009 R	No beneficiary match	NO BENE MATCH	A transaction (01, 41, 51, 60, 61, 62, 71, 72, 73, 74, 75, 85) 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.
022 A	Transaction Accepted, Claim Number Change	NEW HICN	A transaction (60, 61, 62, 71, 72, 73, 74, 75, 85) has been successfully processed. The effective date of the transaction is shown in the Effective Date (field 18) of the Transaction Reply record and in the EFF DATE column on the printed report. **Additionally,** the claim number for this beneficiary has changed. The old claim number is in field 1 and the new claim number is reported in field 24. The new claim number is also shown in the REMARKS column on the printed report. For enrollment acceptance (60, 61, 62) TRC-022 is reported in lieu of TRC 011. Other accompanying replies with different TRCs may give additional information about this enrollment. **Plan Action:** Ensure the Plan's system matches the information included in the TRR record. Take the appropriate actions per CMS guidance. Change the beneficiary's claim number in the Plan's records. **Any future submitted transactions for this beneficiary must use the new claim number**

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
023 A	Transaction Accepted, Name Change	NEW NAME	A transaction (60, 61, 62, 71, 72, 73, 74, 75, 85) has been successfully processed. The effective date of the transaction is shown in the Effective Date (field 18) of the Transaction Reply record and in the EFF DATE column on the printed report. **Additionally**, the beneficiary's name has changed. The new name is reported in fields 2, 3 and 4 and in the corresponding columns in the printed report. For enrollment acceptance (60, 61, 62), TRC-023 is reported in lieu of TRC 011. Other accompanying replies with different TRCs may give additional information about this enrollment. **Plan Action:** Ensure the Plan's system matches the information included in the TRR record. Take the appropriate actions as per CMS enrollment guidance. Change the beneficiary's name in the Plan's records. **To ensure accurate identification of the beneficiary, future submitted transactions for this beneficiary should use the new name.**

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
037 R	Enrollment Rejected, Invalid Date	BAD ENROLL DATE	An enrollment, PBP change, or Record Update transaction (60, 61, 62. 71, 72, 73, 74, 75) failed or was rejected because the submitted enrollment effective date was invalid or inappropriate. If the Effective Date is blank or contains a non-blank invalid date (ex: "Aug 2007" or "20070199"), the transaction is returned with TRC 037 in the Failed Transaction File (NOT the BCSS or TRR). If the Effective Date contains a valid date that is not appropriate for the submitted transaction, TRC 037 is returned in the TRR. Inappropriate effective dates include: - Date is not first day of the month - Date more than two months beyond the CPM - Type 61 or 71 transaction with date more than one month prior to Current Payment Month (CPM). - Type 60 transaction with future date or date more than three months prior to CPM. A type 60 transaction must have a date that is either CPM - 2 or CPM - 3. - Type 62 transaction with an effective date not equal to CPM -2. - Record Update transactions (Type 72, 73, 74, 75): o Uncovered Months Change (Creditable Coverage Flag = N or Y) with an effective date not equal to the effective date of an existing enrollment period o Uncovered Months Reset (Creditable Coverage Flag = R) with an effective date that is not within an existing enrollment period o Uncovered Months Reset UNDO (Creditable Coverage Flag = U) with an affective date not equal to the effective date of an existing reset. o 4 Rx transaction with an effective date not equal to the effective date of an existing enrollment period o Miscellaneous records update transaction (Not 4 Rx nor NUNMCO) with an effective date between CPM – 1 and CPM + 2. **Plan Action:** Correct the Effective Date and resubmit if appropriate. If this is a retroactive transaction, contact CMS for instructions on submitting retroactive transactions.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
060 R	Correction or Change Rejected, Not Enrolled	NOT ENROLLED	A Correction (01) or enrollment Record Update transaction (72, 73, 74, 75) was rejected because the beneficiary is not currently enrolled in the Plan. Plans are not permitted to submit transactions for beneficiaries who are not enrolled in their plan. **Plan Action:** Verify the beneficiary identifying information and resubmit the transaction with updated information, if appropriate.
102 R	Rejected; Invalid or Missing Application Date	BAD APP DATE	An enrollment or PBP change transaction (60, 61, 62, 71) failed or was rejected because the Application Date was missing or invalid or inappropriate. If the Application Date contains a non-blank invalid date (ex: "Aug 1940" or "19400199"), the transaction is returned with TRC 102 in the Failed Transaction File (NOT the BCSS or TRR). If the Application Date is blank or contains a valid date that is not appropriate for the submitted transaction, TRC 102 is returned in the TRR record. Examples of inappropriate application dates: - Date is blank (Note: Blank Application Dates are accepted on Disenrollment (51) or Record Update (72, 73, 74, 75) transactions because this is not a required field).) - Date is later than the submitted Effective Date. - Date does not lie within the election period specified on the submitted transaction (Note: Plans should see Chapter 2 of the Medicare Managed Care Manual or the PDP Guidance on Eligibility, Enrollment and Disenrollment for detailed descriptions of the Election Periods.) **Plan Action:** Correct the Application Date and resubmit if appropriate.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
104 R	Rejected; Invalid or Missing Election Type	BAD ELECT TYPE	An enrollment, disenrollment, PBP change or Plan Change transaction (60, 61, 62, 51, 71) was rejected because the submitted Election Type is either missing, contains an invalid value or is not appropriate for the plan or for the transaction type. The valid Election Type values are: A – Annual Election Period (AEP) E – Initial Enrollment Period for Part D (IEP) I – Initial Coverage Election Period (ICEP) O – Open Enrollment Period (OEP) N – Open Enrollment for Newly Eligible Individuals (OEPNEW) T – Open Enrollment Period for Institutionalized Individuals (OEPI) **Special Enrollment Periods** U - SEP for Loss of Dual Eligibility or for Loss of LIS V - SEP for Changes in Residence W - SEP EGHP (Employer/Union Group Health Plan) Y - SEP for CMS Casework Exceptional Conditions X - SEP for Administrative Change - *Plan Submitted "Rollover"* - *Involuntary Disenrollment* - *Premium Withhold Change* - *Plan-submitted "Canceling" Transaction* S – Special Enrollment Period (SEP) The value expected in Election Type 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 value and resubmit, if appropriate.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
107 R	Rejected; Invalid or Missing PBP Number	BAD PBP NUMBER	An enrollment, PBP change or Record Update transaction (60, 61, 62, 71, 72, 73, 74, 75) 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 disenrollment transactions (51) but if submitted it must be valid for the contract number on the transaction. **Plan Action:** Correct the PBP # and resubmit the transaction if appropriate.
116 R	Enrollment or Change Rejected; Invalid or Missing Segment number	BAD SEGMENT NUM	An enrollment or PBP change transaction (60, 61, 62, 71) was rejected because the enrollment is for a PBP that has been segmented, and the segment number on the submitted transaction was missing or invalid. -OR- A Miscellaneous Record Update transaction (74) was submitted with a non-blank Segment number, and the segment number was invalid for the PBP. Any submitted segment number must be valid for the Contract / PBP combination. Segment number is not required for a disenrollment transaction (51). **Plan Action:** Correct the Segment number and resubmit the transaction if appropriate.
117 A	FBD Auto Enrollment Accepted	FBD AUTO ENROLL	This new enrollment transaction (61, 62, 71) was the result of a Plan-submitted or CMS-initiated auto-enrollment of a full-benefit dual-eligible beneficiary into a Part D Plan. The enrollment was accepted. The effective date of the new enrollment is shown in the Effective Date (field 18) of the Transaction Reply record and in the EFF DATE column on the printed report. Other accompanying replies with different TRCs may give additional information about this new enrollment. **Plan Action:** Ensure the Plan's system matches the information included in the TRR record. Take the appropriate actions as per CMS enrollment guidance.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
118 A	LIS Facilitated Enrollment Accepted	LIS FAC ENROLL	This new enrollment transaction (61, 62, 71) was the result of a Plan-submitted or CMS-initiated facilitated enrollment of a low income beneficiary into a Part D Plan. The effective date of the new enrollment is shown in the Effective Date (field 18) of the Transaction Reply record and in the EFF DATE column on the printed report. Other accompanying replies with different TRCs may give additional information about this new enrollment. **Plan Action:** Ensure the Plan's system matches the information included in the TRR record. Take the appropriate actions as per CMS enrollment guidance.
119 A	Premium Amount Change Accepted	PREM AMT CHG	A Miscellaneous Record Update transaction (74) was accepted. The Part D or Part C premium amount has been updated with the amount submitted on the transaction. The amount may have also been updated by CMS. A Record Update transaction (72) was received with a Part C premium that exceeded the stored Maximum Part C amount; MARx has reset this value to the stored Part C Basic plus Mandatory Supplemental Premium Rebate, Net of Rebate. The effective date of the new premium will be reported in field 18 of the TRR record and in the EFF DATE column on the printed report. The amount of the new Part C premium will be reported in field 19 and the new Part D premium will be reported in field 20 of the TRR record. **Plan Action:** Update the Plan's records accordingly, ensuring that the beneficiary's premium amounts are implemented as of the effective date in field 18. Take the appropriate actions as per CMS enrollment guidance. ***Note**: If a change to the Part D Premium amount is submitted and it is not the amount recorded in HPMS, CMS will change the Part D Premium to the correct amount and issue a reply with TRC 181.*

