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Version 4.1



**MEDICARE AND MEDICAID PLANS  
A TECHNICAL GUIDE TO ELIGIBILITY  
AND ENROLLMENT TRANSACTION  
PROCESSING**

Date: 05/28/2021

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## LATEST DOCUMENT REVISION DETAILS

### 05/28/2021 – Version 4.1<sup>1</sup>

As a follow-up to the recent real-time CMS Application Programming Interface (API) eligibility check that was implemented on May 2<sup>nd</sup>, 2021, the Infocrossing applications will provide the additional data enhancement availability of a 2<sup>nd</sup> historical inactive MBI field on all eligibility mediums, including UI eligibility screens, batch and webservice responses. Along with this new field addition, for both prior inactive MBI fields, their corresponding effective start and end dates are also provided.

**This change will be implemented across Wipro-Infocrossing applications beginning at 10:00 P.M. PST on Friday night, July 23, 2021 during an implementation window of 2 hours.** MMP plan sponsors, State agencies and corresponding enrollment brokers can begin interpreting the new eligibility response layouts beginning on Saturday morning at Midnight PST, July 24, 2021.

Affected sections of this document are:

- Section 1. Medicare eligibility inquiry. Page 23 has been modified to change the previous inactive MBI field in positions 1260-1270 to unused filler data space. Both prior inactive MBI and related dates are now shown towards the end of the batch eligibility response file in positions 1473-1526. See page 24 for details.  
Note that the record layout length of the batch eligibility response file is now 1600 bytes (increased from the previous 1500 bytes).
- Section 3. Web service soap-based interface: The “medicareBeneficiaryIdentifiers” occurrence field will reflect up to two prior inactive MBI sets of data. See page 68 for details. The Inactive MBI array section has been modified to remove the current MBI information and dedicate this section to show up to two prior occurrences of inactive MBI

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<sup>1</sup>This revision is the most recent change; indicated with red text. General Description resumes normal text.

related information for the beneficiary. See page 71 for details of the changes.

- Section 8. Web service, REST based interface: The “medicareBeneficiaryIdentifiers” occurrence field will reflect up to two prior inactive MBI sets of data. See page 102 for details. The Inactive MBI array section has been modified to remove the current MBI information and dedicate this section to show up to two prior occurrences of inactive MBI related information for the beneficiary. See page 104 for details of the changes.

# GENERAL DESCRIPTION

This document describes the interface to the Infocrossing applications for Medicare Eligibility verification and Enrollment submission to the CMS MARx systems. There are 3 ways to interface with the Infocrossing systems: 1) manually upload a batch file via the Infocrossing secure web site 2) automated file transfer of a Pretty Good Privacy (PGP) encrypted input file or 3) a programmatic call of a Web service.

1. Manual upload of a batch file via the Infocrossing secure web site where the user logs in and selects the menu option to transfer a file. Users will be able to select a file from their workstation to upload to the Infocrossing server. Refer to the Batch Eligibility Layout and Batch Enrollment Layout as described in this document for more information.
2. File Transfer (FTP - File transfer Protocol) of a PGP encrypted input file. Infocrossing and the client will need to exchange public keys for the encryption. This process can use either a customer's FTP site or the Infocrossing FTP site. Files are processed at a predetermined frequency specified by the customer. The File transfer process can be fully automated. Refer to the Batch Eligibility Layout and Batch Enrollment Layout as described in this document.
3. A Web Service is provided for doing real time Medicare Eligibility inquiry. This Simple Object Access Protocol (SOAP) based interface allows for programmable access to the Infocrossing Eligibility Inquiry service. Eligibility Information is queried using the Medicare Beneficiary ID (MBI) and the first 6 characters of a beneficiary's last name. Alternatively, the MBI and the beneficiary Date of Birth can be used as key fields to retrieve Medicare eligibility entitlement information. A Web Service Descriptor Language (WSDL) file containing the web service description is available. The Web Service section (Section 3) of this document provides you with more detailed information regarding this process. Section 11 provides information on the RESTful webservice function.

**1. MEDICARE ELIGIBILITY INQUIRY**

The Medicare Eligibility query service can be used when States or Medicare/Medicaid Plan personnel have selected a beneficiary for Medicare enrollment and there is a need to ensure that the person meets all Medicare eligibility criteria. This query eligibility verification process must be completed before any enrollment activity occurs and applies whether a given beneficiary has elected to enroll or whether the State agency has made the selection as a passive enrollment.

The eligibility response that is provided will help verify and confirm Medicare Eligibility entitlements and other related information.

**INPUT RECORD LAYOUT FOR BATCH ELIGIBILITY INQUIRY**

RECORD FORMAT = FB (Fixed Block)      RECORD LENGTH = 80

**HEADER RECORD**

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
RECORD TYPE	01	1 – 1	Char	'H' – Required field used to uniquely identify the record as a header. Value must always be set to 'H'.
ACCOUNT	08	2 – 9	Char	Account number Assigned by Infocrossing – Required field
TRANSACTION DATE	08	10 – 17	Numeric	CCYYMMDD
FILLER	63	18 – 80	Char	Spaces

**DETAIL INPUT RECORD**

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
RECORD TYPE	01	1 – 1	Char	'D' – Required field. Each detail record in the file must have the value of "D" in position 1.
MEDICARE ID	12	2 – 13	Char	Required field – Use the Medicare Beneficiary ID (MBI).
LAST NAME	12	14 – 25	Char	Optional field – Beneficiary's Last Name. <b>Will not be used in the CMS API eligibility check.</b>
SEQUENCE NUMBER	32	26 – 57	Char	Optional – Free form custom field that can be used to track MBI query submissions.
FILLER	13	58 – 70	Char	Spaces
DATE OF BIRTH*	08	71 – 78	Char	<b>Required Field</b> – Beneficiary's Date of Birth in CCYYMMDD format (See additional information supplied below).
FILLER	02	79 – 80	Char	Spaces

\*The eligibility process will attempt to find a match by using the MBI and the Date of Birth fields provided.

**OUTPUT RECORD LAYOUT FOR BATCH ELIGIBILITY INQUIRY**

**RECORD FORMAT = FB (Fixed Block)**

**LENGTH = 1600**

**HEADER RECORD**

The output header record is in the same format as the input header record except for the addition of two MBD (Medicare Beneficiary Database) related data fields and an expanded record layout to 1,500 bytes.

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
RECORD TYPE	01	1 – 1	Char	'H' (copied from input header record)
ACCOUNT	08	2 – 9	Char	Infocrossing supplied Account number (copied from input header record)
TRANSACTION DATE	08	10 – 17	Numeric	CCYYMMDD
MBD EFF DATE	08	18 – 25	Numeric	CCYYMMDD – Date Eligibility request is made.
<b>FILLER</b>	<b>1575</b>	<b>26 – 1600</b>	<b>Char</b>	<b>Spaces</b>

### **DETAIL OUTPUT RECORD**

For a successful match, the full user supplied MBI and Date of Birth values must be provided. Eligibility data will be returned only when *both* the “*MBI Found/Not Found*” and the “*Birth Date Found/Not Found*” fields are returned with a value of “Y”.

#### **IMPORTANT NOTES:**

Once an MBI match is found, the MBD response data will be categorized as follows:

1. Eligibility response Inquiry Type field in position 476 of the output file is set to ‘E’: in such cases, the beneficiary does not show membership in the requesting Medicare contract or Plan ID (For purposes of clarification, the terms “Contract” and “Plan ID” are interchangeable). Note that each Infocrossing account number is assigned to its authorized Medicare contract number(s). The response record is considered to be an eligibility inquiry and the Inquiry Type field value is set to “E”.
2. Membership response Inquiry Type field in position 476 of the output file is set to ‘M’: beneficiary is enrolled in the requesting plan. The beneficiary shows active enrollment in one of two Plan ID response fields supplied in positions 478 and 492. The response record is considered to be a membership inquiry and the Inquiry Type field value is set to “M”.
3. MBD Eligibility data is released when both MBI and Name/DOB found fields are set to “Y”.

When a successful match is obtained, all applicable response data fields starting from position 28 are populated with Medicare Beneficiary data.

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
RECORD TYPE	1	1 – 1	Char	'D' – User supplied, copied from input file
MBI	12	2 – 13	Char	User supplied MBI – copied from input file
LAST NAME	12	14 – 25	Char	User supplied Last Name – copied from input file (Not used in the search process)
MBI FOUND/NOT FOUND	01	26 – 26	Char	Y= found, N= not found F= Failed – Cannot process records
BIRTHDATE FOUND/NOT FOUND	01	27 – 27	Char	Y= found, N= not found
Medicare Eligibility and entitlement data follows:				
LAST NAME	40	28 – 67	Char	
FIRST NAME	30	68 – 97	Char	
MIDDLE INIT	01	98 – 98	Char	
GENDER	01	99 – 99	Char	Gender ('F' or 'M')
BIRTHDATE	08	100 – 107	Numeric	CCYYMMDD
PART A ENTITLEMENT DATE	08	108 – 115	Numeric	CCYYMMDD. The Entitlement Start Date of the beneficiary's most recent or active Medicare Part A entitlement period.
PART A ENTITLEMENT END DATE	08	116 – 123	Numeric	CCYYMMDD. The Entitlement End Date of the beneficiary's most recent or active Medicare Part A entitlement period.
PART B ENTITLEMENT DATE	08	124 – 131	Numeric	CCYYMMDD. The Entitlement Start Date of the beneficiary's most recent or active Medicare Part B entitlement period.
PART B ENTITLEMENT END DATE	08	132 – 139	Numeric	CCYYMMDD. The Entitlement End Date of the beneficiary's most recent or active Medicare Part B entitlement period.
STATE CODE	02	140 – 141	Numeric	
COUNTY CODE	03	142 – 144	Numeric	
HOSPICE STATUS	01	145 – 145	Char	Y/spaces
HOSPICE START DATE	08	146 – 153	Numeric	CCYYMMDD
HOSPICE END DATE	08	154 – 161	Numeric	CCYYMMDD
INSTITUTIONAL STATUS	01	162 – 162	Char	Y/spaces
INSTITUTIONAL START DATE	08	163 – 170	Numeric	CCYYMMDD

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
INSTITUTIONAL END DATE	08	171 – 178	Numeric	CCYYMMDD
ESRD STATUS	01	179 – 179	Char	Y/spaces
ESRD START DATE	08	180 – 187	Numeric	CCYYMMDD
ESRD END DATE	08	188 – 195	Numeric	CCYYMMDD
MEDICAID STATUS	01	196 – 196	Char	Y/spaces
MEDICAID START DATE	08	197 – 204	Numeric	CCYYMMDD
MEDICAID END DATE	08	205 – 212	Numeric	CCYYMMDD
FILLER	01	213 – 213	Char	
LIVING STATUS	01	214 – 214	Char	'A' or 'D' ("Alive" or "Deceased")
DEATH DATE	08	215 – 222	Numeric	CCYYMMDD
FILLER	12	223 – 234	Char	Spaces
RACE CODE	01	235 – 235	Char	Values as supplied by CMS are: '0' or blank = unknown, '1' = White, '2'= Black, '3' = other, '4' = Asian, '5' = Hispanic, '6' = North American Native
FILLER	07	236 – 242		
<b>Part D – LIS Info</b>				
PARTD ELIGIBLE START DATE	08	243 – 250	Numeric	CCYYMMDD. This field identifies the date the beneficiary became eligible for Part D Benefits.
DEEMED/LOW INCOME SUBSIDY START DATE (OCCURRENCE 1)	08	251 – 258	Numeric	CCYYMMDD. Effective start date of the deeming period or Low Income Subsidy. This will be the first day of the month in which the deeming was made or the start date of the Low Income Subsidy (most recent or presently active).
DEEMED/LOW INCOME SUBSIDY END DATE (OCCURRENCE 1)	08	259 – 266	Numeric	CCYYMMDD. The end date of the Deemed period or Low Income Subsidy (most recent or presently active).
CO-PAYMENT LEVEL IDENTIFIER (OCCURRENCE 1)	01	267 – 267	Char	This field indicates the Co-Payment level for the beneficiary.
PRTD PREMIUM SUBSIDY PERCENT (OCCURRENCE 1)	03	268 – 270	Char	If beneficiary is Deemed, subsidy is 100 percent. If beneficiary is LIS, this field identifies the portion of Part D Premium subsidized.

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
DEEMED/LOW INCOME SUBSIDY START DATE (OCCURRENCE 2)	08	271 – 278	Numeric	CCYYMMDD. Effective start date of the deeming period or Low Income Subsidy. This will be the first day of the month in which the deeming was made or the start date of the Low Income Subsidy (second most recent).
DEEMED/LOW INCOME SUBSIDY END DATE (OCCURRENCE 2)	08	279 – 286	Numeric	CCYYMMDD. The end date of the Deemed period or Low Income Subsidy (second most recent).
CO-PAYMENT LEVEL IDENTIFIER (OCCURRENCE 2)	01	287 – 287	Char	This field indicates the Co-Payment level for the beneficiary.
PRTD PREMIUM SUBSIDY PERCENT (OCCURRENCE 2)	03	288 – 290	Char	If beneficiary is Deemed, subsidy is 100 percent. If beneficiary is LIS, this field identifies the portion of Part D Premium subsidized.
Last Use of Dual/LIS SEP “L”	08	291 – 298	Numeric	CCYYMMDD. Beneficiary’s last use of the Dual/LIS Special Election Period “L”
FILLER	02	299 – 300		
PARTD OCCURRENCES	02	301 – 302	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 1)	08	303 – 310	Char	CCYYMMDD. Effective start date of the Part D plan for the beneficiary (most recent or presently active).
PARTD DIS- ENROLLMENT DATE (OCCURRENCE 1)	08	311 – 318	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (most recent).
FILLER	01	319 – 319	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 2)	08	320 – 327	Char	CCYYMMDD. Effective start date of the Part D plan (second most recent).
PARTD DIS- ENROLLMENT DATE (OCCURRENCE 2)	08	328 – 335	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (second most recent).
FILLER	01	336 – 336	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 3)	08	337 – 344	Char	CCYYMMDD. Effective start date of the Part D plan (third most recent).
PARTD DIS- ENROLLMENT DATE (OCCURRENCE 3)	08	345 – 352	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (third most recent).

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
FILLER	01	353 – 353	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 4)	08	354 – 361	Char	CCYYMMDD. Effective start date of the Part D plan (fourth most recent).
PARTD DIS-ENROLLMENT DATE (OCCURRENCE 4)	08	362 – 369	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (fourth most recent).
FILLER	01	370 – 370	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 5)	08	371 – 378	Char	CCYYMMDD. Effective start date of the Part D plan (fifth most recent).
PARTD DIS-ENROLLMENT DATE (OCCURRENCE 5)	08	379 – 386	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (fifth most recent).
FILLER	01	387 – 387	Char	
PARTD ENROLLMENT EFFECTIVEDATE (OCCURRENCE 6)	08	388 – 395	Char	CCYYMMDD. Effective start date of the Part D plan (sixth most recent).
PARTD DIS-ENROLLMENT DATE (OCCURRENCE 6)	08	396 – 403	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (sixth most recent).
FILLER	01	404 – 404	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 7)	08	405 – 412	Char	CCYYMMDD. Effective start date of the Part D plan (seventh most recent).
PARTD DIS-ENROLLMENT DATE (OCCURRENCE 7)	08	413 – 420	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (seventh most recent).
FILLER	01	421 – 421	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 8)	08	422 – 429	Char	CCYYMMDD. Effective start date of the Part D plan (eighth most recent).
PARTD DIS-ENROLLMENT DATE (OCCURRENCE 8)	08	430 – 437	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (eighth most recent).
FILLER	01	438 – 438	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 9)	08	439 – 446	Char	CCYYMMDD. Effective start date of the Part D plan (ninth most recent).
PARTD DIS-ENROLLMENT DATE (OCCURRENCE 9)	08	447 – 454	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (ninth most recent).
FILLER	01	455 – 455	Char	

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 10)	08	456 – 463	Char	CCYYMMDD. Effective start date of the Part D plan (tenth and oldest).
PARTD DIS-ENROLLMENT DATE (OCCURRENCE 10)	08	464 – 471	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (tenth and oldest date).
FILLER	01	472 – 472	Char	
POTENTIAL UNCOVERED MONTHS**	03	473 – 475	Char	1. '000' = No uncovered months 2. Any value higher than zero (with leading zeroes) represents the number of potential uncovered months. 3. 'N/A' = Unable to calculate due to following reasons: - Part D end date is greater than Part D start date. - Beneficiary is deceased - Beneficiary does not have entitlement dates - Invalid Part D dates
INQUIRY TYPE	01	476 – 476	Char	'E' = Eligibility 'M' = Membership ' ' (space) = No MBI match
ENROLLMENT INFO OCCURRENCES	01	477 – 477	Char	0 to maximum of 2
<b>Enrollment Info 1</b>				
PLAN ID	05	478 – 482	Char	
PBP ID	03	483 – 485	Char	
EGHP INDICATOR	01	486 – 486	Char	Y/Spaces
PLAN-TYPE-CODE	02	487 -- 488	Char	
PLAN ENROLLMENT DATE	08	489 – 496	Numeric	CCYYMMDD
DRUG PLAN INDICATOR	01	497 – 497	Char	'Y' 'N'
ENROLLMENT SOURCE CODE	01	498 – 498	Char	
<b>Enrollment Info 2</b>				
PLAN ID	05	499 – 503	Char	
PBP ID	03	504 – 506	Char	
EGHP INDICATOR	01	507 – 507	Char	
PLAN-TYPE-CODE	02	508 – 509	Char	
PLAN ENROLLMENT DATE	08	510 – 517	Numeric	CCYYMMDD

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
DRUG PLAN INDICATOR	01	518 – 518	Char	'Y' 'N'
ENROLLMENT SOURCE CODE	01	519 – 519	Char	
PRIOR ENROLLMENT INFO OCCURRENCES	01	520 – 520	Char	0 to maximum of 2
<b>Prior Enrollment Info 1</b>				
PLAN ID	05	521 – 525	Char	
PBP ID	03	526 – 528	Char	
EGHP INDICATOR	01	529 – 529	Char	
PLAN-TYPE-CODE	02	530 – 531	Char	
PLAN ENROLLMENT DATE	08	532 – 539	Numeric	CCYYMMDD
PLAN ENROLLMENT END DATE	08	540 – 547	Numeric	CCYYMMDD
DRUG PLAN INDICATOR	01	548 – 548	Char	'Y' 'N'
ENROLLMENT SOURCE CODE	01	549 – 549	Char	
<b>Prior Enrollment Info 2</b>				
PLAN ID	05	550 – 554	Char	
PBP ID	03	555 – 557	Char	
EGHP INDICATOR	01	558 – 558	Char	
PLAN-TYPE-CODE	02	559 – 560	Char	
PLAN ENROLLMENT DATE	08	561 – 568	Numeric	CCYYMMDD
PLAN ENROLLMENT END DATE	08	569 – 576	Numeric	CCYYMMDD
DRUG PLAN INDICATOR	01	577 – 577	Char	'Y' 'N'
ENROLLMENT SOURCE CODE	01	578 – 578	Char	
NUMBER OF UNCOVERED MONTHS (NUNCMO) OCCURENCES	02	579 – 580	Numeric	0 to a maximum of 20
UNCOVERED MONTHS START DATE1	08	581 – 588	Numeric	CCYYMMDD
UNCOV MONTHS1	03	589 – 591	Numeric	

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
NUNCMO INDICATOR1	01	592 – 592	Char	
TOTAL UNCOVERED MONTHS1	03	593 – 595	Numeric	
UNCOVERED MONTHS START DATE2	08	596 – 603	Numeric	CCYYMMDD
UNCOV MONTHS2	03	604 – 606	Numeric	
NUNCMO INDICATOR2	01	607 – 607	Char	
TOTAL UNCOVERED MONTHS2	03	608 – 610	Numeric	
UNCOVERED MONTHS START DATE3	08	611 – 618	Numeric	CCYYMMDD
UNCOV MONTHS3	03	619 – 621	Numeric	
NUNCMO INDICATOR3	01	622 – 622	Char	
TOTAL UNCOVERED MONTHS3	03	623 – 625	Numeric	
UNCOVERED MONTHS START DATE4	08	626 – 633	Numeric	CCYYMMDD
UNCOV MONTHS4	03	634 – 636	Numeric	
NUNCMO INDICATOR4	01	637 – 637	Char	
TOTAL UNCOVERED MONTHS4	03	638 – 640	Numeric	
UNCOVERED MONTHS START DATE5	08	641 – 648	Numeric	CCYYMMDD
UNCOV MONTHS5	03	649 – 651	Numeric	
NUNCMO INDICATOR5	01	652 – 652	Char	
TOTAL UNCOVERED MONTHS5	03	653 – 655	Numeric	
UNCOVERED MONTHS START DATE6	08	656 – 663	Numeric	CCYYMMDD
UNCOV MONTHS6	03	664 – 666	Numeric	
NUNCMO INDICATOR6	01	667 – 667	Char	
TOTAL UNCOVERED MONTHS6	03	668 – 670	Numeric	

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
UNCOVERED MONTHS START DATE7	08	671 – 678	Numeric	CCYYMMDD
UNCOV MONTHS7	03	679 – 681	Numeric	
NUNCMO INDICATOR7	01	682 – 682	Char	
TOTAL UNCOVERED MONTHS7	03	683 – 685	Numeric	
UNCOVERED MONTHS START DATE8	08	686 – 693	Numeric	CCYYMMDD
UNCOV MONTHS8	03	694 – 696	Numeric	
NUNCMO INDICATOR8	01	697 – 697	Char	
TOTAL UNCOVERED MONTHS8	03	698 – 700	Numeric	
UNCOVERED MONTHS START DATE9	08	701 – 708	Numeric	CCYYMMDD
UNCOV MONTHS9	03	709 – 711	Numeric	
NUNCMO INDICATOR9	01	712 – 712	Char	
TOTAL UNCOVERED MONTHS9	03	713 – 715	Numeric	
UNCOVERED MONTHS START DATE10	08	716 – 723	Numeric	CCYYMMDD
UNCOV MONTHS10	03	724 – 726	Numeric	
NUNCMO INDICATOR10	01	727 – 727	Char	
TOTAL UNCOVERED MONTHS10	03	728 – 730	Numeric	
UNCOVERED MONTHS START DATE11	08	731 – 738	Numeric	CCYYMMDD
UNCOV MONTHS11	03	739 – 741	Numeric	
NUNCMO INDICATOR11	01	742 – 742	Char	
TOTAL UNCOVERED MONTHS11	03	743 – 745	Numeric	
UNCOVERED MONTHS START DATE12	08	746 – 753	Numeric	CCYYMMDD
UNCOV MONTHS12	03	754 – 756	Numeric	

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
NUNCMO INDICATOR12	01	757 – 757	Char	
TOTAL UNCOVERED MONTHS12	03	758 – 760	Numeric	
UNCOVERED MONTHS START DATE13	08	761 – 768	Numeric	CCYYMMDD
UNCOV MONTHS13	03	769 – 771	Numeric	
NUNCMO INDICATOR13	01	772 – 772	Char	
TOTAL UNCOVERED MONTHS13	03	773 – 775	Numeric	
UNCOVERED MONTHS START DATE14	08	776 – 783	Numeric	CCYYMMDD
UNCOV MONTHS14	03	784 – 786	Numeric	
NUNCMO INDICATOR14	01	787 – 787	Char	
TOTAL UNCOVERED MONTHS14	03	788 – 790	Numeric	
UNCOVERED MONTHS START DATE15	08	791 – 798	Numeric	CCYYMMDD
UNCOV MONTHS15	03	799 – 801	Numeric	
NUNCMO INDICATOR15	01	802 – 802	Char	
TOTAL UNCOVERED MONTHS15	03	803 – 805	Numeric	
UNCOVERED MONTHS START DATE16	08	806 – 813	Numeric	CCYYMMDD
UNCOV MONTHS16	03	814 – 816	Numeric	
NUNCMO INDICATOR16	01	817 – 817	Char	
TOTAL UNCOVERED MONTHS16	03	818 – 820	Numeric	
UNCOVERED MONTHS START DATE17	08	821 – 828	Numeric	CCYYMMDD
UNCOV MONTHS17	03	829 – 831	Numeric	
NUNCMO INDICATOR17	01	832 – 832	Char	
TOTAL UNCOVERED MONTHS17	03	833 – 835	Numeric	

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
UNCOVERED MONTHS START DATE18	08	836 – 843	Numeric	CCYYMMDD
UNCOV MONTHS18	03	844 – 846	Numeric	
NUNCMO INDICATOR18	01	847 – 847	Char	
TOTAL UNCOVERED MONTHS18	03	848 – 850	Numeric	
UNCOVERED MONTHS START DATE19	08	851 – 858	Numeric	CCYYMMDD
UNCOV MONTHS19	03	859 – 861	Numeric	
NUNCMO INDICATOR19	01	862 – 862	Char	
TOTAL UNCOVERED MONTHS19	03	863 – 865	Numeric	
UNCOVERED MONTHS START DATE20	08	866 – 873	Numeric	CCYYMMDD
UNCOV MONTHS20	03	874 – 876	Numeric	
NUNCMO INDICATOR20	01	877 – 877	Char	
TOTAL UNCOVERED MONTHS20	03	878 – 880	Numeric	
RDS OCCURRENCES	02	881 – 882	Char	Number of RDS occurrences
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 1)	08	883 – 890	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (most recent or presently active).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 1)	08	891 – 898	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 2)	08	899 – 906	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (second most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 2)	08	907 – 914	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (second most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 3)	08	915 – 922	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (third most recent).