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
120 I	Premium Withholding Option Change Sent to SSA	WHOLD UPDATE	As a result of an accepted Plan-submitted transaction (51, 60, 61, 62, 71, 73, 74, 75) or UI update to a beneficiary's records, information has been forwarded to SSA to update SSA records and implement any requested premium withholding changes. Any requested change will not take effect until an SSA acceptance is received. Plans are notified of the SSA acceptance with a TRC 185 on a future TRR. **Plan Action:** None required. Take the appropriate actions as per CMS enrollment guidance. **Note**: The Plan will not see the result of any Premium Withholding Option change until they have received a TRC 185 on a future TRR.
121 M	Low Income Period Status	LIS UPDATE	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. It is created in response to an enrollment transaction or change in a beneficiary's low income profile. Each TRC-121 returns start and end dates, premium subsidy percentage, and co-payment category for one low income period affecting a PBP enrollment. There may be more than one TRC-121 returned. The effective date for the co-pay period is shown in the Low-Income Period Effective Date field (field 51). Premium subsidy percentage and co-pay level are reported in the Part D Low-Income Premium Subsidy Level field (field #49), and Low-Income Co-Pay Category field (field 50), respectively. The Effective Date field (field 18) contains the PBP enrollment period start date. Low income subsidy TRCs 194 and/or 223 may accompany TRC-121. These three TRCs convey the beneficiary's low income subsidy profile at the time of report generation. They provide a full replacement set of low income subsidy data affecting the identified PBP enrollment period. **Plan Action:** Update the Plan's records to reflect the given data for the beneficiary's LIS period. Take the appropriate actions as per CMS enrollment guidance.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
122 R	Enrollment or Change Rejected, Invalid Premium Amount	BAD PREMIUM AMT	An enrollment, PBP change or Record Update transaction (60, 61, 62, 71, 74) was rejected because the submitted Part C or Part D premium amount was not blank and was not numeric. If the Part C and/ or Part D premium fields are blank on submitted Enrollments or PBP change transactions (60, 61, 62, 71), the blank will be converted to zeros. Any submitted value must be numeric. Blank Part C and/or Part D premium fields are permitted on the Record Update transaction (72). If either of these fields is populated, the field must contain a numeric value. **Plan Action:** Correct the Part C and/or Part D premium amounts and resubmit if appropriate.
123 R	Enrollment or Change Rejected, Invalid Premium Withholding Option Code	BAD W/HOLD OPT	An enrollment, PBP change or Premium Withhold Option Record Update transaction (60, 61, 62, 71, 75) was rejected because the value submitted in the Premium Withholding Option Code field was an invalid value. The valid values include: • D – Direct Bill – Self Pay • S – Deduct from SSA benefits • N – No premium applicable R (Deduct from RRB) and O (Deduct from OPM benefits) are not currently available. They are scheduled for future implementation. **Plan Action:** Correct the Premium Withholding Option code and resubmit if appropriate.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
124 R	Enrollment or Change Rejected; Invalid Uncovered Months Field	BAD UNCOV MNTHS	An enrollment PBP Change or Number of Uncovered Months Record Update transaction (60, 61, 62, 71, 73) was rejected because the 'Number of Uncovered Months' field was not correctly populated. This rejection could be the result of the following conditions: • The field contained a non-numeric value • The Uncovered Months field was zero when the Creditable Coverage Switch was set to N • The Uncovered Months field was greater than zero when the Creditable Coverage Switch was set to Y or blank • On a type 73 transaction, the non-blank Uncovered Months field contained a non-numeric value **Plan Action**: Correct the Number of Uncovered Months value and resubmit the transaction if appropriate. Verify that the Creditable Coverage Flag and Number of Uncovered Months combination is valid.
126 R	Enrollment or Change Rejected; Invalid Creditable Coverage Flag	BAD CRED COV FL	An enrollment, PBP Change or Number of Uncovered Months Record Update transaction (60, 61, 62, 71, 73) was rejected because the 'Creditable Coverage Flag' field was not correctly populated. The valid values for Creditable Coverage Flag are Y, N and blank. **Plan Action:** Correct the Creditable Coverage Flag value and resubmit the transaction if appropriate. Verify that the Creditable Coverage Flag and Number of Uncovered Months combination is valid.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
130 R	Part D Opt-Out Rejected, Opt-Out Indicator Not Valid	BAD OPT OUT CD	An Opt-Out, disenrollment, PBP Change or Miscellaneous Record Update transaction (41, 51, 54, 71, 74) was rejected because the 'Part D Opt-Out Flag' field was not correctly populated. The valid values for Part D Opt-Out Flag are: Type 41 transaction – Y or N All other transaction types – Y, N or blank **Plan Action:** If submitted by the Plan (51, 71, 74), correct the Part D Opt-Out Flag value and resubmit the transaction if appropriate. If submitted by CMS (41, 54), no Plan action is required.
131 I	Part D Opt-Out Accepted	OPT OUT OK	A transaction (41, 51, 54, 71, 74) was received that specified a Part D Opt-Out Flag value or a change to the Part D Opt-Out Flag value. The Part D Opt-Out Flag has been accepted The new Part D Opt-Out Flag value is reported in field 38 on the TRR record. **Plan Action:** No action necessary.
133 R	Part D Enrollment Rejected; Invalid Secondary Insurance Flag	BAD 2 INS FLAG	An enrollment, PBP Change or 4Rx Record Update transaction (60, 61, 62, 71, 72) was rejected because the 'Secondary Drug Coverage Flag' field was not correctly populated. The valid values for Secondary Drug Coverage Flag are Y, N or blank. **Plan Action:** Correct the Secondary Drug Coverage Flag and resubmit the transaction if appropriate.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
134 I	Missing Secondary Insurance Information	NO 2 INS INFO	An Enrollment, PBP Change, or 4Rx Record Update transaction (60, 61, 62, 71, 72) was submitted with the Secondary Insurance Flag set to Y, but the associated secondary insurance fields (Secondary RxID and Secondary RxGroup) were not populated. No changes to the beneficiary's secondary insurance information were made. **This is not a transaction rejection.** The submitted transaction was accepted and a reply was provided in the TRR with an appropriate acceptance TRC. This reply provides additional information about the transaction. The Effective Date of the transaction for which this information is pertinent is reported in field 18 of the Transaction Reply record and in the EFF DATE column on the printed report. The transaction type will reflect the transaction type of the submitted transaction. (60, 61, 62, 71, 72). **Plan Action: If appropriate,** submit a 4Rx Record Update transaction (72) with the correct Secondary Insurance RxID and Secondary Insurance RxGroup values.
139 A	EGHP Flag Change Accepted	EGHP FLAG CHG	A Miscellaneous Record Update transaction (74) was accepted. This transaction changed the beneficiary's EGHP flag. The Miscellaneous Record Update transaction may have been submitted by the Plan or initiated by a CMS User. The value in field 48 on the TRR record will contain the new EGHP flag. The effective date of the change is reported in field 18 of the TRR record and in the EFF DATE column on the printed report. **Plan Action:** Ensure the Plan's system matches the information included in the TRR record. Take the appropriate actions as per CMS enrollment guidance.
140 A	Segment ID Change Accepted	SEGMENT ID CHG	A Miscellaneous Record Update transaction (74) was accepted. This transaction changed the Segment ID for the beneficiary. The value in field 33 on the TRR record will contain the new Segment ID. The effective date of the change is reported in field 18 of the TRR record and in the EFF DATE column on the printed report. **Plan Action:** Ensure the Plan's system matches the information included in the TRR record. Take the appropriate actions as per CMS enrollment guidance.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
141 A	Uncovered Months Change Accepted	UNCOV MNTHS CHG	A Number of Uncovered Months Record Update transaction (73) was accepted. This transaction updated the creditable coverage information (Creditable Coverage Flag and/or Number of Uncovered Months) for the beneficiary. The values in fields 40 and 41 on the TRR record will contain the new creditable coverage values. The effective date of the change is reported in field 18 of the TRR record and in the EFF DATE column on the printed report. **Plan Action:** Ensure the Plan's system matches the information included in the TRR record. Take the appropriate actions as per CMS enrollment guidance.
143 A	Secondary Insurance Rx Number Change Accepted	2 INS Rx # CHG	A 4Rx Record Update transaction (72) was accepted. This transaction updated the secondary drug insurance information (Secondary RxID, Secondary RxBIN, Secondary Rx Group, Secondary RxPCN) for the beneficiary. The 4Rx Record Update transaction may have been submitted by the Plan or initiated by a CMS User. The values in fields 46, 47, 60 & 61 on the TRR record will contain the new secondary drug insurance information. The effective date of the change is reported in field 18 of the TRR record and in the EFF DATE column on the printed report. **Plan Action:** Ensure the Plan's system matches the information included in the TRR record. Take the appropriate actions as per CMS enrollment guidance.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
144 M	Premium withhold option change to direct bill	PREM WH OPT CHG	CMS has changed the premium withhold option specified on the transaction to "D - Direct Bill" for one of the following reasons: • More than 3 months of retroactive premium withholding was requested. • The beneficiary's retirement system (SSA, RRB or OPM) was unable to withhold the entire premium amount from the beneficiary's monthly check. • The beneficiary has a BIC of M or T and chose "SSA" as the withhold option. SSA cannot withhold premiums for these beneficiaries (there is no benefit check to withhold from). • The beneficiary chose "RRB" or "OPM" as the withhold option. RRB and OPM are not withholding premiums at this time. • The beneficiary is an RRB beneficiary and chose "SSA" as the withhold option. "SSA" is not a valid option for RRB beneficiaries. • The Plan has submitted a Part C premium amount that exceeds the maximum Part C premium value provided by HPMS. This TRC may be generated in response to an accepted enrollment, PBP change or Record Update transaction (60 61, 62, 71, 75) or may be initiated by CMS. **Plan Action:** Update the Plan's beneficiary records to reflect the direct bill payment method. Take the appropriate actions as per CMS enrollment guidance.
146 A (Not Currently Used)	Rollover successful	ROLLOVER	A termination-rollover action was processed. These actions allow all members of a terminating Plan (contract or PBP) to be 'rolled over' (automatically enrolled) in a new Plan. This normally occurs at year end if a contract or PBP changes for the new year. The transaction is an enrollment transaction (61) and has the new Contract and PBP in fields 8, 20 and 33. The effective date of the rollover is reported in field 18 and in the EFF DATE column on the printed report. **Plan Action:** Submit a 4Rx Record Update transaction (72) supplying the beneficiary's new insurance field (4Rx) values. If the move resulted in beneficiaries being moved incorrectly, contract your CMS plan representative.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
156 R	Batch Transaction Rejected, User Not Authorized for Contract	BAD USR FOR PLN	This transaction (60, 61, 62. 51, 71, 72, 73, 74, 75, 01, 85) failed because it was submitted by a user who is not authorized to submit transactions for the contract. This will not be returned in the BCSS or TRR. It will be seen in the Failed Transaction File. **Plan Action:** Resubmit using the correct submitter, if appropriate.
157 R	Contract Not Authorized for Transaction Code	UNAUT REQUEST	A transaction (41, 51, 54, 60, 61, 62, 71, 72, 73, 74, 75, 85) was rejected because the Plan is not authorized to submit that type of transaction. **Plan Action:** Correct the transaction type and resubmit if appropriate.
162 R	Invalid EGHP Flag Value	BAD EGHP FLAG	An Enrollment, PBP Change or Miscellaneous Record Update transaction (60, 61, 62, 71, 74) was rejected because the submitted EGHP Flag value was invalid. The valid values for EGHP Flag are Y or blank for transactions types 60, 61, 62 and 71. Y, N or blank are accepted for Plan Change transactions (72). **Plan Action:** Correct the EGHP Flag value and resubmit if appropriate.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
167 M	Change in Beneficiary Low Income Premium Subsidy	OBSOLETE	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. This beneficiary's Part D low-income subsidy amount and/or percentage have changed. The effective date of the change is reported in field 18 of the TRR record and in the EFF DATE column on the printed report. Field 55 reports the beneficiary's Part D premium subsidy amount as of the effective date of the transaction. If the change affects the Part D low-income subsidy for the Current Payment Month (CPM), the new amount will be reported in field 24. Replies with TRC 167 are often accompanied by replies with TRC 168 and TRC 121. **Note**: Fields 24 and 49 – 54 always represent the beneficiary's LIS and LEP values for the current CPM. If this change is retroactive, these values may not reflect the values of the period being changed. Refer to the LISHIST report to determine the correct values for retroactive changes. **Plan Action**: Adjust the beneficiary's Part D LIS amount and/or percentage as of the effective date in field 18. Take the appropriate actions as per CMS enrollment guidance. If the change is retroactive, refer to the LISHIST report to verify the correct amount for the affected period.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
168 M	Change in Beneficiary Low Income Cost Sharing Subsidy	OBSOLETE	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. This beneficiary's Part D low-income cost sharing level (co-pay) has changed. The effective date of the change is reported in field 18 of the TRR record and in the EFF DATE column on the printed report. If the change affects the Part D low-income cost sharing level for the Current Payment Month (CPM), the new level will be reported in field 24. Replies with TRC 168 are often accompanied by replies with TRC 167 and TRC 121. **Note**: Fields 24 and 49 – 54 always represent the beneficiary's LIS and LEP values for the current CPM. If this change is retroactive, these values may not reflect the values of the period being changed. Refer to the LISHIST report to determine the correct values for retroactive changes. . Field 55 reports the beneficiary's Part D premium subsidy amount as of the effective date of the transaction. **Plan Action:** Adjust the beneficiary's Part D LIS cost-sharing level as of the effective date in field 18. Take the appropriate actions as per CMS enrollment guidance. If the change is retroactive, refer to the LISHIST report to verify the correct level for the affected period.
170 A	Enrollment or Change Accepted; Premium Withhold Option Changed to Direct Billing	PREM WH OPT CHG	The beneficiary's Premium Withholding Option has been changed to Direct Billing (D) because the beneficiary is a member of an employer group. Retirees who are members of an employer group cannot elect SSA withholding. This TRC provides additional information about an enrollment, PBP change, or Premium Withhold Option Record Update transaction (60, 61, 62, 71, 75) for which an acceptance was sent in a separate Transaction Reply with an enrollment acceptance TRC. The Effective Date of the enrollment for which this information is pertinent is reported in field 18 of the Transaction Reply record and in the EFF DATE column on the printed report. The transaction type will reflect the transaction type of the submitted transaction (60, 61, 62, 71, 72, 75). **Plan Action:** Update the Plan's billing method and contact the beneficiary to explain the consequences of this change.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
171 R	Record Update Rejected, Invalid Change Effective Date	BAD CHG EFF DT	A Record Update transaction (72, 73, 74, 75) was rejected because the submitted transaction effective date was invalid. The effective date on a Record Update transaction must be a date that is the first of the month and must not be more than two months in the future (CPM + 2). **Plan Action:** Correct the effective date and resubmit the transaction if appropriate.
172 R	Change Rejected; Creditable Coverage and/or Primary/Secondary Drug Information Not Applicable	CRED COV RX NA	A Record Update transaction (72, 73) was rejected because the reported drug coverage information was not applicable to the selected plan type (MAs and other plans without drug coverage). Non-drug plans should not submit drug plan information. The inappropriate information included on the transaction could be any or all of the following: • Creditable Coverage Information (Creditable Coverage Flag and Number of Uncovered Months) • Primary Drug Insurance Information (Rx ID, Rx GRP, Rx PCN and Rx BIN) • Secondary Drug Insurance Information (Secondary Insurance Flag, Rx ID, Rx GRP, Rx PCN and Rx BIN) **Plan Action:** Verify that the above fields are not populated and resubmit the transaction if appropriate.
173 R	Change Rejected; Premium Not Previously Set	NO PREMIUM INFO	A Record Update transaction (73, 74, 75) attempted to change one of the Premium data elements: Premium Withhold Option, Part C Premium Amount, Part D Premium Amount, or Number of Uncovered Months. This change was rejected because the Beneficiary's Premium was not previously established for the effective date. **Plan Action:** Review the beneficiary's premium data and resubmit if appropriate.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
174 A	Transaction Accepted without data	TRN ACCEPTED	A Record Update transaction (72) was accepted, however, none of the change fields were populated in the submitted transaction. This transaction had no effect on the beneficiary's records. **Plan Action:** None required. If a change was intended, populate the correct field and resubmit the transaction.
179 A	Transaction Accepted – No Change to Premium Record	NO CHNG TO PREM	A Record Update transaction (74, 75) was submitted, however, no data change was made to the beneficiary's active premium record. The submitted transaction contained premium data values that matched those already on record with CMS for the specified period. This transaction had no effect on the beneficiary's records. **Plan Action:** Ensure that the Plan's system reflects the amounts in the TRR record.
181 I	Invalid PTD premium submitted, corrected	PTD PRM OVERIDE	The Part D premium submitted on the enrollment or PBP change transaction (60, 61, 62, 71) does not agree with the Plan's defined Part D premium rate. The premium has been adjusted to reflect the defined rate. The correct Part D premium rate is reported in field 24. This TRC provides additional information about an enrollment or PBP change transaction (60, 61, 62, 71) for which an acceptance was sent in a separate Transaction Reply with an enrollment acceptance TRC. The Effective Date of the enrollment for which this information is pertinent is reported in field 18 of the Transaction Reply record and in the EFF DATE column on the printed report. The transaction type will reflect the transaction type of the submitted transaction (60, 61, 62, 71). **Plan Action:** Update the Plan's beneficiary records with the premium information in the TRR record. Take the appropriate actions as per CMS enrollment guidance.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
182 I	Invalid PTC premium submitted, corrected	PTC PRM OVERIDE	The Part C premium submitted on the enrollment, PBP change or Miscellaneous Record Update transaction (60, 61, 62, 71, 74) does not agree with the Plan's defined Part C premium rate. The premium has been adjusted to reflect the defined rate. The correct Part C premium rate is reported in field 24. If the submitted Part C premium is less than the Basic Part C premium for the plan, MARx will reset the premium to the Part C Basic plus Mandatory Supplemental Premium Rate, Net of Rebate from the HPMS file. This TRC provides additional information about an enrollment, PBP change, or Miscellaneous Record Update transaction (60, 61, 62, 71, 74) for which an acceptance was sent in a separate Transaction Reply with an enrollment acceptance TRC. The Effective Date of the enrollment for which this information is pertinent is reported in field 18 of the Transaction Reply record and in the EFF DATE column on the printed report. The transaction type will reflect the transaction type of the submitted transaction (60, 61, 62, 71, 74). **Plan Action:** Update the Plan's beneficiary records with the premium information in the TRR record. Take the appropriate actions as per CMS enrollment guidance.
185 I	SSA Accepted Transaction	SSA Accept	CMS submitted information on a beneficiary to SSA (See TRC 120). TRC 185 is sent to the Plan when SSA acknowledges that they have accepted and processed the beneficiary data. If the submittal to SSA was the result of a requested premium withholding change, TRC 185 informs the Plan that SSA has accepted and processed the change. The beneficiary's premium withholding option is reported in field 39 of the transaction reply record. The effective date of the premium withholding option change is reported in field 18 of the transaction reply record and in the EFF DATE column of the printed report. ***Note**: The reported new premium withholding option may be the same as the existing premium withholding option* Plans will not see the results of any requested premium withholding changes until TRC 185 is received. **Plan Action:** Ensure the Plan's system matches the information, primarily the premium withholding option, included in the TRR record.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
186 I	SSA Rejected Transaction	SSA Reject	CMS submitted information on a beneficiary to SSA (See TRC 120). This data transmittal was rejected by SSA. This is exclusive to the communication between CMS and SSA. CMS will continue to interface with SSA to resolve the rejection. If CMS is unable to resolve this rejection and the Beneficiary requested premium withhold, the Plan may receive a TRC 144. **Plan Action:** No action required.
187 I	No Change in Creditable Coverage Information	DUPLICATE CC DATA	A Number of Uncovered Months Record Update transaction (73) was accepted, however, no data change was made to the beneficiary's record. The submitted transaction contained Creditable Coverage Information (Creditable Coverage Flag and Number of Uncovered Months) that matched those already on record with CMS. This transaction had no effect on the beneficiary's records. **Plan Action:** None required.
188 I	No Change in Segment ID	DUPLICATE SEGMENT ID	A Miscellaneous Record Update transaction (74) was accepted, however, no data change was made to the beneficiary's record. The submitted transaction contained a Segment ID value that matched the Segment ID already on record with CMS. This transaction had no effect on the beneficiary's records. **Plan Action:** None required.