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 3)	08	923 – 930	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (third most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 4)	08	931 – 938	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (fourth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 4)	08	939 – 946	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (fourth most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 5)	08	947 – 954	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (fifth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 5)	08	955 – 962	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (fifth most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 6)	08	963 – 970	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (sixth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 6)	08	971 – 978	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (sixth most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 7)	08	979 – 986	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (seventh most).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 7)	08	987 – 994	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (seventh most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 8)	08	995 - 1002	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (eighth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 8)	08	1003 - 1010	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (eighth most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 9)	08	1011 - 1018	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (ninth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 9)	08	1019 - 1026	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (ninth most recent)

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 10)	08	1027 - 1034	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (tenth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 10)	08	1035 - 1042	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (tenth most recent)
SEQUENCE NUMBER	32	1043 - 1074	Char	Sequence number provided on the input transaction -Optional
FILLER	12	1075 - 1086	Char	Spaces
MEDICARE PLAN INELIGIBILITY DATA OCCURRENCES	02	1087 - 1088	Char	Number of Medicare Plan Ineligibility Data occurrences. 10 occurrences maximum.
MEDICARE PLAN INELIGIBILITY START DATE (OCCURRENCE 1)	08	1089 - 1096	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence Start Date. (first occurrence)
MEDICARE PLAN INELIGIBILITY END DATE (OCCURRENCE 1)	08	1097 - 1104	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence End Date. (first occurrence)
MEDICARE PLAN INELIGIBILITY START DATE (OCCURRENCE 2)	08	1105 - 1112	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence Start Date. (second occurrence)
MEDICARE PLAN INELIGIBILITY END DATE (OCCURRENCE 2)	08	1113 - 1120	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence End Date. (second occurrence)
MEDICARE PLAN INELIGIBILITY START DATE (OCCURRENCE 3)	08	1121 - 1128	Char	CCYYMMDD. Medicare Plan Ineligibility due to Not Lawful Presence Start Date. (third occurrence)
MEDICARE PLAN INELIGIBILITY END DATE (OCCURRENCE 3)	08	1129 - 1136	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence End Date. (third occurrence)
MEDICARE PLAN INELIGIBILITY START DATE (OCCURRENCE 4)	08	1137 - 1144	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence Start Date. (fourth occurrence)
MEDICARE PLAN INELIGIBILITY END DATE (OCCURRENCE 4)	08	1145 - 1152	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence End Date. (fourth occurrence)

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
MEDICARE PLAN INELIGIBILITY START DATE (OCCURRENCE 5)	08	1153 - 1160	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence Start Date. (fifth occurrence)
MEDICARE PLAN INELIGIBILITY END DATE (OCCURRENCE 5)	08	1161 - 1168	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence End Date. (fifth occurrence)
MEDICARE PLAN INELIGIBILITY START DATE (OCCURRENCE 6)	08	1169 - 1176	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence Start Date. (sixth occurrence)
MEDICARE PLAN INELIGIBILITY END DATE (OCCURRENCE 6)	08	1177 - 1184	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence End Date. (sixth occurrence)
MEDICARE PLAN INELIGIBILITY START DATE (OCCURRENCE 7)	08	1185 - 1192	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence Start Date. (seventh occurrence)
MEDICARE PLAN INELIGIBILITY END DATE (OCCURRENCE 7)	08	1193 - 1200	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence End Date. (seventh occurrence)
MEDICARE PLAN INELIGIBILITY START DATE (OCCURRENCE 8)	08	1201 - 1208	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence Start Date. (eighth occurrence)
MEDICARE PLAN INELIGIBILITY END DATE (OCCURRENCE 8)	08	1209 - 1216	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence End Date. (eighth occurrence)
MEDICARE PLAN INELIGIBILITY START DATE (OCCURRENCE 9)	08	1217 - 1224	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence Start Date. (ninth occurrence)
MEDICARE PLAN INELIGIBILITY END DATE (OCCURRENCE 9)	08	1225 - 1232	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence End Date. (ninth occurrence)
MEDICARE PLAN INELIGIBILITY START DATE (OCCURRENCE 10)	08	1233 - 1240	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence Start Date. (tenth occurrence)

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
MEDICARE PLAN INELIGIBILITY END DATE (OCCURRENCE 10)	08	1241 - 1248	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence End Date. (tenth occurrence)
MBI	11	1249 - 1259	Char	Medicare Beneficiary Identifier
FILLER	11	1260 - 1270	Char	Spaces (Previously used for Prior Medicare Beneficiary Identifier)
FILLER	08	1271 - 1278	Char	Spaces
CARA START DATE (OCCURRENCE 1)	08	1279 - 1286	Char	CCYYMMDD.
CARA END DATE (OCCURRENCE 1)	08	1287 - 1294	Char	CCYYMMDD.
CARA START DATE (OCCURRENCE 2)	08	1295 - 1302	Char	CCYYMMDD.
CARA END DATE (OCCURRENCE 2)	08	1303 - 1310	Char	CCYYMMDD.
CARA START DATE (OCCURRENCE 3)	08	1311 - 1318	Char	CCYYMMDD.
CARA END DATE (OCCURRENCE 3)	08	1319 - 1326	Char	CCYYMMDD.
CARA START DATE (OCCURRENCE 4)	08	1327 - 1334	Char	CCYYMMDD.
CARA END DATE (OCCURRENCE 4)	08	1335 - 1342	Char	CCYYMMDD.
CARA START DATE (OCCURRENCE 5)	08	1343 - 1350	Char	CCYYMMDD.
CARA END DATE (OCCURRENCE 5)	08	1351 - 1358	Char	CCYYMMDD.
CARA START DATE (OCCURRENCE 6)	08	1359 - 1366	Char	CCYYMMDD.
CARA END DATE (OCCURRENCE 6)	08	1367 - 1374	Char	CCYYMMDD.
CARA START DATE (OCCURRENCE 7)	08	1375 - 1382	Char	CCYYMMDD.
CARA END DATE (OCCURRENCE 7)	08	1383 - 1390	Char	CCYYMMDD.
CARA START DATE (OCCURRENCE 8)	08	1391 - 1398	Char	CCYYMMDD.
CARA END DATE (OCCURRENCE 8)	08	1399 - 1406	Char	CCYYMMDD.
CARA START DATE (OCCURRENCE 9)	08	1407 - 1414	Char	CCYYMMDD.

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
CARA END DATE (OCCURRENCE 9)	08	1415 - 1422	Char	CCYYMMDD.
CARA START DATE (OCCURRENCE 10)	08	1423 - 1430	Char	CCYYMMDD.
CARA END DATE (OCCURRENCE 10)	08	1431 - 1438	Char	CCYYMMDD.
Part OCCURRENCES A	01	1439 – 1439	Char	maximum of 2
Part OCCURRENCES B	01	1440 – 1440	Char	maximum of 2
PRIOR PART A ENTITLEMENT DATE	08	1441 – 1448	Numeric	CCYYMMDD. The Entitlement Start Date of the beneficiary's previous Medicare Part A entitlement.
PRIOR PART A ENTITLEMENT END DATE	08	1449 – 1456	Numeric	CCYYMMDD. The Entitlement End Date of the beneficiary's previous Medicare Part A entitlement.
PRIOR PART B ENTITLEMENT DATE	08	1457 – 1464	Numeric	CCYYMMDD. The Entitlement Start Date of the beneficiary's previous Medicare Part B entitlement.
PRIOR PART B ENTITLEMENT END DATE	08	1465 – 1472	Numeric	CCYYMMDD. The Entitlement End Date of the beneficiary's previous Medicare Part B entitlement.
Up to two occurrences of the prior MBI and related effective start and end dates are shown. If not applicable, the fields will be initialized to spaces				
PRIOR INACTIVE MBI	11	1473 – 1483	Char	Most recent prior MBI
PRIOR INACTIVE MBI EFFECTIVE DATE	08	1484 – 1491	Numeric	CCYYMMDD. Effective date of the most recent prior MBI for beneficiary.
PRIOR INACTIVE MBI END DATE	08	1492 – 1499	Numeric	CCYYMMDD. Date the most recent prior MBI for beneficiary ended.
PRIOR INACTIVE MBI	11	1500 – 1510	Char	Oldest prior MBI
PRIOR INACTIVE MBI EFFECTIVE DATE	08	1511 – 1518	Numeric	CCYYMMDD. Effective date of the oldest prior MBI for beneficiary.
PRIOR INACTIVE MBI END DATE	08	1519 – 1526	Numeric	CCYYMMDD. Date the oldest prior MBI for beneficiary ended.
FILLER	74	1527 - 1600		Spaces

**\*\*Potential Uncovered Months**

**Important Note:** The Number of Uncovered months (number of months in which a Medicare eligible beneficiary did not have creditable drug coverage for a continuous period of 63 days or more) is an important rule of the Medicare Prescription Drug program. Although the Medicare & Medicaid Plan enrollment (MMP) program is subject to the Medicare Prescription Drug rules, beneficiaries that become eligible to enroll in the MMP program will get any prior number of uncovered months reset as soon as their low income subsidy eligibility status is established. As such, while this field should not be considered in the initial enrollment of beneficiaries in the demonstration program, it could have a potential use in identifying payment reconciliation issues.

\*\* As of November 9, 2007, when applicable, CMS requires plans to submit the latest incremental number of uncovered months, rather than the cumulative process that used to be in place.

The Infocrossing new potential incremental uncovered months is reported as follows: The Potential Uncovered Months field represents the latest calculated incremental number of months for which the beneficiary was NOT enrolled in a Part D or Retiree Drug Subsidy plan. We subtracted the latest Part D end date from the uncovered months effective date. If there are no Part D dates, then, the end of the beneficiary's Part D ICP date, or May, 2006, whichever is later, is used.

**Example 1:**

If the beneficiary is currently enrolled in a Part D plan, then the potential incremental uncovered months is zero. If the latest Part D end date is zeros, then uncovered months is zero.

**Example 2:**

If the beneficiary terminated membership in a Part D plan on October 31, 2007 and the uncovered months effective date is December 1, 2008, then this is less than 63 days from the calculation date and the uncovered months is set to zero.

**Example 3:**

If the beneficiary terminated membership in Part D plan August 31, 2007 and uncovered months effective date is December 1, 2008, which is greater than 63 days, the number of uncovered months is 3 months.

## 2. MEDICARE TRANSACTION PROCESSING

### **BATCH TRANSACTION PROCESSING**

Clients that wish to do batch transaction processing should contact an Infocrossing customer service representative at Infocrossing by calling 1-877-833-3499. The Infocrossing help desk personnel can assist you in assigning an account number which is needed to submit both Eligibility and Enrollment files and assist with any questions that you might have.

A batch job will be implemented to automatically process client submitted Medicare transaction files. Infocrossing will process the transactions within 5 to 15 minutes of upload.

Whether a batch job is run after-hours or during the day, the system will generate error/response data in report and/or data formats, ready for downloading. The client's input data file will be deleted by the batch job.

The transaction file supplied by the customer must contain one header record followed by Medicare transactions. The following pages explain the format of the data and individual field positions. The record length is 300 bytes.

## 2.1 MEDICARE TRANSACTION PROCESSING – ALL TRANSACTION TYPES EXCEPT “76”, “90” AND “92”

This document is intended for readers to use as a supplement to the CMS literature and should primarily be used as a guide to build the Infocrossing required record layout.

### Batch Enrollment/Disenrollment/Change/Cancellation transactions Header Record

Data Element	Size	Format	Position	Remarks
Record type	1	Num	1	'1' Header record
Account	7	Char	2-8	Account number assigned by Infocrossing.
Filler	1	Char	9	Space
Planid	5	Char	10-14	Plan id (contract) supplied by CMS
Filler	1	Char	15	Space
Batch-Number	6	Num	16-21	Any Numeric Value identifying the group of transactions
Trans-Count	8	Num	22-29	Numeric Value specifying the number of type 3 detail records sent
Batch File Type **	5	Char	30-34	<u>Note:</u> “RETRO, POVER and SVIEW” submissions are special file submissions that are <u>initiated only with specific guidance from CMS.</u> “spaces” = Normal transaction which conforms to CMS CCM processing rules. “RETRO” = Retroactive Transaction Submission. “POVER” = Plan Rollover Transaction Submission “SVIEW” = Special Organizational Review Transaction Submission
CMS Approval Request ID ***	10	Char	35-44	Leave as spaces when Batch File Type is “spaces”. Otherwise, obtain the appropriate value from the CMS MARx UI screens when Batch File Type is “RETRO, POVER or SVIEW”.
Filler	256	Char	45-300	Spaces

\*\* If “RETRO” “POVER” or “SVIEW” is populated, only one Header record must be included in the file submission to Infocrossing.

\*\*\* Obtain the appropriate value for the CMS Approval Request ID from the CMS MARX screens when you need to submit a RETRO, POVER or SVIEW file to Infocrossing. Note: This value must be populated when Batch File Type is populated. Your file submission will be rejected if multiple header records are sent with the Batch File Type field populated or an invalid value is supplied in the Batch File Type.

## **Batch Enrollment/Disenrollment/Change/Cancellation transactions Detail Record**

\*\* The remarks section can be used to build your transaction records. The CMS Plan Communication User Guide document should be used primarily.

Note: For ease of reference, the “76”, “90” and “92” transaction layouts have been defined in a separate section. Please keep in mind that all transaction types can be submitted together in one batch file to Infocrossing for processing.

### Additional important notes:

- All references to Medicare and Medicaid Plans are used with the acronym: “MMP”
- The CMS MARx system input file layout requirement allows for many different types of organizations to submit data to CMS. While this document contains references to these organizations, Medicare and Medicaid Plan personnel should strictly concern themselves with data specific to MMP processing requirements. Some example acronyms of such organizations are: *MA*s (Medicare Advantage Plans), *MAPD*s (Medicare Advantage Prescription Drug Plans) and *PDP*s (Prescription Drug Plans)
- While the CMS MARx system processes several different types of transactions for various organizations concerned with the MARx processing interface, only the transactions that are applicable to MMPs are described in this document. Transaction types “74” (Employer Group Health Plan Change), “75” (Premium Payment Option Change) and “77” (Segment ID change) are excluded from this document and are not applicable to MMPs.

Data Element	Size	Format	Position	Remarks
Record-Type	1	Num	1	'3'-transaction record.
MBI	12	Char	2-13	Valid Medicare ID. Must exist in CMS Eligibility for enrollments. Required on all transactions (Note: MBI uses only the first 11 bytes)
Surname	12	Char	14-25	Last name. No blank or spaces. Required on all transactions.
First Name	7	Char	26-32	First name. No blank or spaces. Required on all transactions.
Middle Initial	1	Char	33	Middle Initial. Can be a blank or space. Optional on all transactions.
Gender	1	Char	34	1 = male, 2 = female, 0 = unknown. Required on all transactions.
Birth Date	8	Num	35-42	Birth date in CCYYMMDD format. Required on all transactions.
EGHP Flag	1	Char	43	To identify Employer Group Health Plan (EGHP). Values are 'Y' or blank as applicable. Used on '61' transactions. Report 'Y' for type "61" transactions if EGHP, otherwise leave blank. Leave blank for all other transactions.
PBP #	3	Char	44-46	Plan Benefit Package. Required on transactions '61', '51', '72', '73', '78', '81', '82', '83' if plan has PBPs. Leave field blank only if not applicable for the contract. Otherwise, PBP is required for all organizations to report a 3 character numeric number (zero-padded, 001-999).

Data Element	Size	Format	Position	Remarks
Election Type	1	Char	47	<p>While all election type values as explained below are valid in the CMS MARx system for many organizations, as far as the MMP plans are concerned, the appropriate election type value for all transactions is "U – LIS/Duals, Special Enrollment Period". Required on '61' and '51' transactions. Leave as space if not applicable.</p> <p>'A' – (AEP) Annual Enrollment: Oct 15 – Dec 07</p> <p>'D' – (MADP) 45-Day MA Disenrollment Period between January 1 and February 14 of each year with February 1 or March 1 effective dates.</p> <p>'E' – (IEP) Initial Enrollment Period is 3 months prior and 3 months after the 65th birthday.</p> <p>'F' – (IEP 2) Second Initial Enrollment Period for Part D.</p> <p>'I' – (ICEP) Initial Coverage Enrollment Period: 3 months prior to Eligibility Part A and Part B date</p> <p>'S' – (SEP) Special Election Period</p> <p>'T' – (OEPI) Open Enrollment for Institutionalized. First 3 months of the year.</p> <p>Additional Special Election types:</p> <p>'U' – SEP for Dual-eligible individuals or individuals who lose their Dual-Eligibility and SEP for Non-Dual Eligible individuals with LIS and individuals who lose LIS</p> <p>'V' – SEP for changes in Residence</p> <p>'W' – SEP EGHP</p> <p>'X' – Administrative Action SEP</p> <p>'Y' – Casework exceptional condition</p> <p>'Z' – MA Auto-Enrollment Period</p> <p>'R' – SEP enrollment into a 5-Star rated Plan.</p>
Plan-ID (Contract # )	5	Char	48-52	<p>Contract Number</p> <p>Required on all transactions: '61', '51', '72', '73', '78', '81', '82' and '83'</p> <p>H**** = identifies MMP plans (All asterisks must be replaced by valid CMS assigned numeric values)</p>

Data Element	Size	Format	Position	Remarks
Application Receipt Date	8	Num	53-60	<p>CCYYMMDD format. Required on 61 transactions.</p> <p><u>For Passive MMP enrollments:</u>                      The Application Receipt date field is the date the transaction is submitted to CMS (which must be no later than 60 days before the effective date). For passive enrollments effective January 1, the application date is the actual date the passive enrollment transaction is submitted to the CMS MARx system.                      Use an enrollment Source Code value of 'J' – State submitted passive enrollment (see Enrollment Source Code in position 193).</p> <p><u>For Beneficiary Elected MMP enrollments:</u>                      Application date is the date the Plan received the beneficiary's enrollment request. Refer to the CMS Enrollment guidance for additional detailed explanation.                      Use an enrollment Source Code value of 'L' – MMP beneficiary election.                      Not applicable on transactions 72 through 78, 81, 82, 83 and 51.</p>
Transaction Code	2	Num	61-62	<p>Enrollments: '61'                      Disenrollments: '51'                      4rx Change: '72'                      Uncovered Months Change: '73'                      Part C Premium Change: '78'                      Disenrollment Cancellation: '81'                      MMP Enrollment Cancellation: "82"                      MMP Opt-Out Update: "83"</p>
Disenrollment reason	2	Num	63-64	<p>MMP disenrollment reasons:                      '11' – Voluntary disenrollment                      '63' – MMP Opt-Out After Enrolled                      '64' – Loss of Demonstration Eligibility                      '92' – Involuntary disenrollment for a move out of plan's service area                      Blank                      Valid only on transaction 51. Leave blank on all other transactions.                      Required for Involuntary Disenrollments</p>
Effective Date	8	Num	65-72	<p>Effective date in CCYYMMDD format. Required on all transactions. Day field must always contain the first of the month.</p>

Data Element	Size	Format	Position	Remarks
Segment ID	3	Char	73-75	This field is not applicable to Medicare & Medicaid Plans (MMPs). Leave it initialized to blank on all transactions.
ESRD Override (Prior Commercial Override)	1	Char	76	Applicable to '61' transactions only. The override field is required if beneficiary has ESRD and wants to enroll in a COST plan. Not applicable to MMP plans. Use Alpha-numeric, 1-9 and A-F to report ESRD override condition. Zero (0) and blank = no override to report.
Premium Payment Option / Parts C-D	1	Char	77	This field is not applicable to Medicare & Medicaid Plans (MMPs). Populate this field with a value of "N" (No Premium Applicable)
Part C Premium Amount	6	Num	78-83	For MMP Plans, initialize this field with zeroes during initial enrollment. The total Part C premium owed by the member; including amounts related to optional supplemental benefits. CMS collects the premiums from SSA/RRB/OPM and forwards them to the plan for members that elect to have them withheld from their benefit checks. 6-digits with leading zeroes, or blank if premium does not apply. Decimal point assumed 2-digits from right, XXXXvXX. A value of '000000' is an acceptable change-to value meaning \$0.00. A value of '003700' is \$37 and \$125 is 012500. Required on 61 and 78 transactions. Not applicable on all other transactions.
Creditable Coverage Flag	1	Char	84	Note for MMP enrollments: the creditable coverage field is always set to "Y" since uncovered months is not reported. Used in determining the higher premium charge for late enrollment. For 61 transactions, valid values are Y, N and blank. For 73 transactions, valid values are Y and N. Y - if covered N - if not covered.

Data Element	Size	Format	Position	Remarks
Number of Uncovered Months	3	Num	85-87	Note for MMP enrollments: The NUNCMO field is always set to "000". Count of total months without drug coverage. If a beneficiary fails to enroll in a Part D plan timely, a higher premium is assessed based on the number of months that the individual lacked drug coverage. This is used in determining the higher premium amount. Format 999 with leading zeroes, i.e. 3 is 003. When Creditable Coverage flag is "Y" or blank, value should be zero. Value should be greater than 0 if Creditable Coverage Flag is "N". Required on 61 and 73 transactions.
Employer Subsidy Enrollment Override Flag	1	Char	88	To allow enrollment into an MMP plan by an individual that is already covered by an employer subsidized by CMS to provide drug coverage. If the beneficiary is in a plan receiving an employer subsidy, but still wants to enroll, submit the enrollment with the override flag set to "Y"; otherwise, leave blank. Used on "61" transactions if beneficiary has Employer Subsidy status; otherwise leave blank. Not applicable on all other transactions.
Part D Opt-Out Flag	1	Char	89	Optional Field on a 51 transaction. Y = Beneficiary already has a third Party insurance that covers drugs and does not wish to be auto-enrolled in part D. Blank = leave field blank if beneficiary has not opted-out of Part D.
Part D Rx ID	20	Char	90-109	Not Required on Passive MMP enrollments. The member ID assigned to the Beneficiary. Required for all MAPD and Part D plans. Left-justified with trailing spaces. Uppercase alpha A-Z and/or numeric 0-9 only. Required for all part D plans on 61 and 72 transactions. Required on 72 transactions when changing primary Rx insurance.