189 I	No Change in EGHP Flag	DUPLICATE EGHP FLAG	A Miscellaneous Record Update transaction (74) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained an EGHP Flag value that matched the EGHP Flag already on record with CMS. This transaction had no effect on the beneficiary's records. **Plan Action:** None required.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
190 I	No Change in Secondary Drug Information	DUPLICATE SEONDARY DRUG INSURANCE DATA	A 4Rx Record Update transaction (72) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained Secondary Drug Insurance Information (Secondary Drug Insurance flag, Secondary Rx ID, Secondary Rx Group, Secondary Rx BIN, and Secondary Rx PCN) that matched the Secondary Drug Insurance values already on record with CMS. This transaction had no effect on the beneficiary's records. **Plan Action**: None required.
191 I	No Change in Premium Withhold Option	DUPLICATE PREMIUM WITHHOLD OPTION	A Premium Withhold Option Record Update transaction (75) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained a Premium Withhold Option value that matched the Premium Withhold Option already on record with CMS. This transaction had no effect on the beneficiary's records. **Plan Action:** None required.
192 I	No Change in Part C Premium Amount	DUPLICATE PART C PREMIUM AMOUNT	A Miscellaneous Record Update transaction (74) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained a Part C Premium Amount value that matched the Part C Premium Amount already on record with CMS. This transaction had no effect on the beneficiary's records. **Plan Action**: None required.
193 I	No Change in Part D Premium Amount	OBSOLETE	A Record Update transaction (72) was submitted, however, no data change was made to the beneficiary's record. The submitted transaction contained a Part D Premium Amount value that matched the Part D Premium Amount already on record with CMS. This transaction had no effect on the beneficiary's records. **Plan Action:** None required.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
194 M	Deemed Correction	DEEMD CORR	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has manually added or updated a co-pay period for this beneficiary. This added or updated co-pay period occurs within a period during which the beneficiary is DEEMED by CMS. This is a correction. Each TRC-194 returns start and end dates, premium subsidy percentage, and co-payment category for one low income subsidy period affecting a beneficiary's PBP enrollment. There may be more than one TRC-194 returned. The effective date for the added or updated deemed low income subsidy period is shown in the Low-Income Period Effective Date field (field 51). The new co-pay level is reported in the Low-Income Co-Pay Category field (field 50). The Effective Date field (field 18) contains the PBP enrollment period start date. **Plan Action:** Update the Plan's records to reflect the given data for the beneficiary's LIS period. Take the appropriate actions as per CMS enrollment guidance.
199 R	Transaction Rejected – Pending	RTRN FOR RESRCH	A submitted transaction (51, 60, 61, 71, 72, 73, 74, 75, 01, 85) was rejected. This transaction was placed into a pending status due to multiple transactions that were concurrently processed for the same beneficiary. Subsequent transactions may have been processed while this transaction was pending. As a result, this transaction may no longer be valid. **Plan Action:** Research the beneficiary's current status and resubmit any appropriate transactions.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
200 R	Rx BIN Blank or Not Valid	BIN BLANK/INVLID	A submitted enrollment, PBP change or 4Rx Record Update transaction (60, 61, 71, 72) was rejected because the primary drug insurance Rx BIN field was either blank or does not have a valid value. Exception: Rx Bin for primary drug insurance is not a mandatory field for enrollments transactions for PACE National Part D plans and Record Update transactions (72). If Rx Bin is provided when not required, it must be a valid value. **Plan Action:** Correct the Primary Rx BIN value and resubmit the transaction if appropriate.
201 R	Rx ID Blank or Not Valid	ID BLANK/INVLID	A submitted enrollment, PBP change or 4Rx Record Update transaction (60, 61, 71, 72) was rejected because the primary drug insurance Rx ID field was either blank or does not have a valid value. Exception: Rx ID for primary drug insurance is not a mandatory field for enrollments transactions for PACE National Part D plans and Record Update transactions (72). If Rx ID is provided when not required, it must be a valid value. **Plan Action:** Correct the Primary Rx ID value and resubmit the transaction if appropriate.
202 R	Rx Group Not Valid	RX GRP INVALID	A submitted enrollment, PBP change or 4Rx Record Update transaction (60, 61, 71, 72) was rejected because the primary drug insurance Rx GRP field does not have a valid value. **Plan Action:** Correct the Primary Rx GRP value and resubmit the transaction if appropriate.
203 R	Rx PCN Not Valid	RX PCN INVALID	A submitted enrollment, PBP change or 4Rx Record Update transaction (60, 61, 71, 72) was rejected because the primary drug insurance Rx PCN field does not have a valid value. **Plan Action:** Correct the Primary Rx PCN value and resubmit the transaction if appropriate.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
204 A	Record Update for Primary 4Rx Data Successful	4RX CHNG ACPTED	A submitted 4Rx Record Update transaction (72) included a request to change primary drug insurance 4Rx data. At least one of the primary 4RX fields was populated. The 4Rx data were successfully changed. **Note**: At a minimum, values must be provided for both of the mandatory primary 4Rx fields, RX BIN and RX ID. **Plan Action:** No action required.
206 I	The Part C Premium has been corrected to zero	PTC PREM ZEROED	An enrollment, PBP change or Miscellaneous Record Update transaction (60, 61, 62, 71, 74) was submitted and accepted for a Part D only Plan. This transaction contained an amount other than zero in the Part C premium field. Since a Part C premium does not apply to a Part D only Plan, the Part C premium has been corrected to be zero. This TRC provides additional information about an enrollment, PBP change, or Miscellaneous Record Update transaction (60, 61, 62, 71, 74) for which an acceptance was sent in a separate Transaction Reply with an acceptance TRC. The Effective Date of the enrollment for which this information is pertinent is reported in field 18 of the Transaction Reply record and in the EFF DATE column on the printed report. The transaction type will reflect the transaction type of the submitted transaction (60, 61, 62, 71, 74). **Plan Action:** Update the Plan's records accordingly, ensuring that the beneficiary's information matches zero Part C premium amount included in the TRR record.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
207 I	The Part D Premium has been corrected to zero	PTD PREM ZEROED	An enrollment or PBP change or Record Update transaction (60, 61, 62, 71) was submitted and accepted for a Part C only Plan. This transaction contained an amount other than zero in the Part D premium field. Since a Part D premium does not apply to a Part C only Plan, the Part D premium has been corrected to be zero. This TRC provides additional information about an enrollment or PBP change transaction (60, 61, 62, 71) for which an acceptance was sent in a separate Transaction Reply with an acceptance TRC. The Effective Date of the enrollment for which this information is pertinent is reported in field 18 of the Transaction Reply record and in the EFF DATE column on the printed report. The transaction type will reflect the transaction type of the submitted transaction (60, 61, 62, 71, 72). **Plan Action:** Update the Plan's records accordingly, ensuring that the beneficiary's information matches zero Part D premium amount included in the TRR record.
208 R	Record Update Rejected, Both 4Rx and non-4Rx Changes	OBSOLETE	A Record Update transaction (72) was rejected because it contained information for both 4Rx and non-4Rx record updates. If any of the 4Rx (primary and secondary drug insurance) fields are populated, no other record updates can be included on the transaction. **Plan Action:** Submit separate Record Update transactions (72) for 4Rx and non-4Rx record updates.
209 R	4Rx Change Rejected, Invalid Change Effective Date	NO ENROLL MATCH	A 4Rx Record Update (72) transaction for 4Rx information for primary drug insurance was rejected because the beneficiary was not enrolled as of the submitted transaction effective date. Plans may only submit 4Rx data for periods when the beneficiary is enrolled in the Plan. **Plan Action:** Correct the dates and resubmit the transaction if appropriate.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
213 A	Premium Withhold Option Change to Direct Bill	OBSOLETE	CMS has changed the premium withhold option specified on the transaction to "D - Direct Bill" because the transaction would result in SSA withholding more than $200 from the beneficiary's check in one month. This TRC may be generated in response to an accepted enrollment, PBP change or Record Update transaction (60 61, 62, 71, 75) or may be initiated by CMS. **Plan Action:** Change the beneficiary to direct bill and contact them to explain the consequences of the Premium Withhold option change. Take the appropriate actions as per CMS enrollment guidance.
214 R	Record Update Rejected; Both Uncovered Months and Other non-4Rx Changes	OBSOLETE	A Record Update (72) transaction was rejected because the submitted transaction included changes in the number of uncovered month's data fields as well as in other change fields. Plans must submit changes to the number of uncovered month's data as a separate Record Update (72) transaction. Transactions with data in uncovered month's fields AND other change fields are rejected. **Plan Action:** Submit changes to uncovered months as a separate Record Update (72) transaction.
215 R	Uncovered Months Change Rejected, incorrect Eff Date	BAD NUNCMO EFF	A Number of Uncovered Months Record Update (73) transaction which was attempting to update the number of uncovered month's data was rejected because the submitted effective date was incorrect or the beneficiary is not currently enrolled in the Plan which submitted the transaction. Only the Plan in which the beneficiary is currently enrolled can submit changes to previous uncovered month's values. The date may have been invalid for one of the following reasons: • The effective date is prior to August 1, 2006 • The effective date is after the Current Prospective Payment month (CPM) plus 2 • The effective date does not match any existing period of enrollment in a Plan providing creditable coverage. **Plan Action:** Correct the effective date and resubmit the transaction if appropriate. If the Plan is trying to correct the uncovered month's value for a beneficiary who is no longer enrolled in the Plan, contact their CMS Representative.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
216 I	Uncovered months exceeds max possible value	NUNCMO EXDS MAX	The Number of Uncovered Months provided on an accepted enrollment or Number of Uncovered Months Record Update transaction (60, 61, 62, 71, 73) exceeds the maximum possible value. The number of uncovered months has been set to zero. This informational TRC is generated in addition to the transactions acceptance TRC. **Plan Action:** Update the Plan's beneficiary records to reflect the zero uncovered months. If the number of uncovered months should be another value, review CMS enrollment guidance and correct the Number of Uncovered Months value using a new Number of Uncovered Months Record Update (73) transaction.
217 R	Cant Change number of uncovered months	CANT CHG NUNCMO	A Number of Uncovered Months Record Update transaction (73) was rejected because the submitted transaction attempted to change the Number of Uncovered Months for an effective date corresponding to an "LEP Reset" transaction in the CMS database. **Plan Action:** Review CMS enrollment guidance. If appropriate, submit a Number of Uncovered Months Record Update transaction (73) to UNDO the LEP Reset.
218 A	LEP Reset Undone	LEP RESET UNDONE	A Number of Uncovered Months Record Update transaction (73) to UNDO an "LEP Reset" transaction was successfully processed. The beneficiary's LEP has been recalculated. **Plan Action:** Update the Plan's records accordingly, ensuring that the beneficiary's LEP information matches the data included in the TRR record. Take the appropriate actions as per CMS enrollment guidance.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
219 A	LEP Reset Accepted	LEP RESET	A Number of Uncovered Months Record Update or enrollment transaction (73, 60, 61, 62, 71) was submitted with a Creditable coverage flag of R (Reset). The Reset was accepted and the accumulation of uncovered months (total uncovered months) was set to zero as of the effective date of the transaction. The Late Enrollment Penalty (LEP) was recalculated for each enrollment that occurred after the reset date. **Note**: Any uncovered months reported for enrollment periods with effective dates after the reset date, will be included in the total number of uncovered months used to calculate the LEP for those enrollment periods. **Plan Action:** Update the Plan's records accordingly, ensuring that the beneficiary's LEP information matches the data included in the TRR record. Take the appropriate actions as per CMS enrollment guidance.
223 I	Low Income Period Closed	LIS CLOSED	This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. It is returned for each low income subsidy period removed and not replaced over the course of a PBP enrollment. Each TRC-223 returns start and end dates, premium subsidy percentage, and co-payment category for one low income period affecting a beneficiary's PBP enrollment. There may be more than one TRC-223 returned. The effective date of the removed low income subsidy period is shown in the Low-Income Period Effective Date field (field 51). The removed premium subsidy percentage and co-pay level are reported in the Part D Low-Income Premium Subsidy Level field (field 49) and Low-Income Co-Pay Category field (field 50), respectively. The Effective Date field (field 18) contains the PBP enrollment period start date. Low income subsidy TRCs 194 and/or 121 may accompany TRC-223. These three TRCs convey the beneficiary's low income subsidy profile at the time of report generation. They provide a full replacement set of low income subsidy data affecting the PBP enrollment period. **Plan Action:** Update the Plan's records to reflect the given data for the beneficiary's LIS period. Take the appropriate actions as per CMS enrollment guidance.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
224 A	A/D MSP Beneficiary transaction Accepted	MSP Accepted	Aged/Disabled MSP Beneficiary transaction (85) accepted. **Plan Action:** None Required.
225 R	A/D MSP Transactn Rjctd-Required Flds not Completd	MSP REQUIRD FLD	Aged/Disabled MSP Beneficiary transaction (85) rejected because mandatory field(s) not completed. Mandatory fields are: HIC#, First and Last Name, Date of Birth, Gender, Contract, Effective Date, Aged/Disabled MSP status flag. **Plan Action:** Complete the mandatory fields and resubmit, if appropriate, as per CMS Aged / Disabled MSP guidance.
226 R	A/D MSP Transactn Rjctd–Incorrct Effctv Yr	MSP Effctv Yr	Aged/Disabled MSP Beneficiary transaction (85) rejected because effective year of transaction not equal to “survey” year. **Plan Action:** Complete the effective date, as per CMS Aged / Disabled MSP guidance, and resubmit if appropriate.
227 R	A/D MSP Transctn Rjctd–Not Within Time Limit	MSP Time Limits	Aged/Disabled MSP Beneficiary transaction (85) rejected because transaction not submitted in acceptable time period as defined by CMS. **Plan Action:** None required, as per CMS Aged / Disabled MSP guidance.
228 R	A/D MSP Transactn Rjctd-No Enrollment	MSP No Enrllmnt	Aged/Disabled MSP Beneficiary transaction (85) rejected because beneficiary has no active enrollment information for contract in March of the submitted effective year. **Plan Action:** None required, as per CMS Aged / Disabled MSP guidance.
229 R	A/D MSP Transactn Rjctd–Invalid Status Flag	MSP Status Flag	Aged/Disabled MSP Beneficiary transaction (85) rejected because submitted value of Aged/Disabled MSP status flag is not recognized. **Plan Action:** Complete the Aged / Disabled MSP status flag, as per CMS Aged / Disabled MSP guidance, and resubmit if appropriate.
230 R	A/D MSP Transactn Rjctd-Bene ESRD	MSP Bene ESRD	Aged/Disabled MSP Beneficiary transaction (85) rejected because beneficiary is ESRD (on dialysis or has had a transplant) for March period of the submitted effective year. **Plan Action:** None required, as per CMS Aged / Disabled MSP guidance.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
231 R	A/D MSP Transactn Rjctd-Bene Hospice	MSP Bene Hospce	Aged/Disabled MSP Beneficiary transaction (85) rejected because beneficiary is hospice for March period of the submitted effective year. **Plan Action:** None required, as per CMS Aged / Disabled MSP guidance.
232 R	A/D MSP Transactn Rjctd– No Cost Plan Submission	MSP Cost Plan	Aged/Disabled MSP Beneficiary transaction (85) rejected because submission by a cost contract is not applicable. **Plan Action:** None required, as per CMS Aged / Disabled MSP guidance.
233 R	A/D MSP Transactn Rjctd–No Demo Submission	MSP Demo	Aged/Disabled MSP Beneficiary transaction (85) rejected because submission by a non-SHMO demonstration contract is not applicable. **Plan Action:** None required, as per CMS Aged / Disabled MSP guidance.
234 R	A/D MSP Transactn Rjctd–No PDP Submission	MSP Drug Plan	Aged/Disabled MSP Beneficiary transaction (85) rejected because submission by a drug-only contract is not applicable. **Plan Action:** None required, as per CMS Aged / Disabled MSP guidance.
235 I	SSA Accepted Part B Reduction Transaction	SSA PT B ACCEPT	CMS submitted Part B Reduction information on a beneficiary to SSA (See TRC 237). TRC 235 is sent to the Plan when SSA acknowledges that they have accepted and processed the beneficiary data. If the submittal to SSA was the result of a requested Part B Reduction change, TRC 235 informs the Plan that SSA has accepted and processed the change. Plans will not see the results of any requested Part B Reduction changes until TRC 235 is received. **Plan Action:** No action required.
236 I	SSA Rejected Part B Reduction Transaction	SSA PT B REJECT	CMS submitted Part B Reduction information on a beneficiary to SSA (See TRC 237). This data transmittal was rejected by SSA. This is exclusive to the communication between CMS and SSA. CMS will continue to interface with SSA to resolve the rejection. **Plan Action:** No action required.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
237 I	Part B Premium Reduction Sent to SSA	PT B RED UPDATE	As a result of an accepted Plan-submitted transaction (51, 60, 61, 62, 71, 72) or UI update to a beneficiary's records, information has been forwarded to SSA to update SSA records and implement any requested Part B premium reduction changes. Any requested change will not take effect until an SSA acceptance is received. Plans are notified of the SSA acceptance with a TRC 235 on a future TRR. **Plan Action:** None required. Take the appropriate actions as per CMS enrollment guidance. ***Note**: The Plan will not see the result of any Part B Reduction change until they have received a TRC 235 on a future TRR.*
240 A	Transaction Received, Withhold Change Pending	WHOLD UPDATE	As a result of an accepted Plan-submitted transaction to update a beneficiary's premium withhold option (75) or a UI update of same, a request will soon be forwarded to SSA. Plans will receive TRC-120 when this request is forwarded to SSA. Plans are notified of the subsequent SSA acceptance or rejection of the premium withhold option change with a TRC 185 or 186, respectively, on a future TRR. **Plan Action:** Take the appropriate actions as per CMS enrollment guidance. ***Note**: The Plan will not see the result of any Premium Withholding Option change until they have received a TRC 185 on a future TRR.*
701 A	New UI Enrollment (Open Ended)	UI ENROLLMENT	A CMS User enrolled this beneficiary in this contract under the indicated PBP (if applicable) and segment (if applicable). TRR field #18 contains the enrollment effective date. This is an open-ended enrollment which does not have a disenrollment date. The Part C Premium amount may have been populated automatically with the base Part C premium amount. **Plan Action:** Update the Plan's beneficiary records with the information in the TRR. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
702 A	UI Fill-In Enrollment	UI FIL-IN ENROL	A CMS User enrolled this beneficiary in this contract under the indicated PBP (if applicable) and segment (if applicable). This enrollment is a Fill-In Enrollment and represents a complete enrollment period that begins on the date in TRR field #18 and ends on the date in TRR field #24. This is a distinct enrollment period and does not affect any existing enrollments. The Part C Premium amount may have been populated automatically with the base Part C premium amount. **Plan Action:** Update the Plan's records to reflect the beneficiary's enrollment as of the effective date in field 18 and the ending on the date in field 24. This end date should not affect the beginning of any existent enrollment periods. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance.
705 A	UI Enrollment PBP Correction	UI ENR PBP COR	A CMS User updated the PBP on an existing enrollment. This generates two transaction replies, a 51 with TRC 704 and a 61 with TRC 705. This reply with TRC 705 (transaction type 61) represents the enrollment in the new PBP. The effective (start) and disenrollment (end) dates of the enrollment in this new PBP are found in TRR fields 18 & 24, respectively. This enrollment should replace the enrollment cancelled by the associated 51 transaction (TRC 704). The Part C Premium amount may have been populated automatically with the base Part C premium amount. **Plan Action:** Update the Plan records to reflect the beneficiary's enrollment in the new Contract, PBP. Look for the accompanying reply with TRC 704 to ensure that the original PBP enrollment was cancelled. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
707 A	UI Enrollment Segment Correction	UI ENR SEG COR	A CMS User updated the Segment on an existing enrollment. This generates two transaction replies, a 51 with TRC 706 and a 61 with TRC 707. This reply (transaction type 61) represents the enrollment in the new Segment. The effective (start) and disenrollment (end) dates of the enrollment in this new Segment are found in TRR fields 18 & 24, respectively. This enrollment should replace the enrollment cancelled by the associated 51 transaction (TRC 706). The Part C Premium amount may have been populated automatically with the base Part C premium amount. **Plan Action**: Update the Plan records to reflect the beneficiary's enrollment in the new Contract, PBP. Segment Look for the accompanying reply with TRC 706 to ensure that the original Segment enrollment was cancelled.. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance.
709 A	UI Moved Start Date Earlier	UI ERLY STRT DT	A CMS User updated the start date of an existing enrollment to an earlier date. This reply has a transaction type of 61. The new start date is reported in field 18 (effective date) and the original start date is reported in field 24. The existing enrollment was changed to begin on the date in field 18. The end date of the existing enrollment (if it exists) remains unchanged. The Part C Premium amount may have been populated automatically with the base Part C premium amount. **Plan Action**: Locate the enrollment for this beneficiary that starts on the date in field 24. Update the Plan records for this enrollment to start on the date in field 18. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance.