Data Element	Size	Format	Position	Remarks
Part D Rx Group	15	Char	110-124	Not Required on Passive MMP demonstration enrollments. The identifying number assigned to the cardholder group or employer group. Optional field. Change-to-value (used by all MAPD and Part D plans). Left-justified with trailing spaces. Uppercase alpha A-Z and/or numeric 0-9 only. Applicable to 61 and 72 transactions. Not applicable on all other transactions.
Secondary Drug Insurance Flag	1	Char	125	To support coordination of benefits. Optional field on 61 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. Change-to-value on 72 transactions.
Secondary Rx ID	20	Char	126-145	The ID # assigned to the member by the secondary insurer. It supports coordination of benefits. Secondary insurance plan's ID number for beneficiary. Alphanumeric, upper case when alpha; left justified. Upper case printable characters and default value of spaces. Optional field used on 61and 72 transactions for if there is secondary insurance.
Secondary Rx Group	15	Char	146-160	The Group # assigned to the member by the secondary insurer. It supports coordination of benefits. Secondary insurance plan's group ID number for beneficiary. Alphanumeric, upper case when alpha; left justified. Upper case printable characters and default value of spaces. Optional field used on 61and 72 transactions if there is secondary insurance.

Data Element	Size	Format	Position	Remarks
Part D Rx BIN	6	Char	161-166	Not Required on Passive MMP enrollments. The card issuer identifier or a Bank Identifying Number used for network routing. Required for all MAPD and PDP plans Right justified, zero filled. Numeric 0-9 only. Applicable for transaction types 61 and 72.
Part D Rx PCN	10	Char	167-176	Not Required on Passive MMP enrollments. The number assigned by the processor. Optional field. Change-to-value (used by all MAPD and Part D plans). Left-justified with trailing spaces. Uppercase alpha A-Z and/or numeric 0-9 only. Applicable for transaction types 61 and 72.
Secondary Drug BIN	6	Char	177-182	Applicable on 61 and 72 transactions for MA-PD and PDP if there is secondary insurance. If specified, field must be right justified, zero filled, numeric 0-9 only. Change if secondary Drug Insurance Flag change-to value is "Y".
Secondary Drug PCN	10	Char	183-192	Optional field used for MA-PD and PDP if there is secondary insurance. If specified, must be alphanumeric, uppercase when alpha and left justified. Applicable on 61 and 72 transactions for MA-PD and PDP if there is secondary insurance.
Enrollment Source	1	Char	193	'A' – Auto-enrolled by CMS 'B' – Beneficiary election 'C' – Facilitated enrollment by CMS 'D' – CMS annual rollover 'E' – Plan-submitted auto-enrollment 'F' – Plan-submitted facilitated enrollment 'G' – Point of Sale (POS) submitted enrollment 'H' – CMS submitted reassignment enrollment 'J' – State submitted passive enrollment 'K' – CMS submitted passive enrollment 'L' – MMP beneficiary election Blank Valid on 61 enrollment transactions.

Data Element	Size	Format	Position	Remarks
State *	2	Char	194-195	Numeric State code i.e. 05 for CA – *Use Optionally on 61 enrollments only.
County *	3	Char	196-198	Numeric County code – *Use Optionally on 61 enrollments only.
State/County Validation Flag *	1	Char	199	State and County validation indicator ‘Y’ – Validate State/County against CMS data blank or ‘N’ – Do not validate State/County – *Use Optionally on 61 enrollments only.
SNP ESRD override Flag	1	Char	200	‘S’ for SNP plan to bypass Prior-Commercial-Override edit.
PBP Change Flag	1	Char	201	Enter a value of ‘Y’ to indicate the “61” single enrollment transaction is a PBP change. Value of “Y” is required when submitting a PBP change with an election type of “Z” and an enrollment source code of “E”.
MMP Opt-Out Flag	1	Char	202	Valid on 51, 82 and 83 transactions. Optional on 51 and 82 transactions, required on an 83 transaction. “Y” = Opted out of passive enrollment into MMP Plan “N”=Not opted out of passive enrollment into MMP plan. Spaces = Not Applicable
Filler	8	Char	203- 210	Spaces
Preferred Language Other than English	1	Char	211	Optional on TC 61 transactions. Valid Values are: - S – Spanish - O – Other - Blank (Space)
Accessible Format	1	Char	212	Optional on TC 61 transactions. Valid Values are: - B – Braille - L – Large Print - A – Audio CD - Blank (Space)
Filler	71	Char	213- 283	Spaces
Transaction Maintenance-Flag	1	Char	284	‘D’ to delete transaction record ‘U’ to modify transaction record or else leave blank
Override-Flag	1	Char	285	Valid ‘Y’ to bypass edit or ‘ ’ (space).

Data Element	Size	Format	Position	Remarks
Transaction Tracking ID	15	Char	286-300	Must use the Infocrossing supplied account# (ex: HCF**** where the asterisks represent a unique Infocrossing assigned number) in the first 7 bytes. Positions 8 through 15 are optional and free-form.

\* Used if you wish to have state and county codes checked against the CMS API eligibility data. Please contact the Infocrossing Help desk for further explanation.

**2.2 MEDICARE TRANSACTION PROCESSING – “76” RESIDENTIAL ADDRESS CHANGE**

This document is intended for readers to use as a supplement to the CMS literature and should primarily be used as a guide to build the Infocrossing required record layout.

**Batch Residential Address Change transaction Header Record**

Data Element	Size	Format	Position	Remarks
Record type	1	Num	1	'1' Header record
Account	7	Char	2-8	Account number assigned by Infocrossing.
Filler	1	Char	9	Space
Planid (contract#)	5	Char	10-14	Plan id supplied by CMS
Filler	1	Char	15	Space
Batch-Number	6	Num	16-21	Any Numeric Value identifying the group of transactions
Trans-Count	8	Num	22-29	Numeric Value specifying the number of type 3 detail records sent
Filler	271	Char	30-300	Spaces

**Batch Residential Address Change transaction  
Detail Record**

\*\* The remarks section can be used to build your transaction record. The CMS Plan Communication User Guide document should be used primarily.

Data Element	Size	Format	Position	Remarks
Record-Type	1	Num	1	'3'-transaction record.
MBI	12	Char	2-13	Valid Medicare ID. Must exist in CMS Eligibility for enrollments. Required on all transactions. (Note: MBI field uses only the first 11bytes).
Surname	12	Char	14-25	Last name. No blank or spaces. Required on all transactions.
First Name	7	Char	26-32	First name. No blank or spaces. Required on all transactions
Middle Initial	1	Char	33	Middle Initial. Can be a blank or space. Optional on all transactions.
Gender	1	Char	34	1 = male, 2 = female, 0 = unknown. Required on all transactions.
Birth Date	8	Num	35-42	Birth date in CCYYMMDD format. Required on all transactions.
Filler	5	Char	43-47	Leave blank on '76' transaction.
Plan-ID (Contract # )	5	Char	48-52	Contract Number Required on '76' transaction. H**** = identifies MMP plans. (All asterisks must be replaced by valid CMS assigned numeric values)
Filler	8	Char	53-60	Leave blank on '76' transaction.
Transaction Code	2	Num	61-62	Required: Residence Address Change code: '76'
Filler	2	Char	63-64	Leave blank on '76' transaction.
Effective Date	8	Num	65-72	Effective date in CCYYMMDD format. Required on all transactions. Day field must always contain the first of the month.
Filler	3	Char	73-75	Leave blank on '76' transaction
Residence Address Line1	65	Char	76-140	Street Address. Required when Address Update/Delete Flag is "Update"
Residence Address Line2	65	Char	141-205	Optional. Apartment or Suite number

Data Element	Size	Format	Position	Remarks
Address Update/Delete Flag	1	Char	206	Required. 'U' = Adding a new address or modifying an existing address. 'D' = Deleting an existing address
Residence City	57	Char	207-263	City Name. Required when Address Update/Delete Flag is "Update".
Residence State	2	Char	264-265	USPS two-character state abbreviation. Required when Address Update/Delete Flag is "Update".
Residence Zip Code	5	Num	266-270	USPS five-character numeric Zip Code. Required when Address Update/Delete Flag is "Update".
Residence Zip Code+4	4	Num	271-274	USPS four-character numeric Zip Code+4. Optional field.
End Date	8	Num	275-282	Optional. CCYYMMDD format. Last day of the month in which the specific residence address was active.
Filler	1	Char	283	Spaces
Transaction Maintenance-Flag	1	Char	284	'D' to delete transaction record 'U' to modify transaction record or else leave blank
Override-Flag	1	Char	285	Valid 'Y' to bypass edit or ' ' (space).
Transaction Tracking ID	15	Char	286-300	Must use the Infocrossing supplied account# (ex: HCF**** where the asterisks represent a unique Infocrossing assigned number) in the first 7 bytes. Positions 8 through 15 are optional and free-form.

### 2.3 MEDICARE TRANSACTION PROCESSING – “90” REPORTING IDENTIFIED DRUG OVERUTILIZERS

This document is intended for readers to use as a supplement to the CMS literature and should primarily be used as a guide to build the Infocrossing required record layout.

#### Transaction Code 90 – Reporting Drug Overutilizers Header Record

Data Element	Size	Format	Position	Remarks
Record type	1	Num	1	'1' Header record
Account	7	Char	2-8	Account number assigned by Infocrossing.
Filler	1	Char	9	Space
Planid (contract#)	5	Char	10-14	Plan id supplied by CMS
Filler	1	Char	15	Space
Batch-Number	6	Num	16-21	Any Numeric Value identifying the group of transactions
Trans-Count	8	Num	22-29	Numeric Value specifying the number of type 3 detail records sent
Filler	271	Char	30-300	Spaces

**Transaction Code 90 – Reporting Drug Overutilizers  
Detail Record**

\*\* The remarks section can be used to build your transaction record. The CMS Plan Communication User Guide document should be used primarily.

Data Element	Size	Format	Position	Remarks
Record-Type	1	Num	1	'3'-transaction record.
MBI	12	Char	2-13	Valid Medicare ID. Must exist in CMS Eligibility for enrollments. Required on all transactions (Note: MBI uses only the first 11 bytes).
Surname	12	Char	14-25	Last name. No blank or spaces. Required.
First Name	7	Char	26-32	First name. No blank or spaces. Required.
Middle Initial	1	Char	33	Middle Initial. Can be a blank or space. Optional.
Gender	1	Char	34	1 = male, 2 = female, 0 = unknown. Required.
Birth Date	8	Num	35-42	Birth date in CCYYMMDD format. Required.
Filler	5	Char	43-47	Leave blank.
Plan-ID (Contract # )	5	Char	48-52	Contract Number. Required. H**** = identifies MMP plans. (All asterisks must be replaced by valid CMS assigned numeric values)
Filler	8	Char	53-60	Leave blank.
Transaction Code	2	Num	61-62	Required: '90'
Filler	13	Char	63-75	Leave blank
Add/Update/Delete Flag	1	Char	76	Required. Values are: "A" add, "U" update, "D" delete
Filler	1	Char	77	Leave blank
Drug Class	3	Char	78-80	Required
Notification Start Date	8	Num	81- 88	Required. CCYYMMDD format. Cannot exceed CCM+1
Notification End Date	8	Num	89- 96	Optional. CCYYMMDD format. If specified, date must be 60 days after the notification start date.
POS Edit Status	1	Char	97	Optional. Valid values are "Y" yes, "N" no or blank (Space)
POS Edit Code	3	Char	98-100	Optional. Required when POS Edit Status is "Y"
Prescriber Limitation Status	1	Char	101	Optional. Valid values are "Y" Yes, "N" No, or blank (Space)

Data Element	Size	Format	Position	Remarks
Pharmacy Limitation Status	1	Char	102	Optional. Valid values are "Y" Yes, "N" No, or blank (Space)
Implementation Start Date	8	Num	103- 110	Optional. CCYYMMDD format
Implementation End Date	8	Num	111- 118	Optional. CCYYMMDD format
Filler	165	Char	119-283	Leave blank.
Transaction Maintenance-Flag	1	Char	284	'D' to delete transaction record 'U' to modify transaction record or else leave blank
Override-Flag	1	Char	285	Valid 'Y' to bypass edit or ' ' (space).
Transaction Tracking ID	15	Char	286-300	Must use the Infocrossing supplied account# (ex: HCF**** where the asterisks represent a unique Infocrossing assigned number) in the first 7 bytes. Positions 8-15 are optional.

## 2.4 MEDICARE TRANSACTION PROCESSING – “92” PERSONAL INFORMATION UPDATE

### Transaction Code 92 – Reporting Personal Information Update Header Record

Data Element	Size	Format	Position	Remarks
Record type	1	Num	1	'1' Header record
Account	7	Char	2-8	Account number assigned by Infocrossing.
Filler	1	Char	9	Space
Planid (contract#)	5	Char	10-14	Plan id supplied by CMS
Filler	1	Char	15	Space
Batch-Number	6	Num	16-21	Any Numeric Value identifying the group of transactions
Trans-Count	8	Num	22-29	Numeric Value specifying the number of type 3 detail records sent
Filler	271	Char	30-300	Spaces

**Transaction Code 92 – Reporting Personal Information Updates  
Detail Record**

Data Element	Size	Format	Position	Remarks
Record-Type	1	Num	1	'3'-transaction record.
MBI (Medicare Beneficiary Identifier)	12	Char	2-13	Valid Medicare ID. Must exist in CMS Eligibility for enrollments. Required on all transactions (Note: MBI uses only the first 11 bytes).
Surname	12	Char	14-25	Last name. No blank or spaces. Required.
First Name	7	Char	26-32	First name. No blank or spaces. Required.
Middle Initial	1	Char	33	Middle Initial. Can be a blank or space. Optional.
Gender	1	Char	34	1 = male, 2 = female, 0 = unknown. Required.
Birth Date	8	Num	35-42	Birth date in CCYYMMDD format. Required.
Filler	2	Char	43-44	Leave blank.
PBP#	3	Char	45-47	Plan Benefit Package – Required.
Plan-ID (Contract # )	5	Char	48-52	Contract Number. Required. H**** = identifies MMP plans. (All asterisks must be replaced by valid CMS assigned numeric values)
Filler	8	Char	53-60	Leave blank.
Transaction Code	2	Num	61-62	Required: '92'
Preferred Language Other than Spanish	1	Char	63	Optional. Valid values are: - S – Spanish - O – Other - X – Remove current value in Marx and set to blank (Space) - Blank (Space) – No Update
Accessible Format	1	Char	64	Optional. Valid values are: - B – Braille - L – Large Print - A – Audio CD - X – Remove current value in Marx and set to blank (Space) - Blank (Space) – No Update
Filler	219	Char	65-283	Leave blank.

Data Element	Size	Format	Position	Remarks
Transaction Maintenance-Flag	1	Char	284	'D' to delete transaction record 'U' to modify transaction record or else leave blank
Override-Flag	1	Char	285	Valid 'Y' to bypass edit or ' ' (space).
Transaction Tracking ID	15	Char	286-300	Must use the Infocrossing supplied account# (ex: HCF**** where the asterisks represent a unique Infocrossing assigned number) in the first 7 bytes. Positions 8-15 are optional.

**2.5 MEDICARE TRANSACTION RESPONSE**

**Header Record**

Header record: record length = 470

DATA ELEMENT	SIZE	STARTING POSITION	REMARKS
Record Type	1	1	Value '1'- copied from input
Account#	7	2-8	Account number assigned by Infocrossing – as submitted in the input file header
Filler	1	9	Space
Planid (Contract)	5	10-14	Plan id – as submitted in the input file header
Filler	1	15	Space
Batch-Number	6	16-21	Numeric value – as submitted in the input file header
Trans-Count	8	22-29	Numeric value – as submitted in the input file header
Batch File Type	5	30-34	File type value as submitted in the input file header
CMS Approval Request ID	10	35-44	CMS request ID as submitted in the input file header (if applicable)
Filler	426	45-470	Space

**Detail Record**

File attributes: record length = 470

DATA ELEMENT	SIZE	STARTING POSITION	REMARKS
Record Type	1	1	Value '3'. Copied from input
MBI	12	2	Note: MBI field uses only the first 11 bytes
Transaction Code	2	14	Values: 51, 61, 72 through 78, 81, 82, 83, '90', '92'
Last Name	12	16	
First Name	7	28	
Middle Initial	1	35	
Gender	1	36	
Birth Date	8	37	CCYYMMDD
EGHP flag	1	45	
PBP #	3	46	
Election Type	1	49	
Plan ID (contract#)	5	50	
Application Receipt Date	8	55	
Disenrollment Reason	2	63	
Effective Date	8	65	
Segment ID	3	73	
Plan Designation	4	76	'MMP' - MMP program will have an Infocrossing designation of "MMP". Note that this is only an Infocrossing assigned value.
Filler	1	80	
ESRD Override/Prior Commercial	1	81	
Premium Withhold Option C-D	1	82	
Part C premium Amt	6	83	
Filler	6	89	
Creditable Coverage Flag	1	95	
Number of Uncovered Months	3	96	
Employer subsidy Enr override flag	1	99	
Part D opt-out flag	1	100	
Part D Rx ID	20	101	

DATA ELEMENT	SIZE	STARTING POSITION	REMARKS
Part D Rx Group	15	121	
2ndry Drug Ins. Flag	1	136	
2ndry RX ID	20	137	
2ndry RX Group	15	157	
Part D Rx BIN	6	172	
Part D Rx PCN	10	178	
2ndry Rx BIN	6	188	
2ndry Rx PCN	10	194	
Enrollment Source Code	1	204	
Tran record delete or update flag	1	205	Value 'D' ' U' or blank
State and county codes	5	206	
PBP change Flag	1	211	
MMP Opt-Out Flag	1	212	
Filler	1	213	
Note: Data grouping below is reused/redefined depending on transaction types "76", "90", "92"			
<b>Tran Code 90 Data Elements:</b>			
TC 90 Add/Update/Delete Flag	1	214	
TC 90 Drug Class	3	215	
TC 90 Notification Start Date	8	218	
TC 90 Notification End Date	8	226	
TC 90 POS Edit Status	1	234	
TC 90 POS Edit Code	3	235	
TC 90 Prescriber Limitation Status	1	238	
TC 90 Pharmacy Limitation Status	1	239	
TC 90 Implementation Start Date	8	240	
TC 90 Implementation End Date	8	248	
<b>Tran Code 92 Data Elements:</b>			
<b>Preferred Language Other than Spanish</b>	1	214	
<b>Accessible Format</b>	1	215	
<b>Tran Code 76 Data Elements:</b>			
Residence Address Line1	65	214	
Residence Address Line2	65	279	
Address Update/Delete Flag	1	344	

DATA ELEMENT	SIZE	STARTING POSITION	REMARKS
Residence City	57	345	
Residence State	2	402	
Residence Zip Code	5	404	
Residence Zip Code+4	4	409	
Residence End Date	8	413	
End of Data Groupings			
Transaction Tracking ID	15	421	
Filler	15	436	
Error Codes	20	451	Up to 10 occurrences of 2 position error codes

Notes:

The information in each field (MBI, Last Name, etc.) is the same value sent on the input record.

**Record Type:** The value of '1' is used for the header record. This is the same header record sent to Infocrossing in the batch upload file. Some customers use the header for auditing and/or balancing purposes.

**Transaction Code:** The value in this field corresponds to the type of CMS transaction record: '51' = disenrollment, '61' = enrollment, '72' = 4Rx Change, '73' = Uncovered Months Change, '76' = Residence Address Change, '78' = Part C premium Change, '81' = Disenrollment Cancellation, '82' = MMP Enrollment Cancellation, '83' = MMP Opt-OUT Update, '90' = Reporting Identified Drug Overutilizers, "92" = Reporting Personal Updates

## 2.6 TRANSACTION ERROR CODES

These error codes represent a list of all the possible error code values that Infocrossing generates when processing input transactions received from various organizations including but not limited to MMP plans. Only some of these error codes will apply to MMP concerned organizations (those that do not apply, have the designation “(Can be ignored by MMP processing)”.

Transactions that are returned to you with a “00” or “99” code (records accepted or accepted with an override) are automatically sent to CMS for processing. **All others must be addressed for correction and re-sent to Infocrossing for eventual acceptance and submission to the CMS MARx system.**

Error Code and Message	Data Element Name	Transaction Code
00 RECORD ACCEPTED	does not map	All Transactions
99 RECORD ACCEPTED – OVERRIDE	does not map	All Transactions
01 LAST NAME MBD DATABASE MISMATCH	Surname	61
02 FIRST NAME MBD DATABASE MISMATCH	First Name	61
03 TRANS TYPE NOT APPLICABLE TO MMP	does not map	73, 74, 75, 77, 78, 80, 81
04 GENDER MBD DATABASE MISMATCH	Gender	61
05 LAST NAME MBD MEMBERSHIP MISMATCH	Surname	51, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90
06 FIRST NAME MBD MEMBERSHIP MISMATCH	First Name	51, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90
07 NO DAILY TRR MATCH FOUND FOR TRAN CODE 80 CANCELLATION	does not map	80
08 GENDER MBD MEMBERSHIP MISMATCH	Gender	51, 72, 73, 74, 75, 76, 77, 78, 79, 82, 83, 90
09 PLAN NUMBER MBD DATABASE MISMATCH	Plan-ID (Contract #)	51
10 MBI NUMBER INVALID	MBI	All Transactions
11 LAST NAME INVALID	Surname	All Transactions
12 FIRST NAME INVALID	First Name	All Transactions
13 NO DAILY TRR MATCH FOUND FOR TRAN CODE 81 CANCELLATION	does not map	81
14 GENDER CODE INVALID	Gender	All Transactions

Error Code and Message	Data Element Name	Transaction Code
15 PLAN NUMBER INVALID	Plan-ID (Contract #)	All Transactions
16 EFFECTIVE DATE INVALID	Effective Date	All Transactions
17 TRANSACTION CODE REQUIRED OR INVALID	Transaction Code	All Transactions
18 MBI # NOT FOUND ON MBD DATABASE	MBI	All transactions
19 ADDRESS CHG UPDATE FLAG MUST BE U OR D	Address Update/Delete Flag	76
20 ADDRESS CHG END DATE MUST BE IN CCYYMMDD FORMAT	End Date	76
21 TRANSACTION RECORD ALREADY EXISTS	does not map	51, 61, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90
22 MEDICARE CONTRACT CANNOT BE VALIDATED	Plan-ID (Contract #)	All transactions
23 MBI # NOT FOUND ON MBD DB	MBI	51
24 TRANS TYPE APPLICABLE ONLY TO MMP (CAN BE IGNORED BY MMP PROCESSING)	does not map	82, 83
25 ADDRESS/CITY/ST/ZIP REQUIRED WHEN UPDATE FLAG IS U	Residence Address Line1 Residence City Residence State Residence Zip Code	76
26 BENEFICIARY IS DECEASED	does not map	61
27 INVALID STATE OR ZIP CODE SPECIFIED ON 76 TRANSACTION	Residence State Residence Zip Code	76
28 72 REC MUST CONTAIN DATA SPECIFIC TO 4RX CHANGE	any data element which is not pertinent to the 72 transaction	72
29 73 REC MUST CONTAIN DATA SPECIFIC TO NUNCMO CHANGE	any data element which is not pertinent to the 73 transaction	73
30 NOT ENROLLED IN PART B	does not map	61

Error Code and Message		Data Element Name	Transaction Code
31	EFFECTIVE DATE LESS THAN PART B EFFECTIVE DATE	Effective Date	61
32	ESRD OVERRIDE/AGED-IN INDICATOR INVALID	ESRD Override (Prior Commercial Override)	61
33	74 REC MUST CONTAIN DATA SPECIFIC TO EGHP CHANGE (CAN BE IGNORED BY MMP PROCESSING)	any data element which is not pertinent to the 74 transaction	74
34	EGHP EFFECTIVE DATE RANGE IS: CCM-3 THRU CCM+3 (CAN BE IGNORED BY MMP PROCESSING)	Effective Date	61
35	BIRTH DATE NOT NUMERIC	Birth Date	All Transactions
36	BIRTH DATE MBD DATABASE MISMATCH	Birth Date	61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90
37	INVALID EGHP FLAG	EGHP Flag	61
38	PROCESSING EFFECTIVE DATE RANGE IS: CCM -1 THRU CCM+3	Effective Date	61
39	75 REC MUST CONTAIN DATA SPECIFIC TO PAYMENT OPTION CHANGE (CAN BE IGNORED BY MMP PROCESSING)	any data element which is not pertinent to the 75 transaction	75
40	76 REC MUST CONTAIN DATA SPECIFIC TO ADDRESS CHANGE	any data element which is not pertinent to the 76 transaction	76
41	77 REC MUST CONTAIN DATA SPECIFIC TO SEGMENT CHANGE (CAN BE IGNORED BY MMP PROCESSING)	any data element which is not pertinent to the 77 transaction	77
42	NOT ENROLLED IN PART A	does not map	61
43	78 REC MUST CONTAIN DATA SPECIFIC TO PREMIUM CHANGE	any data element which is not pertinent to the 78 transaction	78
44	ESRD OR HOSPICE INDICATOR FOUND	does not map	61
45	79 REC MUST CONTAIN DATA SPECIFIC TO OPT-OUT CHANGE (CAN BE IGNORED BY MMP PROCESSING)	any data element which is not pertinent to the 79 transaction	79

Error Code and Message		Data Element Name	Transaction Code
46	EFFECTIVE DATE LESS THAN PART A DATE	Effective Date	61
47	INVALID DISENROLLMENT REASON CODE	Disenrollment reason	51, 82
48	APPLICATION RECEIPT DATE INVALID	Application Receipt Date	61
49	RECORD TO MODIFY / DELETE NOT FOUND	does not map	All Transactions
50	STATE/COUNTY MBD DATABASE MISMATCH	State County	61
51	PBP# REQUIRED. VALUE MUST BE NUMERIC	PBP #	51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 81
52	PBP CHANGE FLAG IS INVALID	PBP Change Flag	61
53	SEGMENT ID MUST BE NUMERIC (CAN BE IGNORED BY MMP PROCESSING)	Segment ID	77
54	INVALID ELECTION TYPE	Election Type	51, 61
55	INVALID AEP EFFECTIVE DATE	Effective Date	61
56	INVALID ICEP/IEP EFF DATE	Effective Date	61
57	MA OEP INVALID. ELECTION MUST BE INSIDE OF THE MA-OEP CALENDAR PERIOD AND BE WITHIN 3 MONTHS OF PART A AND PART B ENTITLEMENTS.	Election Type	51
58	RX INFO APPLICABLE TO DRUG PLAN ONLY	Plan-ID (Contract #) and PBP # Relates to how the plan-id and PBP specified in transaction are defined on the M/CARE system.	72
59	EFF DATE DOES NOT MATCH ENROLLMENT	Effective Date	72
60	FILE REJECTED-MISSING/INVALID HEADER	File level Rejection	All
61	INVALID PREMIUM WITHHOLD OPTION	Premium Payment Option / Parts C-D	61, 75

Error Code and Message		Data Element Name	Transaction Code
62	INVALID PART C PREMIUM AMOUNT	Part C Premium Amount	61, 78
63	RESERVED FOR FUTURE USE	N/A	N/A
64	INVALID CREDITABLE COVERAGE FLAG	Creditable Coverage Flag	61, 73
65	INVALID NUMBER OF UNCOVERED MONTHS	Number of Uncovered Months	61, 73
66	EMPLOYER SUBSIDY FLAG MUST BE Y/BLANK	Employer Subsidy Enrollment Override Flag	61
67	PART D OPT-OUT FLAG MUST BE N, Y OR BLANK	Part D Opt-Out Flag	51, 61, 79
68	RX-ID BLANK OR INVALID	Part D Rx ID	61, 72
69	RX GROUP INVALID	Part D Rx Group	61, 72
70	SECONDARY DRUG INS FLAG INVALID	Secondary Drug Insurance Flag	61, 72
71	2ND RX-ID BLANK OR INVALID	Secondary Rx ID	61, 72
72	2ND RX-GRP INVALID	Secondary Rx Group	61, 72
73	MMP TRACKING-ID MUST BEGIN WITH HCF#	does not map	All transactions
74	"82" CANCELLATION CANNOT BE MATCHED TO PREVIOUS ENROLLMENT	does not map	82
75	MMP OPT-OUT FLAG VALUE MUST BE "Y", "N" OR BLANK	MMP Opt-Out Flag	51, 83
76	UNLAWFUL PRESENCE INELIGIBILITY	N/A	61
77	PLAN ENROLLMENT NOT MEDICAID ELIGIBLE	does not map	61
78	INVALID RECORD TYPE. RECORD BYPASSED	Record-Type	All Transactions
79	PLAN DESIGNATION INVALID NOT = MA, MA-PD or PDP	Plan-ID (Contract #) and PBP # Relates to how the plan-id and PBP specified in transaction are defined on the M/CARE system	61
80	RESERVED FOR FUTURE USE	N/A	N/A

Error Code and Message		Data Element Name	Transaction Code
81	DUPLICATE ACCEPTED TXN FOUND ON TRR	does not map	51, 61
82	MMP OPT OUT ONLY APPLICABLE TO MMP (CAN BE IGNORED BY MMP PROCESSING)	N/A	N/A
83	ON AEP, THE APPLICATION RECEIPT DATE MUST BE FROM 10/15 THRU 12/07	Application Receipt Date	61
84	EGHP FLAG NOT APPLICABLE TO MMP	EGHP Flag	61
85	RESERVED FOR FUTURE USE	N/A	N/A
86	PACE PLANS: AGE MUST BE AT LEAST 55 (CAN BE IGNORED BY MMP PROCESSING)	does not map	61
87	PACE PLANS: MBD HOSPICE IND. IS ON (CAN BE IGNORED BY MMP PROCESSING)	does not map	61
88	PACE PLANS: ELECTION TYPE MUST BE "S" (CAN BE IGNORED BY MMP PROCESSING)	Election Type	61
89	2ND RX-BIN BLANK OR INVALID	Secondary Drug BIN	61, 72
90	2ND RX-PCN INVALID	Secondary Drug PCN	61, 72
91	PREMIUM PYMT OPT NOT APPLICABLE TO MMP	Premium Payment Option	61
92	CARA STATUS FOUND FOR AN MMP PASSIVE ENROLLMENT REQUEST	Enrollment Source	61 51
93	RX-BIN BLANK OR INVALID	Part D Rx BIN	61, 72
94	RX-PCN INVALID	Part D Rx PCN	61, 72
95	INVALID ENROLLMENT SOURCE CODE	Enrollment Source	61
96	NUNCMO – INVALID EFFECTIVE DATE	Effective Date	73
97	NUNCMO VALUE MUST BE ZERO WHEN CC FLAG IS R OR U	Number of Uncovered Months	61, 73
98	RESERVED FOR FUTURE USE	N/A	N/A
1A	NOTIFICATION OR IMPLEMENTATION START OR END DATE IS OUTSIDE OF CONTRACT ENROLLMENT PERIOD.	Notification, Implementation Start or end dates	90

	Error Code and Message	Data Element Name	Transaction Code
2A	TC 90 TRANSACTION MUST BE SUBMITTED BY CONTRACT OFFERING PART D COVERAGE.	Plan ID (Contract#)	90
3A	ONE OR MORE OF FOLLOWING ERRORS OCCURRED: - NOTIFICATION END DATE PRIOR TO NOTIFICATION START DATE - IMPLEMENTATION END DATE PRIOR TO IMPLEMENTATION START DATE - IMPLEMENTATION END DATE WITHOUT AN IMPLEMENTATION START DATE - NOTIFICATION END DATE MORE THAN 60 DAYS FROM NOTIFICATION START DATE - IMPLEMENTATION START DATE LATER THAN ONE DAY AFTER THE NOTIFICATION END DATE - IMPLEMENTATION START DATE IS BEFORE NOTIFICATION START DATE	Notification start or end dates. Implementation start or end dates.	90
4A	INVALID NOTIFICATION OR IMPLEMENTATION START OR END DATES VALUE WAS USED. FORMAT MUST BE VALID CCYYMMDD. NOTIFICATION START DATE VALUE EXCEEDS CCM +1	Notification Start Date	90
5A	INVALID ADD/UPDATE/DELETE FLAG	Add/Update/Delete Flag	90
6A	VALID DRUG CLASS VALUE IS REQUIRED	Drug Class	90

Error Code and Message	Data Element Name	Transaction Code
7A	ONE OR MORE OF FOLLOWING ERRORS OCCURRED: - POS EDIT STATUS IS BLANK OR "N" AND POS EDIT CODE FIELD IS POPULATED. - POS EDIT STATUS IS "Y" BUT THE POS EDIT CODE FIELD IS BLANK - POS EDIT STATUS IS NOT "Y" YES, "N" NO OR BLANK (SPACE)	POS Edit Status or POS Edit Code 90
8A	PRESCRIBER LIMITATION OR PHARMACY LIMITATION STATUS FIELD IS INVALID. VALUES ARE "Y" YES, "N" NO OR BLANK (SPACE).	PRESCRIBER LIMITATION STATUS OR PHARMACY LIMITATION STATUS 90
9A	RESERVED FOR FUTURE USE	N/A
1D	MEDICARE ID VALUE IS NOT IN MBI FORMAT	MEDICARE ID All transactions
1E	LEGACY TC 90 REQUESTED CHANGE NOT ALLOWED	Change limited to POS Edit code, Notification End date and implementation start and end dates 90
2C	INVALID PREFERRED LANGUAGE VALUE. VALID VALUES ARE "S, O, OR BLANK"	PREFERRED VALUE OTHER THAN ENGLISH 61, 92
3C	INVALID ACCESSIBLE FORMAT VALUE. VALID VALUES ARE "B, L, A OR BLANK"	ACCESSIBLE FORMAT 61, 92

**2.7 MEDICARE TRANSACTION MATRIX OF REQUIRED AND OPTIONAL FIELDS BY CONTRACT TYPE**

**Enrollment and Disenrollment transactions  
Matrix of Required/Optional fields**

Transactions 61 and 51:

*R: Required field*

*O: Optional – Field can be left blank*

*N/A: Not Applicable – Field should be filled with spaces*

Field Name	Enrollment (61)	Disenrollment (51)
MBI	R	R
Surname	R	R
First Name	R	R
Middle Initial	O	O
Gender	R	R
Birth Date	R	R
EGHP Flag	Blank – N/A	Blank – N/A
PBP #	R	R
Election Type	R	R
Contract Number	R	R
Application Receipt Date	R	N/A
Transaction Code	R	R
Disenrollment reason	N/A	Required for Disenrollments
Effective Date	R	R
Segment ID	Blank – N/A	Blank – N/A
Prior Commercial - ESRD Override	R If applies. Cost plans only – not applicable to MMP	N/A
Premium Withhold Option/ Part C-D	Blank – N/A	N/A
Part C Premium Amt	Initialize with Zeroes	N/A
Creditable Cov Flag	Set to “Y”	N/A
Number of Uncovered Months	Set to “000”	N/A
Employer Subsidy Enrollment Override	Blank – N/A	N/A
Part D Opt-Out Flag	Blank – N/A	N/A
Part D Rx ID	Not required on Passive enrollments	N/A

Field Name	Enrollment (61)	Disenrollment (51)
Part D Rx Group	Not required on Passive enrollments	N/A
Secondary Drug Insurance Flag	O	N/A
Secondary Rx ID	O	N/A
Secondary Rx Group	O	N/A
Rx BIN	Not required on Passive enrollments	N/A
Rx PCN	Not required on Passive enrollments	N/A
Secondary Drug BIN	O	N/A
Secondary Drug PCN	O	N/A
Enrollment Source	R	N/A
MMP Opt-Out	N/A	O
Trans Tracking ID	R	R

**Cancellation transactions  
Matrix of Required/Optional fields**

Transactions 82 and 81:

*R: Required field*

*O: Optional – Field can be left blank*

*N/A: Not Applicable – Field should be filled with spaces*

Field Name	Cancel Enrollment Transaction (82)	Cancel Disenrollment Transaction (81)
MBI	R	R
Surname	R	R
First Name	R	R
Middle Initial	O	O
Gender	R	R
Birth Date	R	R
EGHP Flag	N/A	N/A
PBP #	R	R
Election Type	N/A	N/A
Contract Number	R	R
Application Receipt Date	N/A	N/A
Transaction Code	R	R
Disenrollment reason	N/A	N/A

Field Name	Cancel Enrollment Transaction (82)	Cancel Disenrollment Transaction (81)
Effective Date	R	R
Segment ID	N/A	N/A
Prior Commercial - ESRD Override	N/A	N/A
Premium Withhold Option/ Part C-D	N/A	N/A
Part C Premium Amt	N/A	N/A
Creditable Cov Flag	N/A	N/A
Number of Uncovered Months	N/A	N/A
Employer Subsidy Enrollment Override	N/A	N/A
Part D Opt-Out Flag	N/A	N/A
Part D Rx ID	N/A	N/A
Part D Rx Group	N/A	N/A
Secondary Drug Insurance Flag	N/A	N/A
Secondary Rx ID	N/A	N/A
Secondary Rx Group	N/A	N/A
Rx BIN	N/A	N/A
Rx PCN	N/A	N/A
Secondary Drug BIN	N/A	N/A
Secondary Drug PCN	N/A	N/A
Enrollment Source	N/A	N/A
MMP Opt out	O	N/A
Trans Tracking ID	R	R

**Miscellaneous Change transactions  
Matrix of Required/Optional fields**

Transactions 72, 73, 78 and 83:

*R: Required field*

*O: Optional – Field can be left blank*

*N/A: Not Applicable – Field should be filled with spaces*

Field Name	4RX Data Change (72)	NUNCMO Change (73)	Part C premium (78)	MMP opt-out (83)
MBI Number	R	R	R	R
Surname	R	R	R	R
First Name	R	R	R	R
Middle Initial	O	O	O	O

Field Name	4RX Data Change (72)	NUNCMO Change (73)	Part C premium (78)	MMP opt-out (83)
Gender	R	R	R	R
Birth Date	R	R	R	R
EGHP Flag	N/A	N/A	N/A	N/A
PBP #	R	R	R	R
Election Type	N/A	N/A	N/A	N/A
Contract Number	R	R	R	R
Application Receipt Date	N/A	N/A	N/A	N/A
Transaction Code	R	R	R	R
Disenrollment reason	N/A	N/A	N/A	N/A
Effective Date	R	R	R	R
Segment ID	N/A	N/A	N/A	N/A
Prior Commercial -ESRD Override	N/A	N/A	N/A	N/A
Premium Withhold Option / Part C-D	N/A	N/A	N/A	N/A
Part C Premium Amt	N/A	N/A	R	N/A
Creditable Cov Flag	N/A	R	N/A	N/A
Number of Uncovered Months	N/A	R Blank = Zero	N/A	N/A
Employer-Subsidy Enrollment Override	N/A	N/A	N/A	N/A
Part D Opt-Out Flag	N/A	N/A	N/A	N/A
Part D Rx ID	R if applies	N/A	N/A	N/A
Part D Rx Group	Blank /change to value	N/A	N/A	N/A
Secondary Drug Insurance flag	Blank or change to value	N/A	N/A	N/A
Secondary Rx ID	R if applies	N/A	N/A	N/A
Secondary Rx Group	R if applies	N/A	N/A	N/A
Rx BIN	R	N/A	N/A	N/A
Rx PCN	Blank or change to value	N/A	N/A	N/A
Secondary Drug BIN	N/A	N/A	N/A	N/A
Secondary Drug PCN	N/A	N/A	N/A	N/A
Enrollment Source	N/A	N/A	N/A	N/A
MMP Opt Out	N/A	N/A	N/A	R
Trans Tracking ID	R	R	R	R

**Miscellaneous Change transactions  
Matrix of Required/Optional fields**

Transaction 76:*R: Required field**O: Optional – Field can be left blank**N/A: Not Applicable – Field should be filled with spaces*

Field Name	Residence Address Change(76)
MBI Number	R
Surname	R
First Name	R
Middle Initial	O
Gender	R
Birth Date	R
EGHP Flag	N/A
PBP #	N/A
Election Type	N/A
Contract Number	R
Application Receipt Date	N/A
Transaction Code	R
Disenrollment reason	N/A
Effective Date	R
Segment ID	N/A
Prior Commercial - ESRD Override	N/A
Premium Withhold Option/ Part C-D	N/A
Part C Premium Amt	N/A
Creditable Cov Flag	N/A
Number of Uncovered Months	N/A
Employer Subsidy Enrollment Override	N/A
Part D Opt-Out Flag	N/A
Part D Rx ID	N/A
Part D Rx Group	N/A
Secondary Drug Insurance Flag	N/A
Secondary Rx ID	N/A
Secondary Rx Group	N/A
Rx BIN	N/A
Rx PCN	N/A
Secondary Drug BIN	N/A

Field Name	Residence Address Change(76)
Secondary Drug PCN	N/A
Enrollment Source	N/A
Trans Tracking ID	R
Address Update/Delete Flag	R
Residence Address Line1	R if flag = 'Update'
Residence Address Line2	O
Residence City	R if flag = 'Update'
Residence State	R if flag = 'Update'
Residence Zip Code	R if flag = 'Update'
Residence Zip Code+4	O
Residence End Date	R

**Tran Code 90 Drug Overutilization Transaction  
Matrix of Required/Optional fields**

*Transaction 90:*

*R: Required field*

*O: Optional – Field can be left blank*

*C: Conditional*

*Only Tran Code 90 applicable fields are shown*

Field Name	POS Drug Edit (90)
MBI Number	R
Surname	R
First Name	R
Middle Initial	O
Gender	R
Birth Date	R
Contract Number	R
Transaction Code	R
Add/Update/Delete Flag	R
Drug Class	R
Notification Start Date	R
Notification End Date	O
POS Edit Status	C

Field Name	POS Drug Edit (90)
POS Edit Code	C
Prescriber Limitation Status	O
Pharmacy Limitation Status	O
Implementation Start Date	O
Implementation End Date	O
Trans Tracking ID	O

**Transaction Code 92 – Personal Update Transaction  
Matrix of Required/Optional fields**

Transaction 92:

*R: Required field*

*O: Optional – Field can be left blank*

*C: Conditional*

*Only Tran Code 92 applicable fields are shown*

Field Name	Personal Updates (92)
MBI Number	R
Surname	R
First Name	R
Middle Initial	O
Gender	R
Birth Date	R
Contract Number	R
PBP	R
Transaction Code	R
Preferred Language Other than English	O
Accessible Format	O
Transaction Tracking ID	O

### **3. WEB SERVICE – SOAP BASED**

The real time eligibility inquiry web service is a SOAP based interface. The following method is provided for eligibility verification. Web Service calls are secured by using the HTTPS protocol, authentication is performed on the User Id and Password included on the Web Service call.

### 3.1 MEDICARE ELIGIBILITY – ELIGIBILITY QUERY METHOD

#### Eligibility Query Input Data

Field	Description
userID	Web Service User Id
Password	Web Service Password
MedID	Medicare ID (MBI#)
lastName	First 6 characters of member last name. <b>Optional field.</b>
birthDate*	Birth Date (CCYYMMDD). <b>Required field.</b> Must be provided to obtain a match with the CMS API query process.

\*The eligibility process will attempt to find a match by using the MedID and the Date of Birth provided.

\*\*The BENEFICIARY NOT FOUND condition should be determined by looking at the foundMedID and foundNameorDOB fields. Fields other than txnDate, mbdLoadDate, requestMedID, and requestLastName will only be populated if foundMedID is set to 'Y' or 'X' and foundNameorDOB is set to 'Y'.