New / Updated Transaction Reply Codes (TRCs)

Code/Type	Title	Short Definition	Definition
712 A	UI Moved End Date Later	UI LATE END DT	A CMS User updated the end date of an existing enrollment to a later date. This reply has a transaction type of 61. The new end date is reported in field 18 (effective date) and the original end date is reported in field 24. The existing enrollment was extended to end on the date in field 18. The start date of the existing enrollment remains unchanged. The Part C Premium amount may have been populated automatically with the base Part C premium amount. **Plan Action**: Locate the enrollment for this beneficiary that ends on the date in field 24. Update the Plan records for this enrollment to end on the date in field 18. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance.
713 A	UI Removed Enrollment End Date	UI REMVD END DT	A CMS User removed the end date from an existing enrollment. This reply has a transaction type of 61. Field 18 (effective date) contains zeroes (00000000) and the original end date is reported in field 24. The existing enrollment was extended to be an open-ended enrollment. The start date of the existing enrollment remains unchanged. The Part C Premium amount may have been populated automatically with the base Part C premium amount. **Plan Action**: Locate the enrollment for this beneficiary that ends on the date in field 24. Update the Plan records for this enrollment to remove the end date and to extend this enrollment to be an open-ended enrollment. Verify the Part C premium amount and submit a Record Update transaction if necessary. Take the appropriate actions as per CMS enrollment guidance.

Transaction Reply Report (TRR) (Weekly/Monthly) with new LIS fields

Field	Size	Position	Description
1. Claim Number	12	1 – 12	Claim Account Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Name	1	32	Beneficiary Middle Initial
5. Sex Code	1	33	Beneficiary Sex Identification Code '0' = Unknown '1' = Male '2' = Female
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Filler	1	42	Space
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code; otherwise, spaces if not applicable.
10. County Code	3	50 – 52	Beneficiary Residence County Code; otherwise, spaces if not applicable.
11. Disability Indicator	1	53	'1' = Disabled; '0' = No Disability; Space = not applicable.
12. Hospice Indicator	1	54	'1' = Hospice; '0' = No Hospice; Space = not applicable.
13. Institutional/NHC Indicator	1	55	'1' = Institutional; '2' = NHC; '0' = No Institutional; Space = not applicable.
14. ESRD Indicator	1	56	'1' = End-Stage Renal Disease; '0' = No End-Stage Renal Disease; Space = not applicable.
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code
16. Transaction Type Code	2	60 – 61	Transaction Type Code
17. Entitlement Type Code	1	62	Beneficiary Entitlement Type Code: 'Y' = Entitled to Part A and B; Blank Space = Entitled to Part A or B; Space reported with TRCs 121, 194, and 223 has no meaning.

Transaction Reply Report (TRR) (Weekly/Monthly) with new LIS fields

Field	Size	Position	Description
18. Effective Date	8	63 – 70	YYYYMMDD Format; Effective date is present for all Transaction Reply Codes. However, for UI Transaction Reply Codes (TRC), field content is TRC dependent: 701 – New enrollment period start date, 702 – Fill-in enrollment period start date, 703 – Start date of cancelled enrollment period, 704 – Start date of enrollment period cancelled for PBP correction, 705 – Start date of enrollment period for corrected PBP, 706 – Start date of enrollment period cancelled for segment correction, 707 – Start date of enrollment period for corrected segment, 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 can be found in field 24.X. For low income subsidy TRCs 121, 194, and 223, – field content is PBP enrollment effective date. 091 – Previously reported incorrect death date.
19. WA Indicator	1	71	‘1’ = Working Aged ‘0’ = No Working Aged
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 – 83	YYYYMMDD Format; Present for all transaction reply codes. For TRCs 121, 194, and 223, the report generation date.
23. UI Initiated Change Flag	1	84	‘1’ = transaction created through user interface; ‘0’ = transaction from source other than user interface; Space = not applicable.

Transaction Reply Report (TRR) (Weekly/Monthly) with new LIS fields

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.**			
a. Effective Date of the Disenrollment	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 13, 14, 18, 84
b. New Enrollment Effective Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 17, 83
c. Claim Number (new)	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; P resent only when Transaction Reply Code is one of the following: 90 (with transaction type 01), 92
e. Hospice Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 71
f. Hospice End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 72
g. ESRD Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 73
h. ESRD End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 74
i. Institutional/ NHC Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 48, 75, 158, 159
j. Medicaid Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 77
k. Medicaid End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 78
l. Part A End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 79
m. WA Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 66
n. WA End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 67
o. Part A Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 80

Transaction Reply Report (TRR) (Weekly/Monthly) with new LIS fields

Field	Size	Position	Description
p. Part B End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 81
q. Part B Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 82
r. Old State and County Codes	5	85 – 89	Beneficiary's prior state and county code; Present only when Transaction Reply Code is 85
s. Attempted Enroll Effective Date	8	85 - 92	The effective date of an enrollment transaction that was submitted but rejected. Present only when Transaction Reply code is the following: 35, 36, 45, 56
v. PBP Effective Date	8	85 – 92	YYYYMMDD Format. Effective date of a beneficiary's PBP change. Present only when Transaction Reply Code is 100.
w. Correct Part D Premium Rate	12	85 – 96	ZZZZZZZZ9.99 Format; Part D premium amount reported by HPMS for the Plan. Present only when the Transaction Reply Code is 181.
x. 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.
y. 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.
z. Date of Death Removed	8	85 – 96	YYYYMMDD Format; Previously reported erroneous date of death. Present only when Transaction Reply Code is 091.
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.

Transaction Reply Report (TRR) (Weekly/Monthly) with new LIS fields

Field	Size	Position	Description
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; present only when transaction type code is 71; otherwise, spaces if not applicable.
30. Application Date	8	124 – 131	The date the plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD; otherwise, spaces if not applicable.
31. UI User Organization Designation	2	132 – 133	'02' = Regional Office; '03' = Central Office; Spaces = not UI transaction
32. Out of Area Flag	1	134	'Y' = Out of area; Space = field not applicable for TRCs 121, 194, and 223.
33. Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries; otherwise, spaces if 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.
36. Election Type	1	154	'A' = AEP; 'E' = IEP;'I' = ICEP; 'O' = OEP; 'N' = OEPNEW; 'T' = OEPI 'S'= Other SEP; 'U'=Dual/LIS SEP; 'V'=Permanent Change in Residence SEP; 'W'=EGHP SEP; 'X'=Administrative Action SEP; 'Y'=CMS/Case Work SEP; Space = not applicable. (MAs use I, A, N, O, S, T, U, V, W, X, and Y. MAPDs use I, A, E, N, O, S, T, U, V, W, X, Y. PDPs use A, E, S, U, V, W, X, and Y.)

Transaction Reply Report (TRR) (Weekly/Monthly) with new LIS fields

Field	Size	Position	Description
37. Enrollment Source	1	155	'A' = Auto enrolled by CMS; 'B' = Beneficiary Election; 'C' = Facilitated enrollment by CMS; 'D' = CMS Annual Rollover; 'E' = Plan initiated auto-enrollment; 'F' = Plan initiated facilitated-enrollment; 'G' = Point-of-sale enrollment; 'H' = CMS or Plan reassignment; 'I' = Invalid submitted value (transaction is not rejected); Space = not applicable.
38. Part D Opt-Out Flag	1	156	'Y' = Opt-out of auto-enrollment; 'N' = Opted out of auto-enrollment; Space = No change to opt-out status
39. Premium Withhold Option/Parts C-D	1	157	'D' = Direct self-pay 'S' = Deduct from SSA benefits 'R' = Deduct from RRB benefits 'O' = Deduct from OPM benefits 'N' = No premium applicable Option applies to both Part C and D Premiums; Space = not applicable.
40. Number of Uncovered Months	3	158 – 160	Count of Total Months without drug coverage
41. Creditable Coverage Flag	1	161	'Y' = Covered; 'N' = Not Covered; 'R' = Setting uncovered months to zero due to a new IEP; 'U' = Setting uncovered months to the value prior to using R; Space = not applicable.
42. Employer Subsidy Override Flag	1	162	'Y' = Beneficiary is in a plan receiving an employer subsidy, flag allows enrollment in a Part D plan; Space = not applicable.
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. Filler	20	178 – 197	Spaces

Transaction Reply Report (TRR) (Weekly/Monthly) with new LIS fields

Field	Size	Position	Description
45. Secondary Drug Insurance Flag	1	198 – 198	Type 61 & 71 MA-PD and PDP transactions: 'Y' = Beneficiary has secondary drug insurance; 'N' = Beneficiary does not have secondary drug insurance available; Space = No flag submitted by plan. Type 72 MA-PD and PDP transactions: 'Y' = Secondary drug insurance available; 'N' = No secondary drug insurance available; Space = no change.
46. Secondary Rx ID	20	199 – 218	Beneficiary's secondary insurance Plan's ID number taken from the input transaction (60/61, 71, or 72); otherwise, spaces for any other transaction type.
47. Secondary Rx Group	15	219 – 233	Beneficiary's secondary insurance Plan's Group ID number taken from the input transaction (60/61, 71, or 72); otherwise, spaces for any other transaction type.
48. EGHP	1	234	Type 60, 61, 71 transactions: 'Y' = EGHP Space = not EGHP Type 74 transactions: 'Y' = EGHP 'N' = Not EGHP Space = no change A space reported with any other transaction type has no meaning.
49. Part D Low-Income Premium Subsidy Level	3	235 – 237	Part D low-income premium subsidy percentage category: '000' = No subsidy; '025' = 25% subsidy level; '050' = 50% subsidy level; '075' = 75% subsidy level; '100' = 100% subsidy level; Spaces = not applicable.

Transaction Reply Report (TRR) (Weekly/Monthly) with new LIS fields

Field	Size	Position	Description
50. Low-Income Co-Pay Category	1	238	Definitions of the co-payment categories: '0' = none, not low-income; '1' = (High); '2' = (Low); '3' = (0); '4' = 15%; '5' = Unknown; Space = not applicable.
51. Low-Income Period Effective Date	8	239 – 246	Date co-pay category became effective, YYYYMMDD; otherwise, spaces if not applicable.
52. Part D Late Enrollment Penalty Amount	8	247 – 254	Calculated Part D late enrollment penalty, not including adjustments indicated by items (53) and (54). Format: -9999.99; otherwise, spaces if not applicable.
53. Part D Late Enrollment Penalty Waived Amount	8	255 – 262	Amount of Part D late enrollment penalty waived. Format: -9999.99; otherwise, spaces if not applicable.
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 – 270	Amount of Part D late enrollment penalty low-income subsidy. Format: -9999.99; otherwise, spaces if not applicable.
55. Low-Income Part D Premium Subsidy Amount	8	271– 278	Amount of Part D low-income premium subsidy. Format: -9999.99; otherwise, spaces if not applicable.
56. Part D Rx BIN	6	279 – 284	Beneficiary's Part D Rx BIN taken from the input transaction (60/61, 71, or 72); otherwise, spaces for any other transaction type.
57. Part D Rx PCN	10	285 – 294	Beneficiary's Part D Rx PCN taken from the input transaction (60/61, 71, or 72); otherwise, spaces for any other transaction type.
58. Part D Rx Group	15	295 – 309	Beneficiary's Part D Rx Group taken from the input transaction (60/61, 71, or 72); otherwise, spaces for any other transaction type.
59. Part D Rx ID	20	310 – 329	Beneficiary's Part D Rx ID taken from the input transaction (60/61, 71, or 72); otherwise, spaces for any other transaction type.
60. Secondary Rx BIN	6	330 – 335	Beneficiary's secondary insurance BIN taken from the input transaction (60/61, 71, or 72); otherwise, spaces for any other transaction type.
61. Secondary Rx PCN	10	336 – 345	Beneficiary's secondary insurance PCN taken from the input transaction (60/61, 71, or 72); otherwise, spaces for any other transaction type.