#### Eligibility Query Return Data

Field	Description
txnDate	Date the transaction was made Current Date/Time formatted as CCYYMMDDHHMMSS
mbdLoadEffDate	Date value is defaulted to the transaction date (CCYYMMDD) **
requestMedID	The MBI from the request
requestLastName	The Last Name from the request
requestDOB	The Date of Birth from the request
foundMedID	Y= found, N= not found **
foundNameorDOB	Y= found, N= not found **
inquiryResponse	'M' = Membership, 'E' = Eligibility
MedID	Current Medicare ID of the member (MBI), may be different than the requested MBI if match is found on the Inactive MBI
lastName	Member Last Name
firstName	Member First Name
middleInitial	Member Middle Initial
genderCd	Gender Code 1 – Male 2 – Female

Field	Description
raceCd	Values as supplied by CMS are: '0' or blank = unknown/not available, '1' = White, '2'= Black, '3' = other, '4' = Asian, '5' = Hispanic, '6' = North American Native
birthDate	Birth Date (CCYYMMDD)
prtAEntitlementDate	Part A Entitlement Date (CCYYMMDD)
prtAEntitleEndDate	Part A Entitlement End Date (CCYYMMDD)
prtBEntitlementDate	Part B Entitlement Date (CCYYMMDD)
prtBEntitleEndDate	Part B Entitlement End Date (CCYYMMDD)
stateCd	State Code – 2 digit postal code
countyCd	County Code – 3 digit postal code
hospiceStatus	Hospice Status Y/spaces
hospiceStartDate	Hospice Start date (CCYYMMDD)
hospiceEndDate	Hospice End date (CCYYMMDD)
instStatus	Institutionalized Status Y/spaces
instStartDate	Institutionalized Start date (CCYYMMDD)
instEndDate	Institutionalized End date (CCYYMMDD)
esrdStatus	ESRD Status Y/spaces
esrdStartDate	ESRD Start date (CCYYMMDD)
esrdEndDate	ESRD End date (CCYYMMDD)
medicaidStatus	Medicaid Status Y/spaces
medicaidStartDate	Medicaid Start date (CCYYMMDD)
medicaidEndDate	Medicaid End date (CCYYMMDD)
livingStatus	Living Status (A/D)
deathDate	Death Date (CCYYMMDD)
enrollmentInfo	0 to 2 occurrences of Enrollment Data
priorenrollmentInfo	0 to 2 occurrences of Prior Enrollment Data
potentialUncvrdMths	Potential number of uncovered Months
potentialUncvrdMthsEffDate	Date for which the potential uncovered month field applies to (CCYYMM)
prtDEligibleDate	Part D Eligible Start Date
lisInfo	2 occurrences of LIS Data
prtDHistInfo	0 to 10 occurrences of Part D History
nuncMoInfo	0 to 20 occurrences of nuncMo Data
rdsHistInfo	0 to 10 occurrences of RDS History
medicareInEligibilityInfo	0 to 10 occurrences of Unlawful presence History
medicareBeneficiaryIdentifiers	0 to 2 occurrences of Prior Inactive Medicare beneficiary Identifiers

Field	Description
CaraStatusInfo	0 to 10 occurrences of CARA status dates
lastUsedSepDate	Last Used SEP Date (CCYYMMDD)
prtAEntitlementInfo	Up to 2 occurrences of Part A Entitlement Data
prtBEntitlementInfo	Up to 2 occurrences of Part B Entitlement Data
priorPrtAEntitlementDate	Prior Part A Entitlement Date (CCYYMMDD)
priorPrtAEntitleEndDate	Prior Part A Entitlement End Date (CCYYMMDD)
priorPrtBEntitlementDate	Prior Part B Entitlement Date (CCYYMMDD)
priorPrtBEntitleEndDate	Prior Part B Entitlement End Date (CCYYMMDD)

**LIS Data**

Field	Description
subsidyStartDate	Subsidy Start Date
subsidyEndDate	Subsidy End Date
copayLevel	Copay Level
prtDPremSubPct	Part D Premium Subsidy Percent

**Current Enrollment Data**

Field	Description
planId	Plan Id
pbp	Plan Benefit Package
eghp	Employer Group Health Plan Indicator (Y/space)
planTypeCode	Plan Type
planEnrollmentDate	Plan Enrollment Date (CCYYMMDD)
drugPlanInd	Y / N
enrollSourceCode	Enrollment Source Code

**Prior Enrollment Data**

Field	Description
priorPlanId	Plan Id
priorPbp	Plan Benefit Package
priorEghp	Employer Group Health Plan Indicator (Y/space)
priorPlanTypeCode	Plan Type
priorPlanEnrollmentDate	Plan Enrollment Date (CCYYMMDD)
priorPlanEnrollmentEndDate	Plan Enrollment End Date (CCYYMMDD)
priorDrugPlanInd	Y / N
priorEnrollSourceCode	Enrollment Source Code

**Part D History**

Field	Description
prtDStartDate	Part D Start Date (CCYYMMDD)
prtDEndDate	Part D End Date (CCYYMMDD)

**RDS History**

Field	Description
rdsStartDate	Retiree Subsidy Start Date (CCYYMMDD)
rdsEndDate	Retiree Subsidy End Date (CCYYMMDD)

***NUNCMO Data  
(Number of Uncovered Months)***

Field	Description
uncovMthsStartDate	Uncovered months start date ( CCYYMMDD )
uncovMths	Number of uncovered months
nuncmoInd	Number of uncovered months indicator
totUncovMths	Total number of uncovered months

**Medicare Ineligibility due to Unlawful Presence**

Field	Description
MedicareIneligibilityStartDate	Medicare Ineligibility Start Date (CCYYMMDD)
MedicareIneligibilityEndDate	Medicare ineligibility End Date (CCYYMMDD)

**Inactive Medicare Beneficiary Identifiers**

Field	Description
inactiveMBI	Prior Inactive Medicare Beneficiary Identifier for the member
inactiveMBIStartDate	Prior Inactive Medicare Beneficiary Identifier Start Date
inactiveMBIEndDate	Prior Inactive Medicare Beneficiary End Date

**CARA Status Dates**

Field	Description
CaraStartDate	CARA Status Start Date (CCYYMMDD)
CaraEndDate	CARA Status End Date (CCYYMMDD)

### 3.2 WEB SERVICE ERRORS

Errors can be detected by checking the faultcode and faultstring objects in the soap return envelope.

Errors occurring in the Eligibility Service will have a fault code from the table listed below. Fault codes of SOAP-ENV:Server or SOAP-ENV:Client are internal SOAP messaging errors. The fault string will contain the description of the fault. The variety of possible messages prevents listing in the table. Fault codes from the Eligibility Service will have a format "MSS-nnnnn".

**Eligibility Inquiry Error Code Table**

SOAP Fault Code	SOAP Fault Message
SOAP-ENV:Server	
SOAP-ENV:Client	
MSS-00090	System In Maintenance Mode
MSS-00100	Invalid Logon Id / Password
MSS-00105	User id is not active
MSS-00110	Password Expired
MSS-00115	Configuration Error
MSS-00120	Internal Processing Error
MSS-00125	Internal Processing Error

## 4. CMS SUBMISSION

### 4.1 TRANSMISSION SCHEDULE

- Infocrossing submits all received and accepted Medicare transactions in the required CMS MARx format three times per day, seven days per week. The transmission times occur at 07:00 A.M., 04:00 P.M. and 08:00 P.M., all times are PST.
- Calendar month-end submission. This schedule will occur on the last day of each calendar month to accommodate the CMS MARx system CCM rules (Current Calendar Month): There will be one morning transmission and a second 02:00 P.M. PST transmission.

### 4.2 BLACKOUT DATES

There will be no data file transmission to CMS on scheduled CMS blackout dates. The data will be accumulated and transmitted to CMS on the next non-blackout day.

### 4.3 RESPONSE FROM CMS

- CMS performs a preliminary validation of Marx transaction data files and returns any potential failed transactions in a “batch completion status summary file”. This file will be available to download in the rare instance where a file submission does not pass the initial CMS validation.
- CMS generates the “Daily Transaction Reply Report” (DTRR) data file on a nightly basis, detailing all accepted and rejected records. This file will be available to download on the Infocrossing web portal and designated FTP servers.
- CMS generates many monthly files that are made available on the Infocrossing web portal. Additional information on these files can be obtained from the CMS Plan Communications User Guide document (PCUG) in the appendices section.

#### 4.4 CMS TRANSACTION TRANSMISSION DATA FILE LAYOUT

This service provides you with a detail of all Medicare transactions that were submitted to CMS. This data file complements the report file version and gets generated every time Medicare transactions are sent to CMS. This file does not contain a header record.

##### CMS Transmission Layout

RECORD FORMAT = FB LENGTH = 600

##### DETAIL RECORD

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
MEDICARE ID (MBI)	12	1 – 12	Char	
SURNAME	12	13 – 24	Char	
FIRST NAME	07	25 – 31	Char	
MIDDLE INITIAL	01	32 – 32	Char	
GENDER	01	33 – 33	Char	Values “0”, “1” and “2” when applicable
BIRTH DATE	08	34 – 41	Char	CCYYMMDD format when applicable
EGHP FLAG	01	42 – 42	Char	N/A
PBP #	03	43 – 45	Char	
ELECTION TYPE	01	46 – 46	Char	
PLAN ID (CONTRACT#)	05	47 – 51	Char	
APPLICATION RECEIPT DATE	08	52 – 59	Char	CCYYMMDD format when applicable
TRANSACTION CODE	02	60 – 61	Num	
DISENROLLMENT REASON	02	62 – 63	Char	
EFFECTIVE DATE	08	64 – 71	Char	CCYYMMDD format
SEGMENT ID	03	72 – 74	Char	N/A
ESRD OVERRIDE	01	75 – 75	Char	
PREMIUM WITHHOLD OPTION	01	76 – 76	Char	N/A
PART C PREMIUM AMOUNT	06	77 – 82	Char	Numeric when applicable
FILLER	06	83 – 88	Char	Spaces
CREDITABLE COVERAGE FLAG	01	89 – 89	Char	

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
NUMBER OF UNCOVERED MONTHS	03	90 – 92	Char	
EMPLOYEE SUBSIDY ENROLLMENT OVERRIDE FLAG	01	93 – 93	Char	N/A
PART D OPT-OUT FLAG	01	94 – 94	Char	N/A
PART D Rx ID	20	95 – 114	Char	
PART D Rx GROUP	15	115 – 129	Char	
SECONDARY DRUG INSURANCE FLAG	01	130 – 130	Char	
SECONDARY Rx ID	20	131 – 150	Char	
SECONDARY Rx GROUP	15	151 – 165	Char	
ENROLLMENT SOURCE	01	166 – 166	Char	
FILLER	01	167 – 167	Char	
TC90 ADD/UPDATE/DELETE	01	168 – 168	Char	
DRUG CLASS	03	169 – 171	Char	
NOTIFICATION START DATE	08	172 – 179	Char	
NOTIFICATION END DATE	08	180 – 187	Char	
POS EDIT STATUS	01	188 – 188	Char	
POS EDIT CODE	03	189 – 191	Char	
PRESCRIBER LIMITATION STAT	01	192 – 192	Char	
PHARMACY LIMITATION STAT	01	193 – 193	Char	
IMPLEMENTATION STARTDATE	08	194 – 201	Char	
TERMINATION END DATE	08	202 – 209	Char	
FILLER	03	210 – 212	Char	
PARTD Rx BIN	06	213 – 218	Char	
PARTD Rx PCN	10	219 – 228	Char	
SECONDARY Rx BIN	06	229 – 234	Char	
SECONDARY Rx PCN	10	235 – 244	Char	
MMP OPT-OUT FLAG	01	245 – 245	Char	
ADDRESS DELETE/UPD FLAG	01	246 – 246	Char	

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
RESIDENCE ADDRESS LINE1	65	247 – 311	Char	
RESIDENCE ADDRESS LINE2	65	312 – 376	Char	
RESIDENCE CITY	57	377 – 433	Char	
RESIDENCE STATE	02	434 – 435	Char	
RESIDENCE ZIP CODE	05	436 – 440	Char	
RESIDENCE ZIP CODE+4	04	441 – 444	Char	
RESIDENCE END DATE	08	445 – 452	Char	
TRANSACTION TRACKING ID	15	453 – 467	Char	
FILLER	31	468 – 498	Char	
PREFERRED LANGUAGE OTHER THAN ENGLISH	1	499 – 499	Char	
ACCESSIBLE FORMAT	1	500 – 500	Char	
FILLER	73	501 – 573	Char	
TRANSACTION TIMESTAMP	19	574 – 592		CCYY-MM-DD HH.MM.SS
TRANSACTION USERID	08	593 – 600		Value of "BATCH" for batch submissions or individual online USERIDs

## 5. ENROLLMENT RECONCILIATION EXTRACT

### 5.1 ENROLLMENT RECONCILIATION EXTRACT LAYOUT

This process can be requested on an ADHOC basis to get a listing of all the transactions that were sent to CMS based on a desired date range. Any matching TRR transactions that are returned from CMS are also reported on.

#### Enrollment Reconciliation Extract Layout

RECORD FORMAT = FB    LENGTH = 403

Data Element	Size	Format	Position	Remarks
Source code	1	Char	1	'T' – Enrollment transaction sent to CMS 'C' – CMS TRR sent back
PlanID (Contract#)	5	Char	2-6	Contract ID
Effective date	8	Char	7-14	Enrollment Effective date
Medicare ID	12	Char	15-26	Beneficiary Medicare ID
Transaction code	2	Char	27-28	'01' – MCO Correction '41' – Update to Opt-Out Flag Submitted by CMS '42' – MMP Opt-Out Update (1-800-Medicare) '61' – Enrollment '51' – Disenrollment '54' – Disenrollment (1-800-Medicare) '72' – 4Rx Record Change '73' – Uncovered Months Change '76' – Residential Address Change '78' – Part C premium Change '81' – Disenrollment Cancellation '82' – MMP Enrollment Cancellation '83' – MMP Opt Out Update '90' – POS Drug Edit
Filler	1	Char	29	Spaces
Application Receipt date	8	Char	30-37	
Election type	1	Char	38	
PBP #	3	Char	39-41	Plan Benefit Package
PBP Segment ID	3	Char	42-44	

Data Element	Size	Format	Position	Remarks
Transaction Reply Code	3	Char	45-47	If source code is 'C' (CMS TRR record) then the TRC code is the actual value from the TRR record. If source code is 'T' (Enrollment transaction sent to CMS) then this field will be blank.
Last name	12	Char	48-59	
First name	7	Char	60-66	
Middle Initial	1	Char	67	
Gender	1	Char	68	'1' – Male '2' – Female
Birth date	8	Char	69-76	
Source ID	5	Char	77-81	
Trans Tracking ID	15	Char	82-96	
Residence Address 1	65	Char	97-161	
Residence Address 2	65	Char	162-226	
Residence City	57	Char	227-283	
Residence State	2	Char	284-285	
Residence Zip	5	Char	286-290	
Residence Zip4	4	Char	291-294	
Residence UPD Flag	1	Char	295	
Residence End Date	8	Char	296-303	CCYYMMDD
MMP Opt Out Flag	1	Char	304	
DRC	2	Char	305-306	Disenrollment Reason Code
TC 90 ADD-UPD-DEL-FLG	1	Char	307	
TC 90 Drug Class	3	Char	308-310	
TC 90 Notification Start Date	8	Char	311-318	
TC 90 Notification End Date	8	Char	319-326	
TC 90 POS Edit Status	1	Char	327	
TC 90 POS Edit Code	3	Char	328-330	
TC 90 Prescriber Limitation Status	1	Char	331	
TC 90 Pharmacy Limitation Status	1	Char	332	
TC 90 Implementation Start Date	8	Char	333-340	

Data Element	Size	Format	Position	Remarks
TC 90 Implementation End Date	8	Char	341-348	
SUBMITTED-UNCOV-MONTHS	3	Char	349-351	
FILLER	31		352-382	
Preferred Language Other than English	1	Char	383-383	
Accessible Format	1	Char	384-384	
Timestamp	19	Char	383-403	

## 6. BATCH COMPLETION STATUS SUMMARY OF FAILED TRANSACTIONS

### FAILED HEADER RECORD

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
Record Description	12	1 – 12	Char	Constant: “#BATCHDSPSTN”
BATCHID	12	13 – 24	Char	MARx System Assigned
Batch Run Start Date	10	25 – 34	Char	Format: YYYY-MM-DD
Batch Run Start Time	08	35 – 42	Char	Format: HH-MM-SS
FILLER	24	43 – 66	Char	Spaces
Failed Transaction Count	08	67 – 74	Char	Failed Count: ZZZZZZZ9
FILLER	16	75 – 90	Char	Spaces
Submitter ID	08	91 – 98	Char	Infocrossing Submitter ID
Date Stamp of transaction file	10	99 – 108	Char	Format: YYYY-MM-DD
Time Stamp of transaction file	08	109 – 116	Char	Format: HH-MM-SS
FILLER	225	117 – 341	Char	Spaces
End of Failed header Transaction Record	01	342	Char	Constant: “;”

**FAILED DETAIL RECORD**

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
Record Header	12	1 – 12	Char	Constant: “#FAILEDTRANS”
Transaction Record Counter	08	13 – 20	Char	Sequential count, ZZZZZZZ9 of failed records
Failed Input Transaction Record Text	300	21 – 320	Numeric	From input transaction
FILLER	5	321 – 325	Char	Spaces
Transaction Reply Codes	15	326 – 340	Char	Up to 5 three character reason for failure reply codes
End of Failed Detail Transaction Record	2	341 – 342	Char	Constant: “;”

**7. PROSPECTIVE DUAL FILE**

**RECORD LAYOUT FOR PROSPECTIVE DUAL FILE**

RECORD FORMAT = FB (Fixed Block) LENGTH = 1700

**HEADER RECORD**

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
RECORD TYPE	01	1 – 1	Char	Static value of 'H'
ACCOUNT	08	2 – 9	Char	Infocrossing supplied Account number
TRANSACTION DATE	08	10 – 17	Numeric	CCYYMMDD
MBD EFF DATE	08	18 – 25	Numeric	CCYYMMDD – Date CMS API eligibility response is retrieved and populated in the Prospective Dual File.
FILLER	1675	26 – 1700	Char	Spaces

**DETAIL RECORD**

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
RECORD TYPE	1	1 – 1	Char	Static value of 'D'
MEDICARE ID	12	2 – 13	Char	Beneficiary MBI number
LAST NAME	12	14 – 25	Char	Beneficiary Last Name (first 12 bytes)
MEDICARE ID FOUND/NOT FOUND	01	26 – 26	Char	Static value of "Y"
NAME or BIRTHDATE FOUND/NOT FOUND	01	27 – 27	Char	Static value of "Y"
LAST NAME	40	28 – 67	Char	
FIRST NAME	30	68 – 97	Char	
MIDDLE INIT	01	98 – 98	Char	
GENDER	01	99 – 99	Char	Gender ('F' or 'M')
BIRTHDATE	08	100 – 107	Numeric	CCYYMMDD
PART A ENTITLEMENT DATE	08	108 – 115	Numeric	CCYYMMDD. The Entitlement Start Date of the beneficiary's most recent or active Medicare Part A entitlement period.
PART A ENTITLEMENT END DATE	08	116 – 123	Numeric	CCYYMMDD. The Entitlement End Date of the beneficiary's most recent or active Medicare Part A entitlement period.
PART B ENTITLEMENT DATE	08	124 – 131	Numeric	CCYYMMDD. The Entitlement Start Date of the beneficiary's most recent or active Medicare Part B entitlement period.
PART B ENTITLEMENT END DATE	08	132 – 139	Numeric	CCYYMMDD. The Entitlement End Date of the beneficiary's most recent or active Medicare Part B entitlement period.
STATE CODE	02	140 – 141	Numeric	
COUNTY CODE	03	142 – 144	Numeric	
HOSPICE STATUS	01	145 – 145	Char	Y/spaces
HOSPICE START DATE	08	146 – 153	Numeric	CCYYMMDD
HOSPICE END DATE	08	154 – 161	Numeric	CCYYMMDD
INSTITUTIONAL STATUS	01	162 – 162	Char	Y/spaces
INSTITUTIONAL START DATE	08	163 – 170	Numeric	CCYYMMDD
INSTITUTIONAL END DATE	08	171 – 178	Numeric	CCYYMMDD

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
ESRD STATUS	01	179 – 179	Char	Y/spaces
ESRD START DATE	08	180 – 187	Numeric	CCYYMMDD
ESRD END DATE	08	188 – 195	Numeric	CCYYMMDD
MEDICAID STATUS	01	196 – 196	Char	Always set to “Y”
MEDICAID START DATE	08	197 – 204	Numeric	CCYYMMDD
MEDICAID END DATE	08	205 – 212	Numeric	CCYYMMDD
FILLER	01	213 – 213	Char	
LIVING STATUS	01	214 – 214	Char	Always set to “A” (Alive)
DEATH DATE	08	215 – 222	Numeric	CCYYMMDD (will always be blank)
FILLER	12	223 – 234	Char	Spaces
RACE CODE	01	235 – 235	Char	Values as supplied by CMS are: ‘0’ or blank = unknown, ‘1’ = White, ‘2’= Black, ‘3’ = other, ‘4’ = Asian, ‘5’ = Hispanic, ‘6’ = North American Native
FILLER	07	236 – 242		
<b>Part D – LIS Info</b>				
PARTD ELIGIBLE START DATE	08	243 – 250	Numeric	CCYYMMDD. This field identifies the date the beneficiary became eligible for Part D Benefits.
DEEMED/LOW INCOME SUBSIDY START DATE (OCCURRENCE 1)	08	251 – 258	Numeric	CCYYMMDD. Effective start date of the deeming period or Low Income Subsidy. This will be the first day of the month in which the deeming was made or the start date of the Low Income Subsidy (most recent or presently active).
DEEMED/LOW INCOME SUBSIDY END DATE (OCCURRENCE 1)	08	259 – 266	Numeric	CCYYMMDD. The end date of the Deemed period or Low Income Subsidy (most recent or presently active).
CO-PAYMENT LEVEL IDENTIFIER (OCCURRENCE 1)	01	267 – 267	Char	This field indicates the Co-Payment level for the beneficiary.
PRTD PREMIUM SUBSIDY PERCENT (OCCURRENCE 1)	03	268 – 270	Char	If beneficiary is Deemed, subsidy is 100 percent. If beneficiary is LIS, this field identifies the portion of Part D Premium subsidized.

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
DEEMED/LOW INCOME SUBSIDY START DATE (OCCURRENCE 2)	08	271 – 278	Numeric	CCYYMMDD. Effective start date of the deeming period or Low Income Subsidy. This will be the first day of the month in which the deeming was made or the start date of the Low Income Subsidy (second most recent).
DEEMED/LOW INCOME SUBSIDY END DATE (OCCURRENCE 2)	08	279 – 286	Numeric	CCYYMMDD. The end date of the Deemed period or Low Income Subsidy (second most recent).
CO-PAYMENT LEVEL IDENTIFIER (OCCURRENCE 2)	01	287 – 287	Char	This field indicates the Co-Payment level for the beneficiary.
PRTD PREMIUM SUBSIDY PERCENT (OCCURRENCE 2)	03	288 – 290	Char	If beneficiary is Deemed, subsidy is 100 percent. If beneficiary is LIS, this field identifies the portion of Part D Premium subsidized.
FILLER	10	291 – 300	Char	
PARTD OCCURRENCES	02	301 – 302	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 1)	08	303 – 310	Char	CCYYMMDD. Effective start date of the Part D plan for the beneficiary (most recent or presently active).
PARTD DISENROLLMENT DATE (OCCURRENCE 1)	08	311 – 318	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (most recent).
FILLER	01	319 – 319	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 2)	08	320 – 327	Char	CCYYMMDD. Effective start date of the Part D plan (second most recent).
PARTD DISENROLLMENT DATE (OCCURRENCE 2)	08	328 – 335	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (second most recent).
FILLER	01	336 – 336	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 3)	08	337 – 344	Char	CCYYMMDD. Effective start date of the Part D plan (third most recent).
PARTD DISENROLLMENT DATE (OCCURRENCE 3)	08	345 – 352	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (third most recent).
FILLER	01	353 – 353	Char	

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 4)	08	354 – 361	Char	CCYYMMDD. Effective start date of the Part D plan (fourth most recent).
PARTD DISENROLLMENT DATE (OCCURRENCE 4)	08	362 – 369	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (fourth most recent).
FILLER	01	370 – 370	Char	.
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 5)	08	371 – 378	Char	CCYYMMDD. Effective start date of the Part D plan (fifth most recent).
PARTD DISENROLLMENT DATE (OCCURRENCE 5)	08	379 – 386	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (fifth most recent).
FILLER	01	387 – 387	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 6)	08	388 – 395	Char	CCYYMMDD. Effective start date of the Part D plan (sixth most recent).
PARTD DISENROLLMENT DATE (OCCURRENCE 6)	08	396 – 403	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (sixth most recent).
FILLER	01	404 – 404	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 7)	08	405 – 412	Char	CCYYMMDD. Effective start date of the Part D plan (seventh most recent).
PARTD DISENROLLMENT DATE (OCCURRENCE 7)	08	413 – 420	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (seventh most recent).
FILLER	01	421 – 421	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 8)	08	422 – 429	Char	CCYYMMDD. Effective start date of the Part D plan (eighth most recent).
PARTD DISENROLLMENT DATE (OCCURRENCE 8)	08	430 – 437	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (eighth most recent).
FILLER	01	438 – 438	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 9)	08	439 – 446	Char	CCYYMMDD. Effective start date of the Part D plan (ninth most recent).