Transaction Reply Report (TRR) (Weekly/Monthly) with new LIS fields

Field	Size	Position	Description
62. De Minimis Differential Amount	8	346 – 353	Amount by which a Part D de Minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark. Format: -9999.99; otherwise, spaces if not applicable.
63. MSP Status Flag	1	354	'P' = Medicare primary payor; 'S' = Medicare secondary payor; 'N' = Non-respondent beneficiary; Space = not applicable.
64. Low Income Period End Date	8	355 – 362	Date low income period closes. FORMAT: YYYYMMDD; otherwise, spaces if not applicable.
65. Low Income Subsidy Source Code	1	363	'A' = Approved SSA applicant; 'D' = Deemed eligible by CMS; Space = not applicable.
66. Enrollee Type Flag, PBP Level	1	364	Designation relative to the reporting date (Transaction Date, field #22) 'C' = Current PBP enrollee; 'P' = Prospective PBP enrollee; 'Y' = Previous PBP enrollee; Space = not applicable.
67. Filler	136	365 – 500	Spaces

Monthly Membership Detail Data File

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

Monthly Membership Detail Data File

Item #	Field Name	Length	Position	Description
				effective dates in 2007 and earlier report as follows: o Y = A payment adjustment was made at a "Medicaid" rate to the demographic component of a blended payment. o N = A payment adjustment was made to the demographic payment component of a blended payment. The adjustment was not at a "Medicaid" rate. o Blank = Either the adjusted payment had no demographic component, or only the risk portion of a blended payment was adjusted.
20	LTI Flag	1	67	Y = Part C Long Term Institutional
21	Medicaid Indicator	1	68	Y = Medicaid Add-on (RAS beneficiaries)
22	PIP-DCG	2	69 - 70	PIP-DCG Category - Only on pre-2004 adjustments
23	Default Risk Factor Code	1	71	• Prior to 2004, 'Y' indicates a new enrollee risk adjustment (RA) factor was in use. • In the period 2004 through 2008, 'Y' indicates that a default factor was generated by the system due to lack of a RA factor. • For 2009 and after, for payments and payment adjustments and regardless of the effective date of the adjustment, the following applies: '1' = Default Enrollee- Aged/Disabled '2' = Default Enrollee- ESRD dialysis '3' = Default Enrollee- ESRD Transplant Kidney, Month 1 '4' = Default Enrollee- ESRD Transplant Kidney, Months 2-3 '5' = Default Enrollee- ESRD Post Graft, Months 4-9 '6' = Default Enrollee- ESRD Post Graft, 10+Months Blank = The beneficiary is not a default enrollee.
24	Risk Adjuster Factor A	7	72 - 78	NN.DDDD
25	Risk Adjuster Factor B	7	79 - 85	NN.DDDD
26	Number of Paymt/Adjustmt Months Part A	2	86 - 87	FORMAT: 99
27	Number of Paymt/Adjustmt Months Part B	2	88 - 89	FORMAT: 99

Monthly Membership Detail Data File

Item #	Field Name	Length	Position	Description
28	Adjustment Reason Code	2	90 - 91	Always Spaces on Payment and MSA Deposit or Recovery Records, FORMAT: 99
29	Paymt/Adjustment/MSA Start Date	8	92 - 99	FORMAT: YYYYMMDD
30	Paymt/Adjustment/MSA End Date	8	100 - 107	FORMAT: YYYYMMDD
31	Demographic Paymt/Adjustmt Rate A	9	108 - 116	FORMAT: -99999.99
32	Demographic Paymt/Adjustmt Rate B	9	117 - 125	FORMAT: -99999.99
33	Risk Adjuster Paymt/Adjustmt Rate A	9	126 - 134	Part A portion for the beneficiary's payment or payment adjustment dollars. For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA monthly deposit amount as a negative term. FORMAT: -99999.99
34	Risk Adjuster Paymt/Adjustmt Rate B	9	135 - 143	Part B portion for the beneficiary's payment or payment adjustment dollars. For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA monthly deposit amount as a negative term. FORMAT: -99999.99
35	LIS Premium Subsidy	8	144 - 151	FORMAT: -9999.99
36	ESRD MSP Flag	1	152	Format X. Values = 'Y' or 'N'(default) Indicates if Medicare is the Secondary Payer.
37	MSA Part A Deposit/Recovery Amount	8	153 - 160	Medicare Savings Account (MSA) lump sum Part A dollars to be deposited / recovered. Deposits are positive values and recoveries are negative. FORMAT: -9999.99
38	MSA Part B Deposit/Recovery Amount	8	161 - 168	Medicare Savings Account (MSA) lump sum Part B dollars to be deposited / recovered. Deposits are positive values and recoveries are negative. FORMAT: -9999.99
39	MSA Deposit/Recovery Months	2	169 - 170	Number of months associated with MSA deposit or recovery dollars.

Monthly Membership Detail Data File

Item #	Field Name	Length	Position	Description
40	Current Medicaid Status	1	171	Beginning in mid-2008, this field reports the beneficiary's current Medicaid status. (Prior to 11/07, Medicaid status was reported in field #19.) '1' = Beneficiary 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.
41	Risk Adjuster Age Group (RAAG)	4	172 - 175	BBEE BB = Beginning Age EE = Ending Age
42	Previous Disable Ratio (PRDIB)	7	176 - 182	NN.DDDD Percentage of Year (in months) for Previous Disable Add-On – Only on pre-2004 adjustments
43	De Minimis	1	183	'N' = "de minimis" does not apply, 'Y' = "de minimis" applies.
44	Beneficiary Dual Part D Enrollment Status Flag	1	184	'**0**' - Non-drug plan, beneficiary not dual enrolled. '**1**' –Drug Plan, beneficiary not dual enrolled.{for Payment Adjustment records, the beneficiary may only be dual enrolled for a portion of the reported period} '**2**' – Non-drug plan, beneficiary dual enrolled. '**3**' - Drug plan, beneficiary dual enrolled.{for Payment Adjustment records, the beneficiary may only be dual enrolled for a portion of- the reported period}
45	Plan Benefit Package ID	3	185 - 187	Plan Benefit Package ID FORMAT 999
46	Race Code	1	188	Format X Values: 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = N. American Native

Monthly Membership Detail Data File

Item #	Field Name	Length	Position	Description
47	RA Factor Type Code	2	189 - 190	Type of factors in use (see Fields 24-25): C = Community C1 = Community Post-Graft I (ESRD) C2 = Community Post-Graft II (ESRD) D = Dialysis (ESRD) E = New Enrollee ED = New Enrollee Dialysis (ESRD) E1 = New Enrollee Post-Graft I (ESRD) E2 = New Enrollee Post-Graft II (ESRD) G1 = Graft I (ESRD) G2 = Graft II (ESRD) I = Institutional I1 = Institutional Post-Graft I (ESRD) I2 = Institutional Post-Graft II (ESRD)
48	Frailty Indicator	1	191	Y = MCO-level Frailty Factor Included
49	Original Reason for Entitlement Code (OREC)	1	192	0 = Beneficiary insured due to age 1 = Beneficiary insured due to disability 2 = Beneficiary insured due to ESRD 3 = Beneficiary insured due to disability and current ESRD
50	Lag Indicator	1	193	Y = Encounter data used to calculate RA factor lags payment year by 6 months
51	Segment ID	3	194 - 196	Identification number of the segment of the PBP. Blank if there are no segments.
52	Enrollment Source	1	197	The source of the enrollment. Values are A = Auto-enrolled by CMS, B = Beneficiary election, C = Facilitated enrollment by CMS, D = Systematic enrollment by CMS (rollover)
53	EGHP Flag	1	198	Employer Group flag; Y = member of employer group, N = member is not in an employer group
54	Part C Basic Premium – Part A Amount	8	199 - 206	The premium amount for determining the MA payment attributable to Part A. It is subtracted from the MA plan payment for plans that bid above the benchmark. -9999.99
55	Part C Basic Premium – Part B Amount	8	207 - 214	The premium amount for determining the MA payment attributable to Part B. It is subtracted from the MA plan payment for plans that bid above the benchmark. -9999.99
56	Rebate for Part A Cost Sharing Reduction	8	215 - 222	The amount of the rebate allocated to reducing the member's Part A cost-sharing. This amount is added to the MA plan payment for plans that bid below the benchmark. -9999.99

Monthly Membership Detail Data File

Item #	Field Name	Length	Position	Description
57	Rebate for Part B Cost Sharing Reduction	8	223 - 230	The amount of the rebate allocated to reducing the member's Part B cost-sharing. This amount is added to the MA plan payment for plans that bid below the benchmark. -9999.99
58	Rebate for Other Part A Mandatory Supplemental Benefits	8	231 - 238	The amount of the rebate allocated to providing Part A supplemental benefits. This amount is added to the MA plan payment for plans that bid below the benchmark. -9999.99
59	Rebate for Other Part B Mandatory Supplemental Benefits	8	239 - 246	The amount of the rebate allocated to providing Part B supplemental benefits. This amount is added to the MA plan payment for plans that bid below the benchmark. -9999.99
60	Rebate for Part B Premium Reduction – Part A Amount	8	247 - 254	The Part A amount of the rebate allocated to reducing the member's Part B premium. This amount is retained by CMS for non ESRD members and it is subtracted from ESRD member's payments. -9999.99
61	Rebate for Part B Premium Reduction – Part B Amount	8	255 - 262	The Part B amount of the rebate allocated to reducing the member's Part B premium. This amount is retained by CMS for non ESRD members and it is subtracted from ESRD member's payments. -9999.99
62	Rebate for Part D Supplemental Benefits – Part A Amount	8	263 - 270	Part A Amount of the rebate allocated to providing Part D supplemental benefits. -9999.99
63	Rebate for Part D Supplemental Benefits – Part B Amount	8	271 - 278	Part B Amount of the rebate allocated to providing Part D supplemental benefits. -9999.99
64	Total Part A MA Payment	10	279 - 288	The total Part A MA payment. -999999.99
65	Total Part B MA Payment	10	289 - 298	The total Part B MA payment. -999999.99
66	Total MA Payment Amount	11	299 - 309	The total MA A/B payment including MMA adjustments. This also includes the Rebate Amount for Part D Supplemental Benefits -9999999.99
67	Part D RA Factor	7	310 - 316	The member's Part D risk adjustment factor. NN.DDDD

Monthly Membership Detail Data File

Item #	Field Name	Length	Position	Description
68	Part D Low-Income Indicator	1	317	An indicator to identify if the Part D Low-Income multiplier is included in the Part D payment. Values are 1 (subset 1), 2 (subset 2) or blank.
69	Part D Low-Income Multiplier	7	318 - 324	The member's Part D low-income multiplier. NN.DDDD
70	Part D Long Term Institutional Indicator	1	325	An indicator to identify if the Part D Long-Term Institutional multiplier is included in the Part D payment. Values are A (aged), D (disabled) or blank.
71	Part D Long Term Institutional Multiplier	7	326 - 332	The member's Part D institutional multiplier. NN.DDDD
72	Rebate for Part D Basic Premium Reduction	8	333 - 340	Amount of the rebate allocated to reducing the member's basic Part D premium. -9999.99
73	Part D Basic Premium Amount	8	341 - 348	The plan's Part D premium amount. -9999.99
74	Part D Direct Subsidy Payment Amount	10	349 - 358	The total Part D Direct subsidy payment for the member. -999999.99
75	Reinsurance Subsidy Amount	10	359 - 368	The amount of the reinsurance subsidy included in the payment. -999999.99
76	Low-Income Subsidy Cost-Sharing Amount	10	369 - 378	The amount of the low-income subsidy cost-sharing amount included in the payment. -999999.99
77	Total Part D Payment	11	379 - 389	The total Part D payment for the member -9999999.99.
78	Number of Paymt/Adjustmt Months Part D	2	390 - 391	FORMAT: 99
79	PACE Premium Add On	10	392 - 401	Total Part D Pace Premium Add-on amount -999999.99
80	PACE Cost Sharing Add-on	10	402 - 411	Total Part D Pace Cost Sharing Add-on amount -999999.99

Marx Batch Input Transaction Data File

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

The following records can be included in this file:

- Header Record
- Enrollment (60/61/62) / Disenrollment (51/54) / PBP Change (71) Detail Record
- 4Rx Record Update (72) / NUNCMO (73) / Miscellaneous (74) / Premium Withhold Option(75) / Part D Opt-Out (41) Detail Record
- Correction (01) Record
- Aged/Disabled MSP (85) Detail Record

Header Record

Item	Field	Size	Position	Header	Description
1	Header Message	12	1 – 12	R	'AAAAAAHEADER'
2	Filler	21	13 – 33	N/A	Spaces
3	Payment Month	6	34 – 39	R	MMYYYY (Note that the date should be one month after the processing date, e.g. input 022002 for data submitted before the January 2002 cutoff.)
4	Filler	261	40 – 300	N/A	Spaces

Enrollment /Disenrollment/PBP Change Detail Record/Aged/Disabled MSP Detail Record

Item	Fields	Size	Position	Enrollment (60/61/62)	Disenrollment (51/54)	PBP Change (71)	Aged/Disabled MSP (85)
1	HIC#	12	1 – 12	R	R	R	R
2	Surname	12	13 – 24	R	R	R	R
3	First Name	7	25 – 31	R	R	R	R

Marx Batch Input Transaction Data File

Item	Fields	Size	Position	Enrollment (60/61/62)	Disenrollment (51/54)	PBP Change (71)	Aged/Disabled MSP (85)
4	M. Initial	1	32				
5	Sex	1	33	R	R	R	R
6	Birth Date (YYYYMMDD)	8	34 – 41	R	R	R	R
7	EGHP Flag	1	42	blank field has a meaning	N/A	blank field has a meaning	blank
8	PBP #	3	43 – 45	R	N/A	R (Change-to value)	blank
9	Election Type	1	46	R (for all plan types when Note 3 is true; otherwise not required for HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demo, MDHO demo, MSHO demo, and PACE National plans)	R (for all plan types except HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demo, MDHO demo, MSHO demo, and PACE National plans)	R (for all plan types when Note 3 is true; otherwise not required for HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demo, MDHO demo, MSHO demo, and PACE National plans)	blank
10	Contract #	5	47 – 51	R	R	R	R
11	Application Date	8	52 – 59	R	N/A	R	blank
12	Transaction Code	2	60 – 61	R	R	R	R
13	Disenrollment Reason (Required for Involuntary Disenrollments)	2	62 – 63	N/A	Required for Involuntary Disenrollments. Optional for Voluntary Disenrollments.	N/A	blank
14	Effective Date (YYYYMMDD)	8	64 – 71	R	R	R	March 1st of year of Aged/Disabled MSP survey

Marx Batch Input Transaction Data File

Item	Fields	Size	Position	Enrollment (60/61/62)	Disenrollment (51/54)	PBP Change (71)	Aged/Disabled MSP (85)
15	Segment ID	3	72 – 74	R, blank for non-segmented organizations; otherwise, 3-digits	N/A	R, blank for non-segmented organizations; otherwise, 3-digits	blank
16	Filler	5	75 – 79	N/A	N/A	N/A	N/A
17	Prior Commercial Override	1	80	If applies; otherwise, zero or blank	N/A	If applies; otherwise, zero or blank	blank
18	Premium Withhold Option/Parts C-D	1	81	R (required for all plan types except HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demo, MSA/MA and MSA/demo plans)	N/A	R (required for all plan types except HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demo, MSA/MA and MSA/demo plans)	blank
19	Part C Premium Amount (XXXXvXX)	6	82 – 87	R (required for all plan types except HCPP, COST 1, COST 2, CCIP/FFS demo, MSA/MA and MSA/demo plans)	N/A	R (required for all plan types except HCPP, COST 1, COST 2, CCIP/FFS demo, MSA/MA and MSA/demo plans)	blank
20	Part D Premium Amount (XXXXvXX)	6	88 – 93	R (for all Part D plans); otherwise blank	N/A	R (for all Part D plans); otherwise blank	blank
21	Creditable Coverage Flag	1	94	R (for all Part D plans); otherwise blank	N/A	R (for all Part D plans); otherwise blank	blank
22	Number of Uncovered Months	3	95 – 97	R (for all Part D plans); otherwise blank. Blank = zero, meaning no uncovered months	N/A	R (for all Part D plans); otherwise blank. Blank = zero, meaning no uncovered months	blank

Marx Batch Input Transaction Data File

Item	Fields	Size	Position	Enrollment (60/61/62)	Disenrollment (51/54)	PBP Change (71)	Aged/Disabled MSP (85)
23	Employer Subsidy Enrollment Override Flag	1	98	R if beneficiary has Employer Subsidy status for Part D; otherwise blank	N/A	R if beneficiary has Employer Subsidy status for Part D; otherwise blank	blank
24	Part D Opt-Out Flag	1	99	N/A	Optional (for all Part D plans); otherwise blank	R (Y when Opting Out for Part D; N when Opting in for Part D); otherwise blank)	blank
25	Filler	20	100 – 119	N/A	N/A	N/A	N/A
26	Filler	15	120 – 134	N/A	N/A	N/A	N/A
27	Secondary Drug Insurance Flag	1	135	R (for all Part D plans, value is Y or N or blank; for auto/facilitated enrollments and rollovers, value should be blank); for non Part D plans, value should be blank.	N/A	R (for all Part D plans, value is Y or N or blank; for auto/facilitated enrollments and rollovers, value should be blank); for non Part D plans, value should be blank.	blank
28	Secondary Rx ID	20	136 – 155	R if secondary insurance; otherwise blank	N/A	R if secondary insurance; otherwise blank	blank
29	Secondary Rx Group	15	156 – 170	R if secondary insurance; otherwise blank	N/A	R if secondary insurance; otherwise blank	blank
30	Enrollment Source	1	171	R (for POS submitted enrollments transactions); otherwise optional.	N/A	R (for plan submitted auto-enrollments and facilitated enrollments transactions); otherwise optional.	blank
31	SSN	9	172 – 180	N/A	N/A	N/A	blank

Marx Batch Input Transaction Data File

Item	Fields	Size	Position	Enrollment (60/61/62)	Disenrollment (51/54)	PBP Change (71)	Aged/Disabled MSP (85)
32	Trustee Routing Number	9	181 – 189	N/A	N/A	N/A	blank
33	Bank Account Number	17	190 – 206	N/A	N/A	N/A	blank
34	Bank Account Type	1	207	N/A	N/A	N/A	blank
35	Filler	17	208 – 224	N/A	N/A	N/A	blank
36	Part D Rx BIN	6	225 – 230	R (for all Part D plan except PACE National); otherwise blank	N/A	R (for all Part D plan except PACE National); otherwise blank	blank
37	Part D Rx PCN	10	231 – 240	Change-to value (for all Part D plans except PACE National); otherwise blank	N/A	Change-to value (for all Part D plans except PACE National); otherwise blank	blank
38	Part D Rx Group	15	241 – 255	Change-to value (for all Part D plans except PACE National); otherwise blank	N/A	Change-to value (for all Part D plans except PACE National); otherwise blank	blank
39	Part D Rx ID	20	256 – 275	R (for all Part D plan except PACE National); otherwise blank	N/A	R (for all Part D plan except PACE National); otherwise blank	blank
40	Secondary Drug BIN	6	276 – 281	R if secondary insurance; otherwise blank	N/A	R if secondary insurance; otherwise blank	blank
41	Secondary Drug PCN	10	282 – 291	R if secondary insurance; otherwise blank	N/A	R if secondary insurance; otherwise blank	blank

Marx Batch Input Transaction Data File

Item	Fields	Size	Position	Enrollment (60/61/62)	Disenrollment (51/54)	PBP Change (71)	Aged/Disabled MSP (85)
42	Aged/Disabled MSP status flag	1	292	N/A	N/A	N/A	'S' = beneficiary responded and Medicare is secondary 'N' = beneficiary failed to respond 'P'=beneficiary responded and Medicare is primary **Note**: Submissions for beneficiaries for whom Medicare is primary should not be submitted via a type 85 transaction unless the beneficiary has been previously reported as non-respondent or Medicare – Secondary. Plans should only use 'P' to correct the status for a beneficiary who was previously submitted with another status.
43	Filler	9	293 – 300	N/A	N/A	N/A	N/A

Marx Batch Input Transaction Data File

4Rx Record / NUNCMO / Miscellaneous / Premium Withhold Option / Part D Opt-Out Detail Record

Item	Fields	Size	Position	4RX Record Update (72) [Note 1, 2]	NUNCMO Record Update (73) [Note 1]	Miscellaneous Record Update (74) [Note 1, 4]	Premium Withhold Option Update (75) [Note 1]	Part D Opt Out (41)
1	HIC#	12	1 – 12	R	R	R	R	R
2	Surname	12	13 – 24	R	R	R	R	R
3	First Name	7	25 – 31	R	R	R	R	R
4	M. Initial	1	32	Optional	Optional	Optional	Optional	Optional
5	Sex	1	33	R	R	R	R	R
6	Birth Date (YYYYMMDD)	8	34 – 41	R	R	R	R	R
7	EGHP Flag	1	42	N/A	N/A	Blank or change to value	N/A	N/A
8	PBP #	3	43 – 45	R	R	R	R	N/A
9	Election Type	1	46	N/A	N/A	N/A	N/A	N/A
10	Contract #	5	47 – 51	R	R	R	R	R (transaction for type 41 when beneficiary is enrolled in Medicare) ; otherwise N/A.
11	Application Date	8	52 – 59	N/A	N/A	N/A	N/A	N/A
12	Transaction Code	2	60 – 61	R	R	R	R	R
13	Disenrollment Reason (Required for Involuntary Disenrollments)	2	62 – 63	N/A	N/A	N/A	N/A	N/A

Marx Batch Input Transaction Data File

Item	Fields	Size	Position	4RX Record Update (72) [Note 1, 2]	NUNCMO Record Update (73) [Note 1]	Miscellaneous Record Update (74) [Note 1, 4]	Premium Withhold Option Update (75) [Note 1]	Part D Opt Out (41)
14	Effective Date (YYYYMMDD)	8	64 – 71	R	R	R	R	N/A
15	Segment ID	3	72 – 74	N/A	N/A	Blank or change-to value for local plans; otherwise, N/A	N/A	N/A
16	Filler	5	75 – 79	N/A	N/A	N/A	N/A	N/A
17	Prior Commercial Override	1	80	N/A	N/A	N/A	N/A	N/A
18	Premium Withhold Option/ Parts C-D	1	81	N/A	N/A	N/A	Change-to value for Part C Only	N/A
19	Part C Premium Amount (XXXXvXX)	6	82 – 87	N/A	N/A	Blank or change-to value	N/A	N/A
20	Part D Premium Amount (XXXXvXX)	6	88 – 93	N/A	N/A	N/A	N/A	N/A
21	Creditable Coverage Flag	1	94	N/A	R	N/A	R	N/A
22	Number of Uncovered Months	3	95 – 97	N/A	Blank or change-to value	N/A	N/A	N/A
23	Employer Subsidy Enrollment Override Flag	1	98	N/A	N/A	N/A	N/A	N/A
24	Part D Opt-Out Flag	1	99	N/A	N/A	Blank or Change to value	N/A	R
25	Filler	20	100 – 119	N/A	N/A	N/A	N/A	N/A

Marx Batch Input Transaction Data File

Item	Fields	Size	Position	4RX Record Update (72) [Note 1, 2]	NUNCMO Record Update (73) [Note 1]	Miscellaneous Record Update (74) [Note 1, 4]	Premium Withhold Option Update (75) [Note 1]	Part D Opt Out (41)
26	Filler	15	120 – 134	N/A	N/A	N/A	N/A	N/A
27	Secondary Drug Insurance Flag	1	135	Blank or new value. Blank does not remove or replace existing data.	N/A	N/A	N/A	N/A
28	Secondary Rx ID	20	136 – 155	Blank or new additional value. Blank does not remove or replace existing data.	N/A	N/A	N/A	N/A
29	Secondary Rx Group	15	156 – 170	Blank or new additional value. Blank does not remove or replace existing data.	N/A	N/A	N/A	N/A
30	Enrollment Source	1	171	N/A	N/A	N/A	N/A	N/A
31	Filler	9	172 – 180	N/A	N/A	N/A	N/A	N/A
32	Filler	9	181 – 189	N/A	N/A	N/A	N/A	N/A
33	Filler	17	190 – 206	N/A	N/A	N/A	N/A	N/A
34	Filler	1	207	N/A	N/A	N/A	N/A	N/A
35	Filler	17	208 – 224	N/A	N/A	N/A	N/A	N/A

Marx Batch Input Transaction Data File

Item	Fields	Size	Position	4RX Record Update (72) [Note 1, 2]	NUNCMO Record Update (73) [Note 1]	Miscellaneous Record Update (74) [Note 1, 4]	Premium Withhold Option Update (75) [Note 1]	Part D Opt Out (41)
36	Part D Rx BIN	6	225 – 230	Required together with Part D Rx ID when changing 4Rx primary insurance information. Must either be the beneficiary's current field value or the change-to value. Can only be blank when not changing a beneficiary's 4Rx primary insurance information.	N/A	N/A	N/A	N/A
37	Part D Rx PCN	10	231 – 240	Change-to value, either a new value or a blank. Blank will remove the beneficiary's existing value.	N/A	N/A	N/A	N/A
38	Part D Rx Group	15	241 – 255	Change-to value, either a new value or a blank. Blank will remove the beneficiary's existing value.	N/A	N/A	N/A	N/A

Marx Batch Input Transaction Data File

Item	Fields	Size	Position	4RX Record Update (72) [Note 1, 2]	NUNCMO Record Update (73) [Note 1]	Miscellaneous Record Update (74) [Note 1, 4]	Premium Withhold Option Update (75) [Note 1]	Part D Opt Out (41)
39	Part D Rx ID	20	256 – 275	Required together with Part D Rx BIN when changing 4Rx primary insurance information. Must either be the beneficiary's current field value or the change-to value. Can only be blank when not changing a beneficiary's 4Rx primary insurance information.	N/A	N/A	N/A	N/A
40	Secondary Drug BIN	6	276 – 281	Blank or new additional value. Blank does not remove or replace existing data.	N/A	N/A	N/A	N/A
41	Secondary Drug PCN	10	282 – 291	Blank or new additional value. Blank does not remove or replace existing data.	N/A	N/A	N/A	N/A
42	Aged/Disabled MSP status flag	2	292	N/A	N/A	N/A	N/A	N/A
43	Filler	9	293 – 300	N/A	N/A	N/A	N/A	N/A

Marx Batch Input Transaction Data File

Note 1: Enrollment Record Update transactions (Type 72, 73, 74, 75) can be retroactive as well as prospective. Any effective date will be accepted as long as it matches a Part D enrollment effective date.

Note 2: For 4Rx (Type 72) Record Update transactions, MARx **replaces** the current Primary 4Rx values for the enrollment (if any) with the Primary 4Rx values from the 72 transaction. When Secondary 4Rx values are specified on a 72 transaction, MARx adds the Secondary 4Rx values from the 72 transaction as a new instance of Secondary 4Rx coverage. There is **no** mechanism for plans to **delete** or **replace** an instance of Secondary 4Rx coverage via MARx transactions.

Note 3: Election type rule do apply to HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demos, MDHO demo, MSHO demo and PACE National enrollments in case where such enrollment would cause in an automatic disenrollment from a plan requiring election type edits. The election type for the plan on the enrollment request should be consistent with the election type for the plan resulting in automatic disenrollment.

Note 4: Creditable Coverage Plan change transaction (Type 74) information can be retroactive (not prior to August 2006) as well as prospective (not past CPM plus 2 months). Effective date on the transaction should match a Part D enrollment date if the creditable coverage flag is Y, N and blank. Effective date on the transaction can be within a Part D enrollment period if the creditable coverage flag is R or U.

Marx Batch Input Transaction Data File

MCO Correction Record

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

Item	Field	Size	Position	Correction	Description
1	HIC#	12	1 – 12	R	Nine-byte SSN of primary beneficiary (Beneficiary Claim Account Number); two-byte BIC (Beneficiary Identification Code); one-byte filler (except RRB)
2	Surname	12	13 – 24	R	Beneficiary Surname
3	First Name	7	25 – 31	R	Beneficiary Given Name
4	M. Initial	1	32		Beneficiary Middle Initial
5	Action Code	1	33	R	D = Institutional ON E = Medicaid ON F = Medicaid OFF G = Nursing Home Certifiable (NHC) ON
6	Filler	13	34 – 41	N/A	Spaces
7	Contract #	5	47 – 51	R	Contract Number
8	Filler	8	52 – 59	N/A	Spaces
9	Transaction Code	2	60 – 61	R	"01"
10	Filler	239	62 – 300	N/A	Spaces

Notes for All Transaction Types

Item	Fields	Description
1	HIC#	Claim Account Number (CAN) plus Beneficiary Identification Code (BIC)
2	Surname	No comment.
3	First Name	No comment.
4	M. Initial	No comment.
5	Sex	1 = male, 2 = female, 0 = unknown
6	Birth Date (YYYYMMDD)	YYYYMMDD
7	EGHP Flag	Y if EGHP; otherwise, blank = not EGHP for type 60, 61, 62 and 71 transactions. For type 72 transactions, Y if EGHP, N if not EGHP, and blank indicates no change.

Marx Batch Input Transaction Data File

Item	Fields	Description
8	PBP #	3-blanks = non-PBP organizations (HCPP, CCIP/FFS Demos); 3-character numeric = PBP number, zero-padded, 001-999 valid for all organizations except HCPP and CCIP/FFS demos.
9	Election Type	A=AEP; E=IEP; I=ICEP; S=Other SEP; O=OEP; N=OEPNEW; T=OEPI; U=Dual/LIS SEP; V=Permanent Change in Residence SEP; W=EGHP SEP; X=Administrative SEP; Y=CMS/Case Worker SEP. MAs have I, A, O, S, N, U, V, W, X, Y and T. MAPDs have I, A, O, S, U, V, W, X, Y, T and E, N and T. PDPs have A, S, U, V, W, X, Y and E.
10	Contract #	Hxxxx = identifies local plans. Rxxxx = identifies regional plans. Sxxxx = identifies PDPs. Fxxxx = identifies fallback plans, Exxxx=identifies employer sponsored MA/MA-PD and PDP plans.
11	Application Date	YYYYMMDD -- Either the date the plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper).
12	Transaction Code	51/54 = disenrollment; 60/61 = enrollment; 62=retroactive batch enrollments for CPM-2; 71 =plan election (PBP change); 72 = plan change; 41=1-800-MEDICARE or CMS Contractors submitted.
13	Disenrollment Reason	Required for Involuntary Disenrollments.
14	Effective Date (YYYYMMDD)	YYYYMMDD
15	Segment ID	3-blanks = non-segmented organization transaction; for segmented organization transactions, 3-character numeric = segment number, zero padded, 001-999 valid plan Segment ID range. Only local MA/MA-PD plans (Hxxxx) may have segments.
16	Filler	N/A
17	Prior Commercial Override	Required if beneficiary is ESRD and wants to enroll in a non PDP plans. Not required if plan is special-needs-plan (SNP). Alpha-numeric, 0-9 and A-F. Zero (0) and blank = no override.
18	Premium Withhold Option/Parts C-D	D = direct self-pay; S = deduct from SSA benefits; R = deduct from RRB benefits; O = deduct from OPM benefits; N=No Premium. The option applies to both Part C and D premiums.
19	Part C Premium Amount (XXXXvXX)	6-digits with leading zeroes, or blank if premium does not apply. Decimal point assumed 2-digits from right, XXXXvXX. Any value other than a blank on a type 72 transaction indicates a change-to value. That is, 000000 is an acceptable change-to value meaning $0.00.
20	Part D Premium Amount (XXXXvXX)	6-digits with leading zeroes, or blank if premium does not apply. Decimal point assumed 2-digits from right, XXXXvXX. Any value other than a blank on a type 72 transaction indicates a change-to value. That is, 000000 is an acceptable change-to value meaning $0.00.