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
PARTD DISENROLLMENT DATE (OCCURRENCE 9)	08	447 – 454	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (ninth most recent).
FILLER	01	455 – 455	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 10)	08	456 – 463	Char	CCYYMMDD. Effective start date of the Part D plan (tenth and oldest).
PARTD DISENROLLMENT DATE (OCCURRENCE 10)	08	464 – 471	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (tenth and oldest date).
FILLER	01	472 – 472	Char	
POTENTIAL UNCOVERED MONTHS**	03	473 – 475	Char	<ol style="list-style-type: none"> <li>1. '000' = No uncovered months</li> <li>2. Any value higher than zero (with leading zeroes) represents the number of potential uncovered months.</li> <li>3. 'N/A' = Unable to calculate due to following reasons: <ul style="list-style-type: none"> <li>- Part D end date is greater than Part D start date.</li> <li>- Beneficiary is deceased</li> <li>- Beneficiary does not have entitlement dates</li> <li>- Invalid Part D dates</li> </ul> </li> </ol>
INQUIRY TYPE	01	476 – 476	Char	Value will always be 'E' = Eligibility
ENROLLMENT INFO OCCURRENCES	01	477 – 477	Char	Value will be '0' to '2' depending on current enrollment info occurrence
<b>Enrollment Info 1</b>				
PLAN ID	05	478 – 482	Char	Contract Number
PBP ID	03	483 – 485	Char	Plan Benefit Package Number
EGHP INDICATOR	01	486 – 486	Char	Y/Spaces
PLAN-TYPE-CODE	02	487 -- 488	Char	** see list of potential plan-type- code values at the bottom of this PDF layout under the " <u>Plan Type Code List of Values</u> " section
PLAN ENROLLMENT DATE	08	489 – 496	Numeric	CCYYMMDD
DRUG PLAN INDICATOR	01	497 – 497	Char	'Y' or 'N'

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
ENROLLMENT SOURCE CODE	01	498 – 498	Char	*** see list of possible values at the bottom of this PDF layout under the “ <u>Enrollment Source Code values</u> ” section. <b>Note: only values of “B,D,G,I or N” will be shown</b>
<b>Enrollment Info 2</b>				
PLAN ID	05	499 – 503	Char	Contract Number
PBP ID	03	504 – 506	Char	Plan Benefit Package Number
EGHP INDICATOR	01	507 – 507	Char	Y/Spaces
PLAN-TYPE-CODE	02	508 – 509	Char	** see list of potential values at the bottom of this layout
PLAN ENROLLMENT DATE	08	510 – 517	Numeric	CCYYMMDD
DRUG PLAN INDICATOR	01	518 – 518	Char	‘Y’ or ‘N’
ENROLLMENT SOURCE CODE	01	519 – 519	Char	*** see list of possible values at the bottom of this PDF layout under the “ <u>Enrollment Source Code values</u> ” section. <b>Note: only values of “B,D,G,I or N” will be shown</b>
ENROLLMENT HISTORY INFO OCCURRENCES	01	520 – 520	Char	Value will be ‘0’ to ‘2’ depending on historical info occurrence
<b>Enrollment History Info 1</b>				
PLAN ID	05	521 – 525	Char	Contract Number
PBP ID	03	526 – 528	Char	Plan Benefit Package Number
EGHP INDICATOR	01	529 – 529	Char	Y/Spaces
PLAN-TYPE-CODE	02	530 -- 531	Char	** see list of potential values at the bottom of this layout
PLAN ENROLLMENT DATE	08	532 – 539	Numeric	CCYYMMDD
PLAN ENROLLMENT END DATE	08	540 – 547	Numeric	CCYYMMDD
DRUG PLAN INDICATOR	01	548 – 548	Char	‘Y’ or ‘N’
ENROLLMENT SOURCE CODE	01	549 – 549	Char	*** see list of possible values at the bottom of this PDF layout under the “ <u>Enrollment Source Code values</u> ” section.
<b>Enrollment History Info 2</b>				
PLAN ID	05	550 – 554	Char	Contract Number

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
PBP ID	03	555 – 557	Char	Plan Benefit Package Number
EGHP INDICATOR	01	558 – 558	Char	Y/Spaces
PLAN-TYPE-CODE	02	559 – 560	Char	** see list of potential values at the bottom of this layout
PLAN ENROLLMENT DATE	08	561 – 568	Numeric	CCYYMMDD
PLAN ENROLLMENT END DATE	08	569 – 576	Numeric	CCYYMMDD
DRUG PLAN INDICATOR	01	577 – 577	Char	'Y' or 'N'
ENROLLMENT SOURCE CODE	01	578 – 578	Char	*** see list of possible values at the bottom of this PDF layout under the “ <u>Enrollment Source Code values</u> ” section.
NUMBER OF UNCOVERED MONTHS (NUNCMO) OCCURENCES	02	579 – 580	Numeric	0 to a maximum of 20
UNCOVERED MONTHS START DATE1	08	581– 588	Numeric	CCYYMMDD
UNCOV MONTHS1	03	589 – 591	Numeric	
NUNCMO INDICATOR1	01	592 – 592	Char	
TOTAL UNCOVERED MONTHS1	03	593 – 595	Numeric	
UNCOVERED MONTHS START DATE2	08	596 – 603	Numeric	CCYYMMDD
UNCOV MONTHS2	03	604 – 606	Numeric	
NUNCMO INDICATOR2	01	607 – 607	Char	
TOTAL UNCOVERED MONTHS2	03	608 – 610	Numeric	
UNCOVERED MONTHS START DATE3	08	611 – 618	Numeric	CCYYMMDD
UNCOV MONTHS3	03	619 – 621	Numeric	
NUNCMO INDICATOR3	01	622 – 622	Char	
TOTAL UNCOVERED MONTHS3	03	623 – 625	Numeric	
UNCOVERED MONTHS START DATE4	08	626 – 633	Numeric	CCYYMMDD
UNCOV MONTHS4	03	634 – 636	Numeric	
NUNCMO INDICATOR4	01	637 – 637	Char	
TOTAL UNCOVERED MONTHS4	03	638 – 640	Numeric	

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
UNCOVERED MONTHS START DATE5	08	641 – 648	Numeric	CCYYMMDD
UNCOV MONTHS5	03	649 – 651	Numeric	
NUNCMO INDICATOR5	01	652 – 652	Char	
TOTAL UNCOVERED MONTHS5	03	653 – 655	Numeric	
UNCOVERED MONTHS START DATE6	08	656 – 663	Numeric	CCYYMMDD
UNCOV MONTHS6	03	664 – 666	Numeric	
NUNCMO INDICATOR6	01	667 – 667	Char	
TOTAL UNCOVERED MONTHS6	03	668 – 670	Numeric	
UNCOVERED MONTHS START DATE7	08	671 – 678	Numeric	CCYYMMDD
UNCOV MONTHS7	03	679 – 681	Numeric	
NUNCMO INDICATOR7	01	682– 682	Char	
TOTAL UNCOVERED MONTHS7	03	683 – 685	Numeric	
UNCOVERED MONTHS START DATE8	08	686– 693	Numeric	CCYYMMDD
UNCOV MONTHS8	03	694 – 696	Numeric	
NUNCMO INDICATOR8	01	697 – 697	Char	
TOTAL UNCOVERED MONTHS8	03	698 – 700	Numeric	
UNCOVERED MONTHS START DATE9	08	701 – 708	Numeric	CCYYMMDD
UNCOV MONTHS9	03	709 – 711	Numeric	
NUNCMO INDICATOR9	01	712 – 712	Char	
TOTAL UNCOVERED MONTHS9	03	713 – 715	Numeric	
UNCOVERED MONTHS START DATE10	08	716 – 723	Numeric	CCYYMMDD
UNCOV MONTHS10	03	724 – 726	Numeric	
NUNCMO INDICATOR10	01	727 – 727	Char	
TOTAL UNCOVERED MONTHS10	03	728 – 730	Numeric	
UNCOVERED MONTHS START DATE11	08	731 – 738	Numeric	CCYYMMDD
UNCOV MONTHS11	03	739 – 741	Numeric	

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
NUNCMO INDICATOR11	01	742 – 742	Char	
TOTAL UNCOVERED MONTHS11	03	743– 745	Numeric	
UNCOVERED MONTHS START DATE12	08	746 – 753	Numeric	CCYYMMDD
UNCOV MONTHS12	03	754 – 756	Numeric	
NUNCMO INDICATOR12	01	757 – 757	Char	
TOTAL UNCOVERED MONTHS12	03	758 – 760	Numeric	
UNCOVERED MONTHS START DATE13	08	761 – 768	Numeric	CCYYMMDD
UNCOV MONTHS13	03	769– 771	Numeric	
NUNCMO INDICATOR13	01	772 – 772	Char	
TOTAL UNCOVERED MONTHS13	03	773 – 775	Numeric	
UNCOVERED MONTHS START DATE14	08	776 – 783	Numeric	CCYYMMDD
UNCOV MONTHS14	03	784 – 786	Numeric	
NUNCMO INDICATOR14	01	787 – 787	Char	
TOTAL UNCOVERED MONTHS14	03	788 – 790	Numeric	
UNCOVERED MONTHS START DATE15	08	791 – 798	Numeric	CCYYMMDD
UNCOV MONTHS15	03	799 – 801	Numeric	
NUNCMO INDICATOR15	01	802 – 802	Char	
TOTAL UNCOVERED MONTHS15	03	803 – 805	Numeric	
UNCOVERED MONTHS START DATE16	08	806 – 813	Numeric	CCYYMMDD
UNCOV MONTHS16	03	814 – 816	Numeric	
NUNCMO INDICATOR16	01	817 – 817	Char	
TOTAL UNCOVERED MONTHS16	03	818 – 820	Numeric	
UNCOVERED MONTHS START DATE17	08	821 – 828	Numeric	CCYYMMDD
UNCOV MONTHS17	03	829 – 831	Numeric	

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
NUNCMO INDICATOR17	01	832 – 832	Char	
TOTAL UNCOVERED MONTHS17	03	833 – 835	Numeric	
UNCOVERED MONTHS START DATE18	08	836 – 843	Numeric	CCYYMMDD
UNCOV MONTHS18	03	844 – 846	Numeric	
NUNCMO INDICATOR18	01	847 – 847	Char	
TOTAL UNCOVERED MONTHS18	03	848 – 850	Numeric	
UNCOVERED MONTHS START DATE19	08	851 – 858	Numeric	CCYYMMDD
UNCOV MONTHS19	03	859 – 861	Numeric	
NUNCMO INDICATOR19	01	862– 862	Char	
TOTAL UNCOVERED MONTHS19	03	863– 865	Numeric	
UNCOVERED MONTHS START DATE20	08	866 – 873	Numeric	CCYYMMDD
UNCOV MONTHS20	03	874 –876	Numeric	
NUNCMO INDICATOR20	01	877 – 877	Char	
TOTAL UNCOVERED MONTHS20	03	878 – 880	Numeric	
RDS OCCURRENCES	02	881 – 882	Char	Number of RDS occurrences
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 1)	08	883 – 890	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (most recent or presently active).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 1)	08	891 – 898	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 2)	08	899 – 906	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (second most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 2)	08	907 – 914	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (second most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 3)	08	915 – 922	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (third most recent).

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 3)	08	923 – 930	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (third most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 4)	08	931 – 938	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (fourth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 4)	08	939 – 946	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (fourth most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 5)	08	947 – 954	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (fifth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 5)	08	955 – 962	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (fifth most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 6)	08	963 – 970	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (sixth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 6)	08	971 – 978	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (sixth most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 7)	08	979 – 986	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (seventh most).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 7)	08	987 – 994	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (seventh most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 8)	08	995 – 1002	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (eighth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 8)	08	1003 – 1010	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (eighth most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 9)	08	1011 – 1018	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (ninth most recent).

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 9)	08	1019 – 1026	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (ninth most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 10)	08	1027 – 1034	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (tenth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 10)	08	1035 – 1042	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (tenth most recent)
SEQUENCE NUMBER	32	1043 – 1074	Char	Will always be blank
FILLER	12	1075 – 1086	Char	Will always be blank
MEDICARE PLAN INELIGIBILITY DATA OCCURRENCES	02	1087 – 1088	Char	Number of Medicare Plan Ineligibility Data occurrences. 10 occurrences maximum.
MEDICARE PLAN INELIGIBILITY START DATE (OCCURRENCE 1)	08	1089– 1096	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence Start Date. (first occurrence)
MEDICARE PLAN INELIGIBILITY END DATE (OCCURRENCE 1)	08	1097 – 1104	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence End Date. (first occurrence)
MEDICARE PLAN INELIGIBILITY START DATE (OCCURRENCE 2)	08	1105 – 1112	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence Start Date. (second occurrence)
MEDICARE PLAN INELIGIBILITY END DATE (OCCURRENCE 2)	08	1113 – 1120	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence End Date. (second occurrence)
MEDICARE PLAN INELIGIBILITY START DATE (OCCURRENCE 3)	08	1121– 1128	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence Start Date. (third occurrence)
MEDICARE PLAN INELIGIBILITY END DATE (OCCURRENCE 3)	08	1129 – 1136	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence End Date. (third occurrence)
MEDICARE PLAN INELIGIBILITY START DATE (OCCURRENCE 4)	08	1137 – 1144	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence Start Date. (fourth occurrence)

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
MEDICARE PLAN INELIGIBILITY END DATE (OCCURRENCE 4)	08	1145 – 1152	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence End Date. (fourth occurrence)
MEDICARE PLAN INELIGIBILITY START DATE (OCCURRENCE 5)	08	1153 – 1160	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence Start Date. (fifth occurrence)
MEDICARE PLAN INELIGIBILITY END DATE (OCCURRENCE 5)	08	1161 – 1168	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence End Date. (fifth occurrence)
MEDICARE PLAN INELIGIBILITY START DATE (OCCURRENCE 6)	08	1169 – 1176	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence Start Date. (sixth occurrence)
MEDICARE PLAN INELIGIBILITY END DATE (OCCURRENCE 6)	08	1177 – 1184	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence End Date. (sixth occurrence)
MEDICARE PLAN INELIGIBILITY START DATE (OCCURRENCE 7)	08	1185 – 1192	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence Start Date. (seventh occurrence)
MEDICARE PLAN INELIGIBILITY END DATE (OCCURRENCE 7)	08	1193 – 1200	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence End Date. (seventh occurrence)
MEDICARE PLAN INELIGIBILITY START DATE (OCCURRENCE 8)	08	1201 – 1208	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence Start Date. (eighth occurrence)
MEDICARE PLAN INELIGIBILITY END DATE (OCCURRENCE 8)	08	1209 – 1216	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence End Date. (eighth occurrence)
MEDICARE PLAN INELIGIBILITY START DATE (OCCURRENCE 9)	08	1217 – 1224	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence Start Date. (ninth occurrence)
MEDICARE PLAN INELIGIBILITY END DATE (OCCURRENCE 9)	08	1225 – 1232	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence End Date. (ninth occurrence)

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
MEDICARE PLAN INELIGIBILITY START DATE (OCCURRENCE 10)	08	1233 – 1240	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence Start Date. (tenth occurrence)
MEDICARE PLAN INELIGIBILITY END DATE (OCCURRENCE 10)	08	1241 – 1248	Char	CCYYMMDD. Medicare Plan Ineligibility due to Unlawful Presence End Date. (tenth occurrence)
INCARCERATION DATA OCCURRENCES	02	1249 – 1250	Char	Number of INCARCERATION Data occurrences. 10 occurrences maximum.
INCARCERATION START DATE (OCCURRENCE 1)	08	1251 – 1258	Char	CCYYMMDD. Incarceration Start Date. (first occurrence)
INCARCERATION END DATE (OCCURRENCE 1)	08	1259 – 1266	Char	CCYYMMDD. Incarceration End Date. (first occurrence)
INCARCERATION START DATE (OCCURRENCE 2)	08	1267 – 1274	Char	CCYYMMDD. Incarceration Start Date. (second occurrence)
INCARCERATION END DATE (OCCURRENCE 2)	08	1275 – 1282	Char	CCYYMMDD. Incarceration End Date. (second occurrence)
INCARCERATION START DATE (OCCURRENCE 3)	08	1283 – 1290	Char	CCYYMMDD. Incarceration Start Date. (third occurrence)
INCARCERATION END DATE (OCCURRENCE 3)	08	1291 – 1298	Char	CCYYMMDD. Incarceration End Date. (third occurrence)
INCARCERATION START DATE (OCCURRENCE 4)	08	1299 – 1306	Char	CCYYMMDD. Incarceration Start Date. (fourth occurrence)
INCARCERATION END DATE (OCCURRENCE 4)	08	1307 – 1314	Char	CCYYMMDD. Incarceration End Date. (fourth occurrence)
INCARCERATION START DATE (OCCURRENCE 5)	08	1315 – 1322	Char	CCYYMMDD. Incarceration Start Date. (fifth occurrence)
INCARCERATION END DATE (OCCURRENCE 5)	08	1323 – 1330	Char	CCYYMMDD. Incarceration End Date. (fifth occurrence)
INCARCERATION START DATE (OCCURRENCE 6)	08	1331 – 1338	Char	CCYYMMDD. Incarceration Start Date. (sixth occurrence)

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
INCARCERATION END DATE (OCCURRENCE 6)	08	1339 – 1346	Char	CCYYMMDD. Incarceration End Date. (sixth occurrence)
INCARCERATION START DATE (OCCURRENCE 7)	08	1347 – 1354	Char	CCYYMMDD. Incarceration Start Date. (seventh occurrence)
INCARCERATION END DATE (OCCURRENCE 7)	08	1355 – 1362	Char	CCYYMMDD. Incarceration Date. (seventh occurrence)
INCARCERATION START DATE (OCCURRENCE 8)	08	1363 – 1370	Char	CCYYMMDD. Incarceration Start Date. (eighth occurrence)
INCARCERATION END DATE (OCCURRENCE 8)	08	1371 – 1378	Char	CCYYMMDD. Incarceration End Date. (eighth occurrence)
INCARCERATION START DATE (OCCURRENCE 9)	08	1379 – 1386	Char	CCYYMMDD. Incarceration Start Date. (ninth occurrence)
INCARCERATION END DATE (OCCURRENCE 9)	08	1387 – 1394	Char	CCYYMMDD. Incarceration End Date. (ninth occurrence)
INCARCERATION START DATE (OCCURRENCE 10)	08	1395– 1402	Char	CCYYMMDD. Incarceration Start Date. (tenth occurrence)
INCARCERATION END DATE (OCCURRENCE 10)	08	1403 – 1410	Char	CCYYMMDD. Incarceration End Date. (tenth occurrence)
MBI	11	1411 - 1421	Char	Medicare Beneficiary Identifier
INACTIVE MBI	11	1422 - 1432	Char	Prior Medicare Beneficiary Identifier
Part A OCCURRENCES	01	1433 – 1433	Char	maximum of 2
Part B OCCURRENCES	01	1434 – 1434	Char	maximum of 2
PRIOR PART A ENTITLEMENT DATE	08	1435 – 1442	Numeric	CCYYMMDD. The Entitlement Start Date of the beneficiary's previous Medicare Part A entitlement.
PRIOR PART A ENTITLEMENT END DATE	08	1443 – 1450	Numeric	CCYYMMDD. The Entitlement End Date of the beneficiary's previous Medicare Part A entitlement.

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
PRIOR PART B ENTITLEMENT DATE	08	1451 – 1458	Numeric	CCYYMMDD. The Entitlement Start Date of the beneficiary's previous Medicare Part B entitlement.
PRIOR PART B ENTITLEMENT END DATE	08	1459 – 1466	Numeric	CCYYMMDD. The Entitlement End Date of the beneficiary's previous Medicare Part B entitlement.
FILLER	234	1467 – 1700		

**\*\* Plan Type code values:**

<u>Plan Type</u>	<u>Plan Type Description</u>
01	HMO
02	HMOPOS
03	CCOTH
04	Local PPO
05	PSO (State License)
06	PSO (Federal Waiver of State License)
07	MSA
08	RFB
08	RFB - PFFS
09	PFFS
10	SHMO
11	TriCare
12	PACE
13	CHOICES
14	Evercare
15	Competitive Pricing
16	ORDI
17	Other
18	1876 Cost
19	HCPP - 1833 Cost
20	National PACE
21	Employer-Only Demo
22	HMO Alternative Pay Demo
23	PPO Alternative Pay Demo
24	PFFS Alternative Pay Demo
25	HMOPOS Alternative Pay Demo
26	PPO Demo
27	Capitated Disease Management Demo
28	Chronic Care
29	Medicare Prescription Drug Plan
30	Employer/Union Only Direct Contract PDP
31	Regional PPO

<b><u>Plan Type</u></b>	<b><u>Plan Type Description</u></b>
32	Fallback
33	MN Disability Health Options
34	MN Senior Health Options
35	WI Partnership Program
36	MA Health Senior Care Options
37	Continuing Care Retirement Community
38	ESRD I
39	ESRD II
40	Employer/Union Only Direct Contract PFFS
41	MSA Demo
42	RFB HMO
43	RFB HMOPOS
44	RFB Local PPO
45	RFB PSO (State License)
46	Point-of-Sale Contractor
47	Employer/Union Only Direct Contract Local PPO
48	Medicare-Medicaid Plan HMO
49	Medicare-Medicaid Plan HMOPOS
50	Medicare-Medicaid Plan PPO
99	Undefined historical data

\*\*\* **Enrollment source code values:**

'A' = Auto enrolled by CMS;

'B' = ***Beneficiary Election;***

'C' = Facilitated enrollment by CMS;

'D' = ***CMS Annual Rollover;***

'E' = Plan initiated auto-enrollment;

'F' = Plan initiated facilitated-enrollment;

'G' = ***Point-of-sale enrollment;***

'H' = CMS or Plan reassignment;

'I' = ***Invalid submitted value (transaction is not rejected);***

'J' = State-submitted passive enrollment

'K' = CMS-submitted passive enrollment

'L' = MMP beneficiary election

'N' = ***Rollover by Plan Transaction***

## 8. WEB SERVICE – RESTFUL BASED

The real time eligibility inquiry web service is a RESTful based interface. The method can be used to obtain Medicare eligibility verification. Web Service calls are secured by using the HTTPS protocol and authentication is performed on the User Id and Password included on the Web Service Header call. This interface performs operations in various formats (such as XML and JSON), allowing for a much faster handling.