Marx Batch Input Transaction Data File

Item	Fields	Description
21	Creditable Coverage Flag	Valid for drug plans. For enrollment (type 60/61/62/71) transactions, valid values are Y, N, R and blank. For plan change (type 72) transaction, valid values are Y, N, R, U and blank. Y if covered, N if not covered, R if resetting uncovered months to zero due to a new IEP and U for resetting uncovered months to the value prior to using R.
22	Number of Uncovered Months	Count of total months without drug coverage. When creditable coverage flag is blank, value should be zero. When creditable coverage flag is Y, value should be zero. When creditable coverage flag is N, value should be greater than zero .When creditable coverage flag is R, value should be zero. When creditable coverage flag is U, value should be zero.
23	Employer Subsidy Override Flag	If the beneficiary is in a plan receiving an employer subsidy, but still wants to enroll in a Part D plan, submit the enrollment with the override = Y; otherwise blank.
24	Part D Opt-Out Flag	Applies to full benefit dual eligible and facilitated enrolled beneficiaries. Y= opt-out of Part D; blank=no change to opt-out status. For 71 type of transaction, applies when a beneficiary wants to opt out from MA-PD plan and desire to enroll in MA only PBP of the same contract. For 71 type of transaction, also applies when a beneficiary wants to change from MA plan and desire to enroll in MAPD only PBP of the same contract. For 41 type of transactions, Y= Opt-out of Part D; N=Not to Opt-out of Part D. Part D Opt-Out Flag will be used to allow (when value is N) or reject (when value is Y) auto-enrollment (full benefit dual eligible) or facilitated enrollment (partial benefit dual eligible) beneficiaries.
25	Filler	N/A
26	Filler	N/A
27	Secondary Drug Insurance Flag	For types 60, 61, 62, 71 and 72 transactions, Y = beneficiary has secondary drug insurance; N = beneficiary does not have secondary drug insurance available; blank = do not know whether beneficiary has secondary drug insurance.
28	Secondary Rx ID	Secondary insurance plan's ID number for a beneficiary. Alphanumeric, upper case when alpha; left justified. Upper case printable characters and default value of spaces. Applicable for transaction types 60, 61, 62, 71 and 72.
29	Secondary RX Group	Secondary insurance plan's group ID number for a beneficiary. Alphanumeric, upper case when alpha; left justified. Upper case printable characters and default value of spaces. Applicable for transaction types 60, 61, 62, 71 and 72.
30	Enrollment Source	A = auto-enrolled by CMS; B = beneficiary election; C = facilitated enrollment by CMS; D=System generated rollovers; E=Plan submitted auto-enrollments; F=Plan submitted facilitated enrollments, G=Point of Sale (POS) submitted enrollments and H=Re-assignments submitted by CMS or Plans. Plan submitted enrollments are defaulted to enrollment source of B when submitted with a blank enrollment source.

Marx Batch Input Transaction Data File

Item	Fields	Description
31	SSN	N/A
32	Trustee Routing Number	N/A
33	Bank Account Number	N/A
34	Bank Account Type	N/A
35	Filler	N/A
36	Part D Rx BIN	Part D insurance plan's BIN number for a beneficiary. Numeric; right justified (for example, if BIN is five position numeric (12345), plan should set BIN to six position numeric with zero added in the first position (012345)). Applicable for transaction types 60, 61, 62, 71 and 72.
37	Part D Rx PCN	Part D insurance plan's PCN number for a beneficiary. Alphanumeric, upper case when alpha; left justified. Limited to upper case characters (A-Z) and/or numeric (0-9) and default value of spaces. Applicable for transaction types 60, 61, 62, 71 and 72.
38	Part D Rx Group	Part D insurance plan's group ID number for a beneficiary. Alphanumeric, upper case when alpha; left justified. Limited to upper case characters (A-Z) and/or numeric (0-9) and default value of spaces. Applicable for transaction types 60, 61, 62, 71 and 72.
39	Part D Rx ID	Part D insurance plan's ID number for a beneficiary. Alphanumeric, upper case when alpha; left justified. Limited to upper case characters (A-Z) and/or numeric (0-9) and default value of spaces. Applicable for transaction types 60, 61, 62, 71 and 72.
40	Secondary Rx BIN	Secondary insurance plan's BIN number for a beneficiary. Numeric. Applicable for transaction types 60, 61, 62, 71 and 72.
41	Secondary Rx PCN	Secondary insurance plan's PCN number for a beneficiary. Alphanumeric, upper case when alpha; left justified. Upper case printable characters and default value of spaces. Applicable for transaction types 60, 61, 62, 71 and 72.

Marx Batch Input Transaction Data File

Item	Fields	Description
42	Aged/Disabled MSP status flag	Applicable for Transaction type 85 only. 'S' = beneficiary responded and Medicare is secondary 'N' = Beneficiary failed to respond 'P' = Beneficiary responded and Medicare is primary. Use "P" to correct status for beneficiaries who were previously submitted with another status. **Note**: Submissions for beneficiaries for whom Medicare is primary should not be submitted via an 85 transaction unless the beneficiary has been previously reported as non-respondent or Medicare – Secondary. Plans should only use 'P' to correct the status for a beneficiary who was previously submitted with another status.
43	Filler	N/A

Enrollment Transmission Message File (STATUS)
With New Enrollment Record Update Fields

Description

The STATUS message file provides an explanation of the status of a submitted batch transaction file.

Normal Processing

If the file processes **normally**, the following STATUS message is generated:

```
(The FAIL message occurs only if transactions failed.)

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

TRANSACTIONS PROCESSED ON 2006-01-30 AT 17.04.27

HEADER CODE= AAAAAAHEADER
HEADER DATE= 032006
BATCH ID   = 015953955
USER ID    = P218
TRAN CNTS1 = 00000043 T01 00000013 T51 00000001 T60 00000004 T61 00000008
TRAN CNTS2 =          T71 00000006 T72 00000007 TXX 00000004 T62 00000000
TRAN CNTS3 =          T73 00000006 T74 00000007 T75 00000004 T85 00000000

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

   DATA FAILED
CHECK FAIL FILE FOR FAILED TRANSACTIONS
CORRECT FAILED RECORDS AND RESUBMIT
******************************** Bottom of Data **************************
```

Enrollment Transmission Message File (STATUS)
With New Enrollment Record Update Fields

Error Condition

The five following STATUS file messages are generated when an **error** condition prevents the transaction from processing.

1. INVALID USER ID

```
******************************** Top of Data ****************************
TRANSACTIONS RECEIVED ON 2006-01-27 AT 16.59.49

PROCESSING STOPPED    ON 2006-01-27 AT 17.00.39
USER ID (OB13    ) NOT AUTHENTICATED: 2-USER ID NOT FOUND
HEADER CODE= AAAAAAHEADER
HEADER DATE= 012006
BATCH ID   = 015953937
USER ID    = OB13
TRAN CNTS1 = 00000043 T01 00000013 T51 00000003 T60 00000004 T61 00000009
TRAN CNTS2 =          T71 00000006 T72 00000007 TXX 00000001 T62 00000000
TRAN CNTS3 =          T73 00000006 T74 00000007 T75 00000004 T85 00000000
******************************** Bottom of Data ***************************
```

2. INVALID HEADER DATE

```
******************************** Top of Data*****************************
TRANSACTIONS RECEIVED ON 2006-01-27 AT 16.23.22

PROCESSING STOPPED    ON 2006-01-27 AT 16.23.42
HEADER RECORD IS MISSING OR INVALID
HEADER CODE= AAAAAAHEADER
HEADER DATE= XX2006
BATCH ID   = 015953933
USER ID    = P218
TRAN CNTS1 = 00000068 T01 00000000 T51 00000017 T60 00000000 T61 00000019
TRAN CNTS2 =          T71 00000017 T72 00000015 TXX 00000000 T62 00000000
TRAN CNTS3 =          T73 00000006 T74 00000007 T75 00000004 T85 00000000
******************************** Bottom of Data ***************************
```

3. MISSING HEADER RECORD

```
******************************** Top of Data ****************************
TRANSACTIONS RECEIVED ON            AT

PROCESSING STOPPED    ON 2006-01-25 AT 18.11.38
HEADER RECORD IS MISSING OR INVALID
HEADER CODE= XXXHEADERZZZ
HEADER DATE= 112005
BATCH ID   =
USER ID    =
TRAN CNTS1 =
TRAN CNTS2 =
TRAN CNTS3 =
```

Enrollment Transmission Message File (STATUS)
With New Enrollment Record Update Fields

```
******************************** Bottom of Data ***************************
```

4. FUTURE HEADER DATE

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

PROCESSING STOPPED    ON 2006-01-30 AT 16.48.55
HEADER RECORD DATE IS A FUTURE PROCESSING MONTH
RESUBMIT DURING THE CORRECT PROCESSING MONTH
PROCESSING MONTH=032006
HEADER CODE= AAAAAAHEADER
HEADER DATE= 032007
BATCH ID   = 015953953
USER ID    = P218
TRAN CNTS1 = 00000043 T01 00000013 T51 00000001 T60 00000004 T61 00000008
TRAN CNTS2 =          T71 00000006 T72 00000007 TXX 00000004 T62 00000000
TRAN CNTS3 =          T73 00000006 T74 00000007 T75 00000004 T85 00000000
******************************** Bottom of Data ***************************
```

5. HEADER DATE EARLIER THAN CPM

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

PROCESSING STOPPED    ON 2006-01-30 AT 16.54.13
HEADER RECORD DATE IS NOT EQUAL TO THE CURRENT PAYMENT MONTH
PROCESSING MONTH=032006
HEADER CODE= AAAAAAHEADER
HEADER DATE= 092005
BATCH ID   = 015953954
USER ID    = P218
TRAN CNTS1 = 00000043 T01 00000013 T51 00000001 T60 00000004 T61 00000008
TRAN CNTS2 =          T71 00000006 T72 00000007 TXX 00000004 T62 00000000
TRAN CNTS3 =          T73 00000006 T74 00000007 T75 00000004 T85 00000000
******************************** Bottom of Data ***************************
```

Retro Files

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

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

HEADER CODE= AAAAAAHEADER RETRO
HEADER DATE= 012006
BATCH ID   = 015953928
```

Enrollment Transmission Message File (STATUS)
With New Enrollment Record Update Fields

```
USER ID    = P218
TRAN CNTS1 = 00000068 T01 00000000 T51 00000017 T60 00000000 T61 00000019
TRAN CNTS2 =          T71 00000017 T72 00000015 TXX 00000000 T62 00000000
TRAN CNTS3 =          T73 00000006 T74 00000007 T75 00000004 T85 00000000

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

Capture Mode

If **CAPTURE** mode is in effect, the following STATUS message is generated:

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

HEADER CODE= AAAAAAHEADER
HEADER DATE= 012006
BATCH ID   = 015953932
USER ID    = P218
TRAN CNTS1 = 00000068 T01 00000000 T51 00000017 T60 00000000 T61 00000019
TRAN CNTS2 =          T71 00000017 T72 00000015 TXX 00000000 T62 00000000
TRAN CNTS3 =          T73 00000006 T74 00000007 T75 00000004 T85 00000000

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

Batch Completion Status Summary Data File (BCSS)
With New Aged/Disabled MSP Status Flag Field

Summary Record:

Item	Field Name	Len	Pos	Description
1	Batch Completion Status Summary Record	12	1 - 12	Content: "#BATCHDSPSTN"
2	Batch ID	12	13 - 24	MARx System Assigned
3	Batch Run Start Date	10	25 - 34	Format: YYYY-MM-DD
4	Batch Run Start Time	8	35 - 42	Format: HH-MM-SS
5	Total Transactions in Batch	8	43 - 50	Counts, ZZZZZZZ9
6	Transaction Status Accepted	8	51 - 58	Counts, ZZZZZZZ9
7	Transaction Status Rejected	8	59 - 66	Counts, ZZZZZZZ9, of rejected transaction records attached
8	Transaction Status Failed	8	67 - 74	Counts, ZZZZZZZ9
9	Transaction Status Pending	8	75 - 82	Counts, ZZZZZZZ9
10	Transactions Received	8	83 - 90	Count, 99999999,of the total number received transaction records in batch
11	Submitter ID	8	91 - 98	Submitter ID
12	Date Stamp of transaction file	10	99 - 108	Format: YYYY-MM-DD
13	Time Stamp of transaction file	8	109 - 116	Format: HH.MM.SS
14	FILLER	225	117 - 341	Spaces
15	End of Status Summary Record	1	342	Content: ";"

Batch Completion Status Summary Data File (BCSS)
With New Aged/Disabled MSP Status Flag Field

Rejected Records:

#	Field Name	Len	Pos	Description
1	Rejected Transaction Record Header	12	1 - 12	Content: "#RJCTEDTRANS"
2	Transaction Record Counter	8	13 - 20	Sequential count, ZZZZZZZ9, of rejected records
3	Beneficiary HICN#	12	21 - 32	From input transaction
4	Beneficiary Surname	12	33 - 44	From input transaction
5	Beneficiary First Name	7	45 - 51	From input transaction
6	Beneficiary Middle Initial	1	52	From input transaction
7	Sex	1	53	From input transaction; otherwise blank
8	Birth Date	8	54 - 61	From input transaction
9	EGHP Flag	1	62	From input transaction; otherwise blank
10	PBP #	3	63 - 65	From input transaction; otherwise blank
11	Election Type	1	66	From input transaction; otherwise blank
12	Contract #	5	67 - 71	From input transaction
13	Application Date	8	72 - 79	From input transaction; otherwise blank
14	Transaction Code	2	80 - 81	From input transaction
15	Disenrollment Reason	2	82 - 83	From input transaction; otherwise blank
16	Effective Date	8	84 - 91	From input transaction; otherwise blank
17	Segment ID	3	92 - 94	From input transaction; otherwise blank
18	Filler	5	95 - 99	
19	Prior Commercial Override	1	100	From input transaction; otherwise blank
20	Premium Withhold Option/Parts C-D	1	101	From input transaction; otherwise blank
21	Part C Premium Amount	6	102 - 107	From input transaction; otherwise blank
22	Part D Premium Amount	6	108 - 113	From input transaction; otherwise blank
23	Creditable Coverage Flag	1	114	From input transaction; otherwise blank
24	Number of Uncovered Months	3	115 - 117	From input transaction; otherwise blank
25	Employer Subsidy Enrollment Override Flag	1	118	From input transaction; otherwise blank
26	Part D Opt-Out Flag	1	119	From input transaction; otherwise blank
27	Filler	20	120 - 139	Field removed
28	Filler	15	140 - 154	Field removed

Batch Completion Status Summary Data File (BCSS)
With New Aged/Disabled MSP Status Flag Field

#	Field Name	Len	Pos	Description
29	Secondary Drug Insurance Flag	1	155	From input transaction; otherwise blank
30	Secondary Rx ID	20	156 - 175	From input transaction; otherwise blank
31	Secondary Rx Group	15	176 - 190	From input transaction; otherwise blank
32	Enrollment Source	1	191	From input transaction; otherwise blank
33	Filler (MSA Fields – Future Use)	36	192 - 227	Future Use
34	Filler	17	228 - 244	Spaces
35	Part D Rx BIN	6	245 - 250	From input transaction; otherwise blank
36	Part D Rx PCN	10	251 - 260	From input transaction; otherwise blank
37	Part D Rx Group	15	261 - 275	From input transaction; otherwise blank
38	Part D Rx ID	20	276 - 295	From input transaction; otherwise blank
39	Secondary Rx BIN	6	296 -301	From input transaction; otherwise blank
40	Secondary Rx PCN	10	302 - 311	From input transaction; otherwise blank
41	Aged/Disabled MSP Status Flag	1	312	From input transaction; otherwise blank
42	Filler	12	313 - 324	Spaces
43	’01’ Transaction Action Code	1	325	From input transaction; otherwise blank
44	Transaction Reply Codes	15	326 - 340	Up to five, 3-character transaction reply codes, left justified
45	End of Rejected Transaction Record	2	341 - 342	Content: “;;”

Batch Completion Status Summary Data File (BCSS)
With New Aged/Disabled MSP Status Flag Field

Accepted Records:

#	Field Name	Len	Pos	Description
1	Accepted Transaction Record Header	12	1 - 12	Content: "#ACPTEDTRANS"
2	Transaction Record Counter	8	13 - 20	Sequential count, ZZZZZZZ9, of accepted records
3	Beneficiary HICN#	12	21 - 32	From input transaction
4	Beneficiary Surname	12	33 - 44	From input transaction
5	Beneficiary First Name	7	45 - 51	From input transaction
6	Beneficiary Middle Initial	1	52	From input transaction
7	Sex	1	53	From input transaction; otherwise blank
8	Birth Date	8	54 - 61	From input transaction
9	EGHP Flag	1	62	From input transaction; otherwise blank
10	PBP #	3	63 - 65	From input transaction; otherwise blank
11	Election Type	1	66	From input transaction; otherwise blank
12	Contract #	5	67 - 71	From input transaction
13	Application Date	8	72 - 79	From input transaction; otherwise blank
14	Transaction Code	2	80 - 81	From input transaction
15	Disenrollment Reason	2	82 - 83	From input transaction; otherwise blank
16	Effective Date	8	84 - 91	From input transaction; otherwise blank
17	Segment ID	3	92 - 94	From input transaction; otherwise blank
18	Filler	5	95 - 99	
19	Prior Commercial Override	1	100	From input transaction; otherwise blank
20	Premium Withhold Option/Parts C-D	1	101	From input transaction; otherwise blank
21	Part C Premium Amount	6	102 - 107	From input transaction; otherwise blank
22	Part D Premium Amount	6	108 - 113	From input transaction; otherwise blank
23	Creditable Coverage Flag	1	114	From input transaction; otherwise blank
24	Number of Uncovered Months	3	115 - 117	From input transaction; otherwise blank
25	Employer Subsidy Enrollment Override Flag	1	118	From input transaction; otherwise blank
26	Part D Opt-Out Flag	1	119	From input transaction; otherwise blank
27	Filler	20	120 - 139	Field removed

Batch Completion Status Summary Data File (BCSS)
With New Aged/Disabled MSP Status Flag Field

#	Field Name	Len	Pos	Description
28	Filler	15	140 - 154	Field removed
29	Secondary Drug Insurance Flag	1	155	From input transaction; otherwise blank
30	Secondary Rx ID	20	156 - 175	From input transaction; otherwise blank
31	Secondary Rx Group	15	176 - 190	From input transaction; otherwise blank
32	Enrollment Source	1	191	From input transaction; otherwise blank
33	Filler (MSA Fields – Future Use)	36	192 - 227	Future Use
34	Filler	17	228 - 244	Spaces
37	Part D Rx BIN	6	245 - 250	From input transaction; otherwise blank
38	Part D Rx PCN	10	251 - 260	From input transaction; otherwise blank
39	Part D Rx Group	15	261 - 275	From input transaction; otherwise blank
40	Part D Rx ID	20	276 - 295	From input transaction; otherwise blank
41	Secondary Rx BIN	6	296 - 301	From input transaction; otherwise blank
42	Secondary Rx PCN	10	302 - 311	From input transaction; otherwise blank
43	Aged/Disabled MSP Status Flag	1	312	From input transaction; otherwise blank
44	Filler	8	313 - 320	Spaces
45	Part D Premium Subsidy Level	3	321 - 323	Part D low-income premium subsidy category: ‘000’ = No subsidy, ‘025’ = 25% subsidy level, ‘050’ = 50% subsidy level, ‘075’ = 75% subsidy level, ‘100’ = 100% subsidy level
46	Low-Income Co-Pay Category	1	324	Definitions of the co-payment categories: ‘0’ = none, not low-income ‘1’ = (High) ‘2’ = (Low) ‘3’ = (0) ‘4’ = 15% ‘5’ = Unknown
47	’01’ Transaction Action Code	1	325	From input transaction; otherwise blank
48	Transaction Reply Codes	15	32 6- 340	Up to five, 3-character transaction reply codes, left justified
49	End of Accepted Transaction Record	2	341 - 342	Content: “;;”

Batch Completion Status Summary Data File (BCSS)
With New Aged/Disabled MSP Status Flag Field

Pending Records:

#	Field Name	Len	Pos	Description
1	Pending Transaction Record Header	12	1 - 12	Content: "#PNDINGTRANS"
2	Transaction Record Counter	8	13 - 20	Sequential count, ZZZZZZZ9, of pending records
3	Beneficiary HICN#	12	21 - 32	From input transaction
4	Beneficiary Surname	12	33 - 44	From input transaction
5	Beneficiary First Name	7	45 - 51	From input transaction
6	Beneficiary Middle Initial	1	52	From input transaction
7	Sex	1	53	From input transaction; otherwise blank
8	Birth Date	8	54 - 61	From input transaction
9	EGHP Flag	1	62	From input transaction; otherwise blank
10	PBP #	3	63 - 65	From input transaction; otherwise blank
11	Election Type	1	66	From input transaction; otherwise blank
12	Contract #	5	67 - 71	From input transaction
13	Application Date	8	72 - 79	From input transaction; otherwise blank
14	Transaction Code	2	80 - 81	From input transaction
15	Disenrollment Reason	2	82 - 83	From input transaction; otherwise blank
16	Effective Date	8	84 - 91	From input transaction; otherwise blank
17	Segment ID	3	92 - 94	From input transaction; otherwise blank
18	Filler	5	95 - 99	
19	Prior Commercial Override	1	100	From input transaction; otherwise blank
20	Premium Withhold Option/Parts C-D	1	101	From input transaction; otherwise blank
21	Part C Premium Amount	6	102 - 107	From input transaction; otherwise blank
22	Part D Premium Amount	6	108 - 113	From input transaction; otherwise blank
23	Creditable Coverage Flag	1	114	From input transaction; otherwise blank
24	Number of Uncovered Months	3	115 - 117	From input transaction; otherwise blank
25	Employer Subsidy Enrollment Override Flag	1	118	From input transaction; otherwise blank
26	Part D Opt-Out Flag	1	119	From input transaction; otherwise blank
27	Filler	20	120 - 139	Field removed

Batch Completion Status Summary Data File (BCSS)
With New Aged/Disabled MSP Status Flag Field

#	Field Name	Len	Pos	Description
28	Filler	15	140 - 154	Field removed
29	Secondary Drug Insurance Flag	1	155	From input transaction; otherwise blank
30	Secondary Rx ID	20	156 - 175	From input transaction; otherwise blank
31	Secondary Rx Group	15	176 - 190	From input transaction; otherwise blank
32	Enrollment Source	1	191	From input transaction; otherwise blank
33	Filler (MSA Fields – Future Use)	36	192 - 227	Future Use
34	Filler	17	228 - 244	Spaces
35	Part D Rx BIN	6	245 - 250	From input transaction; otherwise blank
36	Part D Rx PCN	10	251 - 260	From input transaction; otherwise blank
37	Part D Rx Group	15	261 - 275	From input transaction; otherwise blank
38	Part D Rx ID	20	276 - 295	From input transaction; otherwise blank
39	Secondary Rx BIN	6	296 301	From input transaction; otherwise blank
40	Secondary Rx PCN	10	302 - 311	From input transaction; otherwise blank
41	Aged/Disabled MSP Status Flag	1	312	From input transaction; otherwise blank
42	Filler	12	313 - 324	Spaces
43	’01’ Transaction Action Code	1	325	From input transaction; otherwise blank
44	Transaction Reply Codes	15	326 - 340	Up to five, 3-character transaction reply codes, left justified
45	End of Rejected Transaction Record	2	341 - 342	Content: “;;”

Failed Transaction Data File (FAILED)
With New Aged/Disabled MSP Status Flag Field

Header Record:

#	Field Name	Len	Pos	Description
1	User ID	8	1 - 8	Submitter identification, left justified, tailing blanks
2	Timestamp	26	9 - 34	Year, month, day, hours, minutes, seconds, and fraction of second YYYY-MM-DD-HH-MM-SS.ssssss
3	Spaces	3	35 - 37	Spaces
4	Transaction Batch Number	9	38 - 46	MARx batch ID, right justified, leading zeroes
5	Header Message	12	47 - 58	'AAAAAAHEADER'
6	Spaces	2	59 - 60	Spaces
7	Date Stamp of Receipt of Transaction File by MARx	10	61 - 70	Format: YYYY-MM-DD
8	Space	1	71	Space
9	Time Stamp of Receipt of Transaction File by MARx	8	72 - 79	Format: HH.MM.SS
10	Spaces	267	80 - 346	Spaces

Failed Records for 54-, 60-, 61-, 62-, 71-, and 72-, 73-, 74-, 75-, 85-Type Transactions:

#	Field Name	Len	Pos	Description
1	User ID	8	1 - 8	Submitter identification, left justified, tailing blanks
2	Timestamp	26	9 - 34	Year, month, day, hours, minutes, seconds, and fraction of second YYYY-MM-DD-HH-MM-SS.ssssss
3	Transaction Reply Code	3	35 - 37	Transaction reply code for failure
4	Transaction Batch Number	9	38 - 46	MARx batch ID, right justified, leading zeroes
5	Beneficiary HICN#	12	47 - 58	From input transaction
6	Beneficiary Surname	12	59 - 70	From input transaction
7	Beneficiary First Name	7	71 - 77	From input transaction
8	Beneficiary Middle Initial	1	78	From input transaction
9	Sex	1	79	From input transaction; otherwise blank
10	Birth Date	8	80 - 87	From input transaction
11	EGHP Flag	1	88	From input transaction; otherwise blank
12	PBP #	3	89 - 91	From input transaction; otherwise blank
13	Election Type	1	92	From input transaction; otherwise blank
14	Contract #	5	93 - 97	From input transaction
15	Application Date	8	98 - 105	From input transaction; otherwise blank
16	Transaction Code	2	106 - 107	From input transaction: 54, 60, 61, 71, or 72

Failed Transaction Data File (FAILED)
With New Aged/Disabled MSP Status Flag Field

#	Field Name	Len	Pos	Description
17	Disenrollment Reason	2	108 - 109	From input transaction; otherwise blank
18	Effective Date	8	110 - 117	From input transaction; otherwise blank
19	Segment ID	3	118 - 120	From input transaction; otherwise blank
20	Filler	5	121 - 125	Spare
21	Prior Commercial Override	1	126	From input transaction; otherwise blank
22	Premium Withhold Option/Parts C-D	1	127	From input transaction; otherwise blank
23	Part C Premium Amount	6	128 - 133	From input transaction; otherwise blank
24	Part D Premium Amount	6	134 - 139	From input transaction; otherwise blank
25	Creditable Coverage Flag	1	140	From input transaction; otherwise blank
26	Number of Uncovered Months	3	141 - 143	From input transaction; otherwise blank
27	Employer Subsidy Enrollment Override Flag	1	144	From input transaction; otherwise blank
28	Part D Opt-Out Flag	1	145	From input transaction; otherwise blank
29	Filler	20	146 - 165	Field removed
30	Filler	15	166 - 180	Field removed
31	Secondary Drug Insurance Flag	1	181	From input transaction; otherwise blank
32	Secondary Rx ID	20	182 - 201	From input transaction; otherwise blank
33	Secondary Rx Group	15	202 - 216	From input transaction; otherwise blank
34	Enrollment Source	1	217	From input transaction; otherwise blank
35	Filler (MSA Fields – Future Use)	36	218 - 253	Future Use
36	Filler	17	254 - 270	Spare
37	Part D Rx BIN	6	271 - 276	From input transaction; otherwise blank
38	Part D Rx PCN	10	277 - 286	From input transaction; otherwise blank
39	Part D Rx Group	15	287 - 301	From input transaction; otherwise blank
40	Part D Rx ID	20	302 - 321	From input transaction; otherwise blank
41	Secondary Rx BIN	6	322 - 327	From input transaction; otherwise blank
42	Secondary Rx PCN	10	328 - 337	From input transaction; otherwise blank
43	Aged/Disabled MSP Status Flag	1	338	From input transaction; otherwise blank
44	Filler	8	339 - 346	Spare

Failed Transaction Data File (FAILED)
With New Aged/Disabled MSP Status Flag Field

Failed Record for 01-Type Transaction:

#	Field Name	Len	Pos	Description
1	User ID	8	1 - 8	Submitter identification, left justified, tailing blanks
2	Timestamp	26	9 - 34	Year, month, day, hours, minutes, seconds, and fraction of second YYYY-MM-DD-HH-MM-SS.ssssss
3	Transaction Reply Code	3	35 - 37	Transaction reply code for failure
4	Transaction Batch Number	9	38 - 46	MARx batch ID, right justified, leading zeroes
5	Beneficiary HICN#	12	47 - 58	From input transaction
6	Beneficiary Surname	12	59 - 70	From input transaction
7	Beneficiary First Name	7	71 - 77	From input transaction
8	Beneficiary Middle Initial	1	78	From input transaction
9	Action Code	1	79	From input transaction; otherwise blank
10	Filler	13	80 - 92	Spare
11	Contract #	5	93 - 97	From input transaction; otherwise blank
12	Filler	8	98 - 105	Spare
13	Transaction Code	2	106 - 107	'01' = correction
14	Filler	239	108 - 346	Spare

General Failed File Layout, Unsorted:

Failed Transaction Header Record
1st Failed Transaction Record, Transaction Code …
2nd Failed Transaction Record, Transaction Code …
3rd Failed Transaction Record, Transaction Code …
…
Last Failed Transaction Record, Transaction Code …

Aged/Disabled MSP Plan Notice Data File

#	Field Name	Length	Positions	Description
1	Contract Identification Number	5	1 - 5	MCO Contract Number
2	Run Date of the File	8	6 - 13	Data file generation date. Format: YYYYMMDD
3	Aged/Disabled MSP Respondents	10	14 - 23	Count of respondents who are aged/disabled MSP
4	Aged/Disabled MSP Non-Respondents	10	24 - 33	Count of non-respondents who are aged/disabled MSP
5	Aged/Disabled Non-MSP Non-Respondents	10	34 - 43	Count of non-respondents who are not aged/disabled MSP
6	Aged/Disabled MSP APPS Factor	7	44 - 50	Plan's aged/disabled MSP APPS factor
7	Filler	12	51 - 62	Spaces