### 8.1 MEDICARE ELIGIBILITY – ELIGIBILITY QUERY METHOD

#### RESTful Eligibility Query Input Data

Field	Description
txnDate	Date the transaction was made Current Date/Time formatted as CCYYMMDDHHMMSS
mbdLoadEffDate	Date value is defaulted to the transaction date (CCYYMMDD) **
requestMedID	The MBI from the request
requestLastName	The Last Name from the request
requestDOB	The Date of Birth from the request
foundMedID	Y= found, N= not found **
foundNameorDOB	Y= found, N= not found **
inquiryResponse	'M' = Membership, 'E' = Eligibility
medID	Current Medicare ID of the member (MBI)
lastName	Member Last Name
firstName	Member First Name
middleInitial	Member Middle Initial
genderCd	Gender Code 1 – Male 2 – Female
raceCd	Values as supplied by CMS are: '0' or blank = unknown/not available, '1' = White, '2'= Black, '3' = other, '4' = Asian, '5' = Hispanic, '6' = North American Native
birthDate	Birth Date (CCYYMMDD)
prtAEntitlementDate	Part A Entitlement Date (CCYYMMDD)
prtAEntitleEndDate	Part A Entitlement End Date (CCYYMMDD)
prtBEntitlementDate	Part B Entitlement Date (CCYYMMDD)
prtBEntitleEndDate	Part B Entitlement End Date (CCYYMMDD)
stateCd	State Code – 2 digit postal code
countyCd	County Code – 3 digit postal code
hospiceStatus	Hospice Status Y/spaces

Field	Description
hospiceStartDate	Hospice Start date (CCYYMMDD)
hospiceEndDate	Hospice End date (CCYYMMDD)
instStatus	Institutionalized Status Y/spaces
instStartDate	Institutionalized Start date (CCYYMMDD)
instEndDate	Institutionalized End date (CCYYMMDD)
esrdStatus	ESRD Status Y/spaces
esrdStartDate	ESRD Start date (CCYYMMDD)
esrdEndDate	ESRD End date (CCYYMMDD)
medicaidStatus	Medicaid Status Y/spaces
medicaidStartDate	Medicaid Start date (CCYYMMDD)
medicaidEndDate	Medicaid End date (CCYYMMDD)
livingStatus	Living Status (A/D)
deathDate	Death Date (CCYYMMDD)
enrollmentInfo	0 to 2 occurrences of Enrollment Data
priorenrollmentInfo	0 to 2 occurrences of Prior Enrollment Data
potentialUncvrMths	Potential number of uncovered Months
potentialUncvrMthsEffDate	Date for which the potential uncovered month field applies to (CCYYMM)
prtDEligibleDate	Part D Eligible Start Date
lisInfo	2 occurrences of LIS Data
prtDHistInfo	0 to 10 occurrences of Part D History
nuncMoInfo	0 to 20 occurrences of nuncMo Data
rdsHistInfo	0 to 10 occurrences of RDS History
medicareIneligibilityInfo	0 to 10 occurrences of Unlawful presence History
medicareBeneficiaryIdentifiers	0 to 2 occurrences of prior inactive MBIs
caraStatusInfo	0 to 10 occurrences of CARA status dates
lastUsedSepDate	Last Used SEP Date (CCYYMMDD)
prtAEntitlementInfo	Up to 2 occurrences of Part A Entitlement Data
prtBEntitlementInfo	Up to 2 occurrences of Part B Entitlement Data
priorPrtAEntitlementDate	Prior Part A Entitlement Date (CCYYMMDD)
priorPrtAEntitleEndDate	Prior Part A Entitlement End Date (CCYYMMDD)
priorPrtBEntitlementDate	Prior Part B Entitlement Date (CCYYMMDD)
priorPrtBEntitleEndDate	Prior Part B Entitlement End Date (CCYYMMDD)

### Lis Data

Field	Description
subsidyStartDate	Subsidy Start Date
subsidyEndDate	Subsidy End Date
copayLevel	Copay Level
prtDPremSubPct	Part D Premium Subsidy Percent

**Current Enrollment Data**

<b>Field</b>	<b>Description</b>
planId	Plan Id
pbpld	Plan Benefit Package
eghp	Employer Group Health Plan Indicator (Y/space)
planTypeCode	Plan Type
planEnrollmentDate	Plan Enrollment Date (CCYYMMDD)
drugPlanInd	Y / N
enrollSourceCode	Enrollment Source Code

**Prior Enrollment Data**

<b>Field</b>	<b>Description</b>
priorPlanId	Plan Id
priorPbpld	Plan Benefit Package
priorEghp	Employer Group Health Plan Indicator (Y/space)
priorPlanTypeCode	Plan Type
priorPlanEnrollmentDate	Plan Enrollment Date (CCYYMMDD)
priorPlanEnrollmentEndDate	Plan Enrollment End Date (CCYYMMDD)
priorDrugPlanInd	Y / N
priorEnrollSourceCode	Enrollment Source Code

**Part D History**

<b>Field</b>	<b>Description</b>
prtDStartDate	Part D Start Date (CCYYMMDD)
prtDEndDate	Part D End Date (CCYYMMDD)

**NUNCMO Data (Number of Uncovered Months)**

<b>Field</b>	<b>Description</b>
uncovMthsStartDate	Uncovered months start date ( CCYYMMDD )
uncovMths	Number of uncovered months
nuncmoInd	Number of uncovered months indicator
totUncovMths	Total number of uncovered months

**RDS History**

<b>Field</b>	<b>Description</b>
rdsStartDate	Retiree Subsidy Start Date (CCYYMMDD)
rdsEndDate	Retiree Subsidy End Date (CCYYMMDD)

**Medicare Ineligibility Due to Unlawful Presence**

<b>Field</b>	<b>Description</b>
MedicareIneligibilityStartDate	Medicare Ineligibility Start Date (CCYYMMDD)
MedicareIneligibilityEndDate	Medicare ineligibility End Date (CCYYMMDD)

**Inactive Medicare Beneficiary Identifiers**

<b>Field</b>	<b>Description</b>
inactiveMBI	Prior Inactive Medicare Beneficiary Identifier for the member
inactiveMBIStartDate	Prior Inactive Medicare Beneficiary Identifier Start Date
inactiveMBIEndDate	Prior Inactive Medicare Beneficiary End Date

**CARA Status Dates**

<b>Field</b>	<b>Description</b>
CaraStartDate	CARA Status Start Date (CCYYMMDD)
CaraEndDate	CARA Status End Date (CCYYMMDD)

**8.2 WEB SERVICE ERRORS**

**Web Service Errors**

Errors can be detected by checking the fault code and fault string objects in the RESTful http return envelope.

Errors occurring in the Eligibility Service will have a fault code from the table listed below.

Fault codes are RESTful HTTP error codes and the fault string will contain the description of the fault.

**Eligibility Inquiry Error Code table**

<b>Fault Code</b>	<b>Fault Message</b>
400	Bad Request
401	Invalid Logon Id / Password /Password Expired
403	User id is not active
404	Not Found
405	No Such Method

<b>Fault Code</b>	<b>Fault Message</b>
500	Internal Processing Error
502	Database Error
503	Configuration Error

## 9. HELP DESK SUPPORT

The Infocrossing support team is available to assist with questions as follows:

All times are Pacific Standard Time.

Toll free 877-833-3499

[MCareSupport@Wipro.com](mailto:MCareSupport@Wipro.com)

Monday - Friday 5:00 AM – 5:00 PM (Live person)

5:00 PM – 8:00 PM PT (Email or voicemail notification)

Saturday 9:00 AM – 4:00 PM PT (On call personnel)

After Hours, Sunday, and Holidays:

Email or voicemail notification – Next business day response

Observed Holidays are:

New Year's Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving Day, Christmas Day.

## 10. DOCUMENT REVISION HISTORY

### 03/24/2021 – Version 4.0

The MMP technical guide has been updated with version 4.0 with minor updates to reflect the full CMS migration from the Social Security Number (SSN)-based Health Insurance Claim Numbers (HICNs) to Medicare Beneficiary Identifiers (MBIs). The document is also updated to reflect Infocrossing's upgrade to the CMS real-time Medicare eligibility check via the Application Programming Interface (API) process. These changes will be implemented on Sunday, May 2<sup>nd</sup>, 2021 at 12:01 A.M. PST. Infocrossing application changes will be implemented beginning at 10:00 P.M. PST on Saturday May the 1<sup>st</sup>, 2021.

As usual, changes specific to version 4.0 of this document are highlighted in red for ease of reference.

- The Medicare batch eligibility section beginning in section 1 of this document has been updated to indicate that the last name field will not be used in the CMS API eligibility check process. The Date of Birth will now be a required field in conjunction with the MBI field. The "MBD Load Effective date" field shown on the header output record will reflect the date the eligibility request file was submitted for processing. Refer to section 1 of this document beginning on page 5 for details of these changes.
- The SOAP based Web service in section 3 and the RESTful based service in section 8 of this document have been modified to account for the CMS Real time API implementation. Plan users must ensure to always provide the beneficiary Date of Birth (DOB) in all API submission requests. Refer to red highlighted changes beginning on page 65 for the SOAP based service and page 100 for the RESTful service.
- The Eligibility+ and HICN-MBI cross-reference tools previously documented under section 5, sections 9 and 10 respectively under the prior versions of this document, have been removed.

### 09/10/2020 – Version 3.3

The MMP technical guide has been updated with version 3.3 to reflect the CMS October 2020 software changes as documented in the HPMS Software release announcements dated August 25, 2020 and September 1, 2020.

**Infocrossing application changes will be implemented on Sunday, October 11, 2020 at 12:01 A.M. PST.** Applications will be unavailable two hours prior beginning at 10:00 P.M. PST on Saturday October the 10<sup>th</sup> for a two hour implementation timeframe.

The following changes will be implemented:

- The Enrollment Transaction Code 61 will be modified to account for two new optional fields:
  - o Preferred Language other than English (Spanish or Other)
  - o Accessible Format (Braille, Large Print, or Audio CD)

These two new optional fields have been added in the batch enrollment detail section of the document. Previously defined “Filler” area has been repurposed to accommodate these fields. Refer to page 35 of this document for details. Sections 2.5, 4.4 and 6.1 of the document have been updated to reflect these 2 new fields.

Two new batch transaction error codes will be generated on the Infocrossing batch response file when invalid values are found for these new field additions. Batch Error code “2C” will be generated when the new optional “*Preferred Language Other than English*” field contains an invalid value and batch error code “3C” will be generated when an incorrect value is found for the new optional “*Accessible Format*” field. Page 57 provides the details of these two new error codes.

- CMS has introduced a new TC 92 transaction code to allow MMP Plan sponsors to submit changes to the new “*Preferred Language Other than English*” and “*Accessible Format*” fields. Section 2.4 of the document beginning on page 43 provides the necessary details for this new Transaction Code.

- In accordance with HPMS notices dated 8/11/2020 and 8/19/2020, CMS removed the prohibition on beneficiaries with ESRD enrolling in an MA plan. MMP organizations will start allowing End Stage Renal Disease (ESRD) beneficiaries to enroll in their plans with effective dates beginning on or after January 1, 2021.

### **11/09/2019 – Version 3.2**

The MMP technical guide has been updated with version 3.2 to reflect the CMS November 2019 software changes as documented in the final CMS HPMS notice dated October 21, 2019.

**All changes will be implemented on Sunday, December 29, 2019 at 12:01 A.M. PST.** Applications will be unavailable two hours prior beginning at 10:00 P.M. PST on Saturday December the 28<sup>th</sup> for a two hour implementation timeframe.

To help State and MMP organizations with the upcoming CMS software mandates, the following changes will be implemented:

- A new batch edit will be implemented to ensure that all Medicare transactions use only MBI (Medicare Beneficiary Identifier) values. The Medicare Card Project transition period is coming to an end on December 31, 2019 at which point in time CMS will no longer accept HICN (Health Insurance Claim Number) based transactions. Any HICN based Medicare transaction will receive an Infocrossing batch rejection code of “1D” after this implementation. Refer to section 2.5 (Transaction Error Codes) on page 55 for the details of this new error code. The new E&E360 portal which has been introduced in August 2019 will also have all its screens updated to ensure that HICN based values are no longer accepted beginning on January 1, 2020.
- Any existing Batch error code that has references to HICN or “Claim” in its text description has been replaced with MBI references. See section 2.5 (Transaction Error Codes) beginning on page 48. Error code text description changes have been highlighted in red font.
- All references to use either the “*HICN or MBI*” values throughout this document have been removed to indicate that only “MBI” values are allowed.
- The Batch Eligibility Response as documented in section 1, beginning on page 11 will be changed as of December 29, 2019 to reflect the following changes:
  - Eligibility requests submitted with HICN values will be returned with an “MBI Found/Not Found” value set to “N” (Not found). From December 29, 2019 and onward, all MBD eligibility requests must be sent for verification with MBI values only.
  - The “MBI Found/Not found” field value of “X” has been repurposed to indicate that a match has been found on the CMS “Inactive MBI” field. It previously was used to indicate that an MBD eligibility match was obtained on the XREF HICN.
  - The XREF-CLAIM-NUMBER field in positions 223-234 of the Eligibility response record has been redefined to “FILLER” and will contain spaces. See page 12 in section 1.
  - The “MBD HICN CLAIM” field in positions 1075-1086 of the Eligibility response record has been redefined to “FILLER” and will contain spaces. See page 22 in section 1.

- Webservice sections of this document have been changed to remove all HICN/Claim references. See the SOAP based webservice in section 3 and the RESTful based webservice in section 11:
  - o The xrefHicNbr field (Previously Known Claim Number as supplied by CMS) has been removed from the “Eligibility Query Return Data section” of the webservices. See page 65 in section 3 and page 121 in section 11 respectively.
- The Eligibility+ in section 5 of the document was changed to remove all HICN and XREF-CLAIM-NUMBER references.
  - o The XREF-CLAIM-NUMBER field in positions 223-234 of the Eligibility+ response record has been redefined to “FILLER” and will contain spaces. See page 76 in section 5 of the document.
- The Prospective Dual File (PDF) in section 8 of the document was changed to replace the XREF-CLAIM-NUMBER field in positions 223-234 with a “FILLER” designation that will be initialized to spaces. See page 97 for details.
- HICN-MBI cross-references services will continue to be available past 12/31/2019 for all MMP organizations that have a need to cross reference HICN values to MBI values. Please refer to section 9 and 10 of this document to view the available batch and webservice tools.
- CMS will allow Part D Sponsors to make limited updates to older pre-2019 active beneficiary specific Point of Sale (POS) claim legacy records. These are identified with Notification Start date values that pre-date January 1, 2019. For Transaction Code 90 submissions, a new batch error code of “1E” will be generated when the Notification Start Date is prior to January 1, 2019 and the requested updates are ***not limited*** to any one of three sets of data items allowed as follows: 1. Update an existing POS Edit Code. 2. Update an existing Notification End-date. 3. Add a new Implementation Start-date and/or Implementation End-date. Section 2.5 (Transaction Error Codes) on page 55 has been updated to include this new error code.

The document revision section of this document has been modified for ease of reference. Starting with this version 3.2 document, a new section 13 titled “Document Revision History” has been added to show all previous historical changes that were made to the document. Only the latest relevant change revision is shown immediately after the “Table of Contents” Section with the title “Latest Document Revision Details”.

**09/09/2019 – Version 3.1**

The MMP technical guide has been updated with version 3.1 to reflect the addition of historical Medicare beneficiary Part A and Part B entitlement Start and End dates on all Infocrossing produced Medicare Eligibility query mediums. CMS is making this change effective with the October 1st MBD file update to Infocrossing.

MMP plans, State agencies and enrollment brokers can continue to interpret the Medicare Entitlement verification for beneficiaries as they do today. There are no changes to this process. Should there be a need for an MA plan sponsor to review the historical Part A and Part B information to determine eligibility for a Default Enrollment process from an affiliated Medicaid Managed Care Organization into its Medicare Dual Eligible Special Needs Plan, the new Part A and B historical information can then be reviewed and handled accordingly. Two new historical occurrence count fields, one for Part A and another for Part B have also been added and can also be used optionally. As usual, all changes pertaining to this document release have been highlighted in red with their specific location within the document highlighted below.

Separately, Infocrossing is introducing a new RESTful Eligibility Web Service. This new service is added in addition to the existing SOAP based interface and MMPs/State agencies can start using it in conjunction with or as a replacement to the existing web service tool at their own discretion. The Infocrossing help desk will be announcing its availability in the QA environment and soon after, the production implementation date in the very near future, when interested organizations will then be able to obtain the necessary login credential information to get started. Refer to section 11.0 of this document for details beginning on page 135.

Separately, the help desk will be making an announcement for the availability of all the eligibility processes with the new historical entitlement dates in the QA test environment within the next few days.

**In preparation for the new entitlement data fields from CMS, the changes as outlined below will be implemented on Sunday September the 29th at midnight PST.** The Infocrossing eligibility tools will be unavailable two hours prior beginning at 10:00 P.M. PST on Saturday September the 28th for a two hour implementation timeframe.

The details of Version 3.1 of the MMP technical guide are as follows:

- The batch eligibility response file has been updated to include prior Medicare Part A and B Start and End Dates as well as Part A/B occurrence count fields. Please see section 1 of this document, beginning on page 40. **NOTE:** all new fields were added by using previously defined “FILLER” positions. The record layout of the response file has not changed and remains at 1,500 bytes.
- The webservice section was modified to add the new historical entitlement dates. Part A/B occurrence count fields and Prior Part A and B entitlement start dates have been added at the end of section “*Eligibility Query Return Data*”. Changes are shown on page 81.
- The Eligibility+ record layout has also been changed, repurposing the existing “FILLER” section at the end of the record layout to add the Part A/B occurrence count fields and the new prior part A and B historical Start and End dates. Refer to page 104 for details.
- Section 8 of the document, the Prospective Dual File layout has been changed to reflect the new Part A and Part B historical Start and End Dates. Refer to page 125 for details.
- The new RESTful based webservice has been documented in section 11 of the document.
- The Help Desk contact information is now shown in section 12.

### **03/14/2019 – Version 3.0**

The MMP Technical Guide has been updated with version 3.0 to reflect the addition of a date field to provide a “*Beneficiary’s Last Use of Dual/LIS Special Election Period (SEP - Election Type “L”)*”. This new date field has been added in the MBD eligibility layout in section 1, as well as the Web service response in section 3 and the Eligibility+ in section 5 of this document.

***All changes related to Version 3.0 will be implemented on Sunday, April 28, 2019.***

As usual, all updates relevant to this revision have been highlighted in red font.

- The MBD batch Eligibility Response has been updated to reflect the addition of the Last Used Dual/LIS SEP date. An existing 10 byte “FILLER” section has been

repurposed to define this new Date field in positions 291-298 of a batch eligibility response record. Refer to page 26 for details.

- The Eligibility+ record layout has also been changed, repurposing an existing 10 byte “FILLER” section in positions 291-298 to add the new “Last Use of the Dual/LIS date” field. Refer to page 91 for details.
- Refer to section 3 of this document on page 79 to view the changes to the web service. The *Eligibility Query Return Data* section of the web service has been changed to add the “lastUsedSepDate” field.

### 10/29/2018 – Version 2.9

The MMP Technical Guide has been updated with version 2.9 to reflect the CMS Fall 2018 Software changes, as documented in the final CMS HPMS notice dated October 4, 2018.

For calendar year 2019, State organizations will continue to enroll their beneficiaries into their Medicare-Medicaid Plans in the normal way, as they have been since the inception of the MMP program. The special enrollment election limitations that CMS introduced in Fall 2018 Software release document do not apply to the MMP program.

As usual, all updates relevant to this revision have been highlighted in red font.

**All changes in revision 2.9 will be implemented on Sunday December 30<sup>th</sup>, 2018. It is expected that CMS will start populating the new CARA (Comprehensive Addiction and Recovery Act) data fields beginning on January 1, 2019.**

- Refer to section 1 of this document beginning on page 23 to view the addition of the 10 occurrences of the “CARA START and END Dates”. **Important Note:** The MBD eligibility response record layout **has increased from 1300 bytes to 1500 bytes.**
- The Eligibility+ section 5 has also been modified to accommodate the same changes that were applied in section 1. The record layout of the file was also increased to 1500 bytes. Refer to page 88 for details.
- Refer to section 3 of this document beginning on page 79 to view the changes to the web service. Details of the changes are as follows:
  - A new field was added in *the Eligibility Query Return Data* section of the web service. It is the “CaraStatusInfo” which provides the number of occurrences for the new CARA Start and End Dates that will be shown in the new “CARA Status Dates” section.

- A new section titled CARA Status Dates has been added to return up to 10 occurrences of the new CARA status dates. The new date fields are named “CaraStartDate” and “CaraEndDate”. This new section is documented on page 81.
- Section 4.4 of this document which describes the CMS transmission Layout report has been modified to document the Transaction Code 90 changes. Refer to page 86 for details.
- A new batch error code “92” has been added. This error will be generated on Passive Enrollment requests (Election type = “U” and Enrollment Source code = “J”) if the requested enrollment effective date falls within an existing CARA Status period for the beneficiary. See details of the error code on page 66 in section 2.5 of the document.
- The Transaction Code 90 (Reporting Identified Drug Overutilizers) layout has changed. Refer to section 2.3 of this document beginning on page 55 to review all applicable changes.
- Batch error codes 1A through 9A have been updated to accommodate the new transaction code 90 record layout and field editing requirements. See page 66 for details.
- The Transaction code 90 Matrix of Required/Optional field on page 74 has been updated.
- The batch response record layout for a TC 90 has changed. See section 2.4 beginning on page 59 for the relevant changes highlighted in red.
- Section 6 of the MMP Technical Guide (Enrollment Reconciliation Extract) has been updated to reflect the Transaction Code 90 data element changes and additions. See changes beginning on page 105.

06/22/2017 – Version 2.8

The MMP technical guide has been updated with version 2.8 to reflect changes that will be implemented in preparation for the Social Security Number Removal Initiative (SSNRI) project.

Infocrossing will be implementing new tools to assist all MMP and state agencies with the ability to better manage their task of transitioning to the MBI field from the current HICN during the CMS April 2018 through December 2019 transition period. New sections 9 and 10 of this document describe HICN to MBI cross-reference tools that will be implemented and made available beginning in February 2018. MMP users will have the ability to submit batch files asking to convert their HICNs to MBI or vice-versa. This

new tool is described in section 9, beginning on page 112 of this document. Another real-time cross-reference inquiry web service tool will also be made available, allowing users to submit similar HICN to MBI cross-reference requests via a SOAP Web based query process. Section 10 beginning on page 115 of this document describes this new process.

Additionally, a new Standalone User Interface cross-reference inquiry screen will be implemented on the Infocrossing Web Portal <https://base.med-adv360.com/mss/quay/homePage.htm>. MMP users will have the ability to submit either an HICN or MBI and corresponding Last name or DOB to receive the matching MBI or HICN related data.

The data repository for these new cross-reference tools will be continuously updated from the CMS Medicare eligibility bi-monthly file updates and the new CMS monthly crosswalk files.

Please contact the Infocrossing help desk if you desire to sign up for these services.

Details of version 2.8 changes have been highlighted in red throughout this document. Please reach out to the help desk by submitting an email query at [McareSupport@Wipro.com](mailto:McareSupport@Wipro.com) or calling 877-833-3499 if you require additional clarifications.

CMS has indicated that the MBD eligibility file feed will be updated to include two new fields: A new “Current MBI” field and a prior “Inactive MBI” field. The “Current MBI” field will represent the latest, valid MBI for the beneficiary. The Prior “Inactive MBI” field will only be present if a previously issued MBI for the beneficiary was compromised. These two new data values will be provided on the MBD (Medicare beneficiary Database) file feed from CMS beginning in February 2018.

Infocrossing will implement the addition of these two new fields in its internal application systems on Sunday, September 24, 2017, at 10:00 P.M. CST.

- The Medicare Eligibility Inquiry section of this document has been updated to add the current and inactive MBI fields to the output response file. Wherever applicable, the existing HICN field name has been renamed to “Medicare ID” for the purpose of clarity and allowing MMP users to submit either an HICN or the new MBI when submitting Beneficiary Eligibility requests. As already published by CMS, during the SSNRI “transition period” from April 2018 to December 2019, while MAOs and Part D sponsors will be transitioning to the MBI, they will have the option of submitting data using either the HICN or MBI on all input transaction types. The Current and Inactive MBI fields have been added at the end of the Eligibility response file layout. Since these two new fields occupy existing unused “filler” at the end of the record layout, MMP users have the option of delaying the implementation of this change and start interpreting these two new fields at a time later than September 24, 2017, at their own discretion. Please refer to relevant changes beginning on page 22 of this document for details.

- The Medicare Transaction Processing section of this document has been changed to add only the “MBI” reference in addition to the existing HICN definitions whenever applicable. Please note that Marx transaction processing will not be ready to accept MBI data values until CMS provides the necessary MBI data values in February 2018 and provides an exact date when MMPs can start submitting the MBI data values on any Marx input transaction type. Relevant changes begin on page 42.
- The web service section of this document has been changed to rename the existing “HicNbr” field to “MedID”. Either a valid HICN# or an MBI number can be used in this field when submitting an eligibility query request. The “requestHicNbr” and “foundHicNbr” names have been changed to “requestMedID” and “foundMedID”. Please refer to page 71 of this document for details.
- The eligibility+ section of this document has been changed to add the new “Current MBI” and prior “Inactive MBI” fields. Please refer to page 79 for details.
- The Prospective Dual file section of this document has been changed to add the two new MBI data fields. Please refer to page 96 for details.
- The HICN name reference in all other sections of this document describing various file reporting processes has been changed to the new field name of “MEDICARE ID”. This field name change is transparent and has no impact to the processes MMPs have in place today.
- CMS has announced in its May 2017 HPMS software release dated April 11, 2017 that a new TRC 350 will be generated during the SSNRI transition period. This TRC will be generated every time a Marx transaction is sent to CMS with a beneficiary HICN to notify you that an MBI is available for the beneficiary. Please refer to the HPMS document for further details.

### **10/10/2016 – Version 2.7**

The MMP Technical Guide has been updated with version 2.7 to reflect the CMS November 2016 Software changes, as documented in the final CMS HPMS notice, dated September 9, 2016.

CMS will implement the November software changes on the November CPM cutoff date of Friday, November 11, 2016. The Infocrossing MBD eligibility updates, however, will not occur until after CMS provides an updated MBD eligibility file which is expected to occur on Tuesday, November 15, 2016.

Version 2.7 addresses the addition of the new fields pertaining to the beneficiaries' prior historical enrollments as well as the addition of the Enrollment Source code for the beneficiaries' current enrollment.

1. Section 1 (Medicare Eligibility Inquiry) of this document has been updated to include the new fields on the batch eligibility response file. These changes are highlighted in red beginning on page 28.
2. The web service layout has changed to accommodate the new plan enrollment fields. Refer to section 3 of this document for details beginning on page 71.
3. The Eligibility+ response file has been modified to include the new plan enrollment fields. Changes are described in section 5, beginning on page 82.
4. The PDF (Prospective Dual File) layout as described in section 8 has changed. Plan enrollment end dates have been added to the two prior historical occurrences. Changes are described beginning on page 98.
5. The PDF beneficiary selection criteria from the MBD eligibility file has changed. As of November 15, the PDF file selection of potential dual eligible beneficiaries will include people that show a current plan membership in a Medicare Advantage or Part D prescription plan than have any of the enrollment source code values of:
  - B** – Beneficiary election
  - D** – System-generated enrollment (Rollover)
  - G** – Point of sale (POS) submitted enrollments
  - I** – Assigned to plan submitted transactions with enrollment source other than any of the following: B, E, F, G, H, and blank
  - N** – Plan-submitted rollover enrollments
6. The new MBD field additions will also be reflected on the Eligibility tab of the <https://base.med-adv360.com/mss/quay/homePage.htm> website.

### **06/16/2016 – Version 2.6**

The MMP technical guide has been updated with version 2.6 to introduce a new service and an enhancement to the MBD eligibility batch process. The document has also been updated to address the CMS May 2016 Software release. These updates are described as follows:

### **List of Prospective Dual-Eligible individuals (Medicare-Medicaid) also known as Prospective Dual file**

A new list of potential dual-eligible individuals (Prospective Dual File) is now available to State organizations and their enrollment brokers to assist with the on-going MMP passive enrollment efforts. This new file feed will automatically be available to all State organizations participating in the capitated financial alignment initiative (also known as the MMP demonstration) on a twice per month basis.

CMS updates the Medicare Eligibility database that is maintained in the Infocrossing data center twice per month, on the 1<sup>st</sup> and 15<sup>th</sup> of each calendar month. Soon after this update is completed, Infocrossing will automatically generate a new data file that will list potential dual-eligible individuals that may become eligible for passive enrollment into a Medicare-Medicaid Plan (MMP). The main benefit of this new service is that it will search and provide the individuals' Medicare start dates as far out as six months from the actual date the file is generated. For example, when the file is generated on June 1<sup>st</sup>, 2016, the system will look ahead up until November 2016 to find potential dual-eligible individuals that have Medicare Part A and B entitlements and who have been deemed for Federal Low Income subsidy (LIS).

The full list of selection criteria is as follows:

1. Beneficiary must be a resident of the State.
2. Beneficiary must be entitled to Medicare Part A and B.
3. Beneficiary must have a Deemed/Low Income subsidy status.
4. Beneficiary must be alive.
5. Beneficiary must not be incarcerated.
6. Beneficiary must be lawfully present in the United States.

When reviewing this Prospective Dual file, State organizations or their enrollment brokers must further validate the eligibility of all the beneficiaries for MMP passive enrollment by ensuring they have Medicaid eligibility and meet all State-specific MMP enrollment eligibility requirements.

The Prospective Dual File follows the similar layout as the Medicare eligibility response file that has been available for State organizations since the beginning of the MMP demonstration but there are new data field additions and the file length is 1700 bytes (detailed layout is available in section 8, pages 89-102 of this document). The Prospective Dual file will automatically be made available on the Infocrossing Web portal every time it gets created and State users can find the Prospective Dual file under the "MMP – Prospective Dual File Feed" section of the "File Transfer" tab. State organizations can also request to have this new file feed automatically forwarded to

their own internal FTP server. Please contact the Infocrossing help desk if you wish to have this batch functionality enabled.

For the population who has Medicare-first (current Medicare beneficiaries who recently qualified for Medicaid), CMS is currently making system enhancements to include previous Medicare Advantage (Part C) and Prescription Drug (Part D) enrollment periods and the enrollment source code information into the Prospective Dual File which is scheduled for November 2016. With this system enhancement, this will save a step for States from excluding dual-eligible individuals who are currently in Medicare Advantage or Part D prescription drug plans that were enrolled by CMS-initiated auto-enrollment or reassignment in the current calendar year. The following are the acceptable values of the enrollment source code for States to select newly dual-eligible individuals for MMP passive enrollment who currently have Medicare Advantage or Part D prescription drug coverage:

- **B** – Beneficiary election
- **D** – System-generated enrollment (Rollover)
- **G** – Point of sale (POS) submitted enrollments
- **I** – Assigned to plan submitted transactions with enrollment source other than any of the following: B, E, F, G, H, and blank
- **N** – Plan-submitted rollover enrollments

Starting early December 2016, the Prospective Dual File will include a list of Medicare-first population that only show the above enrollment source code information. Until then, the files will only include individuals that do not show any membership in a current Medicare Advantage or Prescription Drug plan.

### **Enhancement to the MBD Batch Eligibility query process**

The Medicare eligibility query process has been enhanced to incorporate an automatic BEQ request to CMS for those instances when a beneficiary match cannot be obtained on the Infocrossing MBD eligibility database.

Currently, when a plan sponsor sends a batch MBD eligibility file request to Infocrossing for processing, any beneficiary record that cannot be matched against the MBD eligibility database gets returned on the eligibility response file as unmatched, with the HICN Found/Not found field set with the value of “N” (HICN not found). No Medicare eligibility information is returned. A new optional service is now available to all Plan sponsors to automatically have all such unmatched records sent to the CMS Marx system in a BEQ file request.

Should a plan sponsor choose to have this service turned “on”, Infocrossing will enable the following functionalities:

1. All HICN requests that cannot be matched against the MBD eligibility database will be returned on the eligibility response file with the value of “B” (BEQ Request

initiated) in the HICN Found/Not Found field in position 26 of the response file. Section 1, page 22 of this document has been changed to reflect this new value.

2. Infocrossing will keep track of all BEQ pending requests and sweep its database three times per day at 08:00 A.M., 12:00 Noon and 04:00 P.M. PST. At the designated times and as needed, any pending unmatched HICN requests will be written into a CMS formatted BEQ file and sent to the CMS Marx system for processing.
3. Once BEQ response files are received from CMS, Infocrossing will automatically reformat the files into an MBD response file and make them available to Plans on the Infocrossing Web folder.

A new section named "Exception BEQ" on the Infocrossing Web portal under "File Transfer" will contain a new link named "BEQ Response File". This link can be used by plan sponsors to review the history of all BEQ exception file submissions to CMS. These files will have the name "MBDE.RESPONSE.Dyymmdd.Thhmmsss".

The format of the MBDE.RESPONSE files will be exactly the same as the MBD response file as described in section 1 of this document, beginning on page 20.

You also have the option of having these new files automatically sent to your designated FTP file folder. Please contact the Infocrossing help desk to have this functionality enabled.

4. Plan sponsors currently have the option of using a field named "sequence number" on an MBD input request file to keep track of HICN query submissions (please refer to the MBD input file request layout on page 19 on this document for further details). This field is currently returned on MBD response files and will also be carried through on all unmatched eligibility requests that will be sent to CMS as a BEQ query. This data field along with the HICN field can be used by Plans to reconcile all outstanding MBD requests against the original input file submissions.

State and MMP organizations are encouraged to contact the infocrossing help desk to obtain additional information regarding both of these valuable service enhancements.

### **CMS May 2016 Software Release**

The MMP technical guide has been updated to reflect the CMS May 2016 Software changes, as documented in the final CMS HPMS notice, dated February 29, 2016. The corresponding Infocrossing edit changes were implemented on the May 2016 CMS Plan Data Due date which occurred on Friday May 13<sup>th</sup>, 2016.

The Creditable Coverage Flag value of "R" or "U" on a "61" enrollment transaction or "73" NUNCMO transaction will no longer be allowed. The remarks section for the Creditable Coverage Flag field on page 40 has been changed accordingly.

**12/10/2015 – Version 2.5**

The MMP technical guide has been updated with version 2.5 to reflect the CMS February 2016 Software changes, as documented in the final CMS HPMS notice, dated December 1, 2015.

Important notes:

CMS will implement the February software changes on the February 2016 CMS Plan Data Due date which will occur on Friday, February 5<sup>th</sup>, 2016. The Infocrossing MBD eligibility updates, however, will not occur until after CMS provides an updated MBD eligibility file on Monday February 15, 2016.

The CMS changes that are applicable to this interface document are as follows:

- CMS has added up to 10 occurrences of Medicare Plan Ineligibility start and end dates due to unlawful presence. These dates, along with a Medicare Plan ineligibility data occurrence field, have been added to the MBD response file layout as described in section 1, beginning on page 28 of this document.
- Take note that although CMS is also adding 10 occurrences of incarceration start and end dates to the CMS BEQ response file, these same updates will not be reflected on the Infocrossing MBD eligibility response file. CMS will add these data elements to the MBD eligibility file at a later date.

The exact date will be communicated to MMP and State organizations as soon as the information is made available by CMS.

- The addition of the Medicare ineligibility start and end dates will not increase the MBD response record size. It remains at 1,300 bytes. All new data fields have been added at the end of the layout by using existing filler. This will allow ample time for MMP and State organizations to prepare for the new Medicare ineligibility data. However, please take note that the next MBD response layout change that CMS will implement to reflect the Medicare ineligibility due to incarceration will require an increase in record layout size in the MBD response file. Please plan accordingly for this impact on a future software change implementation.
- A new error code 76 will be generated on a new enrollment transaction if the effective date of the enrollment falls during a Medicare Plan Ineligibility period. Section 2.5, page 55 of this document has been changed to reflect this new error code.
- The web service layout has changed to accommodate the Medicare ineligibility start and end dates due to unlawful presence. Refer to section 3 of this document for details.

- The ELIGIBILITY+ response file has been modified to include the unlawful presence Medicare Ineligibility data. Changes are described in section 5, beginning on page 80.
- States and MMP sponsors must be prepared to accept and process new Transaction Reply Codes (TRCs) as described in Attachment C, figure 1 of the CMS February Software release document. CMS will also generate a new disenrollment reason code of 71 on involuntary disenrollments due to a not lawfully present period (refer to Attachment C, figure 2 of the CMS February 2016 Software release). The newly introduced TRCs are:
  - o TRC 348 (Enrollment Rejected – Not Lawfully Present Period)
  - o TRC 349 (Disenrollment due to Not Lawfully Present Period)

Direct access to the CMS memo publication can be obtained by following this link:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelptdesk/Downloads/Announcement-of-the-February-2016-Software-Release.pdf>

#### **08/31/2015 – Version 2.4**

The MMP technical guide has been updated with version 2.4 to reflect the CMS November 2015 Software changes, as documented in the final CMS HPMS notice, dated August 28, 2015. The Infocrossing edit changes will be implemented on the November 2015 CMS Plan Data Due date which will occur on Friday November 6<sup>th</sup>, 2015. The actual implementation time will be right after 08:00 P.M. Eastern Time.

As part of the November software changes, CMS will require the PBP# field on “51” disenrollment and “81” disenrollment cancellation transactions.

- Section 2.1 (Medicare Transaction Processing) and section 2.6 (Medicare Transaction matrix) of this document have been changed as follows:

The PBP# field on the batch enrollment/disenrollment/cancellation record on page 31 has been updated to indicate that it is a required field on “51” and “81” transaction types. Section 2.6 (Medicare Transaction matrix) has been modified on pages 53 and 54 to indicate that the PBP# is required on “51” and “81” transactions.

- Infocrossing edits will reject “51” and “81” transactions that do not include the PBP# field when required with existing error code: “51 - PBP# REQUIRED. VALUE MUST BE NUMERIC”

- MMP organizations will be able to test this new CMS requirement with the Infocrossing application system beginning on Monday, September 14, 2015.

Another small change that is unrelated to the CMS November software changes will be implemented to improve consistency and clarity: the text description for error code “48” will be changed from the existing message of “*Signature Date Invalid*” to the new message: “*Application Receipt Date Invalid*”. Section 2.5 - *Transaction Error Codes* on page 49 has been changed accordingly.

With August 2015 CMS software release, MMPs and States can now request CMS address data on a batch basis using the MARx Batch Eligibility Query (BEQ) file exchange process. The August 27, 2015 CMS HPMS memo entitled “*Batch Eligibility Query (BEQ) Enhancement – Mailing and Residence Address Data Available Through MARx BEQ Response File*” explains the new capability and introduces the newly formatted BEQ response file layout. For more details about the BEQ request file/response file layouts, please see section F.6 and F.7 (pages F-47 thru F-59) in the PCUG Appendices located under the Download section in this webpage:

[https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan\\_Communications\\_User\\_Guide.html](https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan_Communications_User_Guide.html)

### **06/08/2015 – Version 2.3**

#### **Involuntary Disenrollment Due to Confirmed Incarceration Status – New Transaction Reply Codes and Disenrollment Reason Code**

CMS has recently published the August 2015 Software Release document. Section 5 of the document, which is titled “*Eligibility for Enrollment and Involuntary Disenrollment due to incarceration Status*” is of primary concern for the MMP program. States and MMP sponsors must be prepared to accept and process new Transaction Reply Codes (TRCs):

- TRC 345 (Enrollment Rejected – Confirmed Incarceration)
- TRC 346 (Disenrollment due to Confirmed Incarceration)
- TRC 347 (Reenrollment due to Closed Incarceration Period)

CMS will start producing these new TRCs on the daily TRR files once the August Software changes are implemented on the week-end of Friday, August 7, 2015.

Direct access to the CMS memo publication can be obtained by following this link:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Downloads/Announcement-of-the-August-2015-Software-Release.pdf>

## **System Enhancements to Batch Eligibility Query (BEQ) Response File and MARx eligibility screen (M232)**

On May 10, 2015, CMS has expanded the record length of the BEQ response file from 750 to 1500 positions and added four extra data elements:

- **Plan Benefit Package (PBP) Number,**
- **Plan Type Code,**
- **Employer Group Health Plan (EGHP) Indicator, and**
- **End Stage Renal Disease (ESRD) Indicator.**

These new data fields allow states to select the right dual-eligible individuals and determine anyone who are found ineligible prior to submitting MMP passive enrollment transactions to CMS. This will help state's passive notice mailings go to the targeted passive enrollment population. In addition to MMA/TBQ file exchanges, States are highly encouraged to use this batch eligible query/file exchange process since it provides more real-time Medicare eligibility information.

Also, with the May 10th 2015 CMS system release, State Medicaid Agency staffs and their brokers may notice the new **Plan Type Code and Description** to the MARx eligibility screen (M232). This was added for the state users and enrollment brokers to better determine MMP enrollment eligibility of the dual-eligible individual.

See Section 1 of the CMS May 2015 Software Release document for more information: <http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Downloads/Announcement-of-the-May-2015-Software-Release.pdf>

### **Section 6 of the MMP technical guide documents an enrollment reconciliation tool that is available to all State and MMP organizations.**

The enrollment reconciliation tool can be used to research any Medicare transaction for a given MMP contract within a specific time frame. You can validate the date and time of any Medicare transaction that was sent to CMS and match it against all the CMS Transaction Reply responses. This information can be used to identify any potential discrepancies and help determine the necessary corrective actions.

There are two ways to access this tool from the <https://base.med-adv360.com/mss/quay/homePage.htm> website:

1. From the Main Menu – choose “Enroll Recon” tab. This allows you to research Medicare transactions within a limited time period of three months at a time.

The information displayed is high level and meant to serve as a first validation step on a case by case scenario. For a more in-depth reconciliation process involving a much larger time period and volume of data, you can choose the second available option as described below.

2. From the Main Menu – choose “File Transfer” tab. Locate the following section:

Enrollment - Enrollment Reconciliation Report  
Enrollment Recon Extract Request  
Enrollment Recon Report Download  
Enrollment Recon Data Download

To place a request, click on the “Enrollment Recon Extract Request” link. Choose any date range that could span over several months or years for a given contract.

Once your selection is submitted, the system will provide the results in two formats:

1. A detail report with summary statistic totals can be retrieved under the “*Enrollment Recon Report Download*” link.
2. A data file can be retrieved under the “*Enrollment Recon Data Download*” link. This file can be loaded into your internal application systems. The layout of the reconciliation file is described in section 6 of this document.

**The Infocrossing MBD File response layout and Web service will be modified and implemented on Saturday, August the 15<sup>th</sup>, 2015 to incorporate the CMS BEQ changes that were implemented on May 10, 2015.**

1. The MBD eligibility file response layout is now being updated with the same changes. Section 1 of this document has been updated as follows (all changes are highlighted in red within this document for ease of reference):
  - Note that the MBD file response layout size (as described in section 1 of this document) does not change and remains at 1,300 bytes. However, the EGHP indicator value in position 213 and the plan enrollment related fields (positions 478 to 525) have changed as follows:

Position 213 of the MBD response file is now defined as FILLER. This change occurs on page 17. The EGHP indicator is now defined for each one of the two plan membership occurrences for the beneficiary as follows:

Two occurrences of plan enrollment information now include the PBP ID, the EGHP INDICATOR and the PLAN TYPE CODE. Please reference the MBD response file layout in section 1 of this document, beginning on page 20.

- Note that the ESRD STATUS indicator continues to be reported on the MBD response layout with no changes.
2. The MBD eligibility file+ response layout is also being updated with the same changes as described above for section 1. Section 5 of this document, beginning on page 67 has also been updated accordingly.
  3. The web service section (section 3, beginning on page 59) of this document has been changed to accommodate the new field additions and changes as follows:
    - The eghplnd field has been removed from the “Eligibility Query Return Data” portion and added to the “Enrollment Data” section.
    - The pbpld and planType fields have been added to the “Enrollment Data” section.
  4. These MBD field additions and changes will also be reflected on the Eligibility tab of the <https://base.med-adv360.com/mss/quay/homePage.htm> website

### **01/30/2015 – Version 2.2**

*These software changes will be implemented on Monday March 2<sup>nd</sup>, 2015.*

- Version 2.2 reflects changes that are meant to improve the processing and turnaround of both enrollment and eligibility files. Currently, when MMP Plan Sponsors and State organizations submit data files containing invalid or missing header record information, the Infocrossing edits abort the process and the help desk notifies the end-user that the file must be corrected and resubmitted. As of March the 2<sup>nd</sup>, both automated FTP and manual Web upload file submissions will automatically reject all detail transactions when invalid header record information is submitted.
  1. For eligibility files, the HICN Found/Not Found field in position of 26 of the eligibility response file will have a new value of “F” (Failed) populated for all detail transactions. No eligibility match will be attempted against the Medicare beneficiary database.
  2. For enrollment file submissions, all detail transactions will be rejected with a new error code of “60”. The file must be corrected to contain a valid header record and resubmitted for processing.
- The edit requirement for the TC 90 Implementation date to be at least 30 days after the Notification date has been removed. The corresponding error code “3A” has been disabled.

The editing of a 4RX TC 72 effective date has been improved by ensuring that the date falls within valid enrollment periods for the given contract. The historical CMS TRRs will be reviewed as necessary to accomplish this and help ensure that CMS does not generate a TRC “209” rejection response. Infocrossing will reject 72 transactions that do not show a valid enrollment period with a new error code of “59”.

### **05/03/2014 – Version 2.1**

The Remarks section for the Application Receipt date field in Section 2.1 Medicare Transaction Processing – All transaction types except “76” and “90” has changed.

For passive MMP enrollments, the old description of: “The Application Receipt date field is the 1st day of the 2nd month prior to the actual month of enrollment. For example, if the enrollment month is June 1, 2013, the application receipt date is April 1, 2013.” has been removed and replaced with: “The Application Receipt date field is the date the transaction is submitted to CMS (which must be no later than 60 days before the effective date).

### **01/06/2014 – Version 2.0**

- This document has been updated to reflect the CMS February 2014 Software changes. All relevant changes will be implemented on the February 2014 CMS Plan Data Due date which will be on Friday February the 7<sup>th</sup>, 2014. The actual implementation will occur after 08:00 P.M. Eastern Time.
  1. Section 2.3. Medicare Transaction Processing – “90” Reporting Identified Drug Overutilizers on page 37 has been added to document the record layout and field definitions for the new Transaction Code 90.
  2. Section 2.4 Medicare Transaction response has been modified to accommodate the new Tran code 90 data fields. It is important to note that positions 214 through 245 of the response file are shared by both Tran code 76 residential address change and the new Tran Code 90 data fields. You must keep track of the Transaction Code value shown in positions 14 through 15 (data values “76” or “90”) of the response record to determine whether Tran Code 90 or Tran Code 76 data field values are reported.
  3. The new Transaction Code “90” requires the addition of new transaction batch response error codes. As a result, we are now producing alphanumeric error codes (Errors “1A” through “9A”). See section 2.5 Transaction Error Codes to review the new error codes. It is important to adjust your internal application systems to accommodate an alphanumeric data type.

4. Section 2.6 – Matrix of Required/Optional fields – has been updated to add the new Tran Code 90.
5. Section 4.4 CMS Transaction Transmission Data File Layout has been changed to accommodate the new Tran Code 90 data fields.
6. A batch processing edit enhancement will be implemented alongside the Tran Code 90 changes. Currently the entire batch enrollment file is rejected if it contains any blank records. As of February 7, 2014, blank records will be rejected with error code “78 - Invalid Record Type. Record Bypassed”. This will allow for the entire file to process and have all its valid records accepted and sent to CMS as quickly as possible.
7. Section 2.5 Transaction Error Codes, has been changed to update error code 98. This error is not applicable to MMP processing and has been changed from “MEMBER MUST BE ENROLLED IN PART B WITH NO PART A ENTITLEMENT” to: “RESERVED FOR FUTURE USE”.

Section 2.1 has been updated to allow the submission of an EGHP or Employer subsidy Enrollment Override flag. Refer to the remarks section of each data field for instructions